Nurse Education Today 100 (2021) 104867

Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/locate/nedt

The effect of ethnocentrism and moral sensitivity on intercultural sensitivity in nursing students, descriptive cross-sectional research study

Yunus Kaya [a,*], Sevda Arslan [b], Atiye Erbaş [c], Beril Nisa Yaşar [d], Gülhan Erkuş Küçükkelepçe [e]

[a] Aksaray University, Faculty of Health Sciences, Department of Child Development, 68100 Aksaray, Turkey
[b] Munzur University, Faculty of Health Sciences, Nursing Department, 62000 Tunceli, Turkey
[c] Düzce University, Faculty of Health Sciences, Nursing Department, Düzce, Turkey
[d] Mardin Artuklu University, Faculty of Health Sciences, Midwifery Department, Mardin, Turkey
[e] Adıyaman University, Faculty of Health Sciences, Nursing Department, 02000 Adiyaman, Turkey

ARTICLE INFO

Keywords:
Intercultural sensitivity
Moral sensitivity
Ethnocentrism
Nursing students
Nursing education

ABSTRACT

Background: Factors affecting intercultural sensitivity and care are becoming an increasingly important issue due to ethnic diversity. Nurses play a crucial role in care and therefore should keep up with this trend and improve their intercultural sensitivity.

Objective and design: This descriptive cross-sectional study investigated the effects of ethnocentrism and moral sensitivity on intercultural sensitivity in nursing students.

Methods and participants: Data were collected using a demographic characteristics questionnaire and the Intercultural Sensitivity Scale, Generalized Ethnocentrism Scale, and Moral Sensitivity Scale. The sample consisted of 1343 nursing students. The Pearson correlation coefficient was used to determine correlations between scale scores. Multiple linear regression was used to determine the effects of ethnocentrism, moral sensitivity, and demographic characteristics on intercultural sensitivity.

Results: Intercultural sensitivity was found to be negatively correlated with ethnocentrism and positively correlated with moral sensitivity. Ethnocentrism predicted intercultural sensitivity more than moral sensitivity. Ethnocentrism and moral sensitivity explained 16.8% of the total variance of intercultural sensitivity. However, ethnocentrism affected intercultural sensitivity more than moral sensitivity did (beta = −0.406).

Conclusion: Nursing education should adopt strategies to reduce ethnocentrism by helping students develop cultural competence and intercultural sensitivity. Such education can equip nurses to provide higher quality care to patients of different cultural backgrounds.

1. Introduction

Increased population mobility and globalization have caused people of different cultural backgrounds to more frequently interact and communicate. Advances in technology (Spiteri, 2017), immigration (Verkuyten and Yogeeswaran, 2020), ease of transportation, student exchange programs (Gosse and Katic-Duffy, 2020) and job opportunities abroad (Zhang and Han, 2019) have brought people of different cultural, ethnic, and religious backgrounds together. Health systems are also affected by these changes in the social sphere all over the world, and health professionals provide health services to individuals of many different cultures, religions, beliefs and ethnic backgrounds. This new reality has rendered concepts of cultural competence and intercultural sensitivity all the more relevant to healthcare delivery (Ahn, 2017; Olukotun et al., 2018). Cultural competence is defined as the ability to recognize different cultures, understand and evaluate cultural differences. Culturally competent person communicates with individuals from other cultures, and respect, acknowledge, and take them into account when providing nursing care in accordance with their cultural values. In order to have cultural competence, one must have intercultural sensitivity skills (Eginli, 2011; Markey et al., 2018).

Intercultural sensitivity is defined as the ability to develop an understanding of cultural differences and to respect and appreciate them. However, health professionals with low intercultural sensitivity are more likely to experience difficulty providing effective and holistic care (Majumdar et al., 2004). Biases and prejudices against other cultures

* Corresponding author at: Aksaray University, Faculty of Health Sciences, Department of Child Development, Turkey.
E-mail address: yuunus.kaya@gmail.com (Y. Kaya).

https://doi.org/10.1016/j.nedt.2021.104867
Received 8 September 2020; Received in revised form 12 February 2021; Accepted 3 March 2021
Available online 11 March 2021
0260-6917/© 2021 Elsevier Ltd. All rights reserved.

and ethnocentrism prevent people from living together in harmony and communicating with one another (Aksoy, 2012). Ethnocentrism is defined as the practice of evaluating and judging other cultures from the perspective of one's own customs and values. According to Dutton et al. (2016), there are two kinds of ethnocentrism: positive and negative. Positive ethnocentrism denotes one's pride in one's ethnic group or nation and one's readiness to make sacrifices for it, whereas negative ethnocentrism involves exhibiting unfounded prejudices and hostility towards other ethnic groups. Ethnocentric individuals view their own cultural norms and values as a precedent from which to judge those of other groups and hold certain prejudices against them (Medina-López-Portillo, 2004). Healthcare professionals with ethnocentric tendencies are more likely to ignore the cultural, religious, and ethnic backgrounds of their patients when planning and delivering care, resulting in adverse health outcomes (Amiri and Heydari, 2017; Markey et al., 2018). More intercultural sensitivity and less ethnocentrism can help overcome such problems (Chen, 2010).

