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Research Article / Araştırma Makalesi

Hemşirelerin Hastalarına Yönelik Kültürlerarası Duyarlılıkları ve Manevi Bakım Sunma Durumlarının İncelenmesi

Investigation of Interculturel Sensitivity of Nurses to Patients and Their Status of Providing Spiritual Care

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ÖZ

Hemşireler hastalarına manevi, dini ve kültürel bakım sağlarlar. Aynı zamanda kültürel farklılıkları ve benzerlikleri bütünsel bir şekilde dikkate alarak kültürel özelliklere duyarlılık gösterirler ve bakım kalitesini artırırlar. Bu araştırma kesitsel tanımlayıcı bir tasarıma sahiptir. Bu çalışma Eylül 2022 ile Ocak 2023 tarihleri arasında Akdeniz Bölgesi'ndeki bir kamu hastanesinin dahiliye ve cerrahi kliniklerinde yürütülmüştür. Bu çalışmada Bilgi Formu, Kültürlerarası Duyarlılık Ölçeği ve Manevi Bakım Verme Ölçeği gibi anketler kullanıldı. Hemşirelerin Kültürlerarası Duyarlılık Ölçeği toplam puan ortalaması 87,9±7,9 ve Manevi Bakım Verme Ölçeği toplam puan ortalaması 151±20,05 bulundu. Farklı kültürlü hastalara bakım veren hemşirelerin manevi bakım verme düzeyi, farklı kültürlü hastalara bakım vermeyen hemşirelere göre anlamlı derecede yüksek olduğu tespit edildi ($p<0.05$). Ölçekler arasındaki korelasyon toplam puanları incelendiğinde, Kültürlerarası Duyarlılık Ölçeği ve Manevi Bakım Verme Ölçeği toplam puan ortalamaları arasında pozitif korelasyon olduğu bulundu ($p<0.05$). Bu çalışma hemşirelerin kültürlerarası duyarlılık ve manevi bakım düzeylerinin yüksek olduğunu gösterdi. Bu çalışma ile hemşirelerin kültürlerarası duyarlılık düzeyleri arttıkça manevi bakım sağlama becerilerinin arttığı gösterildi.

Anahtar Sözcükler: Kültürlerarası duyarlılık, manevi bakım, hemşirelik.

ABSTRACT

Nurses provide spiritual, religious and cultural care to their patients. At the same time, they show sensitivity to cultural characteristics by taking cultural differences and similarities into account in a holistic way and improve the quality of care. The aim of the study is to examine the relationship between nurses' intercultural sensitivity and their spiritual caregiving status. This research employed a cross-sectional descriptive design. This study was conducted in the internal medicine and surgery clinics of a public hospital in the Mediterranean Region between September 2022 and January 2023. In this study, the Information Form, Intercultural Sensitivity Scale and Spiritual Care Giving Scale were used. The total mean score of the nurses' Intercultural Sensitivity Scale was 87.9±7.9 and the total mean score of the Spiritual Care Giving Scale was 151±20.05. It was found that the

level of spiritual care of nurses who provided care to patients from different cultures was significantly higher than that of nurses who did not provide care to patients from different cultures (p<0.05). When the correlation total scores between the scales were analysed, it was found that there was a positive correlation between the mean total scores of Intercultural Sensitivity Scale and Spiritual Care Giving Scale (p<0.05). This study showed that nurses' intercultural sensitivity and spiritual care levels were high. This study showed that as nurses' intercultural sensitivity levels increased, their spiritual care provision skills increased.

Keywords: Intercultural sensitivity, spiritual care, nursing.

1. Introduction

As a discipline, nursing is to provide needs-oriented scientific and individualized care to the individual, family and society in order to maintain, improve and protect health, cure diseases and eliminate deficiencies (1). The health needs of individuals, families and society may vary according to their cultural structures. Due to the coexistence of different societies, nurses should show respect and sensitivity to cultural characteristics by taking into account cultural differences and similarities in order to improve the quality of care and provide effective care (2). According to Leininger's cultural care theory, culturally congruent care can only be provided when the expressions, practices, and patterns of the patient's culture are known (3).

