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The Relationships Between Nursing and Midwifery Students' Cultural Sensitivity and Xenophobia

Hemşirelik ve Ebelik Öğrencilerinin Kültürel Duyarlılıklarının Zenofobi İle İlişkisi

ABSTRACT

Objective: Knowing about intercultural sensitivity and xenophobia benefits nursing and midwifery students by helping them to provide high quality care. This study aims to examine the cultural sensitivity of nursing and midwifery students and its relationship with xenophobia.

Method: In this descriptive and cross-sectional study, 486 nursing and midwifery students completed the Intercultural Sensitivity Scale (ISS), the Xenophobia Scale (XS) and the Xenophobia Scale-TR (XS-TR). In the analysis of the data, descriptive statistics, Mann-Whitney U, Kruskal-Wallis H and Spearman's correlation tests were used.

Results: Students' total ISS score average is 79.31 ± 7.20; the average XS score is 45.64 ± 11.18 and the total XS-TR score average is 48.98 ± 13.89. There was found a negative correlation between total ISS, Respect for Cultural Differences, interaction confidence and interaction enjoyment, and total XS-TR; a positive correlation between all types of ISS scores and XS-TR humiliation. In addition, a negative correlation was found between the total ISS, Respect for Differences and Appreciation and XS-TR Hate. Additionally, a negative correlation between the Enjoyment of ISS and XS-TR Fear ($p < 0.05$).

Conclusion: Nursing and midwifery students have moderate cultural sensitivity and low level of xenophobia while providing health services. The students were cognitively aware of their cultural differences and those of others, but they did not internalize them effectively enough and tended to evaluate events and experiences in terms of their own culture.

ÖZ

Amaç: Kültürlerarası duyarlılık ve zenofobi konusunda yeterli bilgiye sahip olmak hemşirelik ve ebelik öğrencilerinin nitelikli bakım verebilmelerine katkı sağlayacaktır. Bu çalışmanın amacı; hemşirelik ve ebelik öğrencilerinin kültürel duyarlılıklarını ve zenofobi ile ilişkisini incelenmektir.

Yöntem: Tanımlayıcı ve kesitsel tipteki bu araştırmada, 486 hemşirelik ve ebelik öğrencisinden Kültürlerarası Duyarlılık Ölçeği (KDÖ), Yabancı Düşmanlığı Ölçeği (YDÖ) ve Yabancı Düşmanlığı Ölçeği-TR (YDÖ-TR) kulanılarak veri toplanmıştır. Verilerin analizinde tanımlayıcı istatistikler, Mann-Whitney U, Kruskal-Wallis H ve Spearman korelasyon testlerinden yararlanılmıştır.

Bulgular: KDÖ farklılıklara saygı duyma, etkileşimde özgüven ve zevk alma ile ZÖ toplam arasında negatif yönde; KDÖ tüm puan türleri ile ZÖ aşağılama arasında pozitif yönde ilişki görülmüştür. Ayrıca KDÖ toplam, farklılıklara saygı duyma ve zevk alma ile ZÖ nefret arasında negatif yönde ilişki bulunmuştur. KDÖ zevk alma ile ZÖ korku arasında da negatif yönde ilişki saptanmıştır ($p < 0.05$).

Sonuç: Hemşirelik ve ebelik öğrencilerinin sağlık hizmetlerini sunarken orta derecede kültürel duyarlılığa ve düşük seviyede yabancı düşmanlığı tutumuna sahip oldukları söylenebilir. Öğrencilerin kendisinin ve diğerlerinin kültürel farklılıklarının bilişsel olarak farkında olduklarını ancak duyuşsal açıdan yeterince içselleştirmediklerini, olayları, yaşantıları daha çok kendi kültürleri ekseninde değerlendirme eğiliminde oldukları söylenebilir.

INTRODUCTION

Culture is defined as "a whole that includes habits such as knowledge, beliefs, values, attitudes, morals, law, art, traditions, and customs learned by a person as a member of a society" (Jahoda, 2012). Today's pluralistic world points to intercultural sensitivity as the key to living harmoniously and meaningfully (Chen, 1997; Tamam, 2010). Intercultural sensitivity is defined as "the active desire necessary to provide its own motivation in understanding, accepting and appreciating intercultural differences" (Bulduk et al., 2011; Chen & Starosta, 2000).

