

# INVESTIGATION OF THE INTERCULTURAL SENSITIVITIES OF THE STUDENTS OF THE FACULTY OF HEALTH SCIENCES

Sağlık Bilimleri Fakültesi Öğrencilerinin Kültürler Arası Duyarlılıklarının İncelenmesi

Assistant Professor Dr. Fadime ÇINAR<sup>1</sup>

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## ABSTRACT

**Objective:** Turkey has a multicultural social structure. The relationship between culture and care services needs to be understood to serve the population of different cultural characteristics and provide safe and effective care. In this context, the study aims to determine the intercultural sensitivity and related factors of the students studying in the faculty of health sciences, which will be future health professionals.

**Materials and Methods:** The population of this descriptive study consisted of 732 students from Nutrition and Dietetics, Social Work, Nursing, and Health Management. They were educated in the faculty of health sciences of a foundation university operating on the European side of Istanbul. In the research, it was aimed to reach the whole universe by not choosing the sample. Students who agreed to participate in the study were included in the study. However, 509 students who did not accept to participate in the research and did not attend school on the days when the data were collected were not included in the sample of the study and 223 students formed the sample. The data of the survey were collected between the dates of April 01-30, 2019, by survey method. "Introductory Information Form" Intercultural Sensitivity Scale, which was created by the researchers in line with the literature, was used as a data collection tool. SPSS 25.0 statistical package program was used to evaluate the data. Continuous variables were expressed as mean  $\pm$  standard deviation, categorical variables as numbers or percentages. Kolmogorov-Smirnov test was used to assess whether the distribution of variables is normal. It was determined that the variables showed normal distribution. Variables with normal distribution in statistical comparisons; It was evaluated using two independent sample tests and One Way ANOVA tests for more than two variables,  $p < 0.05$  was considered statistically significant.

**Results:** The average age of 223 students included in the study is  $21.73 \pm 1.85$ , 98.72% of them are in the 20-24 age group, and 82.5% are women. 32.7% of the students ( $n = 73$ ) Health Management, 24.2% Social Work ( $n = 54$ ), 16.1% ( $n = 36$ ) Nursing, 27% Nutrition and Dietetics ( $n = 60$ ) department student. The total score that the students got from the Intercultural Sensitivity Scale is  $79.63 \pm 11.07$ , and it is at the intermediate level. When the relationship between factors affecting intercultural sensitivity and scale total score is examined; The intercultural sensitivity level was found to be significantly different in female students, nursing program students ( $p < 0.05$ ), and senior students according to their department variable.

**Conclusion:** It was determined that the awareness of the importance of different intercultural sensitivity and importance of the students of the faculty of health sciences, who will be the future health professionals, is at a medium level. It is considered important to include intercultural education programs such as emotional-cognitive-behavioral education, self-awareness education, and cultural awareness education, which will help students acquire cultural awareness and awareness skills.

**Anahtar Kelimeler:** Culture, Intercultural sensitivity, Health sciences students.

## ÖZET

**Amaç:** Türkiye çok kültürlü bir toplumsal yapıya sahiptir. Farklı kültürel özelliklerdeki nüfusa hizmet etmek, güvenli ve etkili bakım sunmak için, kültür ve bakım hizmetleri arasındaki ilişkinin anlaşılması gereklidir. Bu kapsamda çalışmanın amacı, geleceğin birer sağlık profesyoneli olacak olan sağlık bilimleri fakültesinde öğrenim gören öğrencilerin kültürlerarası duyarlılıklarının ve ilişkili faktörlerin belirlenmesidir.

**Gereç ve Yöntem:** Tanımlayıcı tipte olan bu araştırmanın evrenini İstanbul ilinde Avrupa yakasında faaliyette bulunan bir vakıf üniversitesinin sağlık bilimleri fakültesinde eğitim gören Beslenme ve Diyetetik, Sosyal Hizmet, Hemşirelik ve Sağlık Yönetiminden toplam 732 öğrenci oluşturdu. Araştırmada örneklem seçimine gidilmeyip, evrenin tamamına ulaşılması hedeflendi. Araştırmaya katılmayı kabul eden öğrenciler araştırma kapsamına alındı. Ancak çalışmaya katılmayı kabul etmeyen ve verilerin toplandığı günlerde okula devam etmeyen 509 öğrenci araştırmanın örneklemi kapsamına alınmadı ve örneklemi 223 öğrenci oluşturdu. Araştırmanın verileri 01-30 Nisan 2019 tarihleri arasında anket yöntemi ile toplandı. Veri toplama aracı olarak, araştırmacılar tarafından literatür doğrultusunda oluşturulan, "Tanıtıcı Bilgi Formu" Kültürlerarası Duyarlılık Ölçeği (KDÖ) kullanıldı. Verilerin değerlendirilmesinde SPSS 25.0 istatistik paket programı kullanıldı. Sürekli değişkenler ortalama  $\pm$  standart sapma, kategorik değişkenler sayı veya yüzde ile gösterildi. Değişkenlerin dağılımının normal olup olmadığını değerlendirmek için Kolmogorov - Smirnov testi kullanıldı. Değişkenlerin normal dağılım gösterdiği belirlendi. İstatistiksel karşılaştırmalarda normal dağılım gösteren değişkenler; Bağımsız iki örneklem testi ve ikiden fazla değişkenler için One Way ANOVA testleri kullanılarak değerlendirildi,  $p < 0,05$  istatistiksel olarak anlamlı kabul edildi.

