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Research Article

Determining the Organizational Cultural Competence of Hospitals Located in the Coastal Strip of the City of Antalya

Zeynep Karakuş[1], Zeynep Özer[1], Sebahat Gözüm[2], Selma Öncel[2]

[1]Department of Internal Medicine, Akdeniz University Nursing Faculty of Nursing, Antalya, Turkey
[2]Department of Community Health Nursing, Akdeniz University Faculty of Nursing, Antalya, Turkey

ORCID iDs of the authors: Z.K. 0000-0002-4545-9945, Z.Ö. 0000-0001-8405-1208, S.G. 0000-0001-8672-8016, S.Ö. 0000-0002-1882-1793.

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Abstract

AIM: This study aimed to determine the organizational cultural competence of hospitals located in the coastal strip of Antalya city in Turkey.
METHOD: The sample of this descriptive study included 31 hospitals. Data were collected with a questionnaire developed by the researchers under the guidance of 2 guides related to organizational cultural competency standards. The questionnaire included 3 sections and 47 questions and was answered by an authorized person to provide information on behalf of the hospital.
RESULTS: Among the hospitals participating in the study, 61.3% were private hospitals, 67.7% had international patient departments, 96.8% had quality departments, and 29% reported that they had a budget allocated for providing culturally appropriate care. Most of the hospitals reported that they served multi-menu option to the patients (64.5%) and provided with interpreter assistance free of cost (90.3%). Most of the hospitals stated that they provided end-of-life care for patients who died in their hospitals according to the wishes of the family members (96.8%).
CONCLUSION: Hospitals seek to adopt a culturally sensitive approach in healthcare services, but their cultural competence has scope for improvement, as they do not have strategic action plans or sufficient budgets yet.
Keywords: Cultural competency, hospital, nursing, organization

Introduction

One of the main components of quality care is the fact that care is specific to the individual's culture (Penrod et al., 2012). The cultural competence of both the staff and organization providing healthcare plays a key role in providing care that is appropriate per the individual's culture (Cherner et al., 2014). Cultural competence is the capacity of the healthcare system to improve the health of consumers by integrating culture in healthcare services (Henderson et al., 2018).

Standard 5 in the standards of practice for culturally competent nursing care, which was suggested by Douglas et al. (2011), makes a point about the cultural competence of organizations: To evaluate and meet the linguistic and cultural needs of those seeking healthcare, healthcare organizations are supposed to provide the necessary infrastructure and resources. In addition, healthcare organizations should also build trust and collaboration between the potential patients and healthcare providers. The following are suggested for implementing this standard:

- Build a managerial level unit to oversee and assume responsibilities about issues related to cultural diversity within the organization
- Prepare a budget plan to provide culturally competent care (for example, providing interpreters and multi-language education materials, and so on)
- Develop policies and procedures that aim to employ and sustain a culturally diverse workforce, and plan orientation and annual in-service training related to cultural competence for all levels of staff
- Determine professional competence requirements in job descriptions in addition to performance measures and promotion criteria

Corresponding author: Zeynep Karakuş
E-mail: zeynepkarakus07@gmail.com

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- Develop a data collection system to identify the emergent and current demographic needs of the geographic area served by the organization
- Receive patient feedback, such as patient satisfaction data, to assess the effectiveness and appropriateness of the healthcare service and to identify issues that could be improved
- Communicate with other healthcare organizations to exchange ideas and resources to meet the needs of culturally diverse groups
- Integrate health service into community activities by bringing healthcare to the population by means of health screening, well-child screenings, health fairs, and so on
- Ensure participation by community members in organizational committees (Douglas et al., 2009; Douglas et al., 2011).

Culturally competent healthcare organizations provide neutrality and respect for culturally diverse staff and patients along with access to interpreters in different languages, printed and visual material in languages of potential patients, and a heterogeneous team to address the characteristics of patients (Handtke et al., 2019; Jongen et al., 2018). Culturally competent healthcare organizations also provide orientation and training for all the staff; deliver service in a way that meets various needs of individuals from diverse cultures; and periodically assess the healthcare and service outcomes of individuals with diverse cultural, linguistic, and ethnic backgrounds (Handtke et al., 2019; Papadopoulos & Lees, 2002).

