

Assessment of Intercultural Sensitivity Among Nursing Students

Abstract

Background: When nurses fail to understand the cultural characteristics of the individuals in their care, communication breakdowns, prejudice, and intercultural conflicts may occur.

Aim: This study assesses the intercultural sensitivity levels of undergraduate nursing students.

Methods: This descriptive study was conducted with 1,106 nursing students enrolled at two universities in Ankara between December 15, 2023 and May 31, 2024. Data were collected through face-to-face surveys. The data collection tools included a questionnaire developed based on the relevant literature and the Intercultural Sensitivity Scale (ISS). Descriptive statistics, including percentages, frequencies, medians, and minimum and maximum values, were used to analyze the data.

Results: Among the participants, 86.1% were female and 80.2% were between 18 and 21 years of age. The median ISS score was 87.0 (min: 28, max: 120). Statistically significant differences were found between groups based on sociodemographic variables, including year of study, gender, proficiency in a language other than Turkish, interaction with individuals from different cultures, having friends from diverse cultural backgrounds, caring for patients from various cultures in clinical practice, receiving relevant education, and learning about cultural characteristics during treatment and care.

Conclusion: Nursing education should incorporate strategies that promote the development of intercultural sensitivity. Such efforts will better prepare nurses to provide high-quality care to patients from diverse cultural backgrounds.

Keywords: Culture, intercultural nursing, intercultural sensitivity, nursing students

 Gülşah Yolcu,¹  Özlem Sinan²

¹Operating Room, Ankara 29 Mayıs State Hospital, Ankara, Türkiye

²Department of Midwifery, Marmara University Faculty of Health Sciences, İstanbul, Türkiye

Introduction

In recent years, globalization and increasing migration have led to the coexistence of multiple cultures within the same society. According to the 2024 report from the United Nations Department of Economic and Social Affairs (UNDESA), approximately 304 million international migrants (representing 3.7% of the global population) live outside their country of origin. The United States of America hosts the largest number of migrants (52.4 million), while Türkiye was estimated to host 7.1 million migrants as of mid-2024.¹ Additionally, data released from the United Nations High Commissioner for Refugees (UNHCR) indicate that Türkiye hosted the largest refugee population globally in mid-2023, with approximately 3.4 million refugees.²

As in many other countries, cultural diversity in Türkiye has increased significantly, transforming society into a multicultural structure. Migration occurs for various reasons, both positive and negative, including economic conditions, unemployment, war, oppressive governance, climate change, natural disasters such as earthquakes, as well as the pursuit of educational opportunities and professional development.^{3,4}

When individuals from diverse cultural backgrounds leave their familiar environments and attempt to establish new lives in societies with different values and lifestyles, they may develop negative perceptions of their circumstances.^{5,6} Cultural factors related to health, such as family roles, socioeconomic status, dietary habits, sexual behaviors, and marriage patterns, are inherent to each culture and can influence health outcomes, either positively or negatively. Individuals' perceptions of health and illness are closely linked to the cultural structures of their societies. Consequently, approaches to health promotion, disease prevention, and expectations of healthcare services may vary significantly across cultures.⁷ This diversity within societies highlights the importance of tailoring services to individuals' cultural characteristics. Accordingly, intercultural sensitivity has become increasingly important, influencing the quality and delivery of services in fields such as education and healthcare.^{8,9}

Intercultural care aims to assess individuals holistically by considering their cultural background and the environment in which they live, recognizing that perceptions of health vary across cultures, and providing care that aligns with their living conditions.¹⁰

To deliver culturally competent care, healthcare professionals must possess knowledge of cultural differences and demonstrate sensitivity to these variations. Intercultural sensitivity is defined as the ability to understand cultures different from one's own, as well as the thoughts and behaviors of individuals from those

Cite this article as: Yolcu G, Sinan Ö. Assessment of Intercultural Sensitivity Among Nursing Students. J Educ Res Nurs. 2026;23(2):134-138.

