CULTURAL COMPETENCY AND CULTURAL HUMILITY TRAINING IN

OCCUPATIONAL THERAPY PROGRAMS:

MEASURING STUDENT PERSPECTIVES AND THE EFFECTIVENESS OF

WORKSHOP INTERVENTIONS

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

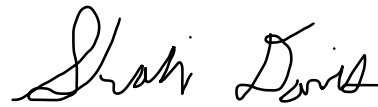Laurie Chen, Mayson De Ochoa, and Miranda Martinez

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Certification of Approval

I certify that I have read Cultural Competency and Cultural Humility Training in Occupational Therapy Programs: Student Perspectives and Workshop Intervention Effectiveness by Laurie Chen, Mayson De Ochoa, and Miranda Martinez, 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

Occupational therapy (OT) students can greatly benefit from cultural competency and humility education within their academic programs. This study measured the effectiveness of a 4-week educational workshop and analyzed the perspectives of OT students regarding culture-related education in their programs. Current OT and occupational therapy assistant (OTA) students in California volunteered to participate in the workshop on Zoom, in which information, activities, and discussions were presented to improve cultural competence/humility skills. The Intercultural Sensitivity Scale (ISS) was used as a pre- and posttest to measure five factors of intercultural sensitivity that affect interactions. The five subscales include interaction engagement, respect for cultural differences, interaction confidence, interaction enjoyment, and interaction attentiveness. Contrary to our hypothesis, the results of the ISS pre- and posttest score comparisons did not yield significant improvements with p-value ranging from .239 to 1.000 for each subscale. In addition to understanding their perspectives on their cultural education, other verbal and written responses about their experiences were collected. The common themes found were cultural factors that influence interactions with others, ways to improve working with other cultures, preparedness through academic program, helpful aspects of the workshop, and suggestions to improve the workshop. Our findings support current literature emphasizing the benefits of cultural competence and humility education for OT students in future practice with a multicultural client base. The limitations in the study contributed to recommendations for future studies, including improvements for recruitment and retention, offering incentives for participation, and obtaining a much larger and more educationally diverse sample of students.

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Cultural Competency and Cultural Humility Training in Occupational Therapy

Programs: Measuring Student Perspectives and the Effectiveness of Workshop

Interventions

The American Occupational Therapy Association's (AOTA) Occupational Therapy Code of Ethics emphasizes the importance for occupational therapists and occupational therapy assistants (OTAs) to continue to improve their cultural competency and humility to provide competence-based practice to their clients (AOTA, 2020a). Occupational therapists should spread awareness about diversity and actively advocate for equal and fair treatment for all ethnic groups. Under the core value of dignity, occupational therapists must value and promote the uniqueness of each individual, which includes respecting an individual's culture and background. Therapists should not allow self-conflict with other cultures, religions, and beliefs to interfere with their treatment of clients.

Cultural competency is the ability to maintain a balance between gaining knowledge about other cultures and recognizing one's own values, while cultural humility involves the awareness that cultural competency is a lifelong learning process facilitated through openness and continuous self-reflection (Agner, 2020). In order for occupational therapists to better support each client's participation in occupations, they must consider the interests and occupations of individuals of different cultural backgrounds. Although occupational therapists are taught to be client-centered, they may not be effectively prepared to work with culturally diverse clients with differing viewpoints or clients whose cultural identities greatly affect their perspectives, roles, and habits involved in occupational therapy's (OT's) scope of practice (Williams, 2016).

Providing care that does not meet the cultural needs of the client can negatively affect their health outcomes as well as the quality of care that they receive.

According to the Occupational Therapy Practice Framework ([OTPF]; AOTA 2020b), the OT process involves the use of multiple cornerstones, described as knowledge, skills, and qualities foundational to OT, such as therapeutic use of self to further help with the intervention process between the occupational therapist and client. Along with the cornerstones, there are also other influences and perspectives, such as cultural competency and cultural humility, that help build the foundation of interactions between occupational therapists and their clients. While building rapport with clients during the OT process, practitioners can learn more about each client's experiences, goals, and needs. Practitioners should strive to provide a safe and welcoming environment that allows the client to freely express themselves, which can be achieved through the use of cultural humility. Showing cultural humility as an occupational therapist may require the learned use of certain skills, practices, and values during client interactions. Practitioners can show cultural humility through being accepting and accommodating of clients' backgrounds, experiences, and cultures. This can also be exhibited by being continuously self-reflective on how their own cultural identity, values, and perspectives affect their practice and interpersonal interactions. When inquiring about a client's culture and its influences on occupations, occupational therapists should have the ability to select appropriate and relevant questions that are both culturally sensitive and informative for the specific purpose of the OT session. They should also be willing to admit to a client when they are not familiar with a certain cultural practice or

belief, and should actively make attempts to increase their cultural knowledge and learn when the chance arises.

