

# The determination of intercultural sensitivity and ethnocentrism levels among nurses and nursing students: A border of city, Turkey

Fatma Karasu PhD<sup>1</sup>  | Filiz Polat PhD<sup>2</sup>  | Canan B. Okuyan PhD<sup>3</sup> 

<sup>1</sup>Department of Nursing, Yusuf Şerefoğlu Faculty of Health Sciences, Kilis 7 Aralık University, Kilis, Turkey

<sup>2</sup>Department of Midwifery, Faculty of Health Sciences, Osmaniye Korkut Ata University, Osmaniye, Turkey

<sup>3</sup>Nursing Department, Faculty of Health Sciences, Sakarya University of Applied Sciences, Sakarya, Turkey

## Correspondence

Fatma Karasu, PhD, Department of Nursing, Yusuf Şerefoğlu Faculty of Health Sciences, Kilis 7 Aralık University, Kilis 79000, Turkey. Email: [fatmakarasu@kilis.edu.tr](mailto:fatmakarasu@kilis.edu.tr)

## Abstract

**Aim:** The current study is a descriptive-comparative study and aims to determine intercultural sensitivity and ethnocentrism levels among nurses and nursing students.

**Method:** The study was conducted with 207 nurses working at a State Hospital and 211 nursing students studying at a University between November 30, 2019, and January 20, 2020. The data were collected using a descriptive characteristics form, the Intercultural Sensitivity Scale, and the Ethnocentrism Scale.

**Findings:** It was found that both nurses and nursing students (73.4% and 60.7%, respectively) struggled to communicate with foreign patients and experienced problems with cultural differences (49.8% and 22.7%, respectively). A statistically significant negative correlation was found for the nurses and nursing students in terms of their intercultural sensitivity and ethnocentrism scores ( $p < .05$ ).

**Practical Implication:** Nurses and student nurses should interact with people from different cultures to improve refugee health care.

## KEYWORDS

ethnocentrism, intercultural sensitivity, nurses, nursing students

## 1 | INTRODUCTION

Migration occurs when the natural and social environment of an individual or a group does not meet their economic and cultural expectations.<sup>1</sup> Socioeconomic, sociopolitical, or cultural reasons are the main forces driving migration.<sup>2</sup> Migration can appear to be a vital disengagement of individuals from their usual perception styles concerning their own lives, languages, cultures, and futures.

Culture represents the beliefs, customs, values, attitudes, and behaviors learned, shared, and passed down from generation to generation within a group of individuals.<sup>3</sup> Some authors describe cultural sensitivity as being sensitive to other cultures, interacting with cultures, and understanding their worldview.<sup>4</sup> Cultural sensitivity expresses a positive feeling related to appreciating cultural

differences.<sup>5</sup> Ethnocentrism is described as individuals' putting their cultural elements at the center and seeing it as the criterion for everything. Ethnocentrism prevents communication among people from different cultures; thus, individuals believe that their own culture is superior to others and, therefore, judges other cultures according to their cultural values.<sup>6</sup>

People's cultural values, beliefs, and attitudes affect the way they approach nursing care. A nurse's cultural values and beliefs may influence how they make care-related decisions alongside their attitudes and practices.<sup>7</sup> Nurses should understand patients correctly, determine their needs, plan and apply care accordingly, and develop empathy with patients so that they can provide care in a culturally sensitive manner.<sup>8</sup> Individuals in a society should be sensitive to the cultural differences to provide adequate care and enhance the quality of health care services.<sup>9</sup>

Nurses who are aware of cultural differences and their impact on individuals' health are likely to communicate better with patients, thereby strengthening their therapeutic environment.<sup>10</sup> Culturally competent nursing care provides health care services to individuals and decreases the inequality in health care services by integrating the cultural beliefs of patients into patient care.<sup>11</sup>

In the study conducted by Simsek et al.,<sup>12</sup> to determine the cultural sensitivity of nurse trainers, they revealed that Turkish nursing trainers had a moderate cultural sensitivity. In their study, Cetisli et al.<sup>8</sup> determined that as nursing students' empathy level increased, their intercultural sensitivity increased. Berlin et al.<sup>13</sup> conducted a study involving nurses working at a primary pediatric care unit in Sweden. Their findings revealed that 3-day cultural competence training effectively reduced healthcare inequality among children, who came from refugee families, and at enhancing the overall quality of health services.

