

THE RELATIONSHIP BETWEEN MORAL COMPETENCE AND CULTURAL SENSITIVITY LEVELS OF NURSES

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ABSTRACT

Introduction: This study was conducted to determine the moral competence and intercultural sensitivity levels of nurses working in primary healthcare institutions and the relationship between the two.

Material and Methods: This cross-sectional design study conducted with 83 nurses working in primary healthcare services and was carried out between November 2018 and January 2019 in a province center in the Central Anatolia Region of Turkey.

Results: The mean age of the nurses was 36.50 ± 6.06 , the total score obtained from the Intercultural Sensitivity Scale (ISS) was 91.44 ± 11.17 , and the total score obtained from the Moral Competence Questionnaire for Public Health Nurses-Turkish Version (MCQ-PHN-T) was 56.43 ± 7.71 . The total scores obtained both from the ISS and the MCQ-PHN-T by those who lived in a big city for a long time and who got the intercultural nursing course during school were higher. No statistically significant relationship was found between the total scores obtained from both scales. However, there was a positive and statistically significant correlation between the score of the MCQ-PHN-T and the scores of the interaction confidence ($R = 0.247$; $p = .025$) and the interaction enjoyment ($r = 0.306$; $p = .005$) sub-dimensions of the ISS. It was determined that moral competence explained 6.1% of the increase in interaction confidence level.

Conclusion: The moral competence and intercultural sensitivity of nurses participating in the study were at a high level. As the moral competence of the nurses increased, their interaction enjoyment and interaction confidence levels increased, as well.

Key Words: Cultural, intercultural sensitivity, moral competence, healthcare, intercultural

INTRODUCTION

Moral competence is defined as the ability of individuals to make decisions, make moral decisions as oriented by their inner principles, and then act in accordance with these decisions (1, 2). The notion of moral competence in nursing context, on the other hand, is defined as the ability of nurses to recognize their feelings that help distinguish what is good and/or what is bad in certain situations, and then to reflect these feelings in making their decisions to get the

best outcomes for individuals they give care for (3). Moral competence for the nursing profession is a comprehensive concept that ensures moral decision-making processes and ultimately moral care. Therefore, this is considered as a meta-competence in the field of nursing. The European Commission (under European jurisdiction) has defined moral competence as an integral part of meta-competence, knowledge, and skills, and as a key component for the development of independence. The World Health

Organization has attached special importance to moral competences and referred to this in a global model under the title of “basic competences” (4). An individual that has moral competence is expected to be a good person who is reliable, responsible, self-controlling, respectful, fair, and has improved empathy skills (5). The fact that nursing is based on the phenomenon of human and care and that care is a notion that is based on mutual relationship and trust and has a moral dimension shows the importance of moral competence in the nursing profession. Being aware of moral responsibilities during giving care and developing an attentive and respectful attitude by seeing the care needs of individuals wholeheartedly is important for nurses (6). In nursing practices, love, kindness, compassion, effective communication, honesty, responsibility, discipline, and respect for human values, honor and rights are indicators of moral competence (7).

Another concept that is stated to possibly have an impact on the quality of nursing care due to the increasing cultural diversity in Turkish society in recent years is cultural sensitivity. Quality care also requires culturally appropriate care. Cultural sensitivity, which is defined as “the active desire necessary to ensure one’s own motivation in understanding, recognizing, and appreciating cultural differences”, is seen as an amoral behavior and necessity for virtue (8-11). This shows that moral competence and intercultural sensitivity may be directly proportional. Therefore, this study was planned based on the question, “Is there a relationship between the moral competence and intercultural sensitivity levels of nurses?” Designed in a cross-sectional model, this study aimed to determine the relationship between moral competence and intercultural sensitivity levels of nurses working in primary healthcare institutions.

Research questions

Research question 1: What is the level of intercultural sensitivity of nurses?

Research question 2: What is the level of moral competence of nurses?

Research question 3: Is there a relationship between nurses’ cultural intercultural and moral competence?

