

Original Article

Opinions and Experiences of Turkish Nursing Students on Culture and Cultural Care: A Qualitative Study

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Abstract

Background: Culturally competent nurses should be the main goal of nursing education.

Aims: This qualitative study intended to reveal opinions and experiences of nursing students on culture and cultural care.

Methods: The study was done among 41 nursing students. Data was collected using a semi-structured questionnaire form in focus group interviews.

Results: Majority of the nursing students reported that they experience difficulties due to language, dialect, eye contact, gender, religion, racism/ nationalism and biological variables when providing care to individuals from other cultures and experience despair/sadness, feel angry, show positive discrimination. Nursing students reported that unprejudiced approach, empathy, cultural sensitivity and sufficient command of foreign languages make nursing care easier.

Conclusions: Courses on development of cultural competency in the curriculum should be revised; new teaching standards which integrate technology in courses taken into account the generation characteristics of nursing students should be developed.

Keywords: Culture; transcultural care; nursing student; focus group interview

Introduction

Culture is a widespread phenomenon all over the world. Increasing multiculturalism in societies has underlined the importance of holistic nursing care that prioritize cultural values, beliefs and practices of patients/healthy people (Unver & Avcibasi, 2019). Nursing profession is a cultural event and the patient's cultural values, beliefs and practices are an integral part of holistic nursing care. Teaching information that transcends borders to nurses is necessary to ensure culturally competent care, to increase access to quality care and reduce inequalities in healthcare. As patient advocates, nurses have an important position in

ensuring safe care and culturally competent care (Sharifi, Adib-Hajbaghery, & Najafi, 2019). Although necessary changes were made in the nursing programs for culturally congruent care in order to provide culturally congruent care to people in multicultural societies, it was reported that nursing students did not have sufficient information and skills to provide culturally congruent care (Choi & Kim, 2018). Raising culturally competent nurses should be the main goal of nursing education (Abrams et al. 2021). However, despite the efforts to develop curriculums which include cultural competency and patient safety, it was reported that there was

no consensus on how to integrate this competency into nursing programs (Lee, Jang, & Park, 2016). Nursing education programs should facilitate provision of culturally competent care to prevent inequality in health (National League for Nursing, 2016). Considering the potential for diversity in healthcare needs of multicultural societies, it is a necessity to educate students to have awareness and sensitivity about such cultural problems and have the ability to respond to such diversity. In order for nursing students who will be the nurses of the future to provide culturally competent care, integrating transcultural care in nursing curriculum is critical to develop their cultural competency. Cultural sensitivity levels of students were medium, good and high in the studies found in the literature (Repo et al. 2016, Karatay et al. 2016, Meydanlioglu, Arikan, & Gosum, 2015, Kilic & Sevinc, 2017, Baksi, Arda Surucu, & Duman, 2019). Cultural sensitivity and competency levels of nurses are not at the required level which makes it necessary to learn and understand nursing students' experience and opinions on cultural care when developing and revising the curriculum. Since the studies on this subject matter are limited and regional and there are still important gaps about cultural care among

nursing students, the findings of this study which demonstrates the opinions and experiences of nursing students in a university in Western Turkey are believed to contribute significantly to improve students' cultural competency and sensitivity and develop and revise curriculum. The aim of the study was to determine opinions and experiences, difficulties, feelings, solving cultural care problems and suggestions to develop cultural competency of Turkish nursing students on culture and providing cultural care.

Methods

Study Design: This study was qualitative study. In this study, groups of nursing students were formed before interviews and the interviews were conducted in the practice clinic of the nursing department. Data collection and analyses of the study were done in May-June 2019.

Participants: Convenience sampling method was used in the study. The study was terminated with 41 participants in the 5th interview when data started to repeat itself and researcher could not obtain any new information. Data security was achieved by conducting one interview with each group. Demographic characteristics of the participants were shown in table 1.