Healthcare professionals who are culturally competent and sensitive positively affect patient satisfaction, adherence to treatment, the changes in the quality of life, adherence to diet, and health outcomes.<sup>14</sup> They decrease healthcare professionals' professional malpractices, prevent ethical inequalities, and discriminating behaviors, and offer practical, reliable, economical, and quality healthcare service. Nurses must be aware of cultural factors, understand cultural differences, and be culturally sensitive to provide individuals with better nursing care. Similarly, cultural sensitivity levels among nursing students, that is, prospective nurses and the factors that affect this level should not be overlooked.<sup>15</sup> Nurses, nurse trainers, and nursing students need to be culturally competent.<sup>12</sup> This study aims to examine intercultural sensitivity and ethnocentrism levels among Turkish nurses and nursing students.

#### Research questions

1. What are the intercultural sensitivity and ethnocentrism levels of Turkish nurses and nursing students?
2. What variables affect the intercultural sensitivity and ethnocentrism levels of Turkish nurses and nursing students?
3. Is there any correlation between intercultural sensitivity and ethnocentrism levels of Turkish nurses and nursing students?

## 2 | METHODS

### 2.1 | Place and date of the study

This descriptive and comparative study was conducted with nurses working at the Kilis State Hospital and nursing students studying at the Kilis 7 Aralık University between November 30, 2019, and January 20, 2020, in Turkey.

Countless Syrians with different religious, linguistic, ethnic, and sect backgrounds have fled Syria to Turkey since the Syrian Civil War began in March 2011. Turkey hosts one of the largest refugee populations in the world. As of August 2019, the number of Syrian refugees registered in Turkey exceeds 3.6 million people.<sup>16</sup> The city

of Kilis hosts one of the largest Syrian refugee populations in Turkey, with more than 116,000 refugees living in Kilis city centre<sup>17</sup> and only 24,164 refugees residing in temporary camps.<sup>18</sup> The ratio of Syrian refugees to local people in Kilis is 81.31%.<sup>17</sup> There is a 321-bed hospital located in the center of the city. Syrian refugees receive health care services in the same centers as Turkish citizens do, based on the Temporary Protection Regulation.<sup>19</sup> The necessity of providing care to individuals who come from different cultures and speak different languages can have a significant impact on nursing interventions. Nurses play an important role in caring for, treating, and training patients with different linguistic and cultural backgrounds than their own at their institution of employment.<sup>20</sup>

#### Exclusion criteria for working nurses

- Working at a public hospital for <6 months.

#### Exclusion criteria for nursing students

- Not practicing in a State Hospital.

### 2.2 | Population and sample of the study

The sample of the study comprised 250 nurses employed at a State Hospital and 263 nursing students from a University who were in their 2nd, 3rd, and 4th years. First-year nursing students were excluded from the study since they have not yet interned at any hospital. The study was ultimately conducted with a total of 418 participants only treating Syrian patients, including 207 nurses and 211 nursing students. The actual number of the participants have decreased because of; (a) not being able to reach (nurses employed  $n = 21$ , nursing students  $n = 20$ ), (b) not wanting to participate in the research (nurses employed  $n = 19$ , nursing students  $n = 26$ ), and (c) not answering the questionnaire fully (nurses employed  $n = 3$ , nursing students  $n = 6$ ).

Working nurses provide nursing care and treatment to foreign patients in the hospital who are under the nurse's supervision for 24 h. When nursing students come into practice, they apply nursing care and treatment to patients under supervision by working nurses and lecturers. Patient communication is provided for both employee and student nurses by an interpreter who can speak both Turkish and Arabic well.

### 2.3 | Data collection form

The data collection form was composed of two parts. The first part features questions about the descriptive characteristics of nurses and nursing students.<sup>10,21,22</sup> The second part includes two scales, the Intercultural Sensitivity Scale (ISS) and the Ethnocentrism Scale (ES). Data were collected during the extracurricular hours of the students and during the out of working hours of the nurses. The questionnaires were distributed and collected by trained researchers in a sealed envelope to those who agreed to participate in the study. Before data collection, the nurses were informed about the study in a suitable room of the institution by trained researchers. Those who

volunteered to participate in the research were asked to fill in the questionnaire form.

For nursing students, the researchers informed responsible teachers about the study before the data collection. Then, the trained researchers explained to the students about the study in classrooms. The application of the data collection forms took an average of 15–20 min.

