

Original Article

Healthcare and Culture Among Greeks in Bozcaada Island, Turkey: A Qualitative Study

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Abstract

Background: Bozcaada, with its rich historical background and cultural convergence, reflects the long-standing interaction between Greek and Turkish societies. Understanding the health beliefs, care practices, and cultural characteristics of the Greek community is important for the provision of culturally sensitive nursing care.

Aim: This study aimed to explore the cultural meanings and expressions of healthcare among Greeks living in Bozcaada, Turkey.

Methods: A qualitative ethnonursing design was employed. In-depth interviews were conducted with seven Greek participants between July 15 and October 30, 2023. The data were analyzed using descriptive analysis.

Results: The findings showed that healthcare experiences were shaped by cultural and religious beliefs, family support, and communication with healthcare professionals. Participants emphasized the importance of respectful and culturally sensitive nursing care, clear communication, and consideration of religious values. Family support and traditional remedies were also described as important aspects of care and recovery. Knowledgeable and supportive nursing approaches were perceived as improving patient satisfaction and facilitating recovery.

Conclusions: Healthcare experiences among Greeks living in Bozcaada are influenced by cultural, spiritual, and familial factors. The findings highlight the importance of culturally sensitive nursing practices that recognize patients' beliefs, values, and social context in order to improve the quality of care and patient satisfaction.

Keywords: Greeks; cultural characteristics; healthcare practices; Turkey

Introduction

Bozcaada (ancient Tenedos) is one of the two Aegean islands of Turkey. Throughout history, it has been ruled by the Persian, Roman, Byzantine, and Ottoman Empires and has been known by various names, including Leukophrys, Tenedos, Boada, Bohcaada, and Bozcaada (Mutlu, 2018; Baris, 2018). Greeks and Turks have both played a significant role in shaping the island's socio-cultural fabric (Baris, 2018; Dinc, 2021). Following the political events of the 1950s and 1970s, many Greek residents gradually left Bozcaada,

resulting in the abandonment and transfer of numerous properties and a transformation of the island's cultural landscape (Anik, 2010). In addition, the Greek population in Turkey, particularly those living in Istanbul, Bozcaada, and Gokceada, was affected by the Turkification process during the 1960s (Onen, 2016). Greeks who migrated to Greece also experienced identity-related challenges, as they were often perceived as "Greek" in Turkey and "Turkish" in Greece (Yucel & Yildiz, 2014).

Previous research has demonstrated important intercultural differences between Greece and

Turkey across various dimensions, including education, political trust, voluntary work, political participation, life satisfaction, interpersonal trust, fear of others, happiness, income, and poverty (Ozcobanlar et al., 2015). These findings suggest that cultural background may shape social experiences, values, and perceptions in ways that are also relevant to health and care. In this respect, the historical relationship between Greece and Bozcaada has significantly influenced the cultural identity and health-related behaviors of the Greek community on the island. This cultural framework may affect perceptions of health, illness, treatment, and adaptation processes (Soylu et al., 2023).

Evidence from previous studies indicates that culture is an important mediator of health. For example, a study involving semi-structured interviews with 79 Greeks living in London emphasized the importance of recognizing the social and institutional conditions that may affect the healthcare experiences of ethnic minority groups (Papadopoulos, 2000). However, to our knowledge, no nursing study in Turkey has specifically explored the cultural meanings and healthcare experiences of Greeks living in Bozcaada. Therefore, this study may contribute to the literature by increasing awareness of the health-related cultural characteristics of this community.

The development of intercultural nursing practices is essential in an increasingly multicultural and global healthcare context (McFarland & Wehbe-Alamah, 2019). Nurses need to understand the spiritual, kinship, political, economic, educational, linguistic, and traditional characteristics, as well as the unique care needs, of the individuals and communities they serve. Leininger's Sunrise Model provides an important theoretical framework for understanding and delivering culturally sensitive care (Leininger & McFarland, 2002). Using this framework, the present study aimed to explore the cultural characteristics, care needs, and healthcare-related experiences of Greeks living in Bozcaada. A better understanding of this cultural context may help healthcare professionals provide more culturally sensitive care, improve patient satisfaction, and contribute to the development of transcultural nursing knowledge in Turkey.