Immigration to Turkey and western societies has increased in recent years, and the beliefs and attitudes of immigrants and indigenous people are reflected in concepts of health and disease. Negative attitudes toward foreigners and minorities, increasing prejudices, and fears against immigrants can cause a variety problems, including xenophobia. Xenophobia is defined as hating or being prejudiced against other people. While some scholars see this concept as intense antipathy, fear or hatred of others (Nyamnjoh, 2006), others see it as visible hostility toward strangers (Canetti-Nisim et al., 2006). Hjrem (1998) defines xenophobia as the negative attitudes and fears of individuals or groups toward individuals that they perceive as different from themselves or their groups (Hjrem, 1998). In recent years, Turkey's proximity to regional conflicts has brought forced international immigration. In addition to positive concepts such as the integration of foreigners, harmony and social integration, international migration has also brought xenophobia to the fore.

Xenophobia affects individuals' basic rights such as access to food, shelter and health services. It is an important issue and obstacle in the interaction between young people and social networking. While xenophobia has become increasingly important in today's political climate, little is known about its impact on health services. Health professionals interact with migrants and refugees during their work (Suleman et al., 2018). Considering its negative effects on individual and public health, this issue requires more public health attention. Preparing nursing and midwifery students to give culturally sensitive care will increase their awareness of the religious, linguistic, ethical and socioeconomic factors that affect healthcare in practice (Durgun et al., 2019). The transcultural nursing model developed by Leininger can serve as a guide to the care of individuals from different cultures (Tortumluoğlu, 2004). Intercultural sensitivity will have positive effects on individualized care in line with ethical principles.

In recent years, Turkey has become one of the countries receiving the most immigration. Nurses and midwives need to develop their ability to provide multicultural care in the new world conditions. Evaluating cultural sensitivity and xenophobia in midwifery and nursing students whose education is focused on professional skills and revealing the relationship between them will positively develop their future professional approaches.

Objective

This study aims to examine the cultural sensitivity of nursing and midwifery students and its relationship with xenophobia.

In line with the purpose of the research, seeking answers to the following questions:

1. What are the cultural sensivities and xenophobia levels of the students?

2. Is there a difference between the cultural sensivities and score types according to the students' socio-demographic features?

3. Is there a difference between the xenophobia score types according to the students' socio-demographic features?

4. Is there a correlations between students' cultural sensivities and xenophobia?

METHODS

Research Design

This is a cross-sectional and descriptive study.

Sample

The population of this study consisted of students at a University Health Sciences Faculty Nursing (N:789) and Midwifery (N:385) Department. In the study, the sample size was calculated as 290 by using the "Sample Size Formula for Known Population." formula. The study, made no sample selection from the universe, was conducted with 486 students who voluntarily agreed to participate from April to May 2019.

Data Collection Tools

Data were collected using the Personal Information Form, the Intercultural Sensivity Scale, the Xenophobia Scale and the Xenophobia Scale-TR.

The Personal Information Form: This form has nine questions about the participants' age, gender, department, year of study, family type, perceived economic condition (poor, moderate, good), place of residence, having foreign friends at school and caring for foreign patients in practice settings.

The Intercultural Sensivity Scale: The Intercultural Sensivity Scale (ISS) was developed by Chen and Starosta (2000) to determine intercultural sensitivity toward immigrants (Chen & Starosta, 2000). The original five-point Likert-type scale has 24 items in five sub-dimensions: interaction engagement, respect for cultural differences, interaction confidence, interaction enjoyment, and interaction attentiveness. Its Turkish adaptation study was carried out by Üstün (2011). After the confirmatory factor analysis, item 19 with a factor load value of 0.19 was removed from the scale and 23 items remained. Higher total and subscale scores indicate higher intercultural sensitivity. The Cronbach's alpha coefficient of the original scale was 0.88, and the alpha coefficient of its Turkish form was 0.90 (Üstün, 2011). This study used the 23-item Turkish form, and the Cronbach's alpha coefficients ranged from 0.53 to 0.69.