The OTPF also states that occupational therapists can focus on certain domains to promote clients' engagement in occupations (AOTA, 2020b). The domains of client factors, context, and environment can all be tied into the importance of cultural competency in OT practice. Some of the client factors that can impact occupations include their perceptions, values, beliefs, spirituality, and customs. The cultural context can result in different activity patterns, behavioral standards, and expectations. Activities of daily living can also be radically altered depending on a person's culture (Montgomery, n.d.). Although activities such as bathing, eating, and dressing include similar steps between cultures, the values and rituals influencing them can differ. Identifying the cultural details that may be included in these activities while creating an occupational profile can help structure interventions that engage and comfort the patient.

Occupational therapists focus on health through an individual's daily occupations and place a big emphasis on providing holistic care (Munoz, 2007). To achieve holistic care, the occupational therapist must consider culture. People of different cultures can often assign varying levels of importance or relevance to specific occupations and activities of daily living due to culture-specific views regarding social roles, routines, habits, and other client factors. In some cultures, these differing thoughts and beliefs can also extend into healthcare, and in some cases can cause feelings of hesitancy and distrust with healthcare providers. Despite a lack of statistically significant evidence in recent research, many researchers and past studies strongly support this need for developing culturally competent healthcare providers and culturally relevant interventions to increase

patient satisfaction and trust, and promote positive health outcomes within all people groups (Tao et al., 2015; Soto et al., 2018).

As of 2019, the demographic distribution of the United States based on race and ethnicity is: White (non-Hispanic/Latino), 60.1%; Hispanic or Latino, 18.5%; Black or African American, 13.4%; Asian, 5.9%; two or more races, 2.8%; American Indian and Alaska Native, 1.3%, Native Hawaiian and other Pacific Islander, 0.2% (U.S. Census Bureau, 2020). The United States will become a majority-minority population by the year 2043 and will continue to become more diverse by 2060 (U.S. Census Bureau, 2012). However, the field of OT has remained predominantly composed of white females (Suarez-Balcazar et al., 2009; Matteliano & Stone, 2014; Steed, 2010). As the population of the United States continues to become more diverse, it is essential that occupational therapists and other healthcare providers are culturally competent. Taking into consideration of patients' cultures can lead to providing a consistent quality of care for clients of every background.

In order to work towards more culturally competent care, OT students need to be educated about different cultures and encouraged to adopt a perspective of cultural humility that can be applied to future practice. The current body of research involving cultural competency in the OT field is limited compared to similar research in other healthcare fields such as nursing, physical therapy, and speech language pathology. Therefore, the purpose of this thesis is to contribute towards filling this gap in knowledge.

The purpose of this research is to understand how the curriculum of OT programs can be supplemented to increase the cultural competency of its students to prepare them

for clinical practice. We planned to increase the cultural competency of OT and OTA

students through the use of workshop activities and gain information surrounding student

perspectives on the concept of culture in OT education and practice. We hypothesized

that students would express feelings of unpreparedness regarding cultural competency

training and education within their academic programs and that the workshops would be

successful in improving the participants' cultural competency assessment scores.

<div align="center">**Literature Review**</div>

Culture in OT Practice

Culture is referred to as the system of learned behaviors, values, and collective

experiences of a group of people (Cherry et al., 2009). Culture can be defined by one's

age, gender, personal and religious beliefs, communication style, education, and any

other qualities that affect how the person makes sense of the world and interprets their

experiences. Embracing culture and diversifying the field of OT is an important factor

when attempting to provide client-centered care. Issues of culture have become more

prominent in the newest version of the OTPF (AOTA, 2020b). Although culture is

mentioned under client factors in the third edition, the fourth edition encourages

occupational therapists to analyze the effect of culture on the client's personal

characteristics and views, socioeconomic background, and perceptions of healthcare

professionals. This aligns with the increasing inclusion of the term "cultural humility"

alongside "cultural competence" within OT literature. Cultural competence often focuses

on a person gaining knowledge about other cultures, recognizing their own values, and

maintaining a balance between the two (Agner, 2020). On the other hand, cultural

humility is the lifelong process of maintaining cultural competence through continuous

learning, openness, self-awareness, self-reflection, and critique of systemic issues.