Cultural sensitivity and interpersonal communication are essential for safe and high quality nursing care while providing the basis for nursing goals, education and adaptation (2). Intercultural sensitivity is to accept the existence of cultural differences and similarities between individuals without attributing a value to them (4). A nurse's special knowledge of a patient's cultural background and respect for patients' needs is an important factor in the positive continuation of holistic and competent intercultural nursing care that reduces prejudice (2). In their study, Repo et al. (2017) stated that there should be a clear communication between the nurse and the patient on the basis of good care, while Sharifi et al. (2019) stated that communication barriers occur when the nurse and the patient do not share the same language or do not understand the cultural background of the patient. Campinha-Bacote (2018) reported that nurse participants stated that a clear understanding of their own culture gave them a greater ability to respect, recognize and satisfy patients with different cultural needs, which can be defined as cultural humility rather than cultural competence. It has been emphasized that the physical, emotional, mental, socio-cultural and spiritual aspects of individuals should be taken into account while providing holistic care, which is considered as the building block of today's general health systems. From past to present, nurse leaders and international codes and standards have emphasized the spiritual aspect of

implementing holistic care (5). Holistic care is commonly recognised as comprising of spiritual, physical, and mental dimensions with spiritual care being regarded as an integral part of holistic care (6). The International Council of Nurses (ICN) emphasizes the importance of responding to patients' spiritual beliefs while providing nursing care. Spiritual care in nursing is more than psycho-social care; it is a special aspect of care that answers fundamental questions of humanity such as the meaning of life, suffering and death. Spiritual care aims to facilitate spiritual growth and ultimately improve the mental health of individuals by ensuring existential integrity (7,8). Nurses can apply a holistic care defined and objectified in spiritual care to their pat ients and improve the quality of care. They also help patients and their families benefit from spiritual care practices while achieving spiritual transcendence and growth in themselves and their profession (8). Research has reported that spiritual distress can occur at any time during a patient's illness and therefore nurses should be prepared to provide spiritual care when needed, including spiritual needs assessment (9). While the provision of spiritual care and assessment of spiritual needs is a vital part of the nursing role, the literature suggests that nurses do not always engage in spiritual care with their patients or assess their spiritual needs (10). Several reasons contribute to this, including time pressure and fear of the patient's reaction to attempts to help with spiritual care (11,12). Cultural and religious differences are also reported to affect the ability to provide spiritual care(13). Nurses stated that they need advanced training on spirituality in order to provide spiritual care and that documentation templates used in general practice should include guidance that addresses spiritual and/or religious needs (14). The European Commission also emphasizes the importance of spiritual, religious and cultural aspects of people's lives for a sense of well-being and recommends that care professionals be trained in this area (15). Understanding the nature of spiritual needs and how they are experienced can guide the provision of nursing care. In addition, knowing how cultural and other demographic factors are related to spiritual needs will provide information to nurses about the provision of spiritual care resources (16). Although there are many studies in the literature on transcultural sensitivity and spiritual caregiving separately, there are few studies in which both are examined together. For this reason, the study is considered to be unique in terms of the sample group and the values examined.

The aim of this study is to examine the relationship between nurses' intercultural sensitivity and their spiritual care giving status.

2. Material and Method

The research is cross-sectional-descriptive and correlational.

2.1. Questions of the Research

This study aimed to determine the relationship between the intercultural sensitivity of the spiritual care levels of nurses working in internal and surgical clinics. The questions sought to be answered in this study are as follows:

- How is the intercultural sensitivity of nurses?
- What is the status of nurses in providing spiritual care?
- Is there a significant relationship between the intercultural sensitivity of nurses and the provision of spiritual care?
- Is there a significant relationship between the levels of cultural sensitivity and spiritual care provided by nurses and their gender, age, education level, and professional experience?
- Is there a significant relationship between the levels of cultural sensitivity and spiritual care provided by nurses and their knowledge of other languages, their communication with different countries, and their care of patients from different cultures?

