Intercultural Empathy of Foreign Nurses on Patients' Safety

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Abstract: This research identified the intercultural empathy of foreign nurses for patients' safety among selected nurses in Dhahran Al Janoub General Hospital in Abha, Saudi Arabia, and presented programs to improve patient safety using the descriptive-correlation method with the aid of questionnaires distributed among the thirty randomly selected Filipino, Indian, Sudanese and Saudi Arabian respondent nurses using English as the medium language. This study determined the intercultural empathy of foreign nurses for patients' safety wherein most of the respondent nurses belong to the age bracket 41 and above, are female-dominated, married, baccalaureate degree holders, and have five years and below in the service as nurses. The intercultural empathy of foreign nurses for patients' safety as perceived by the nurses is 4.48, described as "High." This result can be attributed to behavioral, emotional, relational, and cognitive factors. There are also no significant differences in the intercultural empathy of foreign nurses for patients' safety as perceived by nurses across their profile variables. There are, as well, no significant relationships between the intercultural empathy of foreign nurses on patients' safety as perceived by the nurses and their profile variables. Based on the salient findings, conclusions were drawn, and recommendations were made to propose intervention programs to mitigate clinical errors and improve the quality of healthcare given to patients considering the intercultural empathy of foreign nurses for patients' safety at all costs.

Keywords: Multicultural, foreign, intercultural empathy, patient safety

1. Introduction

Effective communication is imperative in clinical settings to understand patients' health care needs, ensure safety, and provide improved healthcare quality. It is bidirectional between the patients and the health care systems. Suppose either the patient or the health care provider lacks a clear understanding of the information conveyed. In that case, the compromised care delivery since multicultural diversity and language barriers are significant in ensuring patient safety in clinical interventions. Thus, this study will identify the factors that impact clinical settings on the effects of multicultural diversity on patient safety to improve communication and avoid inconsistent assessments for patients.

The diversity of multicultural societies results from the coexistence of different ethnic groups in the same country or region; the differences between and within the same groups or areas; the growth of migration flows; the social class, education, gender, language, age, religion, and family structure. In Latin America, indigenous people of different ethnic origins, afro descendants, mulattos, people of mixed heritage, European, and Asians live together with five official languages spoken, which are Spanish, Portuguese, French, English, and Guaraní, and 420 indigenous languages belonging to 99 linguistic families. For this reason, "Latinos" cannot only be described as a homogeneous cultural group. Their cultural diversity must also be taken into account.

This cultural diversity confronts the health area with particular demands to cope with the inequalities,promote services by the cultural singularity and overcome the focused delivery of high-quality care. Another critical strategy used to enhance the impact of culturally competent interventions is to consider families' preferences. This reflects an understanding of the beliefs and traditions and considers the ethnic, cultural, and socioeconomic plurality of the multicultural groups. Therefore, health professionals need to feel committed to delivering diversely competent care, which turns into a critical and essential factor in health care provision to families of all racial, ethnic, and cultural origins. Nevertheless, putting such actions into practice remains demanding due to barriers associated with personal and contextual factors that can facilitate or impede the care (Murcia et al., 2016).

Boylen et al. (2017) cited that worldwide migration has increased by 50% over the last decade. Wasserman et al. (2014) mentioned that the United States was one of the countries with the most significant number of immigrants. And nearly 25 million people in the U.S. have limited English proficiency (LEP), as reported by the U.S. Census Bureau. Therefore, effective communication with an LEP patient becomes vital in providing effective quality care. The root cause of the 59% of serious adverse events was communication errors, as stated in the Joint Commission (Wasserman et al., 2014). Language differences between healthcare providers and patients may cause a higher prevalence of adverse events (Montie et al., 2016). An analysis in the hospital settings revealed that 49.1% of LEP patients endure physical harm, compared to 29.5% of English-speaking patients (Hu, 2018). Communication is the key to providing safe patient care in the healthcare setting as it facilitates a transparent exchange of information between the patients and the healthcare providers. Patients with language differences may struggle to express their pain level and explain their chief complaints and themselves. As a result, LEP patients are at higher risk for complications because of poor comprehension of increased medication errors, inaccurate assessment, and poor treatment and follow-up compliance (Ali & Johnson, 2017).

Theoretical/Conceptual Framework

The study drew on Trevisani's Four-Level Model of Intercultural Empathy. Trevisani (2005) explained that intercultural empathy is the ability to perceive the world as perceived by a culture different from the subject's own. Empathy interculturally regards various issues, such as the approach to the perception of time (deadlines, temporal

precision, perspective time), ways of negotiating with people from different cultures and organizations, and integrating all possible differences in the styles of communication due to the cultural differences. The literature differentiates four levels of empathy, identified by the Italian researcher Trevisani (2005) that examines the dimensions useful for applying empathic component in the intercultural setting:
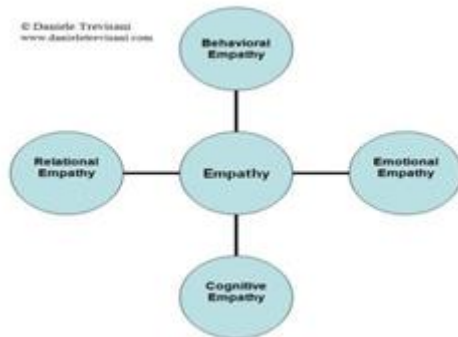

Figure 1: Trevisani's four-level model of intercultural empathy

The model originated from Intercultural Research conducted by Dr. Daniele Trevisani to identify specific "layers" of empathy beyond the personal cultural domain. Each person interprets and feels one or more parts of the other involved in the relationship. Fundamentally, the higher our level of understanding, the more effective we can be in generating the desired response (behavioral or psychological) in others. The four levels of empathy are the following:

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Behavioral empathy. It understands the behavior of a different culture and its causes, the ability to understand why the behavior is adopted, and the chains of related behaviors.

