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Research Article

Intercultural Sensitivity Levels and Cultural Difference Perceptions of Physicians and Nurses

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ABSTRACT

Aim: This study was conducted to determine the level of intercultural sensitivity of the physicians and nurses.

Method: This research was a descriptive study. The sample group of the study were physicians (n=70) and nurses (n=87) working in the Public Hospital. 64.3% of physicians and 71.3% of nurses participated in the study. Data were collected between May, June and July 2017. Data of the study were collected by a questionnaire including personal information and Intercultural Sensitivity Scale. The questionnaire also includes an open-ended question of "What are cultural difference elements you describe in patients to whom you administer treatment and provide care". Descriptive statistics related to the variables were calculated and Parametric and non-parametric tests were performed.

Results: In the present study, Intercultural Sensitivity Scale mean scores were determined as 3.46±0.48 for the physicians and 3.48±0.47 for the nurses. There was no significant difference between the marital status of physicians and nurses and the total score of the scale ($p>0.05$). The interaction engagement scores of single physicians and nurses were higher than the married ones. Interaction enjoyment mean scores were higher in the participants speaking a foreign language than those not speaking a foreign language. There were significant difference between Intercultural Sensitivity Scale total scores and interaction engagement, respect for cultural differences and interaction confidence subscales of physicians and nurses who have previous interaction with individuals from different cultures. Mean scores of the participants not receiving the training on cultural sensitivity were higher in the subscales of interaction engagement and interaction attentiveness ($p<0.05$).

Conclusion: It is recommended for physicians and nurses to try to increase their cultural sensitivity by knowing more people from different cultures. It is also recommended to develop language competence of the institutions in which they work and make plans to provide opportunities for physicians and nurses to gain experience abroad and cultural sensitivity education.

Keywords: Culture, cultural difference, intercultural sensitivity, nurse, physician

INTRODUCTION

Culture is defined as values, beliefs, attitudes and behaviors, customs and traditions that are learned and shared by a group of people and inherited from generation to generation. Complex, similar and different cultural understandings based on cultural diversity are widespread in multicultural societies. These cultural understandings are shaped by numerous factors such as age, gender, race, ethnic features, socioeconomic level, religious identity, sexual behaviors, education and history (Bayık, 2008; Bolsoy, & Sevil, 2006; Egelioğlu Cetişli, Işık, Özgüven Öztornacı, Ardahan, Özgürsoy Uran, Top, & Ünsal Avdal, 2016).

Every culture has their own cultural perceptions, beliefs, values and traditions and these values directly affect way of communication of individual/society. Therefore, there might be difficulties or barriers for individuals from different cultures to share meanings in case of communicating with each other (Zhang, 2010).

An individual's culture affects perception of the importance of early diagnosis, health knowledge, health beliefs and practices, perception of health, health behaviors, acceptance of disease, use of healthcare services, communication with medical personnel, views and expectations of healthcare professionals regarding their roles, recommendations in healthcare and acceptance of treatment (Awaad, 2003). Health protection and treatment of diseases include culture specific practices. Thus,

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culture could also be accepted as a dynamic factor for health and disease. (Bekâr, 2001). In a globalised world, the nursing profession has adopted the necessity and responsibility of providing individual-centered care to all of society including any ethnic groups within it (Öztürk, & Öztaş, 2012). Quality individual care can only be possible when considering the culture, beliefs, traditions and values of the individual as a whole (Bekâr, 2001; Egelioğlu-Cetişli et al., 2016).

Intercultural sensitivity requires developing an appropriate and efficient behavior in defining and evaluating cultural differences. Intercultural sensitivity is defined as developing positive emotions for understanding and exploring cultural differences and accordingly draws attention to the several characteristics individuals need to have in order to support intercultural competence. These characteristics include self-respect, self-control, open-mindedness, empathy, interactive relationship, and refraining being prejudiced or judgmental (Chen, 1997; Mercan, 2016).

Due to migration, asylum, natural disasters, unemployment and the search for better life opportunities, people from different cultures are brought into contact and any differences between the cultures are also reflected in the healthcare services in societies, as in Turkey, where individuals from different cultures live together.These changes in the world have resulted in attaching a greater importance to cultural sensitivity today (Seibert, Stridh-Igo, & Zimmerman, 2002).

