ASSESSING OCCUPATIONAL THERAPY GRADUATE STUDENTS' CULTURAL

HUMILITY SCORES

A Thesis submitted to the faculty at Stanbridge University in partial fulfillment of the

requirements for the degree of Master of Science in Occupational Therapy

by

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Certification of Approval

I certify that I have read *Assessing Occupational Therapy Graduate Students'*
Cultural Humility Course Scores by Ayomide Agbebi, Allison Macabagdal, Sara
Macias, and Kevin Rai, and in my opinion this work meets the criteria for approving a
thesis submitted in partial fulfillment of the requirements for the degree of Master of
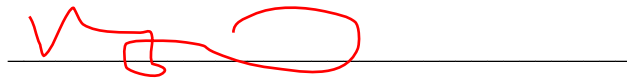Science in Occupational Therapy at Stanbridge University.

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Abstract

Cultural humility is defined as "a lifelong, learning-oriented approach to working with people with diverse cultural backgrounds and a recognition of power dynamics in health care" (Agner, 2020). Throughout the course of their education and subsequent careers, occupational therapy (OT) students can utilize cultural humility as they are likely to encounter a diverse array of cultures, some of which may differ significantly from their own. This study aimed to assess current OT graduate students' understanding of cultural humility as they complete a course on the subject. Participants were provided with an assessment through Google Forms to establish their knowledge, skills, and awareness of cultural humility. The students rated their current understanding of the concepts discussed within the course and four weeks later to reassess their understanding of cultural humility based on the lectures provided through Stanbridge University. By analyzing the students' self-reflection and assessment scores to gauge their understanding of presented material, these results offer insights that OT schools can leverage to refine future cultural humility curricula. Our results indicate the need for enhanced cultural humility curricula that include aspects such as volunteer opportunities, in person experiences, and cultural humility workshops to create competent, empathetic, and understanding practitioners. Thematic analysis of our data identified improvements in participants' abilities to challenge stereotypes and to reflect on how culture may inform judgment in OT students. Further research might build upon our study to discover specific aspects or practices of cultural humility education that promote occupational therapists' connection to their clients.

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Assessing Occupational Therapy Graduate Students' Cultural Humility Scores

Occupational therapy strives to be a client-centered practice that works with diverse populations. The wide variety of patients that a future occupational therapist will see requires a sense of understanding of how one's cultural background may affect their ability to receive treatment. In order to ensure that these needs are being met, certain occupational therapy programs have integrated the concept of cultural humility into their coursework. Agner (2020) defines cultural humility as a learning process that encompasses building relationships with others who come from diverse cultural backgrounds and gaining an understanding of different cultures. Literature has previously shown occupational therapy practitioners more commonly using the idea of cultural competence in their practice, which is defined as "having knowledge that is specific to each culture" (Agner, 2020). While understanding and utilizing cultural competence is valuable in order to best serve patients from other cultures, there is an increasing need for not only competence, but also humility in the context of occupational therapy education. Enhancing the current cultural humility curricula will help future occupational therapists better serve patients with treatments that are personalized to their specific background. Because occupational therapy (OT) is a client-centered practice, understanding how one's culture may play a role in their progress can affect the type of interventions that an occupational therapist would utilize.

Our study aimed to assess the efficacy of the *Cultural Humility in OT* course at Stanbridge University in terms of promoting meaningful learning outcomes for future occupational therapists. The study utilized the current Masters of Science, Occupational Therapy (MSOT) students who were currently enrolled in the *Cultural Humility in OT*

course and examined the effectiveness of weeks four through eight. The participants were given a pre-survey at the beginning of the fourth week and a post-survey at the eighth week of the course to see if the students' understanding of cultural humility had changed through four weeks within the curriculum. We hypothesized that through the *Cultural Humility in OT* course at Stanbridge University and completion of a cultural humility questionnaire, students will have gained an increased understanding of their own perceptions of cultural humility that they can apply into the future to use, not only for themselves but also to encourage other therapists to acknowledge their own biases in their practice. With this increased understanding, OT can continue to grow as a holistic practice by equipping future practitioners with a greater understanding of the importance of cultural humility.

Statement of Problem

According to Vespa et al. (2020), by 2030 the U.S. population is projected to grow slowly, to age considerably, and become more racially and ethnically diverse. The growth in diversity of the U.S. population can provide a sense of urgency to educate and create culturally humble healthcare practitioners. Agner (2020) indicates that current healthcare professionals lack adequate understanding of cultural humility, sensitivity, and competence. The findings from Agner may indicate that there may be a deficiency in cultural humility training in the OT curricula. Without an increased knowledge of cultural humility, occupational therapists and OT assistants may not have all of the necessary tools to treat and connect with the increasingly diverse patient populations they will encounter in practice.