### 2.3.1 | Intercultural Sensitivity Scale

The ISS was developed by Chen and Starosta<sup>23</sup> to measure intercultural sensitivity levels. Its reliability and validity were examined by Bulduk et al.<sup>20</sup> This 5-point Likert scale contains 24 items and five subscales, including interaction engagement, respect for cultural differences, interaction confidence, interaction enjoyment, and interaction attentiveness. Cronbach's  $\alpha$  coefficient for the scale was 0.86. Minimum total score is 24, and maximum total score is 120. High scores signify high intercultural sensitivity level.<sup>20</sup> The Cronbach's  $\alpha$  coefficient for the scale was found to be 0.81 in this study.

### 2.3.2 | Ethnocentrism Scale

This was developed by Neuliep and McCroskey James<sup>24</sup> to measure the level of ethnic centeredness among individuals. The reliability and validity study was conducted by Ustun.<sup>25</sup> The 22-item scale has a 5-point Likert type (1 = Strongly Disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly Agree). Items 4, 7, 9, 12, 15, and 19 on the scale are scored inversely. The minimum score is 20, whereas the maximum score is 100. High scores signify high ethnocentrism levels. The reliability study for the scale found the Cronbach's  $\alpha$  coefficient was 0.82.<sup>25</sup> In this study, the Cronbach's  $\alpha$  value was found to be 0.70.

## 2.4 | Statistical analysis

The SPSS 24.0 (Statistical Package for Social Sciences for Windows) statistical software was used to analyze the study's findings. The Skewness and Kurtosis ( $\pm 1$ ) distribution test alongside descriptive statistical methods (frequency, percentage, mean, *SD*) were used to assess the data's normal distribution. Independent samples *t* test, analysis of variance, correlation, and regression, were used to calculate statistics. The present study results were analyzed at a confidence interval of 95% and a significance level of  $p < .05$ .

## 2.5 | Ethical considerations

Before conducting the study, approval was obtained from Kilis 7 Aralık University ethics committee (Ethics Committee Decision No:

2019/94). Likewise, written permissions were obtained from the Kilis State Hospital and Kilis 7 Aralık University. Both the nurses and nursing students were informed about the study's aim, and their written consent was obtained. The research conforms to the provisions of the Declaration of Helsinki.

## 3 | RESULTS

The nurses had an average age of  $28.94 \pm 6.28$ , and their average working duration in the profession was  $6.58 \pm 6.63$  years. They were working at the state hospital for  $3.89 \pm 4.40$  years, and they were providing service to foreign patients for an average of  $33.91 \pm 38.11$  months.

The majority of nurses 78.7% had a challenge in communication with foreign patients while they are providing healthcare services, 73.4% experienced problems with the language barrier, 49.8% experienced problems with cultural differences, 24.6% experienced confidence issues, and 20.8% had prejudice problems.

The nursing students had an average age of  $21.07 \pm 2.01$  years. The majority of nurses 60.7% had a challenge in communication with foreign patients while they are providing healthcare services, 73.5% experienced problems with the language barrier, 22.7% experienced problems over cultural differences, 7.6% experienced confidence issues, and 6.6% had prejudice problems.

For nurses, statistically significant differences in ISS mean scores were found between how long the nurses were working with foreign patients (months), their eagerness to interact with patients from different cultures, their status of being informed about transcultural nursing, and their status of having friends from different countries or cultures ( $p < .05$ ). However, no statistically significant difference in ES mean scores was found between sociodemographic and other characteristics ( $p > .05$ ) (Table 1).

For nursing students, statistically significant differences in ISS mean score were found between the year of education of nursing students, their eagerness to provide care to patients from different cultures, their eagerness to interact with patients from different cultures, and their status of having friends from different countries and cultures ( $p < .05$ ). Statistically significant differences in ES mean scores were found between the nursing students' genders, and their eagerness to provide care to patients from different cultures, their eagerness to interact with the patients from different cultures ( $p < .05$ ) (Table 2).

A statistically significant difference had been found between the nurses and the nursing students in terms of their total ISS scores, their interaction engagement, respect for cultural differences, and interaction attentiveness subscale scores and their ES scores ( $p < .05$ ) (Table 3)

A moderate negative relationship was present between the ISS and ES levels ( $r = -.526$ ,  $p < .05$ ) (Table 4). In other words, as intercultural sensitivity levels increased, ethnocentrism levels decreased.