Determining the cultural competence of hospitals and providing culturally competent healthcare can make significant contributions in identifying the areas for growth and improving patient satisfaction (Castillo & Guo, 2011; Cordova et al., 2010; Hernandez et al., 2009). In Turkey, the Ministry of Health launched a restructuring campaign about this subject by issuing "Directive on Health Tourism and Health Services to be Provided in the Scope of Tourist Health" in 2013 (Directive on Health Tourism and Health Services to be Provided in the Scope of Tourist Health, 2013). As a part of this campaign, the ministry established and authorized provincial coordination centers for international patients and international patient units within a hospital or provincial health directorate in various cities. In addition, international patient call centers were established for attending international patients' and tourists' calls about emergency health services or patients' rights.

According to the Ministry of Health data for 2016, a total of 152,150 patients visited Turkey in 2016 for medical tourism, and 56% (n=74,484) of these patients received care from private healthcare organizations, whereas 44% (n=77,666) received care from public organizations. A total of 207,518 tourists visited Turkey in the health of the tourist category, and 60% (n=124,732) of these patients received healthcare from private health organizations, whereas 40% (n=82,786) received healthcare from public organizations (Yıldırım et al., 2017). Therefore, the competence of health organizations in terms of medical tourism and health of the tourist should be assessed by taking both public and private healthcare organizations into consideration.

Antalya has become a major tourism and medical destination owing to its history, geography, nature, climate, and developments in the healthcare field in recent years. Many foreign and domestic tourists visit Antalya for holiday or to receive healthcare (İştar, 2016). According to the Turkish Ministry of Health data for 2015-2016, 26,875 tourists visited Antalya (Yıldırım et al., 2017). The popularity of Antalya among tourists seeking both residence and a holiday destination increases the service demands from the hospitals in the city. However, Antalya is one of the cities with the most migration. According to the 2017 Immigration Statistics of Turkey, 18,512 of 28,189 people who emigrated from Syria to Turkey have migrated to Antalya (Immigration Statistics, 2017).

It is crucial that hospitals provide healthcare in a way that meets the needs of potential patients. Both tourists and immigrants tend to seek care from a health facility in case of a health problem. As Antalya attracts holiday makers and immigrants, it is essential that health organizations in the city achieve organizational cultural competence to provide quality patient care. Currently, there are no studies about the cultural competence of hospitals in Antalya or in Turkey. Nurses' culturally sensitive care skills can be improved only when their organizations provide the infrastructure that can serve diverse cultures and organizational cultural competency standards. This study aimed to determine the organizational cultural competence

of hospitals located in the coastal strip of the city of Antalya.

Research Questions

1. What is the level of cultural competence of hospitals located in the coastal strip of the city of Antalya?
2. What is the status of hospitals to receive and meet the demands from patients related to the standards of organizational cultural competence?

Method

Study Design

This is a descriptive study.

Sample

Because of the significance of the study area, the study population included a total of 36 hospitals, 12 public hospitals and 24 private hospitals, located in the coastal strip of the city of Antalya in 2013. The study sample included 31 of these hospitals because 1 of them was closed down during the study procedure and 4 other hospitals refused to participate in the study owing to their organizational policies.

Data Collection

Data were collected between January-December 2013. Data in the study were obtained by e-mail using 1 questionnaire for each hospital. The questionnaire was answered by only 1 person who was authorized to provide information on behalf of the hospital, such as the chief physician, nursing services director, assistant manager, quality unit personnel, or training coordinator.

Data Collection Tools

A questionnaire developed by the researchers based on the literature (Fung et al., 2012; Guerrero, 2012; Weech-Maldonado et al., 2012) and expert opinion was used in this study. Development of the questionnaire was also guided by the "National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report" published in 2001 by the United Station Department of Health and Human Services' Office of Minority Health and by "The Standards of Practice for Culturally Competent Nursing Care" developed by Douglas et al. (2011).