Moral sensitivity has been defined by Lützén et al. (1995) as a personal capacity to deal with ethical conflicts in specific situations in interpersonal relationships between patients and nurses (Lützén et al., 1995). Moral sensitivity is a cognitive ability that includes individual experiences, personal development, the experiences of others, and all other value systems (Kim et al., 2005). It is seen as a precondition for nurses to respond with sensitivity to the care needs of patients. Moral sensitivity is an important component of holistic care (Gastmans, 2002), and is considered a quality that enables nurses to distinguish between and choose the best options while providing care (González-de Paz et al., 2012). Health professionals should be able to recognize cultural differences and values, evaluate individuals and groups in the context of cultural values, comprehend health needs and adapt their interventions to individuals' cultures (Foronda, 2008). An individual who has moral and intercultural sensitivity can gain the competence to empathize with those of different cultural backgrounds and stand up against discrimination, prejudice, and injustice (Holm et al., 2009). Although moral and intercultural sensitivity are not innate skills, they can be acquired through education and training (Kim and Park, 2019; Kucukkelepce et al., 2020). Nursing students should be able to evaluate how the care given to the patient in the cultural context is perceived, assessed and put into practice during their education.

Over the last decades, researchers of numerous disciplines have extensively studied intercultural sensitivity and its implications. However, only a few studies have investigated the effects of intercultural sensitivity on how nurses care for people of diverse ethnic and cultural backgrounds. Such work is important because we believe that it can highlight the significance of intercultural and moral sensitivity in providing holistic and equal care to people of different ethnic, cultural, and religious backgrounds. The present study thus investigates the effect of ethnocentrism and moral sensitivity on intercultural sensitivity in nursing students. Our hypotheses are as follows:

Hypothesis 1. There is a negative correlation between intercultural sensitivity and ethnocentrism in nursing students.

Hypothesis 2. There is a positive correlation between intercultural and moral sensitivity in nursing students.

Hypothesis 3. Moral sensitivity and ethnocentrism are positive and negative predictors of intercultural sensitivity in nursing students, respectively.

2. Methods and materials

2.1. Objective

This descriptive cross-sectional study investigates the effect of ethnocentrism and moral sensitivity on intercultural sensitivity in nursing students.

2.2. Participants

The study population includes 1401 nursing students from five universities in Turkey enrolled in the fall semester of the 2019–2020 academic year. The inclusion criteria were set as follows: (1) voluntary participation, (2) giving both verbal and written consent, (3) being a nursing student, (4) being able to read, understand, and write in Turkish, and (5) status as a sophomore-, junior-, or senior- student participating in clinical practice within the scope of nursing courses. Fifty-eight students were excluded from the sample because they failed to complete the data collection tools. As a result, the final sample includes 1343 participants.

2.3. Data collection tools

2.3.1. Demographic characteristics questionnaire

The researchers developed a demographic characteristics questionnaire measuring the following nine items: gender, age, grade level, having friends/relatives from other cultures, having travelled abroad, having cared for people of diverse cultural backgrounds, and challenges of providing care.

2.3.2. Intercultural sensitivity scale (ISS)

The 24-item Intercultural Sensitivity Scale (ISS) was developed by Chen and Starosta (2000) to measure levels of intercultural sensitivity in nursing students. The validity and reliability of the Turkish version of the scale were established by Bulduk et al. (2011). The scale consists of five subscales: interaction engagement, respect for cultural differences, interaction confidence, interaction enjoyment, and interaction attentiveness. The items are scored on a 5-point Likert-type scale (from "1 = Strongly Disagree" to "5 = Strongly Agree"). The total score ranges from 24 to 120. Higher scores indicate higher intercultural sensitivity. The original scale has a Cronbach's alpha of 0.88 (Chen and Starosta, 2000). The Turkish version has a Cronbach's alpha of 0.72 (Bulduk et al., 2011), which was measured as 0.86 in this study.

2.3.3. Generalized ethnocentrism scale (GENE)

The 20-item Generalized Ethnocentrism Scale (GENE) was developed by Neuliep and McCroskey (1997) to measure levels of ethnocentrism in nursing students. The validity and reliability of the Turkish version of the GENE were established by Üstün (2011). Although both negative and positive aspects of ethnocentrism are emphasized in the literature, GENE used in this study assesses negative ethnocentrism. The GENE has a one-factor structure and therefore has no subscales. The items are scored on a 5-point Likert-type scale (from "1 = Strongly Disagree" to "5 = Strongly Agree"). The total score ranges from 20 to 100. Higher scores indicate higher levels of ethnocentrism. The original scale has a Cronbach's alpha of 0.92 (Neuliep and McCroskey, 1997). The Turkish version has a Cronbach's alpha of 0.82 (Üstün, 2011), which was measured as 0.83 in this study.

