MSW MANAGEMENT -Multidisciplinary, Scientific Work and Management Journal
ISSN: 1053-7899
Vol. 36 Issue 1, 2026, Pages 5884-5896

Assessing the Cross Cultural Competence among Nurses Working in Iloilo

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ABSTRACT

As Iloilo becomes increasingly diverse, culturally competent nursing care is essential to meet the needs of varied patient populations. This study assessed the cross-cultural competence of registered nurses in Iloilo using a descriptive quantitative design. Conducted in 2025, it involved 190 purposively and snowball-sampled participants from both urban and suburban hospitals. Data were analyzed using statistical methods and the Cross-Cultural Competence instrument for Healthcare Professionals (CCCHP-27), which measures six subscales: Attitudes, Emotion and Empathy, Knowledge and Awareness, Motivation and Curiosity, Skills, and Social Desirability. Results showed high overall cross-cultural competence, particularly in Motivation and Curiosity, Skills, and Social Desirability. Urban nurses scored significantly higher in Motivation and Curiosity, likely due to greater exposure to diverse patients and access to multicultural experiences. However, there were no statistically significant differences in overall competence based on age, sex, work experience, hospital location, or international travel. Although travel experience did not significantly impact competence, nurses showed high levels of empathy and attitudinal awareness rooted in Filipino values and community-based training. These findings underscore the need to strengthen specific aspects of cultural education to further enhance cross-cultural competence among nurses in Iloilo.

Keywords: cross-cultural competence, nurses, assess, Iloilo City

Introduction

In an increasingly globalized world, the ability to deliver effective healthcare transcends beyond clinical expertise and technical skills, extending into the realm of cultural sensitivity and competence. The Philippines, a nation characterized by its rich cultural tapestry and diverse population, presents a unique context for evaluating cross-cultural competence among healthcare professionals. This is particularly relevant in Iloilo City, a growing urban center with a dynamic demographic composition. Cross-cultural competence refers to the ability to understand and effectively engage with people from diverse cultural backgrounds, rather than limiting understanding to a single culture that has been studied extensively. Having cross-cultural competence means effectively interacting with people from different cultural backgrounds (Rasmussen, 2021). Developing cultural competence among nurses has been a key focus in recent studies. Majda et al. (2021) found that nurses who undergo cultural competence training improves their cultural awareness and behaviors, enhancing patient care. Similarly, (Tosun, 2021) emphasized the positive effects of transcultural nursing education on students' cultural competence, highlighting its role in providing culturally sensitive care. These findings demonstrate that cultural competence is essential for improving healthcare outcomes in diverse populations.The Philippines' numerous ethnic and indigenous communities are one of the key factors as to why cultural competence in nursing plays a crucial role Villegas (2023). The study "Harmony in Diversity: Exploring Transcultural Nursing Practices in the Philippines" examined the transcultural nursing practices of Filipino nurses, emphasizing the role of cultural values, such as family-centered care and respect for elders. It identified challenges, including gaps in cultural competence training, and underscores the need for stronger transcultural nursing education and ongoing professional development (Alim et al., 2020). This research highlighted the importance of enhancing cultural competence in nursing to better serve diverse patient populations. Despite the recognized significance of cultural competence, there is an existing notable gap in understanding how effectively nurses in Iloilo are equipped to address the diverse needs of their patients. Hence, Iloilo serves a culturally diverse population, including locals and international residents or visitors, which requires nurses to interact with individuals from varied cultural backgrounds. This diversity makes nurses working in Iloilo suitable to assess cross-cultural competence, as they encounter and manage diverse cultural dynamics in their daily practice. This research aimed to assess the cross-cultural competence among nurses working in Iloilo, focusing on their ability to provide culturally appropriate care. By assessing through the five (6) subscales: Attitude (A), Emotion and Empathy (EE), Knowledge and Awareness (KA), Motivation and Curiosity (MC), Skills (S) and Social Desirability (SD). This study seeked to identify areas for improvement and develop recommendations for enhancing cross-cultural competence training. Addressing these competencies are not only pivotal for improving patient care, but for aligning with global healthcare standards that emphasize patient-centered care. This study provided insightful information about the continuing evolution of nursing practice and education, which eventually benefited both healthcare providers and the communities they served as Iloilo grew and diversified.

Methodology/ Literature Review/ Case Presentation

Research Design .he study utilized descriptive and quantitative research. It determined the level of cross-cultural competence among nurses in patient care in terms of five subscales: attitude, emotion and empathy, knowledge and awareness, motivation and curiosity, and skill. The study focused on nurses worked in both urban and suburban hospitals in Iloilo, as these hospitals may encounter varying degrees of exposure to patients from diverse cultural backgrounds.

Setting of the Study. The study was conducted in Iloilo, during the second semester of Academic Year 2024-2025. Data were gathered using printed questionnaires and Google Forms to facilitate efficient data collection and analysis.

Sample and Sampling Scheme. The researchers utilized a purposive-snowball sampling technique to identify registered nurses in Iloilo who meet the study's inclusion criteria. To protect participant anonymity during recruitment, the study implemented a referral system that encouraged current participants to share a generic study invitation link with potential participants, rather than directly naming or identifying their colleagues. This approach allowed interested individuals to voluntarily contact the research team if they wished to participate, thereby safeguarding personal identities and ensuring confidentiality throughout the recruitment process.This addition aligned with ethical guidelines for snowball sampling by minimizing potential privacy concerns and promoting voluntary participation.

Inclusion Criteria: The target population of the study were registered nurses in Iloilo who had prior experience in patient care involving individuals from diverse geographical locations and ethnic backgrounds different from their own, at least once since their employment to the present, regardless of their citizenship or the nursing care area to which they were assigned. These nurses were required to be currently employed in private or public hospitals in urban and suburban areas of Iloilo. Exclusion Criteria: Individuals who were not licensed or registered nurses, those who were not currently employed in private or public hospitals in urban or suburban areas of Iloilo, and those who had no experience caring from diverse geographical locations and ethnic backgrounds different from their own were excluded from the study.The target population of the study was registered nurses in Iloilo who had prior experience in caring from diverse geographical locations and ethnic backgrounds different from their own since the start of their nursing careers and were currently employed in urban and suburban hospitals within Iloilo.The sample size of this research was 190 participants. This number was determined to ensure a solid database to support statistical analysis, while remaining realistic and feasible in terms of logistics and available resources.

A quota of 190 participants was gathered and evenly divided into two groups: 95 from suburban areas and 95 from urban areas, to ensure diversity among participants. This approach guaranteed equal inclusion of both groups, allowing the research to examine how these contextual factors influenced the findings. By maintaining a balanced sample distribution, the study better met its objectives and drew relevant conclusions about the influence of such factors.

Regarding the cross-cultural concept, the study acknowledged that cultural diversity was not limited to geographical separation between urban and suburban hospitals. Instead, it focused on the interaction between nurses from one cultural background (such as Visayan nurses) and patients from different regions of the Philippines (such as Mindanao or Luzon), or even foreign patients. This ensured that the study truly examined cross-cultural competence rather than simply comparing workplace settings.

Research Instrumentation

To address potential challenges that participants might have faced in understanding cross-cultural competence items—particularly those with reversed scoring on negatively framed questions—the survey was designed using clear and straightforward language to minimize confusion. Detailed instructions, including examples, were provided to guide participants in approaching and answering each question type. Additionally, support via email or phone was made available to assist with any queries during survey completion. These measures aimed to enhance comprehension and ensure the accuracy of the data collected.

The research tool that the researchers used in this study was the Cross-Cultural Competence instrument for Healthcare Professionals (CCCHP-27). This tool was employed to determine the level of cross-cultural competence among nurses in patient care in urban and suburban hospitals in Iloilo. Utilizing its six subscales, the CCCHP provided a comprehensive evaluation of cultural competence and could differentiate between groups with varying levels of competence. The overall internal consistency reliability of the instrument was reported as .87, with Cronbach's α values for individual dimensions ranging from .54 to .84. By

MSW MANAGEMENT -Multidisciplinary, Scientific Work and Management Journal
ISSN: 1053-7899
Vol. 36 Issue 1, 2026, Pages 5884-5896

promoting professional growth through systematic self-evaluation, this tool contributed to improving the standard of patient care. The instrument was developed by the research team of Bernhard et al. (2015), entitled Cross-Cultural Competence instrument for Healthcare Professionals.

The survey questionnaire was divided into two parts. The first part identified the profile of the participants, including name, age, sex, number of years of experience, type of hospital affiliation, history of travel abroad, and history of working abroad.

The second part of the questionnaire consisted of 32 items, answered using a 5-point Likert scale, which were used to measure the level of cross-cultural competence. In the questionnaire proper, items 3, 11, 21, and 29 fell under the subscale Attitudes; items 9, 13, 23, 27, and 31 under Emotion and Empathy; items 4, 6, 12, and 16 under Knowledge and Awareness; items 1, 5, 7, 8, 15, 19, 20, 28, and 32 under Motivation and Curiosity; items 2, 22, 24, 25, and 26 under Skill; and items 10, 14, 17, 18, and 30 under Social Desirability (Bernhard et al., 2015).

There were 20 positively worded statements specifically items 1, 2, 5, 7, 8, 10, 12, 14, 15, 17, 18, 19, 20, 22, 24, 25, 26, 28, 30, and 32 scored as follows: 5 for Strongly Agree, 4 for Agree, 3 for Neutral, 2 for Disagree, and 1 for Strongly Disagree. There were also 12 negatively worded statements, specifically items 3, 4, 6, 9, 11, 13, 16, 21, 23, 27, 29, and 31 for which the scoring was reversed.

Below is the scaling and its interpretation

Table 1.Scale for determining the level of cross-cultural competence care

Scale	Interpretation	Description
4.21-5.0	Very High (VH)	Demonstrates exceptional sensitivity and adaptability in diverse cultural settings. Consistently applies knowledge, skills, and awareness to bridge cultural gaps effectively, supporting meaningful interactions and interventions.
3.41-4.20	High (H)	Shows a strong sensitivity and adaptability in diverse cultural settings. Regularly applies knowledge, skills, and awareness to bridge cultural gaps effectively , supporting meaningful interactions and interventions.

Table 1 (cont…)

2.61-3.40	Moderate (M)	Possesses a fair sensitivity and adaptability in diverse cultural settings. May need further training to navigate complex cross-cultural situations.
1.81-2.60	Low (L)	Demonstrates limited awareness of cultural differences. Struggles to consistently apply cross-cultural skills, which may hinder communication and interactions in diverse settings.
1.00-1.80	Very Low (VL)	Shows minimal understanding or awareness of cultural diversity, facing significant challenges in adapting to different cultural environments.

