Original Article

Cultural Sensitivity in Immigrant Patients' Healthcare: How is it Perceived by Interning Medical and Nursing Students?

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Abstract

Aim: The purpose of this study was to describe the level of cultural sensitivity of interning medical students and nursing students, to determine factors associated with cultural sensitivity, and to establish whether a multicultural/intercultural approach was taken in healthcare education.
Methodology: The sample of this comparative-correlational study consisted of 171 interning medical students and 262 nursing students working with immigrant patients in the inpatient clinic of a hospital in Turkey. The data were collected during June 2017 to September 2017 using the Student Introduction Form and the Intercultural Sensitivity Scale.
Results: The overall level of cultural sensitivity was moderate (3.27 ± 0.25), with medical students having higher levels of cultural sensitivity compared to nursing students. The majority (97.7%) of medical students had received multicultural/intercultural training. The variables associated with cultural sensitivity were department ($p < .000$), reason for choosing profession ($p = .004$), opinion about profession ($p < .000$), knowledge of a foreign language ($p < .000$), desire to work abroad after graduating ($p = .022$), and receipt of multicultural/intercultural training ($p < .000$). Moreover, there was significant positive relationship between students' cultural sensitivity and the hours spent in weekly clinical practice ($r = 0.912$, $p < .05$).
Conclusion: The results indicated that it would be beneficial to develop programs designed to increase cultural sensitivity and language proficiency in university curriculums, as well as to offer greater opportunity for acquiring experience abroad.
Key words: Immigrant patient, cultural sensitivity, medical students, nursing students.

Introduction

Cultural sensitivity can be defined as being tuned into the fact that people have different beliefs, values and behaviors (Kimyari, 2013). The transformation occurring in the world population is having an impact on care recipients and care providers. The International Organization for Migration has reported that there are 214 million migrants in the world today. International immigrants make up 3.1% of the world's population. One out of every 33 persons is an immigrant (International Organization for Migration, 2016). According to the Turkish Ministry of Interior Director General of

Migration Administration, 24,686,471 persons entered Turkey in 2016. It is estimated that the number of foreign patients being admitted to hospitals in Turkey was 918,694 and that this figure will reach one million in 2019 (Turkish Ministry of Interior Directorate General of Migration Management, 2016).

Accordingly, the persons receiving healthcare are becoming increasingly diverse. The difficulties stemming from cultural diversity are experienced not only by these persons, but also by healthcare providers (Kimyari, 2013; Tanrıverdi, 2017). The cultural sensitivity of these providers is crucial in coping with the problems that arise. Cultural

sensitivity reduces discrimination, racism and inequality, enhances the quality of care and satisfaction, lessens barriers to communication, and improves health outcomes (Tanrıverdi, 2017). In this regard, the cultural sensitivity levels of medical and nursing students that take care of patients having different cultural backgrounds due to migration are critical.

How patients are viewed by those who care for them has an impact on the kind of healthcare they receive (Bulduk et al., 2011; Chen and Starosta, 2000; Jeffreys and Dogan, 2012; Meydanlıoglu et al., 2015). It is important to note, however, that medical and nursing students tend to look at the immigrant patient through the lens of their own culture and traditions (Meydanlıoglu et al., 2015; Tanrıverdi, 2017). This makes it difficult to assess appropriate healthcare needs and treatment since the patient's culture is an essential component of the overall patient profile (Meydanlıoglu et al., 2015). Becoming aware of cultural differences, i.e., cultural sensitivity, and learning to harmonize their own culture with that of the patients will serve to improve the overall quality of the care provided to the immigrant patient. Thus, cultural sensitivity training is indispensible to medical and nursing students.Moreover, the absence of any study analyzing the cultural sensitivity of students caring for immigrant patients in Turkey was a major reason for designing the current one.

The purpose of this study was to describe the level of cultural sensitivity of interning medical and nursing students, to determine factors associated with cultural sensitivity, and to establish whether a multicultural/intercultural approach was implemented in health education.

Methodology

Design and participants

This study was designed as a comparative-correlational research. The population of the study consisted of (first, second, third and fourth-year) nursing students (n = 262) who were studying at the Health High School of a university and (fourth, fifth and sixth-year) students of the Medical Faculty (n=171) who had clinical experience. While an attempt was made in the study to reach the entire universe, 78.2% of the medical and 84.3% of the nursing students that agreed to being part of the study were included in the sample group.