MATERIAL AND METHODS

Study Design and Sample

The universe of this cross-sectional design study consisted of 90 nurses working in primary healthcare services and was carried out between November

2018 and January 2019 in a province center in Central Anatolia Region of Turkey. Nurses over 18 years of age who volunteered to participate in the study were included in the study, while those who made changes in their institutions or left their jobs and did not answer all the questionnaire questions were excluded from the study. No sampling procedure was employed; instead, the entire population was included in the study. Accordingly, the study was conducted with 83 volunteer nurses (92.2%).

Data Collection and Tools

Data were collected by visiting nurses in primary health care institutions one-on-one after the necessary ethics committee and institution permissions were obtained. Detailed information was given about the study. The nurses who met the inclusion criteria and volunteered to participate filled the questionnaires. While conducting the surveys, distracting factors such as noise and crowd were minimized. The nurses were asked to fill in the questionnaires in an environment where they could be alone and after the institution finished their work in order not to affect their answers. The researcher then went back to the institution to reach the nurses who were on leave on the day of the study. Each nurse filled out the questionnaires in an average of 20 minutes. Data were collected using a questionnaire form, which was designed based on the literature and the experiences of researchers to determine the socio-demographic characteristics of nurses, the Intercultural Sensitivity Scale (ISS), and the Moral Competence Questionnaire for Public Health Nurses-Turkish Version (MCQ-PHN-T).

The socio-demographic characteristics forms: This form consisted of questions such as age, gender, education level, the reason for choosing the nursing profession, place of residence for a long time, being with people from different cultures, knowing a foreign language, wanting to work abroad, receiving intercultural nursing education.

The Intercultural Sensitivity Scale (ISS)

This scale was developed by Chen and Starosta (2000) to measure the sensitivity levels of prospective teachers. It is a 24-item 5-point Likert type scale. Cronbach’s alpha coefficient of the original scale is .88 (9). The scale was adapted to Turkish by Bulduk, Tosun, and Ardiç (2011) (8). The alpha coefficient of the Turkish version is .72. Five sub-dimensions, similar to the original scale, were identified during the

adaptation. They are interaction engagement (7 items), respect for cultural differences (6 items), interaction confidence (5 items), interaction enjoyment (3 items), and interaction attentiveness (3 items). Items 2, 4, 7, 9, 12, 15, 18, 20, and 22 of the scale are inversely scored. The correlation coefficient of the scale obtained from the analysis conducted for the time-dependent invariance is .85. Each item on the scale is scored on a 5-point Likert-type scale as strongly disagree (1 point), disagree (2 points), undecided (3 points), agree (4 points), and strongly agree (5 points). The scale scores do not have a cut-off point, and high scores mean high cultural sensitivity (8). Cronbach's alpha coefficient for this study is .85.

The Moral Competence Questionnaire for Public Health Nurses-Turkish Version (MCQ-PHN-T)

This scale was developed by Asahara, Kobayashi and Ono in 2015 to determine the moral competence of public health nurses (12) and adapted to Turkish by Yildiz and Gdc Tfekci (2017) (13). The scale consists of 15 items and 3 factors such as judgment based on the values of community members (5 items), strong will to face difficult situations (5 items) and cooperating with the relevant people/organizations (5 items). Each item on the scale is scored on a 5-point Likert-type scale as strongly disagree (1 point), disagree (2 points), undecided (3 points), agree (4 points), and strongly agree (5 points). The minimum and maximum scores that can be obtained from MCQ-PHN-T are 15 and 75, respectively. High scores obtained from MCQ-PHN-T indicate a high level of moral competence (13). Cronbach's alpha reliability coefficient is range from .85 to .91 for the original scale (12), .83 to .91 for the Turkish version (13), and .80 to .94 for the this study.

