Evaluation of Cultural Awareness in Nursing Students in Antalya: A Descriptive–Analytic Study

Antalya’da Hemşirelik Öğrencilerinde Kültürel Farkındalığın Değerlendirilmesi: Tanımlayıcı-Analitik Bir Çalışma

ABSTRACT

Objective: The aim of this study is to determine the cultural awareness levels and associated factors in students in Nursing Faculty.

Methods: The research is a descriptive–analytic study type of study. The study participants consisted of third-grade (n = 256) and fourth-grade (n = 196) students enrolled at Akdeniz University Nursing Faculty. For collecting the research data, a “Student Information Form” and the “Cultural Awareness Scale (CAS)” were used.

Results: It was found that 43.0% of the students lived in Antalya for more than 4 years and that those students’ cultural awareness means scores (172.49 ± 30.25) were above average. When the demographic factors related to students’ levels of cultural awareness were examined with logistic regression analysis, it was found that being in the fourth grade (odds ratio: 1.91) and living in Antalya for more than 5 years (odds ratio: 1.95) resulted in an increase in cultural awareness (P < .05).

Conclusion: It was determined that the cultural awareness of the students who took the public health nursing course that covered cultural awareness issues and who lived in Antalya for a long time increased. It was recommended that cultural awareness of students could be developed by adding cultural awareness to the nursing curriculum. The results of this study highlight the importance of assessing cultural awareness levels in order to increase students’ cultural awareness and ensure the satisfaction of individuals receiving nursing care. These results also suggest a future qualitative, longitudinal, mixed-method study to investigate and identify the specific and indirect causes that affect cultural awareness during nursing education.

Keywords: Awareness, culture, education, nursing, students
INTRODUCTION

Due to globalization, increased transport facilities, wars, and migrations, people continually move from one place to another. The fact that people from different cultures continually relocate increases the need for healthcare professionals to act and cooperate with heterogeneous groups. For nurses to be able to provide adequate care to individuals from different cultures, they must possess cultural awareness and cultural competence.

Cultural awareness is one of the important components of the concept of cultural competence. The others are cultural knowledge, cultural sensitivity, cultural skill, cultural proficiency, and dynamicity. Cultural awareness in nursing refers to the development of nurses’ consciousness toward the different values, beliefs, norms, and lifestyles of the individuals that they care for. Individuals who lack cultural awareness may impose their own cultures, beliefs, values, and behavior patterns on other people from different cultures. In cases of misunderstanding and misconception about an individual’s socio-economic status, physical skills, or education level, cultural barriers may appear between the nurse and patient or his/her family. As a result, nurses may have problems while providing care to individuals from different cultures.

Understanding the effects of the cultures of other individuals who are given care may be possible through cultural awareness. Possession of cultural awareness assists individuals in evaluating their prejudices and forms a basis for their respect of others’ beliefs and values. Cultural awareness is a person’s intentional examination of his/her own prejudices against other cultures and in-depth investigation of his/her cultural background. Cultural similarities and differences between patients must be identified, and the effect of culture on health and in the provision of nursing care must be evaluated.

The phenomenon of cultural diversity has emerged due to the annual incremental increase in the number of visitors and migrants from different cultures in many countries of the world. The number of visitors coming to Turkey in 2019 was over 45 million, and during the same year, the number of refugees who came to Turkey exceeded 4 million. Antalya province is receiving the highest number of immigrants in third place in Turkey. Many people from different parts of the world come to this city for tourism, shelter, education, and health. Turkey is a geographical area that has had a cultural heritage and civilization founded by different civilizations since ancient times. Turkish people have a heterogeneous group structure.

