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Investigation into Intercultural Sensitivity among Nursing Students at a University in Turkey

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Abstract

The purpose of this study was to investigate intercultural sensitivity among nursing students in Turkey. This study is a cross-sectional study. It was conducted with nursing students at a university in Ankara. The sample comprised 152 nursing students at the university. This study was carried out between May 2013 and June 2013. Data were collected using an Interview Questionnaire and Intercultural Sensitivity Scale. The data were analysed using frequency, independent t-test and one-way ANOVA. The study found out that the nursing students had higher scores of cultural sensitivity (88.92 ± 12.20). It was found that senior year students, the students who speak a foreign language and the students who had chosen the school willingly had higher scores of cultural sensibility ($p < 0.05$). The study found that the nursing students had higher scores of cultural sensibility. To increase intercultural sensitivity of nursing students it is recommended that the maintenance strategies and the concept of intercultural sensitivity should be integrated in the curriculum of nursing education and postgraduate training programs.

Keywords: *culture; intercultural sensitivity; nursing students; nursing education; intercultural nursing education*

1. Introduction

Many individuals from different cultures around the world live together. Every individual furthers his/her perception of the world from his/her own cultural perspective and shapes his/her cultural values and beliefs according to his/her cultural structure (Bagnardi, Bryant & Colin 2009; Temel Bayık 2008; Clark 2003). Thus, culture is defined as values, beliefs, attitudes, behaviors, customs and rituals, which have been learned, shared, and passed down and brought into being by man,

corresponding to the things nature has shaped (Clark et al. 2011; Hotun, Bayram & Avcı 2009).

An individual's daily life is rooted in the cultural structure in which he/she lives and this, in turn, affects health/disease perceptions (Öztürk & Öztaş 2012; Starr & Wallace 2009; Temel Bayık 2008). For example, it is known that communities that have kept their own cultural characteristics while living together with other cultures for centuries have sought solutions for their health problems within their own cultural life. Therefore, every culture has different ways of perceiving health/disease and treatment (Öztürk & Öztaş 2012; Bulduk, Tosun & Ardiç 2011; Clarke, McFarland, Andrews & Leininger 2009; Bolsoy & Sevil 2006). Moreover, these differences support the fact that an individual has a right to get health care service appropriate to their cultural structures. In recent years, especially in multicultural and globalized world countries, more emphasis has been put particularly on cross-cultural sensitivity/awareness (ethnic characteristics, such as prevention of discrimination) in newly developed health policies in order to provide health care to individuals according to their cultural structures. Besides this, new arrangements have been made in nursing care and education programs to provide knowledge and skills necessary for intercultural sensitive nursing care (Rew, Becker, Chontichachalalauk & Lee 2014; Tortumluoğlu, Okanlı & Özer 2004; Chen & Starosta 2000). The importance of cultural diversity in care and education, the concepts of cultural competence and security have been included in recent regulations for nursing education curriculum (Rew et al. 2014; Loftin, Hartin, Branson & Reyes 2013; White 2003; Chen & Starosta 2000). Thus, nursing students' knowledge and skills pertaining to intercultural sensitivity and identification have been targeted for development and application in clinical practice. Also, intercultural sensitivity is a phenomenon which exists on the basis of nursing care and it forms an important part of nursing care (Loftin et al. 2013; Hotun et al. 2009). For this reason, intercultural education has enabled sensitivity-based nursing to gain a greater professional standing, and thus provide more opportunities in nursing, education and in on-going care facilities for individuals from different cultures (Jeffreys & Dogan 2012; Temel Bayık 2008). Intercultural sensitivity is defined as a necessary actionable desire to ensure personal motivation in the understanding, accepting and appreciating cross-cultural differences (Quine, Hadjistavropoulos & Alberts 2012; Bulduk et al. 2011; Chen & Starosta 2000).

Our country also has a multiethnic society in which different cultures live. Although we are a multicultural society, cultural differences can often be ignored, especially in health care, intercultural sensitive education in nursing training can be left out in either theoretical or clinical applications and some limitations are

experienced in guidance (Öztürk & Öztaş 2012; Temel Bayık 2008). Literature states that intercultural care models should be used at every stage of the nursing care process in nursing training (Loftin et al. 2013; Carey 2011; Collette et al. 2013; Kardong-Etgren & Campinha-Bacote 2008; Rowan et al. 2013). For this reason, curricula related to intercultural sensitivity and understanding in nursing care and new national policies are supposed to be improved in our country.

2. Methodology

2.1. Aim

The purpose of this study was to investigate intercultural sensitivity among nursing students at a university in Turkey

2.2. Design

This study was realized as a cross-sectional study.

2.3. Participants

This study was conducted with nursing students at a university in Ankara. The sample contained 152 nursing students at the university. This study was carried out between May 2013 and June 2013. This study did not use sample selection and all students were sampled. However, three students did not agree to participate in the study (response rate 98%).

