

Validity and Reliability Study of “Cultural Sensibility Scale for Nursing Students”

Yasemin ERDEN¹, Sevgi DOĞAN², Bahar ÇİFTÇİ²

¹Department of Fundamental of Nursing, Erzurum Technical University, Faculty of Health Science, Erzurum

²Department of Fundamental of Nursing, Atatürk University, Erzurum, Turkey

Cite this article as: Erden Y, Doğan S, Çiftçi B. Validity and reliability study of “cultural sensibility scale for nursing students”. *Arch Health Sci Res.* 2023;10(2):144-148.

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ABSTRACT

Objective: The aim of this study was to adapt “Cultural Sensibility Scale for Nursing Students” to Turkish and examine its validity and reliability.

Material and Methods: The data of this methodological study were obtained from 300 students studying in the nursing department of a state university in the east of Türkiye. Confirmatory factor analysis was conducted to find out the factor structure of the scale, while Cronbach’s alpha coefficient, test–retest method, and split-half reliability method were used for reliability.

Results: In line with the results of the confirmatory factor analysis, it was found that the scale had 15 items and a 4-factor structure as “patient and health professional behaviors,” “self-assessment,” “self-awareness,” and “cultural influence.” Cronbach’s alpha value of “Cultural Sensibility Scale for Nursing Students” was found as 0.782.

Conclusion: It was concluded that the Turkish version of “Cultural Sensibility Scale for Nursing Students” is a valid and reliable measurement instrument.


Keywords: Validity, reliability, nursing, cultural sensibility

Introduction

World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”¹ This integrative approach is also called the ideal definition of health. Based on this ideal approach, it is stated that health services are not just physical interventions; in addition to these, it is stated that each patient should be evaluated by keeping their individuality in the foreground and that the psychological and social aspects of these patients and therefore their cultural structures should be considered. It is important for cultural sensibility to be high so that cultural structure can be taken into account.² Cultural sensibility, which is based on understanding the differences between one’s own culture and other cultures, is a skill that enables individuals to be proficient in interacting with different cultures and reduces their ethnocentrism and narrow-mindedness.³ It is important to know about the cultural characteristics of individuals one interacts with and to provide care in accordance with these characteristics. Providing culturally competent care can help reducing inequalities and increasing the quality of care in addition to increasing the satisfaction of both patients and families.⁴

Intercultural sensibility is one of the key points of nursing care that aims to provide holistic care in societies where many cultures meet such as Türkiye. Nursing students should have intercultural sensibility so that they can provide holistic and individual care.⁵ Turkish society is a heterogeneous and multicultural society due to geographical and geopolitical position of Türkiye.⁶ Especially when the recent years are considered, it can be seen that our country has had to receive immigration from many different countries due to civil war, being a border neighbour and cultural ties.⁷ In addition to social and economic needs of refugees in our country, their needs also have an important place. However, health care systems and nursing education are mostly focused on a single culture and they focus on the needs and rules of the culture they provide care for.⁸ When all these are considered, it is important for nurses to develop their cultural sensitivities in order to respond to the nursing care needs

Corresponding author: Bahar ÇİFTÇİ, e-mail: bahar.ciftci@atauni.edu.tr

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Received: January 24, 2022

Accepted: April 18, 2023

Publication Date: June 26, 2023

of individuals with different cultures in our society.⁹ At this point, while planning nursing services, services which know about different cultures and their characteristics and make appropriate evaluations should be planned.¹⁰

To provide culturally competent care, healthcare professionals should be prepared adequately, this training should start at the undergraduate level.⁸ To increase the quality of care and to provide effective care, nursing students should consider cultural differences and similarities and show respect and sensitivity to different cultural characteristics.¹¹ A culturally safe nursing practice can take place when students consider patients as a whole and when they are aware of multiple factors that lead to health and disease.¹² It is stated that nursing students are not sufficient in terms of cultural approaches in patient care.¹³ Therefore, to increase the quality of care, nurses should consider belief, religion, language and other cultural and socioeconomic factors in their professional nursing practices. In nursing education, it is very important to educate students to be sensitive to cultural problems before they graduate.¹¹