Instrument

The questionnaire data were obtained from students who were registered in the Autumn Semester of the 2017–2018 Academic Year. The data were collected during June 2017 to September 2017 using the Student Introduction Form and the Intercultural Sensitivity Scale (ISS)." The Student Introduction Form: This the form includes questions regarding student socio-demographic characteristics and their cultural sensitivity (e.g., age, gender, marital status, department, Grade Point Average (GPA), number of hours of clinical practice, reason for choosing profession, opinion about profession, knowledge of a foreign language, the desire to work abroad after graduation, and the extent to which they have received multicultural/intercultural training).The Intercultural Sensitivity Scale (ISS): The scale was developed by Chen and Starosta (2000) and the test reliability was reported to be 0.86 (Chen and Starosta, 2000). The scale was adapted to Turkish culture by Bulduk et al. (2011), and the adaptation's reliability was found to be 0.72 (Bulduk et al., 2017). The ISS involves five subscales (interaction engagement = 7 items, respect for cultural differences = 6 items, interaction confidence = 5 items, interaction enjoyment = 3 items and interaction attentiveness =3 items) that are required to be cultural sensitivity. The scale has no cutoff score; the higher the score, the greater the level of cultural sensitivity (Chem and Starosta, 2000). The internal reliability of ISS in the sample group was 0.82.

Statistical analysis

The data were processed and analyzed using SPSS version 20 statistical package. The results were considered as statistically significant if the p value was less than 0.05. The distribution and homogeneity of scale scores were examined with Kolmogorov-Smirnov test. Since the total and subscales score of the scale showed a normal distribution. Pearson correlation analysis, Student's t-test and One-Way ANOVA were used for independent variables of total scale and sub-dimensions means.

Ethical consideration

The necessary permission was obtained from the relevant institution, owner of the measurement instrument and students. The Ethical Committee of Medical Faculty of University approved the study (Date: 09/05/2017; Decision number: 08).

Results

One hundred and seventy-one interning medical students and 262 nursing students were asked to complete the questionnaire.

The descriptive characteristics of the students are provided in Table 1. Students' age ranged from 18 to 33 years, with mean age ± SD = 21.96 ± 2.75 years. 53.2% of the medical students and 67.2% of the nursing students were female (Table 1).

Table 1. Interning medical and nursing students' descriptive characteristics

Variables	Department			
	Medicine		**Nursing**	
	X ± SD		**X ± SD**	
Age (year)	23.16 ± 3.30		21.17 ± 1.97	
Academic average	2.90 ± 0.63		2.62 ± 0.55	
Weekly clinical hours	31.54 ± 1.01		12.44 ±1.22	
	n	**%**	**n**	**%**
Gender				
Female	91	53.2	176	67.2
Male	80	46.8	86	32.8
Marital status				
Married	14	8.2	8	3.1
Single	157	91.8	254	96.9
Reason for choosing profession				
Personal desire	159	93.0	77	29.4
To find a job/ economic	2	1.2	145	55.3
Family desire	10	5.8	40	15.3
View of profession				
Favorably	171	100.0	152	58.0
Unfavorably	0	0.0	67	25.6
No idea	0	0.0	43	16.4
Know a foreign language				
Yes	140	81.9	85	32.4
No	31	18.1	177	67.6
Desire to work abroad after graduating				
Yes	149	87.1	163	62.6
No	22	12.9	99	37.4
Received the multicultural/intercultural training				
Yes	167	97.7	138	52.7
No	4	2.3	124	47.3
Total	**171**	**100.0**	**262**	**100.0**

Table 2. Mean scores of Intercultural Sensitivity Scale for students

Subscale of ISS*	Mean	SD**	(min-max)
Interaction engagement	3.81	0.52	1.17-5.00
Respect for cultural differences	2.77	0.37	1.33-4.17
Interaction confidence	3.33	0.56	1.40-5.00
Interaction enjoyment	2.11	0.75	1.00-5.00
Interaction attentiveness	3.88	0.66	1.33-5.00
Total score	3.27	0.25	1.54-4.42

