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Review Article

How is Cross-cultural Empathy Motivation for Training Multicultural Women, A Scoping Review

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Abstract:

Australia has a pluralistic population, and the WHO guideline promotes person-centred counselling. This article addresses the need for cultural empathy in adult, community-based, and medical education and how training might progress. Australia is just one country experiencing continued migration. Health for clients develops rapport and trust with empathy and may accept advice on their issues, as breastfeeding is a minority among women. This article examines the literature on psychological and bilingual counselling. Counselling is a one-to-one process rather than altruism. The intersectionality method is essential for this study. The analysis takes cultural training studies within human services, suggesting equity outcomes from the three empathy styles for various populations. The results from empathy training can develop understanding, increase professional development, and be therapeutic for the more significant heterogeneous population, as health services need breastfeeding promotion for diverse women. Needs are experiential learning, didactic training as skills, and assessments as self-reflection. Suggesting reflexivity is necessary as part of a motivation process for personal growth and counselling training programs to achieve good outcomes, as normative cultural values are part of an identity.

Key words: breastfeeding; oneness; motivation education; cultural empathy; training needs

1.Introduction

The important thing is that breastfeeding rates are low globally. Australia is a country with a heterogeneous population. Recent changes are the government's view on more permanent residence visa situations for new immigrants [1]. Multicultural training examines how to train human services in Australia and new mothers born overseas, a trend that will continue [2]. New immigrants lead to many socio-cultural groups [3]. Mixed languages may hinder help-seeking. Thus, counselling skills may be necessary for sensitive care. Therefore, acute care is essential to respond adequately to the diverse needs of immigrant people [4]. The World Health Organisation Guidelines, as counselling requirements, aim for good training and mentoring programs. They are for "trained lay and health care professionals, as gaining counselling micro-skills, knowledge and providing confidence" for breastfeeding women [5]. They have taken Rogers' (1902-1987) dictums of having empathy, congruence, and unconditional positive regard for others [6]. Others argue for a new model, such as care (caring, attentive, honest, and empathic), expectancy, and specificity [7]. To work appropriately with mothers, the model must be humanistic, aiming for growth and development to realise individuals' full potential. Thus, this would be an actualised relationship [8]. Many individuals may have traditional cultural beliefs that need care in socio-cultural settings [62]. Therefore, a review study suggests that immigrant women need "culturally sensitive care in their health care services" [63]. Furthermore, "language subgrouping is necessary for cultural care" [64]. Women are as relevant to counselling in Australia as a pluralistic population. Thus, cultural knowledge needs to be in counselling training. Therefore, not in training but in oneness suggests that preparing counsellors in multicultural training to be authentic and direct about acknowledging others requires passion as an educator [65]. Consequently, the "challenges immigrants face in any setting" [29] are to modify the "general counselling competence and multicultural competency to be talented" in training programs [57]. As a social justice review, breastfeeding is a minority of women [9]. This review aims to identify counselling and motivation to learn "empathic cultural understanding and, thus, assess teaching needs to avoid stereotyping" (12). Hence, we need the methodology described.

2. Methodology

Firstly, intersectionality must understand how "multiple social categories interact to reduce health disparity" [10]. The idea of intersectionality at the local level and health-related social categories is "social, structural,

and has a history that defines inequality" [11]. Therefore, the literature critiquing methodologies and the scope of the studies is the basis of this review. The studies are from Google Scholar, APA PsycNet, Springer, Sage, and Elsevier. This article is concerned with supporting breastfeeding women in care. The analysis takes cultural training studies within 'human services, suggesting equity outcomes' [12]. Therefore, this article examines the range of multiple empathic abilities that can be helpful for counselling work and how training might progress in heterogeneous populations. First is motivation, then cultural empathy, and then multicultural training needs for a heterogeneous population of breastfeeding women. Thus, explores themes emerging from the counselling literature for bilingual women, such as the need for strategies to build upon counsellor training.