Literature Review

During our review of recent research, we identified several best practices and thematic gaps in cultural humility education. These themes were cultural background, immersion in different cultural settings, implementation of cultural safety education workshops, building rapport and trust with future patients, and demographic and health risks among the LGBTQ+ population. An individual's cultural background, such as their place of origin or socioeconomic status, can heavily affect an individual's understanding and participation in their ability to receive OT services. When a clinician has a competent understanding of diverse cultures and backgrounds other than their own, they can increase the quality of care that a client receives. Our study aimed to have a variety of cultural backgrounds researched in the literature review to gain a holistic understanding of different cultural experiences that an occupational therapist may see in the field.

Immersion Into Different Cultural Settings

An article by Pooremamali et al. (2011) emphasized the importance of therapists being open-minded and incorporating different aspects of culture into therapy. Explicit attention must be paid to each client's cultural and social contexts (Pooremamali et al., 2011). This illustrates the need for occupational therapists to have a diversified background to aid in better understanding clients and increasing the quality of care that is provided. Immersion in different cultural settings can allow occupational therapists to better understand another culture's definition of health, disability, and healing.

Fieldwork and volunteer experiences are great examples of immersion in different settings, as these are opportunities that specifically aim to broaden the horizon

of cultural experiences that an individual may have. Lunsford and Valdes (2020) conducted a study with eleven OT students who were placed in Ibarra, Ecuador for a fieldwork placement to test whether or not the cultural competence of the students would improve. The results of the study indicated that the cultural competence of the students did improve and become more well versed in skills associated with critical thinking, gratitude, connecting with others, and willingness to learn the differences of others.

Implementation of Cultural Education Safety Workshops

Drawing on the findings of Lunsford and Valdes (2020), immersion in different cultural settings can lead to significant improvements in understanding cultures, identities, cultural competence, and cultural humility. Cultural education safety workshops and training were considered key to improving cultural competence, humility, and sensitivity. A research article by Gray et al. (2021) measured whether or not cultural education safety workshops improved the cultural safety knowledge and attitudes of students in the allied health field. These workshops entailed a day-long course of non-indigenous allied health students interacting and learning directly from indigenous Australian elders in a safe space with direct communication in order to reflect on their own privilege, ethics, and ability to communicate with someone from another culture. The research showed effectiveness in enhancing cultural knowledge and humility. Each student showed an increase in understanding their own cultural identity in interactions with other clients and discovered their previous "cultural blindness," which is defined as being unaware of the cultural differences between themselves and others (Gray et al., 2021).

Being able to build rapport and trust with future patients can help an occupational therapist understand their patient's goals and how their culture may affect their participation in occupation. Yam et al. (2021) described the importance of building rapport and trust between the therapist and client. The article placed a focus on how families can play a significant role in the treatment and intervention of the client and how treatment can be affected if rapport is not made between the two parties. Building rapport means gaining an understanding and relevance of culture in people's lives as this is rooted deeply in OT to aid people to engage in meaningful occupations to them and promote overall health.

Health Risks Among LGBTQ+ Populations

Healthcare providers' understanding of the demographic and health risks among the LGBTQ+ population is important for culturally competent care. Nowaskie et al. (2020) conducted a research survey of the LGBTQ+ cultural competency of 1701 healthcare professional students. The survey found that integrating an LGBTQ+-specific topic in healthcare into the healthcare student curriculum proved effective in increasing knowledge about LGBTQ+ healthcare and comfortability (Nowaskie et al., 2020). This article is especially important because it addresses the growing need for more research in this area. This survey brought to light the significant differences in LGBTQ+ cultural competency across a variety of healthcare professionals.

Literature Review Gaps

The gaps identified in our literature review were cross-cultural barriers, a lack of client-centered care/practice, and a lack of cultural competency. Research has revealed a wide gap in cross-cultural understanding, making it difficult to address deeper

underlying barriers between different cultures. The research article presented by

Malkawi et al. (2020) described the barriers and challenges associated with Western and

non-Western cultures. Challenges such as explaining and using measuring tools written

in English to a client that primarily speaks Arabic proved difficult and illustrated a

growing need for multi-language equipment. The article also demonstrated an expansion

of core values in OT to relate to non-Western cultures. This can be done by creating

classes that focus more on cultural differences and their influence on the delivery of OT

services which can better prepare students (Murden et al., 2008).

A lack of client-centered care was another overarching gap we identified.

Malkawi et al. (2020) discussed how the participants of the study defined a clear

difference between their own OT practice knowledge and the optimal needs to provide

OT practice to their clients. The lack of client-centered care is also identified by Yam et

al. (2021), which discussed how the client and therapist had differing views of goals and

activities of daily living due to their cultural differences and how the therapist was not

able to adapt to the differences. The last gap we identified in the research was a lack of

cultural competency. Nowaskie et al. (2020) described differences in LGBTQ+ cultural

competency due to the lack of experiences with LGBTQ+ patients and LGBTQ+

education. The lack of LGBTQ+ education is because courses do not discuss healthcare

for LGBTQ+ patients as extensively as they should (Nowaskie et al., 2020). The article

by Murden et al. (2008) took the extra step of suggesting viewing culture from a broader

perspective which includes evaluating the cultural construction of OT instead of viewing

culture from only Western concepts such as race and ethnicity. Viewing culture from

different perspectives can assist in addressing these literature review gaps.