Table 2.Interpretation of Correlation Coefficients and their Corresponding Strength Levels

Range of correlation coefficient	Level of correlation
0.80 to 1.00	Very strong positive
0.60 to 0.79	Fairly strong positive
0.40 to 0.59	Moderate positive
0.20 to 0.39	Weak positive
0.00 to 0.19	Very weak positive
-1.00 to -0.80	Very strong negative
-0.79 to -0.60	Fairly strong negative
-0.59 to -0.40	Moderate negative
-0.39 to -0.20	Weak negative
-0.19 to -0.01	Very weak negative

Data Gathering Procedure. To attain the objectives of the study, various stages and phases were involved. The entire study was divided into two stages: the preparation stage and the administration stage. The preparation stage consisted of three phases: In the first phase, prior to data collection, the researchers sought permission from the authors of the instrument to utilize their tool. The research was initially presented to the panel during the pre-oral defense in November 2024 and was subsequently submitted to the Research Ethics Committee for review. Following this, a formal request to conduct the study was submitted to the college dean and president, accompanied by the signatures of the researchers and their research adviser. The second phase involved selecting participants through purposive-snowball sampling. The researchers identified nurses who met the study's inclusion criteria and had experience with culturally diverse patients. Once the initial participants were selected, they were asked to refer the questionnaire to other qualified nurses to help reach the desired sample size. Recruitment efforts also included posting participant invitations on social media platforms such as Instagram and Facebook. To ensure ethical recruitment practices, these posts included a brief description of the study, eligibility criteria, the voluntary nature of participation, confidentiality of responses, and contact details for inquiries. To minimize ineligible participation and maintain recruitment quality, the application links were shared selectively with targeted participants rather than posted publicly. The third phase of the preparation stage involved conducting the actual study. The administration stage consisted of two phases: In the first phase, the researchers distributed the survey questionnaire to participants for data collection, using both printed forms and Google Forms. Clear instructions were provided to guide participants on how to access and complete the survey. Participants were encouraged to use stable internet connections while completing the online survey. The Google Forms link was sent via online platforms, while printed questionnaires were personally distributed to initial respondents, who were also given extra copies to pass on to other eligible nurses. Data gathered through both methods were subsequently tabulated. Given the use of Google Forms for data collection, measures were implemented to address potential technical issues such as submission errors or data loss. Responses were regularly backed up. Participants experiencing technical issues were advised to resubmit using the same link, and confirmation messages were provided to assure successful submission. Additionally, the researchers' email addresses and contact numbers were included for participants needing further assistance. In the second phase, the collected data were analyzed using appropriate statistical tools.

To ensure data quality, participants were informed of the estimated time required to complete the 32-item survey. Acknowledging the demanding schedules of nurses, particularly those on long shifts, the researchers encouraged them to complete the survey at a time most convenient for them. To prevent rushed or incomplete responses, clear instructions were provided, and periodic reminders were sent. The researchers also monitored response rates and conducted follow-ups as needed to maximize participation and accuracy.

In this study, the researchers collected personal information from participants, including age, gender, years of nursing experience, current employment status, and experience with culturally diverse patients. Several measures were implemented to ensure the confidentiality of this information. First, data anonymization was performed by assigning each participant a unique code, with responses recorded in a way that was not directly linked to personal identities. Second, all data was stored in password-protected digital files and, in the case of physical records, in locked cabinets accessible only to the research team. Third, access to the data was restricted to authorized researchers directly involved in the study. Lastly, upon completion of the research, all personal data were securely disposed of to prevent unauthorized access.

Statistical Tools . Descriptive analysis of the profile of the participants in terms of age, sex, number of years of work experience and type of hospital affiliation and level of cross-cultural competence among nurses in patient care in Iloilo using frequency, percentage, and mean score (describing the level of influence).

The data were analyzed using statistical software and applications. Specifically, Microsoft Excel and SPSS were employed to compute descriptive statistics and to generate the tables and graphs necessary for data presentation. Furthermore, Pearson's correlation coefficient was utilized to determine the strength and direction of the relationships between subscales of cross cultural competence.

Ethical Considerations. This study was subjected to ethical review by the Research Ethics Committee. A comprehensive informed consent form was secured prior to the conduct of the study. The study was carried out only after obtaining approval from participants through their voluntary consent. All responses remained strictly confidential, and all data was stored securely. Data were anonymized, with no identifying information recorded or disclosed. Responses were not shared with peers or any individuals other than the researchers and the study's research adviser. Participants were encouraged to share only what they felt comfortable disclosing and were free to skip any questions they considered sensitive. They were also informed of their right to withdraw from the study at any point. If

MSW MANAGEMENT -Multidisciplinary, Scientific Work and Management Journal
ISSN: 1053-7899
Vol. 36 Issue 1, 2026, Pages 5884-5896

participants chose to withdraw after submitting their responses via Google Forms, they were allowed to request the removal of their data by contacting the researcher through the provided email or contact number. The participants were fully informed about the nature of the research, including its duration, objectives, purpose, and methods. No harm or conflict of interest was intended for any of the study's participants.

Only the researchers and the study's research adviser had access to the electronic and printed data, ensuring strict confidentiality. To enhance data security, the study employed encryption for digital files to prevent unauthorized access. Password protection was applied to all electronic data, while printed documents were stored in a secure location, accessible only to authorized members of the research team. Data were stored on secure drives with restricted access. The information provided by participants was securely stored and used solely for research purposes. Identifying information was not disclosed, and any data presented in the study's findings were anonymized to protect participant privacy. Any data that had been submitted but later withdrawn by participants was deleted and excluded from the study's analysis to ensure confidentiality. Individual responses were not singled out, and no specific information that could lead to participant identification was included in the results. The overall results were intended to be shared with the school and relevant healthcare institutions. Participants were to be informed of the study results, with assurance that no personal information would be disclosed. Furthermore, participants were not compensated or given any reward or token in exchange for their participation. The researchers prioritized safeguarding the integrity and quality of the investigation while upholding the rights and welfare of the participants throughout the study. Fiings were shared ethically, with measures in place to ensure the protection of participants' identities. When presenting results to journals, healthcare organizations, or in public forums, all data were fully anonymized to prevent the identification of individuals particularly in small communities where personal details could be more easily recognized. Only aggregated data were reported, and any potentially identifying information was either removed or generalized.To restrict participation to eligible individuals, the study utilized password-protected Google Forms or unique access codes. This approach ensured that only authorized participants were able to access and complete the survey. Additionally, a verification step was incorporated to confirm participant eligibility, in alignment with ethical guidelines for conducting online research..

Research Utilization. In the process of identifying gaps in nurses' cross-cultural competency, the research findings improved patient care by guiding focused interventions that increased comprehension of various cultural demands and, eventually, improved patient satisfaction and health outcomes. It offered insightful information for nursing education, leading to curriculum changes that incorporated crucial cross-cultural training. By integrating cross-cultural training, these programs better prepare future nurses to communicate effectively, build trust, and provide quality care to diverse patients. In order to ensure that practicing nurses were prepared to deal with cultural variations, the findings also informed professional development programs. Community outreach initiatives informed patients and healthcare professionals about this crucial component of treatment, and the research provided a basis for legislative advocacy to incorporate cultural competency into healthcare recommendations. The study's findings informed policy changes in healthcare facilities by advocating for the integration of cultural competence into training and development programs, thereby fostering more inclusive and culturally sensitive healthcare policies. It provided healthcare facilities with a standard by which to evaluate the abilities of their nurses and created opportunities for further research on the long-term impacts of enhanced competence, strengthening the dedication to culturally sensitive care in Iloilo and beyond. Additionally, a copy of the study's results was shared with the school to support academic institutions in refining their nursing curricula and fostering a more culturally competent workforce. However, it was important to note that the results of the study were specific to nurses working in urban and suburban hospitals in Iloilo and could not be generalized to the wider population.

Result

Socio-demographic Profile of the Participants

Socio-demographic Profile of the Participants.Table 2 presents the socio-demographic profile of the 190 Iloilo nurses who participated in the study, including their age, sex, number of years of work experience, type of hospital affiliation, and history of traveling abroad. The respondents' ages ranged from 24 to 69 years. The largest age group was 24-29 years old, comprising 86 (45.3%) of the total. This was followed by the 30-39 age group with 77 (40.5%) respondents. Twenty (10.5%) respondents were aged 40-49, 6 (3.2%) respondents were 50-59 years old, and only 1 (0.5%) respondent belonged to the 60-69 age group. In terms of sex, the majority of the respondents were female, totaling 147 (77.4%), while 43 (22.6%) were male. Regarding years of work experience, 78 (41.1%) respondents had less than 5 years of experience, 67 (35.3%) had between 5 to 10 years, and 45 (23.7%) had more than 10 years of experience. Exactly half of the respondents 95 (50%) were affiliated with urban hospitals, while the other half 95 (50%) worked in suburban hospitals. This equal distribution allows for a balanced representation of nurses from different healthcare settings. With respect to history of traveling abroad, 60 (31.6%) respondents reported having traveled abroad, while 130 (68.4%) respondents had no history of traveling abroad. Among those who had traveled, the majority 29 (15.3%) respondents stayed abroad for 1 week to 1 month, 7 (3.7%) respondents for 2 to 6 months, 3 (1.6%) respondents for 7 months to 1 year, and 21 (11.1%) respondents for 2 years or more.

Table 3.Socio-demographic profile of the participants

Categories of variables	Frequency (f)	Percent (%)
As a whole	190	100
Age		
24-29	86	45.3
30-39	77	40.5
40-49	20	10.5
50-59	6	3.2
60-69	1	.5
Sex		
Male	43	22.6
Female	147	77.4
Years of Experience		
< 5 years	78	41.1
5 to 10 years	67	35.3
>10 years	45	23.7
Hospital Affiliation		
Urban	95	50
Suburban	95	50
Traveled Abroad		
Yes	60	31.6
No	130	68.4
If yes, how long		
1 week to 1 month	29	15.3
2 to 6 months	7	3.7
7 months to 1 year	3	1.6
2 years and above	21	11.1

MSW MANAGEMENT -Multidisciplinary, Scientific Work and Management Journal
ISSN: 1053-7899
Vol. 36 Issue 1, 2026, Pages 5884-5896

Level of Cross-Cultural Competence Among Nurses When Grouped as a Whole. Table 4 shows that the overall cross-cultural competence of nurses in Iloilo is high (Mean = 3.89), reflecting strong sensitivity and adaptability in diverse cultural settings. The nurses regularly apply their knowledge, skills, and awareness to bridge cultural gaps effectively, supporting meaningful interactions and interventions. Among the subscales, Motivation and Curiosity had the highest mean score (4.40), followed by Social Desirability (Mean = 4.37) and Skills (Mean = 4.36). Meanwhile, Attitude (Mean = 3.21), Emotion and Empathy (Mean = 2.80), and Knowledge and Awareness (Mean = 2.96) were at a moderate level.