Emotional empathy. Being able to feel the emotions experienced by others, even in cultures different from one's own, to understand what emotions the culturally diverse person feels (which emotion is flowing), of which intensity, which is the emotional lives, and how emotions are associated to people, objects, events, situations, in private or public aspects of different cultures.

Relational empathy. Understanding the map of the relations of the subject and its affective value in the culture of belonging, to understand with whom the matter relates, whether voluntarily or compulsorily, who has to deal with that subject to decide, in work or life, what is his map of "significant others, "the referents, the interlocutors, "other relevant "and influencers like friends or enemies affecting their decisions personally or professionally.

Cognitive empathy. Understanding the cognitive prototypes active in a given moment in a particular culture in a single person, the beliefs that generate the visible values, ideologies underlying behaviors, identifying the mental structures that

the individuals own and which parts are culturally-depending" (Trevisani, 2005).

Once accomplished the task of understanding, strategic empathy becomes a tool for cultural intervention on the "memetic structure" of a different culture, to obtain changes (learning or strategic changes), intercultural understanding from the counterpart, and obtain a deeper understanding of our cultural side. Intercultural Persuasion requires a deep understanding of the four factors in Trevisani's model. If not achieved, intercultural persuasion will base on "inward-oriented selfish cultural models" that can generate boomerang effects rather than effectiveness. It also becomes possible to build a "Reverse Engineering": understand how individual emotional states are influenced by the culture of origin and attempt to make interventions that can bring back the control to the individual removing the cultural chains that restrict the individual into a "cultural prison."

Concenptual Paradigm

The paradigm represented the flow of this research study from the initial to the final phase. It is categorized into Input, Process, and the final stage, Output, which includes the proposed Skills Training Program for Foreign Nurses to enhance their Empathy Skills and provide a better quality of care for patients' safety in consideration of intercultural empathy.

For the Input, it contains mainly the main problem in determining the demographic profile of the respondent nurses as regards to age, sex, civil status, highest educational attainment, and the number of years in service, as well as the perceptions of the foreign nurses in the intercultural empathy on patients' safety along with behavioral empathy, emotional empathy, relational empathy, and cognitive empathy.

The Process includes the instruments used by the researcher, which provides for Data Collection with Questionnaires and Data Analysis.

At the end of this research, the Output proposed intercultural empathy skills training program that will improve patients' safety among foreign nurses was crafted and recommended.
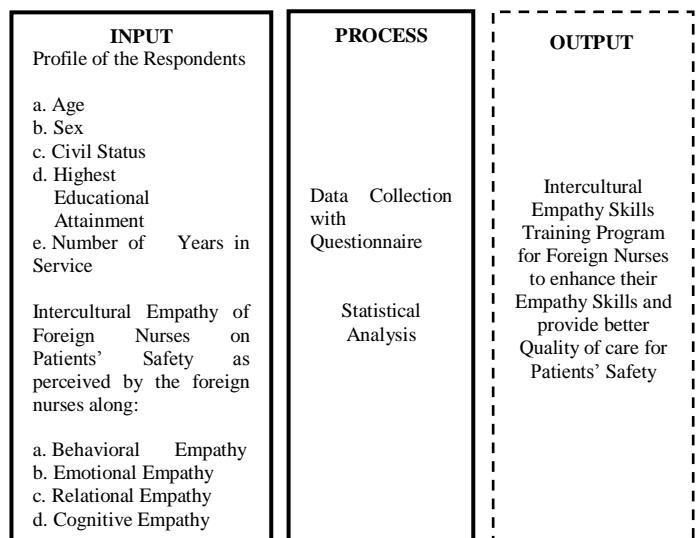
The Paradigm of the Study

INPUT	PROCESS	OUTPUT
Profile of the Respondents a. Age b. Sex c. Civil Status d. Highest Educational Attainment e. Number of Years in Service Intercultural Empathy of Foreign Nurses on Patients' Safety as perceived by the foreign nurses along: a. Behavioral Empathy b. Emotional Empathy c. Relational Empathy d. Cognitive Empathy	Data Collection with Questionnaire Statistical Analysis	Intercultural Empathy Skills Training Program for Foreign Nurses to enhance their Empathy Skills and provide better Quality of care for Patients' Safety

Figure 2: A paradigm shows the input, process, and output variables of the study.

Empathy

The concept of empathy has piqued the curiosity of many researchers in the nursing field. Empathy is a vicarious emotional reaction to other people's perceived emotional experiences (Mehrabian & Epstein, 1972).

It refers to understanding other people's emotional makeup and appropriately treating them based on their emotional replies. This skill necessitates a circular reaction in which one examines one's sentiments and those of others, resulting in the recognition, identification, and experience of others' feelings and needs (Ioannidou & Konstantikaki, 2008; Rouhani, 2008).

