

The relationship between the levels of intercultural sensitivity and cultural intelligence in nurses

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Abstract:

The holistic approach in nursing requires consideration of the cultures of patients receiving healthcare. Every individual has the right to receive culturally appropriate nursing care, which is not a privilege but a human right. This study was utilized to determine the relationship between intercultural sensitivity and cultural intelligence in nurses. The study population consisted of 741 nurses working at state hospitals in Northern Cyprus. A stratified sampling method was used to recruit 300 participants. A descriptive information form, intercultural sensitivity scale, and cultural intelligence scale were used for data collection. The mean intercultural sensitivity scale and cultural intelligence scale scores were 76.20 ± 8.92 and 64.72 ± 14.2 , respectively. There was a positive and statistically significant relationship between the intercultural sensitivity scale scores and the scores obtained from the cultural intelligence scale and its subscales ($p < 0.05$). Squared partial correlation showed that the place of residence had the highest impact on intercultural sensitivity. The levels of intercultural sensitivity were moderate, but cultural intelligence was low. There was a positive relationship between intercultural sensitivity and cultural intelligence and its subscales. Therefore, we recommend planning in-service training to improve the levels of cultural intelligence and intercultural sensitivity so that nurses can provide high-quality nursing care, avoid discrimination, and establish therapeutic relationships with people with different cultural backgrounds, whose numbers have increased as a result of factors, such as migration or health tourism.

Keywords:

intercultural sensitivity; cultural intelligence; nurse; culture

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INTRODUCTION

Migration, natural disasters, unemployment, and the desire for a better life have led to rapid global geographical mobility (Chamie, 2020). Like all countries, migration has affected Cyprus, which has a multicultural society due to its geographical and geopolitical location (Yilmaz et al., 2017). At this point, the concept of intercultural nursing, which is associated with the increase in the immigrant population, has become an increasingly important issue (Zhao, 2021; Pressley et al., 2022). The holistic approach in nursing requires consideration of the cultures of patients receiving healthcare (Larsen et al., 2020). Every individual has the right to receive culturally appropriate nursing care, which is not a privilege but a human right (Çingöl et al., 2021). With the increasing migration rates around the globe, the concept of culture has recently gained more prominence (Macklin, 2022). Culture may be defined as values, beliefs, attitudes, behaviors, and customs shared by a group and inherited from generation to generation (Aksoy & Akkoc, 2019). This concept should be considered when providing care to patients due to the increase in the immigrant population and the impact of culture on healthcare (Maria & Isabel, 2020).

Transcultural nursing is a nursing theory that compares the differences and similarities between cultures regarding caring values and life practices to predict individuals' care needs and promote culturally compatible care (Coşkun et al., 2022). The Cultural Care Theory of Leininger,

one of the pioneering transcultural nursing theorists, emphasized the importance of nurses developing knowledge and skills related to cultural differences and becoming aware of patients' values, beliefs, and lifestyles (PacQUIAO et al., 2020). This awareness may be developed through intercultural sensitivity, which is defined as developing positive emotions to understand and explore cultural differences (Aksoy & Akkoc, 2019). Since patients have the right to receive culturally competent care, nurses should be prepared to recognize the needs of patients arising from their culture and develop skills to facilitate their success (Ličen & Prosen, 2023; Walkowska et al., 2022). They should be sensitive to cultural differences to provide adequate care and improve the quality of health services (Göl & Erkin, 2019).

Learning the concept of cultural intelligence is essential to communicate and interact with people with different cultural backgrounds in a multicultural setting (Wang & Goh, 2020). Cultural intelligence is a feature that contributes to the development of cultural sensitivity, helps individuals better understand professional demands and perspectives, and helps them build relationships with culturally diverse individuals (Göl & Erkin, 2019). It is a field of intelligence that has been put forward to explain the differences between individuals regarding the ability to interact with other societies and people with different cultural backgrounds in the same society (İlhan & Çetin, 2014).