2.4. Instruments

For data collection, the study was conducted with the use of an Interview Questionnaire (17 questions) covering the socio-demographics, reasons for choosing the nursing profession and experience of people from other cultures. In determination of the students' intercultural sensitivity, The Intercultural Sensitivity Scale (ISS) was used. This scale was developed by Chen and Starosta (2000) (Cronbach's alpha, $r = 0.86$) and the adaptation of the scale to the Turkish language was carried out by Bulduk et al. (2011) (Cronbach's alpha, $r = 0.72$) [10]. ISS consists of 24 items that elicit ISS information on five subscales; the dimension of responsibility in communication (1, 11, 13, 21, 22, 23 and 24 items), the dimension of respect for cultural differences (2, 7, 8, 16, 18 and 20 items), the dimension of self-confidence in communication (3, 4, 5, 6 and 10 items), the dimension of enjoying communication (9, 12 and 15 items) and the dimension of paying attention during communication (14, 17 and 19 items). Articles 2, 4, 7, 9, 12, 15, 18, 20 and 22 of the

scale are coded inversely. The Intercultural Sensitivity Scale has a 5-point rating system: (1) I definitely do not agree, (2) I do not agree, (3) I am ambivalent, (4) I agree and (5) I definitely agree.

2.5. Ethical considerations

The data were collected after the approval of the Turgut Ozal University Clinical Research Ethical Committee. Prior to the data collection, informed consent of all nursing students was obtained. The nursing students were informed about the purpose of the research study, what they would be requested to do if they were to participate and that they had the right to quit the study whenever they wanted throughout the process; they were also informed that if they refused to participate in the research study or quit after accepting to participate, the healthcare they were already getting would not be affected in any way.

2.6. Data analysis

The Statistical Package for Social Sciences (SPSS) version 15.0 (SPSS Inc., Chicago, IL, USA) was used for data management, and frequency, student t-test, one-way analysis of variances and Bonferroni were used for analysis. The statistical evaluation revealed a value of $p < 0.05$.

3. Results

The nursing students were of the average age of 21.51 ± 2.08 . It was determined that 26.6% of the students were in their junior year, 75.3% of the students had an adequate level of income, 69% had willingly chosen the nursing profession, 78% lived together with people from other cultures, 48% spoke a foreign language, 85,1% would like to receive nursing education in a foreign country and 68% would like to work abroad after graduation (Table 1).

Table 1. Demographic and individual characteristics of participants

Some characteristics of nursing students	n	%
Years of study		
Freshman year	40	26.0
Sophomore year	34	22.0
Junior year	41	26.6
Senior year	37	24.4
The Level of Income		
Adequate	114	75.3
Inadequate	38	24.7

Some characteristics of nursing students	n	%
Choice of nursing profession		
Willingly	106	69.5
Unwillingly	46	29.5
Coexistence with people from different cultures		
Yes	120	78.6
No	32	21.4
Speak foreign language		
Yes	75	48.0
No	77	52.0
Desire to receive nursing education in a different country		
Yes	129	85.1
No	23	14.9
Desire to work abroad after graduation		
Yes	106	68.8
No	46	31.2
Total	152	100.0

When the level of intercultural sensitivity of the nursing students had been evaluated, it was determined that the intercultural sensitivity was very high at 88.92 ± 12.20 (Cronbach's alpha coefficient, $r = 0.78$). When the sub-dimensions of the intercultural sensitivity had been evaluated, it was determined that there were statistically significant differences among responsibility in interaction (26.60 ± 4.10), self-confidence in interaction (17.57 ± 3.42), paying attention during interaction (11.27 ± 2.36), prejudice in interaction (11.48 ± 2.63), and respect for cultural differences (22.28 ± 3.71) ($p < 0.05$, Table 2).

Table 2. Intercultural Sensitivity Scale and Sub-dimension outcomes of Nursing Students (n = 152)

Intercultural Sensitivity Scale and Sub-dimension outcomes	$\bar{x} \pm SD$	P-values
Responsibility in Interaction	26.60 ± 4.10	0.008
Respect for Cultural Differences	22.28 ± 3.71	0.001
Self-Confidence in Interaction	17.57 ± 3.42	0.023
Paying Attention during Interaction	11.27 ± 2.36	0.001
Prejudice in Interaction	11.48 ± 2.63	0.001
Total Intercultural Sensitivity	88.92 ± 12.20	0.040

$p < 0.05$

In the statistical evaluation of the study it was revealed that the years of studying of the nursing students had a significant effect on their intercultural sensitivity levels. It was determined that the senior year nursing students' paying attention during interaction (F: 1.59, $p = 0.01$), prejudice in interaction (F: 1.95, $p = 0.01$), intercultural sensitivity level (F: 7.86, $p = 0.03$) was higher and there was a statistically significant difference ($p < 0.05$). It was found that the students who had declared an adequate income level had higher scores in the responsibility in interaction (F: -3.13, $p = 0.04$), self-confidence in interaction (F: -1.61, $p = 0.02$), paying attention during interaction (F: -2.61, $p = 0.01$), and intercultural sensitivity level (F: -4.22, $p = 0.01$) than the students who had declared an inadequate income level, and there was a statistically significant difference ($p < 0.05$).