2.2. Participants

This study was conducted in the internal medicine and surgery clinics of a public hospital in the Mediterranean Region between September 2022 and January 2023. In the study, no sample selection was made and nurses who were actively working in clinics and who met the inclusion criteria were included in the study. According to the information received from the responsible nurses of the relevant units during the dates of the study, there were no nurses on military service or maternity leave or on assignment outside the institution in the services where data was collected during the study. Thus, the research team selected a list of 205 nurses and the actual total sample size was 258 nurses. Data analysis was carried out using the SPSS 22 program and the study was conducted at a 95% confidence level.

Inclusion criteria for the study

- Agreeing to participate in the study
- Actively working in internal and surgical clinics
- Having worked as a bedside nurse in internal and surgical clinics for at least 1 year

Exclusion criteria for the study

- Working outside of internal and surgical clinics
- Being on maternity leave or military leave
- Being assigned outside the institution

2.3. Data Collection

The data were collected with a descriptive information form, Turkish Intercultural Sensitivity Scale and Turkish Spiritual Care Giving Scale. The researcher first introduced the purpose, meaning and main content of the study to the nurses and answered the nurses' questions. Then, the nurses who agreed to participate in the study signed the voluntary consent form. After the survey was distributed to the nurses, the researcher introduced the content of the survey and asked the nurses to check the survey for spelling errors. Then, the nurses answered the questions in approximately 20 minutes and handed them over to the researcher.

Descriptive Information Form: In addition to the sociodemographic information of the nurses, it consists of a total of 13 questions about the clinic where they work, years of employment, foreign language skills, experience of being together with people from different cultures and participating in educational activities, and their perspective on people from different cultures (17–19).

Turkish Intercultural Sensitivity Scale (ISS): Intercultural Sensitivity Scale" was developed by Chen and Starosta in 2000. Bulduk, Tosun and Ardıç adapted the scale into Turkish and conducted a validity and reliability study in 2011. Bulduk et al. found the Cronbach's alpha coefficient of the scale to be 0.72. The scale is a five-point Likert-type scale consisting of 24 items and five sub-dimensions ((1) strongly disagree, (2) disagree, (3) undecided, (4) agree, and (5) strongly agree). Responsibility in communication, respect for cultural differences, self-confidence in communication, enjoyment of communication and caution in communication are the sub-dimensions of the scale. Items 2, 4, 7, 9, 12, 15, 18, 20 and 22 of the scale are reverse coded. The lowest score that can be obtained from the scale is 24 and the highest score is 120. An increase in the total score obtained from the scale indicates an increase in the level of intercultural sensitivity (18). In this study, the Cronbach's alpha coefficient of the scale was found to be 0.76.

Spiritual Care Giving Scale (SCGS): It was developed by Tiew and Creedy in Australia in 2012 to assess nursing students' perceptions of spirituality and spiritual care. Turkish validity and reliability of the scale was conducted by Coban et al. in 2017. Consisting of

5 sub-dimensions and 35 items, the scale has a 5-point Likert structure. Cronbach's alpha coefficient was determined as 0.96 (20,21). An increase in the total score obtained from the scale indicates an increase in the perception of spiritual care. In this study, Cronbach's alpha coefficient of the scale was found to be 0.97.

2.4. Ethical Statement

This study was approved by the Ethics Committee of XXX University (Number: E-59754796-050.99-76549) and YYY Health Directorate (Number: E-96172664-050.06.04) before the data collection. The research team presented the research purpose to the nurses. Only with the nurses' agreement was the research conducted, and they could withdraw from the study for any reason without difficulty in continuing the study process at the clinic. All personal information of nurses was encrypted and kept confidential, only used for research purposes.

2.5. Statistical Analysis

Data were analyzed using Statistical Social Sciences Package (SPSS) version 22.0. Descriptive characteristics of the nurses participating in the study were summarized using frequency, percentage, mean and standard deviation. Normality of continuous variables was assessed using Skewness and Kurtosis and Shaphiro-Wilk values. Independent Samples T Test or one-way ANOVA was used when two or more groups with normal distribution of quantitative data were compared; Mann Whitney U Test or Kruskal Wallis Test was used when two or more groups without normal distribution were compared. The relationship between the total scores of the scale was analyzed using the Spearman correlation test. A p value of <0.05 was accepted as the statistical significance limit.