**Bulgular:** Çalışmaya dahil olan 223 öğrencinin yaş ortalaması  $21,73 \pm 1,85$  olup %98,72'si 20-24 yaş grubu aralığındadır ve %82,5'i kadındır. Öğrencilerin %32,7' si ( $n=73$ ) Sağlık Yönetimi, %24,2'si Sosyal Hizmet ( $n=54$ ), %16,1'i ( $n=36$ ) Hemşirelik, %27'si Beslenme ve Diyetetik ( $n=60$ ) bölümü öğrencisidir. Öğrencilerin Kültürlerarası Duyarlılık Ölçeğinden aldıkları toplam puan  $79,63 \pm 11,07$  olup, orta düzeydedir. Tıbbi hata tutumunu etkileyen faktörler ile ölçek toplam puanı arasındaki ilişki incelendiğinde;

<sup>1</sup> İstanbul Sabahattin Zaim University, Faculty of Health Sciences, Health Management, Istanbul/Turkey

Öğrencilerin buldukları bölüm değişkenine göre hemşirelik programı öğrencilerinde ( $p<0,05$ ), başka kültürlerle etkileşimde bulunanlarda ( $p=0,001$ ), yabancı dil bilenlerde ( $p=0,001$ ) ve diğer kültürle etkileşimi olumlu olarak algılayanlarda ( $p=0,002$ ) kültürlerarası duyarlılık düzeyi anlamlı olarak farklı bulundu.

Sonuç: Geleceğin sağlık profesyonelleri olacak sağlık bilimleri fakültesi öğrencilerinin farklı kültürlerarası duyarlılığı ve öneminin farkındalığının orta düzeyde olduğu saptandı. Öğrencilerin eğitiminde kültürel duyarlılık ve farkındalık yeteneklerini elde etmelerine yardım edecek duygusal-bilişsel-davranışsal eğitim, öz-farkındalık eğitimi ve kültürel farkındalık eğitimi gibi kültürlerarası eğitim programlarının yer almasının önemli olduğunu düşünülmektedir.

Anahtar Kelimeler: Kültürlerarası duyarlılık, Tutum, Sağlık bilimleri fakültesi öğrencileri

## 1. INTRODUCTION

As a result of the globalizing world, many people migrate willingly or unwillingly. As a result, nurses and healthcare professionals were required to serve individuals, families, or groups whose health beliefs, mother tongue, and life experiences were very different from their own. Protecting health and treating diseases is culture-specific includes applications. So culture is also health and it can be considered a dynamic factor for the disease. Cultural values, beliefs and practices of the patient is an important part of holistic care. The nursing profession is now in the globalizing world. providing self-centered care to society and ethnic groups has adopted the necessity and responsibility (Öztürk & Öztaş, 2012). Qualified individual care is only the culture of the individual, look at beliefs, traditions and values as a whole It can be given in front of it.

Culture plays an important role in health perception, health behavior, and all actions of individuals, nurses, and other healthcare professionals. It is important to develop intercultural competence and sensitivity to understand individuals from different cultures. In today's modern world, interrelated concepts such as multiculturalism, identity, difference, otherness and globalization have become important concepts that are discussed in different aspects, both scientifically and politically and in the public sphere. These developments not only affected the countries but also enforced a wide range of relationships, ranging from different cultures and identities to collaboration and even coercion (Bekiroğlu & Balcı 2014). Changing world conditions have revealed interactions between people from different cultures (Yılmaz *et al.*, 2017; Cetişli *et al.*, 2016). People migrate from rural areas to urban areas, from southern countries to northern countries, and from eastern countries to western countries with the hope of having marriage, education, employment, economic conditions, wars, civil wars, ethnic causes, religious conflicts, poverty or better living conditions. (Yılmaz *et al.*, 2017; Cetişli *et al.* 2016; Meydanlioglu, Arıkan & Gözum 2015; Temel 2008).

