

Original Article

Exploring Intercultural Sensitivities of Nursing Students in Two Countries: A Comparative Study

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Abstract

Background: Intercultural sensitivities is important for the delivery of quality and effective nursing care.

Purpose: This research was carried out to explore and compare the differences in the cultural sensitivity of nursing students who had undergone differing cultural care education in two different countries.

Methods: A descriptive and comparative design was used in this study. The participants were first and the third year nursing students from the United Kingdom and a Turkish university. Three hundred thirty-six students responded to the survey. Data was collected via an online survey form, which incorporated an Intercultural Sensitivity Scale. For statistical analysis of data: number, percentage distribution, median, standard deviation, t test, and one-way variance analysis was used. Qualitative reporting of the data was then interpreted by comparing and contrasting the methods of teaching used by both institutions to the data that had emerged.

Results: The students' average age of students was 22.6 ± 5.3 , and 253 (75.3%) were women. When comparing the mean scores, it was found that the mean score of United Kingdom students on Intercultural Sensitivity Scale was 95.25 ± 8.23 and that of Turkish students was 81.47 ± 7.45 , and the difference between two groups was significant ($p < .005$). The statistical results revealed that participation, self-confidence, and enjoyment of intercultural interaction of the UK student nurses was higher compared to their Turkish counterparts.

Conclusions: Despite similarities in both sets of nursing students' respect for cultural differences and interaction attentiveness, there were differences in day-to-day interaction, confidence, and enjoyment in multicultural interaction.

Keywords: Nursing research; Intercultural sensitivity; Culture; Cultural education.

Background

Despite the progression of developing technologies and the discovery of new medical treatments, patients continue to express the need for effective one-to-one cross-cultural interaction from nurses. Globalization, migration (either forced or economic, due to the choice or exceptional factors) require nurses who are at the forefront of care to be able to provide culturally specific care (Murcia & Lopez, 2016; Truong, Paradies & Priest, 2014). In a study by Campelo et al. (2018) an appreciation of the cultures of patients is important for the delivery of quality

and effective nursing care (Campelo et al., 2018). Research shows, however, that the installation of projects around cultural awareness needs to be part of the undergraduate curriculum in order to develop start their career with understanding cultural care and sensitivity (Albert & Trommsdorff, 2014; Almutairi, Abdallah & Nasim, 2017; Campelo et al., 2018). Also, writers such as Almutairi et al. (2017) feel strongly that providing appropriate cultural care, based on individual and family values is an ethical obligation of professional practice (Almutairi, Abdallah & Nasim, 2017).

Madeline Leininger reveals theoretical frameworks regarding cultural care in nursing, and there are greater than 400 scientific studies investigating cultural care in nursing. (Glittenberg, 2004). However, there is a gap in nursing about cultural care that is about nursing education.

Both authors, who were both involved in cultural awareness education in their respective institutions, found differences in their approaches to developing cultural knowledge and sensitivity in their students during a collaborative period. In Manchester, the first year concentrated on a combination of seminars and group work that went towards developing cultural self-awareness, perceiving culture beyond race and ethnicity and an emic approach to cultural care. The role of the nurse, power, authority and reciprocal communication is part of this first-year introduction to cultural care. In Turkey, education in nursing for four years, but there isn't a specific lesson about cultural care. Only the nursing students learn cultural care in their Public Health Nursing Lesson, which is in the fourth year. Thus, this research was developed in an attempt to explore the influences of our differing approaches on our nursing students' perspectives by considering their day-to-day interaction, their confidence, and enjoyment in multicultural interaction after their respective cultural care education.

Turkey

The population around the area of the university mainly comprises of the majority Turkish, Kurdish people, and a variety of ethnically different groups. This number is similar to the country. Predominantly, Turkey links its main culture historically to the context of the Ottoman Empire. After the foundation of the Turkish Republic, which was founded in 1923, Alanay and Aydin (2016) state that the political and economic progression determined on the concept of the single nation model had an impact in promoting the cultural homogeneity of its population but thus reduced the rights of smaller cultural groups (Alanay & Aydin, 2016).