3. Results

Descriptive characteristics of the nurses in the study were given in Table 1.

Table 1. Descriptive characteristics of nurses (n=205)

Descriptive characteristics		
	Mean±Std. Deviation	
Age	34.73±7.83	
Professional experience	12.83±8.44	
Gender	**n**	**%**
Woman	162	79
Man	43	21
Education status		
Associate degree and high school	30	14.6
Bachelor	166	81
Postgraduate	9	4.4
Knowledge of other languages		
Yes	68	33.2
No	137	66.8
If yes		
English	61	29.8
Arabic	7	3.4
Have you communicated with different countries (through social media)?		
Yes	48	23.4
No	157	76.6
Do you use different countries' mass media?		
Yes	28	13.7
No	177	86.3
Do you know people (relatives, friends..) in different countries?		
Yes	111	54.1
No	94	45.9
Have you provided nursing care to patients from different cultures?		
Yes	199	97.1
No	6	2.9
Have you received training for patients from different cultures?		
Undergraduate/high school education	11	5.4
In-service training	3	1.5
In postgraduate education	3	1.5
No	188	91.7

It was determined that the mean age of the nurses in the study was 34.73±7.83 years, the mean years of employment was 12.83±8.44 years, 79% were female, and 81% were undergraduate graduates. It was found that 33.2% of the nurses knew a foreign language and 29.8% of those who knew a foreign language knew English and 3.4% knew Arabic. It was found that 23.4% of the nurses communicated with patients from different countries, 54.1% had acquaintances in different countries, 97.1% provided care to patients from different cultures, and 91.7% had never received any training for practice for patients from different cultures (Table 1).

The distribution of the situations that the nurses in the study paid attention to while providing care to patients from different cultures was presented in Table 2.

Table 2. Distribution of the situations that nurses pay attention to when caring for patients from different cultures (n=205)

Situations that nurses pay attention	**n**	**%**
Privacy	88	42.9
Body language	29	14.1
Religious beliefs	1	0.5
Cleanliness-hygiene	47	22.9
Speaking style-tone of voice-mimic	31	15.1
Nutrition	6	2.9
Customs and traditions	3	1.5
Total	205	100

It was found that 42.9% of the nurses in the study paid attention to the patient's privacy while caring for patients from different cultures, 22.9% paid attention to the patient's cleanliness-hygiene and 15.1% paid attention to the patient's speaking style-voice tone-mimics (Table 2).

The distribution of the difficulties encountered by the nurses participating in the research while providing treatment/care to patients from different cultures was presented in Table 3.

Table 3. Challenges faced by nurses during treatment/care given to patients from different cultures (n=205)

Challenges faced by nurses during treatment/care given to patients from different cultures	**Never n (%)**	**Sometimes n (%)**	**Always n (%)**
Communication	14 (6.8)	72 (35.1)	119 (58)
Treatment	110 (53.7)	88 (42.9)	7 (3.4)
Care	110 (53.7)	84 (41)	11 (5.4)
Education	56 (27.3)	99 (48.3)	50 (24.4)
Inadequacy of Health Policies in the Institution	44 (21.5)	69 (33.7)	92 (44.9)
In their religious beliefs	156 (76.1)	45 (22.0)	4 (2.0)
Nutrition	66.3 (136)	28.8 (59)	4.9 (10)

While nurses stated that they mostly (58%) had difficulties in communication while providing treatment/care to patients from different cultures, it was found that the inadequacy of health policies in the institution (44.9%) was the second most difficult for nurses during treatment/care (Table 3).

The total scale score averages of the nurses were presented in Table 4.

Table 4. Total scale scores of nurses (n=205)

	Mean±Standart Deviation	**Minimum-Maximum**
ISS	87.9±7.9	63-110
SCGS	151±20.05	36-175

When the total scale score averages of the nurses were examined, it was found that the total score average of ISS was 87.9±7.9 and the total score average of SCGS was 151±20.05 (Table 4).

