

Original Research Article

## An Investigation of Cultural Sensitivity of Nurses in Foreign Patient Care: A Descriptive Study in Turkey

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### ABSTRACT

**Background:** The objective of this study is to identify the cultural sensitivity of foreign nurses and to state the factors effecting the situation.

**Methodology:** The sample of this study involves 82 nurses who participated to this study voluntarily and work in a nursing and communication with foreign patients of a private hospital in Turkey. The data was collected by the researchers by using 'Nurse Introduction Form' and 'Intercultural Sensitivity Scale (ISS).

**Results:** Results of this study are as follows; it has been shown that the intercultural sensitivity level is at medium-level ( $2.71 \pm 0.48$ ). The results about intercultural sensitivity have shown that the most important factors regarding the intercultural sensitivity of the nurses are respecting the cultural differences and self-esteem in intercultural interaction. It has also been shown that the nurses who have been to exchange studies and taken cultural nursing courses are have higher intercultural sensitivity than others. Moreover, it has also been stated that as the years of experience increased, the intercultural sensitivity got lower among the nurses.

**Conclusions:** As a result of this study, it has been shown that the intercultural sensitivity level is at medium-level.

**Key words:** Intercultural interaction, intercultural sensitivity, nursing.

### INTRODUCTION

Culture is defined as the values, beliefs, attitude and behaviors, manners and customs that are taught and shared from one generation to another. A culture is the configuration of life and every person owns a culture. <sup>[1,2]</sup> In multicultural societies, due to cultural diversity, similar and different cultural understandings are prevalent. Such cultural understandings are shaped by some factors, such as, age, sex, race, ethnicity, socio-economical level, religion, orientation, education and history. <sup>[3]</sup> In addition, intercultural sensitivity is a part of

intercultural communication ability and defined as 'the active willingness that is needed to provide self-motivation for understanding, accepting and appreciating intercultural differences'.

A health system shows the value the country is giving to humans. Care is not only related to illness or health, but also the perspective of the culture. All aspects of the culture are effective in nursing. Therefore, culture based situations, such as, beliefs about illness, child development, birth practices, nutrition habits, sexuality, family approach, reaction towards pain and death,

communication style, time orientation, touching and privacy, are parts of nursing. For this reason, in order to provide nursing with high standards, it is important to understand the cultural differences, be aware of the cultural components and provide care accordingly. [4,5]

The founder of transcultural nursing, Madeleine Leininger, has described transcultural nursing as; a nursing field where used in 'special-culture' and 'universal-culture' areas, focusing on health-illness, care; having a subculture respecting belief and values along with focusing on research and analysis. [6] In recent years, there has been an understanding of the cultural structure of individuals and there have been increased enterprises in terms of effective nursing. [5,7]

In the last century, there have been wars, ethnical conflicts, environmental crisis, repressive regimes and economical depression due to globalization and this has lead many people to migrate or immigrate or have forced immigration. Therefore, there have been variety of cultures and subcultures as well as different multi cultural population structures emerged by individuals, families and groups. Such situation can also be seen in Turkey and it has been observed that people, within the multicultural structure, use healthcare services and visit hospitals often therefore receive services from the healthcare personnel. There are very few studies about intercultural perspective of nursing in Turkey. Yurt et al. has conducted a study in a private hospital in Turkey. According to the results, 78% of the nurses find it difficult when serving a foreign patient. The reasons for such difficulty as follows; not know a foreign language (87.9%), cultural attitudes of foreigners (12.8%) and different religious beliefs (2.8%). [8] Parlar et al. also conducted a study, which analysed difficulties of nurses for caring in two different parts of Turkey (East and West). The sample group in this study was mostly the nurses who provide services to foreign patients and it was clear from the results that

the ratio of this in the West is significantly higher than the East. The main problem of care services provided according to the cultural characteristics is communication and it has been stated that the number of problems in the West is higher than the East region of Turkey. The reason for the communication being the main problem is the high number of patients not speaking Turkish. [9] A study conducted with nursing and midwifery students, where the reflections of cultural difference experiences on patient care were analysed, has shown that cultural differences experienced by the students have negative impact on healthcare. [10]

A care preparation in terms of culture needs a nurse who is knowledgeable about individual cultural differences and similarities and also being sensitive towards these issues is necessary. [11] Therefore, in order to be successful in intercultural sensitive patient care, nurses who have primary roles in patient care need to have all the requirements and determine their perspective. The aim of this study is to define cultural sensitivity and the factors that affect the situation.