Statistical Analysis

The IBM SPSS Statistics 22.0 software package was used for the statistical analysis. Sociodemographic characteristics were analyzed using descriptive statistics (numbers, percentages, and mean and standard deviation values). The fit of the variables to normal distribution was examined by visual (histogram and probability graphs) and analytical methods (Skewness, Kurtosis, Shapiro-Wilk tests). In the comparison of the descriptive characteristics of the nurses and the mean scores obtained from MCQ-PHN-T, ISS, and the sub-dimensions, t-test and One

Way ANOVA were used for variables that fitted the normal distribution, Kruskal-Wallis H test was used for variables that did not fit the normal distribution, and Mann-Whitney U test was employed for paired comparisons. The significance level was accepted as $p < .05$. Correlation analysis ($p < .01$) was used for the relationship between the scores of the scales. Linear regression analysis was used to predict how much the moral competence of nurses changed or affected the level of their intercultural sensitivity.

Ethical Approval and Informed Consent

Necessary permissions were obtained from the Scientific Research and Publication Ethics Committee (Protocol No. 2018/33, Date: 30.05.2018) of a university in Turkey and the Provincial Health Directorate where the study was conducted. Besides, nurses were informed about the study, and their volunteer participation was ensured. Furthermore, necessary permissions were obtained from the authors for the scales used in the study

RESULTS

Sample Characteristics

The mean age of the nurses was 36.50 ± 6.06 (minimum = 23.00, maximum = 47.00), 86.7% were female, 49.4% had undergraduate degree, 61.4% had lived in a metropolis for a long time, and 38.6% had selected nursing profession for ease of finding employment/economic reasons and 38.6% had selected it as it was their favorite profession. Also, 83.1% of the nurses were determined to work in a multicultural environment, 88% did not speak a foreign language, 67.5% did not want to work abroad, and 94% did not receive any training on intercultural nursing.

Intercultural Sensitivity

The mean score of the nurses obtained from the ISS was 91.44 ± 11.17 (minimum = 42.00, maximum = 115.00). Also, the mean scores obtained from the interaction engagement, respect for cultural differences, interaction confidence, interaction enjoyment, and interaction attentiveness sub-dimensions were 28.00 ± 3.65 , 23.59 ± 3.57 , 17.16 ± 4.28 , 11.00 ± 2.55 , and 11.68 ± 1.43 , respectively. The examination of the independent variables that were considered to possibly affect the cultural sensitivity of nurses indicated that the interaction engagement scores were significantly higher in women ($p < .05$). The interaction enjoyment scores of

nurses who had selected nursing profession because it was their favorite were significantly higher than the scores of those who had selected this profession for the ease of finding a job/economic reasons. On the other hand, the interaction attentiveness scores of nurses who had selected the nursing profession due to family/friend orientation were significantly higher than those who had chosen the nursing profession for the ease of finding a job/economic reasons. The interaction confidence and ISS scores of nurses who had lived in a metropolis for a long time, the interaction engagement, respect for cultural differences, interaction attentiveness, and ISS scores of those who had been with people from different cultures, the interaction engagement, respect for cultural differences, and ISS scores of those who spoke a foreign language, the interaction engagement, respect for cultural differences, interaction attentiveness, and ISS scores of those who wanted to work abroad were found to be significantly higher ($p < .05$) (Table 1).

Moral Competence

The examination of the mean scores of the nurses that they obtained from the MCQ-PHN-T indicated that the total score obtained from the questionnaire was 56.43 ± 7.71 (minimum = 32.00, maximum = 73.00). Also, the total scores obtained from "judgment based on the values of community members", "strong will to face difficult situations", and "cooperating with the relevant people/organizations" sub-dimensions were 14.93 ± 4.44 , 20.49 ± 3.69 , and 21.00 ± 3.23 , respectively. On the other hand, the scores obtained from MCQ-PHN-T and "strong will to face difficult situations" and "cooperating with the relevant people/organizations" sub-dimensions by nurses who had lived in a metropolis for a long time and the scores obtained from MCQ-PHN-T and "strong will to face difficult situations" sub-dimension by nurses who had received training on intercultural nursing were determined to be significantly higher (Table 2).