Leininger, who was the founder of intercultural nursing, stated that culture-specific care increases health satisfaction of individuals and as a result of culture-specific care, individuals recover more quickly.¹⁴ With a culturally sensitive approach, health outcomes can be improved, occupational burnout can be reduced and satisfaction and quality of care can be increased.¹⁵ In addition to these, the literature indicates that cultural sensibility can be improved.¹⁵ For this reason, it is essential to evaluate the cultural sensibility levels of nursing students in order to facilitate their education on cultural sensibility. On the other hand, only 1 scale in the literature measures the structure of cultural sensibility. Turkish Intercultural Sensitivity Scale developed by Chen and Starosta¹⁶ and adapted into Turkish and studied for validity and reliability by Bulduk et al¹⁷ was not developed specifically for nursing students. This scale was designed to measure the learning outcomes related to the knowledge, attitudes and skills required to achieve cultural sensitivity in nursing students. Since “Cultural Sensibility Scale for Nursing Students” has robust psychometric characteristics, it has a high applicability for cultural sensibility studies in nursing students. There for, the present study was conducted because of the need to conduct the validity and reliability study of “Cultural Sensibility Scale for Nursing Students,” which is a new scale to evaluate cultural sensibility specifically for nursing students so that the required competencies can be achieved to provide care to culturally different populations.

Material and Method

Type of Study

The present study is a methodological study conducted to adapt Cultural Sensibility Scale for Nursing Students into Turkish.

Place and Date of Study

The study was conducted between October 2021 and January 2022 with the students in nursing department of a state university in the east of Türkiye.

Population and Sample of the Study

Population of the study consists of third year and fourth year students in the nursing department of a state university in the east of Türkiye. There are a total of 625 third and fourth year students. It is stated in literature that in scale adaptation studies, the sample size should be at least 5 times and at most 10 times the number of items in the scale.¹⁸ The original Cultural Sensibility Scale for Nursing Students has 22 items. For this reason, it was decided for sample size to be between

at least 110 and 220. A total of 305 nursing students participated voluntarily in the study. Five data have high skewness and kurtosis values. In order to ensure the normality distribution of the data, the data of 5 participants were excluded from the data set. Normal distribution was achieved when the data of 5 participants were excluded and the study was continued with the data obtained from 300 participants.

Instruments

Data were collected by using “Personal Information Form” and “Cultural Sensibility Scale for Nursing Students.”

Personal Information Form

The form consists of 9 questions on gender, age, year of study, place of residence, nationality, economic level, family type, the people students lived with, and the region students lived in.

Cultural Sensibility Scale for Nursing Students

The scale was developed by Belintxon et al.¹² The original scale consists of 22 items. It is a 6-point Likert type scale. The scale has 4 factors as follows: (1) patient and health professional behaviors, (2) self-assessment, (3) self-awareness, and (4) cultural influence. Factorial saturation was sufficient for all factors (>0.30). In the study conducted by Belintxon (2021) et al, Cronbach’s alpha value was found as 0.75.¹²

Language and Content Validity

The original scale was translated into Turkish by 2 independent language experts, as recommended in the literature.¹⁸ The original scale was translated into Turkish by 2 independent language experts as suggested in the literature. The translations were evaluated by the researchers and the Turkish form was structured. This form has been translated back into English. The back-translated scale was compared with the original English scale, and it was re-translated into Turkish. The scale was examined by 3 Turkish language experts, 1 scale development expert and 5 field experts in terms of the appropriateness and scope of the translation. The content validity index was calculated according to the Davis technique. After this stage, a pilot study was conducted with 30 individuals.¹⁹ As a result of the pilot study, 1 item in the original scale was excluded by the researchers because it was not understood. The data of the pilot study were not included in the research data.

The Main Study

The measurement instrument was administered face to face with the consent of nursing students. A total of 300 nursing students were reached. Test–retest method was used to measure the stability of the scale. It is recommended in the literature to reapply the scale between 15 and 30 days.²⁰ In the study, retest was administered between 15 and 30 days.