The questionnaire included 3 sections. In the first section, there were 11 questions about general characteristics, such as service year, number of staff, and number of foreign patients. The second section included 28 questions developed in accordance with standards (Douglas et al., 2011; Health & Services, 2001) to determine the cultural sensitivity of hospitals and their culture-specific service provision. The participants were asked to respond with a "yes" or "no" for agreement with the items. In the last section, the potential demands of culturally diverse patients and their family members from the organizations were grouped under the following 8 categories: Culturally appropriate healthcare staff (men/women); culturally specific menus; interpreters; education materials in different foreign languages; newspapers, magazines, and television channels in different foreign languages; "religious books; priests; and culturally specific end-of-life care. The participants were asked to respond with a "yes" or "no" for agreement with the statements about their capacity to receive and meet these demands.

Statistical Analyses

The research data were analyzed with the Statistical Package for Social Sciences Version 23.0 (IBM SPSS Corp.; Armonk, NY, USA) software licensed by Akdeniz University and using descriptive statistics measurements, namely percentage and frequency distributions.

Ethical Considerations

The Ethics Committee for Non-Interventional Scientific Research of Akdeniz University approved (Date: 08.01.2013, Number: B.30.2.AKD.0.20.05.05) this study. The officials of the hospitals that agreed to participate in the study also granted written permission.

Results

Organizational Characteristics

Among the hospitals participating in the study, 51.6% (n=16) were located in the counties of Antalya, 61.3% (n=19) were private hospitals, 67.7% (n=21) had international patient departments, 96.8% (n=30) had quality departments, and only 6.5% (n=2) had the Certificate of Accreditation of Joint Commission International (Table 1).

Among the hospitals, 45.2% (n=14) were in service for 0–10 years and had a bed capacity of 0–50 beds, 48.4% (n=15) had a medical staff 101 and more,

Table 1
Descriptive Characteristics Related to Organization (n=31)

Organizational Characteristics		n	%
Place of Organization	City Center	15	48.4
	County	16	51.6
Type of Hospital	Public	12	38.7
	Private	19	61.3
International Patient Department	Yes	21	67.7
	No	10	32.3
JCI Accreditation Certification	Yes	2	6.5
	No	29	93.5
Quality Department	Yes	30	96.8
	No	1	3.2
Service Time (Year)	0-10	14	45.2
	11-20	10	32.2
	21 and over	7	22.6
Patient Bed Capacity	0-50	14	45.2
	51-100	7	22.6
	101 and over	10	32.3
Medical Staff	0-50	3	9.7
	51-100	13	41.9
	101 and over	15	48.4
Non Medical Staff	0-50	10	32.3
	51-100	11	35.5
	101 and over	10	32.3
Foreign Language Speaker Employees	0-10	13	43.3
	11-20	6	20.0
	21 and over	11	36.7
Average Annual Number of International Patients	0-250	12	40.0
	251-500	4	13.3
	501 and over	14	46.6
Preferred Clinics That Received International Patients	Emergency Department	20	64.5
	Internal Medicine Department	15	48.4
	Surgery Department	13	41.9

43.3% had a staff of 0–10 who could speak a foreign language, and 46.6% admitted 501 and more international patients (health tourist–health of the tourist) annually. The departments where international patients received care were mostly emergency departments (64.5%), department of internal medicine (48.4%), and departments of surgery (41.9%) (Table 1).

Organizational Cultural Competence Practices of Hospitals

Cultural Sensitivity of the Organization

Among the hospitals in the study, 90.3% (n=28) responded "yes" to the statement "The mission and vision of the hospital meet the requirements of organizational cultural competence." All the hospi-

Table 2
Practices about the Organizational Cultural Competence of the Hospitals (n=31)