The Xenophobia Scale: The Xenophobia Scale (XS) was developed by van der Veer et al. (2011). The XS is an internationally applicable short scale for determining xenophobia. The original XS is a six-point Likert-type scale with 14 items. The analyses conducted in the development study determined that its 14 items measure hatred, humiliation and fear, including personal fear, fear of cultural change, fear of disloyalty and political fear (van der Veer et al., 2011). In the studies conducted later, researchers assessed the XS developed based on fear with nine items. Then, analyses were repeated to make an intercultural comparison, and five items were determined to identify fear-based xenophobia in different cultures. The validity and reliability of the Turkish version of the scale was tested by Özmete et al. (2018). In the study for the scale's adaptation to Turkish, the XS consisted of 11 items and a single-factor structure. The minimum and maximum scale scores are 14 and 84, respectively. Higher scores indicate higher risk of xenophobia (Özmete et al., 2018). In the present study, the Cronbach's alpha coefficient of the scale was found to be 0.87.

The Xenophobia Scale-TR: The Xenophobia Scale-TR (XS-TR) was developed by Bozdağ and Kocatürk (2017) to measure the xenophobic attitudes of Turkish people toward immigrants in Turkish. The scale includes items such as: Immigrants are a burden for the economy, and Immigrants lead to cultural chaos in society. The scale has 18 items in three sub-dimensions: fear, hate and humiliation. It is a five-point Likert-type scale. Its fear and hate sub-dimensions have seven items each, and the humiliation sub-dimension has four. Higher scores indicate higher xenophobia. In the development study, the internal consistency of the scale was 0.87 for the first sample, and 0.86 for the second sample (Bozdağ & Kocatürk, 2017). In this study, the Cronbach's alpha coefficients ranged from 0.84 to 0.92. Along with the internationally used XS developed by Özmete et al. (2018), the XS-TR was used to make the study more credible. Using these scales together is thought to determine xenophobia based on intercultural differences more effectively.

Data Analysis

The data were analyzed using SPSS 24 software. Frequency distributions were used for categorical variables, and descriptive statistics (mean, standard deviation, median, interquartile range and frequency) were used for numerical variables. The Shapiro-Wilk normality test indicated that the data did not have a normal distribution. The Mann-Whitney U test was used to examine the differences between categorical variables in two groups, and the Kruskal-Wallis H test was used when there were more than two groups. Spearman's correlation was used to examine the relationships between numerical variables, and Cronbach's alpha was used for scale reliability. The threshold for statistical significance was <0.05.

Data Collection

The data were collected anonymously from voluntarily participating students who were selected using simple random sampling during break times.

Ethical Considerations

Ethical approval was obtained from the independent ethics commission of a state University of Faculty of Medicine (April 17, 2019- 71522473/050.01.04/147). The participants' written and verbal consent was also obtained. During the data collection phase, the rules in the Declaration of Helsinki were followed.

RESULTS

The socio-demographic characteristics of the students are shown in Table 1. Their mean age was 20.49±1.71. Of them, 65% were in the nursing department, 90.9% were female, and 30.0% were in their third year of study. In addition, 61.3% had foreign friends at the university, and 86.8% cared for foreign patients during the course practicum. Of the students, 78.2% reported their economic condition was moderate (Table 1).

The students' mean ISS score was 79.31±7.20, and their XS and XS-TR scores were 45.64±11.18 and 48.98±13.89, respectively (Table 2).

When the ISS scores were compared with the students' sociodemographic variables, the second year students had significantly higher median ISS total scores (KW:9.444, p:0.024), and respect for cultural differences (KW:9.733, p:0.021) and interaction enjoyment (KW:9.768, p:0.021) subscale scores than the third year students. The students who cared for foreign patients during the course practicum had significantly higher median ISS total scores (z:-2.090, p:0.037), and interaction enjoyment (z:-2.092, p:0.036) and interaction attentiveness (z:-2.117; p:0.036) sub-dimension scores (Table 3).

The median XS score of the female students was significantly higher than that of males (z:-2.816, p:0.005). The median score on the humiliation sub-dimension of the second year students was higher compared to that of the third year students (KW:8.898, p: 0.031). The fear sub-dimension median score of the students who did not have a foreign friend at the university were higher than that of those who did (z:-2.089, p:0.037). The median score on the humiliation sub-dimension was higher among the students who cared for foreign patients during the course practicum than it was among those who did not (z:-2.290, p:0.022) (Table 4).

