

Original Article

Cultural Sensitivity and Related Factors among Nurse Educators in Turkey

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Abstract

Objectives: To determine cultural sensitivity and related factors among nurse educators in Turkey.

Methods: The study has a descriptive and cross-sectional design and was carried out on 152 nurse educators from seven universities in İzmir, Turkey. Data were collected with descriptive characteristics form and Intercultural Sensitivity Scale in 2016. Data were analyzed with Mann Whitney U test, Kruskal Wallis H test, Student's t test and variance analysis. Ethical approval was obtained.

Results: Of 152 nurse educators included in the study, 94.1% were female and the mean age of the participants was 35.18 ± 9.64 years. The mean score was 78.39 ± 4.96 for Intercultural Sensitivity Scale. There was not a significant difference between the mean scores for the subscales and frequency of communicating through social media, finding cultural care education offered in the faculty curriculum to be satisfactory, willingness to continue academic career abroad, status of knowing a foreign language and participating in exchange programs ($p > 0.05$). However, the difference between frequency of mass communication tools and respect for cultural differences ($p < 0.05$) and interaction enjoyment ($p < 0.05$) was significant. Participating in exchange programs and respect for cultural differences significantly differed ($p < 0.05$). The relations between cultural knowledge and skills and interaction confidence, interaction enjoyment, between having an educational experience abroad and interaction confidence and between cultural knowledge and skills for communication with nursing students and interaction confidence and interaction enjoyment were significant ($p < 0.05$).

Conclusions: The sample of Turkish nurse educators has a moderate level of cultural sensitivity. Using mass media tools, participating in exchange programs, having educational experience abroad and cultural knowledge and skills for offering care can have an effect on cultural sensitivity among nurse educators. Strategies directed towards raising awareness should be created to increase cultural sensitivity in nursing departments.

Keywords: Cultural sensitivity, culture, nurse educator, nursing education, Turkey.

Introduction

There is a rapid movement from some geographical regions to others due to political, economic and social effects of globalization, immigration, seeking asylum, natural disasters, unemployment and attraction of opportunities to have better living conditions (Bayik Temel, 2011). However, health and nursing education still focus on norms and needs of dominant culture although many countries have had cultural diversity (Ruddock & Turner, 2007).

This may give rise to inequalities in offering health care (Temel, 2011).

The term "transcultural nursing", arising from the need to provide care for people from different cultures, was first used by Leininger in 1979 (Tortumluoglu, 2004; Temel, 2008). Researchers designing transcultural care models like Burnes-Bolton and Georges (1996), Campinha-Bacote (2002), Giger and Davidhizar (2002), Leininger (1978,1990), Meleis (1996), Purnell and Paulanka (1998) as well as Leininger have

created a basis for cultural competence in nursing education (Anderson *et al.*, 2007; Sevig & Tanriverdi, 2011). Cultural competence has been used since 1989 (İz & Temel, 2009). Intercultural communication competence has three dimensions: i.e. cognitive (cultural awareness), affective (intercultural sensitivity) and behavioral (intercultural dexterity) (Chen & Starosta, 2005). Development of these three dimensions allows individuals to get to know their own culture and other cultures, to respect and value cultural differences and to become a global citizen empathizing with other cultures (Eginli, 2011). Intercultural sensitivity forms the affective dimension of competence in intercultural communication and is defined as an “active willingness to create one’s own motivation to understand, accept and appreciate cultural differences (Chen & Starosta, 2000; Bulduk *et al.*, 2011).

So that nurses can meet needs of all individuals with different cultures in a multicultural society, they need to have cultural sensitivity and incorporate it into care (Ruddock & Turner, 2007). Cultural competence is a basic term necessary in offering comprehensive, patient centered care. National League for Nursing Accrediting Commission defines cultural competence as a necessity in patient care and as a standard in education. Nurses, nurse educators and nursing students have to achieve cultural competence (Montenery *et al.*, 2013). It is also expected that nursing organizations and schools should place importance on and argue for the issue (Kardong-Edgren, 2007).