Corresponding author: Özlem Sinan
E-mail: ozlemozdemir310@gmail.com

Received: August 18, 2025
Accepted: April 26, 2026
Publication Date: June 01, 2026



Copyright@Author(s) - Available online at www.jer-nursing.org
Content of this journal is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

cultures, while demonstrating respectful, positive, and non-prejudicial attitudes.¹¹ When nurses fail to understand the cultural characteristics of the individuals in their care, communication breakdowns, prejudice, and intercultural conflicts may arise. This, in turn, can negatively affect the quality of healthcare services, leading to inequality, discrimination, and communication problems.^{12,13} Given nurses' central role in healthcare delivery, it is essential to educate them to develop high levels of intercultural sensitivity and awareness in order to provide effective and high-quality care.^{13,14} Previous studies have reported that nursing students generally demonstrate good levels of cultural sensitivity.^{4,15,16} However, Kabu Hergül et al.¹⁷ found that nursing students had moderate levels of intercultural sensitivity and that those with friends from different cultures exhibited higher sensitivity levels. In contrast, Yiğit et al.¹⁸ reported that nursing students' intercultural sensitivity was below a moderate level and that they experienced related challenges in clinical practice.

Educational programs play a crucial role in preparing nursing students who are free from prejudice and capable of delivering culturally sensitive care to diverse communities. Examining nursing students' perspectives and approaches toward patients from different cultural backgrounds is essential for improving the quality of care. Determining students' intercultural sensitivity levels is also important for enhancing healthcare delivery and promoting public health. However, studies addressing this topic are limited in the literature. Therefore, assessing the intercultural sensitivity levels of nursing students, future members of the nursing profession, is vital for improving the quality of care and health outcomes at both individual and societal levels.

Research Questions

1. What are the intercultural sensitivity levels of nursing students?
2. Do nursing students' intercultural sensitivity levels vary according to their sociodemographic characteristics?

Materials and Methods

Aim

This study aimed to assess the intercultural sensitivity levels of undergraduate nursing students.

Research Design

This study was designed as a descriptive study.

Participants

The study population consisted of students enrolled in the nursing departments of two state universities in Ankara (n=1,608; University A: n=952; University B: n=656). These universities are among the largest in Türkiye, with students from diverse regions of the country. The required sample size was calculated using G*Power software, yielding a minimum of 176 participants based on a medium effect size (0.5), a power level of 0.95, and a significance level of 0.05, informed by a previous study.¹⁹ All eligible students were invited to participate, and the study was completed with 1,106 nursing students. The inclusion criteria were being an undergraduate nursing student at one of the selected universities and consenting to participate. The exclusion criteria was being a foreign student.

Data Collection Tools

Data were collected using a questionnaire and the Intercultural Sensitivity Scale (ISS). The questionnaire was developed by the researchers based on a review of the literature. It included 13 items assessing students' sociodemographic characteristics and experiences, such as age, gender, year of study, ability to communicate in a language other than Turkish, interaction with individuals from different cultures, willingness to communicate with people from diverse cultures, having friends from different cultural backgrounds, caring for patients from diverse cultures during clinical practice, and receiving education on intercultural nursing. Additionally, the questionnaire included seven items assessing students' views on providing care to individuals from diverse cultural backgrounds.^{15,17-21}

Intercultural Sensitivity Scale (ISS): The Intercultural Sensitivity Scale, developed by Chen and Starosta,²² consists of 24 items and originally demonstrated a Cronbach's alpha coefficient of 0.86. The Turkish validity and reliability study conducted by Bulduk et al.²³ reported a Cronbach's alpha coefficient of 0.72.

The scale uses a 5-point Likert format: [1] strongly disagree, [2] disagree, [3] undecided, [4] agree, and [5] strongly agree. The ISS comprises five subdimensions: interaction engagement (items 1, 11, 13, 22, 23, 24), respect for cultural differences (items 2, 7, 8, 16, 18, 20), interaction confidence (items 3, 4, 5, 6, 10), interaction enjoyment (items 9, 12, 15), and interaction attentiveness (items 14, 17, and 19). Items 2, 4, 7, 9, 12, 15, 18, 20, and 22 are reverse-coded. The minimum possible score on the scale is 24 and the maximum is 120, with higher scores indicating greater intercultural sensitivity.²³ In the present study, the Cronbach's alpha coefficient for the ISS was 0.88.