Table 1. Demographic characteristics of the participants (n:41)

Demographic characteristics	n	%
Age		
21-22	15	36.5
23 and above	26	63.5
Sex		
Female	27	65.8
Male	14	34.2
Religion	39	95.2
Muslim	1	2.4
Zarathustrian	1	2.4
Atheist		
Region of Residence		
Aegean Region	8	19.5
Mediterranean Region	10	24.4
Central Anatolia Region	5	12.2
Eastern Anatolia Region	6	14.6
South-eastern Region	7	17.1
Marmara Region	3	7.4
Black Sea Region	1	2.4
Kosovo	1	2.4

Education		
Anatolian High School	29	70.8
Regular High school	4	9.8
Vocational High School for Health	2	4.8
Associate's degree	2	4.8
Vocational High School for Teaching	3	7.4
Science School	1	2.4
Income-expenditure evaluation (n:30)		
Income is less than expenditure	5	16.6
Equal income and expenditure	21	70.0
Income is more than expenditure	4	13.3
Employment status		
Unemployed	36	87.8
Waiter/waitress	3	7.4
Part- time	2	4.8

Table 2. Opinions of Nursing Students on Culture and Cultural Care (n:41)

Variables	n	%
Attended Courses on Culture/Transcultural Nursing (n:41)		
Yes	35	85.3
No	7	17.0
Attended Courses on Culture/Transcultural Nursing (n:35)		
Public Health Nursing	17	41.4
Transcultural Nursing	17	41.4
Studied as part of another course	1	0.2
Definition of culture (n:36*)		
Culture is a way of life/behavioural style/identity of a society	7	19.4
Values, beliefs, norms, moral and ethical rules that affect the way of life/behaviours in a society	7	19.4
Values that are transferred from generation to generation/from past to future which ensures balance	6	16.6
Material and spiritual values/traditions and customs/common ground	5	13.8
Culture is a pressure element/to limit freedom/a factor that prevents us from knowing ourselves	4	11.1
Values that enable to become a society	4	11.1
Values that enable to become a society/value of a society	3	8.3
Definition of Cultural care (n:32 *)		
To acknowledge that people can have different cultures /provide culturally congruent care	12	37.5
To respect other people's cultures	7	21.8
Not to judge people / not to be prejudiced	6	18.7
To show empathy	4	12.5
Compliance with code of ethics	1	3.1
To maximize cultural and general wellbeing	1	3.1
To provide effective care	1	3.1

*More than one comment was made.

Table 3. Difficulties Experienced and Feelings of Nursing Students When Providing Cultural Care (n:41)

Variables	n	%
Transcultural nursing care (n:41)		
Yes	41	100.0
No	-	-
Difficulty in providing care to a patient from another culture (n:41)		
Yes	38	92.6
No	3	7.4
Factors affecting cultural care (n:35*)		
Gender	27	77.1
Language / dialect	25	71.4
Religion / sect / beliefs / spiritual values	15	42.8
Touch (avoiding touch)	7	20.0
Cultural/traditional practices	5	14.2
Privacy	3	8.5
Biological variables (old age, dark skin, obesity/overweight, body odours etc.)	3	8.5
Eye contact	2	5.7
Racism/nationalism	2	5.7
Healthcare professionals using Islamic head coverings	1	2.8
What they felt (n:30*)		
Respect	7	23.3
Despair/sadness	6	20.0
Anger/feeling upset	6	20.0
Wanting to move away from the environment	5	16.6
Empathy	3	10.0
Feeling bad/blaming themselves	3	10.0
Feeling good	3	10.0
Reproach	2	6.6
Not knowing what to do	2	6.6
Feeling uncomfortable	2	6.6
Showing positive discrimination	1	3.3
Feeling as if they hurt patients	1	3.3
Feeling blocked/prevented	1	3.3
Feeling reluctant to provide care	1	3.3
Feeling as if they are insulted	1	3.3
Asking help from the same gender nurses	1	3.3
Feeling inadequate	1	3.3

Opinions on Cultural Information/Skills That Make Nursing Care Easier and Problem Solving Approach (n:23*)