In order to provide better health care, nurses need to understand how the cared individual or society perceives and responds to illness and health. Because of this cultural diversity in society, nurses are faced with the difficulties of providing multicultural healthcare service. The provision of healthcare with cultural awareness is defined as a means of reducing inequality in care for defenseless and minority groups. These needs are steadily increasing the importance of cultural awareness in the provision of healthcare and nursing training. Due to the effects of increasing cultural diversity and changes in the provision of healthcare services, the nursing curriculum should be revised with a view to increasing cultural awareness and cultural competence throughout the education system. According to the results of a meta-analysis study, it is argued that cultural competence training will enable cultural awareness and that this awareness will be of benefit to patients. In a study conducted by Halabi and Beer, it was determined that nursing students who frequently encountered different cultures had higher levels of cultural awareness. In a study by Chae et al., it was reported that there was a positive effect of cultural competence on patient outcomes and that there was a need to train nurses to acquire cultural competence by increasing cultural awareness in nursing training. In order to provide quality care and to promote recovery, nurses should have knowledge about the cultural effects of this care and understand how these can be incorporated in their care plans. However, it can be said that in Turkey, the current nursing training curriculum is insufficient for creating cultural awareness in students. Moreover, little is known about nursing students’ levels of cultural awareness or the factors affecting these. Training nurses who possess cultural awareness and empathy and who can plan appropriate interventions directed toward individuals’ needs and without judging them are important in terms of increasing quality of care, improving patient outcomes, and increasing patient satisfaction.

In this study, it was aimed to determine cultural awareness levels and socio-demographic and cultural backgrounds that may be related to cultural awareness in students of the Nursing Faculty at Akdeniz University which received a large number of immigrants in the city of Antalya.

METHODS

Design and Setting
This study used a descriptive-analytic study design. The study participants consisted of third-grade (n = 256) and fourth-grade (n = 196) students enrolled at the Akdeniz University Nursing Faculty. The sample of the study consisted of 251 students who completed the questionnaire form. Since the education continued remotely due to the coronavirus disease 2019 pandemic, the students in this group were not included in the study due to the lack of clinical experience of the first- and second-year nursing faculty students. Following the collection of the data, the post hoc power of the study was calculated using G*Power 3.1 software, and a power value of 0.88 was found (type I error rate α = 0.05; effect size d = 0.2). Criteria for inclusion in the study were (1) being a third- or fourth-year nursing student, (2) ability to communicate in Turkish, (3) not having deferred registration, and (4) willingness to participate in the study.
Instruments
For collecting the research data, a “Student Information Form” and the “Cultural Awareness Scale (CAS)” were used.

Student Information Form: Students’ socio-demographic characteristics (age, grade level, gender, length of time living in Antalya, etc.), cultural backgrounds (foreign language ability, Erasmus experience, having friends, relatives and neighbors from different cultures with whom they were in close interaction, etc.), and questions that evaluated their intercultural perspectives were included in this form, which was created by referring to the literature.22,25-27

Cultural Awareness Scale (CAS): Developed by Rew et al.28 the CAS deals with 5 main areas of cultural awareness and consists of 5 different subscales and 36 items. The 5 subscales of the scale are general educational experience, cognitive awareness, research issues, behaviours/comfort with interactions, and patient care/clinical issues. In the CAS, the responses given by the participants are scored on a Likert-type scale of 1-7 for each item (1 = strongly disagree and 7 = strongly agree). Moreover, the scale also includes reverse-coded items which are worded negatively (items 8, 9, 12, 16, 19, 22, and 36).28 High scores indicate a higher level of cultural awareness. The Turkish validity and reliability study of the CAS were conducted by Iz and Temel.4 The Cronbach’s alpha values for the subscales ranged between 0.66 and 0.87, while a value of 0.91 was calculated for the whole scale. For this study, a Cronbach’s alpha value of 0.91 was determined for the whole scale.

Data Collection
The data were gathered via an online questionnaire from May to June 2020. A total of 251 (55%) students completed the questionnaires.

Data Analysis
For statistical analysis of the data obtained in the study, the Statistical Package for the Social Sciences 23.0 licensed software program (SPSS Inc., Chicago, Ill, USA) was used. Univariate analyses were performed to identify the variables associated with the level of cultural awareness using a t-test and 1-way analysis of variance. In the multivariate analysis, the probable factors identified in the univariate analyses were further subjected to logistic regression analysis to determine the independent