Correlation Between Moral Competence and Intercultural Sensitivity

Table 3 presents the relationship between the moral competence and intercultural sensitivity of the nurses. A moderate, positive linear, and highly significant relationship was found between the MCQ-PHN-T and interaction enjoyment, while there was a weak, positive linear, and highly significant relationship between the MCQ-PHN-T and interaction confidence. A moderate, positive linear, and highly significant relationship was identified between "strong will to face

difficult situations" and ISS, "interaction engagement", "interaction confidence", and "interaction enjoyment". Also, there was a weak, positive linear, and highly significant relationship between "cooperating with the relevant people/organizations" and "interaction confidence" and "interaction enjoyment".

Changes in Nurses' Moral Competence and Intercultural Sensitivity Levels

Table 4 shows the rate of impact on changes in nurses' moral competence and cultural sensitivity levels. While moral competence explained 6.1% ($R^2 = 0.061$) of the increase in "interaction confidence", having moral competence was found to increase "interaction confidence" by 24.7% ($\beta = 0.247$) ($p < .05$). The moral competence of the nurses was determined to not significantly affect the factors in other models except for this model ($p > .05$).

DISCUSSION

Moral competence levels of nurses participating in this study, which was conducted to determine the relationship between moral competence and intercultural sensitivity levels of nurses working in primary health care institutions, can be said to be high. Taylor emphasized the importance of the awareness of moral competence for nurses of modern society to cope with the ethical issues they face in their practices (14). In this respect, the good level of moral competence of the nurses participating in the study can be considered as a positive finding. No studies determining the moral competence of public health nurses have been found in the literature. However, Ayran, Baran, Tosun and Küçükakça (2015) reported that the moral maturity level of nurses in their study was good (15). Aykan, Fidancı and Yıldız (2019) found the level of moral maturity of nursing students as moderate (16). Moreover, in their study with medical faculty and nursing students, Yıldırım and Zengin (2018) determined the moral maturity level of students as moderate (17). The examination of the relationship between the participants' moral competence level and the independent variables which were thought to possibly affect the level of competence indicated that the moral competence levels of the nurses who had lived in a metropolis for a long time and the scores they obtained from the "strong will to face difficult situations" and "cooperating with the relevant people/organizations" sub-dimensions of the MCQ-PHN-T were significantly

Table 1. Distribution of Intercultural Sensitivity Scale and Subdimension Scores According to Nurses' Characteristics (n = 83)

Variables	Interaction engagement	Respect for cultural differences	Interaction confidence	Interaction enjoyment	Interaction attentiveness	Total score
Gender Female Male	28.19±3.83 26.72±1.79 <i>t</i> = 2.081 <i>p</i> = .047	23.62 ±3.76 23.36±1.96 <i>t</i> = .225 <i>p</i> = .823	17.15±4.35 17.27±4.02 <i>t</i> = .086 <i>p</i> = .932	11.06±2.66 10.54±1.69 <i>z</i> = -.834 <i>p</i> = .405	11.70±1.49 11.54±1.03 <i>t</i> = .348 <i>p</i> = .729	91.75±11.84 89.45±4.80 <i>t</i> = 1.141 <i>p</i> = .262
Education level Senior high school Associate degree Bachelor Postgraduate	26.25±1.25 28.34±3.22 27.39±3.99 29.91±3.31 <i>F</i> = 1.922 <i>p</i> = .133	23.75±0.95 22.92±3.18 23.65±4.09 24.75±2.92 <i>F</i> = .723 <i>p</i> = .541	15.75±3.68 17.38±4.36 16.51±4.43 19.41±3.23 <i>F</i> = 1.624 <i>p</i> = .190	10.75±2.62 11.34±2.11 10.80±2.90 11.00±2.33 <i>F</i> = .245 <i>p</i> = .865	11.00±0.81 11.65±1.41 11.48±1.53 12.66±0.88 <i>F</i> = 2.562 <i>p</i> = .061	87.50±8.22 91.65±9.46 89.85±12.08 97.75±10.93 <i>F</i> = 1.768 <i>p</i> = .160
Reason for choosing nursing profession The ease of finding a job/economic reasons(a) A favorite profession (b) Due to family/friend orientation (c)	27.00±2.59 28.50±4.55 28.84±3.28 <i>F</i> = 2.048 <i>p</i> = .136	23.28±2.56 23.25±4.69 24.68±2.70 <i>F</i> = 1.158 <i>p</i> = .319	16.75±4.65 18.46±4.00 15.68±3.62 <i>F</i> = 2.889 <i>p</i> = .061	10.34±2.35 11.96±2.52 10.47±2.54 <i>h</i> = 10.198 <i>p</i> = .006 [‡] <i>a</i> < <i>b</i>	11.43±0.94 11.50±1.70 12.42±1.46 <i>F</i> = 3.412 <i>p</i> = .038 [†] <i>a</i> < <i>c</i>	88.81±8.75 93.68±13.71 92.10±9.55 <i>F</i> = 1.587 <i>p</i> = .211
The place lived for a long time Metropolis Town, village, township	28.41±4.15 27.34±2.61 <i>t</i> = 1.438 <i>p</i> = .154	23.70±3.77 23.40±3.28 <i>t</i> = .370 <i>p</i> = .713	18.45±3.87 15.12±4.17 <i>t</i> = 3.695 <i>p</i> = .001	11.35±2.55 10.43±2.48 <i>z</i> = -1.539 <i>p</i> = .124	11.70±1.59 11.65±1.18 <i>t</i> = .152 <i>p</i> = .880	93.62±11.91 87.96±8.99 <i>t</i> = 2.303 <i>p</i> = .024

