



Araştırma Makalesi / Research Article

Is Cultural Sensitivity Levels of Nurses Related to Care Behaviors?: A Cross-sectional Study

Hemşirelerin Kültürel Duyarlılık Düzeyleri Bakım Davranışları ile İlişkili Mi?: Kesitsel Bir Araştırma

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Abstract:

Aim: Cultural diversity in communities has increased upon the increase in globalization. It is possible for health professionals to provide effective care to individuals from different cultures by developing intercultural sensitivity. The aim of this study is to examine the relationship between nurses' cultural sensitivity levels and care behaviors.

Methods: Two hundred and ten nurses working in a public hospital in the Central Anatolia Region in Turkey were included in the study. The data were collected via the Personal Information Form, the Intercultural Sensitivity Scale and the Caring Behaviors Inventory-24.

Results: According to the results of the study, it was determined that the intercultural sensitivity mean score was 87 ± 7.55 and the mean score of caring behaviors was 5.24 ± 0.53 . There was a positive correlation between the intercultural sensitivity and caring behaviors of the nurses. It was observed that the intercultural sensitivity level of the nurses increased, thus leading to a positive effect on their caring behaviors.

Conclusion: It is seen that the increase in the intercultural sensitivity levels of the nurses is positively related to the patient care behaviors. It is important for nurses to have intercultural sensitivity in the professional development of the profession. In order for nurses to provide quality care, it can be recommended to create trainings based on cultural models and skills.

Key Words: Nursing; cultural sensitivity; care.

Özet

Amaç: Küreselleşmenin artmasıyla toplumlarda kültürel çeşitlilik artmıştır. Sağlık çalışanlarının farklı kültürden gelen bireylere etkin bakım sunabilmeleri kültürlerarası duyarlılığın geliştirilmesi ile mümkündür. Bu çalışmada hemşirelerin kültürel duyarlılık düzeyleri ile bakım davranışları arasındaki ilişkinin incelenmesi amaçlanmıştır.

Yöntem: Bu araştırmaya Türkiye'de İç Anadolu Bölgesinde bir kamu hastanesinde görev yapan 210 hemşire dahil edilmiştir. Çalışmanın verileri Kişisel Bilgi Formu, Kültürlerarası Duyarlılık Ölçeği ve Hasta Bakım Davranışları-24 ölçeği ile toplanmıştır.

Bulgular: Araştırmanın sonuçlarına göre kültürlerarası duyarlılık puan ortalaması 87 ± 7.55 , bakım davranışları puan ortalaması 5.24 ± 0.53 olduğu belirlenmiştir. Hemşirelerde kültürlerarası duyarlılık ile bakım davranışları arasında pozitif bir ilişki olduğu bulunmuştur.

Sonuç: Hemşirelerin kültürlerarası duyarlılık düzeylerinin yükselmesinin hasta bakım davranışlarını pozitif yönde ilişkisi görülmektedir. Hemşirelerin kültürlerarası duyarlılığa sahip olması mesleğin profesyonel olarak gelişmesinde önemlidir. Hemşirelerin kaliteli bakım sunabilmeleri için kültürel model ve becerilere dayalı eğitimlerin oluşturulması önerilebilir.

Anahtar Kelimeler: Hemşirelik; kültürel duyarlılık; bakım.

Introduction

Migration is as old as humanity itself. People frequently leave their places of origin in search of better lives. ⁽¹⁾ In many parts of the world, migration mobility has allowed people to maintain their cultures as well as to create multicultural communities alongside locals in their new homes. ^(2, 3) Multicultural societies have a strong influence over health care. As such, inter-cultural sensitivity is an important component in the delivery of health care. ⁽⁴⁾ Providing culturally appropriate health care requires that healthcare professionals themselves be sensitive to people's cultural similarities and differences. ^(5, 6)

An individual's personal cultural values can influence how they approach nursing care. Beyond attitudes and practices, they can influence the decisions they make when looking after their patients. ⁽⁷⁾ Likewise, nurses need to be able understand patients correctly, identify their needs, and empathize with them in order to offer them culturally sensitive care. ⁽⁸⁾ On that note, culturally-competent nursing care reduces inequality in health care because the service that patients receive is tailored to their cultural values. ⁽³⁾

Nurses are primary healthcare providers. Therefore, they need to remind themselves that people have different cultural needs, if they wish to offer them adequate and high quality care. ^(8,9) In a study on cultural sensitivity, it was determined that cultural sensitivity was predictor of nurses' pain management. ⁽¹⁰⁾ In a qualitative study of nurses' culture-sensitive-patient-centered care, they developed specific strategies about culture-sensitive-patient-centered care. ⁽¹¹⁾ Professional programs focusing on promoting nursing health teach people and raise awareness about religious, economic, and social diversity. ⁽¹²⁾ Nurses who are culturally sensitive raise the profile of professionalism in nursing. ⁽¹³⁾ Nurses need to be versed in and be sensitive to cultural differences to provide people from different cultures high quality care and professional service. ⁽¹⁴⁾

Nursing theorists tend to view the concept of care both as a phenomenon that separates nursing from other professions, and as a reason for being. ⁽¹⁵⁾ Among them, Watson takes the position that care is philosophical, ethical, and human effort that preserves humanity. It is a moral ideal in nursing because it protects and enhances human dignity. ⁽¹⁶⁾ Quality health care – as provided by nurses – protects human life and dignity. ⁽¹⁵⁾ Therefore, it is important that researchers investigate which factors potentially enhance the quality of nursing care.