2.3.4. Moral sensitivity questionnaire (MSQ)

The 30-item Moral Sensitivity Questionnaire (MSQ) was developed to measure levels of moral sensitivity in nursing students (Lützén et al., 1997). The validity and reliability of the Turkish version of the MSQ were established by Tosun (2018). The scale consists of six subscales: modifying autonomy, benevolence, the use of a holistic approach, experiencing moral conflict, execution, and interpersonal orientation. The items are scored on a 7-point Likert-type scale (from "1 = Strongly Agree" to "7 = Strongly Disagree"). The total score ranges from 30 to 210. Higher scores indicate lower levels of moral sensitivity. Therefore, positive correlations between the MSQ and the other scale scores were interpreted as negative and vice versa. The Turkish version has a Cronbach's alpha of 0.84 (Tosun, 2018), which was measured as 0.85 in this study.

2.4. Data collection

Data were collected between September and December 2019. The researchers visited classrooms of school days and informed students of the goals and procedures of the present study. The participants were first briefed on the goals of the study in detail. The researchers stated to all participants that participation in the study was entirely voluntary. Participants were informed that they had the right to withdraw from the study at any point in time without providing any reason. They were also informed that participation in the study would not have a positive or negative impact on their academic success. Personal information was guaranteed to be protected. After that, they gave their informed written consent to participate in the study. The researchers then distributed the data collection forms and asked the participants to complete them. Data collection lasted 30 min.

2.5. Data analysis

Data were analyzed using the Statistical Package for Social Sciences (SPSS 20.0). Numbers and percentages were used for descriptive data. Shapiro Wilk's test was used for normality testing. A *t*-test was used for two independent groups while an F-test conducted through a one-way analysis of variance was used for more than two independent groups. Tukey's test was used to draw pairwise group comparisons to determine sources of difference. The Pearson correlation coefficient was used to determine correlations between the ISS, GENE, and MSQ scores. A multiple linear regression model (backward elimination) was used to analyze variables that may affect intercultural sensitivity.

2.6. Ethical considerations

The present study was approved by the Ethics Committee of Non-Interventional Clinical Trials (Decision No: 2019/07.01). Written permission was obtained from the administrators of the nursing departments of the universities where the study was conducted. Students were informed of the goals and procedures of the study. Both verbal and written consent were obtained from those who agreed to participate.

3. Results

The mean age of the participants was 21.08 ± 1.76 years (min = 18, max = 35). Of the participants, 67.2% were women, 35.2% were sophomore students, 86.5% had friends/relatives of different cultural backgrounds, 8.4% had previously travelled abroad, 36.9% had cared for patients of different cultural backgrounds, and 63.9% had experienced difficulty communicating with their patients. The participants had mean Intercultural Sensitivity Scale (ISS), Generalized Ethnocentrism Scale (GENE), and Moral Sensitivity Questionnaire (MSQ) scores of 91.36 ± 11.60, 43.83 ± 10.01, and 90.05 ± 20.36, respectively. Age had a significant effect on intercultural ($r = 0.06$, $p < 0.05$) and moral sensitivity ($r = 0.08$, $p < 0.01$). Intercultural sensitivity increased while moral sensitivity decreased with age. The female participants had a lower mean GENE score ($t = 3.095$, $p < 0.01$) but a higher mean MSQ score ($t = 2.767$, $p < 0.01$) than the male participants. The senior students had a lower mean MSQ score than the sophomore and junior students ($F = 11.652$, $p < 0.01$). Participants with friends/relatives of different cultural backgrounds had a higher mean ISS score ($t = 5.733$, $p < 0.01$) but a lower mean GENE score ($t = 3.772$, $p < 0.01$) than those without friends/relatives of different cultural backgrounds. We found no significant differences in ISS, GENE, and MSQ scores between those who had travelled abroad and those who had not ($p > 0.05$). Those who had cared for patients of different cultural backgrounds had a higher mean ISS score ($t = 2.635$, $p < 0.01$) but lower mean GENE ($t = 3.727$, $p < 0.01$) and MSQ scores ($t = 2.39$, $p = 0.05$) than those who had not. Participants who had experienced difficulty communicating with their patients during care had a lower mean ISS score ($t = 2.106$, $p < 0.05$) but a higher mean GENE score ($t = 2.129$, $p < 0.05$) than those who had not.

Table 1 shows correlations between the participants' ISS, GENE, and MSQ scores. Intercultural sensitivity was found to be negatively correlated with ethnocentrism and positively correlated with moral sensitivity. We found no significant correlation between ethnocentrism and moral sensitivity. The backward elimination technique Model 1 in Table 2 was used to assess the effects of ethnocentrism and moral sensitivity on intercultural sensitivity. The results of Model 1 in Table 2 show that ethnocentrism and moral sensitivity explained 16.8% of the total variance in intercultural sensitivity. The Model 1 in Table 2 predicts that for every one-unit increase in the GENE score, the ISS score should decrease by −0.470 units. This result suggests that ethnocentrism affected intercultural sensitivity more than moral sensitivity did (beta = −0.406). Table 3 shows the effects of demographic characteristics, ethnocentrism, and moral sensitivity on intercultural sensitivity. Model 4 was developed using the backward elimination technique. The results of Model 4 in Table 3 shows that age, having friends/relatives of different cultural backgrounds, ethnocentrism, the use of a holistic approach, moral conflict, and interpersonal orientation (the MSQ subscales) explained 20% of the total variance in intercultural sensitivity ($F = 56.492$ $p < 0.001$). The Model 4 in Table 3 predicts that for every one-unit increase in the GENE score, the ISS score should decrease by −0.425 units. This result suggests that ethnocentrism had a more significant effect on intercultural sensitivity than the other independent variables (beta = −0.367).