Table 1. Continued

Variables	Interaction engagement	Respect for cultural differences	Interaction confidence	Interaction enjoyment	Interaction attentiveness	Total score
Being with people from different cultures	28.44±3.35	24.00±3.38	17.28±4.18	11.23±2.32	11.86±1.32	92.84±9.94
Yes	25.78±4.37	21.57±3.91	16.57±4.87	9.85±3.34	10.78±1.67	84.57±14.48
No	$t = 2.566 p = .012$	$t = 2.383 p = .020$	$t = .569 p = .571$	$z = -1.583 p = .113$	$t = 2.663 p = .009$	$t = 2.612 p = .011$
Knowledge of the foreign language	30.90±4.06	25.90±2.37	19.60±5.03	12.20±2.74	12.50±1.43	101.10±12.26
Yes	27.60±3.44	23.27±3.60	16.83±4.10	10.83±2.50	11.57±1.41	90.12±10.42
No	$t = 2.780 p = .007$	$t = 2.231 p = .028$	$t = 1.944 p = .055$	$z = -1.553 p = .120$	$t = 1.937 p = .056$	$t = 3.057 p = .003$
Want to work abroad	29.92±3.78	25.14±3.41	17.62±4.45	11.62±2.76	12.33±1.51	96.66±11.14
Yes	27.07±3.24	22.83±3.43	16.94±4.22	10.69±2.41	11.37±1.30	88.92±10.37
No	$t = 3.370 p = .002$	$t = 2.876 p = .005$	$t = .678 p = .500$	$z = -1.633 p = .102$	$t = 2.975 p = .004$	$t = 3.107 p = .003$
To receive training on intercultural nursing	29.60±0.89	24.40±2.50	19.40±3.78	11.60±1.34	12.80±1.30	97.80±5.89
Yes	27.89±3.74	23.53±3.63	17.02±4.30	10.96±2.61	11.61±1.42	91.03±11.33
No	$t = 1.009 p = .316$	$t = .520 p = .604$	$t = 1.204 p = .232$	$z = -.531 p = .595$	$t = 1.809 p = .074$	$t = 1.317 p = .191$

Abbreviations: *t*: Student's *t*-test; *z*: Mann-Whitney U; *F*: One-way ANOVA; *h*: Kruskal-Wallis H (when an overall significance was observed, pairwise post-hoc tests were performed using *Gabriel*[†] and *Tukey*[‡]); *p* value of less than 0.05 was considered to show a statistically significant result.

