

Original Article

The Relationship Between Cultural Sensitivity and Emotional Intelligence in Nursing Students: A Descriptive and Exploratory Study

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Abstract

Background: Nurses with high cultural sensitivity and emotional intelligence should be trained in order to meet the health care needs of multicultural societies and to support them emotionally in medical educational institutions.

Aims: The aim of this study is to determine the relationship between cultural sensitivity and emotional intelligence competencies of nursing students.

Design: A descriptive and exploratory study.

Methods: The study was descriptively collected by collecting data from nursing students (n:237) studying at a faculty and school of a state university in Turkey. Data were collected using a personal information form, the Intercultural Sensitivity Scale and the Trait Emotional Intelligence Questionnaire-short form.

Results: When the correlation between the ISS and TEIQue-SF scores of the students was examined, a positive statistically significant correlation was found. TEIQue-SF and well-being, self-control, emotionality and sociability subscales and being a faculty student had statistically significant effects on cultural sensitivity. Among the variables, only well-being subscale was effective on cultural sensitivity.

Conclusions: It was determined that the cultural sensitivities and emotional intelligence competencies of the nursing students were high.

Implications for the Profession: It is recommended to direct nursing students to student exchange programs for facilitating communication with individuals from different cultures, and include course contents, which will develop intercultural sensitivity and emotional intelligence competences, in the education curriculum.

Keywords: cultural sensitivity, emotional intelligence, nursing students.

Introduction

Culture is a structure that has unique knowledge, action, mentality and communication that is learned in social life, shared, and handed down from generation to generation (Ciftci et al., 2021). In the globalizing world, factors such as natural disasters, wars, ethnic conflicts, unemployment, economic reasons, the desire to live a better life, travel, health tourism, education, and political asylum have caused a

rapid migration movement around the world in recent years. As a result of this migration, individuals carry the characteristics of their own culture to the places they go and form a multicultural social structure by interacting with the people there (Gungor et al., 2021; Cingöl et al., 2021). Communities that make up the social and cultural structure have perceptions of illness and health different from each other, as well (Topbas et al., 2013). For this reason, the health needs of

individuals, families and society may vary according to their cultural structures (Ciftci et al., 2021). Cultural characteristics have a considerable effect on health care services. Nursing is basically a cultural phenomenon, as well. The patient's ethnicity, cultural values, beliefs and practices are an important component of holistic nursing care. In the globalizing world, the necessity and responsibility of providing individual-centered care to all ethnic and social groups has been placed on nurses (Beser et al., 2021). The concept of individualized care is nursing care in which it is believed that each individual is unique; values, thoughts, feelings, beliefs, and cultural structure of the individual are evaluated as a whole; and patients are included in the decision-making process (Ciftci et al., 2021).

Receiving healthcare service in accordance with cultural differences is not a privilege, but a fundamental human right and every person has the right to receive nursing care in accordance with their cultural characteristics. It is very important to recognize and figure out cultural differences and to respect cultural values in order to provide individualized nursing care specific to cultural differences (Cingol et al., 2021). For this reason, the globalizing world and multicultural societies have attached more importance to intercultural sensitivity in these days (Bulduk et al., 2011). Cultural sensitivity is a skill that "encourages a person to act effectively and correctly in intercultural communication and develops emotions enabling to understand cultural differences (Chen & Starosta, 2000; Beser et al., 2021). Cultural sensitivity ensures that individuals are aware of their cultural differences (Diaz-Cruz, 2019). While communicating with individuals from different cultures, this awareness enables people to be sensitive to them, to understand cultural differences, and to develop positive emotions (Diaz-Cruz, 2019; Chen, 1997; Abashi & Polat, 2019). Thus, cultural sensitivity has a very important place in ensuring intercultural communication by eliminating cultural adaptation problems (Abasli & Polat 2019; Saatci & Turkmen, 2020; Hall & Hall, 1990). Emotional intelligence is also of great importance in solving problems by providing individuality during the care of individuals with cultural