Research Questions

- What are the cultural characteristics and care needs of Greeks living in Bozcaada?
- How do Greeks living in Bozcaada perceive the relationship between culture, care, health, and nursing within the framework of Leininger's Culture Care Theory?

Methodology

Design: This study employed the ethn nursing method, a qualitative research design, and was reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ). Leininger recommended the use of the ethn nursing method together with the Sunrise Model for the analysis of cultural care phenomena. This approach focuses on participants' experiences and observations and enables the exploration of both explicit and implicit dimensions of cultural care. It also facilitates an understanding of emic and etic perspectives as well as individuals' approaches to nursing care practices (Leininger and McFarland, 2002).

Participants: The study population consisted of 15 Greek individuals living in Bozcaada, based on records obtained from the Bozcaada Family Health Center and the Bozcaada Population Directorate. No sampling procedure was applied; instead, all eligible individuals were approached. Of these, seven agreed to participate and were included in the study. Five individuals declined participation, and three, although officially registered in Bozcaada, were found to be residing in Greece at the time of the study.

Data Collection Tool: Data were collected using a semi-structured interview guide developed on the basis of Leininger's framework for assessing cultural care. The interview guide covered 12 main domains: worldview; ethnic background; kinship and social factors; cultural values, beliefs, and lifeways; religious, spiritual, and philosophical factors; technological factors; economic factors; language and communication factors; political and legal factors; educational factors; emic and etic care beliefs and practices; and general and specific nursing care factors (Leininger and McFarland, 2002).

Data Collection: In-depth interviews were conducted between July 15 and October 30,

2023, at times convenient for the participants. All interviews were audio-recorded with participants' permission, transcribed verbatim into Word documents, and anonymized by assigning numbers to participants instead of using names. Each interview lasted approximately one hour.

Data Analysis: The data were analyzed using descriptive analysis. The data were organized according to predetermined themes, and the findings were presented under relevant subcategories and supported by participants' statements.

Ethical Considerations: Written and verbal permissions were obtained from the relevant ethics committee and all participants before the study began. Ethical principles were followed throughout the research process, and the confidentiality, privacy, and rights of the participants were protected. Ethical approval was obtained from the Scientific Research Ethics Committee of the Graduate Education Institute of the relevant university (Decision No: 2023/09-26; Date: 21/06/2023).

Results

Descriptive Characteristics

The participants had a mean age of 66 years, with ages ranging from 44 to 75 years. Of the seven participants, four were women and three were men. Their occupations included housewife (n=2), church president (n=1), retired tailor (n=1), retired fisherman/diver/vintner (n=1), guesthouse owner (n=1), and monastery manager (n=1).

Cultural Care Characteristics

Worldview: Participants expressed concerns about the environmental, economic, and social changes occurring on the island, which they believed negatively affected their quality of life. They particularly emphasized the loss of traditions, rising living costs, and seasonal fluctuations in the island population. One participant stated,

“The world is getting worse. Old festivals are gone, living costs are high, and the island is crowded in summer but empty in winter. I close my guesthouse and go to Lesbos” (M-2).

Ethnic Background: Participants reported that the Greek community on the island had been experiencing a decline in population, accompanied by a gradual erosion of cultural practices. Traditional customs and celebrations, including weddings, had diminished because of the reduced size of the community. Church attendance had also decreased, and some participants reported spending part of the year in Greece. One participant explained,

“We used to have many customs and vibrant celebrations, but now only a few of us remain. The traditions have disappeared, and the community is too small to sustain them” (F-1).

At the same time, participants emphasized their deep-rooted connection to the island and their strong sense of belonging. Many stated that their families had lived in Bozcaada for generations. For example, one participant said,

“I'm a native islander. My hometown is Gokceada, but I came here when I was 14 months old. So, I was just a baby then. That's why I'm considered a Bozcaada native” (F-1).

Participants also described different living arrangements. Five participants reported living on the island throughout the year, although some occasionally travelled to Greece during the winter months. One participant described living in Istanbul during winter and in Bozcaada during summer. Another participant stated,

“I'm always on the island. Sometimes we go to Greece in the winter. My grandchildren and daughter are there” (M-1).

Strong family ties were also evident, even when family members lived elsewhere. As one participant noted,

“We have been on the island for five generations. Grandparents, elders, all are from Bozcaada” (F-5).