4. Discussion

Levels of intercultural sensitivity did not significantly differ by gender. However, the male participants were more ethnocentric and less morally sensitive than the female participants. Research also shows that women are more interculturally and morally sensitive and less ethnocentric than men (Kılıç and Sevinç, 2018; Bilgiç and Şahin, 2019; Baykara et al., 2019; Doğan et al., 2019). Intercultural and moral sensitivity increased with age, which has been reported by earlier studies as well (Benkert et al., 2011; Tuvesson and Lützén, 2017). Grade level had no significant effect on intercultural sensitivity or ethnocentrism, but the senior students were less morally sensitive than the sophomore and junior students. This may be because senior students encounter patients of different cultures in different clinical settings and find themselves in situations that challenge their cultural norms and worldviews and therefore have difficulty putting their theoretical knowledge and ethical precepts into practice. Although nursing students become more interculturally sensitive as they rise through grade levels, seniors and graduates are less morally sensitive than younger students (Comrie, 2012; Üzar-Özçetin and Hiçdurmaz, 2018). However, Baykara et al. (2019) found that senior nursing students are more morally sensitive than younger students.

Participants with friends of different cultural backgrounds were more interculturally sensitive and less ethnocentric than those without friends of different cultural backgrounds. However, having travelled abroad before did not affect intercultural sensitivity. Research shows that nursing students and nurses who have friends of different cultures and who have travelled abroad are more interculturally sensitive and less ethnocentric (Bilgiç and Şahin, 2019; Repo et al., 2017; Wang et al., 2018). Participants who had cared for patients of different cultural backgrounds were more interculturally and morally sensitive and less ethnocentric than those who had not. However, participants who had faced challenges when providing care to foreign patients were interculturally less sensitive and more ethnocentric, which may be due to a lack of experience and experiences of stress and anxiety felt when having difficulty communicating with their patients. Nurses and nursing students with more experience providing care to patients of different cultural backgrounds are more interculturally sensitive and less ethnocentric (Ahn, 2017; Cruz et al., 2016; Lin et al., 2015; Richards and Doorenbos, 2016). However, nursing students and nurses experience

Table 1
Descriptive statics and corelastions analyses among variables.

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1- ISS	1000													
2- Responsibility at Interaction	**0,845***	1000												
3- Respecting Cultural Differences	**0,806***	**0,583***	1000											
4- Self-Confidence in Interaction	**0,716***	**0,520***	**0,329***	1000										
5- Enjoying Interaction	**0,685***	**0,373***	**0,530***	**0,516***	1000									
6- Being Careful in Interaction	**0,607***	**0,503***	**0,406***	**0,307***	**0,218***	1000								
7- GENE	**−0,403***	**−0,329***	**−0,481***	**−0,181***	**−0,303***	**−0,092***	1000							
8- MSQ	**−0,065***	**−0,085***	−0,013	−0,049	−0,017	**−0,086***	−0,041	1000						
9- Autonomy	**−0,079***	**−0,063***	−0,031	**−0,087***	**−0,069***	**−0,058***	−0,037	**0,836***	1000					
10- Providing Benefit	−0,037	−0,053	−0,007	**−0,018***	−0,004	**−0,061***	0,013	**0,675***	**0,429***	1000				
11- Holistic Approach	**−0,158***	**−0,150***	**−0,104***	**−0,113***	**−0,109***	**−0,111***	**0,074***	**0,775***	**0,593***	**0,468**	1000			
12- Conflict	**0,116***	0,048	**0,093***	**0,131***	**0,173***	−0,014	**−0,123***	**0,426***	**0,181***	**0,292**	**0,141***	1000		
13- Application	0,031	−0,002	**0,082***	−0,014	0,042	−0,005	**−0,148***	**0,641***	**0,477***	**0,276**	**0,336***	**0,257***	1000	
14- Orientation	**−0,168***	**−0,166***	**−0,128***	**−0,097***	**−0,102***	**−0,123***	**0,121***	**0,743***	**0,605***	**0,458**	**0,702***	**0,093***	**0,295***	1000
M ± SD	91,36 ± 11,60	26,88 ± 4,04	24,29 ± 3,95	17,26 ± 3,11	11,46 ± 2,31	11,46 ± 1,95	43,83 ± 10,01	90,05 ± 20,36	20,41 ± 6,37	12,09 ± 4,01	12,28 ± 4,79	11,62 ± 3,23	13,87 ± 4,03	8,74 ± 4,19

ISS: Intercultural Sensitivity Scale, GENE: Generalized Ethnocentrism Scale; MSQ: Moral Sensitivity Questionnaire; M: Mean; SD: Standard Deviation; *$p < 0.05$.
Bold figures are statistically significant results.

high levels of stress when they experience difficulty communicating with patients of different cultural backgrounds due to language barriers, as they cannot understand cultural norms or behaviors related to illness and death (Browne et al., 2015; Listerfelt et al., 2019). Some studies have found age, gender, education level, the experience of caring for patients of different cultures and having travelled abroad not to affect intercultural and moral sensitivity and ethnocentrism in nursing students and nurses (Kılıç and Sevinç, 2018; Lin et al., 2015).