Table 4.Level of cross-cultural competence among nurses when grouped as a whole

Subscales	Mean	Interpretation
Attitudes	3.21	Moderate
Emotion and Empathy	2.80	Moderate
Knowledge and Awareness	2.96	Moderate
Motivation and Curiosity	4.40	Very High
Skill	4.36	Very High
Social Desirability	4.37	Very High
Overall	**3.89**	**High**

Mean Responses on the Level of Cross-Cultural Competence Among Nurses in Iloilo in Terms of Subscale

Table 4a shows that among the six subscales of cross-cultural competence, Motivation and Curiosity ranked the highest with an overall mean of 4.40, interpreted as Very High. Within this subscale, MC20 (Mean = 4.55) had the highest mean which the participants consider friendships with people from different cultural backgrounds as an enrichment. Followed by MC7 (M = 4.54) and MC19 (M = 4.52) while MC32 (Mean = 4.05) had the lowest. This was followed closely by Social Desirability, which had an overall mean of 4.37, also interpreted as Very High. SD17 (Mean = 4.52) has the highest mean, and SD10 (Mean = 4.16) has the lowest. The Skill subscale came next, with an overall mean of 4.36, maintaining the Very High interpretation. S26 (Mean = 4.49) had the highest mean, while S24 (Mean = 4.22) had the lowest. In contrast, the Attitude subscale had a lower overall mean of 3.21, which falls under the Moderate category. Within this group, A11 (Mean = 3.45), had the highest mean, while A3 (Mean = 2.89) had the lowest. The Knowledge and Awareness subscale followed, with an overall mean of 2.96, also interpreted as Moderate with KA12 (Mean = 4.03) having the highest mean, and KA6 (Mean = 2.25) having the lowest. Lastly, the Emotion and Empathy subscale received the lowest overall mean of 2.80, likewise interpreted as Moderate. Here, E13 (Mean = 3.27) had the highest mean, while E27 had the lowest (Mean = 2.58).

Table 4a.Mean responses on the level of cross-cultural competence among nurses in terms of subscale

Statements	Mean	Interpretation
A3: Finding an imposition, when people who migrated to other places a long time ago, cannot speak their first language properly.	2.879	Moderate
A11: Having the impression that migrants often assume discrimination, when in fact general rules are simply being enforced.	3.447	High
A21: Believing that people who migrate to Iloilo should adapt to society, not the other way around.	3.268	Moderate
A29: Thinking that institutions and the public pay too much attention to the special wishes of migrants.	3.232	Moderate
Overall Mean	**3.21**	**Moderate**
EE9: Finding it difficult to relate to the elaborations of my patients, when their socio-cultural background is quite different from my own.	2.779	Moderate
E13: Finding it difficult to speak slowly in lay language with people who struggle to understand my instructions.	3.268	Moderate
E23: Preferring to treat patients from my own cultural background rather than those who seem foreign to me.	2.737	Moderate
E27: Feeling unsure, angry, and frustrated in my professional interactions with patients with a migration background.	2.579	Low
E31: Getting impatient when I cannot make myself understood with patients with a migration background.	2.632	Moderate
Overall Mean	**2.80**	**Moderate**
KA4: Believing that within the migrant population, there are hardly any differences in health opportunities and disease risks.	2.768	Moderate
KA6: Assuming that my professional perception, assessment, and behavior are unaffected by my cultural imprinting.	2.247	Low
KA12: Recognizing that migration is a critical life event, often accompanied by psychosocial stress and health burdens.	4.026	High
KA16: Thinking that the disease concepts of patients with a migration background are irrelevant to treatment success.	2.816	Moderate
Overall Mean	**2.96**	**Moderate**
MC1: Considering working in a cross-cultural team is enriching.	4.358	Very High
MC5: Learning about different cultural orientations through communication with patients from a migration background.	4.500	Very High
MC7: Viewing cultural diversity as an enrichment.	4.537	Very High
MC8: Enjoying conversations with people who have migrated about their experiences here.	4.416	Very High
MC15: Reflecting on my own cultural background through interactions with people from other cultures.	4.389	Very High
MC19: Wanting to make use of training, advice, and educational offers to better understand patients with a migration background.	4.516	Very High
MC20: Considering friendships with people from different cultural backgrounds is an enrichment.	4.553	Very High
MC28: Valuing the importance of treating patients according to their cultural needs and individual values.	4.247	Very High
MC32: Finding it exciting to treat patients with a migration background.	4.053	High
Overall Mean	**4.40**	**Very High**
S2: Asking patients with a migration background what support they need to achieve the agreed treatment goals.	4.295	Very High
S22: Preferring to treat patients from my own cultural background rather than those who seem foreign to me.	4.363	Very High
S24: Taking more time to discuss expectations and fears with patients who do not understand Ilonggo well.	4.216	Very High
S25: Recognizing that culturally specific factors (e.g., values, behavior, norms, beliefs) significantly influence disease understanding.	4.447	Very High
S26: Considering the values of patients in relation to family, religion, etc., if they seem relevant for the treatment.	4.489	Very High
Overall Mean	**4.36**	**Very High**
SD10: Treating all patients equally, even when communication is difficult.	4.163	High
Table 4a (cont…)		
SD14: Remaining friendly and courteous with people from different cultural backgrounds, even under stress.	4.511	Very High
SD17: Listening attentively and letting individuals with a migration background finish their sentences.	4.526	Very High
SD18: Remaining factual and objective during arguments with people from different cultural backgrounds.	4.184	High
SD30: Helping someone with a different cultural background without hesitation in an emergency.	4.484	Very High
Overall Mean	**4.37**	**Very High**

Level of Cross-Cultural Competence Among Nurses in Iloilo When Grouped According to Age as to the Subscales

Table 4.1 shows that across all age groups, the mean scores indicate a high level of cross-cultural competence, with a total mean score of 3.89. It shows that the 50-59 age group had the highest overall scores across all subscales. The relevant subscales for nurses across all age groups are Motivation and Curiosity,

MSW MANAGEMENT -Multidisciplinary, Scientific Work and Management Journal
ISSN: 1053-7899
Vol. 36 Issue 1, 2026, Pages 5884-5896

Social Desirability, and Skill, all rated as Very High. The 40–49 age group had the highest scores in Motivation and Curiosity, Skill and Social Desirability. Nurses aged 24–29, 30–39, and 50–59 also received Very High scores in the same subscales. In the Attitude subscale, the 60–69 age group had the highest score, also rated Very High, while the 50–59 group had a High score in this subscale. The 60–69 group also had the highest score in Knowledge and Awareness, with High as interpreted. Meanwhile, some subscales, like Emotion and Empathy, Knowledge and Awareness, and Attitude, were rated Moderate in most age groups. Emotion and Empathy had the lowest scores overall, with the 40–49 age group scoring the lowest.

Table 4.1

Level of cross-cultural competence among nurses in Iloilo when grouped according to age as to the subscales.

	24-29		30-39		40-49		50-59		60-69		Total	
	M	I	M	I	M	I	M	I	M	I	M	I
A	3.26	M	3.17	M	3.00	M	3.42	H	**4.25**	VH	3.21	M
EE	2.79	M	2.82	M	2.62	M	**3.30**	M	2.80	M	2.80	M
KA	2.98	M	2.94	M	2.84	M	3.38	M	**3.50**	H	2.96	M
MC	**4.41**	VH	**4.38**	VH	**4.42**	VH	4.35	VH	4.00	H	4.40	VH
S	4.40	VH	4.27	VH	**4.55**	VH	**4.43**	VH	3.80	H	4.36	VH
SD	4.41	VH	4.31	VH	**4.49**	VH	4.40	VH	3.80	H	4.37	VH
Total	3.91	H	3.87	H	3.98	H	3.70	H	3.53	H	3.89	H

Legend: M = Mean ; I = Interpretation
VH = Very High ; H = High ; M = Moderate ; L = Low ; VL = Very Low
A = Attitude ; EE = Emotion and Empathy ; KA = Knowledge and Awareness ; MC = Motivation and Curiosity ; S = Skill ; SD = Social Desirability

Level of Cross-Cultural Competence Among Nurses in Iloilo When Grouped According to Sex as to the Subscales

Table 4.2 shows that the overall mean score of 3.89 confirms a consistently high level of cross-cultural competence across both sexes. It shows female participants had slightly higher average scores across all subscales with a mean of 3.90 with High as interpreted. Both male and female participants rated highest in the areas of Motivation and Curiosity, Skill, and Social Desirability, all with "Very High" mean scores. Among all subscales, Motivation and Curiosity received the highest ratings for both sex. Females slightly outscored males in these three areas, especially in Skill and Social Desirability. On the other hand, both genders had "Moderate" scores in Attitude, Emotion and Empathy, and Knowledge and Awareness, with only small differences between them. Interestingly, males scored slightly higher in Knowledge and Awareness, which may reflect differences in experience or training.

Table 4.2.Level of cross-cultural competence among nurses in Iloilo when grouped according to sex as to the subscales.

	Male		Female		Total	
	M	I	M	I	M	I
A	3.12	M	**3.23**	M	3.18	M
EE	2.78	M	2.80	M	2.79	M
KA	**2.97**	M	2.96	M	2.96	M
MC	**4.37**	VH	**4.39**	VH	4.38	VH
S	4.27	VH	**4.40**	VH	4.34	VH
SD	4.32	VH	**4.39**	VH	4.36	VH
Total	3.86	H	3.90	H	3.89	H

Legend: M = Mean ; I = Interpretation
VH = Very High ; H = High ; M = Moderate ; L = Low; VL = Very Low
A = Attitude ; EE = Emotion and Empathy ; KA = Knowledge and Awareness ; MC = Motivation and Curiosity ; S = Skill ; SD = Social Desirability

Level of Cross-Cultural Competence Among Nurses in Iloilo When Grouped According to Years of Experience as to the Subscales

Table 4.3 shows that participants with less than 5 years of experience have the highest scores in Attitude, Motivation and Curiosity, Skill, and Social Desirability. Across all experience levels, less than 5 years, 5 to 10 years, and more than 10 years, participants consistently scored Very High in Motivation and Curiosity, Skill, and Social Desirability, Notably, those with less than 5 years of experience had the highest score in Social Desirability, which may suggest a stronger desire to make a good impression or conform to expected standards. Interestingly, participants with more than 10 years of experience also had the highest score in Emotion and Empathy, possibly reflecting greater emotional insight developed over time. Meanwhile, those with 5 to 10 years of experience scored highest in Knowledge and Awareness. Among other subscales, Motivation and Curiosity was the highest for participants with 5-10 years of experience. On the other hand, Social desirability among the other subscales was the highest for those with above 10 years of experience. In the subscales of Attitude, Emotion and Empathy, and Knowledge and Awareness, all groups scored at a Moderate level.

Table 4.3.Level of cross-cultural competence among nurses in Iloilo when grouped according to years of experience as to the subscales.

	< 5 years		5-10 years		>10 years		Total	
	M	I	M	I	M	I	M	I
A	**3.21**	M	3.21	M	3.21	M	3.21	M
EE	2.80	M	2.69	M	**2.96**	M	2.80	M
KA	2.94	M	**3.01**	M	2.94	M	2.96	M
MC	**4.44**	VH	**4.37**	VH	4.36	VH	4.40	VH
S	**4.37**	VH	4.36	VH	4.35	VH	4.36	VH
SD	**4.46**	VH	4.26	VH	**4.40**	VH	4.37	VH
Total	3.94	H	3.85	H	3.89	H	3.89	H

Legend: M = Mean ; I = Interpretation
VH = Very High ; H = High ; M = Moderate ; L = Low ; VL = Very Low
A = Attitude ; EE = Emotion and Empathy ; KA = Knowledge and Awareness ; MC = Motivation and Curiosity ; S = Skill ; SD = Social Desirability

Level of Cross-Cultural Competence Among Nurses in Iloilo When Grouped According to Hospital Affiliation as to the Subscales

Table 4.4 shows that urban participants had a slightly higher overall mean score of 3.92 compared to suburban participants which is 3.87, both scored High. Urban participants also have the higher mean scores in the subscales of Attitude, Knowledge and Awareness, Motivation and Curiosity, Skill, and Social Desirability compared to suburban. In both urban and suburban groups, participants consistently scored Very High in Motivation and Curiosity, Skill, and Social Desirability. Urban participants had the highest score in Motivation and Curiosity. Among the subscales, Motivation and Curiosity was the highest for urban participants, while Skill was the highest for suburban participants. In the subscales of Attitude, Emotion and Empathy, and Knowledge and Awareness, both groups scored at a Moderate level. The scores for Emotion and Empathy were exactly the same (2.80) for both urban and suburban participants, indicating a shared experience or perception in this area.