Unprejudiced approach	3	13.0
Use of the information learned in transcultural nursing course	3	13.0
Increased cultural tolerance	3	13.0
Empathy	2	8.6
To treat everyone equally	2	8.6
To acknowledge and accept that every person is different	2	8.6
To approach carefully to people from other cultures	2	8.6
To attempt to understand the patient's culture	2	8.6
To understand the spiritual aspect of culture	1	4.3
Previous experience with other cultures	1	4.3
To be more comfortable because the patient is from the same sect	1	4.3
To establish the link between courses on culture and nursing care	1	4.3
To be culturally sensitive	1	4.3
To have a good command of a foreign language	1	4.3

Suggestions to improve cultural competency (n:32*)

National/international student/nurse exchange programs	9	28.1
It should be mandatory for all students to have courses on culture	5	15.6
Training should be provided to nurses/instructors working on the field	3	9.3
Student should be trained/work in their own cultures	3	9.3
Interpreters should be used	2	6.2
Foreign language education should be provided	2	6.2
Students from different cultures should be brought together	2	6.2
Students should learn and know the basic concepts of culture	1	3.1
Post graduate education on culture should be given	1	3.1
Graduate nurses should work in their own culture	1	3.1
Examples of other cultures should be given in courses.	1	3.1
Student nurses should have more opportunity to care for people from other cultures	1	3.1
A dedicated program for foreign languages should be developed		
An orientation program should be available for graduate nurses to provide care to people from other cultures	1	3.1
Use of media		
Information on culture should be obtained	1	3.1
Collaboration with other disciplines should be established	1	3.1
Case studies, role plays, scenarios should be used in courses on culture	1	3.1
Transcultural nursing should be available for patients from other cultures	1	3.1
Foreign language education should be prioritized in nursing programs	1	3.1

*More than one comment was made.

Data Collection: In this study, data was collected with the focus group interview technique using the interview form. Participants were asked to sit at a round table and they were assigned and referred to with numeric codes only. They were reminded about the confidentiality of information shared during interviews. The participants were informed that interviews would be recorded, and interviewers would keep notes. This rule was observed when forming interview groups. Moderators and observers introduced themselves to the participants before the interviews.

Ethical Considerations: Approval of the Scientific Research and Ethics Committee of Mugla Sıtkı Koçman University was obtained (No:78. 190049 /2019) and additionally verbal consent of all nursing students participating in the study.

Data Analysis: Interviews were recorded with a recording device; a moderator and an observer kept observation records. Data was analysed with the thematic analysis method. In order to ensure internal validity of the qualitative research and to review the analysis process, texts of interviews,

codes and derived categories were verified by an experienced expert for expert review (Yildirim & Şimşek, 2016).

Results

During the data analysis the following four themes were developed in this study.

Theme 1: concept of culture and cultural care

In the study, thirty-five participants reported that they had obtained information about transcultural nursing or culture through the courses on public health nursing, transcultural nursing. Students described culture as a way of life/behavioural style/identity of a society, values of a society/values that allow to be a society etc.

Some of the culture definitions provided by the students for the definition of culture;

"...Culture is the value of a society..."
(Group 2, P8),

"... traditions and customs of a society..." (Group 2, P4).

Cultural care was defined by students as respecting individual's culture, not judging people/ avoiding prejudice, taking into consideration cultural differences/ providing culturally congruent care, empathy and effective care.

Some of the cultural care definitions provided by the students for cultural care:

"...stripping off one's own cultural identity and becoming a nurse to provide culturally congruent care to the patient..."
(Group 4 P3),

"... provide culturally congruent care to the patient..." (Group 4 P5).

Theme 2: barriers to cultural care

Almost all of the students reported that they experienced difficulties when providing care to people from other cultures. The students listed the following difficulties: language/dialect, touch, eye contact, gender, religion /sect/belief/spiritual values, privacy, racism/nationalism and biological variables.

Some of the expressions of the students about the difficulties they experienced when providing care;

"...when there is a language barrier, the patient does not want to receive care after a while... the biggest gap is when it comes to reproductive health, there is a big

difference between the west and east of the country... if the gender ... religion is different it wouldn't be appropriate..."
(Group 1, P5)

"...Syrian patients cannot express themselves... I speak Arabic so I try to communicate with them....." (Group 1P4),
"... religious female patients want female doctors..." (Group 3 P1).