We found a negative correlation between intercultural sensitivity and ethnocentrism. Participants who were more ethnocentric had less respect for cultural differences; enjoyed interactions with patients of different cultural backgrounds less and were less attentive, confident, and engaged during such interactions. Research also shows that ethnocentric students are uncomfortable talking to those of different cultural and religious backgrounds and are not affected by what other people think, which in turn makes them less interculturally competent and sensitive (Ahn, 2017; Benkert et al., 2011; Bilgiç and Şahin, 2019; Olukotun et al., 2018). Family values, social relations, and the media have significant effects on ethnocentrism. The greatest effect is viewing one's own culture as superior to others and often interacting with members of the group to which one belongs (Sutherland, 2002). Nurses should take into account the cultural norms and beliefs of their patients to plan care holistically and to provide equal, fair, and effective care. Research shows that nurses and nursing students can define cultural competence, but do not know how to plan care based on their patients' cultural and ethnic characteristics. Nurses and nursing students define cultural competence as recognizing cultural norms and behaviors and providing equal care to patients without being racist, offensive, or judgmental. However, they sometimes ignore cultural norms and values and display ethnocentric behaviors (Markey et al., 2018; Üzar-Özçetin et al., 2019). Some nurses evaluate patients' behaviors according to their own cultural beliefs and values and dislike patients of other cultural backgrounds (Amiri and Heydari, 2017).

We found no significant correlation between ethnocentrism and moral sensitivity. However, ethnocentrism was positively correlated with a holistic approach and interpersonal orientation and was negatively correlated with experiencing moral conflict and execution. There has been no research on the correlation between ethnocentrism and moral sensitivity. However, Üzar-Özçetin and Hiçdurmaz (2018) reported that nursing students in Turkey view acting morally as unnecessary during care. This may be because ethnocentrism prevents nursing students from realizing the moral conflicts they experience and because they take courses in ethics and deontology in their last year of schooling and therefore know little about moral sensitivity. Participants who were more morally sensitive were also more interculturally sensitive. Research also shows that the higher their levels moral sensitivity, the more students are able to individually evaluate patients and provide individual care (Doğan et al., 2019; Baykara et al., 2019).

Our regression analysis shows that age, having friends/relatives of different cultural backgrounds, ethnocentrism, and moral sensitivity affected the participants' intercultural sensitivity. Ahn (2017) found that ethnocentrism and having cared for patients of different cultural backgrounds play a crucial role in intercultural sensitivity in nurses. They also report that nurses high in ethnocentrism are likely to be less interculturally sensitive, to provide less care to foreign patients, and to have more negative views of other cultures. Nursing students and nurses interacting with those of different ethnic and cultural backgrounds are likely to be more culturally competent and interculturally sensitive (Cruz et al., 2016; Olukotun et al., 2018). The few studies examining the factors that affect cultural competence show that exchange programs help students learn to respect differences and appreciate and empathize with different cultures. Students who interact with those of different cultural and ethnic backgrounds become more interculturally sensitive and competent, develop a universal perspective, improve themselves professionally and personally, and know how to approach foreigners (Gosse and Katic-Duffy, 2020; Richards and Doorenbos, 2016).

Table 2
The effects of GENE and MSQ total scores on ISS.

Model		Unstandardized coefficients		Standardized coefficients	t	p
		B	S.E.	Beta		
Model 1	Constant	116,175	1858		62,538	<0,001
	GENE	−0,470	0,029	−0,406	−16,291	<0,001
	MSQ	−0,047	0,014	−0,082	−3289	0,001

R^2: %16,9, Adjusted R^2: %16,8; F = 136,149 p < 0,001 ISS: Intercultural Sensitivity Scale; GENE;Generalized Ethnocentrism Scale, MSQ: Moral Sensitivity Questionnaire, S.E.; Standard Error.

Table 3
The effects of demographic characteristics, GENE and MSQ on ISS (backward elimination technique).