A positive relationship was found between the ISS interaction attentiveness and the XS (r:0.109, p:0.017). There was a negative relationship between the ISS total score (r:-0.325, p:0.001), respect for cultural differences (r:-0.326, p:0.001), interaction confidence (r:-0.099, p:0.029) and interaction enjoyment (r:-0.334, p:0.001), and the XS-TR total score. A positive correlation was found between all types of ISS scores and the XS-TR humiliation (p<0.05). A negative correlation was found between the ISS total score (r:-0.398, p:0.001), respect for cultural differences (r:-0.452, p:0.001) and interaction enjoyment (r:-0.394, p:0.001), and the XS-TR hate. A negative relationship was also found between the ISS interaction enjoyment and the XS-TR fear (r:-0.119, p:0.009) (Table 5).

Table 1: The socio-demographic characteristics of the participants (n: 486)

Variable		Mean (SD)
Age		20.49 (1.71)
		n (%)
Department	Midwifery	170 (35.0%)
	Nursing	316 (65.0%)
Gender	Female	442 (90.9%)
	Male	44 (9.1%)
Year of study	1	106 (21.8%)
	2	216 (44.5%)
	3	146 (30.0%)
	4	18 (3.7%)
Family type	Nuclear	374 (77.0%)
	Extended	105 (21.6%)
	Other	7 (1.4%)
Income	Low	29 (6.0%)
	Middle	380 (78.2%)
	High	77 (15.8%)
Place of residence	Credit and Dormitories Institution (KYK)	248 (51.0%)
	Private Dormitory	88 (18.1%)
	With Family	72 (14.8%)
	Home	71 (14.6%)
	Other	7 (1.5%)
Having a foreign friend at the university	Yes	298 (61.3%)
	No	188 (38.7%)
Caring for a foreign patient in the course practicum	Yes	422 (86.8%)
	No	64 (13.2%)
Total		**486 (100%)**

Table 2: Descriptive features of the scales (n: 486)

Scale		Min.-Max.	Mean (SD)	Median (IQR)
Intercultural Sensivity Scale (ISS)	Interaction and Engagement	8.00-27.00	19.39 (2.26)	19.00 (3.00)
	Respect for Cultural Differences	12.00-30.00	22.58 (3.36)	23.00 (5.00)
	Interaction Confidence	9.00-21.00	15.47 (1.65)	16.00 (2.00)
	Interaction Enjoyment	3.00-15.00	11.27 (2.33)	12.00 (3.00)
	Interaction Attentiveness	3.00-15.00	10.60 (1.9)	11.00 (3.00)
	Total	54.00-99.00	79.31 (7.20)	80.00 (9.00)
Xenophobia Scale (XS)		13.00-66.00	45,64 (11,18)	46.00 (15.00)
Xenophobia Scale-TR (XS-TR)	Hate	7.00-35.00	16.72 (6.08)	16.00 (9.00)
	Fear	7.00-35.00	22.77 (6.00)	22.00 (8.00)
	Humiliation	8.00-20.00	15.81 (2.84)	16.00 (4.00)
	Total	18.00-89.00	48.98 (13.89)	49.00 (16.00)

Table 3: Comparison of intercultural sensitivity scale scores and sociodemographic characteristics (n: 486)