United Kingdom:

The study was carried out in Manchester. Manchester is considered one of the most multicultural cities in Europe. The U.K.'s lengthy

history of slavery, colonialization, development of industries such as the cotton mills has resulted in a thriving mixture of ethnicities, cultures, and communities in and around Manchester. The idea and hybridization of cultures in Manchester and the U.K. are taken for granted, that generally, not expected to conform to the homogenous whole.

Both cities, however, are thriving university towns and attract students from in and around the country onto their degrees for nursing.

This study aimed to investigate the comparing the levels of cultural sensitivity of nursing students in Turkey, and the U.K. Research questions were followed:

1. Are there any differences between the levels of cultural sensitivity of Turkish and U.K. nursing students?
2. What is the impact of intercultural sensitivity on a studied concept?
3. Which factors influence the level of cultural sensitivity in nursing students?

Methods

Study design and sample

This study was designed as a comparative and descriptive study. Descriptive methods are often employed to define the position of the chosen subject within an existing situation. The combined data was subsequently compared to provide some possible contextual interpretations of the research question.

A total of 336 participants was recruited in the descriptive and comparative research design study and the participants consist of first and third-year nursing students at two universities. With a confidence level of 95% and a confidence interval of 0.05, the sample size was calculated as 284. The study sample included all students who participated, ultimately resulting in a sample of 336 students (189 Turkish students and 147 UK students).

The inclusion criteria of the study comprised the following: the student should (a) aged 18 or over (b) be a first or third-year nursing student, (c) agree to participate in the research. Exclusion criteria included those: (a) unable to understand English or Turkish (the survey was translated into the Turkish language), (b) absence from the university during the data collection process.

The decision to question the opinions of student nurses at the beginning and end of the course was deliberate. At one end, this was to consider perspectives at the beginning of the career, at a time (in both institutions) where sessions regarding cultural care have just been delivered. Then, the perspective at the end of their course was also studied. This allowed for time for these students to appreciate the abstract educational lectures at the beginning of the degree, translating it into practice in Year 2 and their perspective just before they qualified as staff nurses.

Data collection instruments

Data of the research was collected using an online survey format. It consisted of basic questions around the year of study and country, and the Chen and Starosta's (2000) Intercultural Sensitivity Scale (ISS) (Chen & Starosta, 2000) (see Table 2). The survey form consisted of eight closed-ended questions aimed at determining students' socio-demographic characteristics like age, gender, grades, whether they have been to another country during their nursing education using exchange programmes like Erasmus and Mevlana and whether they want to work as a nurse in a foreign country.

Intercultural sensitivity scale

In order to measure the range of intercultural communication competence, Chen and Starosta (2000) first developed a means of measuring the concept of intercultural sensitivity. This study has been used internationally to study Intercultural Sensitivity in different cultural contexts (Fritz, Mollenberg & Chen, 2002). ISS is a 5-point Likert scale in 24 items.

Data collection

Once ethical approval was received from both universities, the study was conducted in the U.K. and Turkey. In both countries, the students were informed of the purpose of the study by the research. The survey was then uploaded onto the students'

virtual learning environment. The survey was apparent in their respective systems when they accessed their lecture notes or reading the material. Application of the survey form and the scale took 15-20 minutes on average.

Data analysis

The quantitative data that was collected from the research was assessed via SPSS 22.0 (Statistical Package of Social Sciences). Numbers, percentage distribution, mean, standard deviation, and t-test were used in the analysis of the data. The data showed normal distribution (For evaluation of normality of the data distribution, the Kolmogorov–Smirnov test was used); therefore, a t-test in binary groups was conducted. Significance was accepted as $p < .005$. The qualitative interpretations emerging from the quantitative findings data have been reported by comparing it to the existing literature on cultural care education.

Ethical approval

The permission of student participation was obtained from the administrators of both nursing schools after ethical approval was obtained from the respective university ethics committee in Turkey (Approval no. 2018/44) and UK (Approval no. 1393). The online survey had a participant information sheet and a consent form that they were required to accept. This informed consent was received from the students who responded to the survey.

Limitations of the study

This is the first study comparing the cultural sensitivities of the nursing students of Turkish students and U.K. Research data was limited to the data of nursing students registered in the limitation of variance in didactic cultural education between the two universities.