Model		Unstandardized coefficients		Standardized coefficients	t	p
		B	S.E.	Beta		
Model-1	Constant	123,355	4032		30,590	**<0,001**
	GENE	−0,426	0,030	−0,368	−14,421	**<0,001**
	Autonomy	−0,067	0,064	−0,037	−1047	0,295
	Providing Benefit	0,083	0,086	0,029	0,967	0,334
	Holistic Approach	−0,234	0,089	−0,097	−2623	0,009
	Conflict	0,282	0,095	0,079	2975	**0,003**
	Application	0,043	0,083	0,015	0,515	0,606
	Orientation	−0,145	0,104	−0,052	−1396	0,163
	Age	−0,394	0,162	−0,060	−2431	**0,015**
	Having friends/relatives of different cultural backgrounds	−3872	0,841	−0,114	−4603	**<0,001**
Model-2	Constant	123,651	3990		30,989	**<0,001**
	GENE	−0,428	0,029	−0,370	−14,633	**<0,001**
	Autonony	−0,056	0,060	−0,031	−0,931	0,352
	Providing Benefit	0,084	0,086	0,029	0,984	0,325
	Holistic Approach	−0,231	0,089	−0,095	−2594	**0,010**
	Conflict	0,291	0,094	0,081	3105	**0,002**
	Orientation	−0,145	0,104	−0,052	−1404	0,160
	Age	−0,393	0,162	−0,060	−2426	**0,015**
	Having friends/relatives of different cultural backgrounds	−3864	0,841	−0,114	−4595	**<0,001**
Model-3	Constant	122,971	3923		31,350	**<0,001**
	GENE	−0,425	0,029	−0,367	−14,633	**<0,001**
	Providing Benefit	0,074	0,085	0,026	0,872	0,383
	Holistic Approach	−0,253	0,086	−0,104	−2939	**0,003**
	Conflict	0,283	0,093	0,079	3040	**0,002**
	Orientation	−0,176	0,098	−0,063	−1790	0,074
	Age	−0,388	0,162	−0,059	−2392	**0,017**
	Having friends/relatives of different cultural backgrounds	−3863	0,841	−0,114	−4594	**<0,001**
Model-4	Constant	123,258	3908		31,538	**<0,001**
	GENE	−0,425	0,029	−0,367	−14,645	**<0,001**
	Holistic Approach	−0,237	0,084	−0,098	−2818	**0,005**
	Conflict	0,305	0,090	0,085	3388	**0,001**
	Orientation	−0,157	0,096	−0,057	−1641	0,101
	Age	−0,387	0,162	−0,059	−2389	**0,017**
	Having friends/relatives of different cultural backgrounds	−3855	0,841	−0,113	−4585	**<0,001**

R^2: %20,4; Adjusted R^2: %20; F = 56,492; p < 0,001 GENE;Generalized Ethnocentrism Scale; S.E.; Standard Error.
Bold figures are statistically significant results.

4.1. Limitations

This study had two limitations. First, the results cannot be generalized to all nursing students because the sample only includes nursing students from five universities in Turkey and is homogeneous in terms of demographic characteristics. Second, we conducted a descriptive cross-sectional study, and thus further experimental and longitudinal research is warranted.

5. Conclusion

Nursing students have above average intercultural sensitivity scores. Having friends/relatives of different cultural backgrounds, having cared for patients of different cultural backgrounds, ethnocentrism, and moral sensitivity affect their intercultural sensitivity. Theoretical and applied courses should be integrated into the nursing curriculum to increase students' cultural sensitivity. Although university life creates a certain level of awareness for students through relations with educators and peers from different cultures and through courses taken to increase cultural sensitivity, this may be insufficient for developing intercultural sensitivity skills. Courses aimed at developing intercultural sensitivity are usually given in the form of two-hour elective courses per week, which are not practical in the nursing education curriculum in Turkey. It is important that nurse educators create environments to foster positive intercultural interaction. Another result of this study, senior students are less morally sensitive than other students. Students should be given the ability to manage their negative experiences that may affect their moral sensitivity in the classroom or clinical environment. At this point, nurse educators should shape the clinical teaching environment by recognizing and understanding the values of both their students and the society to be cared for. By helping students process these experiences in light of theoretical knowledge of moral sensitivity, this may help senior students and graduates retain their moral sensitivity despite some negative experiences in the clinical area. Nurse educators can contribute to students' awareness of beliefs and feelings under their ethnocentric attitudes in order to change these beliefs and feelings, to help them gain

effective intercultural communication skills, and to increase their interaction with different cultures by performing role plays and group practices together with theoretical training in the teaching of lessons. However, the intercultural sensitivity and ethnocentric attitudes of nurse educators must be evaluated, because during the teaching of the courses, students may be affected by the negative attitudes and behaviors of the nurse educators.

Besides, universities should encourage students and faculty members to participate in exchange programs and offer online courses in collaboration with universities abroad. Such initiatives can reduce ethnocentrism by motivating nursing students to interact with foreigners and become familiar with other cultures. In this way, they can develop into professional nurses equipped to consider the cultural norms of their patients while providing care. It was seen that there were descriptive studies in the literature aimed at assessing the intercultural sensitivity of nursing students and other health professionals. It is recommended to conduct further experimental studies and evaluate their results in order to increase the intercultural sensitivity of nursing students and reduce their ethnocentrism.

Declaration of competing interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Acknowledgments

We are thankful the nursing students who agreed to contribute to the study.

Funding

This study did not receive any specific grant from any funding agency from the public, commercial, or not-for-profit sectors.

Ethical considerations

The present study was approved by Siirt University Ethics Committee of Non-Interventional Clinical Trials (Decision No: 2019/07.01).

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.nedt.2021.104867.

References

Ahn, J.W., 2017. Structural equation modeling of cultural competence of nurses caring for foreign patients. Asian Nursing Research 11 (1), 65–73. https://doi.org/10.1016/j.anr.2017.03.001.

Aksoy, Z., 2012. International migration and intercultural communication. Journal of International Social Research 20 (5), 292–303.