3. Literature Review

A British study critiques personal-centred care by addressing limitations, specifically for "value tensions when the practical-ethical challenges in meeting culturally diverse individuals" [13]. Others have called for "cultural empathy in England's pluralistic populations and alternative genders" [14]. Therefore, despite a long history, current research still needs to "reintegrate diversity for clients" [15]. We examine the literature on multiple empathy that has developed more recently, and we need to understand various empathies for helping women, as cultural accommodation and inclusiveness are required. Thus, motivation is for training empathy. There is a need to know how motivation occurs, as learning is complex and needs attitudes over time [16]. Women desire infant behaviour and how breastfeeding works [17]. First, current research indicates the need for help for immigrant women. Further, it is essential to understand empathy. Then, the literature empathy styles are cognitive empathy, affective empathy, and cultural understanding values for various populations needing training. Empathy exists across countries in counselling literature and focuses on change. It states that respect for the person is in the humanistic psychological counselling tradition, aiming to understand individual experiences, beliefs, and practices to inform and help women. Accordingly, health services are complex and need breastfeeding promotion as an alliance [7]. We turn to motivation to tease out empathy.

4. Motivation as oneness, empathic concern

Motivation theory has been "researched in multiple areas of psychology over time and across diverse cultures" [18]. The authors' study "broadened the view of self-determination theory as support in autonomy, competence and relatedness with basic need satisfaction, motivation, well-being and performance". Thus, show that "autonomy support on autonomous motivation was weaker in more individualistic samples, and the effect of relatedness support on intrinsic motivation became stronger in more individualistic samples." Therefore, suggesting that the effects of "interpersonal support for basic needs are likely to generalise across life domains", "support was more substantial on intrinsic motivation in a more individualistic sample." On the other hand, "lateral sources of support show that peers may have helped facilitate need-supportive engagements".

Another argument for internal motivations is that relevance is to "action, such as 'knowing how' and 'knowing that'" [19]. The authors further explain that "nudging plus or self-nudging as health messages are gaps in knowledge as actionable and procedural rather than declarative knowledge". "Motivational boost is similar to efficacy research trials as cognitive control, self-regulation, and habit formulation can be designed". Others found that people are "motivated extrinsically and intrinsically, moving fluidly between both" [20]. Empathy has a long history and is difficult to define. Consequently, oneness in a multicultural pattern guideline is that "clients operate from their own experiences and worldviews" [21]. Therefore, [22] authors concur that "awareness, knowledge and skills are needed to understand different world views." Furthermore, relationships with an "empathy oneness perspective" are meaningful to the counsellor rather than altruistic reasons, as sympathy and compassion are behavioural attributes [23]. The authors further explain a holistic view:

"Empathy is an emotional response (affective) dependent on the interaction between trait capacities and state or organisational influences. Thus, empathic processes are intrinsic but also control processes; the resulting emotion is like one's perception (directly experienced or imagined and understanding) as (cognitive empathy) of the stimulus emotion, with the recognition that the source of the other is the aim".

In a study from Hong Kong, "immigrant students, non-Chinese speakers showed perspective-taking as acknowledging cultural differences as families' beliefs, values, and experiences" [24]. Therefore, cognition is "emotional, behavioural, and physiological reactions from automatic thoughts as being triggered by events rather than the events themselves" [25]. Thus, this is the unconscious that has fascinated early theorists. According to [26]"Understanding empathy as the relationship quality, as organisations and counsellors need to encourage human support from colleagues." In contemporary times, "understanding social networking religious beliefs as a driving force is for action" [27]. Furthermore, "historical beliefs stored as a schema, as automatic, can cause anxiety, depression, or a reaction stance as perfectionism"[25]. One way to work with clients is to collaborate between therapists and clients. The literature reviewed is the "client's cultural planning". Others suggest that ethnocultural empathy needs to bring a sense of connection toward various people they come across [28], thus allying. However, there are issues with motivation and empathy, suggesting "perspective-taking needs tailored training" [29]. Nevertheless," tailored training may need time to mature in real-life settings, in the knowledge or skills learnt during treatment"[53]. We turn now to how health can be empathic care.

5. Health communication

A nursing study suggests that affective empathy achieves emotional stability in others [40]. Others argue that empathy is a "relational care perspective in ethics as continuous attention and responsivity"[25]. A study of health professionals and patients [30] Found four attributes:

"Affective sharing of emotions, self-awareness, being able to differentiate between self and others, mental flexibility and perspective-taking (to learn and imagine another's perspective) and emotion regulating (to regulate emotions that may interfere with the work environment, adding 'active listening' as a communication skill in inner empathy." Further, empathy is "multidimensional rather than primarily cognitive exercises and cultural and occupational differences may affect empathy".