The comparison of the descriptive characteristics of the nurses and the total mean scores of ISS and SCGS were presented in Table 5.

Table 5. Comparison of the descriptive characteristics of the individuals and the total mean scores of Intercultural Sensitivity Scale and Spiritual Care Giving Scale (n=205)

Descriptive characteristics	Intercultural Sensitivity Scale				Spiritual Care Giving Scale		
	Mean±Standart Deviation	Test	p		Mean±Standart Deviation	Test	p
Age							
22- 32	87.97±7.33	0.016	0.984		150.43±19.75	2.923	0.232
33- 43	87.78±8.61				152.97±23.50		
44 and above	87.76±8.22				149.11±16.33		
Gender							
Woman	87.86±7.56	-0.531	0.595		152.23±20.55	-1.848	0.065
Man	87.90±9.17				146.58±19.94		
Professional experience							
1- 12	87.60±7.38	0.524	0.593		150.41±21.10	2.092	0.351
13- 25	87.86±8.38				153.04±20.09		
26 and above	89.71±9.31				146.65±18.30		
Education status							
Associate degree and high school	86.57±9.73	0.499	0.608		146.0±16.37	3.720	0.156
Bachelor	88.06±7.37				152.02±21.30		
Postgraduate	88.67±10.98				150±16.57		
Knowledge of other languages							
Yes	87.82±7.5	-0.055	0.956		149.51±21.77	-0.530	0.596
No	87.89±8.13				151.81±19.89		
Have you communicated with different countries (through social media)?							
Yes	89.60±9.15	1.747	0.082		150±20.72	-0.796	0.426
No	87.34±7.43				152±20.49		
Do you use different countries' mass media?							
Yes	88.61±8.60	0.531	0.596		151.29±23.84	-0.347	0.729
No	87.75±7.81				151.01±20		
Do you know people (relatives, friends..) in different countries?							
Yes	88.65±7.98	1.541	0.125		150.68±21.06	-0.085	0.932
No	86.95±7.75				151.48±19.00		
Have you provided nursing care to patients from different cultures?							
Yes	87.93±7.80	-0.164	0.869		152.13±18.22	-2.015	**0.044***
No	85.83±11.60				115.17±49.20		

*p< 0.05

It was determined that there was no statistically significant difference between the nurses' age, gender, years of work, education status, foreign language skills, communication with people from different countries, use of mass media of different countries, and

having acquaintances in different countries (p>0.05). When the nurses' care of patients from different cultures was compared with the total mean score of SCGS, it was determined that the nurses who care for patients from different cultures were significantly higher than the nurses who did not (p<0.05) (Table 5).

The relationships between the nurses' ISS and SCGS total score averages were given in Table 6.

Table 6. The relationships between the nurses' ISS and SCGS total score averages (n=205)

Scales		**Spiritual Care Giving Scale**
Intercultural Sensitivity Scale	r	0.163
	p	0.010*

*Significant at p < 0.05.

When the relationship between the mean total scale scores of the nurses in the study was examined, a significant positive correlation was found between the mean total scale scores of ISS and SCGS (r= 0.163, p= 0.010). It was found that as the intercultural sensitivity levels of the nurses increased, their spiritual care giving increased (Table 6).

4. Discussion

Cultural differences for ethnic groups are an undeniable fact. As health care professionals, it is a realistic goal to have knowledge about all cultures and plan care accordingly, but understanding the patient at the focus of care, valuing cultural differences and beliefs, and acting understandingly will positively affect the patient. For this reason, it is important to know that cultural sensitivity is the basis of quality care given to the patient.