	Yes		No	
Practices	**n**	**%**	**n**	**%**
The mission and vision of the hospital meet the requirements of organizational cultural competence	28	90.3	3	9.7
It provides equitable care without racial, linguistic or religious discrimination for both patients and staff	31	100	-	-
It adopts a culturally sensitive approach in the identification, prevention and solution of culture-related conflicts within the organizations	23	74.2	8	25.8
It has a budget allocated for providing culturally appropriate care	9	29	22	71
It has a cultural competency management committee	1	3.2	30	96.8
It has a strategic action plan aimed at providing culturally competent care	13	42	18	58
It conducts regular assessments about providing culturally appropriate care and integrates assessment results into service	13	42	18	58
It creates a socio-demographic, cultural and epidemiological profile of the area served by it and creates a service plan based on needs	14	45.2	17	54.8
It collects data about patients' racial, ethnic, verbal and non-verbal language characteristics and maintained this data in hospital information systems	13	42	18	58
It cares about the issue of providing culturally appropriate care and receives the support of the members of the community it serves	21	67.8	10	32.2
It regularly informs the community about the process of providing culturally sensitive care	4	12.9	27	87.1
It collaborates with other hospitals to share resources and knowledge related to cultural competence	17	54.8	14	45.2
It educates and trains its staff about culturally specific care	13	42	18	58
It has a team that is heterogeneous so as to address cultural characteristics of the population it serves	23	74.2	8	25.8
It takes the culturally specific needs of the staff into account (e.g. special occasions, practices),	24	77.4	7	22.6
It regularly receives feedback from the staff about culture-related issues and measured their satisfaction level	17	54.8	14	45.2
All the hospital staff provides patients with health care and services that are responsive to diverse cultural health beliefs and practices.	29	93.5	2	6.5
It serves multi menu options	20	64.5	11	35.5
It provides patients with interpreter assistance at no cost to patients	28	90.3	3	9.7
It meets the language needs of its culturally diverse populations by means of professional interpreters	21	67.7	10	32.3
It communicates with linguistically diverse patients by means of volunteers	13	42	18	58
It provides potential patients with information about patients' rights and other similar subjects in their preferred language (verbal or in writing)	23	74.2	8	27.8
It provides education materials and posters in the languages commonly used by the culturally diverse populations in the service area	24	77.4	7	22.6
It does not usually have problems in communication	-	-	31	100
It provides a standardized end-of-life care for patients who decease at the hospital	21	67.7	10	32.3
It provides an end-of-life care for patients who decease at the hospital in accordance with these patients' family members' wishes	30	96.8	1	3.2
It provides religious books of all religions	13	42	18	58
It has places of worship for diverse religions	3	9.7	28	90.3

Table 3
Status of Organizations to Receive and Meet Culture-Specific Service Demands from Patients (n=31)

	Receiving Demands				Meeting Demands			
	Yes		No		Yes		No	
Culturally Specific Practices	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Culturally Appropriate Health Care Staff (Male/Female)	13	42	18	58	19	61.3	12	38.7
Culturally Specific Menus	15	48.4	16	51.6	20	64.5	11	35.5
Interpreters	24	77.4	7	22.6	27	87.1	4	12.9
Education Materials in Different Foreign Languages	21	67.7	10	32.3	24	77.4	7	22.6
Newspapers, Magazines, Television Channels in Different Foreign Languages	17	54.8	13	41.9	21	67.8	9	29.0
Religious Books	5	16.1	26	83.9	18	58	13	42
Priests	6	19.4	25	80.6	17	54.8	14	45.2
Culturally Specific End-of-life Care	14	45.2	17	54.8	24	77.4	7	22.6

tals (n=31) stated that they provided equitable care without racial, linguistic, or religious discrimination of both patients and staff, and 74.2% (n=23) of the hospitals stated that they adopted a culturally sensitive approach in the identification, prevention, and solution of culture-related conflicts within the hospital (Table 2).

Strategic Planning of the Organization

Among the hospitals, 29% (n=9) reported that they had a budget allocated for providing culturally appropriate care and 3.2% (n=1) reported that they had a cultural competency management committee. A total of 42% (n=13) of the hospitals stated that they had a strategic action plan aimed at providing culturally competent care, they conducted regular assessments about providing culturally appropriate care, and they integrated the assessment results into service; 45.2% (n=14) of the hospitals stated that they created a sociodemographic, cultural, and epidemiological profile of the area served by them and created a service plan based on their needs (Table 2).

