

Hemşirelik Öğrencilerinin Kültürlerarası Duyarlılık ve Çok Boyutlu Duygusal Empati Düzeyleri Arasındaki İlişki

Relationship Between Intercultural Sensitivity and Multidimensional Emotional Empathy Levels of Nursing Students

Güllü YAZKAN¹ | Nezihe BULUT UĞURLU² | Fatma BİRGİLİ³

ÖZET

Amaç: Bu çalışma, hemşirelik öğrencilerinin kültürlerarası duyarlılık ve çok boyutlu duygusal empati düzeylerini etkileyen sosyo-demografik değişkenlerin belirlenmesi ve bu değişkenler arasındaki ilişkinin incelenmesi amacıyla gerçekleştirilmiştir.

Yöntem: Çalışma, değişkenler arasındaki ilişkileri incelemeyi amaçlayan kesitsel bir araştırma tasarımıdır. Araştırmanın evrenini hemşirelik bölümünde öğrenim gören 800 öğrenci oluşturmuş olup örneklem seçimine gidilmeden araştırmaya katılmayı kabul eden 662 katılımcı çalışmanın örneklemi oluşturmuştur. Veriler, tanımlayıcı özellikler formu, Kültürlerarası Duyarlılık Algıları Ölçeği ve Çok Boyutlu Duygusal Empati Ölçeği kullanılarak elde edilmiştir. Verilerin analizinde, normal dağılım göstermeyen değişkenler için Kruskal-Wallis ve Mann-Whitney U testi, normal dağılım gösteren değişkenler için ise Tek Örneklem t-testi ve Tek Yönlü ANOVA testi uygulanmıştır. Ölçekler arasındaki ilişki Spearman korelasyon analizi ile sınanmıştır.

Bulgular: Katılımcıların %39,47'si 22-23 yaş aralığında, %64,80'i kadın, %64,60'ı mesleğe bakış açısındaki değişimin eğitimle olumlu yönde değiştiğini belirtmiş, %71,10'u ise diğer kültürlerden insanlarla bir arada olmaya "evet" cevabını vermiştir. Cinsiyete ve yaşa göre çok boyutlu duygusal empati ölçeği puan ortalaması arasında istatistiksel olarak anlamlı fark bulunmuştur ($p<0,05$). Cinsiyete ve yaşa göre kültürlerarası duyarlılık ölçeği puan ortalaması arasında istatistiksel olarak anlamlı fark bulunmuştur ($p<0,05$). İletişimde dikkatli olma alt boyutu ile cinsiyet ve sınıf arasında anlamlı bir fark olduğu ($p<0,01$), kültürel farklılıklara saygı duyma alt boyutu ile cinsiyet arasında oldukça anlamlı bir fark olduğu belirlenmiştir ($p<0,01$). Çok boyutlu duygusal empati ölçeği ile kültürlerarası duyarlılık ölçeği arasında istatistiksel olarak anlamlı ilişki olduğu saptanmıştır ($p<0,001$).

Sonuçlar: Bu çalışmada gerek çok boyutlu duygusal empati gerekse kültürlerarası duyarlılığın bazı sosyo demografik değişkenlere göre farklılaştığı ve çok boyutlu duygusal empati ile kültürlerarası duyarlılık arasında pozitif yönlü bir ilişki olduğu belirlenmiştir.

Anahtar Kelimeler: Kültürlerarası duyarlılık, empati, hemşirelik öğrencisi.

ABSTRACT

Aim: This study was conducted to determine the sociodemographic variables affecting nursing students' levels of intercultural sensitivity and multidimensional emotional empathy and to examine the relationship between these variables.

Method: This study utilized a cross-sectional design aimed at exploring the relationships between variables. The study population consisted of 800 nursing students, and the sample included 662 participants who agreed to participate, without employing a separate sampling method. Data were collected using a descriptive characteristics form, the Intercultural Sensitivity Perception Scale, and the Multidimensional Emotional Empathy Scale. For data analysis, the Kruskal-Wallis and Mann-Whitney U tests were applied for variables not showing a normal distribution, while the One-Sample t-test and One-Way ANOVA were used for variables with a normal distribution. The relationships between scales were assessed through Spearman's correlation analysis.

Results: Among the participants, 39.47% were aged 22-23 years, 64.80% were female, 64.60% stated that their perspective on the profession improved positively with education, and 71.10% answered "yes" to the question of whether they were open to interacting with individuals from other cultures. Statistically significant differences were found in the mean scores of the Multidimensional Emotional Empathy Scale based on gender and age ($p<0.05$). Similarly, significant differences were observed in the mean scores of the Intercultural Sensitivity Scale based on gender and age ($p<0.05$). A significant difference was identified between the "attentiveness in communication" subdimension and both gender and class ($p<0.01$), while a highly significant difference was noted between the "respect for cultural differences" subdimension and gender ($p<0.01$). A statistically significant relationship was found between the Multidimensional Emotional Empathy Scale and the Intercultural Sensitivity Scale ($p<0.001$).

Conclusion: This study determined that both multidimensional emotional empathy and intercultural sensitivity vary according to certain sociodemographic variables, and there is a positive relationship between multidimensional emotional empathy and intercultural sensitivity.

Keywords: Intercultural sensitivity, empathy, nursing students.

