The Impact of Professional Values and Job Satisfaction of Pediatric Nursing on Their Intercultural Sensitivity

Abstract

Aim: This study aimed to examine the effect of pediatric nurses' professional values and job satisfaction on their intercultural sensitivities.

Methods: This study was conducted between July and December 2018 with 119 pediatric nurses working in the pediatric clinics of a state hospital and a university hospital in the western region of Turkey. A “Descriptive Information Form,” the “Nurses Professional Values Scale,” the “Job Satisfaction Scale for Nurses,” and the “Intercultural Sensitivity Scale” were used to collect data. The SPSS 22.0 statistical software package was used to analyze the data. The sociodemographic characteristics of the pediatric nurses were represented using percentage and mean values, and the effect of nurses’ job satisfaction and professional values on their intercultural sensitivity was evaluated using the simple regression analysis.

Results: Of the pediatric nurses, 91.6% were female, and the mean age was 31.32 ± 6.56. It was determined that the majority of the nurses had not participated in a scientific activity/insurance education program on intercultural sensitivity before. A moderate positive correlation was found between pediatric nurses’ intercultural sensitivity, professional values, and job satisfaction (P < .001). A significant positive relationship was found in all the models established in the simple regression analysis performed in the study.

Conclusion: It was found that pediatric nurses’ professional values and job satisfaction affected their intercultural sensitivity. Therefore, we recommend that these concepts, which affect nurses’ care, should be supported by interventional studies.

Keywords: Nursing, Professional values, Job satisfaction, Intercultural sensitivity

Introduction

Due to the gradually increasing rate of immigration in the world and Turkey, pediatric patients, whom all healthcare professionals provide care for, and their parents show cultural diversity. Cultural diversity affects not only children and parents receiving care but also health professionals.1 Understanding the cultural values, beliefs, and practices of children and their parents is an important requirement in pediatric clinics to provide holistic nursing care.2,3 Studies show that cultural sensitivity increases the quality of health care,4-6 facilitates solving cultural and communication problems, and increases parental satisfaction.7,8 In addition, providing a culture-sensitive approach in the care of the sick child makes parents feel comfortable in the clinical environment and increase their trust in health professionals.9

Intercultural sensitivity is a concept that includes accepting individuals as they understand intercultural differences.9 In addition, being aware of the similarities and differences of various cultures means avoiding labeling these differences as “good or bad” or “right or wrong.”10 Providing culturally sensitive care to pediatric patients from different cultures and ethnic backgrounds and their parents is very important, and this care is one of the best approaches to increase the child and their parents’ satisfaction with and adherence to treatment.2 Various variables (self-esteem, empathy, experience) affect nurses’ intercultural sensitivity levels.11-13 Some studies in the literature show that the professional values of nurses affect their intercultural sensitivity.14,15

Professional values include the goals and beliefs of nurses that determine their behavior during the decision-making and implementation phase.21 Professional values help nurses to guide their interaction with patients, colleagues, and society27 and are highly effective in increasing the quality of patient care and satisfaction.28 Pediatric nurses should take their professional values as the basis while providing care to pediatric patients and their parents and advocating their behaviors and attitudes. Internalization of professional values by pediatric nurses will contribute to their professional responsibility by creating a framework for maintaining safe, quality, and ethical care.29 Poorchangiz et al.30 found that nurses with high professional values also have high intercultural sensitivity. In addition to the professional values of nurses, it is emphasized that nurses with high job satisfaction show willingness to provide culture-sensitive care and that high job satisfaction of nurses is important in providing quality care.20-22

Job satisfaction involves the overlap of individual’s aspirations and the characteristics of the job they work for and the satisfaction of the individual with this situation, and their attitudes related to their work indicate behaviors and emotions that comprise how they feel at their
workplace.23,24 The job satisfaction of nurses affects the satisfaction and productivity of the employee at the workplace, as well as the quality of the nursing care provided to the patients.22,26 According to Klaus et al.,22 the job satisfaction of nurses is very important in providing safe and quality nursing care. Also, job satisfaction is an important concept in providing quality nursing care to patients.27–30

In the literature, there is no study examining the effect of both professional values and job satisfaction of pediatric nurses on intercultural sensitivity. Therefore, this study aimed to examine the effects of professional values and job satisfaction of pediatric nurses on their intercultural sensitivity.

**Method**

**Aim and Type of the Study**

This study used a descriptive, correlational, predictive, and cross-sectional research design and was conducted to evaluate the effect of professional nurses’ professional values and job satisfaction on their intercultural sensitivity.

**Research Hypotheses**

H1: There is a significant relationship between pediatric nurses’ professional values and their intercultural sensitivity.

H2: There is a significant relationship between pediatric nurses’ job satisfaction and their intercultural sensitivity.