According to 2013 data of the Turkish Statistical Institute; Antalya is ranked as 5th with annual population growth of 30.9% among 81 provinces (2012-2013) (http://www.tuik.gov.tr/ilGostergeleri/iller/ANTALYA.pdf, access date 12.04.2017). This intensive migration process in Antalya brings along economic, social and cultural problems. Medical personnel providing treatment and care to immigrants from different countries may also encounter with different problems. The location of the Public Hospital where the study was conducted is among the major immigrant-receiving regions of Antalya and hosts not only migrant from different provinces of Turkey, but also many Syrian migrants. Thus, it is thought that the Hospital where the study was conducted is appropriate in accordance with the objectives of the study.

This study was designed for the purpose of determining the intercultural sensitivity levels of physicians and nurses providing care to patients from different cultures and their cultural difference perceptions. Within the literature there is little written on this subject regarding Turkey and it is thought that the present study will contribute to the literature.

Research Questions

1. What is the cultural sensitivity level of physicians and nurses?
2. What are the factors affecting the cultural sensitivity level of physicians and nurses?

METHOD

Study Design

This study was descriptive research.

Sample

The research population consists of the physicians (n=70) and nurses (n=87) in a State Hospital. Among physicians and nurses working in the Public Hospital, those who agreed to participate were included in the study and 64.3% (n=45) of physicians and 71.3% (n=62) of nurses participated in the study.

Data Collection

The data of the study were collected by personal information form and Intercultural Sensitivity Scale (ISS). Data were collected in the Public Hospital between May, June and July, 2017. Participants were informed about the research. The forms were filled in by physicians and nurses.

Personal Information Form: The form was developed by the researchers in accordance with the literature and involves a total of 11 questions for evaluating knowledge and attitudes about age, marital status, educational background, total duration of working in the profession and intercultural sensitivity (Altshuler, Sussman, & Kachur, 2003; Bulduk, Tosun, & Ardıç, 2011; Bekiroglu & Balci, 2014; Meydanlioglu, Arikan, &Gozum, 2015). The questionnaire also includes an open-ended question of "What are cultural difference elements you describe in patients to whom you administer treatment and provide care".

Intercultural Sensitivity Scale: The "Intercultural Sensitivity Scale" used in the study was developed by Chen and Starosta (2000). The scale was adapted for Turkey culture and reported a Cronbach Alpha of 0.72 (adequate) for the scale (Bulduk et al., 2011).

"Intercultural Sensitivity Scale" was a five-point Likert-type scale consisting of five sub-dimensions and 24 items. The subscales of the scale are interaction engagement, respect for cultural differences, interaction confidence, interaction enjoyment and interaction attentiveness (Bulduk et al., 2011; Meydanlioglu et al., 2015). Dimensions of the scale are interaction engagement (1., 11., 13., 21., 22., 23., and 24. items); respect for cultural differences (2., 7., 8., 16., 18., and 20. items); interaction confidence (3., 4., 5., 6., and 10. items); interaction enjoyment (9., 12., and 15. items) and interaction attentiveness items (14., 17., and 19. items). Items 2, 4, 7, 9, 12, 15, 18, 20, and 22 are coded reversely in the scale. Scale evaluation is made by 5-point Likert (5 = strongly agree, 4 = agree, 3 = uncertain, 2 = disagree, 1 = strongly disagree) method. Scale scores was the lowest 24, the highest 120. There is not a cut-off value of the scale. As the total score from the scale increases, the level of intercultural sensitivity increases (Bulduk, et al., 2011; Meydanlioglu, et al., 2015).

Data Analysis

The evaluation of the data was made in the IBM Statistical Package for the Social Sciences (IBM SPSS Corp.; Armonk, NY, USA) version 23 packet program. The level of alpha significance in our study was 0.05. Descriptive statistics related to the variables were calculated. Parametric tests were performed for data with normal distribution and non parametric tests were used for data not showing normal distribution. The study 89 of 107 physicians and nurses who participated in the study answered the open-ended question, "What are cultural difference elements defined in patients?"

Ethical Considerations

The study was initiated after receiving the approval of Faculty Medicine Clinical Research Ethics Committee, and the getting the institution's permission. Informed written consent was obtained from all participants. The Helsinki Declaration Principles were followed. Ethics committee permission was obtained (IRB approval number (2017-291).