Kinship and Social Factors: Participants emphasized the importance of support from family, friends, and neighbors. Family support was described as a major source of strength during illness and recovery. Some participants highlighted the emotional support they received from their families, while others emphasized the value of relatives living in Greece or the supportive role of neighbors on the island. One participant stated,

“Family, friends, and neighbors are crucial. My family helped me during illness, and I assisted my mother when she broke her arm” (M-3).

Family Caregiving Situation: Family caregiving was perceived as an essential part of the care process. Participants described various forms of support provided by family members and close social networks during illness. One participant, who had lost his wife and son, described the island’s police chief as a surrogate family member. Others reported receiving help from travel companions, daughters, grandchildren, siblings, and parents. In some cases, caregiving extended across national borders, with relatives travelling from Greece to provide support. One participant said,

“My family is very supportive. My mother especially cares for me, making soup and herbal remedies” (M-7). Another participant stated, “My sister came from Greece to help with my kidney problem. She can’t always be here, but she tries to come when I’m sick” (M-6).

Perceptions of Nursing Care: Participants expressed high levels of satisfaction with healthcare services, particularly with nursing care. Nurses were frequently described as warm, attentive, and helpful. Participants emphasized the supportive role of nurses both in hospital settings and on the island. Compared with physicians, some participants

reported more positive experiences with nurses. One participant stated,

“The nurses took very good care of me. I had no complaints at all” (F-3).

Cultural Values, Beliefs, and Lifestyle: Participants demonstrated a strong commitment to Christian beliefs and religious practices. Regular church attendance, participation in religious ceremonies, and the observance of holy days and saints’ feasts were described as important aspects of daily life. Religious traditions such as Easter celebrations, fasting, and gatherings at Ayazma Monastery for St. Paraskevi Day were also emphasized. One participant stated,

“I am a Christian. We have church services every Sunday and celebrate Easter with fasting, special bread, and gatherings. We also gather at Ayazma Monastery for St. Paraskevi Day on July 26th. The customs and celebrations are very beautiful” (F-1).

Spiritual Factors in Care: Participants highlighted the importance of spiritual support in the care process. Sources of spiritual comfort included family, friends, prayer, worship, faith, and, in some cases, interactions with pets. These elements were described as contributing positively to emotional well-being and coping during illness. One participant noted,

“My family comes first, followed by my friends. Their support contributes to my spiritual well-being. Prayer, cleanliness, and faith are crucial. The peace derived from worship is important as well” (M-7).

Experiences with Hospital Care: Participants generally reported trusting healthcare professionals, although their hospital experiences were not uniformly positive. While many described nurses and physicians as attentive and caring, some also reported negative experiences involving indifferent attitudes and concerns related to hospital conditions. In addition, transportation

difficulties and weather-related travel disruptions were described as barriers to accessing hospital care. One participant stated,

“Hospitals are good. Most nurses and doctors are attentive, though some may not be. My main concern is travel issues due to weather or canceled ships. When I think about getting sick in such situations, I pray” (M-6).

Technological Factors: Participants acknowledged the benefits of technology in healthcare, particularly in relation to improved medical devices and easier access to health-related information. However, they also expressed concerns about the potential negative effects of technology on health, including its broader impact on lifestyle and food consumption. One participant stated,

“Technology benefits health up to a certain point, but beyond that, it can become somewhat harmful” (F-5).

Economic Factors: Participants emphasized the central role of financial resources in accessing healthcare services, medications, and treatment. Although they reported some difficulties in obtaining the necessary resources, they generally expressed confidence in their ability to manage these challenges. One participant stated,

“Without money, nothing is possible. There is no health, no food, no entertainment without money. In healthcare, for surgeries, medications, and even check-ups, money is always needed. That’s why money is so important” (M-2).

Political and Legal Factors: Participants reported that political and legal decisions had a considerable influence on health-related issues, particularly during the COVID-19 pandemic and in relation to access to medications. One participant remarked,

“Health is definitely related to politics. We saw this clearly during

COVID. Whatever the political directives were, that’s what was implemented” (F-1).

Educational Factors: Participants emphasized the positive influence of education on health, noting that it increases awareness and facilitates access to healthcare services. According to the participants, educated individuals are more likely to make informed decisions regarding treatment and health management. One participant stated,

“Education is crucial for accessing health services. It affects how quickly one can get treatment, what treatment to seek, where to go, and how to manage health—everything is connected to education” (E-7).