		Intercultural Sensitivity Scale (ISS)					
Variable	**n**	Interaction Engagement	Respect for Cultural Differences	Interaction Confidence	Interaction Enjoyment	Interaction Attentiveness	Total
		Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)
Department							
Midwifery	170	19.00 (3.00)	23.00 (4.25)	16.00 (1.00)	12.00 (3.00)	10.00 (3.00)	79.00 (8.00)
Nursing	316	19.00 (3.00)	23.00 (5.00)	15.00 (2.00)	11.00 (3.00)	11.00 (3.00)	80.00 (10.00)
z		-0.073	-1.123	-0.441	-0.698	-1.314	-0.116
p		0.262	0.262	0.659	0.485	0.189	0.908
Gender							
Female	170	19.00 (3.00)	23.00 (4.25)	16.00 (1.00)	12.00 (3.00)	10.00 (3.00)	79.00 (8.00)
Male	316	19.00 (3.00)	23.00 (5.00)	15.00 (2.00)	11.00 (3.00)	11.00 (3.00)	80.00 (10.00)
z		-0.073	-1.123	-0.441	-0.698	-1.314	-0.116
P		0.262	0.262	0.659	0.485	0.189	0.908
Year of study							
First[a]	106	19.00 (3.00)	23.00 (5.00)	15.00 (3.00)	11.00 (3.00)	10.00 (2.25)	80.00 (8.25)
Second[b]	216	20.00 (3.00)	23.00 (5.00)	16.00 (2.00)	12.00 (3.00)	11.00 (3.00)	81.00 (8.75)
Third[c]	146	19.00 (2.00)	22.00 (6.00)	15.00 (1.00)	11.00 (3.00)	11.00 (2.25)	79.00 (11.00)
Fourth[d]	18	19.00 (2.25)	22.50 (4.50)	16.00 (1.25)	12.00 (5.00)	11.00 (2.00)	79.00 (7.50)
KW		2.576	9.733*	3.049	9.768*	2.291	9.444*
p		0.462	0.021	0.384	0.021	0.514	0.024
			b>c		b>c		b>c
Having a foreign friend at the university							
Yes	298	20.00 (3.00)	23.00 (6.00)	16.00 (2.00)	12.00 (3.00)	11.00 (3.00)	80.50 (9.00)
No	188	19.00 (3.00)	23.00 (4.00)	15.00 (2.00)	11.00 (3.00)	10.00 (3.00)	79.00 (9.00)
z		-2.490	-0.503	-1.228	-0.998	-0.236	-0.956
p		0.440	0.615	0.219	0.318	0.814	0.339
Caring for a foreign patient in the course practicum							
Yes	422	19.00 (3.00)	23.00 (5.00)	15.00 (1.00)	12.00 (3.00)	11.00 (3.00)	80.00 (8.00)
No	64	19.00 (3.00)	22.00 (6.00)	16.00 (2.75)	11.00 (3.00)	10.00 (2.00)	78.00 (11.75)
z		-0.566	-2.442	-1.034	-2.092*	-2.117*	-2.090*
p		0.571	0.015	0.301	0.036	0.034	0.037

*z: Mann-Whitney U test; KW: Kruskal-Wallis H test; * p<0.05*

Table 4: Comparison of xenophobia scale scores and sociodemographic characteristics (n: 486)

Variable	n	Xenophobia Scale (XS)	Xenophobia Scale-TR (XS-TR)			
			Hate	Fear	Humiliation	Total
		Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)
Department						
Midwifery	170	45.00 (14.25)	15.00 (8.00)	22.00 (8.00)	16.00 (4.00)	48.00 (16.00)
Nursing	316	47.00 (15.00)	16.00 (9.00)	23.00 (8.00)	16.00 (4.75)	49.00 (17.00)
z		-0.682	-0.737	-0.457	-0.187	-1.188
p		0.495	0.461	0.647	0.852	0.235
Gender						
Female	170	47.00 (14.25)	16.00 (9.00)	22.00 (8.00)	16.00 (4.00)	48.50 (17.00)
Male	316	39.00 (19.50)	17.00 (7.75)	22.00 (7.00)	16.00 (5.00)	49.00 (19.75)
z		-2.816*	-0.851	-0.690	-1.739	-0.529
P		0.005	0.395	0.490	0.082	0.597
Year of Study						
First[a]	106	46.50 (15.50)	16.00 (8.25)	22.00 (8.00)	16.00 (4.00)	48.00 (16.00)
Second[b]	216	46.50 (16.00)	15.00 (9.00)	22.00 (8.00)	17.00 (4.00)	46.50 (19.00)
Third[c]	146	46.00 (14.25)	17.00 (9.00)	22.50 (6.50)	16.00 (5.00)	52.00 (16.00)
Fourth[d]	18	48.00 (11.50)	15.00 (8.25)	22.00 (10.00)	16.00 (3.25)	50.00 (14.50)
KW		1.188	7.999	1.029	8.898*	7.745
p		0.756	0.046	0.794	0.031	0.052
					b>c	
Having a foreign friend at the university						
Yes	298	45.00 (15.00)	15.00 (8.25)	22.00 (8.00)	16.00 (4.00)	48.00 (17.00)
No	188	48.00 (14.00)	16.00 (9.75)	23.00 (8.00)	16.00 (4.00)	51.00 (17.75)
z		-1.625	-0.395	-2.089*	-1.557	-0.650
p		0.104	0.693	0.037	0.119	0.516
Caring for a foreign patient in the course practicum						
Yes	422	47.00 (15.00)	16.00 (9.00)	23.00 (8.00)	16.00 (4.00)	49.00 (16.25)
No	64	45.00 (18.00)	17.00 (9.75)	21.00 (8.00)	15.00 (5.00)	48.50 (17.75)
z		-1.416	-1.106	-1.873	-2.290*	-0.023
p		0.157	0.269	0.061	0.022	0.982