In recent years, Turkey has taken in large waves of refugees from various countries, particularly Syria. Consequently, Turkish nurses are now frequently exposed to people from different cultures. Therefore, they must strengthen their level of inter-cultural sensitivity in order to provide their patients the best care possible – which is the essence of nursing. In the literature review, no research was found examining the cultural sensitivities and care behaviors of nurses. From this point of view, this study aims to examine how inter-cultural sensitivity influences how nurses look after their patients, as well as what factors dictate that.

H₀: There is no relationship between nurses' cultural sensitivities and care behaviors.

H₁: There is a relationship between nurses' cultural sensitivities and care behaviors.

Methods

Study Design

In the study, a quantitative research design, was used. Survey design is expressed as studies determining the views, attitudes or interests of people concerning a subject or an event. In addition, the study design includes studies which are conducted on groups in order to ensure the general absolute opinions of many people in a population. ⁽¹⁷⁾ In the current study, the descriptive survey design was chosen to reveal the present condition related to the subject and thus determine the intercultural sensitivity level of nurses in order to gather the data all at once.

Time and Setting of the Study

This study was conducted with nurses working in a public hospital in the Central Anatolia Region in Turkey. The nurses work in shifts. The hospital with 1500 beds renders service as a regional hospital in the city center.

Population and Sample

The population of the study comprised nurses working in a public hospital in the Central Anatolia Region. In the study, it was tried to reach the entire population without using sample selection in calculating the sample size. By this way, it was aimed to acquire a normal distribution by having a higher trustworthiness value and providing trustworthiness in the study. There are 1650 nurses in the hospital. In the calculation made with a known sample size, 185 nurses were calculated at 85% confidence level. Nurses do not have time to research, pregnancy, annual leave, etc. because they were not included in the study. A total of 210 nurses were reached.

Data Collection Tool

In the study, “The Personal Information Form”, “The Intercultural Sensitivity Scale” whose validity and reliability was conducted by Bulduk et al., (2011) and “the Caring Behaviors Inventory-24” whose validity was conducted by Kurşun and Kanan (2012) were used as data collection tools.

Personal Information Form

The form was prepared by Gözüm et al., (2016) and Bulduk et al., (2011) based on the literature.^(18, 19) It has a total of 8 questions evaluating the socio-demographic characteristics and cultural experiences of nurses.

The Inter-cultural Sensitivity Scale (ISS)

“The Intercultural Sensitivity Scale (ISS)” was developed by Chen and Starosta and its Turkish validity and reliability was conducted by Bulduk et al., (2011). The Cronbach’s alpha coefficient of the scale was found to be 0.72. ^(19,20) The Intercultural Sensitivity Scale is one of data collection tools which is used for noticing the emotions and thoughts of other people and measuring the importance of differences. ^(19, 21) This five-point likert scale has 24 items and five subscales; “respect for cultural differences”, “interaction confidence” “interaction enjoyment”, “interaction attentiveness”, and “interaction engagement”. In the scale, each question is rated between one point and five points. Therefore, the lowest and highest scores of the scale are 24 and 120, respectively. Higher scores signify that the cultural sensitivity level increases. The subscales of the scale includes a total of 24 items under “interaction confidence” (9, 12, 15), “interaction engagement” (1, 11, 13, 21, 22, 23, 24), “respect of cultural differences” (2, 7, 8, 16, 18, 20) and “interaction attentiveness” (14, 17, 19). Items 2, 4, 7, 15, 9, 18, 20, 12, and 22 of the ISS are reversely rated. ^(19, 20) In various studies conducted with this scale, the Cronbach’s Alpha coefficient was found to be 0.70, ⁽²²⁾ 0.70 ⁽⁸⁾ and 0.90. ⁽⁷⁾ In the present study, the Cronbach’s Alpha coefficient was found to be 0.70 for the overall scale.