Table 1. Comparison of Levels of Cultural Awareness with Demographic Characteristics (n = 251)

| Demographic Characteristics                        | n   | %    | Cultural Awareness Scores | Analysis |
|---------------------------------------------------|-----|------|---------------------------|----------|
|                                                    |     |      | Mean          | SD       | Statistic | P        |
| **Age (years)**                                   |     |      |               |          |           |          |
| 22 and under                                      | 190 | 74.9 | 172.89        | 30.21    | t = 0.369 | .713     |
| 23 and over                                       | 61  | 25.1 | 171.25        | 30.60    |           |          |
| **Age (mean ± SD)**                               | 251 |      | 21.87         | 1.19     |           |          |
| **Gender**                                        |     |      |               |          |           |          |
| Female                                            | 187 | 74.5 | 175.054       | 28.48    | t = 2.315 | .021*    |
| Male                                              | 64  | 25.5 | 165.000       | 34.07    |           |          |
| **Grade level**                                   |     |      |               |          |           |          |
| 3                                                  | 136 | 54.2 | 166.62        | 30.09    | t = 3.415 | .001*    |
| 4                                                  | 115 | 45.8 | 179.43        | 29.05    |           |          |
| **International student status**                  |     |      |               |          |           |          |
| Yes                                                | 7   | 2.8  | 178.00        | 15.77    | t = 0.488 | .626     |
| No                                                 | 244 | 97.2 | 172.33        | 30.57    |           |          |
| **Place of abode**                                |     |      |               |          |           |          |
| Village/town                                       | 53  | 21.1 | 167.89        | 29.92    | F = 2.201 | .089     |
| District                                           | 79  | 31.5 | 172.73        | 33.63    |           |          |
| City                                               | 31  | 12.4 | 164.13        | 33.79    |           |          |
| Metropolis                                         | 88  | 35.1 | 177.99        | 24.86    |           |          |
| **Length of time living in Antalya (years)**       |     |      |               |          |           |          |
| 4 years or less                                    | 142 | 57.0 | 168.41        | 31.00    | t = −2.498 | .013*    |
| Over 4 years                                       | 108 | 43.0 | 177.97        | 28.59    |           |          |
| **Knowledge of language other than Turkish**       |     |      |               |          |           |          |
| Yes                                                | 107 | 42.6 | 172.49        | 31.046   | t = −0.002 | .999     |
| No                                                 | 144 | 57.4 | 172.49        | 29.75    |           |          |
| **Close interaction with friend or neighbor who is foreign/from a different culture in private life** |     |      |               |          |           |          |
| Yes                                                | 91  | 36.3 | 174.84        | 29.55    | t = 0.926 | .355     |
| No                                                 | 160 | 63.7 | 171.17        | 30.65    |           |          |

*P < .05.
SD, standard deviation.
predictors of cultural awareness levels. Independent variables with $P < .25$ were included in the multivariate logistic regression model. Furthermore, the level of cultural awareness, being a dependent and continuous variable, should be dichotomized to perform a logistic regression analysis. In this study, the mean cultural awareness level of nursing students was found to be 172.49, where a cultural awareness level of 172 and below was evaluated as “below average” and a cultural awareness level of 173 and above was evaluated as “above average.” The Hosmer–Lemeshow goodness-of-fit statistical test was used to evaluate model fit, and a 5% type-I error level was used to reveal statistical significance. The statistical significance level was set at $P < .05$.

Ethical Considerations
This study conformed to the ethical guidelines of the Declaration of Helsinki, and official permission to undertake the research was obtained from the Clinical Research Ethics Committee of University Medical Faculty (approval no. KAEK-362/2020) and from the Faculty of Nursing. Furthermore, information about the study was given to each student participating in the research, and their informed consent was obtained. Participants gave written consent and were informed about the objectives of the study, the possibility of discontinuing work without penalty at any time, and protecting the privacy of personal information.

RESULTS

Demographic Characteristics of Nursing Students
It was determined that the students’ mean age was 21.87 ± 1.19 years (range: 20-30, years), 74.5% of them were female, 45.8% were in the fourth grade, and 21.1% lived in a village. Moreover, it was found that 43.0% of the students had lived in Antalya for more than 4 years, 42.6% of them were able to speak a language other than Turkish, and 36.3% had a friend or neighbor who was foreign or from a different culture, with whom they were in close interaction in their private lives.