¹PhD, Muğla Sıtkı Koçman Üniversitesi, Sağlık Bilimleri Enstitüsü, Hemşirelik Bölümü, Ruh Sağlığı ve Hastalıkları Hemşireliği Doktora Programı, Muğla, Türkiye. ORCID: 0000-0002-7103-4625

²Prof.Dr, Muğla Sıtkı Koçman Üniversitesi, Sağlık Bilimleri Fakülte, Hemşirelik Bölümü, Muğla, Türkiye. ORCID: 0000-0003-2860-1169

³Doç.Dr, Muğla Sıtkı Koçman Üniversitesi, Sağlık Bilimleri Fakülte, Hemşirelik Bölümü, Muğla, Türkiye. ORCID: 0000-0003-0942-2122

¹RN, PhD, Muğla Sıtkı Koçman University, Institute of Health Sciences, Department of Mental Health Nursing, Muğla, Turkey. ORCID: 0000-0002-7103-4625

²Professor, RN, PhD, Muğla Sıtkı Koçman University, Faculty of Health Sciences, Department of Nursing, Muğla, Turkey. ORCID: 0000-0003-2860-1169

³Associate Professor, RN, PhD, Muğla Sıtkı Koçman University, Faculty of Health Sciences, Department of Nursing, Muğla, Turkey. ORCID: 0000-0003-0942-2122

Sorumlu Yazar: Güllü Yazkan, Muğla Sıtkı Koçman Üniversitesi, Sağlık Bilimleri Enstitüsü, Hemşirelik Bölümü, Muğla, Türkiye. e-mail: gulluyazkan@gmail.com

Atıf: Yazkan, G., Bulut Uğurlu, N., Birgili, F. (2025). Hemşirelik Öğrencilerinin Kültürlerarası Duyarlılık ve Çok Boyutlu Duygusal Empati Düzeyleri Arasındaki İlişki. Güncel Hemşirelik Araştırmaları Dergisi, 5(1), 45-57.

INTRODUCTION

“The World Health Organization defines the concept of health as not only the absence of disease or disability but also a state of complete physical, mental and social well-being” (WHO, 1946). This holistic approach is considered the ideal definition of health (Budak, 2019). Considering this definition of ideal health, it is stated that health services are not limited to physical interventions; in addition, each patient should be evaluated individually, taking into account their mental and social aspects, and thus their cultural structures as well. Culture is perceived as the values, beliefs, attitudes, behaviors, norms, customs, and traditions that influence members of a society from birth, are learned by individuals in the society, and are passed down from generation to generation. Therefore, considering that health services, which include the protection of health and treatment of diseases, also include culture-specific practices, culture appears as an extremely important dynamic factor in terms of health and disease (Öztürk & Öztaş, 2012; Kürtüncü et al., 2018). The concepts of health and illness can be defined in different ways according to individual and social cultural structures. For example, a condition that is accepted as a disease in one individual or society may be accepted as a state of health in another. Therefore, health perceptions and needs of individuals with different cultural structures may also differ (Altinkaya & Amanak, 2020). Therefore, an organizational structuring on the basis of cultural sensitivity is required at all levels of healthcare services and especially in the diagnosis, examination, treatment and rehabilitation processes offered in the clinical environment, taking into account the cultural structure (Savaş et al., 2023). Cultural sensitivity describes being respectful and sensitive to cultural differences and the perspectives of individuals from different cultures, beginning with awareness of intercultural differences. Cultural sensitivity draws attention as an extremely important concept that should be taken into

consideration in the provision of health services where each person is considered as a culture in itself (Özcan et al., 2023). It is stated that provision of these services by health service providers by being aware of cultural differences will facilitate the application of knowledge and skills for individuals using health services and will also help to increase the intercultural sensitivity of nurses and nursing students who take part in the provision of these services (Budak, 2018). Nurses and nursing students can effectively fulfill their caregiving roles through strong interpersonal relationships with individuals. The interpersonal interaction process is an important part of nursing (Stein-Parbury, 2018; Doğan et al., 2019). In the relationship between nurse/student nurse and healthy/patient individuals, establishing a therapeutic relationship is also very important in addition to the skills used (Stein-Parbury, 2018; Toru, 2020). It is known that empathy has a very important role in establishing the therapeutic relationship between nurse and patient and in nursing care (Gosselin et al., 2016). Empathy in nursing is defined as the ability to fully understand and share the patient's feelings and thoughts by establishing healthy communication with evidence-based constructive approaches (Stein-Parbury, 2018). Empathy has three dimensions: cognitive, emotional and behavioral. The part that shows the individual's potential and desire to communicate with others and includes the emotional dimension of empathy is the empathic tendency (Pazar et al., 2017; Güven-Özdemir & Sendir, 2020). Empathic tendency is very valuable in terms of providing positive patient outcomes such as high patient satisfaction (Haley et al., 2017) and treatment compliance (Haley et al., 2017; Mula & Estrada, 2020) and increasing the quality of care. Therefore, it should not be forgotten that empathy is an indispensable element for quality nursing care and the development of a patient-centered therapeutic relationship (Mula & Estrada, 2020). The ability to establish multidimensional empathy is a situation that can help in recognizing care processes from different cultures and

providing care services accordingly, and can increase the quality of care. Nurses, who are in constant communication with the patient and provide care, should be familiar with this issue. It is important to provide sufficient awareness on this issue, especially during the training process (Kürtüncü et al., 2018). In this respect, this study was conducted to contribute to the literature since studies on this subject with nursing students are limited.

Research Questions

-What is the relationship between nursing students' multidimensional levels of emotional empathy and intercultural sensitivity?