differences and in planning and implementing interventions with cultural sensitivity in a way specific to the individual (Biyan et al., 2018). Emotional intelligence refers to one's ability to make healthy decisions as a result of recognizing and understanding the emotions of the people with whom he/she communicates, controlling and regulating his/her own emotions, and establishing empathy and effective communication with other people" (Bar-On, 2006; Crowne, 2011; Tuncer & Demiralp, 2016). However, emotional intelligence is also defined as "a type of social intelligence that covers a person's capacity to control their own emotions and those of others, identify those emotions and use that to guide thoughts and actions, think creatively, and direct their attention to problems of top priority." (Picon et al., 2021). Emotional intelligence has an important place in health care. Emotional intelligence positively affects the bio-psycho-social well-being of healthcare workers, and reduces work stress by increasing their individual resilience, perceptions of social support, empathy, job performance and satisfaction (Picon et al., 2021). Nurses with a high level of emotional intelligence make a healthier communication with patients, positively affect the quality of care they provide physically and emotionally, and become happier and more productive (Bingöl & Erkek, 2020; Ozcan, 2006; Yazicioglu & Deniz, 2019). Similarly, patients have stated that nurses with high emotional intelligence levels provide better quality care, empathize, are active listeners, and act compassionately (Picon et al., 2021). High level of emotional intelligence supports patient-nurse communication and cooperation. Nurses, who have an important role in the development and protection of public health, are expected to have emotional intelligence competence and cultural sensitivity in order to provide better quality care (Sen, 2018). In the changing and transforming world, it is seen that individuals from different cultures have to live together with each passing day. In the changing world order, intercultural interaction is also increasing. For this reason, nurses need to provide care specific to different cultures. Nurses with high cultural sensitivity and emotional intelligence should be trained in order to meet the health care needs of

multicultural societies and to support them emotionally in medical educational institutions. Therefore, this study was conducted to determine the relationship between cultural sensitivity and emotional intelligence levels of nursing students studying at a university.

Method

Study Design: This study was conducted as a descriptive and exploratory design.

Population and Sample: The population of the study consisted of the nursing students studying in the faculty of health sciences and the health school in the related university. Sample selection was not used and it was targeted to reach the entire population. The study was completed with 237 students and 38.4% of the population were reached. Data were collected between November 2021 and April 2022

Data Collection Tools: A personal information form, the Intercultural Sensitivity Scale (ISS), and the Trait Emotional Intelligence Questionnaire-short form (TEIQue-SF) were used as data collection tool in the study. The researchers sent the data collection forms to the nursing students who agreed to participate in the study via the online form. The participants were asked to give their consent online to participate in the study. They completed the data collection forms using online survey programs.

Personal Information Form, prepared by the researchers in line with the literature, includes questions about the socio-demographic characteristics and cultural sensitivities of the students (Bulduk et al., 2017, Baksi et al., 2019).

Intercultural Sensitivity Scale (ISS): The Turkish validity and reliability study of the "Intercultural Sensitivity Scale" (ISS), developed by Chen and Starosta (2000), was conducted by Bulduk, Tosun and Ardic (2011). The scale consists of a total of 24 items and five emotional subscales required for intercultural sensitivity. Interaction Engagement subscale includes 7 items (1, 11, 13, 21-24), respect of cultural differences subscale includes 6 items (2, 7, 8, 16, 18, 20), interaction confidence subscale has 5 items (3-6, 10), interaction enjoyment subscale has 3 items (9, 12, 15) and interaction attentiveness subscale includes 3 items (14, 17, 19). Items 2, 4, 7, 9, 12, 15, 18, 20, and 22

of the scale are reversely coded. The Intercultural Sensitivity Scale is a 5-point Likert type scale. The Intercultural Sensitivity Scale total score and subscale scores are calculated over 24 items. While the highest total score of the scale is 120, its lowest total score is 24. Higher total scores indicate the elevated level of intercultural sensitivity. In this study, the Cronbach's alpha coefficient was found to be 0.88.

Trait Emotional Intelligence Questionnaire-short form (TEIQue-SF):

The scale was developed by Petrides and Furnham in 2000 and its Turkish validity and reliability study was carried out by Deniz, Ozer and Isık (2013). It is a 7-point Likert-type assessment tool designed to measure total emotional intelligence characteristics. It consists of four subscales: "well-being", "Self-control", "Emotionality" and "sociability". Individuals with a high total score have high emotional intelligence competences, and those with low scores have low emotional intelligence competences. The Cronbach's alpha coefficient was found to be 0.75 in this study.