**TABLE 1** The comparison of the ISS and ES scores of nurses based on their sociodemographic and other traits ( $n = 207$ )

	<i>n</i> (%)	ISS $\bar{x} \pm SD$	Significance	ES $\bar{x} \pm SD$	Significance
<b>Age*</b>					
≤25 years	65 (31.4)	83.41 ± 10.87	$F = 2.506$	56.15 ± 6.13	$F = 0.069$
Between 26 and 30 years	91 (44.0)	81.41 ± 11.11		56.17 ± 6.73	
≥31 years	51 (24.6)	85.60 ± 10.10	$p = .084$	56.54 ± 6.13	$p = .934$
<b>Gender**</b>					
Female	139 (67.1)	83.46 ± 9.95	$t = 0.724$	56.00 ± 6.38	$t = -0.818$
Male	68 (32.9)	82.29 ± 12.61	$p = .470$	56.77 ± 6.36	$p = .414$
<b>Level of education*</b>					
Vocational school of health	18 (8.7)	80.55 ± 12.42	$F = 0.394$	56.22 ± 6.53	$F = 0.806$
Associate degree	39 (18.8)	83.25 ± 9.54		56.56 ± 7.23	
Bachelor's degree	137 (66.2)	83.23 ± 11.10	$p = .757$	56.43 ± 6.02	$p = .492$
Graduate	13 (6.3)	84.38 ± 10.72		53.61 ± 7.26	
<b>Marital status**</b>					
Married	112 (54.1)	83.55 ± 9.68	$t = 0.683$	56.46 ± 5.98	$t = 0.497$
Single	95 (45.9)	82.51 ± 12.16	$p = .495$	56.02 ± 6.83	$p = .619$
<b>Position**</b>					
Service/intensive care nurse	168 (81.2)	83.53 ± 11.62	$t = 1.260$	56.21 ± 6.27	$t = -0.218$
Nonclinical units	39 (18.8)	81.10 ± 11.84	$p = .209$	56.46 ± 6.88	$p = .828$
<b>How long they had been serving foreign patients (month)*</b>					
I provided no service	24 (11.6)	83.81 ± 10.08	$F = 2.868$	57.25 ± 5.08	$F = 0.941$
7–24 months	83 (40.1)	83.87 ± 11.51		55.42 ± 6.00	
25–48 months	63 (30.4)	84.01 ± 10.47	$p = .038$	56.98 ± 7.30	$p = .422$
≥49 months	37 (17.9)	86.10 ± 9.69		56.27 ± 6.24	
<b>Eagerness to interact with the patients from different cultures**</b>					
Yes	80 (38.6)	87.10 ± 11.13	$t = 4.407$	55.75 ± 6.45	$t = -0.914$
No	127 (61.4)	80.54 ± 9.94	$p = .001$	56.58 ± 6.33	$p = .362$
<b>Being informed about transcultural nursing**</b>					
Yes	93 (44.9)	84.92 ± 11.38	$t = 2.228$	55.76 ± 7.14	$t = -1.014$
No	114 (55.1)	81.57 ± 10.25	$p = .027$	56.66 ± 5.67	$p = .312$
<b>Level of English language knowledge*</b>					
Poor	90 (43.59)	82.15 ± 11.56	$F = 1.167$	55.71 ± 5.70	$F = 1.154$
Moderate	111 (53.6)	83.53 ± 10.03	$p = .313$	56.82 ± 6.88	$p = .318$
Good	6 (2.9)	88.50 ± 14.96		54.00 ± 5.86	
<b>Do you have friends from different countries and/or cultures?*</b>					
Yes	110 (53.1)	85.90 ± 11.31	$t = 4.141$	56.32 ± 6.56	$t = 0.159$
No	97 (46.9)	79.86 ± 9.43	$p = .001$	56.18 ± 6.18	$p = .874$

Note: The significance of bold values was provided.

Abbreviations: ES, Ethnocentrism Scale; ISS, Intercultural Sensitivity Scale.

$p < .05$  (\* $F$  = ANOVA test, \*\* $t$  = independent samples  $t$  test).