*ISS= Intercultural Sensitivity Scale, **SD=Standart Deviation

Table 3. Impact on cultural sensitivity of students' descriptive characteristics

Characteristics	Intercultural Sensitivity Scale					
	Interaction engagement	Respect for cultural differences	Interaction confidence	Interaction enjoyment	Interaction attentiveness	Total score
	X ± SD	X ± SD	X ± SD	X ± SD	X ± SD	X ± SD
Age (year)[1]						
Statistical test	r = 0.016	r = -0.046	r = -0.020	r = 0.004	r = 0.041	r = 0.130
	p = 0.373	p = 0.167	p = 0.338	p = 0.467	p = 0.195	p = 0.394
Academic average[1]						
Statistical test	r = -0.045	r = -0.023	r = 0.075	r = 0.082	r = 0.004	r = 0.128
	p = 0.173	p = 0.317	p=0.214	p=0.328	p=0.467	p=0.980
Hours of weekly clinical practice [1]						
Statistical test	r = 0.558	r = -0.281	r = 0.693	r = -0.204	r = 0.148	r = 0.912
	p = 0.000	p = 0.000	p = 0.000	p = 0.000	p = 0.001	p = 0.000
Gender[2]						
Female	3.78 ± 0.51	2.77 ± 0.36	3.28 ± 0.55	2.17 ± 0.75	3.88 ± 0.67	3.26 ± 0.25
Male	3.85 ± 0.55	2.76 ± 0.39	3.41 ± 0.56	3.03 ± 0.73	3.89 ± 0.66	3.28 ± 0.25
Statistical test	t = -1.341	t = 0.455	t = -2.232	t = 1.936	t = -0.040	t = -0.938
	p = 0.181	p = 0.655	p = 0.062	p = 0.063	p = 0.968	p = 0.349
Department[2]						
Medicine	4.17 ± 0.38	2.86 ± 0.38	3.47 ± 0.56	2.24 ± 0.79	4.01 ± 0.67	3.37 ± 0.21
Nursing	3.57 ± 0.46	2.63 ± 0.32	3.24 ± 0.54	1.93 ± 0.64	3.80 ± 0.65	3.20 ± 0.25
Statistical test	t = -13.919	t = 6.287	t = -4.268	t = 4.259	t = -3.145*	t = -6.924
	p = 0.000	p = 0.000	p = 0.000	p = 0.002	p = 0.000	p = 0.000
Marital status[2]						
Married	3.67 ± 0.65	2.71 ± 0.31	3.18 ± 0.62	2.30 ± 0.71	3.74 ± 0.66	3.18 ± 0.32