Amiri, R., Heydari, A., 2017. Nurses' experiences of caring for patients with different cultures in Mashhad, Iran. Iran. J. Nurs. Midwifery Res. 22 (3), 232–236. https://doi.org/10.4103/1735-9066.208156.

Baykara, Z.G., Gündüz, C.S., Eyüboğlu, G., 2019. Impact of nursing students' moral sensitivity on their levels of professional attitude. Cukurova Medical Journal 44 (3), 712–722. https://doi.org/10.17826/cumj.484901.

Benkert, R., Templin, T., Schim, S.M., Doorenbos, A.Z., Bell, S.E., 2011. Testing a multigroup model of culturally competent behaviors among underrepresented nurse practitioners. Research in Nursing & Health 34 (4), 327–341. https://doi.org/10.1002/nur.20441.

Bilgiç, Ş., Şahin, İ., 2019. Intercultural sensitivity and ethnocentrism levels of nursing students. Suleyman Demirel University Journal of Health Sciences 10 (3), 230–236. https://doi.org/10.22312/sdusbed.502408.

Browne, C.A., Fetherston, C.M., Medigovich, K., 2015. International clinical placements for Australian undergraduate nursing students: A systematic thematic synthesis of the literature. Nurse Educ. Today 35 (10), 1028–1036. https://doi.org/10.1016/j.nedt.2015.05.012.

Bulduk, S., Tosun, H., Ardıç, E., 2011. Measurement properties of Turkish intercultural sensitivity scale among nursing students. Turkiye Klinikleri Journal of Medical Ethics-Law and History 19 (1), 25–31.

Chen, G.M., 2010. The impact of intercultural sensitivity on ethnocentrism and intercultural communication apprehension. Intercultural Communication Studies 19 (1), 1–9.

Chen, G.M., Starosta, W.J., 2000. The development and validation of the intercultural sensitivity scale. Hum. Commun. 3 (1), 3–14.

Comrie, R.W., 2012. An analysis of undergraduate and graduate student nurses' moral sensitivity. Nurs. Ethics 19 (1), 116–127. https://doi.org/10.1177/0969733011411399.

Cruz, J.P., Estacio, J.C., Bagtang, C.E., Colet, P.C., 2016. Predictors of cultural competence among nursing students in the Philippines: a cross-sectional study. Nurse Educ. Today 46, 121–126. https://doi.org/10.1016/j.nedt.2016.09.001.

Doğan, P., Tarhan, M., Kürklü, A., 2019. The relationship between individualized careperceptions and moral sensitivity levels of nursing students. Journal of Education and Research in Nursing 16 (2), 119–124. https://doi.org/10.5222/HEAD.2019.119.

Dutton, E., Madison, G., Lynn, R., 2016. Demographic, economic, and genetic factors related to national differences in ethnocentric attitudes. Personal. Individ. Differ. 101, 137–143. https://doi.org/10.1016/j.paid.2016.05.049.

Eginli, A.T., 2011. The importance of the training of cultural diversity in obtaining intercultural competency. Öneri Dergisi 9 (35), 215–227.

Foronda, C.L., 2008. A concept analysis of cultural sensitivity. J. Transcult. Nurs. 19 (3), 207–212. https://doi.org/10.1177/1043659608317093.

Gastmans, C., 2002. A fundamental ethical approach to nursing: some proposals for ethics education. Nurs. Ethics 9 (5), 494–507. https://doi.org/10.1191/0969733002ne539oa.

González-de Paz, L., Kostov, B., Sisó-Almirall, A., Zabalegui-Yárnoz, A., 2012. A Rasch analysis of nurses' ethical sensitivity to the norms of the code of conduct. J. Clin. Nurs. 21 (19–20), 2747–2760. https://doi.org/10.1111/j.1365-2702.2012.04137.x.

Gosse, N.L., Katic-Duffy, A., 2020. Nursing student and faculty perceptions of reciprocity during international clinical learning experiences: a qualitative descriptive study. Nurse Educ. Today 84, 104242. https://doi.org/10.1016/j.nedt.2019.104242.

Holm, K., Nokelainen, P., Tirri, K., 2009. Relationship of gender and academic achievement to Finnish students' intercultural sensitivity. High Ability Studies 20 (2), 187–200. https://doi.org/10.1080/13598130903358543.

Kılıç, S.P., Sevinç, S., 2018. The relationship between cultural sensitivity and assertiveness in nursing students from Turkey. J. Transcult. Nurs. 29 (4), 379–386. https://doi.org/10.1177/1043659617716518.

Kim, W.J., Park, J.H., 2019. The effects of debate-based ethics education on the moral sensitivity and judgment of nursing students: a quasi-experimental study. Nurse Educ. Today 83, 104200. https://doi.org/10.1016/j.nedt.2019.08.018.

Kim, Y.S., Park, J.W., You, M.A., Seo, Y.S., Han, S.S., 2005. Sensitivity to ethical issues confronted by Korean hospital staff nurses. Nurs. Ethics 12 (6), 595–605. https://doi.org/10.1191/0969733005ne829oa.

Kucukkelepce, G.E., Dinc, L., Elcin, M., 2020. Effects of using standardized patients on nursing students' moral skills. Nurs. Ethics 27 (7), 1587–1602. https://doi.org/10.1177/0969733020935954.