In this study, it was found that 97.1% of the nurses provided care to patients from different cultures and 91.7% of them had never received any training for the practice for patients from different cultures (Table 1). In the study conducted by Kürtüncü and colleagues, it was determined that 60.0% of the nurses did not receive any information about transcultural nursing and 14.5% of those who received information received information during their education (22). Although there are regulations related to transcultural nursing in nursing education curricula in order to provide more culturally appropriate care to individuals in parallel with the increase in cultural differences, it is reported that nursing students do not have sufficient knowledge and skills to provide culturally sensitive care (23). In a study conducted with the intercultural sensitivity of nursing students, the mean

score of the students' ISS scale was 87.57±9.48 points, indicating that the students had a moderate level of intercultural sensitivity (24). In the studies conducted by Waite and Calamaro (2010) and De Beer and Chipps (2014), it was determined that the nurses' knowledge about transcultural nursing was low. In the study conducted by Tanrıverdi et al. (2010), 35.2% of nurses reported that there was no awareness of the need to utilize cultural knowledge and skills in care.

The fact that nurses have sufficient cultural competence and provide the care in this direction increases the satisfaction with the institution as well as improving the health outcomes of the individual, family, society and the institution where they work (25). In this study, nurses' ISS score was found to be 87.9±7.9. Similar results were found in the literature. In a study conducted by Aslan and Kizir (2019) to examine the relationship between cultural sensitivity and cultural intelligence of nurses working in a hospital, the cultural sensitivity of nurses was determined as 82.56±9.38 and was evaluated as high. In a study conducted by Gonderen Cakmak et al. (2020), the mean total score of nurses' CFS was found to be 77.24±6.18 and was evaluated as medium level. In the study conducted by Tanrıverdi et al. (2019) on the comparison of cultural sensitivity and awareness of two groups of nurses caring for different patient profiles, it was found that the cultural sensitivity of nurses caring for patients with foreign cultures was higher.

Although providing spiritual care is a vital part of the nursing role, the difficulty of defining spirituality and nurses' lack of time to provide spiritual care make it difficult for nurses to provide spiritual care to their patients or assess their spiritual needs (10). In this study, the total SCGS score average of nurses was found to be 151±20.05, and the levels of spiritual care provided by nurses who provided care to patients from different cultures were significantly higher ($p<0.05$). The high SCGS average score strongly reflects the spiritual perspectives of the nurses in this study and shows that they provide high levels of spiritual care. It is reported that studies on spiritual care are mostly conducted on oncology, palliative care patients and the elderly (26). Although it is thought that spiritual care is needed more in these areas, it is actually very important to be able to apply spiritual care at every stage of health. In a study on the perceptions of nurses working in inpatient services in a university hospital on spirituality and spiritual care, it was determined that as the working years of nurses increased, their spiritual care giving increased (27). In a study examining nurses' views on spiritual care, it was reported that nurses working in surgical clinics were more likely to provide spiritual care (28).

Reasons such as time pressure and fear of the patient's reaction to attempts to help with spiritual care cause difficulties in the implementation of spiritual care (11,12).

Cultural and religious differences are also reported to affect the ability to provide spiritual care (13). While nurses stated that they need advanced training on spirituality in order to provide spiritual care, they also stated that documentation templates used in general practice should include guidance that addresses spiritual and/or religious needs (14).

No study examining the relationship between cultural sensitivity and spiritual care giving was found in the literature. In this study, when the relationship between the mean total scores of the nurses was examined, a significant positive relationship was found between the mean total scores of ISS and SCGS. It was found that as the intercultural sensitivity levels of nurses increased, their spiritual care giving increased.

5. Conclusions

As a result of this study, it was determined that the intercultural sensitivity and spiritual care of the nurses included in the study were at a good level, and as the level of intercultural sensitivity increased, their spiritual care giving also increased. In line with these results, intercultural nursing models, cultural competence and culture-specific care practices should be taught in undergraduate education and integrated into the clinic, and the awareness of nurses, especially those working in clinics and intensive care, should be increased through in-service training. Cultural sensitivity should be taught through in-service training or by incorporating it into school curricula. It is recommended that intercultural sensitivity and spiritual care work be increased with nurses in Turkey.

Çıkar Çatışması Beyanı

Yazarların herhangi bir çıkar çatışması bulunmamaktadır.

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Bu çalışma 9. Uluslararası "Başkent Tıp, Hemşirelik ve Sağlık Bilimleri Kongresi"nde sözlü bildiri olarak sunulmuştur.

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