Statistical analyses: Statistical Package for the Social Sciences (SPSS) 25.00 packaged software was used for data analysis. Number, percentage, mean and standard deviation were used in the descriptive statistics of the data. The correlation between the two scales (as the scale mean scores were normally distributed) was analyzed using Pearson's correlation. Dummy variable analysis was used in the correlation between faculty and health school students in terms of the ISS mean score and the mean scores of TEIQue-SF and its subscales. In all analyses, $p < 0.05$ was accepted as statistical significance.

Ethical Considerations: Before conducting the study, ethical approval was obtained from the Dean of the Faculty of Health Sciences and Directorate of Health School, where the study was conducted, and the Harran University Clinical Trials Ethics Committee (Date 02 January 2019, decision no: -06/09-E.53777) In addition, the nursing students participating in the study were informed about the purpose of the study online, and the participation of those who gave their consent online was ensured. It was clarified that her/his identity will remain confidential and the data will be used for research purposes

only. "Declaration of Helsinki" was followed at all stages of the study.

Results

Table 1 shows the data on the socio-demographic characteristics of the faculty and health school students participating in the study. It was determined that the average age of the students was 20.89 ± 2.15 , the average age of the faculty students was 20.41 ± 1.90 , 70.8% were female, 48.1% were the first-year students, 97.2% were single, 35.8% spoke a foreign language, 57.9% spoke Kurdish as a foreign language. The average age of the health school students was 21.28 ± 2.26 , 65.6% were female, 38.2% were the second-year students, 96.9% were single, 61.1% spoke a foreign language, 63.7% of them spoke Kurdish (table 1).

Findings Related to Professional and Cultural Differences of the Students: Table 2 shows the comparison of the data of the students studying in faculty of health sciences and health school on occupational and cultural differences. 81.1% of them interacted with individuals from different cultures, 61.3% did not do educational practices with people from different cultures, 93.4% of them stated that cultural differences have a positive effect, and 95.3% did not receive any intercultural and emotional intelligence training, 92.4% interacted with someone from a different culture, 56.5% did not do educational practices with people from different cultures, 92.4% of them stated that cultural differences have a positive effect, 91.6% did not receive any intercultural training and 92.4% did not receive any training on emotional intelligence (table 2).

Comparison of the Students' Total Scores and Subscale Scores for Intercultural Sensitivity Scale and Trait Emotional Intelligence Questionnaire: Table 3 shows the comparison of the ISS and TEIQue total score and subscale mean scores of the students from the faculty and health school. The ISS total mean score of the faculty students was 73.84 ± 13.82 . Their subscale mean scores were 24.55 ± 5.91 in interaction engagement, 16.27 ± 3.39 in respect of cultural

differences, 15.70 ± 3.88 in interaction confidence, 6.72 ± 2.82 in interaction enjoyment, and 10.60 ± 2.86 in interaction attentiveness. The ISS total mean score of the health school students was 74.34 ± 15.86 . Their subscale mean scores were 24.55 ± 6.60 in interaction engagement, 16.41 ± 3.70 in respect of cultural differences, 15.66 ± 4.09 in interaction confidence, 6.75 ± 2.96 in interaction enjoyment, and 10.97 ± 3.08 in interaction attentiveness.

It was determined that TEIQue total mean score of the faculty students was 91.78 ± 17.40 . Their subscale mean scores were 17.32 ± 5.66 in well-being, 18.03 ± 5.44 in self-control, 18.71 ± 3.85 in emotionality, and 18.79 ± 4.78 in sociability. TEIQue total mean score of the health school students was 88.45 ± 14.62 . Their subscale mean scores were 16.31 ± 5.64 in well-being, 16.92 ± 5.04 in self-control, 18.56 ± 3.79 in emotionality, and 18.61 ± 4.45 in sociability (table 3).

The Correlation Between the Students' Total Scores and Subscale Mean Scores for Intercultural Sensitivity Scale and Trait Emotional Intelligence Questionnaire: Table 4 shows the correlation between total mean scores and subscale mean scores of ISS and TEIQue. When the correlation between ISS and TEIQue scores of the students and the BSES scores was examined, a positive statistically significant correlation was found ($r=0.136$; $p<0.05$).