Theme 3: feelings

When students were asked about how they felt when they experienced difficulties in cultural care they reported: respect, feeling desperate/sadness, feeling angry/upset, moving away from the environment, empathize, feeling bad/blaming themselves, positive discrimination, unwillingness to provide care and perceiving patients' behaviour as insult.

Some of the expressions of the students about the difficulties they experienced when providing cultural care;

"...when the patient told me to leave the room, I got angry..." (Group 1 P10)",

"...I could not communicate with the Afghan patient, I got angry when the patient laughed..." (Group 2 P10).

Theme 4: solving cultural care problems

When the students were asked about the cultural information/skills that make nursing care easier and their approach to solve the problem during the interviews the following answers were received: unprejudiced approach, use of the information learned in transcultural nursing course, empathy, accepting that every person is different, acting more comfortable because the patient is from the same sect, making connections between the culture course and nursing care, having cultural sensitivity and knowledge of foreign languages.

Some of the answers of the participants about cultural information/skills that make nursing care easier and problem solving approach;

".....me being from the same sect as the patient made my job easier" (5. Group P7),

"... living with different cultures increases one's tolerance and understanding; I have experienced many different cultures, Assyrian, Kurdish,

Arab in Mardin and this increased my ability to empathize..." (Group 5 P5).

Theme 4: learning cultural competency

Students' suggestions on how to develop cultural competency are listed below: national / international student / nurse exchange programs, all students should have courses on culture, training should be provided to nurses/instructors working in the field, students work / practice in places of their own culture, examples of different cultures should be shown in courses, better language education, use of media, case studies, scenarios, role plays etc should be used to teach about different cultures in courses, there should be transcultural nurses to provide care to patients from other cultures.

Some of the answers of the students about cultural competency are:

".....language courses should be provided to employees....., student exchange programs, they should be working more on the field...." (Group 1 P10), "...arrangement should be made for students from different cultures to meet..." (Group 3 P4).

Discussion

In this study, 27 of the participants were female and five participants reported that their income was less than their expenditure (Table 1). A study in nursing students found that students with a family income lower than the minimum wage had higher sensitivity in taking responsibility in communication, a sub-dimension of transcultural sensitivity level and female students had higher transcultural sensitivity level than male students (Kilic & Sevinc, 2018). Moreover, Parlar Kilic and Sevinc (2018) determined that there was relationship between cultural sensitivity and gender among nursing students.

Women are found to have a higher level of cultural sensitivity compared to men, which can be explained by the fact that women are inherently more sensitive and emotional. All of the students included in the study reported that they learned transcultural nursing or nursing in the public health nursing and transcultural nursing courses. Additionally, students describe culture as a way of life/behavioural style/identity of a society, values of a society/values that allow to be a society, beliefs and moral and ethical rules. Repo, Vahlberg, and Salminen, (2017) reported that

most of the nursing students had transcultural nursing courses and Ayaz, Bilgili and Akin (2010) reported that 73.8% of the nursing students did not know the concept of culture. Nursing care necessitates that culture and cultural characteristics and values are taken into account in order to meet patient requirements effectively in line with the holistic approach. Culture and cultural care is important in nursing education therefore nursing students should conceptualize culture and cultural care (Vandenberg & Kalischuk, 2014). Therefore, culturally holistic evaluation of patients by nurses including their beliefs, attitudes, behaviours and prejudices and ethnical structure and culture and providing care according to such evaluations plays a crucial role in improving the quality of nursing care (Albougami, Pounds, & Alotaibi, 2016). All of the students reported that they provided care to people from other cultures, and defined culture as respecting other people's cultures, not judging people/ avoiding prejudice and providing culturally congruent care and showing empathy. Ayaz, Bilgili and Akin (2010) revealed that most of nursing students did not know about the transcultural nursing concept and provided care to patients from foreign countries. Cultural competency and sensitive approach to culture is extremely important in educating healthcare professionals who have cultural competency to reach the targeted health level in multicultural societies (Baksi, Arda Surucu, & Duman, 2019). A study reported that students felt partly ready to provide culturally competent care and learned cultural care better in clinical environment than in theoretical courses (Flood & Commendador, 2016). This shows the necessity to provide culturally congruent care, to integrate a variety of teaching methods including group discussions, conferences, case studies and clinical experiences etc. into nursing education and practices for cultural competency (Harkess & Kaddoura, 2015) and redesign and revise the nursing education curriculum. In the study majority of the students reported that they had difficulty when providing care to multicultural patients. It is important to be sensitive to and understand the needs of individuals, families and groups from other cultures. Failure to provide culturally congruent care to patients leads to many problems (Albougami, Pounds, & Alotaibi, 2016). Therefore, determining potential difficulties and barriers for nurses to provide culturally congruent care is an important step in reorganizing healthcare services (Tanriverdi, 2015). The