Statement of Purpose

Occupational therapists that utilize cultural humility in their practice have an opportunity to provide culturally informed client-centered care. Culture is a crucial part of each patient's client factors. Throughout the literature review, an overall conclusion became clear for directing the research question: Can current occupational therapy curricula increase students' understanding and future use of cultural humility? Considering the information learned in the literature review and through this study, we aim to assess if there is an increase in OT graduate students' understanding of cultural humility from a pre- to post-survey.

Theoretical Framework

The existential-humanistic approach is considered to be a core philosophy of OT, due to its manifestations through the practice of therapeutic use of self (Cole & Tufano, 2020). The existential-humanistic approach is fundamental to our study due to its emphasis on forming and maintaining therapeutic relationships, a shared tenant and principle of cultural humility. The existential-humanistic approach focuses on humanism, and highlights the idea that people are seen as equally valuable, regardless of their race, religion, sex, level of intellectual ability, socioeconomic position, or state of health. A concept that is emphasized in this framework is nonjudgmental acceptance, an acceptance of a human being for who they are, regardless of their feelings or behavior (Cole & Tufano, 2020). The concept of nonjudgmental acceptance is necessary when practicing cultural humility as it shows how providing a sense of unconditional positive regard can allow one to reveal all their inner feelings and secrets without the fear of rejection. For example, this kind of attitude can encourage the patient to communicate

how big or little culture has to do with that particular clinical encounter, which can evidently lead to better patient outcomes.

Another concept involved in the existential-humanistic approach is respect. In regards to occupational therapy, respect is not so much seen as a technique, but more of an attitude. Implementing respect when practicing cultural humility is crucial because it strives to avoid an attitude of implicit bias. Respect can be portrayed by not making any predetermined assumptions about the client (Cole & Tufano, 2020). Instead the therapist can seek to learn all about their client by asking open-ended questions and practicing active listening. When practicing cultural humility, it is important to understand that practitioners will never be done learning and growing. Understanding different cultures and remediating old thought patterns is an ongoing process. This study provides an opportunity to examine participants' understanding of the connection between respect and cultural humility.

The two major motivators of the existential-humanistic framework are freedom and anxiety. Cole and Tufano (2020) describe freedom as an individual's "capacity for self-awareness and awareness of his environment that allows him to make choices" (p. 392). This is relevant to our thesis when considering the participants' initial understanding of cultural humility, as well as their own self-awareness. As they continue to practice cultural humility as future practitioners, it is essential that they remain in a state of freedom from pride or arrogance, regardless of past experiences. Through the existential-humanistic view, anxiety is described as the threat to our existence or to values we identify with our existence (Cole & Tufano, 2020). This relates to our thesis as it may be a feeling one receives when practicing cultural humility, as well as undergoing

the process of self-reflection. However, this is why anxiety is portrayed as a motivator. It motivates one to make the necessary changes of prejudgment and behaviors due to an implicit bias, which promotes the importance of forming and maintaining therapeutic relationships.

Methodology

Participants were recruited from the MSOT program of Stanbridge University in Irvine, California. The students involved in the recruitment process were currently enrolled in their 6th term during which the *Cultural Humility in OT* course takes place. A total of 63 students were eligible to participate in our study, and 6 students were ultimately recruited. The research took place in the classroom during their fourth and eighth week of class to measure changes in beliefs and understandings of cultural humility.

In the fourth week, the research team presented the study via a video recording to the 63 students in attendance that day, including the 6 final participants. The presentation included the purpose of our study, the timeline, methods, an explanation of the way the data will be analyzed, as well as the potential risks of participating in this study. The recorded presentation also communicated how potential risks will be minimized with trigger warnings pertaining to cultural background, identity, and upbringing. Participation in this study was completely voluntary and it was required that each participant sign a consent form prior to completing the pre-survey. The consent form was sent through a link to Google Forms and reiterated the description of the study, potential risks, benefits, privacy and data security, and also included their rights as participants. Upon signing the consent form, participants were directed to complete the pre-survey

questionnaire to assess the participants' awareness of cultural humility, knowledge, and skills, along with their strengths and areas of growth. The research team was not present in the room while the participants completed the survey to ensure anonymity and to allow the participants to respond without feeling judgment or bias. A 25-question survey was created using a mixed methods methodology that included a Likert scale and open-ended questions that were produced by the research team. This survey originated from the School Mental Health Ontario (2023), Cultural Humility Self-Reflection Tool for School Mental Health Professionals. The research team modified the questions based on the relevance to the OT field and curriculum. Additionally, the School of Mental Health Ontario (2023) provided a description of each question to clarify what was being asked. The participants answered a questionnaire with Likert scale responses ranked from one being "never," two being "rarely," three being "sometimes," four being "often," and five being "always."