Table 2. Distribution of the Moral Competence Questionnaire for Public Health Nurses-Turkish Version and Subdimension Scores According to Characteristics of Nurses (n = 83)

Variables	Judgment based on the values of community members	Strong will to face difficult situations	Cooperating with the relevant people/organizations	Total score
Gender				
Female	14.90 ± 4.48	20.38±3.78	20.81±3.33	56.11±7.93
Male	15.18 ± 4.37	21.18±3.06	22.18±2.22	58.54±5.95
	$z = -.364$ $p = .716$	$z = -.367$ $p = .714$	$z = -1.104$ $p = .269$	$t = .975$ $p = .333$
Education level				
Senior high school graduate	13.25± 5.85	17.75±4.78	17.50±5.00	48.50±11.81
Associate degree graduate	14.19±4.72	21.38±3.55	21.50±3.22	57.07±8.13
Bachelor graduate	16.04±3.93	20.17±3.75	21.04±3.09	57.26±6.78
Postgraduate graduate	13.33±4.59	20.58±3.23	20.91±2.71	54.83±7.61
	$h = 6.487$ $p = .090$	$h = 3.555$ $p = .314$	$h = 5.542$ $p = .136$	$F = 1.861$ $p = .143$
Reason for choosing nursing profession				
The ease of finding a job/economic reasons	14.59±3.74	19.59±4.24	20.62±3.58	54.81±8.31
A favorite profession	13.96±4.51	21.43±3.30	21.34±3.61	56.75±7.11
Due to family/friend orientation	17.15±4.87	20.42±3.06	21.05±1.58	58.63±7.38
	$h = 5.417$ $p = .067$	$h = 3.742$ $p = .154$	$h = 1.647$ $p = .439$	$F = 1.525$ $p = .224$
The place lived for a long time				
Metropolis	15.11 ± 4.51	21.25±3.55	21.56±3.41	57.94±8.10
Town, village, township	14.65 ± 4.38	19.28±3.63	20.09±2.71	54.03±6.44
	$z = -.512$ $p = .609$	$z = -2.509$ $p = .012$	$z = -2.882$ $p = .004$	$t = 2.307$ $p = .024$

Table 2. Continued

Variables	Judgment based on the values of community members	Strong will to face difficult situations	Cooperating with the relevant people/organizations	Total score
Being with people from different cultures Yes No	15.31 ± 4.46 13.07 ± 3.97 <i>z</i> = -1.807 <i>p</i> = .071	20.59±3.76 20.00±3.41 <i>z</i> = -1.077 <i>p</i> = .282	21.10±3.24 20.50±3.25 <i>z</i> = -.758 <i>p</i> = .448	57.01±7.80 53.57±6.76 <i>t</i> = 1.536 <i>p</i> = .128
Knowledge of the foreign language Yes No	17.30± 5.79 14.61 ± 4.17 <i>z</i> = -1.531 <i>p</i> = .126	21.00±4.26 20.42±3.63 <i>z</i> = -.835 <i>p</i> = .404	20.60±4.90 21.05±2.97 <i>z</i> = -.256 <i>p</i> = .798	58.90±11.71 56.09±7.04 <i>t</i> = 1.079 <i>p</i> = .284
Want to work abroad Yes No	15.96± 4.71 14.44±4.26 <i>z</i> = -1.317 <i>p</i> = .188	20.51±4.50 20.48±3.27 <i>z</i> = -.438 <i>p</i> = .662	20.59±3.55 21.19±3.07 <i>z</i> = -.519 <i>p</i> = .604	57.07±8.26 56.12±7.48 <i>t</i> = .523 <i>p</i> = .602
To receive training on intercultural nursing Yes No	17.60±3.36 14.76±4.46 <i>z</i> = -1.499 <i>p</i> = .134	24.00±2.23 20.26±3.66 <i>z</i> = -2.343 <i>p</i> = .019	22.80±2.16 20.88±3.26 <i>z</i> = -1.574 <i>p</i> = .116	64.40±6.61 55.92±7.52 <i>t</i> = 2.455 <i>p</i> = .016

Abbreviations: *t*: Student's t-test; *z*: Mann-Whitney U; *F*: One-way ANOVA; *h*: Kruskal-Wallis H; *p* value of less than 0.05 was considered to show a statistically significant result.