## **MATERIALS AND METHODS**

The study was held in a descriptive and cross-sectional plan with nurses in a private hospital, Istanbul/Turkey between January 2015 and March 2015. The total number of participants in a private hospital of Istanbul is 110 nurses. The sample of this study involves 82 nurses who participated to this study voluntarily and work in a nursing and communication with foreign patients of a private hospital in Turkey.

The nurses who have not provided a service to foreign patients have been excluded from this study.

### **Data Collection Tools**

The data was collected by the researchers by using "Nurse Introduction Form" and 'Intercultural Sensitivity Inventory (ISI).

### **Nurse Introduction Form**

The form which was designed by the researchers includes the questions that may affect the socio-demographic characteristics and cultural sensitivity perceptions of the nurses. The questions include; an opportunity for being abroad, speaking a foreign language, and attending Erasmus exchange program.

*Intercultural Sensitivity Scale (ISS)*, has been developed by Chen and Staros and the adaptation of this inventory to Turkey has been conducted by Bulduk et al. in 2011. [11] With 24 sections in the scale, construct validity has been made by collecting sub-dimensions together and using factor analysis technic. At the end of this analysis, the scale consists of five sub-dimensions. These are; responsibility in intercultural interaction (7 items), respect towards intercultural differences (6 items), self esteem in intercultural interaction (5 items), liking the intercultural interaction (3 items), and being careful in intercultural interaction (3 items). The scale has a rating system, which consists of; (1) Strongly disagree, (2) Disagree, (3) Not sure, (4) Agree, and (5) Strongly Disagree on a likert scale. Items 2, 4, 7, 9, 12, 15, 18, 20 and 22 are coded backwards. The meaning of high grades is that the rate for intercultural sensitivity level is high. The total Cronbach alpha index is found as 0, 72 during the adaptation work. The Cronbach alpha index of the sample group is found as 0.76.

### **Statistical analysis**

The data were evaluated using the SPSS version 16.0 program (SPSS Inc., Chicago, IL, USA). In the analysis of the results, frequency, percentage, arithmetic average and standard variation have been calculated. Test of normality has been applied to check the distribution of the points and the point average calculation has been done. According to this analysis, due to the fact that the scale points did not show the distribution (Kolmogorov-Smirnov  $Z=0.131$ ,  $p<0.05$ ), a non parametric tests, Mann Whitney U Test and Kruskal Wallis Test, were used for independent variables of

total scale average and the average points of sub-dimensions. For the analysis of sub-dimensions Spearman Correlation Analysis was used. The relevance of the statistics was calculated as  $p<0.05$ .

### **Ethical approval**

Firstly, a written approval of the authors was taken for the usage of the scale. A written approval of the hospital's ethical council was taken (numbered: 2014/2712) and the volunteers who accepted to participate in the study was explained about the study and the verbal approval was taken from them. After that, the participants filled out the data collection form in 10-15 minutes.

## **RESULTS**

Some descriptive characteristics of participated nurses were given in Table 1.

**Table 1: The Distribution of some Descriptive Characteristics**

Characteristics	N	%
Age Average	27.91±6.85	
<b>Gender</b>		
Female	72	87.8
Male	10	12.2
<b>Education Level</b>		
High School	10	12.2
Associate's degrees	21	25.6
Bachelor's and Master's degrees	51	62.2
<b>Nursing Experience</b>		
Less than a year	12	14.6
1-5 years	33	40.3
6-10 years	20	24.4
11 years and above	17	20.7
<b>Liking the nursing occupation</b>		
Yes	62	75.6
No	20	24.4
<b>Intercultural nursing education</b>		
Received	13	15.8
Not Received	69	84.2
<b>Opportunity to be with people from other cultures</b>		
Yes	12	14.6
No	70	85.4
<b>Foreign Languages</b>		
Speaks another language	9	11.0
Does not speak another language	73	89.0
<b>Attending Erasmus Exchange program</b>		
Yes	8	9.8
No	74	90.2
<b>TOTAL</b>	<b>82</b>	<b>100.0</b>

The age average of the participated nurses is 27.91±6.85, 87.8% of women attended and 62.2% of women participants have undergraduate-postgraduate education. 40.3% of the participants have worked as a nurse for 1-5 years and finally 75.6% stated that they like their job. It has been stated

that 84.2% of the participants received intercultural nursing courses during the nursing education, 85.4% had the opportunity to be with people from other

cultures, only 14.6% know a foreign language, 9.8% has attended Erasmus exchange program as a student.