Data Collection

Data were collected between December 2023 and May 2024 by the researchers. The data collection tools were administered to students during the first 5–10 minutes of class and during breaks, with permission from course instructors. Students were informed about the purpose of the study before the questionnaires were distributed, and they were asked to complete the forms voluntarily. Students who did not provide informed consent did not participate in the study. The researcher responsible for data collection was not involved in evaluating students' academic performance. Completing the data collection tools took approximately 15–20 minutes per class.

Data Analysis

The data were analyzed using SPSS version 27.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics, including percentages, frequencies, medians, and minimum and maximum values, were used to summarize the data. The Shapiro-Wilk test was used to assess data normality. The Mann-Whitney U test and Kruskal-Wallis H test with Bonferroni correction were applied for group comparisons. A significance level of 0.05 was set, and p-values <0.05 were considered statistically significant.

Ethical Considerations

Ethical approval was obtained from Ankara Yıldırım Beyazıt University Health Sciences Ethics Committee (Approval Number: 09-405, Date: 23.11.2023). Following ethical approval, institutional permissions were secured from the participating universities. The study was conducted in accordance with the Declaration of Helsinki. Written and verbal informed consent was obtained from all participants.

Results

Among the participants, 25.1% were first-year, 25.9% second-year, 25.6% third-year, and 23.4% fourth-year nursing students. Of the students, 86.1% were female, and 80.2% were aged between 18 and 21 years (Table 1). More than half of the students (54.6%) reported encountering patients from diverse cultural backgrounds during clinical practice, and 63.7% stated that they had provided care to such patients (Table 1). A large majority of students (88.1%) agreed that learning patients' cultural characteristics is essential for positively influencing health perceptions and care environments, while 85.4% emphasized the importance of assessing whether nursing practices align with patients' cultural characteristics prior to care delivery. Additionally, 63.5% reported concerns about encountering challenges with patients and their families from different cultures upon entering professional practice (Table 2).

The median ISS score was 87 (min: 28; max: 120) (Table 3). Second-year students had significantly higher median ISS scores than fourth-year students ($p=0.00$, $b>d$) (Table 1). Female students scored higher than male students ($p=0.02$) (Table 1). Students who were able to communicate in a language other than Turkish had higher intercultural sensitivity scores than those who were not ($p=0.00$, $x>z$) (Table 1). Similarly, students with friends from diverse cultural backgrounds had higher scores than those without such friendships ($p=0.00$) (Table 1). Interestingly, students who had provided care to patients from different cultures had lower median scores than those who had not ($p=0.00$) (Table 1). Students who reported experiencing challenges while caring for culturally diverse patients had higher sensitivity scores than those who did not ($p=0.22$) (Table 1). Students who had received intercultural nursing education had lower median scores than those who had not ($p=0.01$) (Table 1). Additionally, students who anticipated difficulties with culturally diverse patients and their families had lower sensitivity scores ($p=0.00$) (Table 1). Those who recognized the need to learn patients' cultural characteristics before providing care had higher intercultural sensitivity scores ($p=0.01$) (Table 1).

Table 1. Comparison of students' sociodemographic characteristics and median Intercultural Sensitivity Scale scores (n=1.106)