Single	3.82 ± 0.51	2.77 ± 0.38	3.34 ± 0.55	2.10 ± 0.75	3.89 ± 0.66	3.27 ± 0.24
Statistical test	t = -1.299	t = -0.674	t = - 1.332	t = -1.182	t = 1.063	t = -1.236*
	p = 0.195	p = 0.501	p = 0.183	p = 0.238	p = 0.288	p = 0.229
Reason for choosing profession[3]						
Personal desire	4.02 ± 0.48	2.69 ± 0.33	3.42 ± 0.57	2.00 ± 0.72	3.95 ± 0.67	3.32 ± 0.23
To find a job/ economic	3.60 ± 0.44	2.89 ± 0.40	3.29 ± 0.47	2.19 ± 0.73	3.86 ± 0.56	3.23 ± 0.24
Family desire	3.46 ± 0.53	2.79 ± 0.37	3.02 ± 0.59	2.42 ± 0.83	3.64 ± 0.83	3.11 ± 0.28
Statistical test	F = 49.55	F = 13.540	F = 11.675	F = 7.721	F = 4.790	F = 5.557
	p = 0.000	p = 0.000	p = 0.000	p = 0.001	p = 0.009	p = 0.004
View of profession[3]						
Positive	3.89 ± 0.52	2.74 ± 0.36	3.38 ± 0.54	2.05 ± 0.69	3.90 ± 0.66	3.29 ± 0.24
Negative	3.58 ± 0.38	2.89 ± 0.43	3.19 ± 0.60	2.25 ± 0.88	3.90 ± 0.60	3.21 ± 0.21
No idea	3.55 ± 0.56	2.78 ± 0.37	3.22 ± 0.57	2.34 ± 0.85	3.74 ± 0.74	3.18 ± 0.32
Statistical test	F = 17.207	F = 0.608	F = 4.170	F = 4.265	F = 1.139	F = 18.269
	p = 0.000	p = 0.014	p = 0.016	p = 0.015	p = 0.321	p = 0.000
State of knowing a foreign language[2]						
Yes	3.99 ± 0.46	2.69 ± 0.34	3.45 ± 0.54	1.96 ± 0.69	3.97 ± 0.69	3.32 ± 0.22
No	3.61 ± 0.51	2.85 ± 0.39	3.21 ± 0.54	2.28 ± 0.77	3.79 ± 0.62	3.21 ± 0.27
Statistical test	t = 8.004	t = -4.562	t = 4.613	t = -4.536	t = 2.722	t = 4.640
	p = 0.000	p = 0.000	p = 0.000	p = 0.000	p = 0.007	p=0.000
Desire to work abroad after graduating [2]						
Yes	3.87 ± 0.51	2.86 ± 0.36	3.39 ± 0.56	2.35 ± 0.81	3.92 ± 0.68	3.28 ± 0.26
No	3.65 ± 0.51	2.73 ± 2.86	3.19 ± 0.54	2.02 ± 0.70	3.80 ± 0.63	3.22 ± 0.22
Statistical test	t = 4.056	t = -3.312	t = 3.316	t = -4.108	t = 1.662	t = 2.305
	p = 0.000	p = 0.001	p = 0.001	p = 0.000	p = 0.047	p = 0.022
Receiving the multicultural/intercultural training [2]						
Yes	3.93 ± 0.49	2.73 ± 0.35	3.38 ± 0.55	2.05 ± 0.70	3.96 ± 0.63	3.30 ± 0.23
No	3.54 ± 0.50	2.87 ± 0.41	3.21 ± 0.56	2.26 ± 0.83	3.72 ± 0.72	3.18 ± 0.27
Statistical test	t = 7.456	t = -3.670	t = 3.019*	t = -2.397	t = 3.443	t = 4.777
	p = 0.000	p = 0.000	p = 0.029	p = 0.017	p = 0.001	p= 0.000

1 = Pearson correlation, 2 = Student t test, 3 = One-Way Anova   SD = Standard deviation

A 93% of the medical students had willingly chosen their profession; all of them viewed their profession "favorably"; 81.9% knew a foreign language; 87.1% wanted to work abroad after graduating; and 97.7% had received the multicultural/intercultural medical training (Table 1). 55.3% of the nursing students indicated that they had chosen their profession for economic reasons; 58% had viewed their profession "favorably"; 32.4% knew a foreign language; 62.6% indicated that they wanted to work abroad after graduating; and 52.7% had received the multicultural/intercultural nursing training (Table 1).

Table 2 contains a comparison of the total and subscale scores of ISS obtained by interning medical and nursing students working with immigrant patients. The total ISS score of both groups of students was 3.27 ± 0.25. The scores of the subscales for ISS were as follows: 3.81 ± 0.52 for interaction engagement, 2.77 ± 0.37 for respect for cultural differences, 3.33 ± 0.56 for interaction confidence, 2.11 ± 0.75 for interaction enjoyment and 3.88 ± 0.66 for interaction attentiveness (Table 2).

The distribution of the scale averages of the students based on various variables is shown in Table 3. No significant difference in ISS total score and sub-dimensions averages were found between age, gender, married status and academic average variables (p > .05). A highly significant positive correlation between students' cultural sensitivity and number of hours of clinical practice was found (r = 0.925, p < .000) (Table 3).

A significant difference in ISS total score and sub-dimensions averages was found between department ($t_{0.05;\ 431}$ = -6.924, p < .000), reason for choosing profession (F= 5.557, p = .004), view of profession (F= 18.269, p < .000), knowledge of a foreign language ($t_{0.05;431}$ = 4.640, p < .000), desire to work abroad after graduating ($t_{0.05;431}$ = 2.305, p = .022) and whether or not the multicultural/intercultural training ($t_{0.05;\ 431}$ = 4.777, p < .000) had been received (Table 3).