The dummy variable analysis of ISS and Being a Faculty Student and TEIQue and its subscales: Table 5 shows the results of the multiple linear regression analysis performed to determine how the TEIQue total and subscale mean scores and being a faculty student affected cultural sensitivity. TEIQue and well-being, self-control, emotionality and sociability subscales and being a faculty student had a statistically significant effect on cultural sensitivity ($F=9.115$, $p<0.001$). The explanatory power of the independent variable for the dependent variable was calculated as 17% ($R^2=.171$). Among the variables, only well-being subscale was found to be effective on cultural sensitivity (table 5).

Table 1. Distribution of Socio-Demographical Characteristics of the Students

Characteristics	Faculty	School	Total
	X ±SD	X± SD	X± SD
Age	20.41±1.90	21.28±2.26	20.89±2.15
	% (n)	% (n)	% (n)
Gender			
Female	70.8 (75)	65.6 (86)	67.9 (161)
Male	29.2 (31)	34.4 (45)	32.1 (76)
University Year			
1st year	48.1 (51)	2.3 (39)	22.8 (54)
2nd Year	15.1 (16)	38.2 (50)	27.8 (66)
3rd year	13.2 (14)	32.1 (42)	23.6 (56)
4th year	23.6 (25)	27.5 (36)	25.7 (61)
Marital status			
Single	97.2 (103)	96.9 (127)	97.0 (230)
Married	2.8 (3)	3.1 (4)	3.0 (7)
Speaking a foreign language			
Yes	35.8 (38)	61.1 (80)	49.8 (118)
No	64.2 (68)	38.9 (51)	50.2 (119)
Spoken foreign language			
English	26.3 (10)	25.0 (20)	25.4 (30)
Kurdish	57.9 (22)	63.7 (51)	61.8 (73)
Arabic	15.8 (6)	10.0 (8)	11.9 (14)
German	-	1.3 (1)	0.8 (1)

Table 2. Distribution of Views of the Students on Professional-Related Characteristics and Cultural Differences

Characteristics	Faculty % (n)	School % (n)	Total % (n)
Interacting with someone from different cultures			
Yes	81.1 (86)	92.4 (121)	87.3 (207)
No	18.9 (20)	7.6 (10)	12.7 (30)
Educational practices with people from different cultures			
Yes	38.7 (41)	43.5 (57)	41.4 (98)
No	61.3 (65)	56.5 (74)	58.6 (139)
Positive effect of different culture			
Yes	93.4 (99)	92.4 (121)	92.8 (220)
No	6.6 (7)	7.6 (10)	7.2 (17)
Receiving any intercultural training			
Yes	4.7 (85)	8.4 (11)	6.8 (16)
No	95.3 (101)	91.6 (120)	93.2 (221)
Receiving any training on emotional intelligence			
Yes	4.7 (85)	7.6 (10)	6.3 (15)
No	95.3 (101)	92.4 (121)	93.7 (222)

Table 3. Comparison of the Students' Total Scores and Subscale Scores for Intercultural Sensitivity Scale and Trait Emotional Intelligence Questionnaire

Scales	Faculty X±SD	School X±SD	Total X±SD
Interaction engagement	24.55±5.91	24.55±6.60	24.55±6.29
Respect of cultural differences	16.27±3.39	16.41±3.70	16.35±3.56
Interaction confidence	15.70±3.88	15.66±4.09	15.68±3.99
Interaction enjoyment	6.72±2.82	6.75±2.96	6.73±2.90
Interaction attentiveness	10.60±2.86	10.97± 3.08	10.81±2.98
ISS total	73.84±13.82	74.34±15.86	74.12±14.95
Well-being	17.32±5.66	16.31±5.64	16.76±5.66

Self-control	18.03±5.44	16.92±5.04	17.42±5.24
Emotionality	18.71±3.85	18.56±3.79	18.63±3.81
Sociability	18.79±4.78	18.61±4.45	18.69±4.59
TEIQue_total	91.78±17.40	88.45±14.62	89.94±15.97