**Table 2: The Average of Total Points and Sub-Dimension Points of the Nurses from ISS**

ISS and Sub Dimensions	Number of Items	Min.	Max.	X+SD
Responsibility in Intercultural Interaction	7	2.90	5.00	3.62±0.45
Respect towards Intercultural Differences	6	2.00	4.76	2.89±0.49
Self-Esteem in Intercultural Interaction	5	1.87	3.85	2.23±0.53
Liking the Intercultural Interaction	3	2.10	4.13	2.59±0.89
Being Careful in Intercultural Interaction	3	2.68	5.00	3.06±0.64
Total (ISS)	24	2.86	5.00	2.71±0.48

ISS: Intercultural Sensitivity Scale, SD: Standard deviation

**Table 3: Correlation Results among ISS Sub-Dimensions**

ISS and Sub Dimensions	Responsibility in Intercultural Interaction	Respect towards Intercultural Differences	Self-Esteem in Intercultural Interaction	Liking the Intercultural Interaction	Being Careful in Intercultural Interaction
Responsibility in Intercultural Interaction	1	0.367	0.411	0.345*	0.389*
Respect towards Intercultural Differences	0.367*	1	0.213*	0.452*	0.324*
Self-Esteem in Intercultural Interaction	0.411*	0.213*	1	0.378*	0.360*
Liking the Intercultural Interaction	0.345*	0.452*	0.378*	1	0.368*
Being Careful in Intercultural Interaction	0.389*	0.324*	0.360*	0.368*	1

ISS: Intercultural Sensitivity Scale, \* $p < 0,05$

The total score of ISS is 2.71±0.48. When analyzing sub-dimensions, the responsibility in intercultural interaction: 3.62±0.45, respecting cultural differences: 2.89±0.49, self-esteem in intercultural interaction: 2.23±0.53, liking intercultural interaction: 2.59±0.89, being careful in intercultural interaction: 3.06±0.64 (Table 2).

According to the research findings, within the sub-dimension of the ISS, the strongest relationship is between the 'Respect towards Cultural Differences' and 'Liking the Interaction' ( $r=0.452$ ,  $p < 0.05$ ). Therefore, individuals who value cultural differences and respect in intercultural communication also value liking the interaction. It has also been stated that there is a positive significant relationship between responsibility and self-esteem in interaction sub-dimensions. The lowest level of significant positive relationship seems to be between respecting cultural differences and

self-esteem in interaction sub-dimensions (Table 3).

The distribution of the averages in ISS and sub-dimensions of the nurses based on some variables has been shown in Table 4. There has not been a significant difference in ISS and sub-dimensions averages found between gender, education level and foreign language knowledge variables ( $p > 0.05$ ). There have been significant differences found between; Years of experience and respecting cultural differences, Liking the occupation and being careful in intercultural interaction, Receiving cultural nursing education and responsibility towards intercultural interaction, Respecting cultural differences and being careful in intercultural interaction sub-dimensions ( $p < 0.05$ ). Along with that, there have been significant differences found between; Receiving education in Erasmus Exchange programs and receiving nursing education abroad, self-esteem in intercultural interaction, liking the

intercultural interaction and being careful in intercultural interaction ( $p < 0.05$ ).