Sociodemographic characteristics		Number	%	Median	Min	Max	Statistical values
Year of study	1 st year ^a	278	25.1	89	46	116	KW=51.174, p=0.00*
	2 nd year ^{b**}	286	25.9	90	47	120	
	3 rd year ^c	283	25.6	84	47	120	
	4 th year ^{d**}	259	23.4	84	38	120	
Age (years)	18-21	887	80.2	87	28	120	Z=-0.509, p=0.611
	≥22	219	19.8	86	38	120	
Gender	Female	952	86.1	88	47	120	Z=-2.294, p=0.02*
	Male	154	13.9	84	28	120	
Ability to communicate in a language other than Turkish	Yes ^{***}	173	15.6	91	28	120	KW=40.374, p=0.00*
	Basic level [†]	550	49.7	88	38	120	
	No ^{***}	383	34.6	84	52	115	
Interaction with individuals from different cultures	Yes	626	56.6	89	28	120	Z=4.019, p=0.00*
	No	480	43.4	86	63	120	
Willingness to communicate with individuals from different cultures	Yes	899	81.3	88	28	120	Z=6.304, p=0.00*
	No	207	18.7	82	52	112	
Having friends from different cultural backgrounds	Yes	899	53.3	88	28	120	Z=4.091, p=0.00*
	No	207	46.7	82	52	112	
Encountering culturally diverse patients in clinical practice	Yes	705	63.7	87	28	120	Z=-2.566, p=0.01*
	No	401	36.3	88	48	120	
Providing care to culturally diverse patients in clinical practice	Yes	604	54.6	86	28	120	Z=-4.018, p=0.00*
	No	502	45.4	88	46	120	
Experiencing problems while providing care to culturally diverse patients in clinical practice (n=604) ^{***}	Yes	593	98.2	86	28	120	Z=-1.218, p=0.22
	No	11	1.8	76	28	113	
Receipt of intercultural nursing training	Yes	144	13	84	64	107	Z=-2.526, p=0.01*
	No	962	87	88	28	120	
Interacting with patients from diverse cultural backgrounds is challenging	Yes	702	63.5	86	46	120	Z=-5.045, p=0.00*
	No	404	36.5	90	28	120	
Learning patients' cultural characteristics is important for providing care	Yes	974	88.1	88	28	120	Z=-2.478, p=0.01*
	No	132	11.9	85	46	111	

*: p<0.05, **: b>d, x>z, ***: The "n" s are various due to those who did not answer this question. KW: Kruskal-Wallis Test, Z: Mann-Whitney U Test, Min: Minimum, Max: Maximum.

Table 2. Students' views on caring for individuals from diverse cultural backgrounds (n=1.106)

Views	Yes		No	
	n	%	n	%
I believe that health is a concept that varies across cultures	718	64.9	388	35.1
As nurses, we recognize the importance of understanding the cultural characteristics of the patients we care for	869	78.6	237	21.4
When providing treatment and care to patients from different cultures, I believe that I need to learn their cultural characteristics to positively influence health perceptions and the care environment	974	88.1	132	11.9
I believe that standard care practices may not be appropriate for patients from different cultures	878	79.4	228	20.6
Before performing any nursing care practice, I consider it important to evaluate whether the practice is appropriate for the patient's cultural characteristics	944	85.4	165	14.6
I feel confident in caring for individuals, families, or communities from different cultures	307	27.8	799	72.2
I believe that I may experience difficulties with patients and their families from different cultures at the beginning of my professional career	702	63.5	404	36.5

n: Number.

Table 3. Distribution of Intercultural Sensitivity Scale (ISS) and subdimension scores (n=1.106)

Subdimensions	n	Median	Minimum	Maximum
Interaction engagement	1.106	26	7	35
Respect for cultural differences	1.106	23	6	30
Interaction confidence	1.106	16	5	25
Interaction enjoyment	1.106	11	3	15
Interaction attentiveness	1.106	11	3	15
ISS total score	1.106	87	28	120

Discussion

The findings of this study indicate that nursing students' intercultural sensitivity levels were above moderate, consistent with previous studies.^{16-18,24-27} Other research has similarly reported moderate-to-high levels of intercultural sensitivity among nursing students.^{19,28-31} However, Suk et al.³² found that that school nurses in Korea had relatively low cultural sensitivity scores. The relatively high intercultural sensitivity observed in this study may be attributed to increasing globalization and migration, which have led to greater cultural diversity and may enhance students' ability to understand, respect, and tolerate individuals from different cultural backgrounds.

Intercultural sensitivity was also found to vary by year of study. Notably, second-year students demonstrated higher sensitivity than fourth-year students. Similar findings have been reported by Akça and Ayaz Alkaya,²⁹ who found that first-year students had higher sensitivity than fourth-year students, and by Kardaş and Yılmaz Şahin,¹⁹ who reported higher sensitivity among second-year students compared to fourth-year students. Although intercultural sensitivity is generally expected to improve with increased education and clinical experience, the finding that second-year students scored higher than fourth-year students is noteworthy. This finding may suggest that fourth-year students encounter negative experiences during clinical practice with patients from diverse cultural backgrounds, which may contribute to decreased sensitivity levels. In contrast, second-year students, who may have had fewer clinical interactions, who typically have less clinical exposure, may maintain more positive perceptions and expectations regarding intercultural encounters. However, contrasting findings have been reported by Tosun and Sinan,²¹ as well as Kuru Alici,³³ who found that intercultural sensitivity increases with years of education.