In this way, empathy is one of the essential abilities that psychiatric nurses must master. The attitude allows the nurse to notice and comprehend the significance and relevance of the patients' feelings and ideas and reflect that understanding on them (Townsend, 2008; Videbeck, 2004; Williams & Stickley, 2010). Being able to put themselves in the patients' shoes does not imply that the nurse has shared the patient's experiences, i.e., sympathizing. Nonetheless, the nurse can imagine the patient's thoughts about the incident by listening and perceiving the relevance of the circumstance to the patient (Videbeck, 2004).

Empathy's importance in therapeutic interpersonal connections is widely acknowledged (Alligood, 2005; Townsend, 2008; Videbeck, 2004). When empathy occurs, both the patient and the nurse contribute a "gift of self": the patient by feeling comfortable enough to communicate feelings and the nurse by listening carefully enough to comprehend (Kunyk, & Olson, 2001; Townsend, 2008; Videbeck, 2004). Because the interaction between nurses and patients is essentially a beneficial relationship, empathy is an essential component of the process that can boost its effectiveness and strength (Ozcan, Oflaz, & Cicek, 2010; Williams & Stickley, 2010). It's also an important communication skill essential to a patient-centered care connection. With such compassion, nurses can create a trusting environment by understanding the cause and meaning of patients' responses to treatments and health problems, and promote positive health outcomes such as reduced patient discomfort, anxiety, and depression, and a greater likelihood of recognizing patients' needs. (Videbeck, 2004; Yu & Kirk, 2009).

Statement of the Problem

This study determined the intercultural empathy of foreign nurses on patients' safety.

In particular, this study should answer the following questions:
1. What is the respondents' profile in terms of?
   a. age;
   b. sex;
   c. civil status;
   d. highest educational attainment; and
   e. the number of years in service?
2. What are the perceptions of the foreign nurses in the intercultural empathy on patients' safety along:
   a. behavioral empathy;
   b. emotional empathy;
   c. relational empathy; and
   d. cognitive empathy?
3. Are there significant differences in the intercultural empathy on patients' safety as perceived by the foreign nurses across their profile variables?
4. Are there significant relationships between the intercultural empathy on patients' safety as perceived by foreign nurses and their profile variables?
5. What are the proposed intercultural empathy skills training programs to improve patients' safety among foreign nurses?

Research Hypothesis

At a significance level of 0.05, the researcher tested the following in their null form in this study.
1. There is a significant difference in the intercultural empathy on patients' safety as foreign nurses perceived across the profile variables.
2. There is a significant relationship between the intercultural empathy on patients' safety as perceived by foreign nurses and the profile variables.

2. Methodology

The researcher used a descriptive-correlation method of research in this study. According to Calderon (2012), descriptive analysis involves describing, recording, analyzing, and interpreting the present nature, composition, or processes of phenomena that focus on prevailing conditions or how a person, group, or thing behaves or functions in the present. It often involves some comparison or contrast. Further, according to Best and Khan (2009), descriptive research concerns conditions or relationships that exist, practices that prevail, processes that are going or effects felt, or developing trends. This research method involves some comparison or contrast and attempts to discover relationships between existing variables.

This study adopted the descriptive method to determine and analyze the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses. The statistical analysis results were the basis of inferences, conclusions, and recommendations.

Population and Locale of the Study

The subject of the study was the thirty (30) selected Filipino, Indian, Sudanese, and Saudi Arabian staff nurses of Dhahran Al Janoub General Hospital in Abha, Kingdom of Saudi Arabia. The researcher used purposive sampling to acquire the sample of the study, wherein the researcher purely relies on their judgment when choosing the members of the respondent who will participate in the study. This method is also known as the non-probability sampling method. This sampling method is appropriate for this study because the decision to have respondents participate is based on the researcher's assessment of the specific sample population.

Data Gathering Tools

The researcher utilized a questionnaire checklist instrument specifically made for the study based on the constructed problems. It aimed to provide information about the impact of multicultural diversity on patient safety from the perspective of nursing staff.

The questionnaire checklist consisted of two parts. Part I elicited the background information on the profile of the respondents, namely age, sex, civil status, highest

educational attainment, and several years in service. Part II is on the intercultural empathy of foreign nurses on patients' safety along behavioral, emotional, relational, and cognitive. Experts in the field of research, such as research professors and faculty members familiar with the study, validated the set of questionnaires.

Data Gathering Procedure

Before data gathering, the researcher obtained the permission of the Hospital Director of the hospital through the Nursing Director. To gain access to the respondents, the researcher also asked for the consent of the participants and the institution involved in the survey and ensured all participants' permission and participation by securing a letter of approval in conducting the said activity for that particular activity locale. Then, she completed the survey and observation that would start from the distribution of survey tools up to their retrieval. The raw data were tabulated, analyzed, and interpreted.

Treatment of Data

The researcher utilized the following statistical tools to answer the specific problems of the study.

To determine the profile of the respondent nurses, namely age, sex, civil status, highest educational attainment, and the number of years in service, the researcher used frequency counts and percentages. Each profile variable was categorized and assigned with a corresponding numerical value to facilitate the computation.