Culture is defined as values, beliefs, attitudes and behaviors, customs, and traditions that are learned, shared, passed down from generation to generation by a group of people. Culture is everything created by humans versus nature's creations (Morrall 2011; Bolsoy & Sevil, 2006; Rengi & Polat 2014). In multicultural societies, complex, similar and different cultural understandings based on cultural diversity are common. These cultural insights; It is shaped by many factors such as age, gender, race, ethnic characteristics, socioeconomic level, religious identity, sexual behavior, education, history (Temel 2008; Bulduk, Keçeci & Çelik 2012). Attention to intercultural interactions has increased in multicultural and globalizing societies today. Interactions at national and international levels have made the concept of "intercultural communication" more important and increased the need for individuals who recognize, understand, and empathize with different cultures (Bulduk, Tosun & Ardıç 2011). Intercultural communication is explained as the interaction process between individuals with different cultural characteristics. In this process, minimizing misperceptions in contact and establishing connection effectively is possible with the development of intercultural communication competence. Intercultural communication competence; It consists of three dimensions: cognitive (cultural awareness), affective (intercultural sensitivity) and behavioral (intercultural resourcefulness) (Yılmaz & Göçen 2013; Bulduk, Esra & Dinçer, 2017). Cross-cultural sensitivity indicates that the person has positive emotions and respects differences before, during, and after interaction with people with different cultures (Eğimli 2011). In the concept analysis of intercultural sensitivity, it is defined as the ability of a person or a group to learn about cultural differences and values, to be able to evaluate, understand, respect, and adapt after being

aware of themselves and others (Foronda, 2008). The development of these three dimensions that constitute intercultural competence; knowing individuals' own culture and different cultures; It helps them to be global citizens who respect and value cultural differences and who can empathize with different cultures (Eğinli 2011). Although important in many areas, there is an important relationship between culture and health. The culture of the individual determines his perspective on health, health beliefs, and behaviors as well (Temel, 2008; Foronda, 2008, Kahraman & Sancar, 2017; Şahin, Bayram & Avcı, 2009). Intercultural sensitivity is very important in the effective delivery of health services (Meydanlioglu, Arikan & Gözum, 2015; Foronda, 2008).

Intercultural sensitivity in health care increases the quality of health services due to effective communication, effective intervention, and increased satisfaction (Meydanlioglu, Arikan & Gözum, 2015; Tanriverdi 2017). Healthcare professionals need to know cultural differences and values, evaluate individuals and groups with their own traditions and traditions from a different perspective, understand health care needs and adapt their initiatives to their own culture (Meydanlioglu, Arikan & Gözum, 2015) In order to meet the health care needs of multicultural societies of educational institutions in the field of health, students who are sensitive and aware of cultural problems must be trained (Cetişli et al. 2016; Meydanlioglu, Arikan and Gözum 2015; Temel 2008). Although education institutions play an important role, appropriate educational environments should be created (Temel 2008, Bulduk, Tosun & Ardiç, 2011; Şahin, Bayram & Avcı, 2009). When the studies on intercultural sensitivity in the literature are examined, in nursing students (Cetişli et al. 2016; Meydanlioglu, Arikan & Gözum 2015; Kılıç & Sevinç, 2017; Aslan *et al.* 2016), nurses and health workers (Yılmaz *et al.* 2017, Kahraman, Sancar, 2017; Uzun & Sevinç 2015) and different student groups (Yılmaz & Göçen 2013; Bulduk, Esra & Dinçer 2017) are researches. In another study conducted with nursing and medical students, it was found that students had good intercultural sensitivity levels, and those who knew foreign languages who interacted with other cultures had higher intercultural sensitivity (Meydanlioglu, Arikan & Gözum, 2015). For this purpose, this research was carried out to determine the cross-cultural sensitivities and related factors before the students of the faculty of health sciences, who will become future health professionals, start practicing the profession. In line with the findings obtained from the research, it is aimed to review the adequacy of the education curriculum to provide information to the literature on the concept of intercultural sensitivity and the factors that may be related to analyze better and understand the concept of intercultural sensitivity. A good understanding of this concept will contribute to the development of communication and understanding of patients while practicing their professions in the future while gaining health professionals before starting their professional life, that is when they are students.

## **2. MATERIALS AND METHODS**

### **2.1. Purpose and Type of Research**

The purpose of this descriptive study is to determine the cross-cultural sensitivities and related factors of students studying in the faculty of health sciences, which will become future health professionals.