The primary responsibility of nurse educators as a role model in raising nurses capable of providing effective, comprehensive care based on the whole person approach and cultural competence is to devote themselves to intercultural care including all its aspects and to be competent in this area (Montenery *et al.*, 2013). Nurse educators have the potential to create a meaningful effect on nursing students concerning cultural competence process. If nurse educators are reluctant to get involved in cultural awareness, it may not be possible that students are willing to offer culture sensitive care (Montenery *et al.*, 2013; Von Ah & Cassara, 2013). So that nurses can give care based on cultural competence, they should be educated by educators having cultural competence during their undergraduate education (Kardong-Edgren, 2007). There have been many studies about the

scope of nursing education programs in terms of cultural competence and methods and techniques utilized to teach this topic (Anderson *et al.*, 2007; Chang *et al.*, 2013; Von Ah & Cassara, 2013; Tezel, 2015; Bayık Temel, 2015). However, there have been few studies directed towards determining cultural competence levels in nurse educators (Sargent *et al.*, 2005; Kardong-Edgren, 2007). Results of these studies show that cultural competence levels of nurse educators are affected by their knowing a foreign language, getting involved in exchange programs and visiting a foreign country (Sargent *et al.*, 2005). There have been studies from Turkey on cultural sensitivity in samples of students studying communication (Bekiroglu & Balcı, 2014) and primary education (Yılmaz & Gocen, 2013), primary school teachers (Rengi & Polat, 2014) and nursing and medical students (Meydanlıoğlu *et al.*, 2015). However, there have not been any studies to evaluate cultural sensitivity levels of nurse educators. Therefore, results of the present study will complete the missing part of the relevant literature. The aim of the study was to determine intercultural sensitivity levels of the nurse educators and affecting factors.

Methodology

This descriptive study was conducted in departments of nursing at seven universities in İzmir in the western part of Turkey. Data were collected between November 2015 and February 2016. The study population comprised of 245 nurse educators working at nursing departments of seven universities. Forty-five educators not available at the time of data collection due to giving birth, unpaid work leaves or being abroad were excluded from the study. The response rate was 75% and the study sample included 152 nurse educators. Data were gathered by descriptive characteristics form prepared by the researchers in light of the relevant literature and Intercultural Sensitivity Scale (Hui-Ying *et al.*, 2013; Von Ah & Cassara, 2013; Meydanlıoğlu *et al.*, 2015; Uzun & Sevinç, 2015). The descriptive characteristics form was included of 17 questions about gender, age, title, affiliated institution, duration of work experience, experience of travelling abroad, willingness to participate in exchange programs, to work abroad and to continue academic career in a foreign country, knowing a foreign language, receiving education in a foreign country through an exchange program (Erasmus and Socrates etc.), receiving or offering education in a foreign country,

willingness to attend an exchange program, communication in social media with people from different cultures, following mass communication tools of other countries (newspaper, radio, television and Internet), opinions about cultural competence in education of nursing students, cultural knowledge and skills of communication with nursing students and cultural competence in curricula of nursing departments.

The original version of Intercultural Sensitivity Scale was developed by Chen and Starosta (2000) to determine cultural sensitivity of students. It has been adapted to German (Fritz & Mollenberg, 2002), Spanish (Vilà Baños, 2006), Chinese (Peng, 2006) and Serbian (Petrović et al., 2015). Turkish validity and reliability of the scale were tested by Bulduk et al. (2011) and its Cronbach α was reported to be 0.72. In the present study, Cronbach α was found to be 0.89. The scale included 24 items and five emotional dimensions (Chen & Starosta, 2000; Bulduk et al., 2011). There were seven items (items 1, 11, 13, 21, 22, 23 and 24) in the subscale interaction engagement, six items (items 2, 7, 8, 16, 18 and 20) in the subscale respect for cultural differences, 5 items (items 3, 4, 5, 6 and 10) in the subscale interaction confidence, 3 items (items 9, 12 and 15) in the subscale interaction enjoyment and 3 items (items 14, 17 and 19) in the subscale interaction attentiveness. The scale is a five-point Likert scale and 1 corresponds to completely agree and 5 correspond to totally disagree. The items 2, 4, 7, 9, 12, 15, 18, 20 and 22 are scored in the reverse order. There is not a cut-off value of the scale. Higher scores obtained from the scale indicate higher levels of cultural sensitivity (Chen & Starosta, 2000; Bulduk et al., 2011).

Ethical approval was obtained from Ethical Committee of Nursing Faculty of Ege University. A written permission was also taken from administrations of the universities where the study was performed. All the participants gave oral informed consent.