Nurse migration is a significant global issue. Nurses mostly migrate from low- and middle-income countries to high-income countries (Konlan, 2023). These developments have increased the importance of intercultural sensitivity and cultural intelligence of nurses caring for people from different cultures in different countries (Majda et al., 2020). Lack of intercultural intelligence and sensitivity may lead to difficulties in establishing therapeutic relationships with patients, which, in turn, may reduce healthcare quality (Alizadeh & Chavan, 2016; Taylan & Weber, 2023). Although several studies separately evaluated the levels of cultural intelligence and intercultural sensitivity in nurses, only a handful evaluated these two concepts and examined their relationship. Therefore, the current study's findings may guide the development of strategies to manage cultural differences and provide culturally appropriate nursing care. This study aimed to determine the relationship between intercultural sensitivity and cultural intelligence levels in nurses working at state hospitals in Northern Cyprus. The research questions included the following: What is the level of intercultural sensitivity in nurses? What is the level of cultural intelligence in nurses? Is there a relationship between intercultural sensitivity and cultural intelligence in nurses?

METHOD

Aim and research design

This study used a descriptive cross-sectional design to determine the relationship between intercultural sensitivity and cultural intelligence in nurses working at state hospitals in Northern Cyprus.

Settings and participants

The study population consisted of 741 nurses working at six state hospitals in Northern Cyprus. A stratified sampling method was used to determine the sample size. The table below demonstrates the distribution of participants according to hospitals. Simple random sampling was used to determine the nurses who volunteered to participate.

Table 1. Study population and sample size

Hospitals	N	N/Ni	n
Hospital 1	410	0.55*300	165
Hospital 2	134	0.18*300	54
Hospital 3	65	0.09*300	27
Hospital 4	58	0.08*300	24
Hospital 5	42	0.06*300	18
Hospital 6	32	0.04*300	12
Total	741	1.00	300

Data collection tools

A descriptive information form, intercultural sensitivity scale, and cultural intelligence scale were used for data collection.

Descriptive information form

The form was developed by the researchers using the relevant literature (Abaslı & Polat, 2019; Polat & Terzi, 2020) and consisted of 11 questions on characteristics, such as age, gender, foreign language, and experience abroad.

Intercultural sensitivity scale (ISS):

ISS was adapted into Turkish by Bulduk et al. (2011). The 24-item scale used a five-point Likert scale to measure five subscales: interaction engagement, respect for other cultures, interaction confidence, enjoyment, and interaction attentiveness. Possible scores ranged from 24 to 120, with higher scores indicating a higher intercultural sensitivity. Cronbach's alpha of the ISS was 0.72 (Bulduk et al., 2011). Cronbach's alpha in our study was 0.88.

Cultural Intelligence Scale (CQS):

CQS was developed by Ang et al. and adapted into Turkish by İlhan and Çetin (İlhan & Çetin, 2014). The 20-item scale used a seven-point Likert scale to measure four subscales: cognitive, metacognitive, behavioral, and motivational. Possible scores ranged from 20 to 140, with higher scores indicating a higher cultural intelligence. Cronbach's alpha of the CQS was 0.85 (İlhan & Çetin, 2014). Cronbach's alpha in our study was 0.94.

Procedures

After obtaining ethical and institutional permission, researchers visited the hospitals and asked for nurses to participate in the study. Data collection continued until the sample size determined by the stratified sampling method was reached. Participants were informed about the aim of the study and asked to participate after obtaining written and verbal consent. Data collection took approximately 15 minutes.

Statistical analysis

An SPSS version 25.0 was used to analyze the data. Kolmogorov-Smirnov test was used to test the normality of data. In addition to descriptive statistical methods, we used an independent sample t-test to compare two groups and One-way ANOVA for more than two groups. Tukey's Honestly Significant Difference test determined the group causing the difference. Pearson's correlation was used to measure the relationship between two continuous variables. A multivariate linear regression model was used to measure the effects of independent variables on the dependent variable, namely intercultural sensitivity.

RESULT

Correlation between descriptive characteristics and the ISS and CQS scores

The mean scores obtained from the ISS and its subscales of interaction engagement, respect for other cultures, interaction confidence, interaction enjoyment, and interaction attentiveness were 76.20 ± 8.92 , 22.83 ± 3.98 , 18.75 ± 3.09 , 15.85 ± 3.03 , 8.96 ± 2.67 and 9.80 ± 2.55 , respectively (Table 1). The mean scores obtained from the CQS, and its metacognitive, cognitive, motivational, and behavioral subscales were 64.72 ± 14.2 , 13.24 ± 3.74 , 18.40 ± 4.48 , 16.50 ± 4.47 and 16.48 ± 4.48 , respectively (Table 1). There was a positive and statistically significant relationship between ISS scores and the scores obtained from the CQS ($r=0.330$; $p<0.01$), and its metacognitive ($r=0.360$; $p<0.01$), cognitive ($r=0.182$; $p<0.01$), motivational ($r=0.337$; $p<0.01$) and behavioral subscales ($r=0.256$; $p<0.01$) ($p<0.05$). (Table 1).