*z: Mann-Whitney U test; KW: Kruskal-Wallis H test; * p<0.05*

Table 5: The relationships between ISS, XS and XS-TR (n: 486)

			Xenophobia Scale (XS)	Xenophobia Scale-TR (XS-TR)			
				Hate	Fear	Humiliation	Total
Intercultural Sensivity Scale (ISS)	Interaction Engagement	r	0.062	-0.059	0.024	0.232*	-0.028
		p	0.174	0.198	0.604	0.001	0.542
	Respect for Cultural Differences	r	0.048	-0.452*	-0.073	0.769*	-0.362*
		p	0.287	0.001	0.110	0.001	0.001
	Interaction Confidence	r	-0.033	-0.082	-0.063	0.136*	-0.099*
		p	0.468	0.072	0.166	0.003	0.029
	Interaction Enjoyment	r	-0.047	-0.394*	-0.119*	0.701*	-0.334*
		p	0.304	0.001	0.009	0.001	0.001
	Interaction Attentiveness	r	0.109*	-0.067	0.061	0.433*	-0.039
		p	0.017	0.143	0.182	0.001	0.397
	Total	r	0.050	-0.398*	-0.070	0.812*	-0.325*
		p	0.276	0.001	0.122	0.001	0.001

*r: Spearman's correlation, *p<0.05*

DISCUSSION

The second year students' median ISS subscale scores for respect for differences and interaction enjoyment were significantly higher than those of the third year students. Another study of the cultural sensitivity of students in

health-related departments found that year of study did not affect cultural sensitivity (Aslan et al., 2019). A study of the cultural sensitivities of nursing students found that being a first year nursing student increased intercultural sensitivity (Baksi et al., 2019). Another study of the intercultural sensitivity and their empathy levels of nursing students found no statistically significant difference in the students' mean ISS scores by year of study (Egelioğlu Cetişli et al., 2016). Although the current study's results are similar to others in the literature, intercultural sensitivity does not clearly vary according to the year of study. This may be related to the difference in the socio-cultural characteristics of the students.

Intercultural communication skills and sensitivity include being sensitive to the cultural differences and perspectives of individuals from different cultures (Yılmaz & Göçen, 2013). In the literature, studies of the intercultural sensitivity of nursing students and students in other healthcare departments have reported that those who interact with individuals from other cultures have higher cultural sensitivity levels (Aslan et al., 2019; Kılıç & Sevinç, 2018; Meydanlioglu et al., 2015; Öğüt & Olkun, 2018). Bulduk et al. (2017) found that the intercultural sensitivity level of students who interacted with different cultures was significantly higher (Bulduk et al. 2017). A study of the relationship between nursing students' cultural sensitivity and assertiveness found that the cultural sensitivity of students who cared for patients from different cultures was high (Kılıç & Sevinç, 2018). Meydanlıoğlu et al. (2015) found that students in health-related departments who interacted with individuals from different cultures had significantly higher scores for confidence, enjoyment and engagement dimensions in interaction (Meydanlioglu et al., 2015). The current study found no differences in cultural sensitivity due to being a friend of foreign nationals at the university, but found statistically significant differences in the median ISS total scores, and interaction enjoyment and interaction attentiveness sub-dimension scores of the students who cared for foreign patients during the course practicum. This result shows the importance of creating opportunities for students to interact with individuals from different cultures for increasing their cultural sensitivity. The students especially enjoyed the interaction and worked with attentiveness while providing care to patients.

Xenophobia is a common phenomenon all over the world. Factors such as education level, gender and age affect xenophobia against immigrants (Padir, 2019; Zeisset, 2016). A Norwegian study conducted by Ommundsen et al. (2013) with 264 undergraduate social sciences students found that the female students' xenophobia related to fear was lower than that of the male students (Ommundsen et al., 2013). Padir (2019) found that male participants tend to exhibit more xenophobia than female participants (Padir, 2019). A study of the xenophobia against Zimbabwean refugees and immigrants in South Africa found that women experience more xenophobia than men (Culbertson, 2009). The current study found that the female students were more at risk of xenophobia than the male students. These results suggest that gender-based differences in xenophobia may be associated with social and geopolitical conditions. Gender roles specific to the culture in which female students grew up could be explained by their anxiety towards the different and the unknown.