The Caring Behaviors Inventory-24 (CBI-24)

“The Caring Behaviors Inventory-24 (CBI-24)” was developed by Wu et al. (2006), ⁽²³⁾ and its Turkish validity and reliability study was conducted by Kurşun and Kanan (2012). ⁽²⁴⁾ Subscales of the scale are knowledge-skill, respectability, commitment, and assurance. *In the scale score calculation*, the total scale score is obtained between 1 and 6 by summing scores of 24 items and then dividing them into 24. For subscales, the scores of each subscale are summed and the score obtained is divided into the item number and a score between 1 and 6

is obtained. Subscales of the Caring Behaviors Inventory-24 are assurance (16, 17, 18, 20, 21, 22, 23, and 24), knowledge-skill (9, 10, 11, 12, and 15), respectability (1, 3, 5, 6, 13, and 19) and commitment (2, 4, 7, 8, and 14). The content validity index of the scale was found to be 0.96. ⁽²⁴⁾ In the present study, the Cronbach's Alpha coefficient was found to be 0.94 for the overall scale.

Data Collection

During the data collection process, the nurses who agreed to take part in the study were informed about the study and their informed consent was obtained. The data were collected via the Personal Information Form, "the Intercultural Sensitivity Scale", and "the Caring Behaviors Inventory-24". The application was performed when the nurses had no treatment and care practices either prior to the work hour or at the end of the work hour. The researcher collected the data by conducting face-to-face interviews with the nurses. It took nearly 7 to 9 minutes to complete the forms. Data were collected between 26.06.2020 and 15.07.2020.

Data Analysis

In the study, SSS 16.0 and LISRELL 8.7 programs were used in the analysis of the data. In the data evaluation, attention was paid to having Skewness and Kurtosis values between +2 and -2 for the normal distribution criteria. ⁽²⁵⁾ Therefore, the independent samples t-test was used for binary variables, the One-Way ANOVA test for three and more variables and the Structural Equation Modeling for determining to what extent the cultural sensitivity of the nurses predicted their caring behaviors. For comparisons, the statistical significance was set at the level of $p < .05$.

The Study Criteria

- Inclusion Criteria
 - Working as a nurse at the hospital

- Agreeing to take part in the study
 - Exclusion Criteria
- Nurses who worked in the operating theater were excluded from this study because they are not in direct contact with patients, and therefore they were not included in the study considering that it would not affect cultural conditions.

Dependent and Independent Variables

Dependent Variables: Intercultural sensitivity level and caring behaviors of the nurses

Independent Variables: Socio-demographics (gender, age, number of years of work experience) and cultural experience (looking after patients from different cultures, experience of working-living abroad, allocating time for patient care)

Ethical Considerations

Before carrying out the study, the approval from a local hospital's Clinical Research Ethics Committee (No: OOO), as well as permission from the related hospital were obtained. Next, they gave the participants the data collection forms to fill out, as well as asked them to give written and oral consent.

Results

In this section, findings related to the correlation scores between the descriptive statistics and variables in the study were primarily included.

Descriptive Findings Related to the Participants

According to the demographic variables in Table 2, it was observed that there was no significant difference between the CBI-24 mean scores in terms of gender, experience of giving care to a patient in family or immediate environment, experience of giving care to a

patient from a different culture and allocation of adequate time for patient care in their unit ($p>.05$).

Table 1. Mean Scores of ISS and Its Subscales According to Demographic Variables

| Demographic variables | Scales | | | | | | |
|---|--------|--|---|--|--|---|----------------------------|
| | N | Interaction enjoyment ($X\pm SD$) | Interaction engagement ($X\pm SD$) | Respect of Cultural Differences ($X\pm SD$) | Interaction attentiveness ($X\pm SD$) | Interaction confidence ($X\pm SD$) | Total ISS ($X\pm SD$) |
| Age | 210 | 15.85±1.58 | 25.71±3.22 | 23.03±3.36 | 10.86±1.52 | 11.54±1.95 | 87.00±7.55 |
| Under 29 years | 121 | 11.56±1.97 | 26.32±2.92 | 23.78±3.27 | 11.06±1.36 | 16.09±1.49 | 88.81±6.58 |
| 29 years and above | 89 | 11.52±1.93 | 24.90±3.45 | 22.01±3.23 | 10.58±1.69 | 15.52±1.65 | 84.54±8.11 |
| <i>p</i> | | 0.901 | 0.001* | 0.000* | 0.025* | 0.009* | 0.000* |
| Gender | | | | | | | |
| Female | 167 | 11.63±1.85 | 25.62±3.25 | 22.98±3.42 | 10.77±1.57 | 15.73±1.56 | 86.72±7.51 |
| Male | 43 | 11.23±2.32 | 26.12±3.12 | 23.23±3.15 | 11.20±1.26 | 16.30±1.58 | 88.09±7.72 |
| <i>p</i> | | 0.303 | 0.366 | 0.656 | 0.089 | 0.034* | 0.288 |
| Years of Employment in the Profession | | | | | | | |
| Under 7 years | 132 | 11.61±1.92 | 26.35±2.97 | 23.64±3.31 | 11.06±1.32 | 16.08±1.56 | 88.73±6.65 |
| 7 years and above | 78 | 11.45±2.01 | 24.65±3.38 | 21.99±3.19 | 10.51±1.76 | 15.46±1.55 | 84.06±8.10 |
| <i>p</i> | | 0.574 | 0.000* | 0.000* | 0.019* | 0.006* | 0.000* |
| Educational Background | | | | | | | |
| High school | 17 | 11.06±2.01 | 26.29±3.33 | 23.18±2.38 | 10.77±1.72 | 16.24±1.56 | 87.53±7.25 |
| Associate degree | 17 | 11.47±2.35 | 25.35±2.89 | 21.58±3.14 | 10.88±1.22 | 15.53±1.42 | 84.82±7.04 |
| Bachelor's degree and above | 176 | 11.60±1.91 | 25.70±3.25 | 23.15±3.44 | 10.86±1.54 | 15.84±1.60 | 87.16±7.63 |
| <i>p</i> | | 0.543 | 0.683 | 0.183 | 0.966 | 0.426 | 0.457 |
| Experience of Giving Care to a Patient in Family or Immediate Circle | | | | | | | |
| Yes | 122 | 11.72±1.81 | 25.80±3.47 | 23.43±3.43 | 11.02±1.48 | 15.93±1.62 | 87.89±7.80 |
| No | 88 | 11.31±2.12 | 25.61±2.86 | 22.47±3.18 | 10.64±1.56 | 15.74±1.53 | 85.76±7.05 |
| <i>p</i> | | 0.129 | 0.688 | 0.039* | 0.074 | 0.397 | 0.043* |