Lin, C.N., Mastel-Smith, B., Alfred, D., Lin, Y.H., 2015. Cultural competence and related factors among Taiwanese nurses. J. Nurs. Res. 23 (4), 252–261. https://doi.org/10.1097/JNR.0000000000000097.

Listerfelt, S., Fridh, I., Lindahl, B., 2019. Facing the unfamiliar: nurses' transcultural care in intensive care–A focus group study. Intensive and Critical Care Nursing 55, 102752. https://doi.org/10.1016/j.iccn.2019.08.002.

Lützén, K., Nordström, G., Evertzon, M., 1995. Moral sensitivity in nursing practice. Scand. J. Caring Sci. 9 (3), 131–138.

Lützén, K., Evertzon, M., Nordin, C., 1997. Moral sensitivity in psychiatric practice. Nurs. Ethics 4 (6), 472–482. https://doi.org/10.1177/096973309700400604.

Majumdar, B., Browne, G., Roberts, J., Carpio, B., 2004. Effects of cultural sensitivity training on health care provider attitudes and patient outcomes. J. Nurs. Scholarsh. 36 (2), 161–166. https://doi.org/10.1111/j.1547-5069.2004.04029.x.

Markey, K., Tilki, M., Taylor, G., 2018. Understanding nurses' concerns when caring for patients from diverse cultural and ethnic backgrounds. J. Clin. Nurs. 27 (1–2), 259–268. https://doi.org/10.1111/jocn.13926.

Medina-López-Portillo, A., 2004. Intercultural learning assessment: the link between program duration and the development of intercultural sensitivity. Frontiers: The Interdisciplinary Journal of Study Abroad 10 (1), 179–200.

Neuliep, J.W., McCroskey, J.C., 1997. The development of a US and generalized ethnocentrism scale. Communication Research Reports 14 (4), 385–398. https://doi.org/10.1080/08824099709388682.

Olukotun, O., Mkandawire-Vahlmu, L., Kreuziger, S.B., Dressel, A., Wesp, L., Sima, C., Scheer, V., Weitzel, J., Washington, R., Hess, A., 2018. Preparing culturally safe student nurses: an analysis of undergraduate cultural diversity course reflections. J. Prof. Nurs. 34 (4), 245–252. https://doi.org/10.1016/j.profnurs.2017.11.011.

Repo, H., Vahlberg, T., Salminen, L., Papadopoulos, I., Leino-Kilpi, H., 2017. The cultural competence of graduating nursing students. J. Transcult. Nurs. 28 (1), 98–107. https://doi.org/10.1177/1043659616632046.

Richards, C.A., Doorenbos, A.Z., 2016. Intercultural competency development of health professions students during study abroad in India. Journal of Nursing Education and Practice 6 (12), 89–98. https://doi.org/10.5430/jnep.v6n12p89.

Spiteri, D., 2017. Multiculturalism, Higher Education and Intercultural Communication: Developing Strengths-Based Narratives for Teaching and Learning. Palgrave Macmillan, London.

Sutherland, L.L., 2002. Ethnocentrism in a pluralistic society: a concept analysis. J. Transcult. Nurs. 13 (4), 274–281. https://doi.org/10.1177/104365902236701.

Tosun, H., 2018. Moral sensitivity questionnaire (MSQ): Turkish adaptation of the validity and reliability. Journal of Contemporary Medicine 8 (4), 316–321. https://doi.org/10.16899/gopctd.467052.

Tuvesson, H., Lützén, K., 2017. Demographic factors associated with moral sensitivity among nursing students. Nurs. Ethics 24 (7), 847–855. https://doi.org/10.1177/0969733015626602.

Üstün, E., 2011. Factors Affecting Teacher candidates' Intercultural Sensitivity and Ethnocentrism Levels (Unpublished Master Thesis). Institute of Social Sciences, Yıldız Technical University, İstanbul.

Üzar-Özçetin, Y.S., Hiçdurmaz, D., 2018. The related factors of moral sensitivity in nursing students. E- Journal of Dokuz Eylul University Nursing Faculty 11 (3), 209–217.

Üzar-Özçetin, Y.S., Trenoweth, S., Tee, S., 2019. Migration and mental health care: identifying the cultural competency of Turkish nursing students. Nurse Educ. Today 85, 104257. https://doi.org/10.1016/j.nedt.2019.104257.

Verkuyten, M., Yogeeswaran, K., 2020. Cultural diversity and its implications for intergroup relations. Curr. Opin. Psychol. 32, 1–5. https://doi.org/10.1016/j.copsyc.2019.06.010.

Wang, Y., Xiao, L.D., Yan, P., Wang, Y., Yasheng, A., 2018. Nursing students' cultural competence in caring for older people in a multicultural and developing region. Nurse Educ. Today 70, 47–53. https://doi.org/10.1016/j.nedt.2018.08.012.

Zhang, Y., Han, E.J., 2019. Comparative study of intercultural sensitivity of college students in two distinctive institutions in the US. J. Intercult. Commun. Res. 48 (5), 477–493. https://doi.org/10.1080/17475759.2019.1662825.