**Study Setting and Characteristics**

This study was carried out between July and December 2018 in the pediatric clinics (pediatric infection, pediatric examination, pediatric surgery, infant clinics, pediatric intensive care units) of a state hospital and a university hospital located in the western region of Turkey.

**Population and Sample of the Study**

The population of the study consisted of pediatric nurses (N = 300) working in the pediatric clinics (pediatric infection, pediatric examination, pediatric surgery, infant clinics, pediatric intensive care units) of a state hospital and a university hospital located in the western region of Turkey. Before starting the study, the sample size was calculated on the G* power statistics software to determine whether the population was enough to meet the sample size necessary for the study. The required sample size was calculated as 107 pediatric nurses based on medium effect size, Type 1 error of 0.01, and Type 2 error of 0.05 (95% power). To see the relationship between the variables more clearly, the study was conducted with 119 pediatric nurses who voluntarily agreed to participate in the study.

**Data Collection Tools**

The study data were collected using a Descriptive Information Form, the Nurses Professional Values Scale, the Job Satisfaction Scale for Nurses, and the Intercultural Sensitivity Scale.

**Descriptive Information Form:** The descriptive information form consists of three questions about sociodemographic characteristics of pediatric nurses, including their age, gender, and marital status, and nine questions that examine their professional and work knowledge.

**Job Satisfaction The Scale for Nurses:** The scale was developed by Muya et al.31 to evaluate the job satisfaction levels of nurses. It consists of 28 items. It is scored using a five-point Likert-type scale (1 = strongly disagree, 5 = strongly agree). Cronbach’s alpha value of the scale is 0.94. While evaluating the scale, items 7 and 21 are reversed, and increased scores from the scale indicate a high level of job satisfaction.

The Turkish validity and reliability study of the scale was conducted by Yılmaz Türe and Yıldırım.32,33 Cronbach’s alpha value of the Turkish scale is 0.90.14 In this study, Cronbach’s alpha coefficient of the scale was found as 0.88.

**Nurses Professional Values Scale:** This scale was developed by Weis and Schank,35 to determine the level of nurses’ perception of professional values. It has a five-point Likert-type scale and consists of 26 items. Increased scores from the scale indicate that adherence to professional values is strong. Cronbach’s alpha coefficient of the original scale is 0.92, and factor load values range between 0.46 and 0.79. The Turkish validity and reliability study of the scale was conducted by Acaroğlu.22 Cronbach’s alpha coefficient of the total Turkish scale is 0.96. The Turkish form of the scale has three factors with factor loads ranging from 0.47 to 0.79. The KMO value of the Turkish form of the scale is 0.96, the chi-square value of the Barlett’s test is 6811.872 (P < .001), and factor load values vary between 0.49 and 0.82. As a result of the analysis, it was determined that the Turkish form of the scale is valid and reliable. Cronbach’s alpha coefficient of the Nurses Professional Values Scale was found to be 0.95 in this study.

**Intercultural Sensitivity Scale:** This scale was developed by Chen and Staros44 to evaluate intercultural sensitivity. It consists of 26 items and 5 sub-dimensions: interaction engagement, respect for cultural differences, interaction confidence, interaction enjoyment, and interaction attentiveness. The items on the scale are scored using a five-point Likert-type scale (1 = strongly disagree, 5 = strongly agree). The validity and reliability study of the Turkish form of the scale was conducted by Bulduk et al.36 Cronbach’s alpha coefficient of the total scale range is 0.72.36 The factor load values of the Turkish form of the scale range between 0.33 and 0.82. The lowest total score that can be obtained from the scale is 24, and the highest total score is 120. The scale does not have a specified cutoff score, and an increase in the total score obtained from the scale indicates an increased level of intercultural sensitivity.36 In this study, Cronbach’s alpha coefficient of the Intercultural Sensitivity Scale was found to be 0.87.

**Data Collection**

The study data were collected by the researchers using the survey method. All nurses were interviewed, and they were informed about the study. The questionnaire form was distributed to the nurses who agreed to participate in the study, and the data were collected in a one-month period. After the questionnaire forms were collected, 40 nurses were excluded from the study due to incomplete answers on their questionnaire forms, and the analyses were conducted using data from 119 pediatric nurses.

**Data Evaluation**

The data of the study were evaluated using the SPSS 22.0 software package (IBM Corp. Armonk, NY; Released, 2013). While evaluating the data, the sociodemographic characteristics of the pediatric nurses were represented using percentage and mean values, and the effect of the nurses’ job satisfaction and professional values on their intercultural sensitivity was evaluated using the simple regression analysis. The multicollinearity test was used to decide whether the variables would be included in the model. The variance inflation factor value of the multicollinearity test is required to be below 10, the tolerance value should be greater than 0.2, and the Condition Index value should be below 15. The variables in this study were included in the model because they met the desired criteria. The level of significance was accepted as <0.001.
Ethical Aspects of the Study

The permission of the owners of the scales, which would be used in the study, was obtained via email. At the outset, the necessary institutional permissions were obtained first. The study was approved by Dokuz Eylül University Non-Interventional Research Ethics Committee (Decision No: 2018/11-23; 3975-GOA; Date 03.05.2018). After explaining the purpose of the study to the nurses included in the study, those who voluntarily agreed to participate in the study and submitted a written consent form were included in the study.