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Table 4.4.Level of cross-cultural competence among nurses in Iloilo when grouped according to hospital affiliation as to the subscales.

	Urban		**Suburban**		Total	
	M	I	M	I	M	I
A	**3.29**	M	3.13	M	3.23	M
EE	**2.80**	M	2.80	M	2.80	M
KA	**2.97**	M	2.96	M	2.96	M
MC	**4.46**	VH	4.33	VH	4.40	VH
S	**4.37**	VH	**4.35**	VH	4.36	VH
SD	**4.44**	VH	4.31	VH	4.37	VH
Total	3.92	H	3.87	H	3.89	H

Legend: M = Mean ; I = Interpretation
VH = Very High ; H = High ; M = Moderate ; L = Low ; VL = Very Low
A = Attitude ; EE = Emotion and Empathy ; KA = Knowledge and Awareness ; MC = Motivation and Curiosity ; S = Skill ; SD = Social Desirability

Level of Cross-Cultural Competence Among Nurses in Iloilo When Grouped According to History of Travelling Abroad as to the Subscales

Table 4.5 presents both participants who have traveled abroad and those who have not, were able to score High in their overall mean scores. With 3.92 for those with travel experience and 3.88 for those without. Both groups scored Very High in the subscales of Motivation and Curiosity, Skill, and Social Desirability, with their mean scores being nearly identical in these subscales. Participants with travel experience had slightly higher scores in Attitude, Emotion and Empathy, and Motivation and Curiosity, while those without travel experience scored higher in Knowledge and Awareness, Skill, and Social Desirability. Among all subscales, Motivation and Curiosity was the highest for both groups. For the subscales of Attitude, Emotion and Empathy, and Knowledge and Awareness, both groups scored at a Moderate level in which nurses with travel experience scored slightly higher in Attitude and Emotion and Empathy, while those without travel experience scored higher in Knowledge and Awareness.

Table 4.5.Level of cross-cultural competence among nurses in Iloilo when grouped according to history of travelling abroad as to the subscale

	Yes		**No**		Total	
	M	I	M	I	M	I
A	**3.24**	M	**3.18**	M	3.23	M
EE	**2.81**	M	2.79	M	2.80	M
KA	2.93	M	**2.98**	M	2.96	M
MC	**4.40**	VH	**4.40**	VH	4.40	VH
S	4.31	VH	**4.39**	VH	4.36	VH
SD	4.36	VH	**4.38**	VH	4.37	VH
Total	3.92	H	3.88	H	3.89	H

Legend: M = Mean ; I = Interpretation
VH = Very High ; H = High ; M = Moderate ; L = Low ; VL = Very Low
A = Attitude ; EE = Emotion and Empathy ; KA = Knowledge and Awareness ; MC = Motivation and Curiosity ; S = Skill ; SD = Social Desirability

Difference in the Level of Cross-Cultural Competence Among Nurses in Iloilo When Grouped According to Age

Table 5.1 presents that all subscales had p-values greater than 0.05. This shows that there was no difference between different age groups individually and as a whole in the level of cross-cultural competence.

Table 5.1.Difference in the level of cross-cultural competence among nurses in Iloilo when grouped according to age

Subscale	**Age**	**P-value**	**Interpretation**
Attitude	24-29	0.072	Not Significant
	30-39		
	40-49		
	50-59		
	60-69		
Emotion and Empathy	24-29	0.21	Not Significant
	30-39		
	40-49		
	60-69		
Knowledge and Awareness	24-29	0.181	Not Significant
	30-39		
	40-49		
	50-59		
	60-69		
Motivation and Curiosity	24-29	0.867	Not Significant
	30-39		
	40-49		
	50-59		
	60-69		
Skill	24-29	0.087	Not Significant
	30-39		
	40-49		
	50-59		
	60-69		
Table 5.1 (cont…)			
Social Desirability	24-29	0.301	Not Significant
	30-39		
	40-49		
	50-59		
	60-69		
Overall	24-29	**0.145**	**Not Significant**
	30-39		
	40-49		
	50-59		
	60-69		

P Value > 0.05 alpha level of significance; not significant

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Difference in the Level of Cross-Cultural Competence Among Nurses in Iloilo When Grouped According to Sex

Table 5.2 shows that all subscales had p-values greater than 0.05. This presents that there is no statistically significant difference between male and female in all subscales and overall level of cross cultural competence.

Table 5.2

Differences in the level of cross-cultural competence among nurses in Iloilo when grouped according to sex

Subscales	Sex	P-value	Interpretation
Attitudes	Male	0.226	Not Significant
	Female		
Emotion and Empathy	Male	0.831	Not Significant
	Female		
Knowledge and Awareness	Male	0.993	Not Significant
	Female		
Motivation and Curiosity	Male	0.673	Not Significant
Skill	Female Male	0.125	Not Significant
	Female		
Social Desirability	Male	0.345	Not Significant
	Female		
Overall	Male	**0.405**	**Not Significant**
	Female		

P Value > 0.05 alpha level of significance; not significant

Differences in the Level of Cross-Cultural Competence Among Nurses in Iloilo When Grouped According to Years of Work Experience

Table 5.3 presents the overall p-value (p = 0.182) does not show statistically significant differences in the level of cross-cultural competence across years of work experience. However, social desirability stands out with a p-value of 0.025, indicating a statistically significant difference, suggesting that work experience may influence social desirability scores, particularly with the <5 years group reporting the highest mean score (4.46). while the 5-10 years group has the lowest (4.26). The p-value (0.025) suggests a statistically significant difference in mean social desirability scores across the work experience groups. Empathy has a p-value of 0.066, indicating a trend toward significance but not reaching the conventional threshold of 0.05, suggesting that differences in empathy scores across experience levels are not statistically significant. Knowledge and awareness (p = 0.702), motivation and curiosity (p = 0.551), and skill (p = 0.96), all exhibit high p-values, confirming no significant differences.

Table 5.3.Differences in the level of cross-cultural competence among nurses in patient care in Iloilo when grouped according to years of work experience

Subscale	Years of Work Experience	P-value	Interpretation
Attitude	<5 years	0.999	Not Significant
	5-10 years		
	>10 years		
Emotion and Empathy	<5 years	0.066	Not Significant
	5-10 years		
	>10 years		
Knowledge and Awareness	<5 years	0.702	Not Significant
	5-10 years		
	>10 years		
Motivation and Curiosity	<5 years	0.551	Not Significant
	5-10 years		
	>10 years		
Skill	<5 years	0.96	Not Significant
	5-10 years		
	>10 years		
Social Desirability	<5 years	0.025	**Significant**
	5-10 years		
	>10 years		
Overall	<5 years	**0.182**	**Not Significant**
	5-10 years		
	>10 years		

P Value > 0.05 alpha level of significance; not significant

Differences in the Level of Cross-Cultural Competence Among Nurses in Patient Care in Iloilo When Grouped According to Type of Hospital

Table 5.4 shows that there is no significant difference in the level of cross-cultural competence based on hospital affiliation as a whole with a p-value of 0.212. However, attitude with a p-value of 0.046 and motivation and curiosity with a p-value of 0.047 stands out indicating a statistically significant difference in these two subscales. Urban nurses scored higher compared to those in suburban settings.

Table 5.4.Differences in the level of cross-cultural competence among nurses in patient care in Iloilo when grouped according to type of hospital

Subscale	Type of Hospital	P-value	Interpretation
Attitudes	Urban	0.046	Significant
	Suburban		
Emotion and Empathy	Urban	0.943	Not Significant
	Suburban		
Knowledge and Awareness	Urban	0.972	Not Significant
	Suburban		
Motivation and Curiosity	Urban	0.047	Significant
	Suburban		
Skill	Urban	0.713	Not Significant
	Suburban		
Social Desirability	Urban	0.058	Not Significant
	Suburban		
Overall	Urban	**0.212**	**Not Significant**
	Suburban		

P Value > 0.05 alpha level of significance; not significant

Differences in the Level of Cross-Cultural Competence Among Nurses in Patient Care in Iloilo When Grouped According to History of Traveling Abroad

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Table 5.5 shows that there are no statistically significant differences in the level of cross-cultural competence between nurses with and without history of traveling abroad in all subscales and overall.

Table 5.5.Differences in the level of cross-cultural competence among nurses in patient care in Iloilo when grouped according to history of traveling abroad

Subscale	History of Traveling Abroad	P-value	Interpretation
Attitudes	Yes	0.555	Not Significant
	No		
Emotion and Empathy	Yes	0.826	Not Significant
	No		
Knowledge and Awareness	Yes	0.477	Not Significant
	No		
Motivation and Curiosity	Yes	0.971	Not Significant
	No		
Skill	Yes	0.271	Not Significant
	No		
Social Desirability	Yes	0.831	Not Significant
	No		
Overall	Yes	**0.484**	**Not Significant**
	No		

P Value > 0.05 alpha level of significance; not significant

Relationships Between Each Subscale in Cross-Cultural Competence

Table 6 presents the numerical relationships between each subscale in cross-cultural competence. Table 6.1 presents the interpretation of the correlation strength between subscales in cross-cultural competence. The correlation analysis highlights key relationships among the subscales, revealing how certain variables are interconnected. Motivation emerges as a central factor, exhibiting strong positive correlations with skill (r = .698), social desirability (r = .667), and very strong positive correlation with overall score (r = .819). Similarly, skill also shows strong positive correlations with both social desirability (r = .596) and the overall score (r = .757), Furthermore, social desirability strongly correlates with the overall score (r = .790).

In contrast, emotion and empathy and knowledge and awareness exhibit notable negative correlations with each other and the overall score, with emotion and empathy showing a weak negative overall (r = -.225) and knowledge and awareness a moderate negative relationship overall (r = -.277). Additionally, attitudes show weak positive correlations with emotion and empathy (r = .379) and knowledge and awareness (r = .214), suggesting that positive attitudes may slightly enhance both emotion and empathy and knowledge, although these relationships are not as pronounced as those involving motivation and skill.