To answer Problem No. 2 to quantify the intercultural empathy of foreign nurses on patients' safety as perceived by foreign nurses, the researcher used the average weighted mean to gather the data. The researcher also used the following five-point rating scale to interpret the result.

Statistical Range	Descriptive Equivalent	Transmuted Equivalent
4.50 – 5.00	Always	Very High
3.50 – 4.49	Often	High
2.50 – 3.49	Sometimes	Moderately High
1.50 – 2.49	Seldom	Slightly High
1.00 – 1.49	Never	Not High

For Problem No. 3, the researcher utilized Analysis of Variance (ANOVA) and t-test to evaluate significant differences in the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses across their profile variables.

To answer Problem No. 4 on determining the relationship between the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses and the profile variables, the researcher used the Coded Pearson Product Correlation.

3. Results and Discussion

This portion shows the presentation, analysis, and interpretation of data gathered in this study. Its purpose is to answer the problems raised and clarify the formulated research hypothesis.

Profile of Respondents

The respondents' profile is to provide and describe background information about them as subjects of the study, specifically in terms of age, sex, civil status, highest

educational attainment, and several years of service as a nurse.

Table 1 presents the profile of the respondents.

***Table 1**. Profile of the respondents*

Profile Variables	Variable Category	Frequency	Percentage
Age	21-25	1	3.3
	26-35	11	36.7
	36-40	6	20.0
	41-above	12	40.0
Sex	Male	2	6.7
	Female	28	93.3
Civil Status	Single	8	26.7
	Married	20	66.7
	Widow/er	1	3.3
	Separated	1	3.3
Highest Educational Attainment	College Graduate	17	56.7
	MAN Units	10	33.3
	MAN Degree Holder	3	10.0
Number of Years in Service	5 years-below	17	56.7
	11-15 years	3	10.0
	16 years-above	10	33.3

Age. It is noted, based on the table, that most of the respondents belonged to the age bracket 41 and above is 12 or 40 percent, while the rest belonged to the age bracket 26-35 that is 11 or 36.7 percent, 6 or 20 percent belonged to the age bracket 36-40, and 1 or 3.3 percent belongs to the age bracket 21-25 years old. These results mean that most of the respondent nurses were just in their prime age of maturity, suited for active and effective delivery of health services in the hospitals.

Sex. The same table shows that more females are 28 or 93.3 percent while 2 or 6.7 percent are males. This result means that the male group of respondents outnumbered the female group considering that nursing is a female-dominated profession, as observed in different hospitals in the country and even in the world.

Civil Status. The table showed that 20 or 66.7 were married, 8 or 26.7 percent were single, while 1 or 3.3 percent were widows or widowers and separated. These results entail that the majority of the respondents were married. At a certain point, the status of being married, having a family, and enjoying a stable life is a source of feeling secure, self-fulfillment, and inspiration in life, as in this case. Marital status can also be considered contributory to good work performance.

Highest Educational Attainment. As reflected in the table, 17 or 56.7 were baccalaureate graduates, 10 or 33.3 percent have earned their MAN units, while 3 or 10 percent were MAN degree holders. These numbers mean that the respondents were very conscientious in pursuing their professional development. They also regarded education as a continuous learning process where they could acquire knowledge, skills, and competencies essential for their professional growth.

Number of Years as a Nurse. Based on the table, the highest result was in the group 5 years and below, with a frequency of 17 or 56.7 percent, 3 or 10 percent have 11-15 years of service, and 10 or 33.3 percent have 10 years and above years of service.

It can imply that the result of the study showed a newer breed of nurses. Thus, this may indicate that young nurses are hand in hand enjoying their profession with the old ones in the service, thus acquiring some skills in nursing. Based on the general knowledge that experience makes the best nurses and that there were many more things to learn, young nurses in the service were trying their best to grow professionally and personally to become the best version of themselves in dealing with the patients.

Intercultural Empathy of Foreign Nurses on Patient Safety as Perceived by the Foreign Nurses

This portion presents the intercultural empathy of foreign nurses on patient safety as perceived by the foreign nurses, along with behavioral, emotional, relational, and cognitive empathy.

Table 2 presents the intercultural empathy of foreign nurses on patient safety as perceived by the foreign nurses, along with behavioral empathy.

As revealed in the table, the intercultural empathy of foreign nurses on patient safety as perceived by the foreign nurses along with behavioral empathy had an overall weighted mean of 4.44, denoting a transmuted rating of "High." Of the ten (10) indicators, eight (8) obtained a weighted mean equivalent of "High" while two (2) were rated "Very High." Of these, indicator 10, "I exhibit empathy in delivering care to the patients concerning their cultural beliefs," got the highest weighted mean of 4.57, while indicator 6, "I respect the decision made by the patient and family members in addressing the patients' health care needs" obtained the lowest mean of 4.33 although it has a transmuted rating of "High."

The said result interpreted that foreign nurses respect multicultural diversity among their patients. They always embrace carrying out their care for their patient regardless of their race and ethnicity. As such, they always consider promoting equality and diversity in addressing the patients' health care and needs.