Table 3. Correlation between the nurses' the Moral Competence Questionnaire for Public Health Nurses-Turkish Version and Intercultural Sensitivity Scale and Scores (n = 83)

Variables	MCQ-PHN-T	Judgment based on the values of community members	Strong will to face difficult situations	Cooperating with relevant people/organizations
ISS	.183	-.036	.329**	.109
Interaction engagement	.174	-.057	.334**	.112
Respect for cultural differences	-.082	-.038	-.015	-.128
Interaction confidence	.247*	-.060	.382**	.235*
Interaction enjoyment***	.306**	.061	.341**	.247*
Interaction attentiveness	.079	.054	.085	.018

Abbreviations: MCQ-PHN-T, Moral Competence Questionnaire for Public Health Nurses-Turkish Version; ISS, Intercultural Sensitivity Scale. * $p < .05$ ** $p < .01$ *** Spearman's rho analysis

higher. Also, the moral competence levels of nurses who had received the "intercultural nursing course" and the scores they obtained from the "strong will to face difficult situations" sub-dimension of the moral competence scale were found to be significantly higher. In the literature, multiculturalism is stated to increase communication with different cultures, to promote sensitivity to cultural differences and harmony between people, and therefore to be morally educative (18). In this respect, living with people from different cultures in crowded settlements and receiving training on this topic during the nursing education process were determined to increase the moral competence levels. These findings were observed to support the findings in the literature.

The total score that nurses participating in the study obtained from the ISS was determined to be 91.44 ± 11.17 . This study finding was similar to the findings of Göl and Erkin (2019) (90.49 ± 12.68) (19), Kürtüncü, Arslan, Çatalçam, Yapıcı and Hırçın (2018) (85.416 ± 10.283) (20), Karadağ Arlı and Bakan (2018) (84.87 ± 10.34) (21), and Yılmaz, Toksoy, Direk, Bezirgan, and Boylu (2017) (84.01 ± 9.1) (22). However, contrary to the finding of the present study, Chang, Yang and Kuo (2013) reported in their study

conducted in Taiwan that public health nurses had a low level of cultural sensitivity (23). In our study, the good level of intercultural sensitivity of the nurses, their awareness of the cultural differences and similarities of the individuals whom they provided care, and their sensitive behaviors were positive findings. Chang et al. (2013) reported that communication and friendship with individuals from different cultures affected the cultural sensitivity of public health nurses (23). In this study, the intercultural sensitivity levels of nurses who had lived in a big city for a long time, who had been together with people from different cultures for some reason, who could speak a foreign language, and who wanted to work abroad were found to be higher. This finding was also determined to support the literature. Previous studies on the subject indicated that the willingness to work abroad and overseas experience increased the intercultural sensitivity of individuals (19, 24-27). Roh (2014) reported that there was a positive relationship between multicultural experience and intercultural sensitivity and that building up experience by living and working in another culture was a very useful way to gain cultural awareness and sensitivity (28). These findings were also found to

Table 4. The Effect of Nurses' Moral Competence Levels on Intercultural Sensitivity

Scales	MCQ-PHN-T*					
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
	β	β	β	β	β	β
Interaction engagement	.174					
Respect for cultural differences		-.082				
Interaction confidence			.247			
Interaction enjoyment				.208		
Interaction attentiveness					.079	
ISS						.183
R	.174	.082	.247	.208	.079	.183
R ²	.030	.007	.061	.043	.006	.033
F	2.534	.554	5.250	3.648	.514	2.805
p	.115	.459	.025**	.060	.457	.098
DW (1.5-2.5)	1.820	1.590	1.615	1.957	1.634	1.796