**TABLE 2** The comparison of the ISS and ES scores of the student nurses based on the socio-demographic and other characteristics ( $n = 211$ )

	<i>n</i> (%)	ISS $\bar{x} \pm SD$	Significance	ES $\bar{x} \pm SD$	Significance
<b>Age*</b>					
Between 18 and 20 years	88 (41.7)	89.15 ± 11.27	$F = 1.578$	54.18 ± 6.85	$F = 1.057$
Between 21 and 23 years	108 (51.2)	86.43 ± 11.90		55.37 ± 6.34	
≥24 years	15 (7.1)	89.90 ± 11.04	$p = .209$	53.60 ± 6.31	$p = .349$
<b>Gender**</b>					
Female	132 (62.6)	88.15 ± 10.64	$t = 0.550$	53.84 ± 6.24	$t = -2.647$
Male	79 (37.4)	87.24 ± 13.13	$p = .583$	56.27 ± 6.84	$p = .009$
<b>Class*</b>					
2nd-year	81 (38.4)	84.86 ± 13.57	$F = 3.157$	54.18 ± 7.12	$F = 0.662$
3rd-year	66 (31.39)	89.04 ± 10.88		55.43 ± 6.27	
4th-year	64 (30.3)	89.23 ± 10.05	$p = .045$	54.76 ± 6.14	$p = .517$
<b>Eagerness to provide care to patients from different cultures**</b>					
Yes	174 (82.5)	89.54 ± 11.07	$t = 4.944$	54.20 ± 5.92	$t = -2.690$
No	37 (17.5)	79.67 ± 10.76	$p = .001$	57.35 ± 8.61	$p = .008$
<b>Eagerness to interact with the patients from different cultures**</b>					
Yes	160 (75.8)	90.49 ± 10.68	$t = 6.499$	54.18 ± 6.07	$t = -2.239$
No	51 (24.2)	79.39 ± 10.42	$p = .001$	56.52 ± 7.71	$p = .026$
<b>Being informed about transcultural nursing**</b>					
Yes	132 (62.6)	87.61 ± 11.58	$t = -0.286$	54.46 ± 6.48	$t = -0.831$
No	79 (37.4)	88.08 ± 11.80	$p = .775$	55.24 ± 6.74	$p = .407$
<b>Level of English language knowledge*</b>					
Poor	100 (47.4)	86.04 ± 10.03	$F = 2.405$	54.70 ± 6.48	$F = 0.657$
Moderate	98 (46.4)	89.17 ± 12.71		55.06 ± 6.77	
Good	13 (6.2)	91.15 ± 13.08	$p = .093$	52.84 ± 5.62	$p = .519$
<b>Do you have friends from different countries and/or cultures?***</b>					
Yes	148 (70.1)	88.97 ± 11.50	$t = 2.249$	55.02 ± 6.54	$t = 0.927$
No	63 (29.9)	85.07 ± 11.52	$p = .026$	54.11 ± 6.61	$p = .355$

Note: The significance of bold values was provided.

Abbreviations: ES, Ethnocentrism Scale; ISS, Intercultural Sensitivity Scale.

$p < .05$  (\* $F$  = ANOVA test, \*\* $t$  = independent samples  $t$  test).

## 4 | DISCUSSION

A high level of cultural sensitivity is required for nurses to provide and maintain effective and high-quality care, that is, their primary role. Both nurses and nursing students alike must respect their own culture, act objectively towards other cultures, and prevent possible ethnocentrism from obstructing a high standard of care for

patients and healthy individuals.<sup>21</sup> This study was planned to determine the intercultural sensitivity and ethnocentrism levels of nurses and nursing students with the ultimate aim of improving the quality and professionalism of nursing care. As far as we know, there is no study investigating this correlation between intercultural sensitivity and ethnocentrism levels of nurses and nursing students in the literature.