It was determined that the students who spoke a foreign language had higher scores in the responsibility in interaction (F: 1.32, $p = 0.03$), self-confidence in interaction (F: 1.75, $p = 0.04$) and intercultural sensitivity level (F: 2.97, $p = 0.04$) than the students who could not speak a foreign language and there was a statistically significant difference ($p < 0.05$).

It was determined that the students who had willingly chosen the nursing profession had higher scores in the responsibility in interaction (F: -1.98, $p = 0.01$), self-confidence in interaction (F: -1.90, $p = 0.04$), prejudice in interaction (F: -0.31, $p = 0.01$), respect for cultural differences (F: 1.254, $p = 0.02$), and intercultural sensitivity level (F: 6.57, $p = 0.02$), and there was a significantly difference ($p < 0.05$).

4. Discussion

Nursing care service for the cultural needs of society can be provided through cross-cultural sensitivity oriented training in theoretical and clinical applications. The care service planned according to the cultural needs of individuals can lead to healthy communication, a sense of confidence and quality care between the nurse and the person receiving care (Öztürk & Öztaş 2012; Loftin et al. 2013; Chen & Starosta 2008; Bednarz, Schim & Doorenbos 2010). In the presented study, nursing students' high levels of intercultural sensitivity were determined. In the scale of sub-dimensional scores, higher scores related to responsibility in interaction, respect for cultural differences, and self-confidence in interaction, but lower scores on paying attention during interaction and being prejudice in interaction were determined (Table 2). Similar results were obtained in Bulduk et al. (2011) and Banos' studies (2006). In Graf's (2004) study with a similar scale conducted on

14,500 American and British students, lower scores were obtained by students on self-confidence in interaction, and prejudice in interaction.

It is reported that taking care of patients from different cultures in clinical practice improves nursing students' cultural awareness and makes a positive contribution to their professional development (Rew et al. 2014; Sarafis & Malliarou 2013; Collette et al. 2013; Chen & Starosta 2008; Upvall & Bost 2006). Our study determined that the nursing students' intercultural sensitivity levels, paying attention during interaction and prejudice in interaction levels increased in the scale sub-dimensions with the increase in the year of study. It was determined in the study conducted by Bulduk et al. (2011) that students' prejudice in interaction levels increased as their class levels rose. The results of the studies showed that intercultural sensitivity levels increased as the education levels and experience of nursing students' giving care to patients from different cultures increased (Clark et al. 2011; Quine et al. 2012; Rowan et al. 2013; Lim et al. 2004; Harrison & Malone 2004).

Individuals' income levels may lead to the emergence of different social classes (upper/lower classes). These social differences can cause the upper classes to develop biases against the cultural structures of lower classes (Rew et al. 2014; Chen & Starosta 2008). However, in the presented study it was determined that the students who had declared adequate income levels had significantly higher levels of intercultural sensitivity and responsibility in interaction, self-confidence in interaction, and paying attention during interaction than the students who had declared inadequate income levels. These results make us think that the students with adequate income levels have high feelings of confidence in establishing and maintaining communication with patients.

It was determined in our study that the students who spoke a foreign language (English, German, Kurdish, etc.) had a significantly higher intercultural sensitivity level and higher responsibility in interaction, and self-confidence in interaction than the students who could not speak a foreign language. It was determined in the study carried out by Jeffreys & Dogan (2012) that speaking a foreign language increases students' self-confidence in interaction and makes a positive contribution to patient care. Also, it was determined in Banos' study (2006) that students who spoke English, German and Arabic had higher intercultural sensitivity than students who spoke only Spanish.

In our study, it was determined that the students who had chosen the nursing profession willingly had significantly higher intercultural sensitivity levels and higher responsibility in interaction, self-confidence in interaction, and prejudice in interaction, respect for cultural differences at sub-dimensional scales than the

students who had chosen the profession unwillingly. These results make us think that interiorizing the nursing profession is very important in terms of increasing care-giving responsibility that is sensitive to cultural needs.

5. Conclusion and Recommendations

The study determined that nursing students have a high level of intercultural sensitivity. In the study, it was identified that nursing students' intercultural sensitivity is affected by factors such as their year of study, income level, knowledge of a foreign language, and having chosen the nursing profession willingly. It is thought that intercultural concepts, theories and maintenance strategies should be integrated into the curriculum of nursing education in order to increase nursing students' intercultural sensitivity. It is recommended that the intercultural sensitivity education programs be implemented in postgraduate in-service training programs.

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Conflict of interest

The authors declare that they have no conflict of interests. The authors take full responsibility for the content of the article.

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