Another concurs that there is a need to increase cultural knowledge in health care [31]. Thus, others state that expert communication is relevant to individual requirements and has different aspects of language to provide advice [32]. Research suggests that one issue for counselling is how women need care [26]. Therefore, barriers to help-seeking migrant women need maternal approaches such as cultural empathy and language

care to encourage help-seeking behaviour as sensitive support. [33]. Others suggest that "cultural sensitivity supports the idea that cultural fit assessment might be critical"[53].

According to the study [32], understanding relationships, subjectivism, and agency needs is essential. Thus, being involved in social cognition and avoiding judging others is necessary. Respecting relationships is critical for " accepting advice, the need to give messages, and the source of the message" to gain acceptance from various clients [32]. Hence, they explain how training can advance in diverse populations and those with high or low dispositional empathy.

Cultural empathy

Thus, empathy can be a mix of understandings. Cognitive empathy is perspective-taking, motivating individuals to negotiate or plan for health care [40] actively. At the same time, 'affective empathy' is experiencing others' emotions. Others suggest counselling can improve breastfeeding rates [34]. Thus, empathy as cultural understanding needs training. New counselling has taken an integrated method [35]. We turn to research as six studies to describe motivation training.

6. Literature training needs

The Australian meta-analysis review of nineteen studies [44] identifies age, occupation, and student populations. Results suggest moderate effectiveness. Thus, the study suggests training through role-play, simulation, and didactic lectures based on skills training. An Australian nursing meta-analysis review of twenty-three studies [36] It focuses on student nurses and their empathy education. The review identified nine studies showing empathy in student healthcare improved for vulnerable patient groups. Further analysis of micro skill training [37] Identifies issues with "non-verbal behaviours that are important cues; however, these, such as eye contact, are difficult for a diverse population". Therefore, the education is "immersion and experiential simulations as effective and guided as self-reflection" as a value in motivation.

In the United States, cultural counselling in the review study of client perspective and training identifies studies focused on Spanish-speaking people [38]. The authors suggest the need for lived experiences or immersion training to create preparation for counselling. Thus, to view bilingual people as a "strength rather than a deficiency or barrier". The authors identify language switching as needing to "improve self-reflection and exploration" in a trusting environment. Thus, language switching and lived experiences may gain values that motivate them.

Other authors are concerned with using "cultural differences in a reductionist way to predict patient behaviour and guide clinical-patient interactions as heterogeneity among individuals of cultural groups" [12]. Thus, others state that "heterogeneity in multiple countries needs to advertise translating services and to increase knowledge of health terminology in handout literature for women" [39]. Thus, the value clarification may be challenging to change. The United Kingdom study takes a teaching approach, such as simulations, role plays in nursing and drama domains and as 'affective empathy'. Thus, they take "Stanislavski and Hapgood's psycho-physical training system as emotion memory" [40]. Thus, gaining affective empathy is self-awareness from a personal background, an integrated approach to seeking insight into the other's experience. Therefore, simulations as role play with real-life situations can be a form of reflexivity as learning that needs motivation. However, authentic listening establishes an inter-constructive, or 'emotional memory', as self-awareness is in role plays as simulations. Emotional memory as a training method is "connecting to the emotions of character" as a counsellor/nurse [40]. Therefore, it can "produce distance in a healthy environment and intensity of counselling". Furthermore, taking the role of the other can be threatening to students. Others suggest that immigrant patients may be unable to accept role plays in the hospital [41]. Moving into an “acting perspective may lead to something other than trust, congruence, or support, which needs a view of walking alongside the client as personal-centred counselling” [42]. Thus, [43] suggests that "individual experiences need to be shared by all client/therapist dyads to accept others' worldviews." A clash of values means motivation depends on the situation, leading to empathy training for using an understanding of others. Thus, the review study [44] identifies multiple skill methods and education in students and health professionals. The authors argue "compensation to learn, assessing as 'affective empathy' as emotions of others, feelings of those emotions, or accurately describing the emotions and using objective measures" rather than self-report on practice. However, the study of research typologies suggests that typologies do not measure the same construct. Thus, assessments are "non-unified constructs as dispositional empathy" [45]. Therefore, defining "empathy as a complex combination of multi-faceted processes". Thus, studies on training abilities illuminate training as motivation for roles and tasks.