In the present study, intercultural sensitivity differed by gender, with female students demonstrating higher levels than male students. Similar findings were reported by Kardaş and Yılmaz Şahin,¹⁹ Parlar Kılıç and Sevinç,²⁶ and Bilgiç and Şahin,¹⁶ who also found that female nursing students had higher levels of cultural sensitivity than their male counterparts. However, contrasting results were reported by Şekerci Gümüş,³⁴ who found that male students demonstrated higher intercultural sensitivity than female students. A study conducted with Finnish students similarly indicated that female students exhibited more positive attitudes toward individuals from different cultures and higher levels of intercultural sensitivity compared to male students.³⁵ The higher intercultural sensitivity observed among female students in this study may be associated with women's generally stronger emotional and empathetic skills, which can enhance attentiveness and responsiveness to cultural differences. Conversely, findings from studies with higher proportions of male participants suggest that intercultural sensitivity may also be influenced by contextual factors, such as sample composition.

In this study, students who were able to communicate in a foreign language, even at a basic level, demonstrated higher intercultural sensitivity than those who could not communicate in another language. Similar findings were reported by Kardaş and Yılmaz Şahin,¹⁹ Bulduk et al.,³⁶ and Ceylan and Çetinkaya,³⁷ who found that foreign language proficiency positively influences intercultural sensitivity. This finding is consistent with the present study and suggests that students who develop proficiency in a foreign language may feel more confident communicating with individuals from diverse cultural backgrounds, thereby fostering more positive attitudes and perspectives.

In this study, sensitivity also varied according to students' experiences interacting with individuals from different cultures (e.g., through education, travel, or living abroad). Additionally, willingness to communicate with people from diverse cultural backgrounds and having friends from different cultures were positively associated with higher intercultural sensitivity. Nursing students who engaged in culturally diverse social environments appeared to develop broader knowledge and experience, which contributed to increased sensitivity. In contrast, students whose exposure to cultural diversity was limited to clinical settings reported higher levels of anxiety and lower self-confidence, which may negatively affect intercultural sensitivity.²¹ Supporting these findings, Bilgiç and Şahin¹⁶ found that nursing students with friends from diverse cultures and a willingness to interact demonstrated significantly higher sensitivity. Similarly, Bulduk et al.³⁶ reported that interaction with individuals from different cultures positively influenced intercultural sensitivity. Kaya et al.⁴ also found that nursing students with culturally diverse friendships exhibited higher sensitivity, consistent with the present study. A study conducted with newly graduated nursing students in Finland reported that increased interaction with different cultures, improved language skills, and participation in exchange programs were associated with higher cultural competence.³⁸ Likewise, a qualitative study examining the effect of nursing students' overseas study experiences found that participation in international experiences positively contributes to the development of cultural sensitivity.³⁹ Overall, these findings suggest that living and interacting within culturally diverse environments enhances students' awareness and intercultural sensitivity.

In the present study, students who reported experiencing difficulties while caring for patients from diverse cultural backgrounds, as well as those who had limited exposure to such patients, demonstrated higher intercultural sensitivity levels. In contrast, Karadağ Arlı and Berivan Bakan²⁰ reported that nurses who did not experience such difficulties exhibited higher intercultural sensitivity levels. However, Dönmez et al.¹⁴ found that nurses who provided care to culturally diverse patients demonstrated higher intercultural sensitivity. These mixed findings indicate that nursing students who provide care to patients from diverse cultural backgrounds may be at risk of developing biases, highlighting the need for targeted training in intercultural nursing to address and mitigate these biases.