students listed the following difficulties for culturally congruent care: communication problems due to language/dialect, touch, eye contact, gender, religion /sect/ belief/ spiritual values, privacy, cultural/traditional practices, racism/nationalism and biological variables. Communication is one of the core components of nursing and comparisons of transcultural care and effective communication is very important for patient satisfaction and quality nursing care (Negi et al. 2017). Language barriers can make it difficult for the people from different cultures to have access and use healthcare services, communicate their needs to healthcare professionals, and understand the necessary treatment and care. This can undoubtedly cause patients from other cultures to have insufficient information and low quality care. Karatay et al, (2016) reported that nursing students experienced problems in communicating with people from different cultures and they considered language barrier as a major problem. In their studies, Meydanlioglu, Arikan, and Gosum, (2015), Baksi, Arda Surucu, and Duman, (2019) suggested that nursing and medical students who could speak foreign languages, had knowledge about foreign cultures had higher transcultural sensitivity. Learning good command of English and cultural competency during nursing education have a significant impact on the cultural competency of nursing students and new graduate nurses (Lin et al. 2021). Therefore considering the fact that the basis of quality of nursing care is communication, nursing students should be supported to allow them build effective communication skills (Masuroh & Ilmiasih, 2017). In this study, nursing students reported that they experienced difficulties due to different religions, religious beliefs and practices, lack of eye contact and gender since most female patients did not want male nurses to touch them due to religious and cultural rules. McClimens, Brewster, and Lewis, (2014) suggests that patients' religious faith and being religious, avoiding eye contact and touch and being of opposite gender can cause some limitations in communication. Religious beliefs and gender are important factors in the use of healthcare services. Due to their individual cultures or beliefs, patients do not want to receive care from healthcare professionals of the opposite gender. In some countries for female healthcare professionals having eye contact with male patients, touching them or even hearing their voices is disapproved. Considering that nursing care requires close

contact and touch and touch in a therapeutic relationship and eye contact in communication is essential to start a healthy interaction, experiencing problems in communication can have a negative impact on healthcare and nursing services. In the study of Kaya, Turan, and Ozturk, (2011) 15.9% of the volunteers reported that they would feel uncomfortable, 16.6% reported that they would be embarrassed if they were provided care by male nurses, and in the study of Celik et al, (2012) 52.5% of the participants reported that they would feel uncomfortable if male nurses provided care and 57% of the volunteers reported that they would have difficulty in telling their problems to male nurses.

This can mean that gender discrimination and gender stereotyping can have a negative impact on the care provided by nurses of opposite gender as well as their employment opportunity. In this study, students experiencing problems due to racism/nationalism is an interesting finding which indicates that culturally congruent care can be negatively affected. Karatay et al, (2016) reported that nursing students perceived the difference in providing culturally congruent care to people from Alawite and Sunni sects as obstacles and Masuroh and Ilmiasih, (2017) reported that nursing students with different ethnic background were uncomfortable because they could only provide limited healthcare service. When nursing students concentrate on their ethnical background, and have stereotyped prejudices, stigmatize certain groups this causes discriminatory behaviour preventing culturally congruent care. In this study it is noteworthy that students reported biological variables as cultural difficulties. Nursing students should make cultural evaluations without judging patients, communicate using verbal and non-verbal communication techniques, avoid discrimination and stereotyping, accept patients and acknowledge their cultural patterns without classifying them according to race, body type, genetics, skin colour, dialect, accent, age and clothing. Students' conflicts with elderly patients can cause inequality in access to healthcare services and poor communication can cause poor health outcomes. When students experience problems due to cultural differences with elderly patients this affects patients' health negatively and causes loneliness and is perceived as discrimination. In this study, although nursing students reported that they experienced difficulties while providing cultural care, they