### **2.2. The Universe and Sample of the Research**

The universe of the research consisted of 732 students from Nutrition and Dietetics, Social Work, Nursing, and Health Management, who were educated at the faculty of health sciences of a foundation university operating on the European side of Istanbul. In the research, it was aimed to reach the whole universe by not choosing the sample. Students who agreed to participate in the study were included in the study. However, a total of 509 students who did not agree to participate in the research and did not attend school on the days when the data were collected were not included in the sample of the study, and 223 students formed the sample.

### 2.3. Data Collection Tools

"Introductory Characteristics Form" and "Intercultural Sensitivity Scale" were used in the study.

*Introductory Characteristics form:* In this form, which was created by scanning the literature, related questions such as age, gender, the department where they received training, and in which grade they were included. Also, it is about intercultural sensitivity (being together with people from other cultures, being abroad, communicating with people from different countries on social media, following the mass media of different countries, asking to work/live in a country with a different culture. Status, willingness to participate in Erasmus student exchange programs, level of foreign language awareness).

*Intercultural Sensitivity Scale;* Chen and Staros (Chen, & Starosta, 2000). Developed by Bulduk *et al.* (2011), adapted to Turkish. The scale includes five emotional dimensions: "responsibility dimension at interaction, respect for cultural differences, self-confidence dimension in interaction, enjoying interaction, and carefulness in interaction" required to be intercultural sensitive. The scale is evaluated in 5 categories of Likert: "(1) strongly disagree, (2) disagree, (3) indecisive, (4) agree, and (5) strongly agree". The scale consists of 24 items, and some items "2, 4, 7, 9, 12, 15, 18, 20, and 22 items" are coded in reverse. The internal consistency reliability coefficient of the scale varies between .72 and item analyzes ranges from .13-.66. The lowest total score that can be obtained from the scale is 24, and the highest total score is 120. The scale does not have a specified cut-off score, and the increase in the total score obtained from the scale indicates that the level of intercultural sensitivity increased (Bulduk, Tosun & Ardiç, 2011). The Cronbach Alpha internal consistency coefficient of the scale for this research is 0.82.

### 2.4. Data Collection Method

Students of the Faculty of Health Sciences were informed about pre-course research in their classrooms, and consent was obtained. Students in the classroom environment who agree to participate in the research. "Introductory Characteristics form" and "Intercultural Sensitivity Scale" were distributed. An explanation about filling in data collection forms was made. It took about 5-7 minutes to respond to the researcher's control with the collect-and-collect method.

### 2.5. Ethical Aspect of the Research

In this study, a work permit was obtained from the ethics committee of a foundation university or the dean of the related faculty. The purpose of the study was explained to the students participating in the research. After it was stated that participation was voluntary, the written and verbal approval of the students who were willing to participate in it was obtained.

### 2.6. Evaluation of the Data

SPSS 25.0 statistical package program was used to evaluate the data. The distribution of the questions in the Personal Information Form was evaluated as frequency, percentage, and scale scores as mean standard deviation. Before the analysis, the normal distribution of the data was examined by the Kolmogorov-Smirnov test, or it was determined that it showed a normal distribution. In the case of two groups in the comparison of quantitative data, the "t" test was used for independent samples (Independent samples). In the case of more than two groups in the comparison of quantitative data, one-way (Oncway) Anova test was used to compare parameters between groups. The Bonferroni test was used to determine the group that caused the difference. The results were evaluated at 95% confidence interval and  $p < 0.05$  significance level.

## 3. RESULTS

The average age of 223 students participating in the study is  $21.73 \pm 1.85$ , 98.65% are in the 20-24 age group, and 82.5% are women. 32.7% of the students (n=73) Health Management, 24.2% Social Work (n=54), 16.1% (n=36) Nursing, 27% Nutrition and Dietetics (n=60) department student. 65.9% of students live together with people from other cultures, 58.29% of the longest living place

lives in the city, 25.11% have experience abroad, 36.32% are in social media medium level of foreign language level of 55.6%, where he occasionally communicates with people from different countries, 56.6% want to work in a country with another culture, 74.4% are willing to participate in Erasmus student exchange program. It was determined (Table 1).

Table 1: Introductory characteristics of students (N = 223)