Organizations' Cooperation Related to Culture-Sensitive Care Practices

Among the hospitals, 42% (n=13) stated that they collected data about their patients' racial, ethnic, verbal, and non-verbal language characteristics and maintained the data in hospital information systems. In addition, 67.8% (n=21) of the hospitals reported that they cared about the issue of providing culturally appropriate care and received the support of the members of the community they served. A total of 12.9% (n=4) of the hospitals stated that they regularly informed the community about the process of providing culturally sensitive care, and 54.8% (n=17) reported that they collaborated with other hospitals to share resources and knowledge related to cultural competence (Table 2).

Organizations' Personnel Practices Related to Culture

Among the hospitals surveyed, 42% (n=13) reported that they educated and trained their staff about culturally specific care, 74.2% (n=23) reported that they had a heterogeneous team to address the cultural characteristics of the population they served, 77.4% (n=24) stated that they took the culturally specific needs of their staff into account (for example, special occasions, practices), and 54.8% (n=17) reported that they regularly received feedback from their staff about culture-related issues and measured their satisfaction levels. Although they stated that they did not have a committee about cultural competence within the hospitals, their quality units received this feedback. A total of 93.5% (n=29) of the hospitals reported that all their staff provided their patients with healthcare and services that were responsive to diverse cultural health beliefs and practices (Table 2).

Organizations' Culture-Specific Language and Food Service Practices

Among the hospitals, 64.5% (n=20) reported that they have a multi-menu option, 90.3% (n=28) reported that they provided patients with interpreter assistance at no cost, 67.7% (n=21) reported that they met the language needs of their culturally diverse populations by means of professional interpreters, and 42% (n=13) stated that they commu-

nicated with linguistically diverse patients through volunteers (that is, anyone who could speak the language of the foreign patients). A total of 74.2% (n=23) of the hospitals participating in the study reported that they provided information about the rights and other similar subjects to their potential patients in their preferred language (verbal or in writing), and 77.4% (n=24) stated that they provided education materials and posters in the languages commonly used by the culturally diverse populations in the service area. All the hospitals in the study stated that they did not usually have problems in communication in the hospitals (Table 2).

Organizations' Culture-Specific Religious and End-Of-Life Care Practices

Among the hospitals in the study, 67.7% (n=21) reported that they provided a standardized end-of-life care for patients who died in their hospitals, whereas 96.8% (n=30) stated that they provided an end-of-life care for patients who died in their hospitals in accordance with the family members' wishes. Among the hospitals, 42% (n=13) stated that they provided religious books of all religions in the hospital, whereas 9.7% (n=3) stated that they have places of worship for diverse religions (Table 2).

Status of Hospitals to Receive and Meet Demands from Patients Related to Standards of Organizational Cultural Competence

Among the hospitals in the study, 42% (n=13) reported that their patients requested culturally appropriate healthcare personnel (for example, same sex staff) and 61.3% (n=19) stated that they could respond to these requests. A total of 48.4% (n=15) of the hospitals stated that their patients requested culturally specific meals, and 64.5% (n=20) reported that they had the potential to meet these demands in case of such requests. Furthermore, 77.4% (n=24) of the hospitals stated that their patients requested interpreters, and 87.1% (n=27) stated that they could meet this demand; 67.7% (n=21) reported that their patients requested education materials in different foreign languages, and 77.4% (n=24) stated that they could respond to these needs. The percentage of the hospitals receiving requests from their patients for newspapers, magazines, and television channels in different languages was 54.8% (n=17), and 67.8% (n=21) were capable of responding to this request (Table 3).

In addition, 16.1% (n=5) of the hospitals reported that their patients made a request about religious books of different religions, and 58% (n=18) stated that they could meet this demand in case of such requests. A total of 19.4% (n=6) of the hospitals reported that their patients made requests for priests, and 54.8% (n=17) stated that they could meet this demand. Among the hospitals, 45.2% (n=14) reported that their patients requested culture-specific end-of-life care, and 77.4% (n=24) stated that they could respond to these requests (Table 3).