Table 6.Numerical relationships between each subscales in cross-cultural competence

Correlation	EE	KA	MC	S	SD	Overall
A	r = .379, p = .000	r = .214, p = .003	r = .133, p = .068	r = .033, p = .650	r = -.005, p = .950	r = -.015, p = .836
EE		r = -.433, p = .000	r = -.037, p = .613	r = -.082, p = .261	r = -.019, p = .800	r = -.225, p = .002
KA	r = -.433, p = .000		r = -.028, p = .701	r = .049, p = .505	r = -.098, p = .180	r = -.277, p = .000
MC	r = -.037, p = .613	r = -.028, p = .701		r = .698, p = .000	r = .667, p = .000	r = .819, p = .000
S	r = -.082, p = .261	r = .049, p = .505	r = .698, p = .000		r = .596, p = .000	r = .757, p = .000
SD	r = -.019, p = .800	r = -.098, p = .180	r = .667, p = .000	r = .596, p = .000		r = .790, p = .000
Overall	r = -.225, p = .002	r = -.277, p = .000	r = .819, p = .000	r = .757, p = .000	r = .790, p = .000	

A = Attitude ; EE = Emotion and Empathy ; KA = Knowledge and Awareness ; MC = Motivation and Curiosity; S = Skill ; SD = Social Desirability

Table 6.1.Interpretation of the numerical relationships between each subscale in cross-cultural competence.

	EE	KA	MC	S	SD	Overall
A	Weak Positive	Weak Positive	Not Significant	Not Significant	Not Significant	Not Significant
EE		Moderate Negative	Not Significant	Not Significant	Not Significant	Weak Negative
KA	Moderate Negative		Not Significant	Not Significant	Not Significant	Moderate Negative
MC	Not Significant	Not Significant		Strong Positive	Strong Positive	Very Strong Positive
S	Not Significant	Not Significant	Strong Positive		Strong Positive	Very Strong Positive
SD	Not Significant	Not Significant	Strong Positive	Strong Positive		Strong Positive
Overall	Weak Negative	Moderate Negative	Very Strong Positive	Very Strong Positive	Strong Positive	

A = Attitude ; EE = Emotion and Empathy ; KA = Knowledge and Awareness ; MC = Motivation and Curiosity ; S = Skill ; SD = Social Desirability

Discussion [Optional]

Cross-cultural competence refers to the ability to understand, communicate with, and effectively engage people from diverse cultural backgrounds, moving beyond the understanding of a single, familiar culture (Rasmussen, 2021). It involves not only knowledge of cultural differences but also the skills and attitudes necessary for respectful and meaningful interactions. Campinha-Bacote (2002) emphasizes that cultural competence in healthcare is an ongoing process requiring self-reflection, cultural awareness, and continuous skill development. Moreover, Osmancevic et al. (2023) identify cultural competence as a key factor in reducing healthcare inequities and improving patient outcomes, highlighting its essential role in delivering safe, effective, and personalized care. Culturally competent care takes into account how treatments and health interventions intersect with patients' cultural beliefs and practices.

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ISSN: 1053-7899
Vol. 36 Issue 1, 2026, Pages 5884-5896

Based on the findings it revealed that the overall level of cross-cultural competence among nurses in Iloilo is high. This suggests that nurses in Iloilo demonstrate strong sensitivity and adaptability in diverse cultural settings. Regularly applies knowledge, skills, and awareness to bridge cultural gaps effectively, supporting meaningful interactions and interventions. The highest-rated subscales were Motivation and Curiosity, Skill, and Social Desirability all interpreted as very high. These findings suggest that nurses in Iloilo demonstrate a strong desire to engage with culturally diverse patient population, perceive cultural diversity as a valuable enrichment, possess the necessary skills to provide culturally sensitive care, take into account patients' values related to family, religion, and other cultural aspects, stay factual and objective when engaging in discussions with individuals from diverse cultural backgrounds, and maintain a high level of professionalism and respect in interactions with patients from diverse backgrounds. The very high scores in Motivation and Curiosity indicate that these nurses view cultural diversity and considering friendships with people from different cultural backgrounds as an enrichment and are eager to learn about different cultural practices and values, which is a promising indicator of their willingness to provide culturally competent care. This heightened motivation and curiosity may be attributed to several contextual and cultural factors unique to Iloilo; it hosts a wide array of ethnolinguistic groups and regularly welcomes patients from nearby provinces and islands. Nurses working in such a dynamic environment are naturally exposed to diverse beliefs, dialects, and health-related customs, which can stimulate curiosity and reinforce the importance of cultural learning in clinical practice. Nursing education in Iloilo often emphasizes community immersion and service-learning experiences in diverse and underserved settings, including rural and indigenous communities. These structured, reflective engagements not only enhance clinical skills but also foster deeper cultural awareness and a desire to learn from different communities (Villanueva & Macapagal, 2016).

The findings of this study align closely with Campinha-Bacote's (2002) model of cultural competence, which conceptualizes cultural competence as a continuous, dynamic process. The results indicate that while nurses in Iloilo exhibit a high overall level of cross-cultural competence, particularly in the domains of motivation and curiosity, skill, and social desirability, there are evident areas for development in cultural awareness, knowledge, and empathy, reflecting the ongoing nature of cultural competence as outlined in Campinha-Bacote's model. These findings are also consistent with the study conducted by Osmancevic et al. (2023), which reported that nurses' level of cultural competence ranged from modest to high. Their study also emphasized that factors such as age, educational background, cultural diversity training, and self-perception of cultural competence significantly influenced overall competence.

The findings also revealed that cross-cultural competence among nurses is generally high across various demographic and experiential categories, with slight variations offering meaningful insights. Female nurses demonstrated marginally higher competence than their male counterparts especially in skill and social desirability, which may suggest they are more sensitive in social situations or more in tune with caregiving expectations. Societal norms and cultural expectations often assign caregiving roles to women, reinforcing the association between femininity and nurturing behaviors. From a young age, individuals are exposed to cultural representations that link women with care and concern for others, which can influence both self-perception and behavior. This socialization process may lead women to be more inclined toward caregiving activities (Willer, 2017) . Age also played a notable role, particularly the 40–49 age group scored the highest in motivation and curiosity, skill and social desirability subscales, These results suggest that individuals in their 40s are often at the peak of their careers and actively engaged in both personal and professional development, which likely contributes to their strong performance in these areas and that this group is highly motivated, eager to learn, skilled, and socially aware. This aligns with Cai et al. (2021), who noted that nurses who are younger, have less work experience, less education, and infrequently travel to or reside in cross-cultural locations tend to have lower levels of cultural competence and should be prioritized for cultural training. Those aged 50-59 and 60-69 which showed higher scores in key subscales like attitude and knowledge and awareness, indicating that cultural competence may deepen with maturity and accumulated life or work experiences. Interestingly, younger nurses and those with less than five years of experience scored highest in areas like Social Desirability and Motivation and Curiosity, possibly indicating a strong eagerness to engage with diverse populations and meet professional expectations. This may be attributed to their recent exposure to contemporary nursing curriculum, which often emphasize the importance of cultural competence, inclusion, and global health. As novice nurses, they may also be more conscious of how they are perceived by peers and supervisors, resulting in higher social desirability scores. Additionally, early-career nurses tend to demonstrate heightened enthusiasm and openness to new learning experiences, reflecting a desire to prove themselves and explore new cultural dimensions in patient care. It is also important to consider that in today's generation, cultural competence is learned and discussed better than in previous generations. Younger nurses may have higher results due to increased access to social media and the internet, which have enhanced awareness and exposure to diverse cultures. These factors have helped connect individuals across different backgrounds. Meanwhile, the higher Emotion and Empathy scores among those with over ten years of experience imply that emotional insight may grow with clinical exposure Prolonged patient interactions, particularly in diverse and often emotionally intense scenarios, likely enhance a nurse's ability to perceive subtle emotional cues, build trust, and respond compassionately to patients from different cultural backgrounds. Over time, seasoned nurses cultivate a deeper understanding of patient suffering and human variability, which strengthens their capacity for empathetic, patient-centered care. Meanwhile, those with 5 to 10 years of experience scored highest in Knowledge and Awareness, suggesting that mid-career professionals may be at the peak of their learning and information application. At this stage, they have accumulated enough hands-on experience to move beyond theoretical understanding, while still actively pursuing continuing education and professional development opportunities. Their dual exposure to both structured training and real-world challenges positions them well to critically apply cultural knowledge in patient care. This phase often represents a balance between experiential depth and academic engagement, making mid-career nurses especially competent in navigating complex cross-cultural situations with both confidence and clarity.

Urban nurses scored slightly higher than suburban counterparts across most subscales, which could be due to more frequent exposure to diverse populations. Iloilo City, being a highly urbanized area and a growing educational and healthcare hub in Western Visayas, attracts a broad spectrum of individuals including local migrants, overseas returnees, foreign residents, and patients from nearby provinces seeking specialized care. This diversity in patient demographics provides urban nurses with greater opportunities to interact with people from different cultural, linguistic, and socioeconomic backgrounds, enhancing their awareness, adaptability, and communication skills in cross-cultural settings. Additionally, urban hospitals in Iloilo are more likely to offer structured in-service training, interdisciplinary collaboration, and international partnerships that foster cultural sensitivity. In contrast, suburban hospitals may have more homogenous patient populations and fewer institutional resources for cultural competence training, which may contribute to the slightly lower scores observed among suburban-based nurses. Urban areas scored very high in motivation and curiosity, skill, and social desirability, while those from suburban areas also scored very high in these same subscales, though with slightly lower values. The lower scores in suburban areas may be due to the relatively slower pace and fewer external pressures compared to urban settings. Despite these differences, both groups performed very high in some subscales, with urban individuals showing stronger drive and social awareness, likely influenced by the challenges and opportunities in city living.

Nurses with travel experience scored slightly higher in Attitude, Emotion and Empathy, and Motivation and Curiosity, suggesting that exposure to other cultures may enhance emotional and attitudinal understanding. This means they are eager to learn, capable in their tasks, and mindful of how they are seen by others. These high scores may be due to shared experiences, training, or expectations in their environment that encourage learning, performance, and social awareness. In Iloilo, a province with a high concentration of Overseas Filipino Workers (OFWs) and families with international exposure, these nurses may draw on culturally diverse encounters both abroad and at home. Iloilo's dynamic environment marked by medical tourism, returning migrants, and interregional patient referrals provides a setting where global cultural perspectives naturally integrate into everyday nursing care. As a result, travel experienced nurses may feel more confident and empathetic when caring s from varied backgrounds, aligning their attitudes and behaviors with both personal experiences and the multicultural expectations of Iloilo's healthcare landscape. In contrast, those without travel experience scored higher in Knowledge and Awareness, Skill, and Social Desirability, which might mean they focus more on doing well, understanding tasks, and meeting expectations. Reflecting stronger familiarity with theoretical aspects or a greater effort to meet expected standards despite limited direct cultural exposure. However, the relatively low number of nurses with actual travel experience presents a limitation that may affect the accuracy and generalizability of these findings. It is possible that these nurses developed their cultural skills through other means such as formal education on cultural awareness, ongoing workplace diversity training, or daily interactions with patients from different backgrounds. Additionally, some nurses may naturally have higher empathy or curiosity regardless of travel, which can influence their scores. These considerations suggest that while international travel may offer meaningful experiential learning opportunities that enhance cultural competence, other factors including institutional support, personal attributes, and indirect exposure to cultural diversity likely play significant and potentially confounding roles.