RESULTS

Participants

In the present study, the physicians had an average age of 38.58±6.11 and a working duration of 12.33±5.62 years, 44.4% of them were women, 73.3% were married, 100% had a bachelor's-postgraduate degree, on the other hand, the nurses had an average age of 33.27±7.29 and a working duration of 10.89±6.91 years, 83.9% of them were women, 52.2% were married, and 58.1% had a bachelor's-postgraduate degree. When considering the units where they were working, 44.4% of the physicians and 38.7% of the nurses were working in surgical units. 91.1% of the physicians and 38.7% of the nurses indicated that they spoke at least one foreign language. The physicians and nurses went abroad for at least once at the rates of 80% and 25.8% until the data was collected, respectively; 88.9% and 69.4% interaction with other cultures, 53.3% and 85.5% had not received any training on cultural sensitivity (Table 1).

Level of Cultural Sensitivity of Physicians and Nurses

In the present study, ISS mean scores were determined as 3.46±0.48 for the physicians and 3.48±0.47 for the nurses. In addition, subscale mean scores were determined as follows; interaction engagement; 3.29±0.57 for the physicians and 3.49±0.61 for the nurses, respect for cultural differences; 3.69±0.59 for the physicians and 3.57±0.59 for the nurses, interaction confidence; 3.31±0.72 for the physicians and 3.28±0.72 for the nurses, interaction enjoyment; 3.70±0.73 for the physicians and 3.72±0.82 for the nurses and interaction attentiveness; 3.40±0.87 for the physicians and 3.45±0.81 for the nurses (Table 2).

Factors Affecting the Cultural Sensitivity of Physicians and Nurses

There was no significant difference between the genders of physicians and nurses and the total score of the scale ($t=-1.519$, $p>0.05$) and subscales of cultural sensitivity. In other respects, mean scores of men were higher in all subscales and in the total scale score (Table 3).

There was no significant difference between the marital status of physicians and nurses and the total score of the scale ($t=1.295$, $p>0.05$). However, the marital status was found to be statistically significant in the interaction engagement scores from scale subscales ($t=2.190$, $p<0.05$). Unmarried physician and nurses had higher participation scores than married. The interaction engagement scores of single physicians and nurses were higher than the married ones. There was no statistically significant difference between the occupational status of the participants and ISS total ($t=-0.303$, $p>0.05$) and

subscale scores. Educational levels of the physicians and the nurses did not affect total scores (F:1.375, p>0.05) and subscales of cultural sensitivity. Units of the physicians and the nurses did not affect total scores (F:1.358, p>0.05) and subscales of cultural sensitivity. However, total scale and subscale mean scores of participants working in emergency services were higher. No statistically significant difference was found between the ISS total score (t:1.284, p>0.05) and of physicians and nurses a foreign lan-

Table 1. Distribution of demographic characteristics of the participants according to their professional characteristics (N=107)

Characteristics	**Physician (n=45)**		**Nurse (n=62)**	
Age	38.58 (6.11)		33.27 (7.29)	
Working year	12.33 (5.62)		10.89(6.91)	
	n	**%**	**n**	**%**
Gender				
Female	20	44.4	52	83.9
Male	25	55.6	10	16.1
Marital status				
Unmarried	12	26.7	29	46.8
Married	33	73.3	33	52.2
Education status				
High school	-	-	11	17.7
Associate Degree	-	-	15	24.2
License	9	20.0	32	51.6
Graduate	36	80.0	4	6.5
Working Unit				
Built-in Units	12	26.7	15	24.2
Surgical Units	20	44.4	24	38.7
Emergency	13	28.9	23	37.1
Understanding and speaking a foreign language				
Yes	41	91.1	24	38.7
No	4	8.9	38	61.3
Going abroad before				
Yes	36	80.0	16	25.8
No	9	20.0	46	74.2
Previous interaction with individuals from different cultures				
Yes	40	88.9	43	69.4
No	5	11.1	19	30.6
Previous receiving education in cultural sensitivity				
Yes	21	46.7	9	14.5
No	24	53.3	53	85.5

Table 2. Total and subscale mean scores of ISS according to professional characteristics of the participants (N=107)