Over the course of the next four weeks, the students' curricula explored the concepts of cultural humility. These concepts centered around understanding culture and how it is displayed within health disparities. In the eighth week of the *Cultural Humility in OT* course, the participants were prompted to complete the post-survey questionnaire that includes the same questions from the pre-survey questionnaire. The research team provided another recording to the students to ensure that the same participants took the survey. The Likert scale was used in order to receive quantitative data that would help reflect the changes from the pre- and post-surveys. Following the surveys, the research team utilized Jamovi (www.jamovi.org), a statistical software, to assess if there was an overall increase in understanding, knowledge, and analysis of cultural humility from the

fourth week to the eighth week of the course. Researchers were also able to determine any common themes that arose from the changes in scores through the qualitative portion of the survey which examined the student's strengths and areas of growth. To ensure the validity and reliability of the qualitative results, the researchers each completed the coding process individually, compared conclusions and formulated the information into common themes found.

Ethical and Legal Considerations

The subject of cultural humility may provide the participants with an uneasy feeling due to the reflection on their upbringing, identity, and relationship to their culture. In order to ensure that the research study is conducted in an ethical manner, the participants were provided with a consent form prior to completing the survey to ensure that they are aware of their rights as a participant of the research study. The consent form included the time and duration of the study, the potential risks and benefits of their participation, participants' rights, and the privacy and data measures that were taken. The participants were made aware that their participation in the study was completely voluntary and were provided with the option to withdraw from the study at any point. The survey that the participants completed may have potential risks of sensitive content in regard to cultural background, family history, and reflections on their own biases. Due to this minimal risk, the participants were given the option to not answer questions if they did not feel comfortable doing so. In order to remain anonymous, the platform used for the study is Google Forms, which can only be accessed by the student researchers. Both the survey and consent form were placed on a password-protected Google account to ensure that the responses of the participants are not revealed to anyone outside of the

student researchers. The survey provided did not require any identifiers such as a

pseudonym, name, or email, in order to ensure that the participant's responses were fully

anonymous.

Another ethical consideration that the researchers established is the potential

conflict of interest as the faculty advisor of this thesis will also be the professor of the

Cultural Humility in OT course at Stanbridge University. The student researchers

provided verbal and informed consent to the students enrolled in the cultural humility

course that this potential conflict of interest will not affect the relationship with the

professor as well as the grade that they receive in the *Cultural Humility in OT* course or

anyone's grade in the course. The student researchers did not have access to grading

information for students enrolled in the course. In order to avoid a potential conflict of

interest, the primary investigator was not present while the surveys were being

conducted. The primary faculty advisor also does not have access to the pre- and post-

survey responses through Google Forms to ensure that there is no breach of

confidentiality of the participants.

Results

Qualitative Results

By utilizing thematic analysis, common themes regarding areas of strength and

growth from the pre- and post-tests of each participant were identified. For the pre-test

results, certain strengths were mentioned more often than others such as being open

minded, identifying cultural similarities and differences, and being respectful at all times.

In the post-test results, common themes identified for strengths consist of understanding

one's culture(s), importance of being a life-long learner to improve cultural humility,

being respectful of all cultures, and understanding the differences between each culture.

Two strengths were identified in both the pre- and post-tests which are understanding

cultural differences and being respectful.

Regarding areas of growth in the pre-test analysis, the participants listed that they

want to gain a better understanding of their own culture and differing cultures, learn how

to effectively communicate between cultures, and to be cautious of biases. The post-test

analysis provided two main areas of growth: enhancing their cultural humility and

communication between different cultures. After completing four weeks of their cultural

humility course, the participants felt that the course had adequately addressed the areas
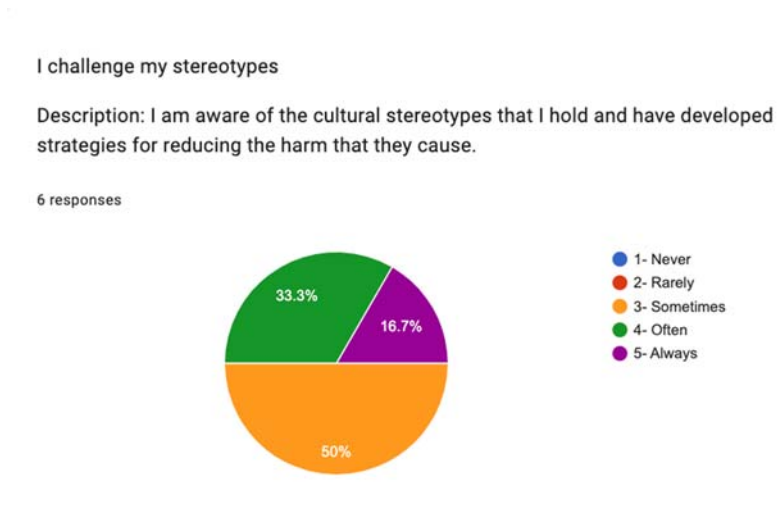
of growth from the pre-test questionnaire.