-Are the intercultural sensitivity and multidimensional emotional empathy levels of nursing students affected by sociodemographic variables?

MATERIALS AND METHODS

Type of research

The study is a cross-sectional study looking for a relationship.

Population and sample of the research

The study was conducted with students from the faculty of nursing at Muğla Sıtkı Koçman University in Turkey. The study population consisted of 800 nursing students, and 662 participants (429 females and 233 males) agreed to participate without sample selection. Data were collected using a descriptive characteristics form, the Intercultural Sensitivity Perceptions Scale (ICSPS), and the Multidimensional Emotional Empathy Scale (MDEESS). Data collection took place at faculty.

Data collection tools

Descriptive Characteristics Form

The descriptive characteristics form prepared by the researchers in line with the literature consists of 8 questions about the students' age, gender, class, place of residence before university education, changes in their perspectives on the profession, interactions with individuals from different cultures, foreign language proficiency, and the intention to work abroad post-graduation (Bulduk et al., 2017).

Intercultural Sensitivity Perceptions Scale (ICSPS)

The Intercultural Sensitivity Perception Scale, developed by Chen and Starosta (2000) and adapted into Turkish by Bulduk et al. (2001) encompasses five emotional dimensions essential for intercultural sensitivity. The responsibility dimension in communication consists of items 1, 11, 13, 21, 22, 23 and 24; the respect for cultural differences dimension consists of items 2, 7, 8, 16, 18 and 20; the self-confidence dimension in communication consists of items 3, 4, 5, 6 and 10; the enjoyment dimension in communication consists of items 9, 12 and 15; and the caution dimension in communication consists of items 14, 17 and 19. Items 2, 4, 7, 9, 12, 15, 18, 20 and 22 are coded as reverse. The Intercultural Sensitivity Scale has a 5-point Likert-type rating: (1) strongly disagree (2) disagree (3) undecided (4) agree and (5) strongly agree. In the Turkish adaptation, cronbach's α was found to be 0.950. In our study, cronbach's alpha value was found to be 0.903. The minimum total score obtainable from the scale is 24, and the maximum is 120. There is no cut-off point on the scale. It has been stated that the higher the score on the scale, the higher the level of intercultural sensitivity.

Multidimensional Emotional Empathy Scale (MDEES)

The Multidimensional Emotional Empathy Scale, originally developed by Caruso and Mayer (1998) and adapted into Turkish by Turan et al. (2021), consists of a 5-point Likert scale (1 - strongly disagree, 2 - disagree, 3 - ambivalent, 4 - agree, 5 - strongly agree). The scale includes six sub-dimensions: suffering, positive sharing, sensitive crying, emotional attention, feeling for others and emotional contagion. Items 3, 5, 6, 8, 12, 18, 24, and 28 refer to the suffering sub-dimension; items 14, 22, 23, 29, and 30 to the positive sharing sub-dimension; items 1, 20, and 25 to the sensitive crying sub-dimensions; items 4, 9, 13, and 27 to the emotional attention sub-dimensions; items 10, 15, 16, and 2 to the feeling sub-dimensions; and items 11 and 17 to the

emotional contagion sub-dimensions. Cronbach's α was found to be 0.905 in the Turkish adaptation. In our study, cronbach's alpha value was found to be 0.941. The lowest total score that can be obtained from the scale is 30 and the highest value is 150. It has been stated that a higher score on the scale indicates a higher level of multidimensional emotional empathy.

Data collection process

The data were collected between May 02 and June 10, 2022. Participants were informed about the study before data collection. Individual written consent was obtained from those who agreed to participate. Data were collected using face-to-face interview techniques. On average, it took participants between 10 and 15 minutes to complete the data collection form.

Ethical considerations

After receiving the necessary permissions from the institution where the study was to be conducted, the research took place from May 2 to June 10, 2022, in accordance with the Declaration of Helsinki. The study received approval from the Muğla Sıtkı Koçman University Health Sciences Ethics Committee (Date: April 28, 2022; no.220029/55).

Data analysis

Statistical analyses were conducted using the SPSS-22 program. The Shapiro-Wilk and Kolmogorov-Smirnov tests were applied to assess normality. For data that did not exhibit normal distribution, the Kruskal-Wallis and Mann-Whitney U tests were employed, while the One Sample t-test and One-Way ANOVA were used for data with normal distribution. Additionally, standard deviation, mean, and frequency analyses were performed. A significance level of $p < 0.05$ was accepted (Tutar & Erdem, 2020).

RESULTS

According to Table 1, the descriptive characteristics of the participants in the study are as follows: 64.80% of the participants were female, 41.40% were third-year university students, 53.50% resided in the province before attending university, 64.60% indicated that their perspective on the profession had positively changed with education, 72.10% had interacted with individuals from other cultures, 34.70% answered "yes" to knowing a foreign language at the level of speaking and understanding, and 88.70% answered "yes" to wanting to work abroad after graduation. Table 2 shows the distribution of scores according to the descriptive characteristics and the MDEES and ICSPS. The mean score distribution of the MDEES, in relation to the descriptive characteristics, was 108.61 ± 18.05 for participants aged 24 and older, 111.34 ± 16.36 for females, and 109.67 ± 17.73 for third-year university students when analyzed by gender. The mean ICSPS score was 80.07 ± 10.56 for females and 79.58 ± 11.61 for fourth-year university students. This study revealed a significant difference between multidimensional emotional empathy and the variables of gender and class. Furthermore, a statistically significant difference was found between intercultural sensitivity and the variables of gender and grade ($p < 0.05$). Table-3 shows the score distribution of the sub-dimensions of the scale according to the descriptive characteristics. Significant differences were found between gender and all sub-dimensions of the MDEES scale, between age and the sub-dimensions of suffering ($p = 0.037$), positive sharing ($p = 0.014$), feeling for others ($p = 0.036$), between education and change in perspective towards the profession, and between emotional attention ($p = 0.002$) and emotional contagion ($p = 0.002$) sub-dimensions ($p < 0.05$).