| Introductory characteristics                                                     | Number                  | %   |       |
|----------------------------------------------------------------------------------|-------------------------|-----|-------|
| <b>Department</b>                                                                | Nutrition and Dietetics | 60  | 27    |
|                                                                                  | Nursing                 | 36  | 16.1  |
|                                                                                  | Healthcare Management   | 73  | 32.7  |
|                                                                                  | Social service          | 54  | 24.2  |
|                                                                                  | Total                   | 223 | 100   |
| <b>Education level</b>                                                           | 1th grade               | 28  | 12.5  |
|                                                                                  | 2th grade               | 32  | 14.3  |
|                                                                                  | 3th grade               | 84  | 37.7  |
|                                                                                  | 4th grade               | 79  | 35.5  |
|                                                                                  | Total                   | 223 | 100   |
| <b>Gender</b>                                                                    | Female                  | 184 | 82.5  |
|                                                                                  | Male                    | 39  | 17.5  |
|                                                                                  | Total                   | 223 | 100   |
| <b>Age group</b>                                                                 | 20-24                   | 220 | 98.65 |
|                                                                                  | 25-29                   | 3   | 1.35  |
|                                                                                  | Total                   | 223 | 100   |
| <b>Longest Living Place</b>                                                      | City                    | 130 | 58.29 |
|                                                                                  | Town                    | 63  | 28.25 |
|                                                                                  | Village                 | 30  | 13.45 |
|                                                                                  | Total                   | 223 | 100   |
| <b>Situations with People from Another Culture</b>                               | Yes                     | 147 | 65.9  |
|                                                                                  | No                      | 76  | 34.1  |
|                                                                                  | Total                   | 223 | 100   |
| <b>Availability abroad</b>                                                       | Yes                     | 56  | 25.11 |
|                                                                                  | No                      | 167 | 74.88 |
| <b>Communicating with people from different countries on social media</b>        | No                      | 57  | 25.56 |
|                                                                                  | Rarely                  | 59  | 26.45 |
|                                                                                  | Sometimes               | 81  | 36.32 |
|                                                                                  | Most of the time        | 26  | 11.65 |
| <b>Situation of wanting to work / live in a country with a different culture</b> | Yeah                    | 126 | 56.50 |
|                                                                                  | No                      | 97  | 43.49 |
|                                                                                  | Total                   | 223 | 100   |
| <b>Willingness to participate in Erasmus student exchange programs</b>           | Yeah                    | 166 | 74.43 |
|                                                                                  | No                      | 57  | 25.56 |
|                                                                                  | Total                   | 223 | 100   |
| <b>Foreign language level</b>                                                    | Very bad                | 10  | 4.48  |
|                                                                                  | Bad                     | 37  | 16.59 |
|                                                                                  | Middle                  | 124 | 55.60 |
|                                                                                  | Good                    | 33  | 14.79 |
|                                                                                  | Very good               | 19  | 8.52  |
| <b>The average age</b>                                                           | 21.73 ± 1.85            |     |       |

As a result of the evaluation of the research data, it was determined that the total cross-cultural sensitivity level of the students was  $79.63 \pm 11.07$ . In addition, the sub-dimension of responsibility at interaction is  $26.76 \pm 4.90$ , respecting cultural differences  $23.93 \pm 3.97$ , self-confidence in interaction,  $17.71 \pm 3.80$ , enjoying in interaction  $11.44 \pm 2.62$  and carefulness in interaction score average was found to be  $11.34 \pm 2.27$  (Table 2).



Table 2: Students' Cross-Cultural Sensitivity Scale of Mean Scores (n = 223)

| Sub-Dimensions                          | Minimum | Maximum | $\bar{x}$ | SS    |
|-----------------------------------------|---------|---------|-----------|-------|
| The of responsibility at interaction    | 7.00    | 35.00   | 28.16     | 3.87  |
| The respecting for cultural differences | 6.00    | 30.00   | 23.68     | 3.97  |
| The self-confidence in interaction      | 5.00    | 25.00   | 17.71     | 3.80  |
| The enjoying interaction                | 3.00    | 15.00   | 11.44     | 2.62  |
| The carefulness in interaction          | 3.00    | 15.00   | 11.34     | 2.27  |
| Scale total score                       | 37.00   | 117.00  | 79,63     | 11.07 |

When the intercultural sensitivity levels are examined according to the students' introductory characteristics; Female students' mean scores ( $\bar{X} = 89.13 \pm 12.22$ ) are higher than gender and there is a significant difference. There is a significant difference between department and education level and cultural sensitivity levels ( $p < 0.05$ ). and the difference was found to be due to the high average score of the students of the nursing department ( $\bar{X} = 94.08 \pm 10.62$ ) and the high average score of the 4th grade students ( $\bar{X} = 87.53 \pm 18.01$ ). In addition, it was found that the level of intercultural sensitivity of students occasionally to communicate with people from different countries on social media, to want to work / live in a country with a different culture and to participate in Erasmus student exchange programs ( $p < 0.05$ ). In addition, it was determined that variables such as the age of the students, the place where they lived the longest, the presence of people from other cultures, the state of being abroad, the level of following the mass media of different countries and the level of foreign language awareness did not affect the level of intercultural sensitivity ( $p > 0.05$ ) (Table 3).