Statistical Analysis

The data were analyzed with Statistical Package for the Social Sciences 22 package program (IBM Corp., Armonk, NY, USA) and AMOS 23.0 application. The data were evaluated with arithmetic mean, SD, percentage, minimum–maximum values, KMO (Kaiser–Meyer–Olkin), Bartlett’s sphericity test, confirmatory factor analysis (CFA), χ^2/SD value, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Comparative Fit Index (CFI), Root Mean Square Error of Approximation (RMSEA), Root Mean Square Residual (RMR), Normed Fit Index (NFI), Tucker Lewis Index (TLI), Incremental Fit Index (IFI), Parsimony Normed Fit Index (PNFI), Parsimony Goodness of Fit Index (PGFI), Standardized Root Mean Square Residual (SRMR) fit indices and PATH diagram, Spearman’s correlation coefficient, and Cronbach’s alpha coefficient.

Ethical Considerations and Permission

First, the required permissions were taken from the authors of the scale Belinxton et al¹² through mail. Ethics committee approval was taken from Erzurum Technical University Scientific Research and Publications Committee with the decision dated July 16, 2021 and numbered 2. The institutional permission to conduct the study was obtained from Erzurum Atatürk University Nursing Faculty Dean's Office (80131151/2000302016 numbered document). The students who participated in the study were informed about the study. The nursing students who participated in the study were informed that the study was based on the principle of voluntariness and their consents were taken. The participants were informed that their names and data would not be shared.

Results

It was found that 71.7% of the students in the study were female, 51.3% were fourth year students, 85% were ≥ 21 years old, 55% were living in a city, 99% were Turkish, 74.3% had a moderate level of income, 79.3%

Table 1. Demographic Characteristics of the Students Participating in the Study

Demographic Characteristics	N	%
Gender		
Female	215	71.7
Male	85	28.3
Class		
Third grade	146	48.7
Fourth grade	154	51.3
Age, years		
18-20	45	15.0
21 and above	255	85.0
Living place		
Village	61	20.3
District	74	24.7
City	165	55.0
Nationality		
TR	297	99.0
Other	3	1.0
Economic level		
Low	37	12.3
Middle	223	74.3
Good	40	13.4
Family type		
Extended family	62	20.7
Nuclear family	238	79.3
Living person		
With my family	114	38.0
In the dormitory	162	54.0
With my housemates	16	5.3
Home alone	5	1.7
Other	3	1.0
Living region		
Central Anatolia Region	11	3.7
The Mediterranean region	13	4.3
Black Sea region	29	9.7
Marmara region	11	3.7
Aegean region	4	1.3
Eastern Anatolia region	194	64.7
Southeast Anatolia region	38	12.6
Total	300	100

had nuclear family, 54% were living in a dormitory, and 64.7% were living in the Eastern Anatolia region (Table 1).

Results on Validity

Kaiser–Meyer–Olkin and Bartlett's sphericity test were conducted to check the suitability of the sample size and the suitability of data set for analysis. Kaiser–Meyer–Olkin value was found as 0.804. Bartlett's sphericity set was found to be significant ($\chi^2 = 2029.514$; $P < .001$).

Construct Validity

Confirmatory factor analysis was conducted to test the construct validity of the scale. The original scale has 4 factors. Since the data were normally distributed in the present study, maximum-likelihood technique was used in factor analysis. Since the total score correlation values of "6 items" were found as $< .20$, CFA was performed with 15 items. It was found that the factor loads of all items in the scale were within the appropriate limits. When the modification indices of the items were examined, a high level of covariance was found between I_4 and I_5 and I_5 and I_6 items and error terms of these 3 items were combined and modified. The information regarding the fit indices obtained as a result of CFA is shown in Table 2.

Reliability Results

Internal Consistency (Cronbach's Alpha) Coefficients

Cronbach's alpha coefficient was calculated to find out the reliability analyses of the 15 items in the finalized scale. Cronbach's alpha coefficient was found as 0.611 for " F_1 " factor, as 0.625 for " F_2 " factor, as 0.896 for " F_3 " factor, and as 0.662 for " F_4 " factor and as 0.782 for the whole scale.