Quantitatively, this research can only be generalized to the students who were studying nursing in the same faculty where the research has been carried out. As data were obtained only from students who were present at university and who agreed to participate in the study within the set dates when data collection tools were applied, the numbers involved did not allow for a study of the subject in a wider context. The data could change from culture to culture and thus, our results should not be generalized. The limitations of the qualitative data will be considered in the discussion below.

Results

Overall, the average age of students was 22.6 (\pm 5.3). 253 (75.3%) of them were women, and 194 (57.7%) of those were in the first year. 147 (43.8%) of the participants lived in the U.K., 189 (56.2%) of those who lived in Turkey. Table 1 provides data regarding the features related to The Cultural Demographics and Socio-demographic of The Students those who responded to the survey. Students in Turkey who participated in the research stated that; The mean age of Turkey students was 20.2+1.8 years, most of them lived in the city center (68.8%), had at one time lived with people from different cultures (85.2%) and spoke and understood a language other than their native tongue, mostly

Arabic. For the U.K., The mean age of U.K. students was 25.7+7.1 years, most of the U.K. students had grown up in rural villages (53.1%), had the experience of living with people from different countries (88.4%), and they spoke and understood a language other than their native tongue and knew the basics of several languages, especially Urdu.

Students in Turkey stated that very few of the students 4 (2.1%) had been to a foreign country during their nursing education via exchange programmes like Erasmus and Mevlana, compared to 24 (16.3%) of the U.K. students had been to a foreign country via exchange programmes like Erasmus and Mevlana (Table 1).

Table 1. Socio-demographic and Characteristics Related to The Cultural Demographics of The Students (n = 336)

Features related to the cultural sensitivity of the students	TURKEY (n=189)		UK (n= 147)	
	n	%	n	%
Age	20.2+1.8		25.7+7.1	
Degree				
Firs year	107	56.6	86	58.5
Third year	82	43.4	61	41.5
Sex				
Female	130	68.8	120	81.6
Male	59	31.2	27	18.4
Places they lived the longest				
Rural	18	9.5	31	21.1
City Centre	130	68.8	38	25.9
Village	41	21.7	78	53.1
Living or co-living with people from different cultures.				
Yes	161	85.2	130	88.4
No	28	14.8	17	11.6
Understanding or speaking a language other than native language				
Yes	50	26.5	56	38.1
No	139	73.5	91	61.9
Language other than native language*				
English	8	4.2	147	100.0
French	-	-	3	2.1
Spanish	-	-	2	1.4
Urdu	-	-	11	7.5
Shona	-	-	5	3.4

Punjabi	-	-	5	3.4
Pashto	-	-	4	2.7
Swahili	-	-	1	0.7
Kashmiri	-	-	3	2.0
Arabic	36	19.0	1	0.7
Kurdish	2	1.1	-	-
Whether they went to another country via exchange programs like erasmus or mevlana during the nursing education				
Yes	5	2.6	31	21.1
No	184	97.4	116	78.9

*Analyses did not include the unfilled questionnaires.

Table 2. Students' Intercultural Sensitivity Scale Average Total Score Distribution

Scales and Sub-dimensions	Turkey students (n= 189)	UK students (n=147)	t-test (df)	P value
ISS	Mean ± S.D.	Mean ± SD		
Interaction engagement	20.37±2.37	24.34±2.41	-15.06	.001*
Respect for cultural differences	25.03±2.72	25.61±3.66	-1.68	.093*
Interaction confidence	15.81±1.79	19.49±2.51	-15.62	.001*
Interaction enjoyment	11.60±2.56	13.23±1.48	-6.84	.001*
Interaction attentiveness	10.86±2.10	11.17±1.80	-1.44	.149*
ISS total score	81.47±7.45	95.25±8.23	-16.07	.001*

SD: standard deviation.*Independent sample t-test.