Table 1. Frequency distribution of demographic characteristics of nursing students

Variables	N	%
Age		
18-19 years old	101	15,95
20-21 years old	159	24,15
22-23 years old	264	39,47
24 years and older	138	20,53
Sex		
Female	429	64,80
Male	233	35,20
Class		
First Class	61	9,20
Second Class	149	22,50
Third Class	274	41,40
Fourth Class	178	26,90
Place of Residence before university		
Province	354	53,50
Village	308	46,50
Changes in the perspective of the profession with education		
Changed positively	428	64,60
Changed negatively	105	15,90
I have no idea	129	19,50
The opportunity to be together with people from other cultures		
Yes	471	71,10
No	191	28,90
Knowing a foreign language at the level of speaking and understanding		
Yes	230	34,70
No	432	65,30
Wishing to work abroad after graduation		
Yes	587	88,70
No	75	11,30
Total	662	100.0

Table 2. Distribution of the mean total scores of the Multidimensional Emotional Empathy Scale and Intercultural Sensitivity Perception Scale (according to the demographic characteristics of nursing students)

Variables		n	MDEEST			ICSPST		
			$\bar{X} \pm SD$	Min-Max	Statistical Analysis	$\bar{X} \pm SD$	Min-Max	Statistical Analysis
Age	18-19 years old	101	104.00 \pm 16.51	52-137	KW=0.006 p=0.001	75.35 \pm 11.06	37-120	KW=0.003 p=0.002
	20-21 years old	159	105.03 \pm 19.00	52-138		76.42 \pm 11.18	37-120	
	22-23 years	264	106.28 \pm 18.01	38-137		77.81 \pm 11.23	36-120	
	24 years and older	138	108.61 \pm 18.05	38-150		79.04 \pm 11.98	36-120	
Sex	Female	429	111.34 \pm 16.36	51-150	U=0.004 p=0.003	80.07 \pm 10.56	36-120	U=0.003 p=0.002
	Male	233	101.22 \pm 18.72	38-137		75.25 \pm 13.51	36-120	
Place of Residence before university	Province	354	108.35 \pm 15.60	68-139	U=0.932 p=0.039	78.62 \pm 11.93	36-120	U=0.847 p=0.023
	Village	308	107.12 \pm 20.20	38-150		78.38 \pm 11.90	36-120	

Table 2. Distribution of the mean total scores of the Multidimensional Emotional Empathy Scale and Intercultural Sensitivity Perception Scale according to the demographic characteristics of nursing students (Continue)

Variables			MDEEST			ICPSST		
		n	$\bar{X}\pm SD$	Min-Max	Statistical Analysis	$\bar{X}\pm SD$	Min-Max	Statistical Analysis
Class	First Class	61	104.95±16.06	61-137	KW=0.001 p=0.002	75.24±13.27	37-120	KW=0.001 p=0.003
	Second Class	149	104.26±17.60	61-150		76.84±12.19	37-120	
	Third Class	274	109.67±17.73	38-150		79.12±11.45	36-120	
	Fourth Class	178	108.78±18.52	51-150		79.58±11.61	36-120	
Changing perspective on the profession through education	Changed positively	428	107.48±17.82	38-150	KW=0.696 p=0.018	78.01±11.22	36-120	KW=0.696 p=0.017
	Changed Negatively	105	109.09±15.97	52-137		79.00±8.22	36-110	
	I have no idea	129	107.71±19.55	68-150		79.07±15.96	48-120	
Opportunity to interact with people from other cultures	Yes	471	108.07±18.38	38-150	U=0.840 p=0.021	79.03±12.48	36-120	KW=0.087 p=0.009
	No	191	107.05±16.60	52-133		76.77±10.16	36-96	
Knowing a foreign language at the level of speaking and understanding	Yes	230	107.96±17.50	68-150	U=0.809 p=0.019	78.26±11.15	36-120	U=0.588 p=0.014
	No	432	107.68±18.10	38-150		78.43±12.29	36-120	
Wishing to work abroad after graduation	Yes	587	108.15±17.90	38-150	U=0.312 p=0.009	78.57±11.85	36-120	U=0.505 p=0.012
	No	75	104.80±17.57	68-137		76.89±12.21	36-98	
Total		662	107.78±17.88	38-150		78.38±11.90	36-120	

KW: Kruskal Wallis, U: Mann Whitney U Test, p<0.05

Table-4 shows that there is a significant relationship between age and self-confidence in communication sub-dimension of the intercultural sensitivity scale (p=0.006), between gender and all sub-dimensions, between grade and being careful in communication sub-dimension (p=0.006), between the change in the perspective of the profession with education and respect for cultural differences sub-dimension (p=0.001), between being together with

people from different cultures and self-confidence in communication (p=0.001), between the desire to work abroad after graduation and the sub-dimensions of respecting cultural differences (p=0.004) and self-confidence in communication (p<0.05). According to Table-5, a statistically significant relationship was found between the multidimensional empathy level and the intercultural sensitivity level (p<0.01).