Data were analyzed with Statistical Package for Social Sciences for Windows 17.0. Kolmogorov-Smirnov test was used to show whether the data were normally distributed. The data were evaluated with descriptive statistics (numbers, percentages, mean, and standard deviation). The total score for Intercultural Sensitivity Scale (KSZ=0,786, $p>0.05$) and the scores for

interaction engagement (KSZ=1,347, $p>0.05$), respect for cultural differences (KSZ=1.325, $p>0.05$) and interaction confidence (KSZ=1.031, $p>0.05$) had a normal distribution, but the scores for interaction enjoyment (KSZ=1.657, $p<0.05$) and interaction attentiveness (KSZ=1,949, $p<0.05$) did not have a normal distribution. The non-parametric tests Mann Whitney U test and Kruskal Wallis H tests were used to evaluate the data without a normal distribution and the parametric test Student's t test was used to evaluate the data with a normal distribution. The results were evaluated by using 95% confidence interval and the significance level of $p<0.05$.

Results

The distribution of socio-demographic characteristics of the nurse educators is shown in Table 1. Ninety-four point one percent of them were female and their mean age was 35.18 ± 9.64 years (min:22; max:63). The mean duration of academic work experience was 10.24 ± 9.27 years (min:1; max:35) and 52.0% of the educators were research assistants. Sixty point five percent of the educators lived in the Aegean region of the country for most of their life and 69.1% reported to travel abroad for various reasons.

Sixty-seven point eight percent of the educators sometimes communicated with people from different cultures through social media and 64.5% of the educators sometimes followed mass communication tools of other countries. Ninety-two point eight percent of the participants reported to know a foreign language. Only 21.1% of the participants had an experience of receiving or offering education abroad through an exchange program (Erasmus and Socrates etc.).

However, 88.8% of the participants were willing to participate in exchange programs and 74.3% of the participants wanted to continue their academic career in a foreign country. Sixty-seven point eight percent and 63.8% of the participants reported that they had cultural competence in education of students and communication respectively. Fifty-two point six percent of the participants found the curriculum of their department to be partly competent in terms of cultural care. The participants got the scores 27.39 ± 2.90 for interaction engagement, 16.27 ± 1.82 for respect of cultural differences, 17.16 ± 2.48 for interaction confidence, 5.91 ± 2.00 for interaction enjoyment and 11.65 ± 1.68 for interaction attentiveness. The mean score for the scale was 78.39 ± 4.96 (Table 2).

Table 1. The distribution of the nurse educators according to their descriptive characteristics

Variables	n	%
Gender		
Female	143	94.1
Male	9	5.9
Title		
Professor	11	7.2
Associate Professor	26	17.1
Assistant Professor	25	16.4
Lecturer	11	7.3
Research Assistant	79	52.0
Region where the participants lived for most of their life		
Mediterranean Region	17	11.2
East Anatolian Region	5	3.3
Aegean Region	92	60.5
Southeast Anatolian Region	2	1.3
Middle Anatolian Region	17	11.2
Black Sea Region	5	3.3
Marmara Region	14	9.2
Administrative Units where the participants lived before starting their occupation		
City/megacity (İstanbul, Ankara, İzmir)	118	77.6
Town/small town/village	34	22.4
Visiting a foreign country for various reasons (education, tourist and living in a foreign country etc.)		
Yes	105	69.1
No	47	30.9
Communicating with people from different cultures through social media (Facebook, Twitter, Instagram)		
Never	18	11.8
Sometimes	103	67.8
Always	31	20.4
Following mass communication tools of foreign countries (Newspaper, radio, television and Internet)		
Never	15	9.9
Sometimes	98	64.5
Always	39	25.6
Knowing a foreign language		
Yes	141	92.8
No	11	7.2
Receiving and offering education in a foreign country (Erasmus and Socrates etc.)		
Yes	32	21.1
No	120	78.9
Willingness to benefit from exchange programs		
Yes	135	88.8
No	17	11.2
Willingness to continue academic career in a foreign country		
Yes	113	74.3
No	39	25.7

Level of cultural competence in education of nursing students		
Sufficient	103	67.8
Partially sufficient	44	28.9
Insufficient	5	3.3
Level of cultural knowledge and skills of communication with nursing students		
Sufficient	97	63.8
Partially sufficient	46	30.3
Insufficient	9	5.9
Cultural competence in curricula of nursing departments		
Sufficient	32	21.1
Partially sufficient	80	52.6
Insufficient	40	26.3
Total	152	100.0