**Table 4: The Distribution of the averages in ISS and sub-dimensions of the nurses based on some variables**

Variables	Responsibility in Intercultural Interaction	Respect towards Intercultural Differences	Self-Esteem in Intercultural Interaction	Liking the Intercultural Interaction	Being Careful in Intercultural Interaction
	X±SD	X±SD	X±SD	X±SD	X±SD
<b>Gender <sup>[1]</sup></b>					
Female	2.94±0.48	2.84±0.57	2.21±0.90	2.56±0.83	3.02±0.63
Male	3.00±0.55	2.33±0.69	2.43±0.54	2.85±0.68	3.55±0.67
Statistical Analysis	p=0.621	p=0.312	p=0.714	p=0.801	p=0.341
<b>Work Experience <sup>[2]</sup></b>					
Less than a year	2.67±0.67	2.88±0.59	2.47±0.58	2.74±0.84	3.12±0.76
1-5 years	2.39±0.53	2.19±0.57	2.45±0.67	2.10±0.59	3.46±0.57
6-10 years	2.12±0.42	2.00±0.98	2.78±0.91	2.71±0.78	3.07±0.64
11 years and above	2.79±0.49	1.56±0.67	2.67±0.56	2.33±0.72	3.34±0.72
Statistical Analysis	p=0.227	p=0.002*	p=0.742	p=0.356	p=0.218
<b>Education Level <sup>[2]</sup></b>					
High School	2.78±0.62	2.89±0.57	2.76±0.91	2.46±0.64	3.10±0.66
Associate's degrees	2.12±0.51	2.61±0.81	2.15±0.77	2.41±0.85	3.02±0.71
Bachelor's and Master's degrees	2.81±0.60	2.73±0.65	2.68±0.53	2.66±0.62	3.45±0.63
Statistical Analysis	p=0.207	p=0.318	p=0.269	p=0.401	p=0.661
<b>Liking the Nursing Occupation</b>					
Yes	2.16±0.53	2.57±0.93	2.93±0.68	2.81±0.62	3.56±0.65
No	2.29±0.86	2.86±0.69	2.85±0.62	2.38±0.56	2.41±0.48
Statistical Analysis	p=0.766	p=0.316	p=0.711	p=0.283	p=0.011*
<b>Intercultural nursing education</b>					
Received	3.18±0.69	2.87±0.52	2.33±0.59	2.73±0.69	3.24±0.53
Not Received	2.10±0.43	1.79±0.68	2.61±0.65	2.14±0.78	2.31±0.41
Statistical Analysis	p=0.026*	p=0.013*	p=0.347	p=0.279	p=0.028*
<b>Opportunity to be with people from other cultures</b>					
Yes	2.30±0.75	2.94±0.98	2.73±0.57	2.39±0.56	3.48±0.51
No	2.22±0.46	1.71±0.81	2.15±0.82	2.28±0.86	3.16±0.47
Statistical Analysis	p=0.561	p=0.015*	p=0.347	p=0.723	p=0.406
<b>Foreign Languages</b>					
Yes	2.58±0.81	2.59±0.56	2.92±0.88	2.82±0.64	3.12±0.44
No	2.04±0.60	2.48±0.81	2.55±0.64	2.69±0.43	3.64±0.52
Statistical Analysis	p=0.871	p=0.416	p=0.313	p=0.377	p=0.619
<b>Attending Erasmus Exchange Program<sup>†</sup></b>					
Yes	2.67±0.52	2.87±0.76	2.97±0.71	3.08±0.47	3.69±0.52
No	2.34±0.66	1.62±0.73	1.55±0.60	2.00±0.53	2.10±0.67
Statistical Analysis	p=0.480	p=0.028*	p=0.030*	p=0.014*	p=0.033*

1 = Mann Whitney U Test, 2 = Kruskal Wallis Test, \* $p < 0.05$ , SD: Standard deviation. ISS: Intercultural Sensitivity Scale

## DISCUSSION

By looking at the changing world conditions, it is inevitable to interact with people from different cultures for variety of reasons. A range of different cultures in Turkey have also brought cultural differences to the society. For this reason, it is expected that the nurses, who are a part of the healthcare system, have intercultural sensitivity. [4,5] It has also been reported that nurses who are aware of other cultures and are sensitive towards intercultural differences have positive impacts on nursing care. [12] As a result of this study, where intercultural sensitivity was introduced and the factors that affect the sensitivity were identified, the intercultural sensitivity level

of the participated nurses were calculated as middle level. Relevantly, other studies held in Turkey and other countries have shown that the intercultural sensitivity of the nursing students were at 'high level. [11,13,14] According to the literature, the cultures also have factors, such as, ethnicity, geographical location, economical and social environment, and education. [15,16] In this regards, it is expected that different factors may affect intercultural sensitivity, which are in connection with defining and evaluating intercultural differences. Therefore, the reasons for the differences in intercultural sensitivity levels of nurses and students may be the differences in education, ethnicity, economical and social

environment of different study groups. A high level of intercultural sensitivity level among students may be the result of a curriculum change in nursing schools, where cultural nursing courses have been embedded and the effect of these courses on the students have been positive.

According to the research findings, within the sub-dimension of the ISS, the strongest relationship is between the 'Respect towards Cultural Differences' and 'Liking the Interaction' (Table 2). As a result, it has been shown that the participated nurses respect other cultures' values and actually like the interaction with people from other cultures as well as being around them.