According to the results of this study, nursing students' intercultural sensitivity varied based on their participation in intercultural nursing training. Notably, students who had not received such training demonstrated higher levels of intercultural sensitivity than those who had. Similarly, Meydanlıoğlu et al.⁹ and Korkmaz Aslan et al.¹² reported that cultural training did not have a significant effect on improving intercultural sensitivity. However, these findings contrast with those of Yılmaz et al.,⁴⁰ who found that nurses who received intercultural training demonstrated higher levels of cultural sensitivity. A study conducted with newly graduated nursing students reported that most participants had received intercultural nursing education, yet their level of cultural competence was moderate.³⁸ The relatively high sensitivity observed among students who had not received formal training in the present study may suggest that the content or delivery of training programs was not sufficiently effective, and that social environments may play an important role in developing intercultural sensitivity.

In this study, nursing students who believed that interacting with patients from diverse cultural backgrounds would not be challenging demonstrated higher levels of intercultural sensitivity. This suggests that these students may feel more prepared and have developed greater confidence in intercultural interactions.

Furthermore, students who considered it important to learn patients' cultural characteristics in order to provide care demonstrated higher levels of intercultural sensitivity. In line with this finding, Larsen et al.⁴¹ emphasized the importance of cultural knowledge for nurses, noting that it enhances communication with patients and supports the provision of equitable care. These findings suggest that students who actively seek to understand patients' cultural backgrounds not only demonstrate greater sensitivity but also show a commitment to developing competence in delivering effective, culturally appropriate care.

Limitations

This study included nursing students from only two universities; therefore, the findings cannot be generalized to all nursing students. Additionally, as the data were collected using self-reported measures, responses may be subject to bias.

Conclusion

This study demonstrated that nursing students' intercultural sensitivity levels were above moderate. Higher sensitivity levels were observed among female students, second-year students, and those who were willing to interact with individuals from different cultures or had friends from diverse cultural backgrounds. Students who did not provide care to patients from different cultures in clinical practice and those who had not received intercultural nursing training demonstrated lower levels of intercultural sensitivity. Based on these findings, it is recommended that intercultural sensitivity among nursing students be assessed regularly. Educational content and teaching strategies play a crucial role in enhancing intercultural sensitivity; therefore, diverse educational approaches and practical applications should be incorporated into nursing curricula. Furthermore, qualitative studies are recommended to explore the underlying factors influencing intercultural sensitivity in greater depth and to identify potential regional differences at the national level.

Ethics Committee Approval: The study was approved by the Ankara Yıldırım Beyazıt University Health Sciences Ethics Committee [Approval Number: 09-405, Date: 23.11.2023].

Informed Consent: Written informed consent was obtained from all participants.

Conflict of Interest: The authors have no conflicts of interest to declare.

Funding: The authors declared that this study received no financial support.

Author Contributions: Concept – G.Y., Ö.S.; Design – G.Y., Ö.S.; Supervision – G.Y., Ö.S.; Resource – G.Y., Ö.S.; Materials – G.Y., Ö.S.; Data Collection and/or Processing – G.Y.; Analysis and/or Interpretation – G.Y., Ö.S.; Literature Review – G.Y., Ö.S.; Writing – G.Y., Ö.S.; Critical Review – G.Y., Ö.S.

Peer-review: Externally peer-reviewed.