Findings

The mean age of the pediatric nurses participating in the study was 31.32 ± 6.56, 91.6% of them were female, and 55.5% were married. Of the nurses participating in the study, 69.7% had an undergraduate degree, only 6.7% were health vocational high school graduates, 93.3% worked as ward nurses, 33.6% had 0-5 years of work experience, and 49.6% had 0-5 years of work experience in pediatric clinics. When the weekly working hours of the pediatric nurses were examined, it was found that 19.3% worked 40 hours, 58% worked between 41 and 48 hours, and 22.7% worked 49 hours or more a week. Apart from these, 19.3% of the nurses worked in the day shift, 52.1% had chosen the profession willingly, 81.5% had not participated in a scientific event on intercultural sensitivity, and 84% had not received in-service education on this subject (Table 1). No statistically significant difference was found between pediatric nurses’ job satisfaction, total work experience in pediatric clinics, and weekly working hours (P > .001).

Three models were created considering the relationships between study variables and intercultural sensitivity. The multiple regression analysis was used to evaluate the models.

In Model 1, it was found that the professional values of pediatric nurses explained 14% of intercultural sensitivity (F = 19.326, P < .001). In the model, it was determined that there was a moderate, significant, and positive correlation (β = 0.377, P < .001) between the professional values of pediatric nurses and their intercultural sensitivity.

According to Model 2, pediatric nurses’ job satisfaction explained 15% of intercultural sensitivity (F = 20.532, P < .001). In the model, there was a moderate, significant, and positive correlation (β = 0.386, P < .001) between pediatric nurses’ job satisfaction and intercultural sensitivity.

In Model 3, the mean scores of the pediatric nurses from the professional values scale and job satisfaction scale were added to the model. All of these variables together explained 21% of the intercultural sensitivity. In this model, it was determined that the most important factors affecting the intercultural sensitivity of the pediatric nurses were job satisfaction (β = 0.277) and professional values (β = 0.260), respectively (P < .001) (Table 2).

Discussion

The findings of this study showed the effect of pediatric nurses’ professional values and job satisfaction on their intercultural sensitivity. In the study, it was concluded that pediatric nurses’ professional values and job satisfaction had a significant effect on their intercultural sensitivity.

The models established in the study sought the following relationships: the effect of the pediatric nurses’ professional values on their intercultural sensitivity in Model 1; the effect of the pediatric nurses’ job satisfaction on their intercultural sensitivity in Model 2; the effects of professional values and job satisfaction of the pediatric nurses on their intercultural sensitivity in Model 3.

Model 1 revealed that as the mean score of pediatric nurses on the

### Table 1. Distribution of the Descriptive Characteristics of the Pediatric Nurses (N: 119)

| Characteristics | n  | %     |
|-----------------|----|-------|
| Age (mean: 31.32 ± 6.56) |    |       |
| 21-35           | 85 | 71.4  |
| 36-50           | 34 | 28.6  |
| Gender          |    |       |
| Female          | 109| 91.6  |
| Male            | 10 | 8.4   |
| Marital status  |    |       |
| Married         | 66 | 55.5  |
| Single          | 53 | 44.5  |
| Level of education |    |       |
| High school     | 8  | 6.7   |
| Associate degree| 21 | 17.6  |
| Undergraduate degree | 83 | 69.7  |
| Graduate degree | 7  | 5.9   |
| Profession      |    |       |
| Staff nurse     | 111| 93.3  |
| Charge nurse    | 6  | 5.0   |
| Nurse manager   | 2  | 1.7   |
| Total work experience (years) |    |       |
| 0-5             | 40 | 33.6  |
| 6-10            | 37 | 31.1  |
| 11-15           | 22 | 18.5  |
| ≥16             | 20 | 16.8  |
| Total work experience in pediatrics (years) |    |       |
| 0-5             | 59 | 49.6  |
| 6-10            | 41 | 34.5  |
| 11-15           | 11 | 9.2   |
| ≥16             | 8  | 6.7   |
| Weekly working hours (hours) |    |       |
| 40              | 23 | 19.3  |
| 41-48           | 69 | 58.0  |
| ≥49             | 27 | 22.7  |
| Status of receiving in-service education about intercultural sensitivity |    |       |
| Yes             | 19 | 16.0  |
| No              | 100| 84.0  |
| Status of participation in scientific events about intercultural sensitivity |    |       |
| Yes             | 22 | 18.5  |
| No              | 97 | 81.5  |
professional values increased, their mean score on the intercultural sensitivity increased, as well. Nursing is a profession that aims to provide individuals with appropriate care that is meaningful, appropriate, and respectful to their cultural values. Nurses’ recognition of the cultural structure of society that they serve increases the quality of nursing care.36 Similar to our study, some studies show that pediatric nurses’ professional values affect their intercultural sensibilities positively.37,38 While giving care to healthy/sick children and their families, nurses should focus on the concept of culture and provide care in accordance with the cultural needs of the child/parents.39 In the care of the child, taking into account the cultural values and beliefs of both the child and their family is very effective in providing holistic care. Nurses should be able to provide appropriate holistic care to children and their parents from different cultures and adopt an approach with intercultural sensitivity.40 In addition, Campinha-Bacote41 stated that especially nurses’ cultural sensitivity/competence was an indispensable element of quality care. Intercultural sensitivity also contributes to the effective communication of healthcare professionals and increases the quality of healthcare services.42 It is thought that the results of various studies37,38 examining the intercultural sensitivity of nurses are similar to the results of the current study.