Table 1. Mean, Standard Deviation, Cronbach's Alpha, and Correlation Values

Variables	Mean (SD)	α	1	2	3	4	5	6	7	8	9	10
Interaction engagement	22.83 (3.98)	0.72	NA									
Respect for other cultures	18.75 (3.09)	0.60	0.178**									
Interaction confidence	15.85 (3.03)	0.73	0.566**	0.161**								
Interaction enjoyment	8.96 (2.67)	0.71	-0.256**	0.432**	-0.283**							
Interaction attentiveness	9.80 (2.55)	0.66	0.672**	-0.049	0.344**	-0.363**						
Intercultural sensitivity	76.20 (8.92)	0.88	0.816**	0.595**	0.662**	0.134*	0.577**					
Metacognitive	13.24 (3.74)	0.89	0.364**	0.138*	0.339**	-0.112	0.239**	0.360**				
Cognitive	18.40 (4.48)	0.86	0.312**	-0.068	0.251**	-0.282**	0.229**	0.182**	0.505**			
Motivational	16.50 (4.47)	0.88	0.425**	0.046	0.341**	-0.257**	0.323**	0.337**	0.572**	0.591**		
Behavioral	16.48 (4.48)	0.90	0.398**	-0.025	0.340**	-0.331**	0.246**	0.256**	0.493**	0.510**	0.714**	
Cultural intelligence	64.72 (14.2)	0.94	0.449**	0.015	0.384**	-0.311**	0.304**	0.330**	0.763**	0.794**	0.872**	0.829**

**p<0.01, *p<0.05, Pearson correlation test, SD=Standard deviation, α =Cronbach's alpha, NA: Not available

Descriptive characteristics

The mean age of the participants was 38.03 ± 7.25 years (range: 20-58), 89% were female, 65.7% were married, 22% lived in provincial centers, and 45.7% held bachelor's degrees. Besides, 54% of the participants had a nursing experience of 10 years and below, 41% chose to be a nurse due to employment opportunities, 53.3% had an intermediate level of foreign language, 8.3% had experience working abroad, and 30.3% participated in an intercultural professional meeting (Table 2).

Analysis of the intercultural sensitivity levels according to descriptive characteristics shows that female participants ($t=3.166$; $p=0.002$), nurses with graduate degrees ($F=3.579$; $p=0.029$), and participants who lived in provincial centers ($t=2.831$; $p=0.006$) obtained significantly higher scores from the ISS. There was no statistically significant relationship between the ISS scores and other descriptive characteristics ($p>0.05$). On the other hand, we did not find any statistically significant relationship between the CQS scores and descriptive characteristics of the participants ($p>0.05$) (Table 2).

Table 2. The mean ISS and CQS scores according to descriptive characteristics

Variables (N=300)	n (%)	ISS Mean (SD)	F/t	p	CQS Mean (SD)	F/t	p
Age in years (mean: 38.03 ± 7.25)			0.340 ^a	0.796		2.458 ^a	0.063
20-30	39(13.0)	76.15(8.91)			66.23(11.86)		
31-40	160(53.3)	76.21(9.16)			65.13(14.42)		
41-50	85(28.3)	76.59(8.98)			62.00(14.78)		
≥ 51	16(5.3)	74.13(6.28)			71.44(11.71)		
Gender			3.166 ^b	0.002*		0.101 ^b	0.920
Female	267(89.0)	76.55(9.25)			64.75(14.08)		
Male	33(11.0)	73.36(4.78)			64.48(15.41)		
Marital status			1.329 ^b	0.185		0.130 ^b	0.897
Married	197(65.7)	75.71(8.65)			64.80(13.64)		
Single	103(34.3)	77.15(9.39)			64.57(15.29)		
Reasons for becoming a nurse			0.487 ^a	0.691		1.150 ^a	0.329
Employment opportunities	123(41.0)	76.39(8.85)			62.92(14.79)		
His/her ideal	100(33.3)	76.62(8.83)			66.25(13.22)		
Family demands	67(22.3)	75.63(9.80)			65.64(14.97)		
Other	10(3.3)	73.50(2.95)			65.40(9.71)		