References

1. The Global Migration Data Portal, 2024. Accessed May 4, 2026. <https://www.migrationdataportal.org/>
2. United Nations High Commissioner for Refugees, 2023. Accessed May 4, 2026. <https://www.unhcr.org/>
3. Taşdelen Baş M, Molu B, Tuna Hİ, Baş İ. The effects of the socio-cultural and economic change of emigrant families on the lives of women and children. *ITOBİAD*. 2017;6(3):1680-1693. Turkish.
4. Kaya Y, Arslan S, Erbaş A, Yaşar BN, Küçükkeleşçe GE. The effect of ethnocentrism and moral sensitivity on intercultural sensitivity in nursing students, descriptive cross-sectional research study. *Nurse Educ Today*. 2021;100:104867. [CrossRef]
5. Aktaş E, Gülçür İ. Suriyelilere Yönelik Toplumsal Kabulü Uyumu Etkileyen Sosyo Ekonomik Faktörler: Mersin İli Mezitli İlçesi Örneği. Paper presented at: 2nd International Congress of Applied Sciences: Migration, Poverty and Employment; September 23-25; 2016. Turkish. Accessed May 4, 2026. https://www.academia.edu/28909597/SUR%C4%B0YEL%C4%B0LERE_Y%C3%96NEL%C4%B0K_TOPLUMSAL_KABUL%C3%9C_UYUMU_ETK%C4%B0LEYEN_SOSYO_EKONOM%C4%B0K_FAKT%C3%96RLER_MERS%C4%B0N%C4%B0L%C4%B0_MEZ%C4%B0TL%C4%B0_%C4%B0L%C3%87ES%C4%B0_C3%96RNE%C4%9E%C4%B0
6. Topçu Ş, Beşer A. Migration and health. *Cumhuriyet Nurs J*. 2006;10(3):37-42. Turkish.
7. Öztürk E, Öztaş D. Transcultural nursing. *BTUJLS*. 2012;1(1):293-300. Turkish.
8. Kılınc M, Uludağ A. The relationship between aggressive behavior and empathic tendency levels of health workers. *Gaziantep Univ J Soc Sci*. 2017;16(3):809-825. Turkish. [CrossRef]
9. Meydanlioğlu A, Arıkan F, Gozum S. Cultural sensitivity levels of university students receiving education in health disciplines. *Adv Health Sci Educ Theory Pract*. 2015;20(5):1195-1204. [CrossRef]
10. Bekar M. Kültürlerarası (Transkültürel) hemşirelik. *Toplum ve Hekim Derg*. 2001;16(2):136-141. Turkish.
11. Tanrıverdi G. Approachs of nurses toward standards off practices for culturally competent care. *EUHFD*. 2015;31(3):37-52.
12. Korkmaz Aslan G, Kartal A, Turan T, Taşdemir-Yiğitoğlu G, Kayan S. Intercultural Sensitivity of University Students Studying At Health-Related Departments and Some Associated Factors. *Florence Nightingale Hemsire Derg*. 2019;27(2):188-200. Turkish. [CrossRef]
13. Kargin M, Çiftçi Çapar M. Determination of Intercultural Sensitivity of Clinical Nurses in a University Hospital. *Türkiye Klinikleri J Nurs Sci*. 2020;12(2):257-262. Turkish. [CrossRef]
14. Dönmez Ç, Aksoy Can A, Vefikuluçay-Yılmaz D. Determining the intercultural sensitivity of nurses: a descriptive and cross-sectional study. *ASBTD*. 2023;3(2):14-25. Turkish. [CrossRef]
15. Yurttaş A, Aras GN. The relationship between intercultural sensitivity levels and empathy levels of nursing students. *JGEHES*. 2020;2(3):117-125. Turkish. [CrossRef]
16. Bilgiç Ş, Şahin İ. Intercultural sensitivity and ethnocentrism levels of nursing students. *SDUJHS*. 2019;10(3):230-236. Turkish.
17. Kabu Hergül F, Gök F, İpiçürük HG. Examination of intercultural sensitivity levels of nursing students. *MAS JAS*. 2022;7(11):228-240. Turkish. [CrossRef]
18. Yiğit Ü, Coşkun S, Alpteker H. The levels of intercultural sensitivity of nursing students and the major problems they face. *ASBTD*. 2021;1(2):92-101. Turkish.
19. Kardas U, Yılmaz Sahin S. Investigation of the relationship between cultural sensitivity and effectiveness levels among nursing students. *Nurse Educ Pract*. 2023;72:103773. [CrossRef]
20. Karadağ Arlı Ş, Bakan AB. The factors affecting compassion and intercultural sensitivity among the surgical nurses. *STED*. 2018;27(4):277-283. Turkish.
21. Tosun B, Sinan Ö. Knowledge, attitudes and prejudices of nursing students about the provision of transcultural nursing care to refugees: A comparative descriptive study. *Nurse Educ Today*. 2020;85:104294. [CrossRef]