Iloilo is the center of education in Region VI and it is the home of the best schools and universities in the Philippines (Invest in Iloilo PH, 2021). In Iloilo, nurses without travel experience often demonstrate higher competence in areas such as knowledge and awareness, skill, and social desirability. This can be attributed to several unique characteristics of Iloilo and the Ilonggo people. Iloilo is known for universities like St. Paul University Iloilo, West Visayas State

MSW MANAGEMENT -Multidisciplinary, Scientific Work and Management Journal
ISSN: 1053-7899
Vol. 36 Issue 1, 2026, Pages 5884-5896

University and Central Philippine University, which emphasize academic excellence and technical proficiency. These institutions produce graduates with a strong foundation in theory and clinical practice, which equips them to perform well even without international exposure. Culturally, Ilonggos are known for being respectful, kind, diligent, and conscientious. These traits shape their work ethic and their desire to meet expectations and maintain professionalism. Social values such as "pakikisama" (getting along well with others) and "hiya" (a sense of propriety or concern for how one is perceived) further motivate them to perform well and behave in socially desirable ways, especially in a professional setting like healthcare. Additionally, even without traveling abroad, Ilonggo nurses gain practical cultural exposure through their work in Iloilo's hospitals, which serve as regional hubs s from neighboring provinces such as Capiz, Antique, Guimaras, and Negros. This environment allows them to care for individuals with diverse cultural and socioeconomic backgrounds, enhancing their adaptability and competence. Moreover, the nursing curriculum in Iloilo places strong emphasis on mastery of foundational skills and aligning behavior with the ideal image of a nurse, encouraging students to uphold high standards of care and conduct. The competence of non-traveled Ilonggo nurses is shaped by a blend of rigorous academic training, culturally rooted values, and everyday exposure to diverse clinical situations. While travel may enrich emotional and attitudinal development, the Ilonggo nurse's deep sense of responsibility, respect for others, and commitment to excellence ensures high performance grounded in their identity and local context. This supports the findings of Nguyen and Benet-Martínez (2012), who emphasized that exposure to different cultural contexts, such as through travel, helps enhance cultural competence. However, both groups scored moderate in attitude, emotion and empathy, and knowledge and awareness, which may suggest that while they are driven and skilled, they may not have fully developed strong personal beliefs, emotional understanding, or deeper knowledge yet.

Overall, these results show that cultural competence in nursing varies across age, sex, years of experience, type of hospital affiliation, and history of traveling abroad, highlighting how different backgrounds and experiences are associated with different strengths in specific areas of cultural competence.

The study found no significant difference in the level of cross-cultural competence among nurses in Iloilo when grouped according to age across all six subscales: Attitude, Emotion and Empathy, Knowledge and Awareness, Motivation and Curiosity, Skill, and Social Desirability, which suggests that age does not independently influence a nurse's ability to provide culturally competent care. This uniformity can be attributed to the shared exposure nurses of all ages have to Iloilo's culturally diverse patient population, as well as standardized cultural training, clinical protocols, and professional expectations present in both academic and hospital settings. For instance, younger nurses may be more recently trained in updated cultural theories and practices, while older nurses benefit from accumulated real-world experiences, balancing out potential differences. The consistent findings across age groups may also reflect the effectiveness of the Cross-Cultural Competence Instrument for Healthcare Professionals (CCCHP-27), which captures both inherent and developed aspects of competence. Similar findings were reported by Lin et al. (2020), who found that although pre-graduate students scored lower on knowledge and awareness, registered nurses and mentors performed comparably in cultural competence regardless of age, and caregiving experiences had a more substantial effect than demographic factors. Additionally, Cai et al. (2021) suggested that while younger and less experienced nurses may initially have lower cross-cultural competence, targeted training can quickly bridge this gap. This reinforces the notion that structured exposure, rather than age alone, is the more critical determinant in developing and sustaining high levels of cross-cultural competence among nurses, aligning with the results of this study.

The findings reveal that there is no statistically significant difference in the level of cross-cultural competence among nurses in patient care in Iloilo when grouped according to sex. This result applies across all subscales Attitudes, Emotion and Empathy, Knowledge and Awareness, Motivation and Curiosity, Skill, and Social Desirability—as well as the overall level of cross-cultural competence. This suggests that both male and female nurses demonstrate a similar capacity to understand and engage with patients from diverse cultural backgrounds, and that gender does not appear to be a determining factor in the development of cross-cultural competence. Instead, competence in this area stems more from exposure, motivation, and training. Similarly, Loftin et al. (2013) emphasized that cultural competence among healthcare providers is shaped more significantly by cultural encounters and educational interventions rather than demographic characteristics like sex. This highlights the importance of learning opportunities and institutional support in developing these skills across all genders.Likewise, Kaihlanen et al. (2019) noted that while sociodemographic characteristics such as sex may offer some background context, the acquisition of cultural competence is more strongly influenced by systemic educational strategies and experiences within diverse healthcare settings.

There is no significant difference in the overall level of cross-cultural competence among nurses in Iloilo based on years of work experience ($p = 0.182$). However, social desirability shows a significant difference ($p = 0.025$), with nurses who have less than 5 years of experience reporting the highest mean score (4.46), which may suggest that less experienced nurses tend to answer in ways they believe are expected of them, rather than what they truly feel. This may be due to their desire to present themselves favorably in a professional setting, especially when they are still building confidence and may feel uncertain about the "correct" responses in culturally sensitive situations. Emotion and empathy also show a slight trend toward significance ($p = 0.066$), but not enough to be considered statistically different. The subscales knowledge and awareness ($p = 0.702$), motivation and curiosity ($p = 0.551$), and skill ($p = 0.96$) did not show any significant differences, indicating that years of experience did not affect these areas. However, this finding on skill contradicts the study of Abubakari et al. (2024), which found that work experience significantly improves cultural skills. According to their study, as nurses gain more experience, they become better at assessing health information and adjusting their care based on cultural beliefs and practices, suggesting that cultural skills can grow over time with clinical experience.

There is also no significant difference in the overall level of cross-cultural competence among nurses in Iloilo based on the type of hospital (urban vs. suburban), however there are statistically significant differences in the subscales of Attitudes and Motivation and Curiosity. Urban nurses scored notably higher in these two areas, suggesting that working in an urban hospital environment may contribute positively to nurses' openness and eagerness to engage with patients from diverse cultural backgrounds. Some factors could be urban hospitals in Iloilo are typically more exposed to diverse patient populations, including individuals from different ethnolinguistic groups, migrant workers from neighboring provinces or regions, and even international patients. This increased exposure likely enhances nurses' appreciation for cultural diversity and fuels their motivation to understand and effectively interact with patients from different backgrounds. Additionally, urban settings often provide more dynamic, fast-paced work environments, which may foster professional growth and encourage a proactive attitude toward intercultural engagement. The urban hospital environment in Iloilo may also provide more opportunities for exposure to new ideas, technologies, and practices through professional networking, seminars, training, and access to more diverse healthcare teams. These experiences can naturally nurture a sense of intellectual curiosity and interest in learning about different cultures, belief systems, and health practices. Curiosity is often driven by novelty and variability elements more present in urban settings where multicultural interactions are part of daily routines.. Moreover, Douglas et al. (2011) argue that institutional frameworks such as structured diversity training and multicultural policies are more prevalent in urban healthcare settings, further strengthening urban nurses' cultural competence. These systems not only increase exposure but also reinforce attitudinal and motivational growth through formal education and policies.

Like (2011) describes urban hospitals as creating a "cultural learning loop," where ongoing interactions with diverse patients enhance cultural awareness and inspire sustained curiosity. This helps explain the significantly higher levels of Motivation and Curiosity found among urban nurses in this study. Likewise, Starr and Wallace (2009) found that public health nurses in urban areas reported greater confidence in cross-cultural communication due to routine interactions with multicultural populations, a trend consistent with the current findings.

The results also align with Papadopoulos, Tilki, and Taylor (1998), who emphasized that cultural competence is not only an individual attribute but also highly context-dependent. Work environments that promote inclusivity and provide regular multicultural experiences common features in urban healthcare naturally foster better attitudes and higher motivation toward cultural learning.

The lack of significant differences in the other subscales Emotion and Empathy may be due to the deeply ingrained Filipino cultural values such as "malasakit", "pakikiramay" (empathy), and "pagmamalasakit" (concern for others) are commonly shared among healthcare professionals in both urban and suburban settings. These values are reinforced during clinical training and community immersion programs, leading to a broadly uniform expression of empathy in nursing practice. No significant difference in Knowledge and Awareness suggests that Nurses across Iloilo typically receive their education from similar institutions with standardized curricula and are subject to the same national licensure and continuing education requirements. This common academic and regulatory foundation supports a consistent level of knowledge and awareness regarding cultural considerations in healthcare. In Skill, clinical competence is honed through hands-on experience, and both urban and suburban hospitals in Iloilo cater to a wide range of medical needs. Although the volume and variety of cases may differ, the core nursing skills remain consistent, ensuring a comparable level of professional capability across settings. Lastly, Social Desirability subscale no difference suggests that there is a collectivist society like the Philippines, nurses regardless of hospital location are influenced by strong social expectations to behave in ways that reflect positively on their profession, family, and community. This cultural pressure to conform to socially approved norms may reduce variation in responses linked to this subscale and this applies to Iloilo nurses. However, the variation seen in attitudes and motivation and curiosity highlights a potential area for

MSW MANAGEMENT -Multidisciplinary, Scientific Work and Management Journal
ISSN: 1053-7899
Vol. 36 Issue 1, 2026, Pages 5884-5896

intervention in suburban hospitals. Incorporating multicultural simulations, patient interaction scenarios, or exchange programs could help suburban nurses cultivate the same level of cultural curiosity and openness observed in urban settings.

There are no statistically significant differences in the level of cross-cultural competence among nurses in Iloilo when grouped according to their history of traveling abroad. This result applies to all six subscales Attitudes, Emotion and Empathy, Knowledge and Awareness, Motivation and Curiosity, Skill, and Social Desirability as well as the overall score.This finding suggests that merely having travel experience abroad does not automatically enhance cross-cultural competence. While one might expect that exposure to other cultures through international travel would foster cultural sensitivity and awareness, this study supports a more nuanced understanding: cross-cultural competence is not developed through exposure alone but rather through intentional, structured, and reflective learning experiences. This suggests that Iloilo itself is a melting pot of various ethnolinguistic groups such as Hiligaynons, Karay-a, Aklanon, and other Visayan subcultures. Many nurses are routinely exposed to patients who speak different dialects, come from various socioeconomic backgrounds, and hold diverse health beliefs and practices even within the same province. This intra-regional diversity provides a strong foundation for developing cross-cultural skills locally, without the need for international travel. Nursing programs in Iloilo are known for their strong emphasis on community-based practice and culturally responsive care, often involving immersion in rural, underserved, and ethnically diverse communities during training. This type of hands-on education fosters cultural empathy, communication skills, and ethical awareness that are directly tied to real-life patient interactions, rather than abstract or passive experiences that may come with short-term travel abroad. Filipino nurses are shaped by deeply rooted cultural values such as "*pakikipagkapwa*" (shared humanity), "*malasakit"* (concern for others), and "*bayanihan"* (community spirit), (Pe-Pua & Protacio-Marcelino, 2000). These values form the emotional and moral backbone of caregiving in the Philippines, and they are consistently reinforced in both urban and rural settings. As a result, many nurses in Iloilo already possess a culturally attuned mindset, shaped by local traditions of empathy, respect, and communal care. Travel abroad may offer cultural exposure, but if it lacks structured intercultural engagement or professional application, it often results in surface-level experiences. On the other hand, the challenges faced by nurses in Iloilo's hospitals, whether due to resource limitations, varied patient beliefs, or linguistic barriers, require them to adapt in real-time, reflect critically, and refine their interpersonal and clinical approaches. This experiential, purpose-driven learning is often more effective in shaping true cross-cultural competence than casual or recreational travel.