Language and Communication Factors: Participants reported effective communication with nurses and expressed overall satisfaction with these interactions. Respect, understanding, and non-judgmental attitudes were described as essential components of communication. Participants did not report experiencing discrimination or ethnic prejudice in their interactions with nurses, and they generally described harmonious relationships with Turks. One participant stated,

“Respect is crucial for effective communication. When I feel respected, I am more willing to speak. If the other person listens, I am more likely to talk. Not everyone can do this” (F-1).

Emic and Etic Care Beliefs and Practices

Professional Nursing Care : Participants valued nurses who were knowledgeable, friendly, and able to explain procedures and treatments clearly. Timely administration of medications and effective communication were described as important aspects of quality nursing care. Participants perceived these behaviours as reducing stress and improving well-being. One participant noted,

“Nurses should explain what medications or treatments are for and be friendly” (F-1).

Folk Remedies: Participants generally viewed plant-based remedies as beneficial, although opinions regarding their effectiveness varied. Traditional practices, such as using potatoes for headaches or meat for swelling, were often used alongside modern medical treatment. One participant stated,

“I remember my mother using remedies like potatoes for headaches and garlic as an antibiotic” (M-6).

Meaning of Health: Participants defined health as the ability to meet one’s needs, feel energetic, and maintain a sense of happiness. In contrast, illness was associated with discomfort, weakness, and restlessness. As one participant stated,

“Being healthy means not being sick and being happy. Illness brings restlessness” (M-7).

Views on Treatments: Participants expressed differing views regarding traditional treatments. While some trusted their effectiveness, others were less certain. Traditional remedies were often used in combination with modern medicine rather than as a replacement for it. One participant commented,

“My mother used traditional remedies, and my daughter learned to make St. John’s Wort oil and chamomile medicine” (F-1).

Cultural Dietary Restrictions: Participants reported no strict dietary restrictions other than those observed during fasting periods. One participant stated,

“We eat everything except during fasting months” (F-1).

Influential Healing Experiences: Participants described a range of healing practices and

experiences, including the use of sacred waters, the sea, medication, and prayer. They believed that healing was supported by the combined effect of spiritual, natural, and medical resources. As one participant noted,

“The sacred waters and the sea are beneficial. Bozcaada is very beautiful” (F-1).

General and Specific Nursing Care Factors

Care from Nurses: Participants were open to receiving care from nurses both at home and in hospital settings, although some preferred home-based care because of the comfort it provided and their confidence in nurses’ competence. One participant recalled,

“Years ago, I had a hemorrhage. The nurses were wonderful, both here and in Canakkale. They rushed to my aid like soldiers” (F-4).

Meaning of Care: Participants described care as helping others, meeting their needs, and supporting healing. Care was closely associated with kindness, compassion, and the involvement of family and friends. One participant described a caregiver as an “angel,” reflecting the emotional significance attached to care. As another participant stated,

“In our culture, care means kindness. Helping the sick is valued and supported by our beliefs” (M-6).

Quality of Nursing Care: Participants believed that high-quality nursing care contributed positively to recovery. According to them, a good nurse provides support, information, and reassurance, thereby enhancing comfort, trust, and the healing process. One participant stated,

“When nurses provide information and guidance, patients recover faster and experience better outcomes” (M-7).

Barriers to Quality Care: Participants identified several barriers to quality care, including lack of knowledge, poor communication, an unfriendly manner, and failure to establish a meaningful connection with patients. They expressed disappointment when care was perceived as impersonal or lacking warmth. One participant stated,

“A stern expression, unhappiness, and poor communication are barriers. Nurses should adapt to diverse patient needs” (M-7).

Enhancing Nursing Care: Participants reported that cheerfulness, understanding, encouragement, and effective communication improved their satisfaction with nursing care. Respectful attitudes and attention to cleanliness were also considered important. One participant stated,

“I want the nurse to be respectful, keep the room clean, and be cheerful. Positivity makes a big difference” (M-6).