**TABLE 3** Comparison of the nurses and nursing students' ISS and ES scores

	Nursing students (n = 211) $\bar{x} \pm SD$	Nurses (n = 207) $\bar{x} \pm SD$	Significance	Min-Max values
Interaction engagement**	25.77 ± 4.19	24.38 ± 3.77	t = 3.548 <b>p = .001</b>	7–35
Respect for cultural differences**	23.01 ± 3.97	21.01 ± 3.78	t = 5.266 <b>p = .001</b>	6–30
Interaction confidence**	16.39 ± 3.33	16.17 ± 3.02	t = 0.703 p = .482	5–25
Interaction enjoyment**	11.22 ± 2.13	11.00 ± 2.27	t = 1.032 p = .303	3–15
Interaction attentiveness**	11.40 ± 2.07	10.49 ± 2.16	t = 4.366 <b>p = .001</b>	3–15
Total ISS**	87.81 ± 11.61	83.07 ± 10.87	t = 4.297 <b>p = .001</b>	24–120
Total ES**	54.75 ± 6.56	56.26 ± 6.37	t = -2.381 <b>p = .018</b>	20–100
	ISS $\bar{x} \pm SD$	ES $\bar{x} \pm SD$		
Nurses and nursing students	85.46 ± 11.49	55.50 ± 6.50		

Note: The significance of bold values was provided.

Abbreviations: ES, Ethnocentrism Scale; ISS, Intercultural Sensitivity Scale.

p < .05 (\*\*t = independent samples t test).

**TABLE 4** The correlation distribution of ISS and ES scores

	1	2	3	4	5	6	7
Interaction Engagement (1)	r						
	p						
Respect for Cultural Differences (2)	r	.623***					
	p	.001					
Interaction Confidence (3)	r	.363***	.375***				
	p	.001	.001				
Interaction Enjoyment (4)	r	.335***	.373***	.480***			
	p	.001	.001	.001			
Interaction Attentiveness (5)	r	.581***	.403***	.210***	.199***		
	p	.001	.001	.001	.001		
Total ISS (6)	r	.873***	.792***	.595***	.611***	.595***	
	p	.001	.001	.001	.001	.001	
Total ES (7)	r	-.500***	-.601***	-.411***	-.407***	-.415***	-.526***
	p	.001	.001	.001	.001	.001	.001

Note: The significance of bold values was provided.

Abbreviations: ES, Ethnocentrism Scale; ISS, Intercultural Sensitivity Scale.

p < .05 (\*\*correlation test).

The present study found that the more time nurses spent working with foreign patients, the higher their intercultural sensitivity levels. Similarly, nurses who wanted to interact with patients from different cultures without intercultural discrimination and who had friends from different cultures had higher intercultural sensitivity levels (Table 1). The present study was generally similar to the literature findings. It was concluded that communicating with people from different cultures contributed positively to developing positive emotions and attitudes about different cultures.<sup>3,15,26</sup> Accordingly, we might consider that nurses who interact with different cultures have a greater sense of intercultural sensitivity.

It was also found that the higher the year of education of the students, the greater their cultural sensitivity levels were. This result suggests that this affected the students' cultural sensitivity positively as their experiences of providing care to patients from different cultures increased over time during practice. The findings of previous studies are similar to those of the present study; namely, there is a correlation between the students' class level and intercultural sensitivity level.<sup>27,28</sup> Also, the intercultural sensitivity scores of students who were eager to provide care to and interact with patients were relatively high, whereas their ethnocentrism score was low (Table 2). One study revealed that the intercultural sensitivity levels of students who interacted with those from other cultures were significantly high,<sup>29</sup> and their ethnocentrism score was low.<sup>22</sup> As mentioned above, communicating with people with diverse cultural traits had a positive impact on students' cultural levels. Hence, interacting and communicating with people from different cultures is very important in terms of the quality of care and counseling nurses can offer to patients and healthy individuals.<sup>30</sup>

Consequently, fostering environments and opportunities that allow students to interact with different cultures during their nursing education will play a crucial role in strengthening their sense of cultural sensitivity over ethnocentrism. Other studies found that higher grade levels also helped nursing students improve their sensitivity towards other cultures.<sup>26,31</sup> This result shows that providing students with the opportunity to work and communicate with patients from different cultures would improve their intercultural sensitivity, making them less ethnocentric. According to one study, highly interculturally sensitive individuals were less ethnocentric.<sup>32</sup> The present study shows that both overall intercultural sensitivity and ethnocentrism scores of nurses and nursing students were  $85.46 \pm 11.49$  and  $55.50 \pm 6.50$  (Table 3), respectively, and these scores were higher than the previously reported mean scores for both scales.<sup>32</sup> In their study, Kilic and Sevinc<sup>21</sup> discovered that students' intercultural sensitivity levels were above average. Another study revealed that the cultural competence levels of nursing students were mostly moderate, and the more they interacted with different cultures, the more culturally competent they became.<sup>33</sup> A recent scientific study shows that some nurses might behave in an ethnocentric way toward patients from different cultures.<sup>34</sup> However, nurses being impacted by their own culture and an ethnocentric approach may adversely affect patient care. Therefore, it is crucial to improve the ethnocentric approaches of nurses and nursing students. Ahn<sup>35</sup> reported that having an ethnocentric attitude