22. Chen GM, Starosta W. The development and validation of the intercultural sensitivity scale. *Human Communication*. 2000;3(1):2-14. [CrossRef]
23. Bulduk S, Tosun H, Ardic E. Measurement Properties of Turkish Intercultural Sensitivity Scale Among Nursing Students. *Türkiye Klinikleri J Med Ethics*. 2011;19(1):25-31. Turkish.
24. Dur Ş, Göl İ, Erkin Ö. The effects of nursing students' conscientious intelligence on their cultural sensitivity levels. *Perspect Psychiatr Care*. 2022;58(2):795-803. [CrossRef]
25. Çiftçi B, Aras GN, Yıldız Ö. Examining the correlation between intercultural sensitivity and individualized care perception of nursing students. *Nurse Educ Today*. 2021;102:104937. [CrossRef]
26. Parlar Kılıç S, Sevinç S. The relationship between cultural sensitivity and assertiveness in nursing students from Turkey. *J Transcult Nurs*. 2018;29(4):379-386. [CrossRef]
27. Öner-Yalçın S, Öztürk Çeliktekin M. A descriptive study on intercultural sensitivity of health sciences students. *Lokman Hekim J*. 2022;12(3):658-665. Turkish. [CrossRef]
28. Açı A, Güleven Karabacak B. Determination of nursing students' levels of cultural awareness, intercultural sensitivity, and their perspectives on culturally sensitive nursing care. *J Hum Sci*. 2024;21(2):108-128. Turkish. [CrossRef]
29. Akca A, Ayaz Alkaya S. Determinants of attitudes towards refugees and intercultural sensitivity of nursing students: A descriptive and correlational study. *Nurse Educ Today*. 2023;124:105772. [CrossRef]
30. Beser A, Tekkas Kerman K, Ersin F, Arkan G. The effects of ethnocentrism and some features on intercultural sensitivity in nursing students: A comparative descriptive study. *Nurse Educ Pract*. 2020;1:103180. [CrossRef]
31. Budak F, Karasu F. Examination of the relationship between nursing students' intercultural sensitivity perceptions and clinical leadership characteristics. *JOHMAL*. 2020;1:15-27. Turkish.
32. Suk MH, Oh WO, Im YJ, Cho HH. Mediating Effect of School Nurses' Self Efficacy between Multicultural Attitude and Cultural Sensitivity in Korean Elementary Schools. *Asian Nurs Res (Korean Soc Nurs Sci)*. 2015;9(3):194-199. [CrossRef]
33. Kuru Alici N. Cultural sensitivity and attitudes towards refugees of Turkish nursing students: A cross sectional descriptive study. *IJIR*. 2021;80:1-6. [CrossRef]
34. Şekerçi Gümüş Y. Relationship between Cultural Sensitivity and Self-Determination (Assertiveness) in Nursing Students. *J Educ Res Nurs*. 2021;18(1):24-30. Turkish. [CrossRef]
35. Holm K, Nokelainen P, Tirri K. Relationship of gender and academic achievement to Finnish students' intercultural sensitivity. *High Ability Studies*. 2009;20(2):187-200. [CrossRef]
36. Bulduk S, Usta E, Dinçer Y. Determination of Intercultural Sensitivity and Influencing Factors: An Example of Vocational School of Health. *J DU Health Sci Inst*. 2017;7(2):73-77. Turkish.
37. Ceylan SS, Çetinkaya B. Experience and Cultural Sensitivity Levels of Nursing Students Who Providing Care to Immigrant Patients: A Mix Method Research. *YBH Derg*. 2022;3(2):1-20. Turkish. [CrossRef]
38. Repo H, Vahlberg T, Salminen L, Papadopoulos I, Leino-Kilpi H. The Cultural Competence of Graduating Nursing Students. *J Transcult Nurs*. 2017;28(1):98-107. [CrossRef]
39. Ruddock HC, Turner de S. Developing cultural sensitivity: nursing students' experiences of a study abroad programme. *J Adv Nurs*. 2007;59(4):361-369. [CrossRef]
40. Yılmaz M, Toksoy S, Direk ZD, Bezirgan S, Boylu M. Cultural Sensitivity Among Clinical Nurses: A Descriptive Study. *J Nurs Scholarsh*. 2017;49(2):153-161. [CrossRef]
41. Larsen R, Mangrio E, Persson K. Interpersonal Communication in Transcultural Nursing Care in India: A Descriptive Qualitative Study. *J Transcult Nurs*. 2021;32(4):310-317. [CrossRef]