Perceptions of Quality Care: Participants stated that effective communication, respect for cultural and religious beliefs, and professional knowledge were essential components of quality care. They emphasized that nurses should understand patients’ backgrounds, consider their religious needs, and provide clear and informative guidance. One participant stated,

“Nurses should understand patients’ backgrounds and ask about religious needs. Being knowledgeable and educative helps with even the smallest issues” (M-7).

Table 1: Descriptive Characteristics of the Greeks Living in Bozcaada

Participant code	Sex	Age	Occupation	Interview Duration	Education	Marital Status	Number of Children
F-1	Female	72	Housewife	60 minutes	Primary school	Married	2
M-2	Male	74	Retired Fisherman, Diver, Vineyarder	45 minutes	High school	Married	2
F-3	Female	68	Church President	90 minutes	Primary school	Married	-
F-4	Female	70	Retired Tailor	45 minutes	Primary school	Single	1
F-5	Female	75	Housewife	45 minutes	Primary school	Single	-
M-6	Male	64	Hostel Operator	60 minutes	Primary school	Single	-
M-7	Male	44	Monastery Manager	65 minutes	High school	Single	-

Discussion

Worldview

In this study, participants expressed concerns about the negative effects of environmental, economic, and social changes on their quality of life. These concerns mainly related to the

loss of traditions, increasing living costs, and changes in the social structure of the island. Previous literature has described the people of Bozcaada and Imroz as hardworking, religious, calm, and happy (Capa, 2017). Although Greek communities live in different geographical settings, family, honour,

religion, education, and Greek heritage have been identified as central cultural themes, while honour, respect, and shame are considered core values (Papadopoulos & Purnell, 2008). In addition, anti-Western discourse has been reported as common in both Greece and Turkey, despite both societies perceiving themselves as European (Millas, 2021). The literature also suggests that Turkish and Greek national identities have been shaped within the framework of Europeaness and mainstream Eurocentrism (Gokay & Hamourtziadou, 2016). Furthermore, Turkey and Greece have been described as settings in which different cultural groups coexist, highlighting both cultural interaction and the importance of preserving cultural diversity (Kiratli, 2021). In this context, the concerns expressed by the participants in the present study appear to be consistent with the broader literature emphasizing cultural change, identity, and the need to preserve diversity.

Ethnic Background

Participants stated that the Greek community on the island was under threat of losing its traditional customs because of population decline and changing living conditions, while at the same time striving to preserve its cultural heritage. Historical sources indicate that the demographic structure of Bozcaada has changed considerably over time. Although data regarding non-Muslim neighbourhoods in the eighteenth century are limited, records from 1840 show that 930 male residents were registered in 400 households on the island (Mutlu, 2018). The literature also reports that Canakkale was one of the three cities with a high concentration of Greek speakers after the conquest of Bozcaada in 1456 (Ocal, 2022). According to the 1935 census, the Orthodox population in Canakkale was 7,176, and the number of Greek speakers was 3,696 (Bas, 2020). Greeks and Turks lived together on Bozcaada for many years; however, the Greek population was affected by the Turkification process in the 1960s, and today only a small number of Greek families remain on the island (Onen, 2016). Therefore, the findings of the present study are in line with the historical and social literature, suggesting that the decline in population has contributed to the weakening of traditional practices while

also intensifying efforts to preserve cultural heritage.

Kinship and Social Factors

Participants stated that support and care provided by family members and friends played a vital role in their lives, particularly when coping with health-related problems. Previous literature suggests that the family remains a central institution in Greek culture. Marriage continues to be regarded as an important social obligation, and despite social, economic, political, and legal changes, traditional family roles have largely been maintained, even as women have increasingly participated in the workforce (Orak, Gungor, Idriscakirnazif, 2020). It has also been reported that older adults in Greek families are respected, included in family life, and commonly cared for by their children (Papadopoulos & Purnell, 2008). In this context, the findings of the present study are consistent with the literature emphasizing the continuing importance of family ties and social support in Greek culture.