Table 3: Investigation of Students' Introductory Characteristics and Intercultural Sensitivity Levels. (n = 223 )

|                                                    | Cultural Adaptability Level Mean. $\pm$ SD |       | Test Values |
|----------------------------------------------------|--------------------------------------------|-------|-------------|
|                                                    |                                            | 265   |             |
| <b>Gender</b>                                      |                                            |       |             |
| Female                                             | 89.13                                      | 12.22 | t = 0.265   |
| Male                                               | 81.17                                      | 11.65 | P = 0.057 * |
| <b>Department</b>                                  |                                            |       |             |
| Nursing                                            | 94.08                                      | 10.62 | F = 3.769   |
| Nutrition and Dietetics                            | 88.21                                      | 09:48 | p =, 008 *  |
| Healthcare Management                              | 86.18                                      | 05.94 |             |
| Social service                                     | 92.10                                      | 12:57 |             |
| <b>Education level</b>                             |                                            |       |             |
| 1th grade                                          | 79.12                                      | 10.93 | F = 4.942   |
| 2th grade                                          | 78.95                                      | 13:51 |             |
| 3th grade                                          | 83.02                                      | 11:22 | p = 0,000   |
| 4th grade                                          | 87.53                                      | 18:01 |             |
| <b>Age group</b>                                   |                                            |       |             |
| 20-24                                              | 77,62                                      | 8.71  | t = 1.579   |
| 25-29                                              | 71,57                                      | 8.92  | p = 0.095   |
| <b>Longest Living Place</b>                        |                                            |       |             |
| City                                               | 89.00                                      | 13:44 | F = 4029    |
| Town                                               | 84.22                                      | 13:48 | p = 0.053   |
| Village                                            | 87.78                                      | 15:54 |             |
| <b>Situations with People from Another Culture</b> |                                            |       |             |
| Yes                                                | 75.18                                      | 08.68 | t = 1.516   |
| No                                                 | 76.89                                      | 07:18 | p = 0.689   |
| <b>Availability abroad</b>                         |                                            |       |             |
| Yes                                                | 76.04                                      | 17:15 | t = 2,336   |
| No                                                 | 81.32                                      | 11:13 | p = 0.941   |

|                                                                                  |       |         |            |
|----------------------------------------------------------------------------------|-------|---------|------------|
| <b>Communicating with people from different countries on social media</b>        |       |         |            |
| No                                                                               | 82.16 | 9.69    | F = 5.124  |
| Rarely                                                                           | 84.29 | 13:29   | p = 0.021  |
| Sometimes                                                                        | 86.83 | 11:56   |            |
| Most of the time                                                                 | 72.15 | 13:19   |            |
| <b>Monitoring the mass media of different countries</b>                          |       |         |            |
| No                                                                               | 83.33 | 11:29   | F = 2 .029 |
| Rarely                                                                           | 85.18 | 11:14   | p = 0.127  |
| Sometimes                                                                        | 89.57 | 14:29   |            |
| Most of the time and always                                                      | 81.57 | 12:40   |            |
| <b>Situation of wanting to work / live in a country with a different culture</b> |       |         |            |
| Yes                                                                              | 83.59 | 10.89   | t = 5112   |
| No                                                                               | 76.13 | 10.67   | p = 0.000  |
| <b>Willingness to participate in Erasmus student exchange programs</b>           |       |         |            |
| Yes                                                                              | 89.29 | 11 .55  | t = 3.412  |
| No                                                                               | 78.57 | 1 2 .62 | p = 0.005  |
| <b>Foreign language level</b>                                                    |       |         |            |
| Very bad                                                                         | 86.57 | 12.68   | F = 1.102  |
| Bad                                                                              | 89.76 | 10.62   | p = 0,256  |
| Middle                                                                           | 90.54 | 13:13   |            |
| Good                                                                             | 91.19 | 11:28   |            |

\* p < .05

#### 4. DISCUSSION

In the education of the faculty of health sciences, who will be future health professionals, appropriate knowledge and skills should be gained with professional behavior. As a professional, it is important to learn the problems that will be encountered in working life in undergraduate education because of the quality of vocational and education. In particular, healthcare professionals need to know cultural differences and values, evaluate individuals and groups from a different perspective with their traditions and customs, understand health care needs and adapt their initiatives to their own culture. In this study, when the total scores of the students of the faculty of health sciences from the scale were examined, it was found that the levels of intercultural sensitivity were moderate ( $79.63 \pm 11.07$ ). It was determined that students' levels of cross-cultural sensitivity were similar to the findings of the research in the literature (Meydanlioglu, Arikan and Gözum 2015; Baksi, Drive, & Duman, 2019; Kılıç & Sevinç 2017; Aslan et al., 2016). In a study conducted with nursing students (Aslan et al., 2016), inter-cultural sensitivity levels were  $90.48 \pm 15.14$ , and in a study conducted by Kılıç et al. (Baksi, Drive, & Duman, 2019), 89, It was determined as  $42 \pm 13.55$ . Also, when the averages of the students' responsibilities in interaction, respect for cultural differences, self-confidence in interaction, enjoyment in interaction, be careful in interaction" sub-dimensions of their students are examined, it is seen that it is similar to the studies in the literature (Meydanlioglu, Arikan & Gözum 2015; Baksi, Driver, & Duman, 2019; Kılıç & Sevinç 2017; Aslan et al., 2016). This shows that students' cross-cultural sensitivity is good for each sub-dimension and compatible with the literature.