Split-Half Reliability Coefficient

As a result of the split-half reliability analysis of the 15-item finalized scale, Spearman–Brown correlation value ($r = 0.489$) and Guttman split-half coefficient value ($r = 0.522$) were found to be sufficient and it can be said that Cronbach's alpha reliability coefficients of the split-half analyses were sufficient. Split-half reliability analysis results show that the scale is reliable (Table 3).

Time Invariance

Pearson moments product correlation analysis was conducted to find out the time invariance reliability of the scale. Correlation value of the relationship between pre-test and post-test measurement results were found to be significant at $r = 0.830$ and $P < .001$ level. It can be seen that first application and second application measurement results of the scale were similar. This result showed that Cultural Sensibility Scale for Nursing Students (CSSNS) had high test–retest reliability.

Discussion

Validity and reliability study of the scale should be done in scale development or Turkish adaptation studies.¹⁹ The present study aims to adapt "Cultural Sensibility Scale for Nursing Students," which was developed by Belinxton et al¹² to find out the cultural sensibility of nursing students, into Turkish language and culture and to conduct its validity and reliability study.

Scale adaptation studies are carried out in 2 stages. These are the analysis of psycholinguistic characteristics (language adaptation) and the analysis of psychometric characteristics (reliability and validity).²² In the present study, after the scale was translated into Turkish for language adaptation of the original scale form, the scale items were evaluated by the experts. In scale studies, before determining the validity and reliability characteristics of the scale, a pilot study is recommended.^{19,22} For this reason, the scale which was translated into

Table 2. CFA Goodness of Fit Indices and Normal Values

Index	Normal Value	Acceptable Value	Measurement	Conclusion
χ^2/P Değeri	$P > .05$	—	0.000	Perfect fit
χ^2/SD (CMIN/DF)	<2	<5	2.198	Perfect fit
GFI	>0.95	>0.90	0.925	Acceptable fit
AGFI	>0.95	>0.85	0.891	Acceptable fit
CFI	>0.95	>0.90	0.934	Acceptable fit
RMSEA	<0.05	<0.08	0.063	Acceptable fit
SRMR	<0.05	<0.08	0.0561	Acceptable fit
NFI	>0.95	>0.80	0.887	Acceptable fit
TLI	$0.95 < TLI < 1$	$0.90 < TLI < 0.94$	0.916	Acceptable fit
IFI	>0.90	-	0.935	Perfect fit
PGFI	>0.89	>0.50	0.632	Acceptable fit
PNFI	>0.89	>0.50	0.693	Acceptable fit

CFA, confirmatory factor analysis; AGFI, adjusted goodness-of-fit index; CFI, comparative fit index; GFI, goodness-of-fit index; IFI, incremental fit index; NFI, normed fit index; PGFI, parsimony goodness-of-fit index; PNFI, parsimony normed fit index; RMSEA, root mean square error of approximation; SRMR, standardized root mean square residual; TLI, Tucker Lewis index.

Table 3. Results of Two-Half Confidence Analysis

	Value	0.800
First half (single-numbered items)	Number of items	8
	Value	0.599
Second half (double-numbered items)	Number of items	7
Cronbach's alpha	Correlation between equivalent halves	0.677

Turkish and which was revised in line with the suggestions of experts, was administered to 30 individuals. As a result of the pilot study, 1 of the items in the scale was excluded by the researchers. In the second stage of scale adaptation studies, reliability and validity of the scale which is adapted to the target language should be tested. This is because it is not correct to use a measurement instrument that cannot measure correctly or one that is not suitable for its intended use even if it measures correctly.²²

2Validity of the scale items were examined. A total of 6 items with an item total score correlation value of $<.20$ were excluded from the scale.²¹ Kaiser–Meyer–Olkin and Barlett's sphericity test were conducted to check the suitability of sample size and whether the data set is suitable for analysis. As a result of the test, KMO value was found as 0.804 and Barlett's sphericity test was found as <0.001 . A KMO value of $>.60$ and Barlett test being significant at $P < .001$ level shows that the data are suitable for factor analysis.²¹ In line with the values obtained in the study, it was concluded that the data set was suitable for factor analysis.