Cultural Values, Beliefs, and Lifestyle

Participants emphasized the importance of maintaining Christian beliefs, religious rituals, and spiritual practices throughout the care process. Previous literature indicates that Greek and Muslim Turkish communities historically maintained distinct social structures, often living in separate neighbourhoods and preserving their own religious and cultural practices, while also learning from one another and sharing certain celebrations (Durmus, 2006). Greeks on Bozcaada have been reported to perform rituals such as church ceremonies, baptisms, weddings, and funerals according to their own traditions (Durmus, 2006). Historical and qualitative studies further suggest that Turks and Greeks on the island lived together in relative harmony and that Bozcaada still bears strong traces of Greek culture (Oznur, 2012; Kurt, 2021). Traditional food practices, such as the preparation of winter tarhana and dry asure (koliva), have also been documented among the Greeks of Bozcaada (Hamlacibasi, 2008). In addition, adherence to the Mediterranean diet has been associated with healthier lifestyles and successful ageing among Greek populations (Adamidis et al., 2021; Papadimitriou et al., 2023). Research

on Greek Cypriot communities has also shown that the Greek Orthodox Church plays an important role in strengthening community ties (Kallis et al., 2019). In this context, the findings of the present study are consistent with the literature, showing that religious beliefs, traditional rituals, and culturally embedded practices remain important components of care and everyday life.

Religious, Spiritual, and Philosophical Factors

Participants emphasized the healing role of religious beliefs and prayer during illness and periods of crisis and described spiritual support as an important complement to nursing care. Previous literature indicates that religion influences many aspects of daily life in Greek culture, including eating habits and health-related behaviours (Orak, Gungor, İdriscakirnazif, 2020). Studies conducted in Greece have shown that religiosity may serve as a major source of hope, strength, and courage for family members of patients and is expressed through practices such as attending church or monasteries, believing in God, praying, and performing religious rituals (Plakas et al., 2011). The literature also suggests that Greek communities living on the islands of Turkey have experienced changes in cultural identity as a result of population decline, despite continuing to practice Orthodox Christianity (Dinc, 2021). In Bozcaada, ethnic and religious communities have historically maintained their own places of worship, while also participating in one another's religious celebrations, including Easter, Christmas, Eid al-Adha, and Eid al-Fitr (Durmus, 2006; Mutlu, 2018). Fasting is also described as an integral part of Greek Orthodox religious life (Papadopoulos & Purnell, 2008). In addition, previous studies have shown that spiritual expressions such as "God protects me" may provide emotional strength, although they may also shape health-related decision-making (Papadopoulos, 1999). Religious practices surrounding death, mourning, and major feast days further illustrate the central role of spirituality in Greek cultural life (Mystakidou, 2005; Papadopoulos & Purnell, 2008). In this context, the findings of the present study are consistent with the literature, indicating that religious rituals, prayer, and spiritual support

remain central to the care experiences of Greek participants.

Technological Factors

Participants acknowledged the importance of technology in healthcare, while also emphasizing that excessive dependence on technology may have negative consequences for health. The literature shows that technological developments have transformed many areas of daily life, including healthcare, education, and service delivery. In Turkey, technologies such as online hospital appointment systems, the e-Nabiz application, mobile health applications, and tele-rehabilitation services have facilitated access to healthcare. In island settings such as Bozcaada, technology is also important for emergency response and patient transfer. Previous research has shown that Bozcaada has one Community Health Center and one 112 ambulance service, and that patients requiring advanced treatment are transferred to reference hospitals by air, land, or sea ambulance, depending on conditions (Caliskan & Altintas, 2020). In this context, the findings of the present study are consistent with the literature, indicating that while technology is valued for improving access to healthcare, participants also remain aware of its potential adverse effects on health and daily life.

Economic Factors

In the present study, participants emphasized that financial resources played a crucial role in accessing healthcare services, medications, and treatment. They noted that in the absence of adequate financial means, it may be difficult to obtain necessary care. At the same time, participants reported that they generally managed these needs through employment, retirement income, or family support. Previous literature indicates that the economic structure of Bozcaada has changed over time. While viticulture, fishing, and civil service were once the main sources of livelihood, tourism has become increasingly important in recent years (Onen, 2016). Other economic activities on the island include wine grape production, fishing, olive cultivation, vegetable and fruit growing, and small-scale food production (Sahintepe, 2023). In addition, earlier research has shown that some island residents have refused emergency

treatment because of transportation difficulties and the financial burden of accessing health services in the provincial centre (Ozturk, 2022). In this respect, the findings of the present study are consistent with the literature, suggesting that economic conditions continue to shape access to healthcare and influence health-related decisions among island residents.