Quantitative Results

The statistical software Jamovi was utilized to determine if there was a

significant difference in the participants' understanding, knowledge, and analysis of

cultural humility from the fourth week to the eighth week of the course. From the six

participants, there were 23 responses collected from the questions asked. A paired t-test

was used to evaluate if there were differences between the pre- and post- survey

responses. While the researchers hypothesized that students would gain an increased

understanding of their own perceptions of cultural humility within the four weeks, the

results failed to yield a statistical significance. The data showed that the majority of the

answers from the pre- survey remained the same in the post- survey [$t(5)$=t-value, p= p-

value]. However, out of the 23 responses, two question responses did not indicate

significant changes. The first was question six, which was "I challenge my stereotypes",

resulting in a p value of 0.025. In addition, question seven that stated "I reflect on how

my culture informs my judgment" resulted in a p value of 0.013. As shown in Figure 1

and Figure 3, 50% of participants answered with "5- always" compared to the pre-test in

which only 16.5% of participants scored a five, when responding to the question "I

challenge my stereotypes." Question seven also reflected an increase in participants who

responded with a "5-always" as 50% of participants responded with this score, while in

the pre-test, no participants responded with a "5-always" which is reflected in Figure 2

and Figure 4. As these were the only two questions that resulted in a significant

difference, this indicates that within these four weeks of the course there was no

significant increase in the participants' understanding and knowledge of cultural humility

along with concepts under this topic.

Figure 1

Question 6: Number of participants who challenge their stereotypes during the pre-test

I challenge my stereotypes

Description: I am aware of the cultural stereotypes that I hold and have developed
strategies for reducing the harm that they cause.

6 responses

● 1- Never
● 2- Rarely
● 3- Sometimes
● 4- Often
● 5- Always

33.3% 16.7% 50%

Figure 2

Question 7: Number of participants who reflect on how their culture informs their

judgment during the pre-test

I reflect on how my culture informs my judgment

Description: I am aware of how my cultural perspective and experiences influence my judgment about what are 'appropriate', 'normal', or 'superior' behaviors, values, and communication styles.

6 responses

- 1- Never
- 2- Rarely
- 3- Sometimes
- 4- Often
- 5- Always

50%

16.7%

33.3%

Figure 3

Question 6: Number of participants who challenge their stereotypes during the post-test

I challenge my stereotypes

Description: I am aware of the cultural stereotypes that I hold and have developed strategies for reducing the harm that they cause.

6 responses

- 1- Never
- 2- Rarely
- 3- Sometimes
- 4- Often
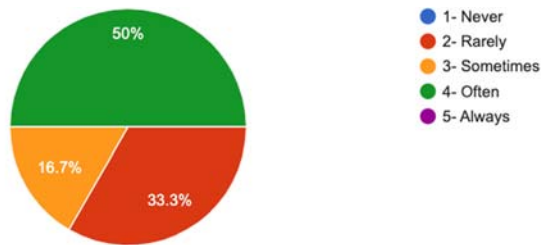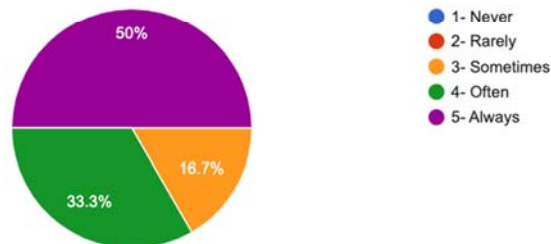- 5- Always

50%

16.7%

33.3%

Figure 4

Question 7: Number of participants who reflect on how their culture informs their

judgment during the post-test

I reflect on how my culture informs my judgment

Description: I am aware of how my cultural perspective and experiences influence my judgment about what are 'appropriate', 'normal', or 'superior' behaviors, values, and communication styles.

6 responses

50%

16.7%

33.3%

- 1- Never
- 2- Rarely
- 3- Sometimes
- 4- Often
- 5- Always
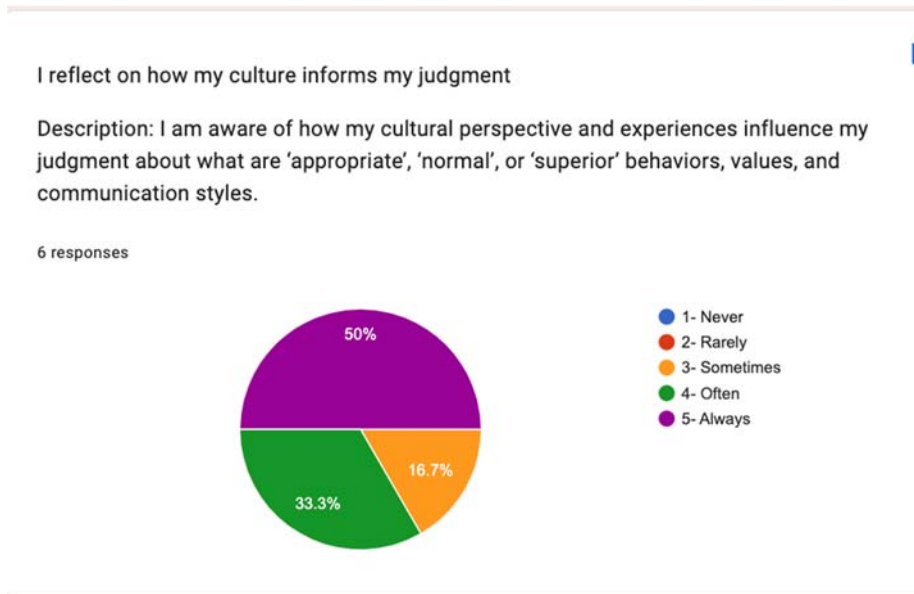
Implications for OT Curriculum