Table 2. *Intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses along with behavioral empathy.*

A. Behavioral Empathy	WM	TR
1. I focus on the delivery of care to promote equality and diversity.	4.40	H
2. I attend to clients' preferences to promote individual health care.	4.40	H
3. I carry out delivery of cultural care to the client concerning their race, ethnicity, and belief.	4.47	H
4. I respect the patient's predisposition to rendering care related to his needs.	4.53	VH
5. I focus on the delivery of care to promote equality and diversity.	4.40	H
6. I attend to clients' preferences to promote individual health care.	4.40	H
7. I carry out delivery of cultural care to the client concerning their race, ethnicity, and belief.	4.47	H
8. I respect the patient's predisposition to rendering care related to his needs.	4.53	VH
9. I make sure that the patient's call is immediately attended to.	4.40	H
10. I respect the decision made by the patient and family members in addressing the patient's health care needs.	4.33	H
11. I collaborate and involve another multidisciplinary team to have a holistic approach to the patients and promote a quality health care service.	4.43	H
12. I make sure that proper documentation is followed and implemented in the care plan for the continuity of care regardless of multicultural diversity among nurses.	4.43	H
13. I value and respect patients' privacy, rights and dignity in their care at any time.	4.47	H
14. I exhibit empathy in delivering care to patients concerning their cultural beliefs.	4.57	VH
OWM	4.44	H

Legend:

Mean Score Range	Descriptive Equivalent	Transmuted Rating
4.50-5.00	Always	Very High (H)
3.50-4.49	Often	High (H)
2.50-3.49	Sometimes	Moderately High (MH)
1.50-2.49	Seldom	Slightly High (SH)
1.00-1.49	Never	Not High (NH)

On the other hand, showing respect to the decision made by the patient and family members in an address to the patient health care needs to obtain the lowest mean considering that there are some rules and restrictions to be followed in the hospital to ensure patient safety and prevent patients from signing Discharge Against Medical Advice (DAMA) form to avoid further injury which the foreign nurses might perceive to be sensitive, hence the rating.

In the same vein, Bentacourt (2019) emphasized that valuing and respecting patients' privacy, rights, and dignity in their care at any time means respecting the patients' predisposition in rendering care related to their needs. It is one way of attending to clients' preferences to promote an individual's health care.

Table 3 shows the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses, along with emotional empathy.

Table 3. Intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses along with emotional empathy

Emotional Empathy	WM	TR
1. I always consider the patients' emotional state before, during, and after rendering any care.	4.33	H
2. I practice good therapeutic communication and relation with the patients for their safety and satisfaction.	4.47	H
3. I consider pain, fear, and anxiety as subjective issues and must be dealt with accordingly.	4.63	VH
4. I listen attentively whenever the patients express their pains, fears, and anxieties.	4.53	VH
5. I see to it that I express understanding and patience towards the patients and deal with them professionally whenever they express anger and irritation or annoyance.	4.43	H
6. I allot time learning their culture and language to understand and communicate properly.	4.57	VH
7. I respond to their needs immediately as much as possible to prevent them from thinking that I am taking them for granted or ignoring them.	4.50	VH
8. I provide nursing interventions and procedures according to their needs, culture, and practices.	4.50	VH
9. I respect their personal opinions and view according to their needs and health.	4.70	VH
10. I give emotional support and counseling whenever they feel hopeless and sympathetic due to their illness or condition.	4.87	VH
OWM	4.55	VH

Legend:

Mean Score Range	Descriptive Equivalent	Transmuted Rating
4.50-5.00	Always	Very High (H)
3.50-4.49	Often	High (H)
2.50-3.49	Sometimes	Moderately High (MH)
1.50-2.49	Seldom	Slightly High (SH)
1.00-1.49	Never	Not High (NH)

As gleaned in the table, the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses along with emotional empathy obtained an overall weighted mean of 4.55, described as "Very High." Seven (7) of the ten (10) indicators were rates "Very High," with weighted means that range from 4.50 to 4.87. The interpretation is that the respondent foreign nurses have a very high perception of the intercultural empathy on patient safety along with emotional empathy, considering that they express their understanding and patience towards their patients and deal with them when they are angry, irritable, and annoying. Through this kind of behavior, they were able to respond to the needs of their patients, preventing them from thinking that they were being ignored or taken for granted.

Further, their very high perceptions in this area can also be attributed to their capability to give emotional support and counseling whenever the patients feel hopeless and sympathetic due to their sickness.

Cleg (2003) found that nurses who have a positive attitude in dealing with their patients regardless of their ethnicity can provide nursing care interventions and procedures according to the needs of their patients regardless of their culture and ethnicity.

Table 4 shows the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses along with relational empathy.

The table revealed that the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses along with relational empathy obtained an overall weighted mean of 4.44, denoting a transmuted rating of "High." Eight (8) indicators were rated "High: with weighted means that range from 4.17 to 4.47, while two (2) indicators have a transmuted rating of "Very High" with weighted means of 4.67 and 4.73, respectively. This can indicate that the overall transmuted rating of "High" along with relational empathy attributed to the foreign nurses' perceptions of the essential factors in dealing with a patient of multicultural background. Having this kind of thinking, they can quickly put more effort into communicating with patients' families to confront the external barriers to avoid health disparity. Aside from this, they can practice self-control concerning the attributes of their patients to prevent misunderstanding and disagreement.

Table 4. Intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses along with relational empathy.