Discussion

Cultural sensitivity is one of the crucial components of medical and nursing care in societies like Turkey, where many different cultures coexist (Bulduk et al., 2011; Meydanlıoglu et al., 2015).

This study found the scores obtained by students from ISS to be around the mean and their cultural sensitivity levels to be moderate. The mean score (3.27 ± 0.25) obtained from the ISS shows that students answered items on the scale at approximately the level of ''undecided.'' Consequently, the cultural sensitivity levels of the students were assessed as ''moderate.''

Ceylantekin and Ocalan (2016) determined that the cultural sensitivity level of students was high (Ceylantekin and Ocalan, 2016). Similarly, Meydanlıoğlu et al. (2015) stated that the cross-cultural sensitivity of nursing students was high (Meydanlıoglu et al., 2015). In contrast, Egelioğlu Cetisli et al. (2016), in a study

comparing nursing students' empathy levels and cultural sensitivity, the ISS scores of the students were close to the average (Egelioglu Cetisli et al., 2016). Bulduk et al., (2017) found that the cultural sensitivity level of nursing students was moderate (Bulduk et al., 2017). In a study conducted by Adams (2012) in six nursing schools in the US, the level of cultural sensitivity of students was found to be moderate in terms of knowledge, skill and desire (Adams, 2012). The cultural sensitivity levels of the students vary in the literature (Hammer, 2003; Polat and Barka, 2012). This may be explained by the presence of intercultural health courses, elective or compulsory courses in undergraduate programs, and different course content or the influence of various personal and environmental factors.

It was ascertained that there was no significant correlation between the age, gender, married status and GPA of students and their cultural sensitivity levels. Female students had lower levels of interaction engagement, interaction confidence, interaction enjoyment and interaction attentiveness compared to male students. No impact of age, gender, or marital status on cultural sensitivity has been reported in the literature (Kahraman and Sancar, 2017; Polat and Barka, 2012). A study done by Wang et al., (2014) on undergraduate students at Midwestern State University failed to find a correlation between age and awareness of cultural diversity. However, despite male participants having a higher awareness of cultural diversity than female ones, no impact of gender on cultural sensitivity was found (Wang et l., 2014). In studies done on students, although differences in intercultural sensitivity levels according to age and gender were seen, they were not statistically significant (Bayles, 2009; Polat and Barka, 2012; Yazııcı et al., 2009; Yilmaz and Gocen, 2013). Therefore, it can be said that the variables of age and gender do not have a strong impact on intercultural sensitivity levels.

In our study, the number of hours spent in weekly clinical practice were highly correlated with students' cultural sensitivity levels. There is no report in the literature of any relationship between time spent working at the hospital and cultural sensitivity (Kahraman and Sancar, 2017). A study by Dikmen et al. (2016) conducted on nurses found that nurses new to the profession had greater cultural sensitivity (Dikmen et al., 2016). This was attributed to "intercultural nursing training" being provided at the

undergraduate level. The cultural sensitivity of students taking this class was high was said to be high. Our study differed from the one done by Dikmen et al. (2016). The reason for this difference stems from our study having been conducted on students. In our study, medical students did their clinical internships five days a week while nursing students did theirs 1.5 days a week. The amount of time medical students spend with immigrant patients was greater than that spent by nursing students. It is thought that, in terms of the patient, the realizing that the cultural background and characteristics of the individual cannot be escaped encourages medical students to be more culturally sensitive.

It was observed that the students' departments did affect their cultural sensitivity levels. Interning medical students had higher levels of interaction engagement, respect for cultural differences, interaction confidence, interaction enjoyment and interaction attentiveness compared to nursing students. Moreover, cultural sensitivity scores of students who had chosen their profession of their own volition and ones that had expressed a favorable view of it also had high cultural sensitivity scores. A study conducted by Karaman and Sancar (2017) on the cultural sensitivity of healthcare workers found that the cultural sensitivity of physicians was higher than that of other occupational groups (e.g., nurses, physiotherapists, and healthcare technicians) (Kahraman and Sancar, 2017). Coelho and Galan (2012) argued that American doctors fail to appreciate the impact of culture in their relations with patients (Coelho and Galan, 2012). The high level of cultural sensitivity in medical students in the current study can be explained by their having received training and acquired competence in cultural sensitivity.