Although there were not statistically significant results produced in 21 out of 23

questions that were utilized for the quantitative portion of the survey, the pre- and post-

test survey can provide insight on what may be lacking from the current cultural humility

course and can provide a better understanding of what can be included in future

curriculums. Based on the scores that were reported through the pre- and post- test

survey, there were two questions that provided statistical significance, including the

students ability to challenge their stereotypes and reflection on how their culture informs

their judgment. The ability for a future occupational therapist to understand stereotypes

is essential in order to provide unbiased care to future patients. The second question,

which assesses how an individual's own culture affects judgment of other cultures,

provides insight into another important consideration for how an occupational therapist

might increase their quality of care. Because OT is a holistic and client-centered practice,

it is important to understand how the therapists' own culture can play a role in the way

they implement interventions and activities. Through the qualitative data, we established

that the students found strengths in being able to identify their ability to be open minded,

identifying cultural differences and similarities, and remaining respectful. These

strengths will be beneficial for future OT curricula, as they can help train occupational

therapists to identify their cultural similarities which can assist with building rapport

with patients while also remaining respectful despite cultural differences.

The responses that were provided have also shown a lack in significance for other

subjects such as an understanding of one's self, assumptions, communication styles, and

learning from one's own experiences. This can provide a foundation for future studies as

well as evaluating the current *Cultural Humility in OT* course at Stanbridge University.

The results, although only examined for four weeks of the course, can provide insight on

a change in the curriculum that may eventually demonstrate an improvement in the

student's cultural humility scores. This study can also set up a foundation for future

research studies that go into further detail about the effectiveness of the cultural humility

course and how that can be applied to patient interactions. Increasing the duration of the

study to go beyond four weeks could also show significantly better results for improving

cultural humility scores, as it provides more time for information to be learned. The

themes found from the qualitative portion of the survey can help fill in the gaps that may

be missing throughout the course based on the areas of growth that the participant's

identified. Two concepts were established to be an area of growth for the six participants,

which included improving their understanding of cultural humility as well as effective cross-cultural communication. These results can guide recommendations for more focus on these subjects throughout the cultural humility course to ensure that future occupational therapists are able to communicate effectively and respectfully with patients, families, and colleagues.

Limitations

The potential limitations include the length of the study, limited access to different populations, and the sample size. The length of the research study included the fourth through eighth weeks of the cultural humility course which focused on distinguishing cultural and social differences, identifying the personal within the cultures, recognizing cultural lessons from ethnography, negotiating cultural differences in working with clients, and cultural humility in religious communities. Those four weeks of the course were able to provide a foundation of what cultural humility is but did not necessarily go into thorough detail about cultural humility in LGBTQ+ communities, the wide variety of interventions for a diverse world, and the negotiating cultural differences when working with clients.

The next potential limitation of this research study would be the limited access to different populations since participants were only recruited from a single cohort of the MSOT program in Irvine, California. These could possibly provide limitations as researchers were limited to one cohort of students, rather than a broad number of students from different universities. The education that they have received through Stanbridge University may provide limitations in their understanding of cultural humility from previous courses that they may have taken along with the different cultural

backgrounds that they have encountered through their peers. Out of 63 eligible students, the researchers were able to recruit 6 which can also be noted as a limitation due to the small number of participants. The number of participants provided limitations as there was no assurance that the participants would be coming from a variety of different cultural backgrounds and upbringings, which can affect the results of our research study.

Conclusion

Cultural humility is an essential skill to have and understand as there will be a wide variety of individuals that an occupational therapist might work with. The goal of an occupational therapist is to help clients return to occupations that are meaningful to them and their goals. These occupations that a client can partake in can stem from the habits, routines, and roles specific to their own cultures. As we have seen in our previous thirteen literature review articles and studies, a client's goals for independence can also stem from their cultural background which can affect the plan of care that an occupational therapist provides. The understanding of cultural bias and how it can be presented in occupational therapy can ensure that patients are receiving quality care and that their goals are being accounted for.

Placing an emphasis on cultural humility at the education level can help ensure that future occupational therapists understand that their own cultural biases may play a role in the treatment that they provide. This research study aimed to examine how the current cultural humility course at Stanbridge University increases awareness, knowledge, and skills for future use. The student researchers hypothesized that there would be an overall increase in the participant's scores through the pre- and post- survey. Although there was a lack of statistical significance for a majority of the survey

questions, this can provide a foundation for future studies and the overall curriculum that

is presented at Stanbridge University, Department of Occupational Therapy. Cultural

humility is a never-ending process that will better the future of healthcare professionals

and the treatment that they provide to their future patients.