Political and Legal Factors

In the present study, participants stated that political and legal factors had a substantial influence on health-related issues, particularly during the COVID-19 pandemic. Previous research has shown that the pandemic deepened existing health inequalities and highlighted the importance of political interventions in addressing these inequalities (Bambra et al., 2020). It has also been suggested that perceptions of legal and political structures differ between Turkey and Greece (Millas, 2019). In this context, the findings of the present study are consistent with the literature, indicating that political and legal processes may shape access to healthcare, the organization of health services, and individuals' experiences during periods of crisis.

Educational Factors

Participants emphasized that education affects health by increasing awareness, supporting informed decision-making, and facilitating timely and appropriate access to healthcare services. Previous literature has demonstrated a strong association between education and health, showing that higher educational attainment is generally linked to better health outcomes and different patterns of thinking and decision-making (Cutler & Lleras-Muney, 2006). In minority communities, education may also play an important role in preserving cultural identity and transmitting cultural values across generations. The literature indicates that minority schools in Turkey have historically contributed to the continuation of religious and cultural education (Palgin, 2022). In addition, research on the Greek education system has shown that language and education are important factors in supporting adaptation and participation in social life (Giavrimis, 2023). In this context, the findings of the present study are consistent

with the literature, suggesting that education contributes not only to health awareness and access to healthcare but also to the preservation of cultural continuity.

Language and Communication Factors

Participants reported that they did not experience communication problems with nurses and were generally satisfied with their interactions. Respect, understanding, and sincerity were identified as essential components of effective communication. Participants also stated that they had not experienced ethnic discrimination in their encounters with nurses. This finding may be related to the fact that all participants had spent most or all of their lives on the island and were able to speak Turkish effectively, which may have facilitated intercultural communication. In addition, the small size of the island, the tendency of healthcare workers to reside locally, and the frequent contact between caregivers and community members may have strengthened mutual familiarity, communication, and satisfaction.

Emic and Etic Care Beliefs and Practices

Participants emphasized the importance of nurses being informative, explanatory, and cheerful in healthcare settings. While some participants expressed confidence in folk remedies, others placed greater trust in modern medicine. Overall, the findings suggest that health and well-being were understood through multiple and overlapping influences, including traditional beliefs, family support, and professional healthcare. Previous literature has identified several traditional healing practices among Greek communities, including matiasma (evil eye), practica (herbal remedies), and vendouses (cupping), and has also reported that some individuals may show limited trust in health professionals and seek a second opinion (Papadopoulos & Purnell, 2008). Research involving Greek Cypriots living in London similarly highlighted themes such as beliefs about health and illness, the use of folk remedies, the role of family, and experiences with healthcare services (Papadopoulos, 2000). In this context, the findings of the present study are consistent with the literature, showing that participants' care beliefs and treatment preferences were shaped

by both cultural traditions and formal healthcare experiences.

General and Specific Nursing Care Factors

Participants described good nursing care as care that is responsive to patients' needs, friendly, knowledgeable, and understanding. Establishing effective communication, supporting patients emotionally, and respecting cultural and religious beliefs were considered essential components of quality nursing care. Participants also believed that such care contributed positively to the healing process and increased patient satisfaction. These findings highlight the importance of culturally sensitive and relationship-based nursing care in improving healthcare experiences.

Conclusion: The findings of this study indicate that healthcare experiences among Greeks living in Bozcaada are shaped by economic conditions, cultural and religious beliefs, family support, education, and communication with healthcare professionals. Although some traditional practices appear to be weakening, participants continue to maintain strong cultural and spiritual ties that influence their perceptions of health, illness, and care. These findings highlight the importance of culturally sensitive healthcare services, particularly nursing care that recognizes patients' beliefs, values, and social context. Integrating these cultural dimensions into healthcare practice may contribute to improved quality of care and greater patient satisfaction.

Limitations of the Study: This study has several limitations. First, because it was conducted only in Bozcaada, the findings may not be generalizable to other Greek communities living in different social and cultural contexts. Second, the small number of participants may not fully reflect the diversity of experiences and perspectives within the Greek community. Finally, as cultural, social, and economic conditions may change over time, the findings should be interpreted within the specific context and period in which the study was conducted.

This research was presented as an oral presentation at the 4th International 7th National Transcultural Nursing Congress and was awarded third place

by the congress oral presentation evaluation committee.

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