| Experience of Giving Care to a Patient from a Different Culture | | | | | | | |
|--|-----|------------|---------------|---------------|------------|------------|---------------|
| Never-Sometimes | 142 | 11.62±1.80 | 25.99±3.00 | 23.44±3.15 | 10.78±1.48 | 15.79±1.49 | 87.62±7.16 |
| Usually | 68 | 11.39±2.23 | 25.15±3.59 | 22.18±3.63 | 11.02±1.61 | 15.97±1.76 | 85.71±8.22 |
| <i>p</i> | | 0.440 | 0.096 | 0.011* | 0.300 | 0.436 | 0.103 |
| Experience of Working with a Foreign Nurse | | | | | | | |
| Yes | 16 | 11.31±2.02 | 26.06±3.07 | 22.13±2.87 | 11.06±1.73 | 16.31±1.70 | 86.88±6.59 |
| No | 194 | 11.57±1.95 | 25.69±3.24 | 23.10±3.39 | 10.84±1.51 | 15.81±1.57 | 87.01±7.64 |
| <i>p</i> | | 0.617 | 0.658 | 0.264 | 0.576 | 0.221 | 0.945 |
| Allocation of Time for Patient Care in the Unit They Worked in | | | | | | | |
| Yes | 76 | 11.70±1.88 | 25.64±3.62 | 22.99±3.30 | 10.84±1.42 | 16.00±1.49 | 87.17±8.31 |
| Partially | 114 | 11.56±1.96 | 26.05±2.93 | 23.36±3.45 | 10.94±1.54 | 15.77±1.61 | 87.68±7.02 |
| No | 20 | 10.90±2.15 | 24.10±2.83 | 21.30±2.56 | 10.45±1.76 | 15.70±1.78 | 82.45±6.09 |
| <i>p</i> | | 0.266 | 0.042* | 0.040* | 0.415 | 0.566 | 0.016* |

IC: Interaction Confidence, IE: Interaction Engagement, RCD: Respect of Cultural Differences, IA: Interaction Attentiveness, IEJ: Interaction Enjoyment, ISS: The Inter-cultural Sensitivity Scale

It was determined that the nurses who were under 29 years had a higher level of interaction engagement, respect of cultural differences, interaction attentiveness, interaction confidence and intercultural sensitivity ($p < .05$). Likewise, the nurses who were working in the profession for less than seven years had statistically significantly higher mean scores of interaction engagement, respect of cultural differences, interaction attentiveness, interaction confidence and intercultural sensitivity ($p < .05$). According to gender, the scores of interaction confidence subscale were significantly higher in the male nurses and this increase was significant ($p < .05$). The nurses giving care to patients from different cultures had higher respect of cultural differences subscale scores and those with an experience of giving care to a patient in family or immediate environment had higher respect of cultural differences subscale and total intercultural sensitivity scores at a statistically significant level ($p < .05$). In addition, the nurses partially allocating time for patient care in their unit had higher interaction engagement and respect of cultural differences scores than those not allocating time and the nurses not

allocating adequate time for patient care had higher total intercultural sensitivity scores than those allocating time ($p<.05$) (Table 1). Examining the scale mean scores according to the demographic variables in Table 1, it was observed that there was no statistically significant difference between the ISS mean scores in terms of educational background and status of working with a foreign nurse ($p>.05$).