Table 2. Comparison of Levels of Cultural Awareness with Cultural Experiences ($n = 251$)

| Cultural Experiences                                                                 | n  | %    | Cultural Awareness Scores | Analysis |
|-------------------------------------------------------------------------------------|----|------|---------------------------|----------|
| Providing healthcare to individuals or families from different cultures during clinical and field experience |    |      | Mean | SD | Statistic | $P$ |
| Yes                                                                                 | 199| 79.3 | 174.68 | 27.79 | $t = 2.271$ | .024* |
| No                                                                                  | 52 | 20.7 | 164.08 | 37.35 |           |      |
| Encountering problems while providing healthcare to individuals or families from different cultures |    |      | 175.36 | 30.41 | $t = 0.558$ | .578 |
| No                                                                                  | 64 | 25.5 | 164.08 | 30.78 |           |      |
| Yes                                                                                 | 130| 74.5 | 172.83 | 29.34 |           |      |
| Degree of satisfaction related to providing healthcare to individuals or families from different cultures |    |      | 175.69 | 30.71 | $t = 1.202$ | .231 |
| No experience of this                                                               | 32 | 12.7 | 167.28 | 35.48 | $F = 2.641$ | .050 |
| Completely dissatisfied-not satisfied                                               | 8  | 3.2  | 162.25 | 40.70 |           |      |
| Undecided                                                                           | 57 | 22.7 | 165.58 | 26.22 |           |      |
| Satisfied-very satisfied                                                             | 154| 61.4 | 176.66 | 29.43 |           |      |
| Feeling competent with regard to providing healthcare to individuals or families from different cultures |    |      | 175.95 | 29.26 | $**F = 11.438$ | .000* |
| Yes                                                                                 | 85 | 33.9 | 175.95 | 31.91 | $F = 1.156$ | .332 |
| No                                                                                  | 166| 66.1 | 170.85 | 29.97 |           |      |
| Having previous awareness of intercultural nursing                                   |    |      | 172.66 | 32.75 | $t = 0.087$ | .947 |
| Yes                                                                                 | 93 | 37.1 | 172.66 | 32.75 |           |      |
| No                                                                                  | 158| 62.9 | 172.39 | 28.79 |           |      |
| Desire to take lessons/courses related to providing healthcare to individuals or families from different cultures |    |      | 175.95 | 29.26 | $**F = 11.438$ | .000* |
| Yes                                                                                 | 188| 74.9 | 175.95 | 29.26 |           |      |
| ***No                                                                               | 16 | 6.4  | 140.19 | 39.13 |           |      |
| Undecided                                                                           | 47 | 18.7 | 169.66 | 23.94 |           |      |
| In which grade should lessons/courses related to providing healthcare to individuals or families from different cultures be given? |    |      | 171.11 | 31.58 | $F = 1.156$ | .332 |
| I                                                                                    | 65 | 25.9 | 171.11 | 31.58 |           |      |
| II                                                                                   | 71 | 28.3 | 175.06 | 27.18 |           |      |
| III                                                                                  | 52 | 20.7 | 171.08 | 31.68 |           |      |
| IV                                                                                    | 24 | 9.6  | 172.75 | 28.43 |           |      |
| It makes no difference                                                               | 30 | 12.0 | 177.77 | 32.53 |           |      |
| I do not wish to take such a course                                                 | 9  | 3.6  | 152.11 | 30.54 |           |      |

* $P < .05$; **Bonferroni test; ***group responsible for significance.
SD, standard deviation.
Comparison of Nursing Students' Levels of Cultural Awareness with Their Demographic Characteristics

The students’ cultural awareness mean scores were 172.49 (standard deviation = 30.25, min: 88, max: 231). When the students’ cultural awareness mean scores were compared with their age, international student status, place of abode, foreign language ability, and close interaction with a friend or neighbor from a different culture in their private lives, no significant differences were determined (P > .05) (Table 1). However, it was found that females, fourth-year students, and students living in Antalya for more than 4 years had higher cultural awareness mean scores (P < .05) (Table 1).

Comparison of Nursing Students' Levels of Cultural Awareness with Their Cultural Experiences

When the students’ cultural awareness mean scores were compared with their cultural experiences, it was determined that cultural awareness mean scores were higher among students offering healthcare to individuals or families from different cultures, those who wished to take lessons/courses related to providing healthcare to individuals or families from different cultures, or who were undecided (P < .05) (Table 2). However, no significant results with cultural awareness mean scores were found for other variables evaluated among cultural experiences (P > .05) (Table 2).