When the intercultural sensitivity level of the students was examined, it was determined that the mean scores and sub-dimensions of female students were higher than the male students, and there was a significant difference between the groups according to gender. In a study, similar results were found, and it was found that female students had higher intercultural levels than men (Öğüt, & Olkun 2018). In the research findings, it has been determined that the students' occasional

communication with people from different countries on social media, willing to work/live in a country with a different culture, and willingness to participate in Erasmus student exchange programs increase the level of cross-cultural sensitivity.

When we look at the studies in the literature, communicating with people from different cultures who want to work abroad (Baksi, Drive, & Duman, 2019; Kılıç & Sevinç 2017; Bekiroğlu & Balcı 2014) (Bekiroğlu & Balcı 2014; Meydanlioglu, Arıkan & Gözum 2015 ) and students who are willing to participate in exchange programs are reported to have higher levels of intercultural sensitivity (Bekiroğlu & Balcı 2014; Aslan et al., 2016; 16). In the study of Roh (2014) conducted in another sample group, it is stated that there is a positive relationship between multi-cultural experience and cultural sensitivity (Roh, 2014) The findings of the research are generally similar to those in the literature. It is inevitable that students occasionally communicate on social media with people from different countries, want to work/live in a country with a different culture, and willingness to participate in Erasmus student exchange programs. Thus, it seems to affect intercultural sensitivity.

It has been determined that variables such as students' being together with other types of people, being abroad, the level of following the mass media of different countries, and the level of foreign language awareness do not affect the level of intercultural sensitivity. In a study conducted with students in the literature, it was found that knowing foreign languages did not affect the level of intercultural sensitivity and those who traveled abroad were more sensitive in terms of taking responsibility in communication (Kılıç & Sevinç 2017; Baksi, Rider, & Duman, 2019). In another study, it was stated that nursing and medical students who can speak/understand foreign languages had higher intercultural sensitivity scores (Meydanlioglu, Arıkan & Gözum 2015). In another study, it was determined that nursing students' being together with people from different cultures and knowing a foreign language increased their intercultural sensitivity levels (Aslan *et al.*, 2016). It is observed that communication faculty students' being together with people from other cultures, watching the mass media of different countries and knowing foreign languages increase the level of intercultural sensitivity, and does not affect the situation abroad (Bekiroğlu & Balcı 2014). As a result, while foreign language knowledge affects intercultural sensitivity in some studies, it is seen that in some studies, it does not. It is thought that students' being together with people from other cultures, following the mass media of different countries, and being abroad may not depend on the sample characteristics and the fact that a few of the students have experience abroad.

## 5. CONCLUSION AND SUGGESTIONS

The intercultural sensitivity of health professionals, which is the most important production factor in the provision of health management and healthcare, has been found to be moderate for students of the faculty of health sciences. In addition, it has been determined that the gender of the students, the class they are, the student of nursing department, the occasional communication on social media with people from different countries, the desire to work / live in a country with a different culture and to participate in Erasmus exchange programs have increased intercultural sensitivity. In addition, it was found that variables such as the age of the students, the place where they lived the longest, the presence of people from other cultures, the state of being abroad, monitoring the mass media of different countries and the level of foreign language awareness did not affect the level of intercultural sensitivity. Accordingly, it should be aimed to create suitable environments for students to communicate with people from different countries, participate in Erasmus exchange programs and experience abroad opportunities. Culturally sensitive health policies can improve the quality of managed care.

It is recommended that both educators and all health professionals consider the factors affecting intercultural sensitivity in developing intercultural sensitivity. In addition, it is recommended to include intercultural education programs such as preparation of care plan for patients from different cultures, intercultural differences, sensitivities, and cultural awareness training in order to increase



awareness in the curriculum. Conducting similar studies in different regions will be important for making comparisons. It is thought that the intercultural sensitivity of health professionals can contribute to the improvement of patient care quality by playing a key role in reducing cultural differences in health services.