	Nurse (n=62)		Physician (n=45)	
ISS Total and Sub-Dimension	**Minimum-Maximum**	**Mean (SD)**	**Minimum-Maximum**	**Mean (SD)**
ISS Total Score Mean	1.79-4.25	3.46 (0.48)	2.08-4.63	3.48 (0.47)
Interaction Engagement	1.29-4.29	3.29 (0.57)	2.14-4.86	3.49 (0.61)
Respect for Cultural Differences	2.50-4.67	3.69 (0.59)	2.50-4.83	3.57 (0.59)
Interaction Confidence	1.00-4.20	3.31 (0.72)	1.00-5.00	3.28 (0.72)
Interaction Enjoyment	1.67-4.67	3.70 (0.73)	1.00-5.00	3.72 (0.82)
Interaction Attentiveness	1.00-4.33	3.40 (0.87)	1.33-4.67	3.45 (0.81)

Table 3. Total and subscale mean scores of ISS according to demographic characteristics of the participants

Characteristics	**Interaction Engagement mean±SD**	**Respect for Cultural Differences mean±SD**	**Interaction Confidence mean±SD**	**Interaction Enjoyment mean±SD**	**Interaction Attentiveness mean±SD**	**Total scale mean±SD**
Gender						
Female	3.37±0.59	3.56±0.59	3.23±0.76	3.68±0.82	3.39±0.83	3.43±0.47
Male	3.49±0.60	3.74±0.58	3.42±0.61	3.77±0.69	3.51±0.83	3.58±0.47
	t: -0.961	t: -1.477	t:-1.327	t:-0.565	t:-0.731	t:-1.519
Statistic[a]	p:0.339	p:0.143	p:0.187	p:0.574	p:0.466	p:0.132
Marital status						
Unmarried	3.59±0.69	3.70±0.60	3.46±0.79	3. 66±0.75	3.26±0.87	3.56±0.54
Married	3.32±0.54	3.57±0.57	3.21±0.65	3. 72±0.78	3.48±0.83	3.42±0.44
	t:2.190	t:1.045	t:1.698	t:-0.400	t:-1.212	t:1.295
Statistic[a]	p:0.031	p:0.299	p:0.093	p:0.690	p:0.229	p:0.198
Job						
Physicians	3.29±0.57	3.69±0.59	3.31±0.72	3.70±0.73	3.40±0.87	3.46±0.48
Nurses	3.49±0.61	3.57±0.59	3.28±0.72	3.71±0.82	3.45±0.81	3.49±0.47
	t:-1.690	t:1.042	t:0.239	t:-0.074	t:-0.316	t: -0.303
Statistic[a]	p:0.094	p:0.300	p:0.811	p:0.941	p:0.753	p:0.762
Education						
High school	3.48±0.60	3.56±0.66	3.41±0.61	3.64±0.74	3.42±0.54	3. 50±0.45
Associate Degree	3.33±0.58	3.30±0.54	3.33±0.58	3.49±1.04	3.42±0.91	3.36±0.39
License	3.57±0.60	3.75±0.61	3.26±0.81	3.81±0.76	3.59±0.80	3.59±0.48
Graduate	3.24±0.58	3.63±0.53	3.27±0.71	3.71±0.70	3.27±0.88	3.41±0.49
	f: 2.239	f: 2.288	f: 0.161	f: 0.669	f: 1.047	f:1.375
Statistic[b]	p:0.088	p: 0.083	p: 0.922	p: 0.573	p: 0.375	p:0.255

Table 3. Total and subscale mean scores of ISS according to demographic characteristics of the participants (continue)