Table 3. Mean distribution of total scores of multidimensional emotional empathy scale and its subscales according to demographic characteristics

Variables		Mean Score of Suffering Subscale	Test	Mean Score of Positive Sharing Subscale	Test	Mean Score of Responsive Crying Subscale	Test	Mean Score of Emotional Attention Subscale	Test	Mean Score of Feeling Others Subscale	Test	Emotional Contagion Subscale Mean Score	Test
Age	18-19 years old	29.43	F=0.081 p=0.037	18.40	F=0.096 p=0.014	9.46	F=0.049 p=0.210	12.64	F=0.056 p=0.152	13.60	F=0.082 p=0.036	7.03	F=0.062 p=0.062
	20-21 years old	30.82		19.34		9.73		12.97		14.12		7.26	
	22-23 years old	29.96		18.70		9.57		12.39		13.71		7.33	
	24 years and older	30.07		19.03		9.79		12.88		14.22		7.41	
Sex	Female	31.85	t=-0.264 p<0.01	19.77	t=-0.214 p<0.01	10.03	t=-0.216 p<0.01	13.13	t=-0.130 p<0.01	14.42	t=-0.218 p<0.01	7.44	t=-0.212 p<0.01
	Male	28.21		18.06		9.06		12.50		13.30		6.80	
Place of Residence before university	Province	30.39	t=-0.036 p=0.354	19.41	t=-0.067 p=0.084	9.50	t=0.092 p=0.018	13.02	t=-0.050 p=0.201	14.01	t=0.005 p=0.893	7.22	t=-0.003 p=0.940
	Village	30.71		18.89		9.89		12.79		14.04		7.21	
Class	First Class	29.90	F=0.090 p=0.021	18.59	F=0.083 p=0.034	9.08	F=0.091 p=0.020	12.80	F=0.025 p=0.512	13.80	F=0.067 p=0.083	7.18	F=0.051 p=0.191
	Second Class	29.13		18.48		9.55		12.87		13.64		6.98	
	Third Class	31.26		19.61		9.80		12.90		14.24		7.34	
	Fourth Class	30.92		19.26		9.82		13.00		14.11		7.24	
Changing perspective on the profession through education	Changed positively	30.62	F=-0.025 p=0.527	19.29	F=-0.071 p=0.070	9.57	F=0.091 p=0.019	12.74	F=0.118 p=0.002	13.82	F=0.093 p=0.017	7.34	F=-0.121 p=0.002
	Changed Negatively	30.96		19.54		9.61		12.92		14.61		7.11	
	I have no idea	30.07		18.47		10.11		13.47		14.57		6.90	

(F: One Way ANOVA, t: Independent Sample T Testi)

Table 3. Mean distribution of total scores of multidimensional emotional empathy scale and its subscales according to demographic characteristics (Continue)

Variables		Mean Score of Suffering Subscale	Test	Mean Score of Positive Sharing Subscale	Test	Mean Score of Responsive Crying Subscale	Test	Mean Score of Emotional Attention Subscale	Test	Mean Score of Feeling Others Subscale	Test	Emotional Contagion Subscale Mean Score	Test
Opportunity to interact with people from other cultures	Yes	30.53	t=0.008 p=0.833	19.29	t=-0.045 p=0.250	9.66	t=0.018 p=0.647	12.94	t=-0.020 p=0.608	14.09	t=-0.041 p=0.291	7.29	t=-0.077 p=0.047
	No	30.65		18.90		9.74		12.84		13.87		7.04	
Knowing a foreign language at the level of speaking and understanding	Yes	30.45	t=0.013 p=0.739	19.20	t=-0.007 p=0.863	9.60	t=0.030 p=0.437	12.73	t=0.057 p=0.143	14.18	t=-0.045 p=0.246	7.38	t=-0.081 p=0.037
	No	30.63		19.15		9.76		13.01		13.95		7.13	
Wishing to work abroad after graduation	Yes	30.73	t=-0.071 p=0.066	19.13	t=0.027 p=0.480	9.75	t=-0.084 p=0.031	12.95	t=-0.051 p=0.191	14.10	t=-0.087 p=0.026	7.21	t=0.014 p=0.712
	No	29.25		19.46		9.18		12.58		13.44		7.28	

(F: One Way ANOVA, t: Independent Sample T Testi)

Table 4. Distribution of total score averages of the intercultural sensitivity perceptions scale and its subscales according to demographic characteristics