Table 3. Students' Distribution According to Their Sensitivity

Cultural Sensitivity of Students	n	Turkey students (n=189) Mean ± S.D.	p	n	UK students (n= 147) Mean ± S.D.	P
Degree						
Firs year	107	80.40±7.56	.024*	86	93.37±6.53	.001*
Third-year	82	82.86±7.10		61	97.91±9.59	
Living or co-living with people from different cultures						
Yes	161	81.84±7.41	.098	131	95.82±8.33	.017*

No	28	79.32±7.40		16	90.62±5.67	
Understanding or speaking a language other than native language						
Yes	50	81.54±8.37		56	97.89±8.10	
No	139	81.44±7.12	.939	91	93.63±7.91	.002*
Whether they went to another country via exchange programs like Erasmus or Mevlana during the nursing education						
Yes	5	89.00±4.47	.022*	31	98.74±7.45	.008*
No	185	81.26±7.41		116	94.32±8.20	
Whether they want to work as a nurse in a foreign country						
Yes	121	82.45±6.54	.015*	130	96.04±8.08	.001*
No	68	79.72±8.61		17	89.23±6.86	

*Independent sample t-test.

Students in Turkey who participated in the research stated that 121 (64%) of them would like the opportunity to work as a nurse in a foreign country. This was higher in the U.K., where 130 (88.4%) of them wanted the same opportunity (Figure 1).

When considering intercultural sensitivities between the two countries;

The ISS total mean score of students in Turkey was 81.47±7.45. The mean score of "Interaction Engagement" sub-dimension was 20.37±2.37, sub-dimension mean score of "Respect for Cultural Differences" was 25.03±2.72, "Interaction Confidence" was 15.81±1.79, "Interaction Enjoyment" was 11.60±2.56, and "Interaction Attentiveness" was 10.86±2.10 (Table 2).

When mean scores of the students obtained on the Intercultural Sensitivity Scale average total score were compared, the mean score of U.K. students on Interaction engagement subgroup (24.34±2.41), Respect for cultural differences (25.61±3.66), Interaction confidence (19.49±2.51), Interaction enjoyment (13.23±1.48) and Interaction attentiveness (11.17±1.80) was found to be higher than that of Turkish students, and the difference between the two groups was found to be significant ($p < .005$) (Table 2).

When comparing the mean scores, it was found that the mean score of U.K. students on ISS was 95.25±8.23, and that of Turkish students was 81.47±7.45, and the difference between the two groups was significant ($p < .005$).

The sub-dimensions of the scale revealed that interaction engagement, interaction confidence, interaction enjoyment and ISS total mean score of U.K. nursing students were higher and the difference between groups was statistically significant ($p < .005$) (Table 2).

Nevertheless, the results of the sub-dimensions of the scale revealed that Turkey and U.K. students' respect for cultural differences and interaction engagement was almost the same ($p < .005$) (Table 2).

Among the Turkish University students, ISS mean score was found to be higher for those who degree of the third year, different countries via exchange programs like Erasmus and Mevlana during nursing education and that they wanted to work as a nurse in a foreign country ($p < .005$) (Table 2).

Among the U.K. students, ISS mean score was found to be higher in those who degree of the third year, living or co-living with people from different cultures, understanding or speaking a language other than native language and the fact that the students in the U.K. had been to different countries via exchange programmes like Erasmus

and Mevlana during their nursing education and comparatively, looked forward to the opportunity to work as a nurse in a foreign country was higher than the students in Turkey and the difference between the groups was statistically significant ($p < .005$) (Table 3).

Discussion

Quantitatively speaking, the total mean scores of nursing students' intercultural sensitivity scale showed that the intercultural sensitivity level of the U.K. students (95.25 ± 8.23) was higher than the students in Turkey (81.47 ± 7.45) (Table 2). This could be attributed to several reasons. For example, the nursing curriculum in Manchester, throughout the degree, promotes care in the multicultural society, rather than an exceptional, stand-alone subject. Since foreign language competence levels and the number of students in the U.K. (56/ 38.1%) was better compared to the students in Turkey (50/26.5%), it may seem students in the U.K. appear to make comparatively less one-sided evaluations with regards to intercultural communication. Several studies have shown that the intercultural sensitivity levels of research participants who spoke at least one foreign language were found to be higher than those who did not (Bekiroglu & Balci, 2014; Jia-Fen Wu, 2016; Sarwari, Abdul Wahab, 2017; Zhou, 2015; Zhao, 2018).