Relationship of Nursing Students' Demographic Characteristics and Cultural Backgrounds with Their Levels of Cultural Awareness

When the students’ demographic characteristics related to their levels of cultural awareness were examined with logistic regression analysis, it was found that levels of cultural awareness were increased by 1.91-fold for those being in the fourth grade and 1.95-fold for those living in Antalya for more than 5 years (P < .05; Table 3). It was found that levels of cultural awareness were not correlated with cultural experiences (P > .05; Table 3).

**DISCUSSION**

In this study, it was found that nursing students’ levels of cultural awareness were above average (mean: 172.5). It was determined that the students’ levels of cultural awareness in this study were higher than those of nursing students (mean: 155.5) in another study conducted in a university located in an area of Turkey that did not receive a large number of immigrants. The fact that the cultural awareness levels of students in this study were higher than those of the students in Iz and Temel’s study can be understood by considering the cultural diversity in Antalya.

### Table 3. Logistic Regression Analysis: Demographic Characteristics and Cultural Experiences That Can Be Associated with Cultural Awareness Mean Scores (n = 251)

| Variable                                                                 | β    | SE    | Wald  | P     | OR    | 95% CI Lower | 95% CI Upper |
|--------------------------------------------------------------------------|------|-------|-------|-------|-------|--------------|--------------|
| **Gender**                                                               |      |       |       |       |       |              |              |
| Male: 1 Female: 0                                                        | 0.466| 0.330 | 1.987 | .159  | 1.593 | 0.834        | 3.043        |
| **Grade level**                                                          |      |       |       |       |       |              |              |
| III: 1 IV: 0                                                             | 0.644| 0.278 | 5.385 | .020* | 1.905 | 1.105        | 3.283        |
| **Length of time living in Antalya (years)**                             |      |       |       |       |       |              |              |
| 4 years and over: 1                                                      | 0.670| 0.283 | 5.600 | .018* | 1.953 | 1.122        | 3.401        |
| Over 5 years: 0                                                          |      |       |       |       |       |              |              |
| **Providing healthcare to individuals or families from different cultures** |      |       |       |       |       |              |              |
| No: 1 Yes: 0                                                             | 0.254| 0.472 | 0.288 | .591  | 1.289 | 0.511        | 3.252        |
| **Degree of satisfaction related to providing healthcare to individuals or families from different cultures** |      |       |       |       |       |              |              |
| Completely dissatisfied-not satisfied: 0                                 | 4.543|       |       | .208  |       |              |              |
| No experience of this: 1                                                 | −0.452| 0.889 | 0.259 | .611  | 0.639 | 0.111        | 3.633        |
| Undecided: 2                                                             | 0.432| 0.796 | 0.295 | .587  | 1.541 | 0.324        | 7.328        |
| Satisfied-very satisfied: 3                                              | 0.273| 0.767 | 0.127 | .722  | 0.761 | 0.169        | 3.419        |
| **Feeling competent with regard to providing healthcare to individuals or families from different cultures** |      |       |       |       |       |              |              |
| No: 1 Yes: 0                                                             | 0.539| 0.307 | 3.077 | .079  | 1.715 | 0.939        | 3.132        |
| **Desire to take lessons/courses related to providing healthcare to individuals or families from different cultures** |      |       |       |       |       |              |              |
| No                                                                       | 3.063|       |       | .216  |       |              |              |
| Yes (1)                                                                  | −0.792| 0.586 | 1.827 | .177  | 0.453 | 0.144        | 1.428        |
| Undecided (2)                                                            | −0.331| 0.643 | 0.265 | .606  | 0.718 | 0.204        | 2.531        |
| **Constant**                                                             | −0.638| 0.973 | 0.430 | .512  | 0.528 |              |              |

X² = 5.095, P = .747

*P < .05.
SE, standard error; OR, odds ratio.
explained by several reasons. Firstly, due to intense immigration in Antalya, the high number of international students at Akdeniz University, and the fact that nursing students at this university frequently encounter individuals with very different cultural backgrounds might have resulted in an increase in their levels of cultural awareness. Moreover, the fact that the subjects of approaches toward different cultures and provision of health services for different cultures were taught in the health sociology and public health nursing courses included in the third- and fourth-grade curricula at the Faculty of Nursing at Akdeniz University can also be considered to have a positive effect on students’ cultural awareness. In other conducted studies, it was also reported that nursing students had a high level of cultural awareness. On the other hand, in a qualitative study examining cultural awareness among nurses involved in the care of Iraqi patients, it was stated that the nurses faced difficulties due to the fact that they were not aware of cultural norms and that they lacked linguistic fluency. It was determined that due to the nurses’ lack of cultural awareness, anger, dissatisfaction, and discord were experienced in the patients they cared for and their families.