Variables		Responsibility in Communication Subscale Mean Score	Test	Mean Score of Respect for Cultural Differences Subdimension	Test	Mean Scores of Self-Confidence in Communication Subdimension	Test	Mean Score of Enjoyment of Communication Subdimension	Test	Mean Score of Being Careful in Communication Subdimension	Test
Age	18-19 years	45.88	F=0.086 p=0.026	42.23	F=0.047 p=0.226	44.90	F=0.106 p=0.006	11.50	F=0.015 p=0.709	10.15	F=0.100 p=0.010
	20-21 years	47.67		43.07		46.72		11.56		10.72	
	22-23 years	46.88		43.04		46.84		11.59		10.81	
	24 years and older	47.02		42.97		45.98		11.85		10.95	
Sex	Female	48.33	t=-0.167 p<0.010	43.34	t=-0.101 p<0.010	46.77	t=-0.079 p=0.043	11.52	t=0.028 p=0.470	10.86	t=-0.120 p=0.002
	Male	45.53		42.04		45.68		11.61		10.21	
Place of Residence before university	Province	47.51	t=-0.023 p=0.563	43.22	t=-0.059 p=0.129	46.54	t=-0.025 p=0.529	11.48	t=-0.050 p=0.197	10.77	t=-0.072 p=0.063
	Village	47.15		42.50		46.21		11.64		10.45	
Class	First Class	46.72	F=0.067 p=0.087	42.72	F=0.031 p=0.421	45.11	F=0.097 p=0.012	11.31	F=0.063 p=0.105	10.19	F=0.106 p=0.006
	Second Class	46.21		42.12		45.64		11.49		10.20	
	Third Class	47.82		43.37		46.63		11.56		10.85	
	Fourth Class	47.68		42.08		47.08		11.67		10.77	
Changing perspective on the profession through education	Changed positively	47.56	F=-0.034 p=0.379	43.54	F=-0.134 p=0.001	46.51	F=0.013 p=0.746	11.61	F=-0.10 p=0.010	10.54	F=-0.034 p=0.384
	Changed Negatively	46.91		41.62		45.79		11.25		10.78	
	I have no idea	46.96		41.72		46.46		11.69		10.75	
Opportunity to interact with people from other cultures	Yes	47.79	t=-0.087 p=0.025	43.12	t=-0.060 p=0.125	46.92	t=-0.127 p<0.010	11.68	t=-0.020 p=0.608	10.67	t=-0.100 p<0.010
	No	46.26		42.31		45.07		11.30		10.50	
Knowing a foreign language at the level of speaking and understanding	Yes	48.40	t=-0.096 p=0.013	43.46	t=-0.069 p=0.075	46.50	t=0.012 p=0.758	11.54	t=0.004 p=0.910	10.75	t=-0.282 p=0.662
	No	46.79		42.57		46.33		11.56		10.55	
Wishing to work abroad after graduation	Yes	47.55	t=-0.072 p=0.063	43.13	t=-0.111 p=0.004	46.64	t=-0.109 p=0.005	11.56	t=-0.05 p=0.889	10.65	t=0.036 p=0.348
	No	45.73		40.98		44.37		11.53		10.40	

(F: One Way ANOVA, t: Independent Sample T Testi)

Table 5. Correlations Table Between MDEES and ICSPS

Değişken	ICPSS
MDEES Total	r 0.571
	p 0.000

DISCUSSION

In today's world, relations between nations, communities and cultures have become increasingly intense and complex. Concepts and phenomena such as intercultural communication, intercultural sensitivity, awareness and dialogue are now prevalent in many fields. These phenomena contain a call and wish to establish a communication between different cultures and identities on the basis of recognition, understanding, respect and tolerance (Bekiroğlu & Balcı, 2014). With the increase in globalisation and multiculturalism in societies worldwide, the importance of holistic nursing care that attaches importance to the cultural values, beliefs and practices of healthy/patient individuals is gradually increasing (Aktaş et al., 2016). Professional health service provision is founded on the principle that each patient is a unique individual, requiring care tailored to their specific beliefs, values, and culture (Aslan et al., 2016; Levitt et al., 2022). In delivering this care, it is necessary to approach patients with respect for intercultural differences and empathy. Empathy is accepted as an ability or skill behaviour that can be learned and developed through education and practice, and it is particularly crucial in the nursing profession. This study was conducted to determine the perceptions of intercultural sensitivity and multidimensional empathy levels of nursing students.

Durgun and Aksoy (2024) compared the mean empathy level scores of nursing and medical students and found that female students had higher emotional empathy levels than male students. It was also stated that the multidimensional emotional empathy level score increased as age and grade increased. Similarly, in our study, female students were found to have higher scores than male students in both the Multidimensional

Emotional Empathy Scale (111.34 ± 16.36) and the Intercultural Sensitivity Scale (80.07 ± 10.56). In addition, age and grade variables are similar to this study. Here, it is thought that different characteristics such as students' individual characteristics and communication skills may affect their multidimensional emotional empathy levels. In our study, the mean score of intercultural sensitivity perception of nursing students was found to be at a moderate level (78.38 ± 11.90). In similar studies examining the intercultural sensitivity of nursing students in the literature, it was observed that the students had a moderate level of intercultural sensitivity and received similar scores from the sub-dimensions of the scale (Aktaş et al., 2016; Aslan et al., 2016; Bulduk et al., 2017; Choi and Kim, 2018; Ünver et al., 2019). In the study by Budak and Karasu (2020), intercultural sensitivity was also found to be at a moderate level, with the highest average scores in the sub-dimensions of 'respect for cultural differences' and 'enjoyment of intercultural interaction', and the lowest in 'participation in intercultural interaction'. In our current study, the highest averages were found in the sub-dimensions of 'responsibility in communication', 'respect for cultural differences', and 'self-confidence in communication'. These findings suggest that communication components are crucial in developing intercultural sensitivity.

Dökmen (1994) stated that nurses can positively affect patients' satisfaction and general health status by using empathy and correct communication skills (Dökmen, 1994). In the study conducted by Çınar and Cevahir (2007), it was reported that the level of empathy increases with age. Similar results were obtained in our study. It can be suggested that the ability to communicate effectively and empathize in human relations develops with age and experience. Arifoğlu and Razi (2011) highlighted that nurses' ability to empathize is crucial for improving patients' acceptance of treatment, fostering a sense of trust, ensuring psychosocial integrity, and delivering quality nursing care.