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Appendix A

Consent Form

Institutional Review Board
(IRB) APPROVED

Approval Date: 4/24/2023

STANBRIDGE
UNIVERSITY.

Consent Form

Institutional Review Board

Title of Study: Assessing Occupational Therapy Graduate Students' Cultural Humility Scores

CONTACT INFORMATION

Student Researchers:

Sara Macias : sara.macias1@my.stanbridge.edu

Allison Macabagdal: allison.macabagdal@my.stanbridge.edu

Kevin Rai: kevin.rai@my.stanbridge.edu

Ayomide Agbebi: ayomide.agbebi@my.stanbridge.edu

Please contact the principal investigator if you have any questions about this research study.

Principal Investigator: Dr. Kelcie Kadowaki

Email: kkadowaki@stanbridge.edu

If you are in some way dissatisfied with this research and how it is conducted, you may contact the Stanbridge University Vice President of Instruction, Dr. Kelly Hamilton at VP.instruction@stanbridge.edu or 949.794.9090. You may also contact the Stanbridge University IRB Office at irb@stanbridge.edu

DESCRIPTION

We would like to examine how a cultural humility course would increase awareness, knowledge, and skills when encountering a wide range of cultural backgrounds. Through our research study, we expect the reported findings from Occupational Therapy students to illustrate an increased understanding of cultural humility throughout weeks four through eight of the course. A Cultural humility questionnaire will be used at week four of the term and one at week eight of the term to examine the participant's knowledge, skills, and awareness of cultural humility, along with their own strengths and weaknesses in regard to cultural humility. The thesis group requests the IRB to grant a waiver of the written documentation of informed consent via the use of the informed consent information sheet submitted by the thesis group.

TIME INVOLVEMENT AND DURATION OF PARTICIPATION

This study will be conducted from week four to week eight of the Stanbridge University Cultural Humility course (OT 5100). The duration of the 25 item questionnaire will take between 20 and 25 minutes to complete at a time, totaling an expected 45 minutes total for participants and will not be completed during class time.

RISKS AND BENEFITS

Potential Minimal risks can occur as Cultural humility can be considered a sensitive subject and could possibly put participants in an uncomfortable position while being surveyed. Benefits of the study would be that participants will have an increased understanding of cultural humility which would evidently help them continue to build relationships and trust through honest self-reflection of one's culture to increase one's knowledge of other cultures. The research presents no more than minimal risk of harm to the subjects, involves no procedures for which written consent is normally required outside the research context, and a signed consent would be the only record linking the subjects to the study. This provides greater protections by reducing risks for loss of anonymity and confidentiality by eliminating use of a consent form requesting subjects to print and sign their name.

PARTICIPANT'S RIGHTS

Your participation is voluntary. You may choose not to participate at any stage of the study. You may choose not to answer questions or procedures that may make you feel uncomfortable. Your identity will be kept confidential as we will not ask for any identifiers through the pre and post survey. You may feel free to withdraw from the study at any time. Due to the primary investigator also being your Cultural Humility professor, we would like to acknowledge that participation in this study or lack of participation will not affect your overall grade in the course. Participants' survey responses will not be shared with your instructors, program, or university. In order to ensure that your confidentiality and responses are accounted for, the primary investigator will not be able to access your responses to the survey.

COMPENSATION FOR PARTICIPATION

Participants will not be receiving any source of compensation for their involvement in the study.

PRIVACY/CONFIDENTIALITY/DATA SECURITY

The researchers will ensure that the responses will remain anonymous through the google forms website. The researchers will have access to your responses but will not have any sort of identifier such as your name or email. The researchers will be the only individuals who will have access to the survey for both the pre and post test. Due to the minimal risk of the study as cultural humility may be a sensitive topic, these results will remain anonymous and will be privately stored through Google Forms. The survey is being conducted through Google Forms and has its own privacy and security policies. We anticipate that your participation in this survey presents no greater risk than everyday use of the internet.

Those that have access to the data are:

- Student researchers

I have read the above information and have received answers to any questions I may have asked.

1. I am 18 years or older.
2. My participation is voluntary.
3. I may withdraw from this study at any point.
4. I consent to take part in the study.

Appendix B

Institutional Review Board Approval Letter

Hello,

 After review of the requested revisions to your IRB application for Study ID #07MSOTRS001 has

now been approved by the IRB and you may initiate your study at this time. NOTE, this approval is

limited to the activities described in your IRB application. Any anticipated changes require

submission of an IRB Modification Form, with subsequent IRB approval required, prior to initiation

of those changes to the approved protocol or supporting study materials (including your approved

recruitment materials, study instruments, and consent documents). Note this also includes a

prospective submission of an IRB Modification Form for a change in the total number of subjects

stated in your approved IRB application, with NO additional subjects enrolled until you have received

IRB Modification application approval.

      Sincerely,

      Julie Grace, MS, MA, IRB Chair

Appendix C

Site Approval Form

Signature _____ Date 2/15/23

Student Investigator 2: Ayomide Agbebi _____ Title: MSOT

Signature _____ Date 2/15/23

Student Investigator 3: Kevin Rai _____ Title: O.T.S.