## REFERENCES

- Aslan, S., Yılmaz, D., Kartal, M., Erdemir, F., & Güleç, H. Y. (2016). Determination of intercultural sensitivity of Nursing Students in Turkey. *International Journal of Health Sciences & Research*, 6(11):202-8.
- Bolsoy, N., & Sevil, Ü. (2006). Health-Disease And Culture Interaction. *Anadolu Journal Of Nursing And Health Sciences*, 9 (3), 78-87.
- Bulduk S, Esra US, Dinçer Y.(2017). Determination of Intercultural Sensitivity and Influencing Factors: An Example of Vocational School of Health. *Duzce University Journal of Health Sciences Institute*. 7(2):73-7.
- Bulduk S, Keçeci A, Çelik SA.(2012). Rising trend in nursing: intercultural sensitivity. In: Markey K, White P, O'Connor L, editors. *Let's learn together, let's work together: challenges and solutions for transcultural health and social care*. UK: Cambridge Scholars Publishing, p.107-23.
- Bulduk, S., Tosun, H., & Ardıç, E. (2011). Measurement Properties of Turkish Intercultural Sensitivity Scale Among Nursing Students. *Türkiye Klinikleri Journal of Medical Ethics-Law and History*, 19(1), 25-31.
- Cetişli, N. E., Gülşen, I. Ş. I. K., Beste, Ö. Ö., Ardahan, E., Uran, B. N. Ö., Top, E. D., & Avdal, E. Ü. (2016). Intercultural Sensitivity of Nursing Students According to Their Empathy Level. *İzmir Kâtip Çelebi University Journal of Health Sciences Faculty*, 1(1), 27.
- Chen, G. M., & Starosta, W. J. (2000). *The development and validation of the intercultural sensitivity scale*. Seattle, WA.
- Eğimli A.T.(2011). The importance of cultural difference education in acquiring intercultural competence *Journal of Suggestion* . 2011;9(35):215-27.
- Foronda CL.(2008). A concept analysis of cultural sensitivity. *Journal of Transcultural Nursing*.19(3):207-12.
- Kahraman N, Sancar O.(2017). Cultural sensitivity of health professionals. *International Refereed Journal of Communication and Literature Research*. 15: 107-33.
- Kılıç, S. P., & Sevinç, S. (2018). The relationship between cultural sensitivity and assertiveness in nursing students from Turkey. *Journal of Transcultural Nursing*, 29(4), 379-386.
- Meydanlioglu, A., Arikan, F., & Gozum, S. (2015). Cultural sensitivity levels of university students receiving education in health disciplines. *Advances in Health Sciences Education*, 20(5), 1195-1204.
- Morrall, P. (2011). *Sociology and health: An introduction*. 2nd ed. Canada: Routledge.
- Öğüt, N., & Olkun, E. O. (2018). Intercultural sensitivity level of university students: Selcuk university example. *Selcuk University Faculty of Communication Academic Journal*, 11(2), 54-73.
- Rengi, Ö., & Polat, S. (2014). Classroom teachers' perceptions of cultural difference and intercultural sensitivity. *Zeitschrift für die Welt der Türken / Journal of World of Turks*, 6 (3), 135-156.
- Şahin, N. H., Bayram, G. O., & Avcı, D. (2009). Culturally Sensitive Care: Transcultural Nursing. *Journal of Education and Research in Nursing*.6(1):2-7.

Tanrıverdi G.(2017). Approaches and Recommendations for Improving The Cultural Competence in Nursing. *Florence Nightingale Journal of Nursing*. 2017;25(3):227-36.

Temel, A. B. (2008). Kùltùrlerarasi (çok kùltùrlù) hemşirelik eğitimi. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi*, 11(2), 92-101.

Yılmaz F, Göçen S.(2013). Investigation of the prospective primary teachers' intercultural sensitivity levels in of certain variables. *Adıyaman University Journal of Social Sciences Institute*. 2013;6:373-92.

Yılmaz, M., Toksoy, S., Direk, Z. D., Bezirgan, S., & Boylu, M. (2017). Cultural sensitivity among clinical nurses: A descriptive study. *Journal of Nursing Scholarship*, 49(2), 153-161.

Bekirođlu O, Balcı Ő.(2014). Searching for the traces of intercultural communication sensitivity: "A research in the case of communication faculty students". *Journal of Turkish Studies*. 35:429-60.

Roh S.Z.(2014). A study on the factors affecting the intercultural sensitivity of middle and highschool students in Korea. *Advanced Science and Technology Letters*.47:266-9.

Öztürk, E., Öztaş, D. (2012). Transcultural nursing. *Batman University Journal of Life Sciences*, 1 (1): 293-300