This aligns with the findings of Kaihlanen, Hietapakka, and Heponiemi (2019), who concluded that cultural competence among healthcare professionals is more effectively developed through formal education and training than through incidental exposure such as travel. They emphasized the importance of guided reflection and cultural education programs that focus on practical application in clinical contexts.

Similarly, Loftin et al. (2013) observed that travel experience alone does not guarantee the development of the specific competencies required for culturally congruent care. Instead, they found that immersion programs, cultural training workshops, and targeted curricula had a greater impact on improving nurses' skills in empathy, communication, and cultural assessment.Supporting this, Sharifi et al. (2019) emphasized that cultural competence is not merely a product of exposure to different cultures but a multifaceted process involving formal education, reflection, and continuous practice. They argued that superficial experiences such as travel may raise awareness but are insufficient for building the professional competence needed to effectively care for diverse backgrounds.

These findings suggest a need for healthcare institutions especially in suburban and rural areas where formal training opportunities might be limited to invest in ongoing cultural competence development programs. While travel can broaden a person's worldview, it should not be viewed as a substitute for professional training tailored to nursing practice.In summary, the absence of significant differences indicates that travel history alone does not equip nurses with the comprehensive tools needed to deliver culturally competent care. Instead, intentional educational interventions, reflective practice, and institutional support remain essential in fostering genuine and effective cross-cultural nursing. The lack of a significant difference in cross-cultural competence between nurses who have and have not traveled abroad highlights a key insight: meaningful intercultural development depends less on where one has been and more on how one engages with diversity. In Iloilo, the combination of rich local cultural diversity, reflective nursing education, and values-driven practice equips nurses with the competencies necessary for culturally sensitive care making international travel a valuable addition, but not a requirement, for achieving cross-cultural competence.

The findings also underscore the complex and interconnected nature of cross-cultural competence among nurses in Iloilo, as conceptualized by Campinha-Bacote's model. Nurses demonstrated very high levels of Motivation and Curiosity, Skill, and Social Desirability, reflecting a strong desire to engage with patients from diverse backgrounds, a high level of practical competence in providing culturally sensitive care, and a heightened awareness of how they present themselves in cross-cultural interactions. These interpretations suggest that many nurses are eager and well-equipped to deliver culturally appropriate care while also mindful of professional expectations in multicultural settings.The strong positive relationships between Motivation and Curiosity and both Skill and Social Desirability further affirm that nurses who are intrinsically motivated to learn about other cultures are also more likely to possess and apply the necessary skills effectively. This aligns with Campinha-Bacote's assertion that cultural desire is a foundational element in building cultural skill and overall competence. In practice, this means that motivation not only fuels learning but also translates into action enabling nurses to interact more confidently and respectfully with patients of different cultural backgrounds.

However, the study also highlights areas of concern. Subscales such as Emotion and Empathy and Knowledge and Awareness were rated only at a moderate level and showed negative relationships with overall competence. This indicates that while nurses may recognize the importance of cultural knowledge and emotional sensitivity, these elements alone do not guarantee effective care if they are not paired with adequate motivation and practical skills. In other words, understanding cultural differences and feeling empathy are not enough without the drive and ability to respond appropriately in clinical situations.

Additionally, the very high score in Social Desirability suggests that nurses are highly attuned to presenting themselves in ways that align with societal and professional norms. While this can support respectful care, it may also imply that some self-reported responses reflect the desire to be perceived positively, rather than actual, deeply internalized cultural competence. This highlights the importance of complementing self-assessments with real-world observation and practice-based evaluations. Overall, the analysis underscores the complexity of these relationships, highlighting how motivation and skill are key drivers of higher overall scores, while empathy and knowledge do not exhibit the same positive influence.

Taken together, the results emphasize that while nurses in Iloilo show strong potential and commitment to culturally competent care, there remain significant developmental needs in emotional engagement, cultural self-awareness, and knowledge acquisition. To address these gaps, it is recommended that healthcare institutions implement comprehensive, integrative training programs that include self-reflective practices, educational interventions on cultural health issues, and facilitated encounters with culturally diverse populations. Such approaches are not only consistent with the holistic structure of Campinha-Bacote's model but also essential in fostering well-rounded, genuinely competent nursing care that honors the cultural uniqueness of every patient.

Conclusion

Based on the findings of the study, the following conclusions were drawn:

1. Iloilo nurses have a high level of cross-cultural competence as a whole, which shows a strong sensitivity and adaptability in diverse cultural settings. They regularly apply knowledge, skills, and awareness to bridge cultural gaps effectively, supporting meaningful interactions and interventions. A very high level of Motivation and Curiosity concludes that nurses are driven to understand and connect with different cultures to provide better care s from diverse backgrounds. A very high level of Skill means that nurses are able to use their skills to give appropriate and effective care to patients from various cultural backgrounds, likely due to solid training and hand-on experience in diverse clinical settings. A very high level of Social Desirability concludes that the nurses may have responded in ways they believed would be socially acceptable or well-received, rather than expressing their honest thoughts or actions. In contrast, Attitude had a moderate score which indicates that they are open to diversity and exhibit some positive behaviors, there may still be room for growth in terms of deeper understanding, consistent practice, or more enthusiastic engagement in cross-cultural interactions. Knowledge and awareness was also moderate, which concludes that nurses possess a basic to fair understanding of cultural differences and demonstrate some level of recognition and respect for these differences in patient care. However, their knowledge may not be comprehensive or deeply nuanced, and there may be gaps in their ability to effectively apply cultural knowledge in more complex or unfamiliar situations. Emotion and Empathy was also moderate which concludes that nurses have a fair ability to recognize and understand their own emotions and to connect with patients' emotions from diverse cultural backgrounds. However, there may be limitations in their ability to fully grasp or respond to more complex emotional cues influenced by cultural differences.
2. There were no statistically significant differences in the level of cross-cultural competence when nurses were grouped according to their demographic profiles, including age, sex, work experience, hospital affiliation, and international travel experience. This suggests that cross-cultural competence is consistent across diverse nursing backgrounds and is not strongly influenced by personal or professional characteristics.

3. Significant positive correlations were observed among the subscales. Specifically, Motivation and Curiosity showed strong positive correlations with both Skills and Social Desirability, suggesting that motivated nurses tend to be more skilled and socially aware in culturally diverse settings. Conversely, moderate negative correlations were found between Emotion and Empathy and Knowledge and Awareness with overall Competence, indicating that while these factors are important, they may not independently contribute to high levels of cultural competence without the support of motivation and practical skills.