Table 4. The Correlation Between Total Mean Scores of Intercultural Sensitivity Scale and Trait Emotional Intelligence Questionnaire

Variables	r	P
ISS	.136*	.037
TEIQue		

Table 5. The dummy variable analysis of ISS and Being a Faculty Student and TEIQue and its subscales

	Beta	T	P	F	p	Adj. R²
Fixed	67.510	12.370	.000			
Well-being	.783	2.163	.032			
Self- control	-.711	-1.886	.061			
Emotionality	-.524	-1.318	.189	9.115	<.001	.171
Sociability	-.060	-.152	.879			
TEIQue total	.192	.749	.455			
Faculty	-1.062	-.591	.555			

Discussion

With the changing world order, individuals from different cultures live together. Nurses have an important role in meeting the health needs of these individuals. It is important for nurses to understand cultural differences and emotions of individuals, regulate their own emotions by controlling them, that is, have high emotional intelligence levels and cultural sensitivities so that nurses provide adequate care to individuals in emotional difficulties and from different cultures (Keser & Tras, 2019; Aslan & Kizir, 2019; Tuncer & Demiralp, 2016). Nursing students also provide care to individuals from different cultures who have a difficult time emotionally during clinical practices. In this context, this

study aimed to determine the relationship between intercultural sensitivity and emotional intelligence of nursing students.

It was determined that ISS total score of the nursing students included in the study was 74.12±14.95 and this score was above the mean score of the scale (min-max:24-120).

An increase in the total score of the scale indicates an increase in the level of intercultural sensitivity. In the study, it was determined that the students had high level of cultural sensitivity. In similar studies conducted with nursing students in the literature, it was determined that students' intercultural sensitivity levels were above the average (Bilgic & Sahin, 2019; Kilic &

Sevinc, 2018). In the study conducted by Aslan and Kizir (2019), with nurses working in the hospital, the cultural sensitivity level of nurses was found to be quite high (82.56 ± 9.38). These results are compatible with the study findings. As a result of global migration, today nurses provide care for patients with different cultural and linguistic characteristics. It is essential for nurses to have an effective intercultural communication with patients in order to provide an optimal care to them. Intercultural communication is one of the basic elements that enable people from various cultures and countries to share their knowledge and experiences beyond geographical and cultural borders, and to establish personal, social and cultural relations. Intercultural communication plays a key role in establishing intercultural relations among people (Sarwari et al., 2017; Tuohy, 2019).

In the study, the students obtained the highest score from the interaction engagement subscale and the lowest score from interaction enjoyment subscale in intercultural sensitivity scale (Table 3). In the study conducted by Bulduk et al., with students from vocational school of health services and in the study conducted by Parlar and Sevinc with nursing students, they also determined that the students obtained the highest score from the interaction engagement subscale and the lowest score from interaction enjoyment subscale (Bulduk et al., 2017, Kilic & Sevinc, 2018). These results support the findings of the present study. It is important that students have high communication responsibilities in communicating with individuals from different cultures. Nurses, who are in constant communication with people from different cultures, enjoy communication more and thus contribute to patient-nurse cooperation in the delivery of health care services. The fact that the nursing students in the study had a low score in interaction enjoyment subscale may be associated with the fact that the students do not know different languages or cannot communicate due to lack of knowledge about different cultural characteristics. In the study conducted by Repo et al., to examine the cultural competences of new graduate nursing students in South Finland, they determined that the cultural competence levels of the students were moderate and their cultural

competences increased as their interaction with different cultures, language skills and their demands for student exchange programs increased (Repo et al., 2017).