Relational Empathy	WM	TR
1. I overcome the language barrier to continuously acquire opportunities in the provision of quality health care.	4.17	H
2. I put more effort into communicating with the patients' families to confront the external barriers to avoid health disparity.	4.33	H
3. I value multiculturally sensitive communication related to interactions between clinicians, patients, and families.	4.40	H
4. I put self-awareness of their own cultural beliefs and values to have effective interaction.	4.47	H
5. I respect others' language and dialect and observe communication manners with the patients and colleagues.	4.37	H
6. I practice self-control about their attitudes and practices to avoid misunderstanding and disagreement for both nurse and patient.	4.73	VH
7. I attend and listen carefully to understand the conversation with others who are not fluent in English.	4.37	H
8. I take responsibility for disclosing personal issues against patients and colleagues.	4.40	H

1. I respect the client's cultural values and attitudes towards communication to avoid conflicts.	4.67	VH
2. I respect clients' understanding and comprehension during communication.	4.47	H
OWM	4.44	H

Further, the nurses also value culturally sensitive communications related to clinicians, patients, and families.

Campinha (2003) found out that nurses who give importance to the discussions made by the patients and their family members about their health concerning their culture can promote patients' health care and reasonable approach and empathy to the patients.

Table 5 shows the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses along with cognitive empathy.

As shown in the table, the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses along with cognitive empathy obtained an overall weighted mean of 4.49 and indicative of a "High" transmuted rating. Of ten (10) indicators, five (5) were rated "Very High," with weighted means that range from 4.50 to 4.57, while the other five (5) indicators had a transmuted rating of "High," having weighted means that range from 4.33 to 4.47.

Table 5. *Intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses along with cognitive empathy.*

Cognitive Empathy	WM	TR
1. I attend to the patient's preferences to promote the individual's health care	4.60	VH
2. I express understanding and patience towards the client whenever I render care.	4.60	VH
3. I give importance to the decisions made by the patients and their family members about their health concerning their culture.	4.33	H
4. I ensure to continuously learn their culture and language to overcome communication barriers and provide quality care.	4.37	H
5. I practice self-control whenever there are disagreements or whenever the patient gets angry or irritated to prevent disputes.	4.47	H
6. I listen carefully and attentively to what the patient is trying to say or express to understand properly what they are asking	4.40	H
7. I acknowledge their cultural beliefs and values and see to it that I am cautious with my actions to prevent offending them.	4.47	H
8. I am aware of the consequences that might arise whenever I act without considering their cultural practices.	4.53	VH
9. I see to it that I am knowledgeable about all the nursing procedures based on the protocol of the health facility with a good approach and empathy to the patient.	4.57	VH
10. I attend seminars and training to be more knowledgeable about the job I am supposed to do, considering their culture.	4.57	VH
OWM	4.49	H

Legend:

Mean Score Range	Descriptive Equivalent	Transmuted Rating
4.50-5.00	Always	Very High (H)
3.50-4.49	Often	High (H)
2.50-3.49	Sometimes	Moderately High (MH)
1.50-2.49	Seldom	Slightly High (SH)
1.00-1.49	Never	Not High (NH)

Legend:

Mean Score Range	Descriptive Equivalent	Transmuted Rating
4.50-5.00	Always	Very High (H)
3.50-4.49	Often	High (H)
2.50-3.49	Sometimes	Moderately High (MH)
1.50-2.49	Seldom	Slightly High (SH)
1.00-1.49	Never	Not High (NH)

The findings indicate that the "High" intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses, along with cognitive empathy, can be attributed to the nurse's knowledge of acknowledging patients' cultural beliefs and values to overcome indifference. In this case, nurses can listen carefully and attentively to what the patient is trying to say or express to understand their needs properly. Likewise, they are also known for nursing procedures based on the protocols of health facilities with a good approach and empathy to the patients. Meuter et al. (2015) observed that nurses who put more effort into communicating with the patients and their families could respect patients' cultural values and attitudes, avoiding conflicts; thus, a harmonious relationship between the nurses and the patients and their families. Table 6 presents the summary of the intercultural empathy of foreign nurses on patient safety as perceived by the foreign nurses, along with behavioral, emotional, relational, and cognitive empathy.

Table 6. *Summary of the intercultural empathy of foreign nurses on patients' safety.*

Indicators	WM	TR
1. Behavioral	4.44	H
2. Emotional	4.55	VH
3. Relational	4.44	H
4. Cognitive	4.49	H
OWM	4.48	H

Legend:

Mean Score Range	Descriptive Equivalent	Transmuted Rating
4.50-5.00	Always	Very High (H)
3.50-4.49	Often	High (H)
2.50-3.49	Sometimes	Moderately High (MH)
1.50-2.49	Seldom	Slightly High (SH)
1.00-1.49	Never	Not High (NH)

As observed in the table, the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses obtained a grand overall weighted mean of 4.48, described as "High." This result indicates that nurses' perceptions of the intercultural empathy of foreign nurses among patients' safety attributed to their positive behavior in dealing with patients' ethnicity and culture, paving the way for addressing the needs of the patients by treating and providing them with equal opportunities. In this case, nurses can positively interact with the patients and their families. Through this, they can disclose personal issues that could help them improve their clinical approach in supporting the needs of their patients while ensuring their safety.