Variables (N=300)	n (%)	ISS Mean (SD)	F/t	p	CQS Mean (SD)	F/t	p
Education			3.579 ^a	0.029*		2.019 ^a	0.135
High School/Associate	74(24.7)	75.08(7.33)	dif ^{**} :3>1.2		63.39(14.69)		
Bachelor's	137(45.7)	75.45(9.22)			63.80(14.13)		
Graduate	89(29.7)	78.29(9.38)			67.24(13.74)		
Professional experience (in years)			2.063 ^a	0.070		1.915 ^a	0.092
<1	14(4.7)	72.36(3.73)			72.71(13.69)		
1-5	70(23.3)	77.09(8.77)			67.41(11.75)		
6-10	78(26.0)	75.31(9.31)			63.74(11.35)		
11-15	49(16.3)	74.67(8.22)			62.24(16.19)		
16-20	47(15.7)	79.00(9.68)			63.79(16.48)		
≥21	42(14.0)	76.31(8.95)			63.31(16.71)		
Place of residence			2.831 ^b	0.006*		0.449 ^a	0.655
Provincial center	66(22)	79.59(11.79)			63.91(17.47)		
District, town, village	234(78)	75.24(7.70)			64.95(13.17)		
Foreign Language Level			0.153 ^a	0.927		0.074 ^a	0.974
Does not know	25(8.3)	75.12(5.11)			65.76(16.13)		
Beginner	108(36)	76.19(7.92)			64.80(11.02)		
Intermediate	160(53.3)	76.34(10.00)			64.46(15.06)		
Advanced	7(2.3)	77.00(9.31)			65.71(28.74)		
Experience of working abroad			1.454 ^b	0.147		1.251 ^b	0.212
Yes	25(8.3)	73.72(8.71)			68.12(17.32)		
No	275(91.7)	76.43(8.92)			64.41(13.88)		
Participation in an intercultural professional meeting			0.377 ^b	0.707		1.860 ^b	0.064
Yes	91(30.3)	76.49(9.36)			67.02(15.75)		
No	209(69.7)	76.07(8.75)			63.72(13.39)		

*p<0.05, a: One-way ANOVA test, b= Independent Sample t-Test, **: Tukey's HSD test, SD: Standard deviation

Independent variables related to the level of intercultural sensitivity

Using the variables that had statistical significance or close to significance according to the univariate analysis, we performed a multiple linear regression model (enter method) to determine the independent variables affecting the level of intercultural sensitivity ($F_{(8-291)}=64.510$, $p<0.001$; $R^2=0.21$). The analysis of the relationship between the independent and dependent variables of the model showed that living in a provincial center [$B=3.63$ (95%CI=1.37; 5.89); $p=0.002$] and metacognitive [$B=0.49$ (95%CI=0.174; 0.817); $p=0.003$] and motivational [$B=0.50$ (95%CI=0.17;0.84); $p=0.003$] subscales of the CQS were the independent variables increasing the level of intercultural sensitivity. Analysis of the squared partial correlation showed that the place of residence had the highest impact on the level of intercultural sensitivity ($pr^2=0.18$) (Table 3).

Table 3. Factors related to the level of intercultural sensitivity

Variables	Unstandardized Coefficients		95.0% Confidence Interval for B		t	p	pr ²	VIF
	B	SE	Lower	Upper				
Constant	56.509	3.228	50.156	62.862	17.506	<0.001		
Gender (1=Female. 0=Male)	1.811	1.507	-1.156	4.778	1.201	0.231	0.070	1.034
Level of education	0.962	0.658	-0.333	2.258	1.462	0.145	0.085	1.089
Place of residence (1=Provincial center; 0=District, town, village)	3.630	1.148	1.370	5.890	3.161	0.002*	0.182	1.052
Professional experience	0.554	0.329	-0.094	1.202	1.683	0.093	0.098	1.081
Metacognitive	0.495	0.164	0.174	0.817	3.030	0.003*	0.175	1.730
Cognitive	-0.107	0.136	-0.376	0.161	-0.789	0.431	-0.046	1.730
Motivational	0.504	0.168	0.173	0.835	2.997	0.003*	0.173	2.625
Behavioral	0.026	0.152	-0.273	0.326	0.172	0.863	0.010	2.159
Model Summary	R^2		0.211					
	$F_{(8-291)}$		64.510					
	p		<0.001					
	Method		Enter					
	DW		1.548					