Humiliation and hate expressions are also predominant in xenophobia along with fear of foreign individuals (Ommundsen et al., 2013). In the nursing and midwifery departments of the faculty where this research was conducted, vocational courses are an important component of the second year of study, and more clinical practice is carried out. The courses, Transcultural Health, offered in the third semester of the second year, and Health Tourism, offered in the fourth semester, are included as electives in the curriculum. The second year students had a higher median XS-TR humiliation sub-dimension score than the third year students, which may be related to the fact that the students are more prepared for the profession in their third year of study. Zeisset (2016) reports that individual characteristics such as gender, age and education affect xenophobic responses to immigrants (Zeisset, 2016). Campbell et al. (2016) examined the role of education in xenophobia with 781 participants and found that education reduces xenophobia(Campbell et al., 2016). The current study found no difference in fear by year of study, but the education the students received in their second year reduced their humiliating attitudes toward foreigners. Xenophobia-oriented training should be planned for nursing education curricula.

Xenophobia is an important issue and an obstacle to friendship among young people (Tsai, 2006). Studies conducted with young people have reported that schools, like other social environments, can lead to the formation of xenophobia (Martínez García & Martín López, 2015; Tsai, 2006). On the other hand, a study of real and perceived threats from Syrian refugees in Turkey and social contact found that the quality of social contact reduces xenophobia (Padir, 2019). In the current study, the higher fear levels of the students who did not have foreign friends at the university and the higher level of humiliation of those who cared for foreign patients during the course practicum may be associated with the quality of social contact they established with refugees and the threats they perceived.

Intercultural sensitivity is defined as acquiring information about cultural differences and values, making evaluations, understanding, respecting and adapting after encountering individuals or groups and becoming aware about oneself and others (Foronda, 2008). Intercultural communication competence has three dimensions: cognitive (cultural awareness), affective (intercultural sensitivity) and behavioral (intercultural resourcefulness) (Bulduk et al., 2017; Yılmaz & Göçen, 2013). The positive relationship found between the ISS attentiveness and the XS suggests that the students were cognitively aware of the cultural differences between themselves and others, but they had not sufficiently internalized this in affective terms.

Culturally sensitive individuals have an ethnocentric approach, meaning that they evaluate events and experiences in the context of their own culture and other cultures. To develop intercultural sensitivity, individuals should avoid the ethnocentricism of evaluating events and experiences from the perspective of their own culture (Rengi & Polat, 2014). In this study, there was a negative correlation between the ISS total score, respect for cultural differences, interaction confidence and interaction enjoyment, and the XS-TR total score. A positive correlation was observed between the XS-TR humiliation and all the ISS scores. This suggests that students still evaluated events and experiences from the perspective of their own culture. In this study, the fact that second year students had a higher median XS humiliation sub-dimension score than the third year students also supports this result. On the other hand, the study found negative relationships between the ISS interaction enjoyment and the XS-TR hate and between the ISS interaction enjoyment and the XS-TR fear. The students' high level of enjoyment of culturally sensitivity activities may be associated with their professional satisfaction.

Limitations

This research was conducted in a single institution, which limited its cultural diversity. Studies should be conducted in different geographical regions with different cultures and larger sample sizes. This study used self-report scales. The phenomenon should be examined in further detail by qualitative studies to determine all of its main factors.

CONCLUSION

The nursing and midwifery students had moderate cultural sensitivity and a low level of xenophobia. There was a positive correlation between the ISS interaction attentiveness and the XS, which indicates that the students were cognitively aware of their own and others' cultural differences, but did not internalize them effectively enough, and tended to evaluate events and experiences in terms of their own culture. However, as their interactions with individuals from foreign cultures increased, their satisfaction with doing their professionalism will reduce feelings such as fear and hatred. The findings of this research will guide educators in developing students' cultural sensitivities and reducing their xenophobia levels. Education about intercultural sensitivity and respect for differences in nursing and midwifery curricula should be enriched. For example, while working with students, small group work could help them overcome their difficulties by discussing the difficulties they experience in caring for foreign patients.

Authors' contribution:

Conception: GD, BT. Design : GD, BT. Supervision : GD, BT. Fundings : GD, BT. Materials : GD, BT. Data Collection and/or Processing : BT. Analysis and/or Interpretation : BT. Literature Review : GD, BT. Writing : GD, BT. Critical Review: GD, BT.

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