Table 2. Mean Scores of CBI-24 and Its Subscales According to Demographic Variables

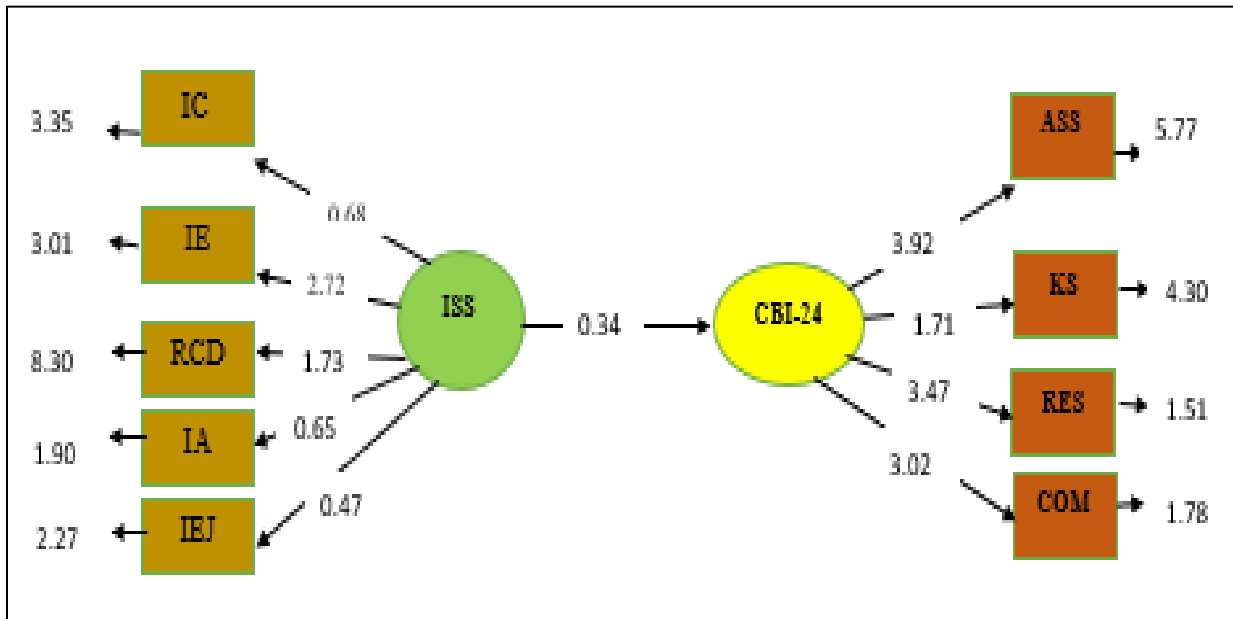
| Demographic variables | Scales | | | | | |
|--|--------|----------------------------|----------------------------------|--------------------------|-----------------------------|-------------------------------|
| | N | Assurance ($X\pm SD$) | Knowledge-Skill ($X\pm SD$) | Respect ($X\pm SD$) | Commitment ($X\pm SD$) | Total CBI-24 ($X\pm SD$) |
| | 210 | 42.22±4.60 | 27.43±2.70 | 31.03±3.68 | 25.12±3.30 | 125.81±12.70 |
| Age | | | | | | |
| Under 29 years | 121 | 5.27±0.59 | 5.40±0.57 | 5.18±0.65 | 5.06±0.57 | 5.23±0.55 |
| 29 years and above | 89 | 5.28±0.56 | 5.60±0.49 | 5.17±0.57 | 4.97±0.63 | 5.26±0.50 |
| <i>p</i> | | 0.892 | 0.006* | 0.912 | 0.324 | 0.746 |
| Gender | | | | | | |
| Female | 167 | 5.29±0.54 | 5.50±0.54 | 5.20±0.59 | 5.04±0.63 | 5.26±0.50 |
| Male | 43 | 5.25±0.71 | 5.41±0.55 | 5.07±0.71 | 4.95±0.76 | 5.18±0.64 |
| <i>p</i> | | 0.758 | 0.367 | 0.202 | 0.433 | 0.443 |
| Duration of Working in the Profession | | | | | | |
| Under 7 years | 132 | 5.25±0.58 | 5.40±0.55 | 5.18±0.62 | 5.05±0.66 | 5.22±0.53 |
| 7 years and above | 78 | 5.32±0.57 | 5.61±0.50 | 5.16±0.61 | 4.98±0.66 | 5.27±0.53 |
| <i>p</i> | | 0.387 | 0.005* | 0.861 | 0.436 | 0.527 |
| Educational Background | | | | | | |
| High school | 17 | 5.32±0.56 | 5.58±0.41 | 5.27±0.63 | 5.00±0.57 | 5.29±0.49 |
| Associate degree | 17 | 5.44±0.70 | 5.76±0.37 | 5.40±0.45 | 5.32±0.47 | 5.48±0.46 |
| Bachelor's degree and | 176 | 5.26±0.56 | 5.45±0.56 | 5.14±0.62 | 5.00±0.68 | 5.21±0.54 |