Discussion

All the hospitals in this study, which were located in the coastal strip of the city of Antalya, reported that they provided both the population they serve and their staff with equitable care without racial, linguistic, or religious discrimination. Similarly, almost all the hospitals in the study reported that their mission and vision met the requirements of organizational cultural competence, and the vast majority of the hospitals stated that they adopted a culturally sensitive approach in the identification, prevention, and solution of culture-related conflicts within the organizations. Nevertheless, most of them reported that they did not have a cultural competency management committee, a budget allocated for providing culturally appropriate care, and a strategic action plan aimed at providing culturally competent care. Hospitals need to provide a conceptual framework for meeting the needs of different patient populations to provide patient-centered and equal healthcare (Beharu et al., 2017). Hospitals should tailor quality improvement efforts and improvements in culturally competent practices to the needs of patients to reduce disparities and improve care (Quigley et al., 2019). A study showed that although there are many standard guidelines, such as nursing and pharmacy standards, the hospital has no standard guidelines that directly show how to deliver culturally sensitive care to meet diverse patient needs (Beharu et al., 2017). Results of another study have shown that the hospitals that had a work plan on cultural competence and a steering committee have higher scores in the cultural competence index (Schuster et al., 2018). These results suggest that hospitals in the coastal strip of Antalya seek to adopt an equitable and culturally sensitive approach in healthcare services because of the cultural diversity in the area; however, their cultural competence is yet to improve, as they do not have cultural competence management committees, strategic action plans, or sufficient budgets.

To implement standard 5 of the Standards of Practice for Culturally Competent Nursing Care, Douglas et al. (2011) have suggested to develop a data collection system to identify the emergent and current demographic needs of the geographic area served by the organization, to integrate health service into community activities by bringing healthcare to the population, and to ensure participation by community members in organizational committees (Douglas et al., 2011). Participants of a qualitative study that was conducted to explore the cultural sensitiveness in healthcare delivery of Jimma University Specialized Teaching Hospital stated that "There are no recognized formal plans, rules, or regulations that included demographic data of a population in our hospital to deliver non-disparity healthcare to diverse patient populations." In our study, only half of the participated hospitals reported that they fulfilled functions, such as creating a sociodemographic, cultural, and epidemiological profile of the area served by them; creating a service plan according to the needs and collecting data about their patients' racial, ethnic, verbal, and non-verbal language characteristics; and maintaining the data in the hospital information systems. This can be considered as an implication of the fact that there are areas for growth regarding the cultural competency of the hospitals in the study. This suggestion is also supported by the fact that hospitals in the study do not regularly inform the community about the process of providing culturally sensitive care.

The interventions that improve the healthcare quality for people from racial minorities should be focused at the healthcare provider-patient level (Truong et al., 2014). In this context, hospitals are expected to support their staff in culturally sensitive care. A study concluded that cultural competence training had a positive impact on the cultural competence of the healthcare providers (Govere & Govere, 2016). In our study, nearly half of the hospitals reported that they educated and trained their staff about culture-specific care. Only close to half of the hospitals regularly received feedback from their staff about culture-related issues and measured their satisfaction levels. Similar to our study, a previous study has shown that hospitals had relatively low average scores in staff training on cultural competence and cultural adaptation of human resources recruitment and evaluation (Schuster et al., 2018). These areas appear to be particularly in need of improvement (Schuster et al., 2018). Only a quarter of the hospitals surveyed had a multicultural team. Although this is a very important parameter, this result is thought to be owing to the fact that the rules of employing staff from different cultures during the study period were more complex. However, in recent years, staff with different cultures is employed in hospitals.

According to "The National Standards on Culturally and Linguistically Appropriate Services" published in 2001 by the Office of Minority Health of the US Department of Health & Human Services, healthcare organizations should provide all the patients with staff speaking a foreign language or interpreter assistance at no cost (Health & Services, 2001). To offer culture-specific care and create a strong interaction between health professionals and patients, interpreters need to be used effectively (Üzar-Özçetin et al., 2019). Nearly all the hospitals in the study reported that they provided patients with interpreter assistance at no cost, and majority of the hospitals reported that they met the language needs of their culturally diverse populations with professional interpreters. This result reveals the competency of the hospitals in the study about languages in delivery of healthcare. Similarly, the vast majority of hospitals reported that they provided their potential patients with information about patient rights and other similar subjects in their preferred language (verbal or in writing) and that they provided education materials and posters in the languages commonly used by the culturally diverse populations in the service area. These results show that despite their limited budgets, hospitals in the study sought to build an infrastructure to establish and maintain communication, which is one of the basic requirements in the delivery of healthcare. In fact, all the hospitals in the study reported that they did not usually have problems in communication, which shows the results of these efforts in practice.