Signature _____ Date 2/15/23

Student Investigator 3: Allison mocabagdal _____ Title: O.T.S

Signature _____ Date 02/15/23

Faculty Thesis Advisor: Kelcie Kadowaki _____ Title: OTD, OTRL

Signature _____ Date 2/16/23

Program Director: Myka Persson _____ Title: OTD, OTR/L, MSOT Progr

Myka Persson
Signature _____ Date 2/22/23

Dr. Kelly Hamilton
Vice President of Instruction, Stanbridge University

Kelly Hamilton

Signature _____ Date _____

Appendix D

Research Study Flyer

Stanbridge University students

Occupational Therapy Research Opportunity

Purpose

You are invited to participate in a research study about the effect of the Cultural Humility course as future OTs! The survey will be completely anonymous through Google Forms.

Qualifications to participate

A current Stanbridge University Student who is enrolled in the cultural humility course (OT 5100).

Study Duration:

4th and 8th week of the Cultural Humility Course. The survey will take 20-25 minutes

Please contact the researchers with any questions or concerns.

Student Researchers:
Allison:
allison.macabagdal@my.stanbridge.edu
Sara:
sara.macias1@my.stanbridg.edu
Kevin: kevin.rai@mystanbridge.edu
Shai:
ayomide.agbebi@mystanbridge.edu

Primary Investigator:
kkadowaki@stanbridge.edu

Appendix E

Cultural Humility Survey

Awareness

1. I value diversity
   a. I view human differences as positive and am aware that culture and identity is a source of significant strength for patients that I serve.
2. I know myself
   a. I have a clear sense of my own ethnic, cultural, social, faith, and racial identity and how this impacts my future patients.
3. I understand my culture
   a. I am aware that in order to create a supportive therapeutic relationship, I need to understand how power and privilege are embedded in my own culture and experience.
4. I am aware of areas of discomfort
   a. I am aware of areas of discomfort or uncertainty when supporting patients with differences in race, color, faith, sexual orientation, gender identity, language, ability, and/ or ethnicity
5. I check my assumptions
   a. I am aware of the assumptions that I may make about patients of cultures different from my own and have strategies to pause and check these to build and maintain a supportive therapeutic relationship.
6. I challenge my stereotypes
   a. I am aware of the cultural stereotypes that I hold and have developed strategies for reducing the harm that they cause.
7. I reflect on how my culture informs my judgment
   a. I am aware of how my cultural perspective and experiences influence my judgment about what are 'appropriate', 'normal', or 'superior' behaviors, values, and communication styles.
8. I take an active interest in social justice issues
   a. I am aware of the impact of social context on the lives of culturally diverse patients, and how power, privilege and social oppression influence their mental health and well-being

Knowledge

1. I know the history of colonization and its impacts on Indigenous people in particular
   a. I understand the impact of settlers on Indigenous populations, including loss of language, land, and culture.
2. I understand how historical legacies impact the social context today

a. I understand how historical legacies, like colonialism and slavery, influence institutional and systemic racism and white supremacy, which persist today and impact mental health.

3. I understand the present-day impact of sexism, classism, ableism, homophobia, transphobia, and religious intolerance
    a. I recognize that stereotypical attitudes and discriminatory actions persist today and can dehumanize, and even encourage violence against patients because of their identities and intersectionalities.

4. I understand gender as a spectrum
    a. I understand gender identity and expression, and the importance of gender affirming language and care.

5. I know the importance of accessible services
    a. I understand the importance of accessibility for people with special needs and disabilities

6. I know my family history
    a. I know my family's history and how it may influence my experiences and biases.

7. I know that intercultural and individual difference is important
    a. I recognize that cultures change over time and can vary from community to community and patient to patient, as does individual attachment to culture and expression of identity and intersectionality

8. I learn from experiences
    a. I know that cultural humility includes making mistakes and learning from these experiences.

9. I commit to lifelong learning
    a. I recognize that achieving cultural humility involves engaging in learning over the course of my professional career and I am committed to continuing to grow in this area.

Skills

1. I engage respectfully
    a. I engage respectfully with each patient, attentive to their culture and identities, when developing rapport, conducting assessments, and providing prevention and early intervention services.

2. I can communicate effectively across cultures
    a. I am able to adapt my communication so that I'm using more accessible language with patients who may communicate in ways that are different from my own.

3. I respect and affirm gender identity
    a. I am able to understand gender as a spectrum and affirm gender identities when engaging with patients.

4. I show respect for difference
   a. In my practice, I routinely demonstrate respect for the culture and beliefs of others
5. I address my own cultural biases
   a. I can recognize my own cultural biases and can self-correct so that I do not perpetuate my biases when engaging with patients.
6. I ask questions
   a. I am comfortable and I know how and when to appropriately ask questions about the intersection of culture and mental health.

Strengths

- Please list 5 strengths that you have identified through this survey.

Areas for Growth

- Please list 5 areas of growth or weaknesses that you have identified through this survey.