| | | | | | | |
|--|-----|---------------|---------------|---------------|---------------|---------------|
| above | | | | | | |
| <i>p</i> | | 0.444 | 0.012* | 0.189 | 0.139 | 0.138 |
| Experience of Giving Care to a Patient in Family or Immediate Environment | | | | | | |
| Yes | 122 | 5.33±0.57 | 5.50±0.58 | 5.20±0.63 | 5.07±0.66 | 5.28±0.54 |
| No | 88 | 5.21±0.59 | 5.47±0.49 | 5.13±0.59 | 4.96±0.66 | 5.19±0.52 |
| <i>p</i> | | 0.145 | 0.741 | 0.449 | 0.226 | 0.258 |
| Experience of Giving Care to a Patient from a Different Culture | | | | | | |
| Never-Sometimes | 142 | 5.25±0.59 | 5.47±0.55 | 5.17±0.61 | 5.03±0.66 | 5.23±0.53 |
| Usually | 68 | 5.33±0.54 | 5.51±0.53 | 5.17±0.61 | 5.00±0.65 | 5.26±0.52 |
| <i>p</i> | | 0.350 | 0.610 | 0.974 | 0.661 | 0.732 |
| Experience of Working with a Foreign Nurse | | | | | | |
| Yes | 16 | 5.05±0.79 | 5.50±0.58 | 5.04±0.84 | 4.92±0.86 | 5.12±0.74 |
| No | 194 | 5.30±0.55 | 5.48±0.54 | 5.18±0.59 | 5.03±0.64 | 5.25±0.51 |
| <i>p</i> | | 0.246 | 0.908 | 0.517 | 0.631 | 0.481 |
| Allocation of Time for Patient Care in the Unit Worked | | | | | | |
| Yes | 76 | 5.44±0.52 | 5.64±0.49 | 5.64±0.59 | 5.21±0.59 | 5.39±0.49 |
| Partially | 114 | 5.24±0.56 | 5.42±0.53 | 5.16±0.59 | 4.98±0.65 | 5.20±0.50 |
| No | 20 | 4.88±0.68 | 5.30±0.64 | 4.76±0.65 | 4.55±0.74 | 4.87±0.63 |
| <i>p</i> | | 0.000* | 0.006* | 0.002* | 0.000* | 0.000* |

CBI: The Caring Behaviors Inventory-24, ASS: Assurance, KS: Knowledge-Skill, RES: Respectability, COM: Commitment

It was determined that the nurses who were 29 years and above obtained higher scores from knowledge and skill subscale of CBI-24 ($p < .05$). Likewise, the nurses who were working in the profession for less than seven years obtained higher scores from knowledge and skill subscale of CBI-24 ($p < .05$). Examining in terms of educational background of the nurses, it was observed that the nurses with associate degree had statistically significantly higher scores of knowledge-skill subscale than those who had bachelor's degree ($p < .05$). The nurses allocating time for patient care in their unit had statistically significantly higher mean caring behaviors and subscale scores ($p < .05$) (Table 2).

Figure 1: Path Diagram of Intercultural Sensitivity and Caring Behaviors



Chi-Square= 72.74, df= 26, P-value= 0.00000, RMSEA= 0.093

IC: Interaction Confidence, IE: Interaction Engagement, RCD: Respect of Cultural Differences, IA: Interaction Attentiveness, IEJ: Interaction Enjoyment, ISS: The Inter-cultural Sensitivity Scale, CBI: The Caring Behaviors Inventory-24, ASS: Assurance, KS: Knowledge-Skill, RES: Respectability, COM: Commitment

In Figure 1, the relationship between nurses' cultural sensitivities and care behaviors was analyzed by structural equation modeling.

Table 3. Results of Structural Equation Modeling Related to the First Hypothesis of the Study

| Hypotheses | Methods | Standardized Parameter Estimations | Result |
|----------------|----------------|------------------------------------|-----------|
| H ₁ | (ISS)→(CBI-24) | 0.34 | Confirmed |

When examining Table 3, it was found that intercultural sensitivity had a significant effect of 0.34 on caring behaviors ($p < .01$). This result indicated that a one-unit increase in intercultural sensitivity may cause an increase of 0.34 in caring behaviors.

Table 4. Goodness of Fit Values Related to the Study Model

| X ² /df | P | RMSEA | CFI | NNFI | NFI | RMR | SRMR |
|--------------------|-------|-------|-------|-------|-------|-------|-------|
| 2.079 | 0.000 | 0.093 | 0.950 | 0.930 | 0.920 | 0.040 | 0.068 |

It was observed that the goodness of fit values obtained for the study model were in acceptable and perfect fit indices. The X^2/df value which was the most important goodness of fit index value was in the perfect fit interval with 2.079, the RMSEA value was in the acceptable fit interval with 0.093 and the other fit indices were in the acceptable and perfect goodness of fit (Table 4).