*p<0.05; Multivariate Linear Regression Analysis, SE=Standard error, pr²= Squared Partial Correlation, Dependent variable: intercultural sensitivity, VIF: Variance Inflation Factor, DW: Durbin-Watson test

DISCUSSION

This study provided a general perspective on nurses' levels of intercultural sensitivity and cultural intelligence and the relationship between these two concepts. Besides, it utilized a regression model to reveal the independent variables affecting intercultural sensitivity. To realize individualized nursing care, nurses' cultural awareness and intercultural sensitivity levels should be high (Çiftçi et al., 2021). Higher levels of intercultural sensitivity improve health outcomes by increasing the quality of nursing care and patient satisfaction and reducing burnout in nurses (Purabdollah et al., 2021). This study found that the mean ISS scores of the participants were above the average. Besides, the scores obtained from the interaction engagement subscale of the ISS were higher than the average, whereas those obtained from the remaining subscales were close to the average (Table 2). These findings indicated a moderate level of intercultural sensitivity among the participants. Analysis of the literature shows that the level of intercultural sensitivity in nurses ranged from moderate to high levels. For example, nurses' high levels of intercultural sensitivity were reported (Aslan et al., 2019; Göl & Arkan, 2022). On the other hand, they reported moderate levels of intercultural sensitivity (Dur et al., 2022; Gönderenet al., 2020; Maral & Çapar, 2020; Toda & Maru, 2018). These different levels of intercultural sensitivity may be related to the fact that the studies on nurses with different sociodemographic characteristics were conducted in different cities and countries.

Cultural intelligence is the ability to adapt, perceive, interpret, and feel different cultural characteristics and communicate to manage cultural differences in multicultural settings (Alifuddin & Widodo, 2022). Analysis of the literature shows varying levels of cultural intelligence in nurses and nursing students. It reported low levels of cultural intelligence (Uludağ & Mumcu, 2023) and moderate levels (Göl & Erkin, 2019). In our case, the participants had low levels of cultural intelligence. As the literature suggests, these conflicting findings may be related to factors such as education on intercultural nursing, working in a multicultural setting, overseas experience, speaking foreign languages, and living with different cultures (Presbitero, 2020).

Cultural intelligence is a phenomenon that improves intercultural sensitivity (Li, 2020). Analysis of the literature shows a positive relationship between these two concepts. For example, it reported a positive relationship between the intercultural sensitivities of nurses and their cultural intelligence (Aslan et al., 2019; Göl & Erkin, 2019). Intercultural sensitivity was a significant predictor of cultural intelligence (Abaslı & Polat, 2019). Similarly, we found a positive and statistically significant relationship between CQS and ISS scores ($p > 0.05$). Conforming the findings of other studies, we may conclude that an increase in cultural intelligence is associated with an increase in intercultural sensitivity.

The analysis of the relationship between descriptive characteristics and intercultural sensitivity showed that being female, holding a graduate degree, and living in provincial centers was associated with higher levels of intercultural sensitivity ($p < 0.05$). We found no significant relationship between cultural intelligence and descriptive characteristics ($p > 0.05$). The multiple regression model analysis showed that living in a provincial center and metacognitive and motivational subscales of the CQS increased intercultural sensitivity. Analysis of squared partial correlation showed that the place of residence was the variable with the highest level of relationship with the intercultural sensitivity of the participants. Given that provincial centers are more likely to attract immigrants with different cultural backgrounds, it is plausible to expect that the interaction of the participants with these people may increase, which, in turn, may have increased the level of intercultural sensitivity.

CONCLUSION

This study found that the levels of intercultural sensitivity were moderate, but cultural intelligence was low in nurses in Northern Cyprus. Besides, a positive relationship existed between intercultural sensitivity and cultural intelligence and its subscales. The level of intercultural sensitivity was higher in female participants who held graduate degrees and lived in provincial centers. Besides, place of residence had the highest impact on intercultural sensitivity. Therefore, it is essential to plan and provide in-service training to improve the levels of cultural intelligence and intercultural sensitivity

so that nurses can provide high-quality nursing care, avoid discrimination, and establish therapeutic relationships with people with different cultural backgrounds, whose numbers have increased as a result of factors, such as migration or health tourism. Finally, we recommend revising the nursing curriculum to improve cultural intelligence and intercultural sensitivity levels during nursing education.

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