Construct validity is related to how accurately the scale items measure the specified features.²³ In adapting measurement instrument, it is recommended to conduct CFA directly instead of exploratory factor analysis.²⁰ In this study, CFA was conducted to test the construct validity of 4-factor and 15-item "Cultural Sensibility Scale for Nursing Students." Maximum-likelihood calculation method was used in analyses since the data were normally distributed. Factor loadings of all items in the scale were found to be within suitable limits.

Reliability analyses were conducted after CFA. Cronbach's alpha coefficient was calculated to find out the reliability analyses of the 15 items in the finalized scale. Cronbach's alpha coefficient was found as 0.611 for " F_1 " factor, as 0.625 for " F_2 " factor, as 0.896 for " F_3 " factor, and as 0.662 for " F_4 " factor and as 0.782 for the whole scale. These values show that the scale is highly valuable.^{20,21} Split half and test–retest reliability analysis results also showed that the scale has sufficient

reliability. In line with these results, it is thought that the scale is a valid and reliable scale.

When the literature was reviewed, it was found that for the determination of cultural sensibility in the field of health, there were scales as "intercultural sensitivity scale," "cultural sensitivity perceptions scale," "cultural competency scale," and "cultural competency scale for primary healthcare professionals," which were developed for Turkish culture or adapted to Turkish. In some scales, cultural sensibility is shown as a factor. These are "cultural competency scale," which was developed by Perng and Watson²⁴ and adapted to Turkish by Gözümlü et al²⁵ and "cultural competency scale for primary healthcare professionals," which was edited to be applied to working healthcare professionals. In "cultural competency assessment scale," which was applied to nursing students by Papadopoulou et al²⁶ adapted to Turkish by Dıġrak & Tezel,²⁷ cultural sensibility was presented as a factor. "Intercultural Sensitivity Scale" developed by Chen and Starosta¹⁶ and adapted to Turkish by Bulduk et al¹⁸ and "Cultural Sensibility Perceptions Scale" developed by Güçlücan²⁸ were also used to find out cultural sensibility. Based on the studies conducted, no similarities were found between the items and factors of the examined scales and "Cultural Sensibility Scale for Nursing Students." This result shows the originality of the scale. It is thought that the scale will determine the cultural sensibility of nursing students in detail.

Conclusion and Recommendation

"Cultural Sensibility Scale for Nursing Students" was adapted to Turkish culture in the present study. As a result of the adaptation of original form of the 4-factor and 22-item scale into Turkish form, 4-factor and 15-item structure was obtained. "Cultural Sensibility Scale for Nursing Students" is valid and reliable measurement instrument for Turkish culture. It can be said that the scale is a measurement instrument that can be easily applied, since it has few scale items and short expressions.

Ethics Committee Approval: The study was approved by Erzurum Technical University Scientific Research and Publication Board (Date: July 16, 2021, 2 numbered) and the institutional permission to conduct the study was obtained from Erzurum Atatürk University Nursing Faculty Dean's Office (Number: 80131151/2000302016).

Informed Consent: Verbal informed consent was obtained from the participants who agreed to take part in the study.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept – Y.E, S.D., B.Ç.; Design – Y.E, S.D.; Supervision – S.D.; Resources – S.D., B.Ç.; Materials – Y.E, B.Ç.; Data Collection and/or Processing – B.Ç.; Analysis and/or Interpretation –Y.E.; Literature Search – Y.E, S.D., B.Ç.; Writing Manuscript – Y.E, S.D., B.Ç.; Critical Review – Y.E; Other – Y.E, S.D., B.Ç.

Acknowledgement: We thank the participant for taking part in the study.

Declaration of Interests: The authors declare that they have no competing interest.

Funding: The authors declared that this study has received no financial support.

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