Characteristics	Interaction Engagement mean±SD	Respect for Cultural Differences mean±SD	Interaction Confidence mean±SD	Interaction Enjoyment mean±SD	Interaction Attentiveness mean±SD	Total scale mean±SD
Working unit						
Built-in Units	3.39±0.52	3.52±0.59	3.32±0.72	3.54±0.79	3.33 (1.00-4.67)	3.41±0.48
Surgical Units	3.34±0.56	3.56±0.56	3.19±0.71	3.68±0.79	3.67 (1.33-4.33)	3.43±0.42
Emergency	3.50±0.69	3.77±0.61	3.39±0.73	3.87±0.74	3.67 (1.00-4.33)	3.58±0.52
	f: 0.780	f:1.720	f:0.823	f:1.424	x^2: 0.121 df:1	f:1.358
Statistic[b]	p:0.461	p:0.184	p:0.442	p:0.245	p:0.728	p: 0.262
					Statistic[c]	
Understanding and speaking a foreign language						
Yes	3.43±0.58	3.66 (2.50-4.83)	3.32±0.74	3.83±0.73	3.43±0.82	3.52±0.47
No	3.37±0.64	3.67 (2.50-4.83)	3.24±0.67	3.52±0.83	3.43±0.85	3.40±0.46
	t:0.439	Z:-1.515	t:0.619	t:2.020	t:0.013	t:1.284
Statistic[a]	p:0.662	p:0.130	p:0.537	p:0.046	p:0.989	p:0.202
		Statistic[d]				
Going abroad before						
Yes	3.41±0.59	3.69±0.59	3.35±0.69	3.77±0.68	3.42±0.91	3.52±0.47
No	3.40±0.60	3.55±0.58	3.23±0.74	3.65±0.86	3.44±0.75	3.44±0.47
	t:0.058	t:1.298	t:0.874	t:0.760	t:-0.160	t:0.822
Statistic[a]	p:0.954	P:0.197	p:0.384	p:0.449	p:0.873	p:0.413
Previous interaction with individuals from different cultures						
Yes	3.48±0.59	3.70±0.57	3.37±0.71	3.74±0.78	3.41±0.85	3.54±0.49
No	3.14±0.53	3.35±059	3.00±0.69	3.61±0.78	3.49±0.76	3.26±0.34
	t:2.563	t:2.611	t:2.311	t:0.707	t:-0.375	t:2.562
Statistic[a]	p:0.012	p:0.010	p:0.023	p:0.481	p:0.708	p:0.012
Previous receiving education in cultural sensitivity						
Yes	3.22±0.64	3.66±0.62	3.25±0.81	3.66 (1.67-5.00)	3.33 (1.00-4.33)	3.36±0.55
No	3.48±0.57	3.61±0.58	3.30±0.68	4.00 (1.00-5.00)	3.66 (1.33-4.67	3.52±0.43
	t:-2.045	t:0.416	t:-0.403	Z:-0.959	Z:-2.299	t:-1.584
Statistic[a]	p:0.043	p:0.678	p:0.687	p:0.338	p:0.022	p:0.116
				Statistic[d]	Statistic[d]	

Statistic[a]: Independent T testi; Statistic[b]: Anova; Statistic[c] : Kuruskal Wallis H Testi; Statistic[d]: Mann-Whitney U

guage comprehension status. However, it was found that the subscale of interaction enjoyment (t:2.020, p<0.05) was statistically significant. Interaction enjoyment mean scores were higher in the participants speaking a foreign language than those not speaking a foreign language (Table 3).

Table 4. Results of correlation analysis regarding subscales of ISS of the physicians and the nurses

Variables	Interaction Engagement	Respect for Cultural Differences	Interaction Confidence	Interaction Enjoyment	Interaction Attentiveness
Interaction Engagement	1				
Respect for Cultural Differences	0.216	1			
Interaction Confidence	0.421	0.164	1		
Interaction Enjoymnent	0.167	0.273	0.134	1	
Interaction Attentiveness	0.338	0.100	0.071	0.102	1

Table 5. Distribution of cultural differences perceived by physicians and nurses in patients (N=131)

Themes	f	%
Cultural differences related to language	77	58.78
Cultural differences in hygiene habits	20	15.27
Cultural differences related to behavioral pattern	17	12.98
Cultural differences related to ethnic origin	6	4.58
Cultural differences in the form of faith	5	3.82
Cultural Differences in Clothing Style	4	3.05
Cultural differences in the form of nutrition	2	1.53
Total	131	100

The state of the physicians and the nurses who had been abroad before did not affect total scores (t=0.822, p>0.05) and subscales of cultural sensitivity. On the other hand, it was found that mean scores of participants who went abroad at least once were higher in all subscales, except for the subscale of interaction attentiveness. There was a significant difference between ISS total scores (t=2.562, p<0.05) of physicians and nurses who have previous interaction with individuals from different cultures. In addition, interaction engagement (t=2.563, p<0.05), respect for cultural differences (t=2.611, p<0.05) and interaction confidence (t=-2.311, p<0.05) subscales were found to be statistically significant. The average scores of the physicians and nurses who previous interaction with individuals from different culture were higher than the average scores. Similarly, these participants were high in interaction engagement, cultural differences and interaction confidence scores (Table 3).