harmed nurses' sense of cultural competence. Nurses are sometimes unaware of their own cultural bias (ethnocentricity), which negatively affects the nurse–patient relationship. In the present study, the intercultural sensitivity of nurses and nursing students was high; this is a positive finding (Table 3). Intercultural sensitivity levels of nursing students were found to be  $89.42 \pm 13.55$  in the study conducted by Kılıç and Sevinç,<sup>21</sup> and  $90.48 \pm 15.14$  in the study conducted by Aslan et al.<sup>15</sup> Bilgic and Sahin<sup>36</sup> found that nursing students' ethnocentrism score was  $55.40 \pm 6.68$  in their study. The results of this study are compatible with the results of studies in the literature. The positive level of intercultural sensitivity and ethnocentrism of both nurses and nursing students shows that when the individuals they care for are culturally different from themselves, they respect and appreciate their cultural characteristics. Also, since experiences of nurses/nursing students providing care to patients with different cultural traits in the health care system increased due to the necessity for people from different cultures to live together, it was suggested that they respected the value judgments of people from different cultures.<sup>22</sup>

The interaction engagement ( $25.77 \pm 4.19$ ), respect for cultural differences ( $23.01 \pm 3.97$ ), and interaction attentiveness ( $11.40 \pm 2.07$ ) subscale scores on the ISS for nursing students were found to be higher than from working nurses (Table 3). A negative relationship was found between the ISS and the ethnocentrism inventory, and as the level of intercultural sensitivity increases, ethnocentrism decreases (Table 4). As the students' intercultural sensitivity levels increased, their ethnocentrism levels decreased. Accordingly, it was suggested that the students provided care to patients from different cultures in clinical practice settings in the city of their university education so they knew the patients' culture well, and were living together with different cultures. Since people from different cultures have been living and working for a long time in the city where the study was conducted, the students are in contact with these people in their daily lives outside the hospital, so they learn about different cultures. The fact that students provide care and treatment to patients from different cultures in the clinic and communicate with people from different cultures in their daily lives may impact the results. Therefore, their cultural sensitivity was affected positively.<sup>15,37</sup> Also, nurses and students became more sensitive to the cultures of people outside their race and ethnic group.

#### 4.1 | Limitations of the study

Research data were limited to the data of nursing students registered in the nursing department of one public university and nurses who were working in the University Hospital in border area Turkey.

#### 4.2 | Implications for nursing practice

Cultural sensitivity and ethnocentrism can affect the quality of patient care given by nurses. The findings of this study revealed that

intercultural sensitivity influenced ethnocentrism and vice versa. Granted that nurses are perhaps the critical team members in community health, it would be beneficial to include the course contents, which will develop their cultural sensitivity, cultural communication, ethnocentrism knowledge and skills during their education. We also think that it would be useful to perform an exchange of ideas that will allow nurses to be aware of the gains related to intercultural skills and apply them most efficiently through in-service training.

## 5 | CONCLUSION

This study shows a negative correlation between cross-cultural sensitivity and ethnocentrism. This finding indicates that nurses who were willing to work with patients from different cultures, have friends from different cultures, and were also informed about transcultural nursing had higher intercultural sensitivity levels.

Likewise, it was determined that as the year of education of nursing students increased, students who were eager to provide care to the patients from different cultures and to interact with them had significantly high intercultural sensitivity scores, their ethnocentrism levels were low.

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## CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

## AUTHOR CONTRIBUTIONS

*Study conception and design, data collection, data analysis and interpretation, drafting of the article, and critical revision of the article:* Fatma Karasu, Filiz Polat, and Canan B. Okuyan.

## ETHICS STATEMENT

Permission was obtained from Kilis 7 December University Ethics Committee (2019/94). All participants were digitally informed for the study.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

## ORCID

Fatma Karasu  <https://orcid.org/0000-0002-7347-0981>

Filiz Polat  <https://orcid.org/0000-0001-8326-9504>

Canan B. Okuyan  <https://orcid.org/0000-0002-7339-6072>

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