**Relationship of Nursing Students’ Demographic Characteristics and Cultural Backgrounds with Their Levels of Cultural Awareness**

When the students’ demographic characteristics were compared with their cultural awareness levels using univariate analyses, significant differences between their cultural awareness mean scores were found only in terms of gender, grade level, and length of time spent living in Antalya. In further analyses, however, it was found that levels of cultural awareness increased only in students in the fourth grade and those who had lived in Antalya for more than 4 years. Similarly, in a study by Licen et al., it was stated that although no statistically significant difference was found, female students had higher levels of cultural awareness than male students. In the same study, different from the results of this study, it was determined that the class level attended by the students did not affect their cultural awareness levels. In a study carried out in Turkey, however, it was found that age was positively correlated with cultural awareness, whereas there was no relationship between gender and cultural awareness. Similar to this study, in a study made by Thornton et al., it was found that students’ gender and age were not related to their levels of cultural awareness. In a study conducted in Sweden, it was found that nursing students’ lack of experience of living abroad was not correlated with their levels of cultural awareness. In this study, the finding of a positive relationship between period of time spent living in Antalya and cultural awareness might be because students had the opportunity to make contact with people from different cultures due to the fact that the tourist city of Antalya had a cosmopolitan social structure.

In the study, significant differences were found between cultural awareness mean scores depending on whether nursing students provided healthcare to individuals and families from different cultures during their clinical and field experience and on whether they wished to take lessons or courses related to the provision of healthcare to individuals or families from different cultures. In further analyses, no significant difference was found between students’ levels of cultural awareness and their cultural experiences. In contrast, in a study by Rew et al., it was found that cultural awareness scores (comfort and patient care subscale scores) were significantly lower among students who felt uncomfortable about providing healthcare to a patient from a different culture. In another study by Hultsjö et al., however, it was concluded that in order to develop cultural awareness in nursing students, theory-based education alone would not be sufficient and that it was important to offer healthcare to individuals from different cultures. In a qualitative study by Lin et al., it was emphasized that nurses who had experienced different cultural situations behaved more tolerantly toward individuals from different cultures, that they learned how to give appropriate care to patients in a cultural sense, and that as a result of this situation, the quality of care increased. In a meta-analysis study, it was stressed that training aimed at increasing cultural competence that is given to professional nurses and nursing students is of potential benefit to individuals who provide healthcare. In a study carried out in Turkey, 91% of students taking the intercultural nursing course stated that the course contributed to the interaction between culture and health, 62% of them reported that prior to taking the course, they had not taken the patient’s culture into consideration or had been unaware of the situation, and 93% of them stated that after taking the course, they paid attention to the culture of the patients they cared for. In this study, the fact that no relationship was found between students’ cultural experiences and their levels of cultural awareness revealed the importance of socio-demographic factors.

As a result, it was found that nursing students’ levels of cultural awareness were above average and that the importance of cultural awareness in nursing training was understood. In the study, it was also found that levels of cultural awareness were higher in final year students taking the public health nursing and health sociology courses, in which the subjects of cultural competence and cultural awareness were included, and in students who had lived in Antalya for longer periods. These findings reveal the need for training that is planned toward increasing cultural awareness in nursing students to be included and standardized in curriculum courses starting from the first grade. The study emphasizes the importance of evaluating cultural awareness levels in order to increase students’ cultural awareness and to ensure the satisfaction of individuals receiving nursing care. In line with the results of this study, it proposes future qualitative and mixed-method studies to investigate and determine the specific and indirect reasons that affect cultural awareness during nursing education.

**Limitations of the Study**

The limitation of this study is the fact that first- and second-grade students were not included in the research. It is recommended that all grade levels are included in future studies and that comparative studies are conducted in nursing schools in different regions.

**Ethics Committee Approval:** Ethical committee approval was received from the Ethics Committee of Akdeniz University (Approval Date: 28.05.2020, No: KAEEK-362).

**Informed Consent:** Written informed consent was obtained from all participants who participated in this study.

**Peer-review:** Externally peer-reviewed.

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