Table 5. The Inter-cultural Sensitivity Scale and The Caring Behaviors Inventory-24 between correlation analysis

| | | I C | IE | RCD | IA | IEJ | ISS | CBI | ASS | KS | RES | CO M |
|-----------------|-------------------------|----------------|--------------|--------------|--------------|--------------|------------|------------|------------|-----------|------------|-----------------|
| IC | Pearson | - | 0.28* | 0.34* | 0.05 | 0.06 | 0.55* | 0.11 | 0.09 | 0.17* | 0.01 | 0.04 |
| | Correlati on Sig. | | 0.00 | 0.00 | 0.48 | 0.35 | 0.00 | 0.11 | 0.17 | 0.01 | 0.17 | 0.52 |
| IE | Pearson | - | 0.45* | 0.36* | 0.28* | 0.83* | 0.25* | 0.23* | 0.15* | 0.25* | 0.25* | |
| | Correlati on Sig. | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| RC D | Pearson | - | 0.14* | -0.08 | 0.74* | 0.19* | 0.18* | 0.10 | 0.21* | 0.17* | | |
| | Correlati on Sig. | | 0.04 | 0.27 | 0.00 | 0.01 | 0.01 | 0.16 | 0.00 | 0.01 | | |
| IA | Pearson | - | 0.31* | 0.49* | 0.24* | 0.22* | 0.09 | 0.25* | 0.26* | | | |
| | Correlati on Sig. | | 0.00 | 0.00 | 0.00 | 0.00 | 0.20 | 0.00 | 0.00 | | | |
| IEJ | Pearson | - | 0.37* | 0.14* | 0.10 | 0.14* | 0.11 | 0.16* | | | | |
| | Correlati on Sig. | | 0.00 | 0.04 | 0.13 | 0.04 | 0.11 | 0.02 | | | | |
| ISS | Pearson | - | 0.30* | 0.27* | 0.20* | 0.30* | 0.28* | | | | | |
| | Correlati on Sig. | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | | |
| CBI | Pearson | - | 0.93* | 0.75* | 0.93* | 0.91* | | | | | | |
| | Correlati on Sig. | | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | |
| ASS | Pearson | - | 0.62* | 0.80* | 0.78* | | | | | | | |
| | Correlati on | | * | * | * | | | | | | | |

| | | | | |
|------------|------------------------------------|-------------|-------------|-------------------|
| | Sig. | 0.00 | 0.00 | 0.00 |
| KS | Pearson Correlati on Sig. | - | 0.59* * | 0.55* * |
| RES | Pearson Correlati on Sig. | - | | 0.87* * |
| COM | Pearson Correlati on Sig. | | | 0.00 |
| | | | | - |

IC: Interaction Confidence, IE: Interaction Engagement, RCD: Respect of Cultural Differences, IA: Interaction Attentiveness, IEJ: Interaction Enjoyment, ISS: The Inter-cultural Sensitivity Scale, CBI: The Caring Behaviors Inventory-24, ASS: Assurance, KS: Knowledge-Skill, RES: Respectability, COM: Commitment

Correlation analysis was performed between The Inter-cultural Sensitivity Scale and The Caring Behaviors Inventory-24 scales and their sub-dimensions. A strong positive correlation was found between The Inter-cultural Sensitivity Scale and Interaction Engagement. It has been determined that there is a strong positive correlation between The Caring Behaviors Inventory-24 and Assurance, Knowledge-Skill, Respectability, Commitment. It was determined that there was a weak positive correlation between The Inter-cultural Sensitivity Scale and The Caring Behaviors Inventory-24 (Table 5).

Discussion

In the study, the correlation between cultural sensitivity and caring behaviors of nurses working in hospitals was examined. In the literature there is no study discussing both cultural sensitivity and caring behaviors of nurses and the study findings are believed to contribute to the relevant literature. In this respect, the study is strong because it not only included a sample comprising nurses working in hospitals, but also measured caring behavior and cultural sensitivity.

In the study examining the factors that were assumed to affect culturally appropriate caring behaviors of nurses for patients, it was determined that the nurses who were under 29 years had higher intercultural sensitivity and interaction engagement, respect of cultural differences, interaction attentiveness and interaction confidence subscale scores than those who were above 29 years (Table 1). In line with the study, it was found that the nurses who were younger had a higher level of intercultural sensitivity.⁽²⁶⁾ In contradiction to the study, it was found that intercultural sensitivity of the nursing students who were older was affected positively.⁽⁸⁾ In addition, there are studies suggesting that age of nurses does not affect their cultural sensitivity.^(22, 27-29) It can be said that the fact that nurses under the age of 29 receive undergraduate education with the changing regulations in Turkey, interact with different cultures through exchange programs such as Erasmus in undergraduate education, and that these generations communicate with different cultures on social media, cause their cultural sensitivity levels to be high. It was also determined that the nurses who were working in the profession for less than seven years had a higher level of cultural sensitivity (Table 1). In line with the study, it was found that as duration of working in the profession decreased, cultural sensitivity level of the nurses increased.^(26, 30) In contradiction to the study, it was determined in two studies that there was no statistically significant correlation between duration of working in the profession and cultural sensitivity level of the nurses.^(22, 31) Increase in cultural sensitivity of the nurses with decrease in their duration of working in the profession can be explained with the fact that nursing education in Turkey completely starts with undergraduate study and nursing students meet people from different cultures via abroad programs (such as Erasmus).