Summary of ANOVA Results for Mean Differences in the Intercultural Empathy of Foreign Nurses on Patients Safety as Perceived by the Foreign Nurses

Tables 7.1 and 7.2 show the summary of ANOVA and t-test results for the mean difference in the intercultural empathy of foreign on patients' safety as perceived by the foreign nurses across their profile variables. Based on the summary table of ANOVA and t-test, the mean differences in the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses across the profile variables are clearly stated. Generally, the table shows that the data do not indicate differences in the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses except in the profile variable, the number of years of service as a nurse. Hence, the null hypothesis, which states that there are no significant differences in the intercultural empathy of foreign nurses on patients' safety, is accepted at a .05 level of significance which imply that the respondent foreign nurses do not vary or they are comparable in their perceptions on the intercultural empathy on patients' safety when grouped according to age, sex, civil status, and highest educational attainment.

Table 7.1. Summary of ANOVA results for the mean difference in the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses across their profile variables

Profile Variables	Sources of Variation	Sum of Squares	df	Mean Square	F	Sig.
Age	Between Groups	1.425	3	.475	1.276	.303
	Within Groups	9.677	26	.372		
	Total	11.102	29			

Table 7.2. T-test results for the mean difference in the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses across sex.

	Levene's Test for Equality of Variances		t-test for Equality of Means						95% Confidence Interval of the Difference	
	F	Sig.	t	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference		Lower	Upper
Equal variances assumed	3.609	.068	.072	28	.943	.03304	.46084		-.91095	.97702
Equal variances not assumed			.252	20.736	.803	.03304	.13106		-.23972	.30580

		Sum of Squares	df	Mean Square	F	Sig.
Highest Educational Attainment	Between Groups	.250	2	.125	.310	.736
	Within Groups	10.853	27	.402		
	Total	11.102	29			
Number of years in service	Between Groups	2.550	2	1.275	4.025	.030
	Within Groups	8.552	27	.317		
	Total	11.102	29			

On the other hand, the profile years of service as a nurse indicate differences in the perception of foreign nurses on the intercultural empathy on patients' safety. This is why, the null hypothesis, which states that there are no significant differences in the perceptions of foreign nurses on the intercultural empathy for patients' safety, is rejected. These ANOVA results would imply that the respondent nurses' profile on their number of years in service as a nurse doesn't vary in their perceptions of the intercultural empathy of foreign nurses on patients' safety. In other words, the perceptions of the foreign nurses on the intercultural empathy on patients' safety vary at different levels considering and with due respect to their profile variables. Table 8 shows the data for the correlation between the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses.

Table 8. *Relationships between the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses and their profile variables*

Profile Variables	Pearson Correlation	Sig. (2-tailed)
Age	.227	.229
Sex	-.014	.943
Civil Status	.219	.245
Highest Educational Attainment	.100	.600
Number of Years in Service	.177	.348

The table shows that no significant relationship exists between the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses and their profile variables, including age, sex, civil/marital status, highest educational attainment, and the number of years as a nurse. For this reason, the null hypothesis, which states that there are no significant relationships between the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses, is rejected at a .05 level of significance. So, given the data in the table, it can be said with confidence that regardless of the profile variables of the respondent nurses, they can perceive the intercultural empathy of foreign nurses on patients' safety at different levels. Table 9 shows the Intercultural Empathy Skills Training Program for Foreign Nurses in the areas of Behavioral, Emotional, Relational and Cognitive Empathy.

Table 9.1 *Proposed Intercultural Skills Training Programs to improve Patients' Safety among Foreign Nurses*

Intercultural Empathy Skills Training Program for Foreign Nurses			
	AREA		**OUTCOME**
A	**BEHAVIORAL EMPATHY**	**OBJECTIVE:** 1. To be able to have an understanding of the Culture, Languages, and Work Environment of the Institution **2.** To be able to determine the patients' right to decide for themselves following the institution's policies of self-determination **ACTIVITIES:** 7-Day Orientation Program (Hospital Work Environment, Culture, Basic Languages) **STRATEGIES:** • Lectures with Handbooks • Hospital Tour • Shadowing **PERSONS INVOLVED:** • Newly Hired Foreign Nurses • Crossed-trained Foreign Nurses • Migrant Nurses **BUDGET:** (For every nurse attendee) Php 300 (Handbooks, Pen and Paper, Snacks	**EVALUATION** will be done by the Nurse Educator or the expert in the field who conducted the program.

Intercultural Empathy Skills Training Program for Foreign Nurses			
	AREA		**OUTCOME**
B	**EMOTIONAL EMPATHY**	**OBJECTIVE:** 1. To be able to determine verbal and non-verbal cues about the emotions of the patients 2. To be able to address the feelings of the patient while maintaining professionalism **ACTIVITIES:** • Film Viewing of Documentary Stories about the Topic • Counseling with the In-house Hospital Psychologists **STRATEGIES:** • Observation and Feedback/Reaction after the film viewing • Open Conversation with the Psychologist **PERSONS INVOLVED:** Newly Hired Foreign Nurses Cross-trained Foreign Nurses Migrant Nurses **BUDGET:** (For every nurse attendee) Php 100 (Handbooks, Pen and Notebook, Snacks)	**EVALUATION** will be done in response to the Feedback/Reaction of the nurse to the two activities mentioned.