7. Motivation is learning

Motivation is important as the teacher needs values of "attention, relevance, comfort, and satisfaction" [46] As a focus on each student, values influence motivation. However, others [47] It is essential to understand that "contextual situations may affect individuals they find themselves with." Therefore, the novel hybrid model, with a technological focus, the educator can understand their role in gaining improvements. Novel models of a curriculum may overcome a decline in empathy over time as work and life overtake [16]. Others state that "self-education needs to gain knowledge from a supportive teacher" [48]. The study is counselling students from across institutions in Canada, a multicultural country. Further, "sharing lived experiences provides understanding between the students in training as a safe classroom balances teachers and students". Therefore, a heterogeneous learning group would need a supportive teacher for their training. A United States study [49] found that developing skills rather than assessments is "critical self-reflection aiming to provide self-examination and growth development". Critical reflection is gaining the ability to "choose alternative interpretations to identify effective strategies for a care practice". Thus, values are needed to self-select these effective strategies as motivation. Furthermore, others [50] found that "original multicultural training was not in-depth." Therefore, motivation as value is "ongoing learning and self-awareness of others as ways of being". Thus, reflexivity is necessary as part of a motivation process for personal growth.

8. Discussion

Thus, the studies have found role-plays, simulations and experiential learning that align with the survey [6] Of student and graduate nurses. Thus, "collaborating is to personal needs to overcome barriers in their multicultural patients—experiential learning in a study of community involvement" [51]. Thus, influential "community members are given attention in organisations, and others may adjust their behaviour". Others suggest emotional expressions, despite the brain's involvement [52]. As discussed, according to [66] The need is to "diversify that commitment to

pluralistic populations." Accordingly, counsellor/therapist empathy can be a primary ingredient in multicultural competencies [42].

Therefore, a study [40] claims that empathy training has limited agreement. However, the movement needs to bring "culture into counselling, cultural knowledge and functional analysis to develop hypotheses about how clients came to think, feel and act in specific ways to understand a client's world views, beliefs and values" [53]. Therefore, the "impartial endorsement is equal access during learning and outcomes" [54]. Others suggest that effective education is not possible. Thus, learning can be "slow or accumulative in learning outcomes as knowledge, attitudes and skills that need personal development" [55]. Therefore, gradual and continuous "cognitive perspective-taking training" is compared over time in higher education students of many cultural groups [29]. The study suggests it is "effective for individuals with low empathy and those with high empathy have an awareness of cultural groups". Others suggest that training for cultural issues needs instruction for students [60] as a self-reflection method for competence [56] to understand multicultural women. However, it is necessary to realise that organisational programs need to gain training programs for good outcomes. For example, [57] others identify that the "American Counselling Association as a governing body provides culturally responsive services to underserved populations." Another suggests that guidelines have limited training abilities and that competency needs skill training [58]. Others indicated that course curricula must overcome "language barriers in textbooks and assignments" [59]. Therefore, educators need intentionality to manage what is required. A study of cultural issues for health care [60] suggests "normative cultural values as language issues, folk illness, and patient/parent beliefs." Others suggest that "individual factors have variation in adherence to traditional practices that need exploration" [61]. Therefore, a study suggests that normative cultural values are part of an identity. Thus, "relational-cultural theory is to view the situation and how this impacts clients' lifestyle"[59]. Others claim it is to gain patterns of others' cultural perspectives that affect health and the achievement of treatment.

9. Conclusion

This review identified the need for healthcare counselling to understand multicultural community-based health work. This review aimed to identify counselling and motivation to learn "empathic cultural understanding and, thus, assess teaching needs to avoid stereotyping" [12]. In the studies, we have found multiple empathic abilities. Nevertheless, self-reflection may need training. The studies have identified uncoordinated curricula and issues with empathy outcomes. Therefore, for some studies, the length of their training offered inspiration. However, cultural perspectives for those who help immigrant women is to gain depth of reflection as part of a motivational for personal growth.

Additionally, this is a limited literature review. Thus, due to space and the second identifying study, the studies view multiple empathies in counselling as necessary for multicultural counselling in Australia, and a facilitative view can be practical.

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