The concept of cultural competence is also known as taking into account the cultural factors, such as language, communication, beliefs, attitudes, and behaviors, in health services that are sensitive to patient diversity (Henderson et al., 2018). Nearly all the hospitals reported that their staff provided patients with healthcare and services that are responsive to diverse cultural health beliefs and practices along with end-of-life care for patients who died in their hospitals in accordance with their family members' wishes. Nevertheless, more than half of the hospitals reported that they provided a standardized end-of-

life care for patients who died in their hospitals. This result could be owing to the fact that more than half of the individuals seeking healthcare in the hospitals in the study did not request a different end-of-life care as they had same/similar cultural characteristics.

Because it is a developmental process, cultural competence takes time, commitment, and continuous effort at all levels of organization (Treatment, 2014). Despite the progress made by organizations in developing an infrastructure for cultural competence, there are still areas for growth in adopting strategies or policies to build cultural competence or preparing strategic plans (Adamson et al., 2011). Adamson et al. (2011) have found that despite the efforts of organizations to build cultural competence, it is yet to be achieved because of the need to introduce performance measures, apply these measures in monitoring systems, and systematize activities about becoming culturally capable organizations (Adamson et al., 2011). Similarly, the study results conducted by Schuster et al. (2018) have shown that despite the awareness of the importance of cultural competence and willingness to promote it, the level of cultural competence in Israel's general hospitals is low or medium (Schuster et al., 2018). This result is supported by the results of our study. Hospitals should prepare guidelines or instructions for setting up a work plan (Schuster et al., 2018). Because of the location and cultural diversity of the area in this study, the hospitals need to provide care for culturally diverse populations and these hospitals seem to have individualized their services to meet this need. At least half of the hospitals in the study reported that they were capable of responding to requests by patients, such as culture-specific meal menus as well as religious books, priests, materials, and interpreters in different foreign languages. However, currently, these healthcare institutions have some deficits about issues, such as setting up a cultural competency committee and performance measures, monitoring the systems, and allocating sufficient budget to enhance cultural competency.

Antalya has a multicultural population as it attracts both domestic and foreign tourists because of its modern structure and facilities. Therefore, the healthcare organizations in the city are expected to develop awareness about cultural competence. However, the fact that this study was carried out only in this city limits the generalizability of the results to the entire country.

When the quality or competency of any service is evaluated, the service provider and service recipient should be asked for their opinions. However, this study obtained only organizational data about the services offered owing to the size of the location of the healthcare organizations. Future studies can explore the opinions of individuals receiving services from these hospitals.

Conclusion and Recommendations

The hospitals in this study are expected to build and maintain the necessary infrastructure and provide the necessary materials to individualize the healthcare services and nursing care offered to potential patients. The results indicate that the hospitals are aware of this issue and seek to diversify their services, but they do not have assessment and development systems yet. Further efforts are needed on regional, national, and global levels to assess the cultural competence of these hospitals and make improvements.

Organizational cultural competence is one of the building blocks of culturally sensitive care, and it has become an increasingly important issue over the past years. Although there are many publications on this issue, particularly in areas, such as assessment methods/tools developed to measure organizational cultural competence standards and competency, institution-based research is rare. This study, which involved the entire coastal strip of the city of Antalya, met an important need in this field, especially because there were no similar studies in Turkey at the time of this study and the city of Antalya served a multicultural population.

Ethics Committee Approval: This study was approved by Ethics committee of Akdeniz University (Approval No: B.30.2.AKD.0.20.05.05).

Informed Consent: Written informed consent was obtained from the hospital managers who agreed to take part in the study.

Peer-review: Externally peer-reviewed.

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