Model 2 revealed that as the job satisfaction scores of pediatric nurses increased, their mean scores on the intercultural sensitivity increased, as well. Although job satisfaction is important for every profession, it is more important in pediatric nurses, who are directly effective in protecting and maintaining children’s health.43 Increased job satisfaction of health professionals is a very important concept in quality patient care. Some studies show that job satisfaction of especially nurses is reflected in their work performance and care.44,45 In addition, nurses’ job satisfaction is also important for health institutions because it shows the physical and psychological conditions of employees. Leininger46 argues that nurses should provide care with intercultural sensitivity so that they can promote the health and quality of life of individuals that they provide care for. It is thought that the results of different studies44,45 examining the effect of nurses’ job satisfaction on intercultural sensitivity are similar to the results of our study; therefore, job satisfaction is very important in providing care with cultural sensitivity and that job satisfaction levels of nurses working in pediatric clinics should definitely be evaluated.

Model 3 showed that as the mean scores of the pediatric nurses on the professional values and job satisfaction scales increased, their mean scores on the intercultural sensitivity increased, as well. In the literature, the importance of evaluating nurses’ perceptions and behaviors regarding professional values is emphasized.47 In addition, some studies in the literature show that there is a significant positive relationship between increased professional values of nurses and their provision of culturally sensitive care.44 Intercultural sensitivity or cultural competence is a concept that increases the quality of patient care and promotes nurses’ professional satisfaction. Thirty-six Pediatric nurses are the healthcare professionals who spend the longest time with both children and their families within a family-centered care understanding. For this reason, they will inevitably give care to individuals with various cultural differences. Providing culturally sensitive care should be at the core of providing quality care and providing optimal well-being for the child.48 Brunett and Shingles;49 found that patients paid more attention to medical advice given by nurses with high cultural sensitivity, which increased patients’ adjustment to treatment. It is thought that the results of different studies44,48,49 examining the intercultural sensitivities of nurses are similar to the results of the current study.

Culturally sensitive nursing care increases communication between pediatric nurses and the child/parents who they provide care for. It encourages the feeling of trust in the nurse so that parents can take responsibility for the care of their child. The care of culturally sensitive nurses improves the collection of data from the pediatric patient, ensures equity in care, reduces medical errors, and improves the quality of care.50

As stated by the International Council of Nurses-ICN,51 one of the professional responsibilities of nursing is nursing care. In this context, it is thought that professional values and job satisfaction, which are important factors in providing care with intercultural sensitivity and affect the quality of nursing care, should definitely be evaluated in all pediatric nurses who provide care for pediatric patients.

Limitations of the study
The study results are limited to the self-reporting of the nurses included in the sample.

Conclusion
In this study, it was determined that the professional values and job satisfaction of pediatric nurses had a significant and positive effect on their intercultural sensitivity. One of the striking findings of the study was that the majority of pediatric nurses had not received in-service education about intercultural sensitivity or culture-specific care. We recommend that all healthcare professionals, especially pediatric nurses who are in direct contact with children and parents, should be aware of the importance of transcultural care, which is effective in meeting the cultural needs of individuals, families, and groups. Pediatric nurses should be given regular education on this issue, and that the factors affecting their intercultural sensitivity should be studied.

Ethics Committee Approval: The study was approved by Dokuz Eylül University Non-Interventional Research Ethics Committee (Decision No: 2018/11-23; 3975-GOA; Date 03.05.2018).

Informed Consent: After explaining the purpose of the study to the nurses included in the study, those who voluntarily agreed to participate in the study and submitted an written consent form were included in the study.

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