Acknowledgment

References

1]. Adamson, E. (2018). Culture, courage and compassion: exploring the experience of student nurses on placement abroad. *Journal of Compassionate Health Care*, *5*(1). https://doi.org/10.1186/s40639-018-0048-4
[2]. Ahn J. W. (2017). Structural equation modeling of cultural competence of nurses caring for foreign patients. Asian Nurse. Res. 11, 65–73. doi: 10.1016/j.anr.2017.03.001
[3]. Alim, H. N., Hashim, N. A., & Al-Hazmi, H. (2020). Harmony in diversity: Exploring transcultural nursing practices in the Philippines. International *Journal of Research Publication and Reviews,* 5(1), 1247-1249.
[4]. Barral, N. P., Corpuz, A. C. Q., Lagcao, J. A. L., Poblete, M.-L. O., Seno, R. T., Paler, E. A., & Ramel, Q. J. J. (2023). Cultural competency and quality of care of nurses in a public hospital in Southern Philippines. The Malaysian Journal of Nursing (MJN). https://ejournal.lucp.net/index.php/mjn/article/view/2645/2625
[5]. Beck, P., Matusiewicz, D., Schouler-Ocak, M., Khan, Z., Peppler, L., & Schenk, L. (2024b). Evaluation of cross-cultural competence among German health care professionals: A quasi-experimental study of training in two hospitals. Heliyon, 10(6), e27331. https://doi.org/10.1016/j.heliyon.2024.e27331
[6]. Bernhard, G., Knibbe, R. A., Von Wolff, A., Dingoyan, D., Schulz, H., & Mösko, M. (2015). Development and psychometric evaluation of an instrument to assess Cross-Cultural Competence of Healthcare Professionals (CCCHP). PLoS ONE, 10(12), e0144049. https://doi.org/10.1371/journal.pone.0144049
[7]. Betancourt, J. R., Green, A. R., Carrillo, J. E., & Owusu Ananeh-Firempong, I. (2010). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports,* 118(4), 293-302.
8]. Betancourt, J. R., Green, A. R., & Carrillo, J. E. (2003). Cultural competence and health care disparities: Key perspectives and trends. Health Affairs, 22(5), 79-88. https://doi.org/10.1377/hlthaff.22.5.79
[9]. Brennan G., González L.G., Güth W., & Levati, M.V. (2008). Attitudes toward private and collective risk in individual and strategic choice situations. *Journal of Economic Behavior & Organization,* 67(1), 253–262.Crossref. [10]. Bunjitpimol P., & Somrongthong R., & Kumar, Ramesh. (2015). Factors affecting nursing cultural competency in private hospitals at Bangkok, Thailand. *International Journal of Healthcare*. 2. doi:10.5430/ijh.v2n1p5.
[11]. Cai, D., He, W., & Klug, D. (2021). Cultural competence among nurses and its influencing factors: A cross-sectional study. *Nursing and Health Sciences*, 23(2), 411–418. https://doi.org/10.1111/nhs.12821
[12]. Caligiuri, P., Phillips, J., Lazarova, M., Tarique, I., & Burgi, P. (2001). The theory of met expectations applied to expatriate adjustment: The role of cross-cultural training. International Journal of Human Resource Management, 12(3), 357-372. https://doi.org/10.1080/09585190121711
[13]. Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: a model of care. *Journal of Transcultural Nursing*, 13(3), 181–184. https://doi.org/10.1177/10459602013003003
[14]. Campbell, C. J., & Walta, C. (2015). Maximizing intercultural learning in short-term international placements: Findings associated with orientation programs, guided reflection, and immersion. Australian Journal of Teacher Education, 40(10), 1-15. https://doi.org/10.14221/AJTE.2015V40N10.1
[15]. Cerezo G. P., Galceran M. S., Soriano M. G., Camps L. M., & Moral J. M. L. (2014). Design and evaluation of an educational course in cultural competence of nursing. *Procedia Soc. Behav. Sci*. 132, 262–268. doi: 10.1016/j.sbspro.2014.04.308
[16]. Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. Journal of Consulting Psychology, 24(4), 349–354. https://doi.org/10.1037/h0047358
[17]. Deering, M. (2022). Cultural competence in nursing. *Nurse Journal.* https://nursejournal.org/resources/cultural-competence-in-nursing/ . Accessed on 24th January 2022
[18]. De Kwaadsteniet E. W., Van Dijk E., Wit A., De Cremer D., De Rooij M. (2007). Justifying decisions in social dilemmas: Justification pressures and tacit coordination under environmental uncertainty. *Personality and Social Psychology Bulletin*, 33(12), 1648–1660.Crossref. PubMed. Web of Science.
[19]. De Diego-Lázaro, B., Winn, K., & Restrepo, M. A. (2020). Cultural competence and self-efficacy after study abroad experiences. American Journal of Speech-Language Pathology, 29(4), 1896-1909.
[20]. Eisenberg N., Eggum N. D.,& Di Giunta L. (2010). Empathy-related responding: Associations with prosocial behavior, aggression, and intergroup relations. *Social Issues and Policy Review*, 4(1), 143–180. Crossref. PubMed. Web of Science.
[21]. Garvey L., Mackelprang J.L., Bhowmik J., Cassar N., Delbridge R., El-Ansary D., Willetts G., & Williams A. (2022) Enhancing Cultural Capabilities Amongst Health Professions Students: A Pilot Study of Interprofessional Tag Team Simulation. *Clin. Simul. Nurs*. 2022;62:83–91. doi: 10.1016/j.ecns.2021.08.021
[22]. Holtgraves, T. (2004). Social desirability and self-reports: Testing models of socially desirable responding. Personality and Social Psychology Bulletin, 30(2), 161–172. https://doi.org/10.1177/0146167203259930
[23]. Holliday, A. (2016). Revisiting intercultural competence. International Journal of Bias Identity and Diversities in Education, 1(2), 1–14. https://doi.org/10.4018/ijbide.2016070101
[24]. Işik, M. T., & Özdemir, R. C. (2024). Cultural sensitivity of a group of nursing students' and attitudes toward refugees. *Journal of Transcultural Nursing*, *35*(3), 244–253. https://doi.org/10.1177/10436596231225264
[25]. Jefferies, V., & Lassetter, J., PhD RN. (n.d.). Empathy for provider and patient. BYU ScholarsArchive. https://scholarsarchive.byu.edu/studentpub/266/
[26]. Jongen, C., McCalman, J., & Bainbridge, R. (2018). Health workforce cultural competency interventions: a systematic scoping review. *BMC Health Services Research*, *18*, 1-15. https://doi.org/10.1186/s12913-018-3001-5
[27]. Kaihlanen, A., Hietapakka, L., & Heponiemi, T. (2019). Increasing cultural awareness: qualitative study of nurses' perceptions about cultural competence training. *BMC Nursing*, 18(1). https://doi.org/10.1186/s12912-019-0363-x
[28]. Larson, K., & Bradshaw, C. (2021). Cultural competence and social desirability among practitioners: A systematic review of the literature. Children and Youth Services Review, 76(0190–7409), 100–111. https://www.sciencedirect.com/science/article/abs/pii/S0190740917302050
[29]. Lee, H., Airgood-Obrycki, W., & Frost, R. (2022). Back to the suburbs? Millennial residential locations from the Great Recession to the pandemic. Harvard Joint Center for Housing Studies. Retrieved from https://www.jchs.harvard.edu/research-areas/journal-article/back-suburbs-millennial-residential-locations-great-recession
[30]. Leininger M., McFarland R. M. (eds.) (2002). Transcultural Nursing: Concepts, Theories, Research & Practice. New York: McGraw-Hill. https://journals.lww.com/ajnonline/citation/2003/01000/1__transcultural_nursing__concepts,_theories,.61.aspx
[31]. Lerner J. S., Li Y., Valdesolo P., & Kassam K. S. (2015). Emotion and decision making. *Annual Review of Psychology*, 66, 799–823. Crossref. PubMed. Web of Science.
[32]. Lin, H., Guo, J., Chen, H., Liao, L., & Chang, L. (2020). Cultural competence among pre-graduate nursing students, new graduate nurses, nurse mentors, and registered nurses: A comparative descriptive study. Nurse Education Today, 97, 104701. https://doi.org/10.1016/j.nedt.2020.104701
[33]. Liu T.T., Chen M.Y., Chang Y.M., Lin M.H. (2022) A Preliminary Study on the Cultural Competence of Nurse Practitioners and Its Affecting Factors. Healthcare (Basel). 2022 Apr 3;10(4):678. doi: 10.3390/healthcare10040678. PMID: 35455855; PMCID: PMC9026283.
[34]. Lockwood P. L., Seara-Cardoso A., Viding E. (2014). Emotion regulation moderates the association between empathy and prosocial behavior. *PLOS ONE*, 9(5), Article e96555. Crossref.
[35]. Majda, A., Zalewska-Puchała, J., Bodys-Cupak, I., Kurowska, A., & Barzykowski, K. (2021). Evaluating the effectiveness of cultural education training: Cultural competence and cultural intelligence development among nursing students. *International Journal of Environmental Research and Public Health,* 18(8), 4002. https://doi.org/10.3390/ijerph18084002

MSW MANAGEMENT -Multidisciplinary, Scientific Work and Management Journal
ISSN: 1053-7899
Vol. 36 Issue 1, 2026, Pages 5884-5896

[36]. Mikhaylov, N. S. & Süleyman Şah University. (2016). Curiosity and its role in cross-cultural knowledge creation. In CRES Special Issue Volume 8, Number 1, April 2016 (pp. 95–108) [Journal-article]. https://files.eric.ed.gov/fulltext/EJ1098795.pdf
[37]. Nguyen, A. D., & Benet-Martínez, V. (2012). Biculturalism and adjustment. Journal of Cross-Cultural Psychology, 44(1), 122–159. https://doi.org/10.1177/0022022111435097
[38]. Osmancevic, S., Großschädl, F., & Lohrmann, C. (2023). Cultural competence among nursing students and nurses working in acute care settings: a cross-sectional study. BMC Health Services Research, 23(1). https://doi.org/10.1186/s12913-023-09103-5
[39]. Pelligra V., Vásquez A. (2020). Empathy and socially responsible consumption: An experiment with the vote-with-the-wallet game. *Theory and Decision*, 89(4), 383–422. Crossref.
[40]. Rasmussen, L. (2021, September 16). Cross-Cultural Competence: Engage People from any Culture. Global Cognition. https://www.globalcognition.org/cross-cultural-competence/#:~:text=Cross-cultural%20competence%20refers%20to,people%20from%20most%20any%20culture.
[41]. Sánchez-Ojeda, M. A., Fernández-Gomez, E., Del Mar Ortiz-Gómez, M., & Alemany-Arrebola, I. (2020). The influence of training in Cross-Culturalism on future nurses: Can education change prejudiced attitudes toward migrants? *Journal of Transcultural Nursing*, 32(5), 614–622. https://doi.org/10.1177/1043659620971703
[42]. Schim, S. M., Doorenbos, A. Z., & Borse, N. N. (2013). Cultural competence in nursing: A review of the literature. *Journal of Transcultural Nursing*, 24(4), 381-389. https://doi.org/10.1177/1043659613493142
[43]. Shepherd, S. M., Willis-Esqueda, C., Newton, D., Sivasubramaniam, D., & Paradies, Y. (2019). The challenge of cultural competence in the workplace: Perspectives of healthcare providers. BMC Health Services Research, 19(1), 1–11. Springer. https://doi.org/10.1186/s12913-019-3959-7
[44]. Small D. A., Lerner J. S. (2008). Emotional policy: Personal sadness and anger shape judgments about a welfare case. *Political Psychology*, 29(2), 149–168. Crossref.
[45]. Sobkowiak, P. (2023). The impact of studying abroad on students' intercultural competence: An interview study. Journal of Intercultural Communication, 4(2), 685-687. https://doi.org/10.1007/978-3-319-01384-8_11
[46]. Songwathana, P., Chunuan, S., Balthip, K., Purinthrapaibal, S., Hui, T., Ibrahim, K., & Thuy, L. T. (2020). Cultural Competence Perspectives from Nurses in Four Asian countries: A Qualitative Descriptive study. Journal of Health Science and Medical Research. https://doi.org/10.31584/jhsmr.2020767
[47]. Spiliotopoulou, M., & Roseland, M. (2020). Urban Sustainability: From theory influences to Practical agendas. *Sustainability*, *12*(18), 7245. https://doi.org/10.3390/su12187245
[48]. Tosun, B. (2021). Addressing the effects of transcultural nursing education on nursing students' cultural competence: A systematic review. *Nurse Education in Practice*, 55, 103171. https://doi.org/10.1016/j.nepr.2021.103171
[49]. Urbanavičė, R., El Arab, R. A., Austys, D., Skvarčevskaja, M., & Istomina, N. (2025). The cultural competence of nurses and its relationship to socio-demographic factors: a cross-sectional survey. *BMC nursing*, *24*(1), 497. https://doi.org/10.1186/s12912-025-03124-7
[50]. Van Echtelt, R. (2024, April 23). What are skills? Explanations & examples. AG5. https://www.ag5.com/what-are-skills/
[51]. Vargas-Sánchez, A., Plaza-Mejía, M. Á., & Porras-Bueno, N. (2016b). Attitude. In *Springer eBooks* (pp. 58–62). https://doi.org/10.1007/978-3-319-01384-8_11
[52]. Villanueva, M. M., & Macapagal, M. E. (2016). Service-learning in Philippine higher education: Perspectives from the field. Philippine Journal of Psychology, 49(1), 49–78.
[53]. Villegas, R., (2023, February 12). Importance of cultural competence in nursing in the PH. Concise Nursing - Review at your own pace. Learn on your own terms! https://concise-nursing.com/the-importance-of-cultural-competence-in-nursing-in-the-philippines/#:~:text=The%20Philippines%20is%20home%20to,and%20beliefs%20of%20certain%20groups.
[54]. Wahlström, E., Harder, M., Granlund, M., Holmström, I. K., Larm, P., & Golsäter, M. (2019). School nurses' self-assessed cultural competence when encountering children of foreign origin: A cross-sectional study. *Nursing and Health Sciences,* 22(2), 226–234. https://doi.org/10.1111/nhs.12663
[55]. Walkowska, A., Przymuszała, P., Marciniak-Stępak, P., Nowosadko, M., & Baum, E. (2023). Enhancing Cross-Cultural Competence of Medical and Healthcare Students with the Use of Simulated Patients—A Systematic Review. *International Journal of Environmental Research and Public Health*, *20*(3), 2505. https://doi.org/10.3390/ijerph20032505
[56]. Writers, S. (2024, September 25). *Cultural Competence in Nursing | NurseJournal.org*. https://nursejournal.org/resources/cultural-competence-in-nursing/
[57]. Yang Z., Gu Z., Wang D., Tan X., Wang X. (2017). The effect of anger and sadness on prosocial decision making: The role of the interpersonal attribution of responsibility. *Acta Psychologica Sinica*, 49(3), 393–403. Crossref.
[58]. Zeleke, T.S., Wudu, M.A., Bekalu, Y.E. *et al.* Cultural competence and associated factors among nurses working in public hospitals of South Wollo zone, Northeast Ethiopia: a multi-center cross-sectional study.*BMC Nurs* 23, 487 (2024). https://doi.org/10.1186/s12912-024-02162-x
[59]. Zhang H., Ke Y. (2019). The influence of emotion on inter-temporal choice: Based on evaluation tendency framework theory. *Canadian Social Science*, 15(3), 53–61.