In the study, it was determined that the TEIQue score of the nursing students was above the scale mean score. In Şen's study with university students, it was determined that the emotional intelligence scores of the students were moderate (Sen, 2018). Emotional intelligence is a type of intelligence that encourages a person to effectively perceive, understand, and manage their own emotions and those of others and use that information to guide thoughts and actions (Foster et al., 2017; Picon et al., 2021; Jahan et al., 2022). When examining the studies in the literature, it has been observed that emotional intelligence has been associated with positive outcomes for nursing students. Nursing students with a high level of emotional intelligence have better personal well-being and stress management, higher academic performance, effective leadership characteristics, and an increased practice performance (Foster et al., 2017). The studies conducted with university students reported that as the emotional intelligence level of the students increased, their communication skills also increased (Yorulmaz & Kirac 2019; Demirel et al., 2020). In this study, it was determined that the TEIQue sociability subscale scores of the students were higher than the other subscale scores (Table 3). TEIQue sociability subscale includes individuals' being assertive and social competence by managing their emotions. Individuals with high sociability are also high in influencing other people (Petrides & Furnham, 2003; Gilbert, 2009). High social skills of nursing students are regarded as a situation that will contribute greatly to their caregiver roles. In the study, it was determined that TEIQue well-being subscale mean score of the students was lower than the other subscale mean scores (Table 3). TEIQue well-being subscale includes individuals to feel happy, optimistic and self-confident (Petrides & Furnham, 2003). In the study, it is thought that various social and personal factors play a role in nursing students' feeling unwell. Nursing students need to be supported to feel better emotionally.

In this study, it was determined that there was a significant correlation between students' intercultural sensitivity and their emotional intelligence levels; as their intercultural sensitivity increased, their emotional intelligence competences also increased. The above results are supported by the literature as Biyan et al., (2018) found a significant correlation between emotional intelligence and cultural sensitivity. Moreover, in the study conducted by Raeissi et al., (2019), with emergency room nurses they found that emotional intelligence had a positive effect on nurses' communication skills. Additionally, Tuncer and Demiralp (2016) found in their study with nurses working in a psychiatry clinic that as the emotional intelligence level of the nurses increased, their healthy communication skills also increased.

Intercultural sensitivity is the necessity of approaching different cultures with positive feelings and accepting people as they are (Mercan, 2016). Emotional intelligence refers to the ability to understand the emotions of others and feel what they are feeling. Nurses who provide care to individuals from different cultures need to understand and feel the emotions of people in order to communicate effectively (Yorulmaz & Kirac, 2019).

Nurses with high emotional intelligence competence and intercultural sensitivity provide more effective care by communicating effectively with patients, creating a positive effect on patients (Lewis et al., 2017). Cultural awareness and emotional intelligence are basic skills that can be learned and improved further in providing patient-centered care by making care outcomes positive (Glenn & Faith, 2020).

The results of the multiple linear regression analysis carried out in the study to determine how TEIQue total and subscale mean score and being a faculty student affected cultural sensitivity support the results of the other analyses in this study. TEIQue and well-being, self-control, emotionality and sociability subscales and being a faculty student had a statistically significant effect on cultural sensitivity (Table 5). In their study, Aslan et al., (2016) determined that location of the university, from which the nursing students receive education, in the eastern or western regions of the country had an effect

on the level of intercultural sensitivity, and the intercultural sensitivity of the nursing students receiving education in the western region was higher. Cultures are influenced by numerous factors such as the experiences of individuals, education, ethnicity, geographical location, economic situation and social environment. These factors are effective on the intercultural sensitivity of individuals (Aslan et al., 2016). In the literature, it has been determined that as the education level and experience of nursing students increase, their communication skills and cultural sensitivity levels also increase (Ciftci et al, 2021; Idvall et al., 2012). In their study, Ciftci et al., (2015) examined the relationship between communication and empathic skills and determined that while health school students obtained the highest score in terms of communication skills, medical faculty students had the lowest score.

No study has been found in the literature examining how studying in the faculty of health sciences and health school affects the relationship between cultural sensitivity and emotional intelligence of nursing students. The faculty, where the study was conducted, is located in the city center; whereas, the related health school is located in the district. It is thought that this geographical difference affects the social and cultural life of students and plays a role on their cultural sensitivities and emotional intelligence competences.

Recommendations: It is thought that developing studies that will bring nursing students together with individuals from different cultures and increase mutual interaction, increasing the awareness of students about student exchange programs and supporting them in language learning will contribute to the development of intercultural sensitivity and emotional intelligence. In the light of with these results; it is recommended to direct nursing students to student exchange programs for facilitating communication with individuals from different cultures, and include course contents, which will develop intercultural sensitivity and emotional intelligence competences, in the education curriculum.

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