Table 2. Scores of the nurse educators for intercultural sensitivity scale (n=152)

Subscales	Mean Score \pm SD	Mean	Min.-Max. Score
Interaction engagement	27.39 \pm 2.90	3.91	11.00-35.00
Respect for cultural differences	16.27 \pm 1.8	2.71	12.00-20.00
Interaction confidence	17.16 \pm 2.48	3.43	9.00-25.00
Interaction enjoyment	5.91 \pm 2.00	1.97	3.00-15.00
Interaction attentiveness	11.65 \pm 1.68	3.88	4.00-15.00
Total score	78.39 \pm 4.96	3.26	61.00-91.00

The distribution of the scores for Intercultural Sensitivity Scale and its subscales according to some factors are presented in Table 3. There was not a significant difference between the scores for the subscales and frequency of communication through social media ($p>0.05$), opinions about competence of educational programs in terms of cultural care ($p>0.05$), willingness to continue academic career abroad ($p>0.05$), knowing a foreign language ($p>0.05$) and willingness to participate in exchange programs ($p>0.05$).

However, the difference between following mass communication tools and the scores for respect for cultural differences ($p<0.05$) and the scores for interaction enjoyment ($p<0.05$) was significant. There was also a significant difference between willingness to participate in exchange programs and the scores for respect for cultural differences ($p<0.05$). There was a significant relation between cultural knowledge and skills about offering care to individuals and interaction confidence ($p<0.05$) and interaction enjoyment ($p<0.05$), between having an experience of being abroad and interaction confidence ($p<0.05$) and between cultural

knowledge and skills concerning communication with nursing students and interaction confidence ($p<0.05$) and interaction enjoyment ($p<0.05$) (Table 3). The total score for the scale did not differ significantly depending on all the factors examined in the study ($p>0.05$).

Discussion

In order that nursing students can acquire skills necessary to offer care to individuals, families and communities from different cultures, it is important that nurse educators should have sufficient cultural sensitivity. In the present study, nurse educators were found to have a moderate level of cultural sensitivity.

In a study by Uzun and Sevinç, Turkish nurses were reported to have a moderate level of cultural sensitivity (Uzun & Sevinç, 2015). Conflicting with the results of these studies, Hui-Ying et al. (2013) in their study in Taiwan reported that public health nurses had a low level of cultural sensitivity (Hui-Ying et al., 2013).

Table 3. The distribution of the scores of the nurse educators for the subscales of intercultural sensitivity scale according to some factors