Intercultural Empathy Skills Training Program for Foreign Nurses

	AREA		OUTCOME
C	**RELATIONAL EMPATHY**	**OBJECTIVE:** 3. To be able to develop good communication skills by formally learning the language being spoken 4. To establish rapport and good interpersonal relationships with the patients and family members, and other healthcare team members, especially in a culturally diverse setting.. **ACTIVITIES:** • Formal Language and Communication Program (3 Months) • Pre and Post Test to determine the readiness of the nurses **STRATEGIES:** • Lectures with Handbook • Return Demonstration • Observation • Simulation **PERSONS INVOLVED:** Newly Hired Foreign Nurses Migrant Nurses Cross-trained Nurses **BUDGET:** (For every nurse attendee) Php 5000 (Handbooks, Pen and Notebook, Snacks)	**EVALUATION** will be done through a language proficiency test (e.i., Arabic Language Proficiency Test)

Intercultural Empathy Skills Training Program for Foreign Nurses

	AREA		OUTCOME
D	**COGNITIVE EMPATHY**	**OBJECTIVE:** 5. To be able to understand the importance of the decisions made by the patient as well as the family as regards the health and culture **6.** To be able to continuously learn the language and the culture to overcome cultural barriers and provide quality care **ACTIVITIES:** • Monthly Hospital Policy Review on Patients' Rights concerning their Health Condition and Cultural Beliefs • Various Nationalities Together Per Shift to Encourage Interactions to learn the Language as well as the Culture **STRATEGIES:** • Lectures and Review of Policies • Return Demonstration • Simulation **PERSONS INVOLVED:** Newly Hired Foreign Nurses Migrant Nurses Cross-trained Nurses **BUDGET: N/A**	The lecturer will do **EVALUATION** through assessment of the understanding of the nurse.

Intercultural Empathy Skills Training Program for Foreign Nurses

Title	The Empathy Skill Course
Objective	The participants will be able to: ➢ Explain why empathy is important ➢ Describe how the tone of voice, pacing, and other verbal cues impact a patient's experience ➢ Demonstrate reflective listening ➢ Use techniques for listening better to challenging speakers ➢ Show compassion for disheartened, confused, and disgruntled patients ➢ Develop an action plan to improve their empathy skills

Activities	Strategies	Outcomes
■ Understanding the Importance of Empathy	➢ This begins with a discussion about empathy.	◆ The participants will have an empathy skills assessment to understand their ability to empathize with others' feelings and concerns.
■ Recognizing Emotions	➢ The participants will learn the importance of being mindful and present when trying to understand and recognize emotions.	◆ Participants will practice feeling how others feel through several scenarios given by the instructor/educator.
■ Understanding Yourself and Others	➢ The participants will identify their preferred communication styles and those of their colleagues and patients. There will be self-awareness and knowledge of others, and they'll learn several steps to adjust their approach to show empathy to others.	◆ Everyone does not emote in the same way, and knowing how to listen with empathy to different types of people is a practiced skill. They will be given audio materials and determine what each audio is trying to convey, which will be checked by the instructor. They can apply their technique to understand each scenario given to them.
■ Non-verbal Cues	➢ They will learn to use eye contact, gestures, and pacing to establish rapport and build trust non-verbally.	◆ This reviews the importance of non-verbal communication signals and tactics for listening to non-verbal messages.
■ Better listening	➢ The participants will learn to focus and confirm what is being said and not said and respond appropriately.	◆ To build skills, group members will participate in practice listening to pinpoint their most significant challenges and areas for improvement.
■ Communicating with Compassion	➢ The participants focus on demonstrating empathy when things get through.	◆ The participants will work through a series of real-world case studies to show what they have learned and practice their skills.

Persons Involved	Migrant Nurses (Locally/Internationally) Newly Hired Foreign Nurses Crossed Trained Foreign Nurses
Budget	Php 500

4. Conclusions and Recommendations

This portion presents the summary of findings, the conclusions arrived at and the recommendations made based on the analysis and interpretation of data.

Conclusions

Based on the aforecited findings in this study, the following are the conclusions:

1. The respondent nurses widely vary in their profile, and in certain instances, their variations are in extreme cases and are distinctively female-dominated groups of nurses.
2. The high result of the intercultural empathy of foreign nurses on patients' safety as perceived by the foreign nurses can be attributed to behavioral, emotional, relational, and cognitive empathy.
3. The respondent nurses' profile variables are comparable in their perceptions of the intercultural empathy on patients' safety.
4. The respondent nurses' perceptions of intercultural empathy are associated with their profile variables.

Recommendations

Based on the salient findings of this study and the conclusions are drawn, the following are hereby recommended:

1. Since the majority of the respondent nurses are baccalaureate graduates, they are highly encouraged to pursue their graduate studies in a reputable institution to hone further their skills, knowledge, and abilities for their personal and professional growth.
2. The foreign nurses should sustain a high level of intercultural empathy by undergoing Empathy Skills Training Programs to enhance their Empathy Skills and provide a better quality of care for Patients' Safety and adhere to institutions' policies that provide equal opportunities among the patients.
3. Considering that the foreign nurses are young in the service, they are highly motivated to work hand in hand with their seniors to benchmark their best practices in dealing with the diversity of patients.
4. More appropriate and relevant variables must be explored to determine further the perception of foreign nurses on intercultural empathy for patients' safety.
5. Further research may be conducted in a broader perspective to define better the foreign nurses' perception of intercultural empathy concerning patients' safety.

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