Language is the primary basis for communication and it influences cultural sensitivity in health professionals and patients. Students who know the languages of different cultures have higher levels of cultural sensitivity (Meydanlıoglu et al., 2015). In this study, students who stated that they knew a foreign language obtained higher scores from the all subscales of ISS compared to students who had indicated the contrary. Meydanlıoğlu et al. (2015), in a study conducted on medical and nursing students, observed that the cultural sensitivity level of a foreign language speaker was significantly higher. Bekiroğlu and Balcı (2014) pointed that there is a significant relationship between the knowledge of a foreign language and cultural sensitivity.

Turkey has a cosmopolitan society. Therefore, it is possible that students will encounter patients with different cultural backgrounds. Speaking and understanding foreign languages is very important in communication. The lack of cultural awareness is the most important source of breakdowns in communication. This is why cultural competence training must be provided and a culture-based approach must be taken towards patient care.

Our study found that students who had the opportunity to be exposed to different cultures simultaneously and ones who wanted to work abroad after graduating had greater cultural sensitivity. Another study has published similar results (Kahraman and Sancar, 2017; Meydanlıoglu et al., 2015). It is crucial for students to come together and to interact with people with different cultural backgrounds. Activities and programs that encourage bringing different cultures together provide the opportunity to develop a sense of respect for other cultures and to communicate with them. What's more, this experience enhances sensitivity to other cultures.

One of the important findings of this study was that nearly all medical students had received multicultural /intercultural health training. There are studies in the literature indicating that such training is associated with cultural sensitivity (Jeffreys and Dogan, 2012; Uzun and Sevinc, 2015). Meydanlıoğlu et al. (2015) determined a difference in cultural sensitivity between those receiving and not receiving the cultural sensitivity training. Some studies have reported a positive correlation between training course and cultural sensitivity in nurses (Weech-Maldonado et al., 2012; Yilmaz et al., 2017). Jeffreys and Doğan (2012) determined a difference between those receiving and not receiving the cultural sensitivity training. These studies support our findings, which suggest that students who are not culturally educated have insufficient awareness of immigrant patient care needs.

Globalization has made healthcare professionals aware of the need and responsibility to provide person-centered care. Training healthcare professions that possess the knowledge and skills to address the cultural needs of society is becoming increasingly important (Roh, 2014). The development and implementation of

intercultural training programs in institutions that educate healthcare professionals is crucial. This can be done only by adding multicultural/intercultural classes to the academic program. These classes will enable students to identify their own cultural identities and increase their knowledge, awareness of and sensitivity to what is unique to other cultures.

It is regrettable that 47.3% of the nursing students in our study had not taken a class on multicultural/intercultural care; it was found that in 36 schools, a class on "intercultural nursing" was given but that in 96 schools no such classes were provided. It is clear that there will be a need in the future for disciplines that will provide cultural healthcare. It has been observed that cultural sensitivity training raised open-mindedness and cultural awareness, inculcated an understanding of multiculturalism, and improved the ability to communicate with minorities. People's disregard of culture paves the way to conflict, racism, discrimination and inequality in the provision of healthcare, and breakdowns in communication (Roh, 2014; Tanrıverdi, 2017). This has an unfavorable impact on the quality of care and on the health of individuals. Therefore, it is essential that cultural care is added to nursing classes.

Conclusion

Improving the cultural sensitivity of interning medical and nursing students is very important in the provision of healthcare services. In this study, the cultural sensitivity of medical and nursing students was found to be moderate. It was determined that medical and nursing students interacting with immigrant patients and those speaking and understanding a foreign language at good level had a higher level of cultural sensitivity.

Since cultural health lessons are beneficial in raising the cultural sensitivity of students, it is suggested that they be added to the curriculum and that the lesson contents should be standardized. In addition, students' language development should be supported by domestic and international programs.

Limitations

The independent variables obtained are limited to questions in questionnaires used by the researchers. Thus, many other factors that may affect the cultural sensitivity have not been covered in this study.

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