Studies by Dikmen et al. (2016) and Kürtüncü et al. (2018) revealed a statistically significant relationship between the averages of the 'Multidimensional Emotional Empathy Scale' and the 'Intercultural Sensitivity Scale' students on the 'Multidimensional Emotional Empathy Scale' and the mean scores of the 'Intercultural Sensitivity Scale' ($p<0.01$). This suggests that as nursing students' intercultural sensitivity levels increase, so do their empathy levels, indicating a positive correlation between intercultural sensitivity and empathy.

CONCLUSION

In our country, where people with different cultural values live together, perceiving, understanding and respecting cultural differences are very important for individuals to adapt to society.

Especially in the field of health, it has become necessary to be aware of intercultural differences, provide culture-specific care and to use empathy effectively in order to establish reliable communication with patients or healthy people.

This study found that nursing students' levels of multidimensional empathy and intercultural sensitivity were moderate. When examining the variables, it was discovered that class, age, and gender significantly influenced both multidimensional emotional empathy and intercultural sensitivity.

Limitations of the study

The study was conducted in a single center and applied only to nursing students. Therefore, the results cannot be generalized to nursing students in other institutions or countries.

Data Availability Statement

The data supporting the findings of this study are available upon request from the corresponding author. Due to privacy or ethical restrictions, the data are not publicly accessible.

Author contributions

Conception: GY, NBU, FB

Design: GY, NBU, FB

Data collection: GY, NBU, FB

Analysis and interpretation of data: GY, NBU, FB

Drafting the manuscript: GY, NBU, FB

Critical review: GY, NBU, FB

All authors (GY, NBU, FB) reviewed the results and approved the final version of the article.

Acknowledgements

We thank nursing students who participated in the present study.

Conflict of interest

Regarding this study, the authors and/or their family members do not have a potential conflict of interest, scientific and medical committee membership or relationship with its members, consultancy, expertise, employment in any company, shareholding or similar situations.

Funding sources

During this study, any pharmaceutical company that has a direct connection with the subject of the research, a company that provides and/or produces medical instruments, equipment and materials, or any commercial company, or any moral support.

Ethics committee

Decision number: 220029/55 Date: 28/04/2022

License information

This work is licensed under Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC).

KAYNAKLAR

- 1 Aktaş YY, Uğur HG, Orak OS. (2016). Hemşirelerin kültürlerarası hemşirelik bakımına ilişkin görüşlerinin incelenmesi. UHD, 8, 120-133. Ünver V, Uslu Y, Kocatepe V, Kuguoglu S. (2019). Evaluation of Cultural Sensitivity in Healthcare Service among Nursing Students. European Journal of Educational Research, 8, 1, 257 - 265.
- 2 Altınkaya, O., & Amanak, K. (2020). Ebelik Öğrencilerinin Kültürel Duyarlılık İle Kültürel Beceri Düzeyleri Arasındaki İlişkinin İncelenmesi. Mersin Üniversitesi Tıp Fakültesi Lokman Hekim Tıp Tarihi ve Folklorik Tıp Dergisi, 10(3), 378-383.
- 3 Arifoğlu, B. ve Razi, G.S. (2011). Birinci sınıf hemşirelik öğrencilerinin empati ve iletişim