The difference between the degree of cultural sensitivity education of physicians and nurses and the total score of ISS was found to be statistically insignificant (t=-1.584, p>0.05). However, there was a statistically significant difference in subscales of interaction engagement (t=-2.045, p<0.05) and interaction attentiveness (Z: -2,299, p<0.05). Mean scores of the participants not receiving the training on cultural sensitivity were higher in the subscales of interaction engagement and interaction attentiveness (Table 3).

Correlation Analysis of Cultural Sensitivity Scale

Kendall's tau-b correlation analysis was applied for determining the correlation level among subscales. The strongest significant correlation was observed between the subscales of "Interaction Confidence" and "Interaction Engagement" (r=0.421, p<0.01). In other words, as a part of intercultural sensitivity, physicians and nurses having interaction confidence took interaction engagement. The weakest significant correlation was observed between the subscales of (r=0.071, p<0.05) "Interaction Attentiveness" and "Interaction Confidence" (Table 4).

Cultural Difference Perceptions

The physicians and the nurses who participated in the study were asked the open-ended question, "What are cultural difference elements you describe in patients to whom you administer treatment and provide care" for determining the cultural differences defined by them regarding patients. Cultural differences observed by the physicians and the nurses in patients were collected under seven themes. Table 5 shows frequency formed on the basis of answers given.

The physicians and the nurses perceived "cultural differences about language" (f=77, 58.78%) most and "cultural differences about nutrition style" (f=2, 1.53%) the least in their cultural difference perceptions regarding patients (Table 5). Regarding "cultural difference" perceptions defined by partic-

ipants' for their patients; statements with similar content in definitions like "linguistic differences", "accent difference", "lack of communication", and "reluctance of speaking" were grouped under the theme of "cultural differences about language". Regarding "cultural difference" perceptions defined by the physicians and the nurses for their patients; statements with similar content in definitions like "hygiene", "hygiene habit", "hygiene culture", "cleaning", and "lack of self-care" were grouped under the theme of "cultural differences about hygiene habits". The theme of "cultural differences about behavior pattern" was formed by combining answers like "behavior", "behavior pattern", "human", "kindness", "displaying negative behaviors" and "tolerance".The theme of "cultural differences about ethnic origin" was formed by combining answers like "racial differences", "nation" and "flag" given by the physicians and the nurses regarding cultural differences in patients. Regarding "cultural difference" perceptions defined by the physicians and the nurses for their patients; statements with similar content in definitions like "religion" and "opinion and thought differences" were grouped under the theme of "cultural differences about religious pattern".

DISCUSSION

In order to provide quality healthcare to the individual it is important to understand the general perceptions of the group that that individual belongs to. It is important to know traditional practices for managing healthcare services and providing their efficiency (Weech-Maldonado et al., 2012).

All health professionals, especially physicians and nurses should provide effective health care services for different cultures. Average scores of physicians and nurses participating in the study were 3.46±0.48 and 3.48±0.47. This result showed that the cultural sensitivities of physicians and nurses were high. This result is similar to the literature (Kahraman & Sancar, 2017; Meydanlioglu et al., 2015; Yilmaz, Toksoy, Direk, Bezirgan & Boylu, 2017). In other studies conducted in Turkey, it is reported that nurses have moderate intercultural sensitivity levels (Dikmen, Aksakal & Kara-Yılmaz, 2016; Uzun & Sevinç, 2015).

In the present study, when applying Kendall's tau_b correlation analysis for determining the correlation level between subscales, the strongest correlation was determined between "Interaction confidence" and "Interaction engagement" ($r=0.421$, $p<0.01$). In other words, as a part of intercultural sensitivity, physicians and nurses having interaction confidence took interaction engagement.