In the present study, it was found that the nurses who were 29 years and above and were working in the profession for less than seven years had higher knowledge-skill subscale scores in the CBI-24 (Table 2). Similar to the result of this study, it was indicated in two

different studies that as the age of the nurses increased, their caring behaviors increased. ^(32, 33) In contradiction to the result of the current study, it was stated in a study that decrease in the age of the nurses affected their caring behaviors positively. ⁽³⁴⁾ Additionally, in another study on nurses, it was found that age did not affect the care perception. ⁽³⁵⁾ Difference between the literature findings and cultural sensitivity in this study was believed to be associated with the different study sample and fact that the nurses comprising the sample were millennials who are open to novelties and changes and attach importance to cultural values.

In the present study, it was determined that the male nurses obtained higher scores from interaction confidence subscale compared to their female counterparts (Table 1). In contradiction to the result of the current study, it was found that the gender of the nurses did not affect their cultural sensitivity. ^(7, 22) Additionally, it was reported in a study performed with nursing students that the women had a higher level of cultural sensitivity than the men. ⁽³⁶⁾ The area of the study is compatible with the opinion that women face more social oppression than men. It is suggested that conducting more studies on the subject will reveal the reason of the difference by using socialization strategies according to gender.

In the current study, it was determined that the educational background of the nurses affected the knowledge-skill subscale of CBI-24 (Table 2). There was a negative correlation between the educational background and caring behaviors of the nurses. In contradiction to the result of the current study, various studies reported that the educational background of the nurses did not affect their care perception. ^(32, 34, 35)

In the present study, it was determined that the nurses giving care to people from different cultures affected positively the respect of cultural differences subscale and those with an experience of giving care to a patient in family or immediate environment affected positively the respect of cultural differences subscale and total intercultural sensitivity levels (Table 1). Likewise, it was found that cultural sensitivity level of the nurses giving care to patients from

different cultures was affected positively. ^(31, 37) In a different study, the frequent encounters of nurses with individuals from different cultures increased the cultural competence level of nurses. ⁽³⁸⁾ A study conducted with nursing students reported that cultural sensitivity level of the nursing students giving care to patients from different cultures was affected positively. ⁽³⁶⁾ Desire of nursing students to give care to patients from different cultures affects their cultural sensitivity level positively. ⁽³⁹⁾ The findings of the study are compatible with other studies in the literature, which is an expected outcome.

In the current study, it was determined that the nurses allocating adequate time for patient care in their unit had higher interaction engagement and respect of cultural differences scores than those not allocating time and the nurses not allocating adequate time for patient care had higher intercultural sensitivity scores than those allocating time (Table 1). In contradiction to this study result, it was determined that there was no correlation between the status of the nurses to allocate time for patient care and their intercultural sensitivity. ⁽⁴⁰⁾ In addition, it was determined that the nurses allocating time for patient care in their unit had higher caring behaviors and all subscale scores (Table 2). In the literature, there is no study on this subject. The data of the study is an expected outcome.

Nurses have an important place among health professionals in providing care to patients. In this study, which was conducted to examine the caring behaviors of the cultural sensitivity levels of nurses while caring for individuals from different cultures, it was found that the nurses had a good level of intercultural sensitivity and caring behaviors. There was a correlation between intercultural sensitivity and caring behaviors and as intercultural sensitivity level increased, caring behaviors increased (Table 1, Table 2, Table 3, and Table 4). The intercultural sensitivity level of the nurses is compatible with various studies in the literature. ^(7, 41) Communication of nurses with different cultures and increase in their educational level will increase their intercultural sensitivity level. The fact that nurses with a

high level of cultural sensitivity are more comfortable in communicating while giving care to patients may contribute to nurses providing their care to patients more effectively. In the study the nurses had higher caring behaviors and subscale scores, which makes us think that intercultural sensitivity and other factors have an important effect on caregiving.

Conclusion

According to the results of the present study, it is plausible to state that intercultural sensitivity has a positive related to caring behaviors. Therefore, trainings aimed at increasing intercultural sensitivity can be created for nurses and nursing students. It is recommended that nurses gather with different cultures and allocate more time for patient care by arranging working conditions.

Limitations: A limitation of the study is that it was conducted in only one city in Turkey.

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