Comparatively, 4 (2.1%) of the students in Turkey and 24 (16.3%) of the students in the U.K. benefited from the chance to visit a different country via exchange programmes like Erasmus and Mevlana. Thus, it can be argued that students do benefit from Erasmus activities, as it may seem to affect their intercultural sensitivity level. According to a study by Demir and Demir (2009), prospective teachers who had been abroad with the Erasmus program stated that this experience helped them be less judgmental and develop increased tolerance for cultural differences (Demir, 2009).

Similarly, another study by Segura-Robles, & Parra-González, found that intercultural sensitivity level of teachers who had experiences study abroad had shown a higher level of intercultural sensitivity compared to the ones who did not have such experience (Segura- Robles & Parra-González, 2019). This may imply that students who go abroad due to reasons like education, work the presence of family and friends benefit from this exposure in multiple ways.

Sub-dimensions of the ISS scale revealed that interaction engagement, interaction confidence, interaction enjoyment and ISS total mean score of U.K. nursing students were higher and the difference between groups was statistically significant ($p < .005$) (Table 3). This result may indicate that living side-by-side or co-living with people from different cultures, understanding or speaking a language other than native language and going to a different country via exchange programmes like Erasmus and Mevlana affects intercultural sensitivity and confidence levels of students in the U.K. positively. Qualitatively, this study has other implications.

The framework utilized by the author in Manchester to develop intercultural sensitivity involves cultural self-awareness, person-centred cultural care for all (including the majority population), and relates it to subjects such as ethnocentricity, intercultural communication apprehension, and intersectionality. This is an emic cultural approach, where culture is seen from those intrinsic cultural distinctions that are meaningful to the individuals or members of a given society. It is often referred to as an 'insider's' perspective.

An etic view of a culture is the perspective of an outsider looking in. Within an etic take on culture, professionals are more likely to 'gather' information by looking in instead of at a personal level. Given the political context of perpetuating a homogenous Turkey, this was the perspective of cultural care education that had been incorporated into their nursing curriculum.

Conclusion

Both authors felt that it is important for nurses, from the level of undergraduate study, to become self-aware and develop sensitivity concerning cultural differences for the delivery of professional, efficient and quality nursing care (Baraz., Memarian & Vanaki, 2015; Sarwari, Abdul Wahab, 2017).

Although the findings of the study showed that interaction engagement, interaction confidence, interaction enjoyment, and ISS total mean score of U.K. the nursing students were higher and the difference between groups was statistically significant, one the limitations of this study does not include the social and political context within which these students study or live. For example, it did not consider if a student in the U.K. had more opportunity to travel abroad on holiday or

That was knowing a second language was a consequence of being from the Black and Ethnic Minority community (BAME) and having a different mother tongue. This would require further research to analyze this.

At another level, it appears that the intercultural sensitivity levels of the students at the Turkish university were comparatively lower than the students in Manchester. This necessitates a re-examination of lesson content, style of delivery of cultural care education, and opportunities that are provided to go abroad for students in Turkey. Also, the inclusion of continuous development and progression of intercultural communication skills within the faculties' syllabi will be useful in improving the level of intercultural sensitivity. There could also be further recommendations and opportunities for the students to access elective intercultural care courses as a way of increasing exposure to different types of intercultural experiences. In addition to this, to interact with people from different countries is considered to help improve intercultural sensitivity (Meydanlioglu, Arikan & Gozum, 2015; Sarwari, Abdul Wahab, 2017). It appears that developing and integrating the subject of cultural awareness and sensitivity throughout the curriculum will enable nursing students to help improve their understanding of the subject.

It is inevitable that a countries' context of history, media and politics plays a role in the way society (thus, nurses as well) perceive themselves and others. History, politics, and the media exert the most significant external influences on how all societies perceive themselves and 'others' culturally (McChesney, 2015). This will inevitably influence how student nurses in any country perceive or want to practice culturally sensitive care. It remains then that one of the roles of nurse educators is to introduce, challenge, and promote the importance of culturally sensitive care to all the patients, throughout the curriculum, in this ever-changing world.

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