Variables		Interaction Engagement			Respect for Cultural Differences			Interaction Confidence			Interaction Enjoyment			Interaction Attentiveness			Total score for the Scale	
		N	x±SD	F/t/z/ x ² p	x±SD	F/t/z/ x ² p	x±SD	F/t/z/ x ² p	x±SD	F/t/z/ x ² p	x±SD	F/t/z/ x ² p	x±SD	F/t/z/ x ² p	x±SD	F/t/z/ x ² p		
Frequency of communicating through social media	Never	18	27.94±2.58	F:2.130 p:0.122	15.89±1.84	F:2.135 p:0.122	16.83±2.66	F:1.776 p:0.173	5.94±1.59	x ² :3.452 p:0.178	11.61±1.14	x ² :3.093 p:0.213	78.22±5.21	F:899 p:0.409				
	Sometimes	103	27.06±2.54		16.49±1.73		17.00±2.31		6.03±1.87		11.52±1.56		78.10±4.55					
	Always	31	28.16±2.90		15.81±2.06		17.90±2.86		5.48±2.55		12.10±2.21		79.45±6.04					
Frequency of using mass communication tools	Never	15	27.20±3.30	F:0.086 p:0.918	17.20±2.27	F:4.670 p:0.011	16.07±2.49	F:2.726 p:0.069	6.40±2.47	x ² :5.883 p:0.050	11.60±1.72	x ² :0.934 p:0.627	78.47±6.39	F:691 p:0.503				
	Sometimes	98	27.46±2.38		16.39±1.71		17.09±2.42		6.03±1.82		11.72±1.52		78.69±4.33					
	Always	39	27.28±3.86		15.64±1.77		17.77±2.53		5.41±2.19		11.49±2.04		77.59±5.83					
Receiving and offering education in a foreign country	Yes	32	27.53±2.11	t:0.313 p:0.755	15.44±1.87	t:-2.998 p:0.003	17.41±2.39	t:0.619 p:0.537	5.44±1.92	z:-1.464 p:0.14	11.50±1.74	z:-.323 p:0.75	77.31±4.63	t:-1.385 p:0.168				
	No	120	27.35±3.08		16.50±1.76		17.10±2.51		6.03±2.01		11.69±1.66		78.68±5.02					
Level of cultural knowledge and skills for offering care	Sufficient	103	27.60±3.07	F:905 p:0.41	16.35±1.71	F:897 p:0.41	17.67±2.39	F:7.422 p:0.001	5.57±2.03	x ² :11.167 p:0.004	11.77±1.69	x ² :4.756 p:0.093	78.96±4.90	F:2.171 p:0.118				
	Partially sufficient	44	26.98±2.53		16.02±2.01		16.02±2.36		6.61±1.77		11.52±1.62		77.16±4.85					
	Insufficient	5	26.60±2.30		17.00±2.55		16.80±2.59		6.60±1.67		10.40±1.52		77.40±5.98					
Cultural competence in curricula of nursing departments	Sufficient	32	27.31±2.04	F:407 p:0.666	15.91±1.53	F:920 p:0.401	17.13±2.18	F:1.627 p:0.200	5.59±1.79	x ² :4.399 p:0.111	11.66±1.54	x ² :2.387 p:0.303	77.59±3.30	F:1.119 p:0.329				
	Partially sufficient	80	27.58±2.58		16.33±1.76		17.46±2.33		5.81±1.86		11.78±1.65		78.95±4.91					
	Insufficient	40	27.08±3.95		16.48±2.16		16.60±2.93		6.35±2.37		11.40±1.85		77.90±6.03					
Willingness to continue academic career in a foreign country	Yes	113	27.33±3.10	t:-.438 p:0.66	16.26±1.89	t:-.225 p:0.82	17.28±2.50	t:1.003 p:0.32	5.88±2.12	z:-.713 p:0.48	11.73±1.69	z:-.615 p:0.54	78.48±5.14	t:.379 p:0.71				
	No	39	27.56±2.27		16.33±1.64		16.82±2.44		6.00±1.61		11.41±1.65		78.13±4.43					
Having an experience of being abroad	Yes	105	27.45±3.04	t:.377 p:0.71	16.22±1.91	t:-.576 p:0.57	17.51±2.51	t:2.647 p:0.009	5.83±2.16	z:-1.115 p:0.27	11.70±1.79	z:-.685 p:0.49	78.71±5.27	t:1.214 p:0.23				
	No	47	27.26±2.59		16.40±1.65		16.38±2.26		6.09±1.57		11.53±1.41		77.66±4.15					
Knowing a foreign language	Yes	141	27.43±2.91	t:.676 p:0.50	16.29±1.81	t:.348 p:0.73	17.21±2.54	t:0.731 p:0.47	5.87±2.01	z:-.831 p:0.41	11.67±1.71	z:-.963 p:0.34	78.47±5.10	T:1.321 p:0.20				
	No	11	26.82±2.79		16.09±2.17		16.64±1.63		6.45±1.86		11.36±1.29		77.36±2.38					
Level of cultural knowledge and skills for communicating with nursing students	Sufficient	97	27.67±2.98	F:1.345 p:0.264	16.24±1.67	F:.534 p:0.587	15.96±2.28	F:9.222 p:0.000	5.60±2.03	x ² :8.221 p:0.016	11.76±1.75	x ² :3.896 p:0.143	79.03±4.85	F:2.298 p:0.104				
	Partially sufficient	46	26.96±2.69		16.24±2.10		16.89±2.52		6.54±1.87		11.52±1.57		77.22±4.74					
	Insufficient	9	26.56±2.96		16.89±2.09		16.89±2.52		6.00±1.66		11.11±1.68		77.44±6.48					
Willingness to benefit from exchange programs	Yes	135	27.30±2.91	t:-1.101 p:0.27	16.24±1.82	t:-.746 p:0.46	17.27±2.47	t:1.541 p:0.13	5.87±2.05	z:-1.128 p:0.26	11.64±1.72	z:-.024 p:0.98	78.32±4.96	t:-.487 p:0.63				
	No	17	28.12±2.80		16.59±1.94		16.29±2.52		6.24±1.52		11.71±1.36		78.94±5.09					