Abbreviations: F, ANOVA value R, correlation coefficient; R², R square; β , standardized β ; DW, Durbin-Watson; MCQ-PHN-T, Moral Competence Questionnaire for Public Health Nurses-Turkish Version; ISS, Intercultural Sensitivity Scale. *Independent variable ** Significant at p < .05

support the findings of the present study (29). Also, the study showed that the scores obtained from “respect for cultural differences” sub-dimension of the intercultural sensitivity scale by the nurses who had lived together with people from other cultures were significantly higher. This finding was found to be similar to the findings in the relevant literature. Some studies have shown a positive relationship between nursing training and cultural competence (22, 30-32). However, although intercultural nursing education is included in the nursing curriculum, a significant portion of the nurses participating in the study reported that they had not received education on intercultural nursing. This is an important finding that should be considered in the planning of the related educational programs and curriculum. In the present study, the intercultural sensitivity levels of female nurses were higher than male nurses, although there was no statistically significant difference between the two groups. Furthermore, the score obtained from the interaction engagement sub-dimension was found to be significantly higher in female participants. The examination of the studies conducted on the subject indicated that female nurses had higher cultural sensitivity (22, 27). This can be attributed to the more emotional and sensitive nature of women compared to men. The total score that was obtained from the

intercultural sensitivity scale by the participants who thought that nursing was their favorite profession was higher, though not statistically significant. Also, the scores obtained from the “interaction confidence” sub-dimension were found to be higher. Aslan, Yılmaz, Kartal, Erdemir, Gulec (2016) found similar results in their study (33). Higher mean scores obtained by nurses who chose the nursing profession willingly may show their love or devotion to the profession, which means that they are more sensitive to their patients and establish more positive communication.

In the present study, the investigation of whether there was a significant relationship between moral competence and intercultural sensitivity revealed that there was no a significant relationship between the total scores obtained from the MCQ-PHN-T and the ISS. However, as the moral competence level of nurses increased, the scores obtained from “interaction confidence” and “interaction enjoyment” sub-dimensions of the intercultural sensitivity scale were determined to increase, as well. In their study investigating the effect of the moral maturity level of nurses on patient communication, Ayran et al. (2015) found that the communication skills of nurses with high moral maturity levels were found to be stronger (15). This finding was found to be similar to the finding

of the present study. In their study analyzing the notion of moral competence by using the concept analysis strategy, Maluwa et al. (2019) stated that moral competence helped develop positive attitudes in providing effective communication, teamwork spirit, and nursing care (3). This demonstrates the positive effect of moral competence on effective communication. Effective communication and interpersonal communication skills are essential for nurses to provide both healthy and acceptable care and culturally sensitive care. Considering the positive effect of moral competence on communication and the fact that it is a phenomenon that can be improved, developing moral competence in nurses will help the development of communication skills of nurses and therefore the provision of both healthy and acceptable and culturally sensitive care.

Limitations

As the study was conducted only with nurses working in primary healthcare services in a provincial center in Central Anatolia Region, the results cannot be generalized to all nurses. The study is limited to the date when the study was conducted, the data collection forms used in accordance with the purpose of the study, and the responses of the participants.

CONCLUSION

When the findings of this study, conducted to investigate the relationship between moral competence and intercultural sensitivity levels of nurses working in primary health care institutions, were evaluated in general, the moral competence and intercultural sensitivity levels of the nurses participating in the study were found to be high, and "interaction enjoyment" and "interaction confidence" were determined to be affected by the level of moral competence. The mean scores obtained both from the MCQ-PHN-T and the ISS by nurses who had taken the intercultural nursing course during school years and who had lived in the metropolis for a long time were higher, but the number of nurses who had taken the related courses was quite low. In line with these results, we recommend that; training both before and after graduation intended to improve cultural differences, practices, and intercultural sensitivity should be increased; considering that moral values can be taught and moral competence has a positive effect on intercultural sensitivity, training programs aiming to develop moral competence should be integrated into the nursing

curriculum; the notion of moral competence, which is thought to have an important effect on nursing practices and policies, should be defined well in the nursing literature; the moral competence and intercultural sensitivity of nurses should be identified, qualitative and quantitative studies that affect these variables should be carried out, and that the findings to be obtained from these studies should be used in the planning process related to nursing education. Besides, since there have been no studies in the literature conducted to determine the relationship between moral competence and intercultural sensitivity levels of nurses, we recommend that more studies with larger sampling groups should be conducted.

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