It was determined that individual differences of the physicians and the nurses who participated in the study, such as gender, profession, education, unit and the state of going abroad before did not cause a significant difference in the total score of the cultural sensitivity scale and its subscales. Similarly, Kahraman and Sancar (2017) determined that there was no significant difference between gender and all subscales of the cultural sensitivity scale. In their study, Dikmen et al. (2016) reported that there was no significant difference in total scores of ISS and subscales of individual differences.

It was determined that the score of the interaction engagement subscale was higher in single participants in a statistically significant way. Similarly, in the study conducted by Uzun and Sevinç (2015) with nurses, it was indicated that mean scores of the subscale of interaction were lower in married nurses than single nurses. It was also reported that married nurses were reported to be lower in the subscale dimensions of interaction engagement and interaction attentiveness.

Understanding the language spoken in health disciplines is the main factor. We think the point is that interaction enjoyment was higher in those who speak more than one foreign language. Chang, Yang and Kuo, (2013) reported that English competence perceived by nurses significantly depended on cultural sensitivity. Similarly, Paige, Jacobs-Cassuto, Yershova and DeJaeghere, (2003) also indicated that nurses with a good English competence had a higher self-confidence. There are studies in the literature that indicate that foreign language learning enhances cultural sensitivity (Meydanlioglu et al., 2015; Olson & Kroeger, 2001; Peng, 2006). According to these results; the foreign language knowledge of physicians and nurses is a factor affecting cultural sensitivity.

Whether or not nurses or physicians had interacted with people from different cultures before was a significant factor affecting their cultural sensitivities. The subscales of interaction engagement, respect for cultural differences and interaction confidence were statistically significant in individuals who had in-

teracted with individuals from other cultures before and their mean scores were higher. In the study conducted by Kahraman and Sancar (2017) with medical personnel, the subscale scores of the interaction participation of people who have previously met with individuals of different cultures are higher. In the literature, individuals who speak a foreign language have a self-confidence in communicating with individuals from different cultures (Altshuler et al.,, 2003; Paige et al., 2003). In their study, Chang et al. (2013), reported that ethnic/cultural sensitivity levels of nurses with other cultural associations tend to increase. Similarly, the results of the study by Bekiroğlu and Balcı (2014) revealed that students who always interact with foreigners had higher intercultural sensitivity levels than students who seldomly interact with strangers.

In our study, It was determined that the training status of the physicians and nurses on cultural sensitivity did not affect the total scores of cultural sensitivity. However, subscales of interaction engagement and interaction attentiveness were statistically significant and mean scores of participants not receiving the training on cultural sensitivity were higher. In their study, Dikmen et al., (2016) reported that there was intercultural interaction engagement and respect for cultural differences in nurses receiving cultural training. In their study, Yilmaz et al. (2017), reported that participants with in-service training on cultural care scored high on the ISS total score and the cultural subscale.

Cultural Difference Perceptions

In the present study, thephysicians and the nurses perceived "cultural differences about language" most and "cultural differences about nutrition style" the least, because no study investigating cultural difference perceptions of physicians and nurses in Turkey has been found, the results of this study were discussed with the results of the study conducted with classroom teachers. In parallel with the results of the present study; Rengi and Polat (2014) indicated that cultural differences of classroom teachers were caused mostly by cultural differences about language, which was respectively followed by cultural differences about value judgement and cultural differences about religious pattern. In order for societies to arrange a healthcare that would meet the needs of culturally different groups, it is required to bring necessary knowledge and skills in all members of medical team and train them (Papadopoulos, 2003; Serrant-Green, 2001).

CONCLUSION AND RECOMMENDATIONS

An individual's culture is a factor that affects health perception, health behaviors, and the use of healthcare services. Thus, it is of great importance to determine what cultural sensitivities physicians and nurses have and, in turn, what they perceive as cultural differences. It is important to determine the cultural sensitivities of physicians and nurses in order to provide better quality health services. According to our research results, it is recommended for physicians and nurses to try to increase their cultural sensitivity by knowing more people different from other cultures. It is also recommended to develop language competence of institutions where they work and make plannings to provide abroad experience opportunities to physicians and nurses.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Akdeniz University Faculty of Medicine Clinical Research (Date: 10.05.2017, Decision number: 291).

Informed Consent: Written informed consent was obtained from all individual participants who participated in this study.

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