respected patients, showed empathy and positive discrimination however they also reported negative feelings such as despair/sadness, felt anger/upset and felt the need to move away, felt like hurting patients. These emotions and feelings clearly show that self-confidence, autonomy, job satisfaction, motivation and quality care can be affected, and ethical and legal problems can occur. When the students were asked about the cultural information/skills that make nursing care easier and their approach to solve the problem during the interviews the following answers were received: unprejudiced approach, use of the information learned in transcultural nursing course, increased understanding and tolerance for different cultures, empathy, accepting that every person is different, attempting to understand the patient's culture, acting more comfortable because the patient is from the same sect etc. One of the objectives of the nursing curriculum is to put the information learned in courses into practice. As the students reported, use of information learned in the transcultural nursing course in practice is important because it contributes to cultural competency. Unprejudiced, empathetic and broad-minded approach to people from other cultures clearly increases the feeling of trust in the patient-nurse relationship and makes it easier for the nurse to provide quality care. The most common suggestions of students on how to develop cultural competency are listed below: national / international student / nurse exchange programs, all students should have courses on culture, practice in the places of their own culture, examples of different cultures should be shown in courses, better language education, use of media, collaboration with other disciplines, case studies, scenarios, role plays etc should be used to teach about different cultures in courses. Okeya (2021) reported that student nurses' identified a lack of opportunities to work with multi-religion, multi-cultural and multi-ethnic agencies that provide care to culturally diverse patients. An egalitarian and holistic approach is very important in nursing courses. Including occupational English and culture courses in the education program is important to reduce potential problems for students during provision of care and to increase cultural competency. To improve cultural competency, in addition to a wide variety of methods including group discussions, conferences, case studies and clinical experiences etc. (Harkess & Kaddoura, 2015). Nursing students can improve their cultural competency by living in foreign countries and societies or

becoming a minority at some point in their lives. In addition to above, nursing students can gain cultural competency by learning and understanding international nursing practices and different healthcare systems.

Limitations: The limitations of the study are its reliability and transferability. The data obtained for this study reflects the experience and opinions of nursing students who were studying in the nursing department of a university in Western Turkey. Cultural competency is an important concept for holistic care. Transcultural nursing education can help to improve nurses' self-sufficiency and this can lead to the revision of nursing curriculum and development of innovative education strategies fit for the new generation of nursing students to improve culturally competent care and cultural evaluations. It is concluded that qualitative and quantitative studies that show culture, cultural care, barriers etc. among nursing students, nurses and other Health Care Workers.

Conclusions: Nursing students experience difficulties in providing transcultural care due to various reasons including language, gender, religion, touch, eye contact, privacy, biological variables, racism/nationalism. Having an unprejudiced, empathetic approach to patients, understanding their culture, attending transcultural nursing courses and having cultural sensitivity and being sufficiently competent in a foreign language makes it easy for students to provide cultural care. National / international student/nurse exchange programs, transcultural nursing courses, working in societies with the same culture of the student, prioritizing foreign language education, integrating different education techniques into the courses on culture are recommended. The findings of this study are very important because it demonstrates the educational needs and challenges of nursing students who work with people from other cultures and provides a guideline for potential revisions and improvements in nursing education. Language education should be prioritized in nursing programs, a wide variety of techniques should be used to teach transcultural content and competencies and measurement tools for this should be developed. In order to improve cultural sensitivity and competency, texts, role plays, reading assignments, web-based learning platforms and videos should be prepared according to the characteristics of the students' generation; a wide variety of strategies to teach

transcultural care such as Hybrid Learning Model, scenario based comprehensive multidimensional simulation, social media which is actively used by students (YouTube, WhatsApp, Instagram, Facebook etc.) and mobile applications should be developed and used. Bilingual nurses should be employed in transcultural care to provide guidance for peer groups. Additionally, further comparative qualitative and quantitative studies on the difficulties experienced by nursing students in transcultural nursing care at national, regional and international level should be done.

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