F: Variance analysis, t: Student's t-test, z: Mann-Whitney U test, x² : Kruskal-Wallis test, p<0.05

It has been noted in the literature that intercultural sensitivity of individuals differs due to effects of social media and mass communication tools (Hui-Ying et al., 2013; Bekiroglu & Balci, 2014; Meydanlioglu et al., 2015). In the current study, frequency of communicating through social media was not found to influence cultural sensitivity whereas following mass communication tools of foreign countries was found to be effective in respect for cultural differences and interaction enjoyment. Hui-Ying et al. (2013) reported that communicating and making friends with individuals from different cultures and reading books about different cultures had an effect on cultural sensitivities of public health nurses (Hui-Ying et al., 2013). Previous studies on university students reported that communication with individuals from different cultures had an influence on cultural sensitivity levels (Bekiroglu & Balci, 2014; Meydanlioglu et al., 2015).

In the present study, the rate of the nurse educators participating in exchange programs was quite low. However, the status of participating in these programs was found to influence respect for cultural differences. It has been reported that national and international exchange of nurse educators is very useful in gaining experience through living and working in a foreign culture and acquiring cultural sensitivity (Temel, 2008). Prior studies have also shown that willingness to work abroad (Uzun & Sevinç, 2015) and having an experience of being abroad (Sargent et al., 2005; Meydanlioglu et al., 2015) raise intercultural sensitivity. Consistent with the literature, the current study showed that having an experience of being abroad increased the scores for interaction confidence. Sargent et al. (2005) also reported a positive relation between visits to foreign countries and scores for cultural awareness.

In addition to visits to foreign countries, knowing a foreign language has been reported to have a positive effect on cultural sensitivity in nurses (Hui-Ying et al., 2013; Uzun & Sevinç, 2015) and university students (Bekiroglu & Balci, 2014; Meydanlioglu et al., 2015). Conflicting with the literature, this study showed that knowing a foreign language did not affect intercultural sensitivity in the nurse educators. This difference can be attributed to the fact that almost all the nurse educators (92.8%) knew a foreign language. In fact, it is obligatory for the nurse educators in Turkey to pass foreign

language tests to be able to continue their academic careers.

It is of importance that nurse educators should be equipped with appropriate knowledge and skills so that an environment for cultural competence can be created in educational institutions. Although intercultural nursing courses and intercultural nursing concepts have been incorporated in nursing curricula recently, very few nurse educators have taken the courses and have had intercultural nursing certificates (Montenery et al., 2013).

In the present study, more than half of the nurse educators considered nursing curricula of their departments as partially sufficient in terms of cultural care. Cultural competence of nursing departments plays an important part in nurses' offering culturally competent care at local, national and global environments (Montenery et al., 2013). One of the most important goals of nursing education programs is to provide students with education for cultural competence throughout all stages of nursing education (Anderson et al., 2007). In a study by Kardong-Edgren (2007), most of the nursing faculties were found to integrate the concept of culture into their curricula, but very few of them offered elective culture courses. In addition, although the nurse educators were not prepared about cultural content, they were found to teach this subject (Kardong-Edgren, 2007). In a study by Von Ah & Cassara (2013), nursing students noted that they did not receive sufficient education about offering care to individuals in accordance with their culture (Von Ah & Cassara, 2013).

This study has several limitations. First, it was performed on the nurse educators in one city of Turkey and obtained data were based on self-reported information. In addition, the results of the study can only be generalized to the sample of the study.

Conclusions

A sample of Turkish nurse educators in the present study was found to have a medium level of cultural sensitivity. The total score for Intercultural Sensitivity Scale was not found to be influenced by all the factors examined in the study. However, following mass communication tools of foreign countries, participating in exchange programs, having an experience of being abroad and cultural knowledge and skills about offering care were shown to influence

some subscales of cultural sensitivity. So that nurse educators' cultural sensitivity can be improved, it could be useful to design in-service trainings and workshops, to encourage the educators to get involved in exchange programs and to provide them with opportunities to attend these programs. In addition, it can be recommended that elective intercultural care courses should be integrated into undergraduate and graduate nursing education programs.

The name and the postal address of the place where the work was carried out: Ege University Faculty of Nursing, Department of Public Health Nursing, Izmir, Turkey

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