There has not been significant result regarding the differences of participated nurses in gender, education level and foreign language knowledge (Table 4). Congruently, studies held by Yilmaz and Gocen [16] and Hammer et al. [17] did not also find that gender differences have a significant effect on intercultural sensitivity. On the other hand, the study by Roh [18] has shown that there is a significant relation between individual differences of participants, which means gender and intercultural sensitivity level of the participants are related. According to the study held by Meydanlioglu, et al. [13] it has been stated that the nursing and medicine students, who interact with people from other cultures and speak a foreign language, have higher levels of intercultural sensitivity than others. Similarly, the results of a study by Bekiroglu and Balci [19] have also shown that students who always interact with foreigners have a higher level of intercultural sensitivity than students who rarely interact with foreigners. According to other studies, [20,21] the results have shown that speakers of another language have a higher level of intercultural sensitivity. The differences in results may be because of the low level of male participants in this study (12.2% male nurses participated). Future studies in this field will show more detailed analyses on the relationship between

intercultural sensitivity and gender differences.

According to the results of this study, there have been significant differences between the years of nursing experience, having an opportunity to interact with people from other cultures and respecting cultural differences, liking the occupation and being careful in intercultural interaction sub-dimensions (Table 4). According to these results, nurses who have less years of experience and interact with people from other cultures have a higher respect of cultural differences than others. The purpose of a nursing occupation is to provide a healthcare that respects to people, cultural differences and different lifestyles. [5] Nurses who are in health care service interact with people from all around the world. In this regard, the nature of this occupation needs a high level of intercultural sensitivity. For these reasons mentioned, the higher opportunities nurses have to interact with people from other cultures, the higher the respect to cultural differences and interactions levels will be. Moreover, the reason for the differences in sensitivity levels between nurses who have less experience and nurses who have more experience of nursing is the recent differences in nursing education syllabus at schools and a recent increase in exchange program opportunities.

In this study, there have been significant relations between receiving cultural nursing courses and responsibility in intercultural interaction, respecting cultural differences and being careful in intercultural interaction sub-dimensions (Table 4). This result may be defined as one of the most important findings of this study. Cultural nursing course at schools provide better understanding of intercultural interaction level among individuals, define intercultural barriers, such as, stereotypes, prejudice and ethnocentrism as well as supplying students with more awareness of different patterns of interaction from different cultures and approaches towards cultural healthcare. Therefore, this can be

said that such courses increase the theoretical knowledge of nurses regarding intercultural awareness and sensitivity. Despite the fact that theoretical cultural education has been substantially introduced in Turkey, there has been not enough practical application yet. It is clear that there will be a need of nurses who can provide cultural health care in the future. For this reason, it is important to integrate cultural care in nursing courses effectively.

According to the results of this study, this can be said that there has been significant relationship found between receiving Erasmus exchange program education and studying abroad, respecting cultural differences, self-esteem in intercultural interaction, liking intercultural interaction and being careful in intercultural interaction (Table 4). Similarly, another study has similar results as well. [19] International Exchange program provides opportunities to respect other cultures and interact with people and this experience allows individuals to be sensitive towards other cultures.

#### **Limitation**

This research was a cross-sectional study and does not reflect the general perspective on this matter as it was held in only one private hospital in Turkey. Moreover, there have been limitations regarding identifying the nurses due to having limited questions in the questionnaire. Thus, many other factors that may affect the intercultural sensitivity have not been covered in this study.

#### **CONCLUSION**

As a result of this study, it has been shown that the intercultural sensitivity level is at medium-level. The result about intercultural sensitivity has shown that the most important factors regarding the intercultural sensitivity of the nurses are respecting the cultural differences and self-esteem in intercultural interaction. It has also been shown that the nurses who have been to exchange studies and taken cultural nursing courses are have higher intercultural

sensitivity than others. Moreover, it has also been stated that as the years of experience increased, the intercultural sensitivity got lower among the nurses. In accordance with the results of this study below can be suggested: Providing opportunities for the nurses to be exposed to different cultures, concentrating more on foreign language teaching in nursing schools, increasing exchange programs abroad, adding cultural sensitivity and awareness subjects into nursing schools starting from the second year of university education, which will enable nurses to have empathy towards foreigners and to do better management planning.

Nurses who are sensitive to different cultures and have empathy skills are surely more effective in healthcare services. It is suggested that the future studies may focus on comparing and contrasting nurses who work in two different hospitals and serve to foreign patients. Moreover, more qualitative data may be used to analyses the perceptions and attitudes of nurses towards this issue. This may also be helpful for developing nursing education programs.

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