- becerileriyle iletişim yönetimi dersi akademik başarı puanı arasındaki ilişki. Dokuz Eylül Üniversitesi Hemşirelik Yüksekokulu Elektronik Dergisi, 4: 7-11.
- 4 Aslan S, Yılmaz D, Kartal M, Erdemir F, Güleç HY. (2016). Determination of intercultural sensitivity of nursing students in Turkey. *International Journal of Health Sciences and Research*, cilt.6, sa.11, ss.202-208.
 - 5 Bekiroğlu O, Balcı Ş.(2014). Kültürlerarası iletişim duyarlılığının izlerini aramak: “İletişim Fakültesi Öğrencileri Örneğinde Bir Araştırma”. *Türkiyat Araştırmaları Derg*; 35(1): 429-58.
 - 6 Budak, F. (2018). Sağlık Yönetiminde Klinik Liderlik. Siyasal Kitabevi: Ankara.
 - 7 Budak, F. (2019). Sağlık ve Sağlık Statüsü Belirleyicileri. İçinde F. Budak (Ed.), Sağlık Statüsü Belirleyicileri. Siyasal Kitabevi: Ankara.
 - 8 Budak, F. ve Karasu, F. (2020). Hemşirelik Öğrencilerinin Kültürlerarası Duyarlılık Algıları ve Klinik Liderlik Özellikleri Arasındaki İlişkinin İncelenmesi, *Journal of Healthcare Management and Leadership*, (1), 15-27.
 - 9 Bulduk S, Tosun H, Ardıç E. (2001). Türkçe kültürler arası duyarlılık ölçeğinin hemşirelik öğrencilerinde ölçümsel özellikleri. *Türkiye Klinikleri J Med Ethics*; 19(1): 25-31.
 - 10 Bulduk, S. Usta, E. ve Dinçer, Y. (2017). Kültürlerarası duyarlılık ve etkileyen faktörlerin belirlenmesi: Bir Sağlık Hizmetleri Meslek Yüksekokulu Örneği. *Düzce Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi*, 7(2): 73-77.
 - 11 Caruso DR, Mayer JD. (1998). A measure of emotional empathy for adolescents and adults. *Res Instit Centres Programs*;1(1):713-726.
 - 12 Chen GM, Starosta W. (2000). The development and validation of the intercultural sensitivity scale. *Human Communication*; 3(1): 2-14.
 - 13 Choi JS, Kim JS. (2018). Effects of cultural education and cultural experiences on the cultural competence among undergraduate nursing students. *Nurse Educ Pract*, 29, 159–162.
 - 14 Çınar, N., Cevahir, R., Şahin, S., Sözeri, C. & Kuşuoğlu, S. (2007). Evaluation of the empathic skills of nursing students with respect to the classes they are attending. *Revista Eletrônica de Enfermagem*, 9(3), 588-595.
 - 15 Dikmen, Y., Aksakal, K., & Yılmaz, D. K. (2016). An Investigation of Cultural Sensitivity of Nurses in Foreign Patient Care. *International Journal of Health Sciences & Research* (www.ijhsr.org), 6(6):254-261.
 - 16 Doğan P, Tarhan M, Kürklü A. (2019). Hemşirelik öğrencilerinin bireyselleştirilmiş bakım algıları ile ahlaki duyarlılık düzeyleri arasındaki ilişki. *HEAD*; 16(2), 119-124.
 - 17 Dökmen, Ü. (1994). İletişim Çatışmaları ve Empati. İstanbul: Sistem Yayıncılık, 119-150.
 - 18 Durgun H., & Aksoy F. (2024). Hemşirelik ve tıp öğrencilerinin hasta mahremiyeti davranışları ile çok boyutlu duygusal empati becerilerinin değerlendirilmesi. *EGEHFD*, 40(1),103-122.
 - 19 Gosselin E, Bourgault P, Lavoie S.(2016). Association between job strain, mental health and empathy among intensive care nurses. *Nurs Crit Care*21, 137–45.
 - 20 Güven-Özdemir N, Sendir M. (2020). The relationship between nurses’ empathic tendencies, empathic skills, and individualized care perceptions. *Perspect Psychiatr Care*; 56(3), 732-737.
 - 21 Haley B, Heo S, Wright P, Barone C, Rettigantid MR, Anders M. (2017). Effects of using advancing care excellence for seniors simulation scenario on nursing student empathy; a randomized controlled trial. *Clin Simul Nurse*; 13(10), 511-519.
 - 22 Kürtüncü, M., Arslan, N., Çatalçam, S., Yapıcı, G., & Hırçın, G. (2018). Yataklı Tedavi Kurumlarında Çalışan Hemşirelerin Kültürlerarası Duyarlılıkları ile Sosyodemografik Özellikleri ve Empati Düzeyleri Arasındaki İlişkisi. *Turkish Journal of Research & Development in Nursing*, 20(1).
 - 23 Levitt, H.M., Collins, K.M., Morrill, Z. *et al.* (2022). Learning Clinical and Cultural Empathy: A Call for a Multidimensional Approach to Empathy-Focused Psychotherapy Training. *J Contemp Psychother* 52, 267–279
 - 24 Mula JM, Estrada JG. (2020). Impact of nurse-patient relationship on quality of care and patient autonomy in decisionmaking. *Int J Environ Res Public Health*; 17 (3), 835.
 - 25 Özcan, H, Elkoca, A., Baykan, N.(2023). Ebelik Öğrencilerinin Kültürlerarası Duyarlılık Düzeyleri Kadın Sağlığı Hemşireliği Dergisi, 9 (3), 162-172.
 - 26 Öztürk, E. ve Öztaş, D. (2012). Transkültürel hemşirelik. *Batman Üniversitesi Yaşam Bilimleri Dergisi*, 1(1): 293-300.
 - 27 Pazar B, Demiralp M, Erer İ. (2017). The communication skills and the empathic tendency levels of nursing students: a cross-sectional study. *Contemp Nurse*; 53(3), 368-377.
 - 28 Savaş, M, Ödek, Ö, Özen, B. (2023). Hemşirelerin Kültürel Duyarlılık Düzeyleri Bakım Davranışları ile İlişkili Mi?: Kesitsel Bir Araştırma. *YBH Dergisi*;4(1): 94-117.
 - 29 Stein-Parbury J. (2018). Patient and Person, In Stein-Parbury J. *Interpersonal skills in nursing*. 6th Ed. Australia: Elsevier Health Sciences;110-125.

- 30** Toru F. (2020) Hemşirelik uygulamalarının kilit noktası: bireyselleştirilmiş bakım. Adnan Menderes Üniversitesi Sağlık Bilimleri Fakültesi Dergisi; 4(1), 46-59.
- 31** Turan N, Durgun H, Kaya H, Aştı T. (2021). Turkish adaptation of the Multidimensional Emotional Empathy Scale: A validity and reliability study. *Perspect Psychiatr Care*;1–8. DOI: 10.1111/ppc.12616.
- 32** Tutar H., Erdem A.T. (2020). Örnek Bilimsel Araştırma Yöntemleri ve -SPSS Uygulamaları. Seçkin Yayıncılık. Baskı:1 Ekim.
- 33** Ünver V, Uslu Y, Kocatepe V, Kuguoglu S. (2019). Evaluation of Cultural Sensitivity in Healthcare Service among Nursing Students. *European Journal of Educational Research*, 8, 1, 257 - 265.
- 34** WHO. (1946). The International Health Conference. New York: 19 Haziran – 22 Temmuz.