Cultural awareness is considered by many to be the first step in achieving cultural

competency. This term is described as having the ability to recognize, value, and consider

the worldviews and cultures of others (Oluwole-Sangoseni & Jenkins-Unterberg, 2017).

Others refer to it as a culture shock, or the initial point of self-awareness when one's

personal bias, prejudice, preconceptions, and stereotypes of the world are challenged or

differ from those of their clients (Darawsheh et al., 2015; Bauer & Bai, 2018). With the

increase of ethnic and cultural diversity among OT clients, occupational therapists must

broaden their knowledge and work on their ability to adapt to their clients' diverse

backgrounds (Suarez-Balcazar et al., 2009). In Darawsheh et al.'s (2015) study, the

occupational therapists described certain situations where they experienced culture

shocks as already-practicing occupational therapists. Several practitioners described

experiences such as navigating and respecting cultural differences during home visits,

and reported that a lack of cultural awareness affected their practice and caused feelings

of discomfort or unease. The study also analyzed the effects of therapists' discomfort on

their delivery of care, describing how therapists may become rushed or make simple

mistakes in the face of uncomfortable situations. These results indicate that it could be

beneficial to introduce these culture shocks before individuals are in the workforce with

patients. Evidence has shown that holding workshops, classes, and activities for OT

students throughout their programs to develop cultural self-awareness has been important

components in the process of building skills for effective, client-centered care as new

occupational therapists (Matteliano & Stone, 2014; Palombaro et al., 2015; Bauer & Bai,

2018; Psychouli et al., 2020). Experienced occupational therapists have recognized that by working with a variety of clients from different backgrounds, they have gained confidence in their cultural competency, which enables them to provide proper and effective interventions to a broader range of clients (Suarez-Balcazar et al., 2009).

The inclusion of cultural competency in OT education can be directly linked to the OT process. Occupational therapists use the OTPF to obtain occupational profiles for new clients to gain a better understanding of the client's motivations, interests, social roles, and environments that influence their everyday activities (AOTA, 2020b). This is what allows occupational therapists to have a holistic perspective of their clients. Since culture can affect many areas of an individual's life and routine, occupational therapists must also consider the client's cultural background when determining their personal occupations and values. For instance, an occupational therapist may need to limit their physical contact with members of the opposite sex for cultural or religious reasons (Matteliano & Stone, 2014). Clients may also have different views on health, occupations, and disability, which may lead to questions about whether OT services are necessary. Additionally, the client's culture can affect their accessibility of equipment, tools, and activities that are used to perform a task (Chappell & Provident, 2020). Therefore, it is important that occupational therapists are educated on the different cultural backgrounds, customs, and health beliefs of others to be able to provide holistic care suitable for their diverse patients. Implementing cultural humility in practice will lead to more effective treatment and better relationships with clients (Soto et al., 2018; Tao et al., 2015).

Relevance for OT

The increase in multicultural patients in the U.S. has resulted in a need for culturally competent healthcare providers (Matteliano & Stone, 2014). Therefore, a well-rounded understanding of the practices and beliefs of other cultural groups is an invaluable skill in attempting to provide culturally competent care. In 2007, the AOTA created the Centennial Vision which stated that they "envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally-connected and diverse workforce meeting society's occupational needs" (AOTA, 2007). 10 years later, AOTA created Vision 2025 that was built upon the concepts presented in the Centennial Vision. Vision 2025 discusses the challenges, strengths, and goals of the profession of OT. It states that the profession of OT should be an inclusive profession that "maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living" (AOTA, 2017). This statement was further broken down into five different pillars: (1) effective, (2) leaders; (3) collaborative; (4) accessible; and (5) equity, inclusion, and diversity. The pillars state that OT can improve the quality of life of others through providing evidence-based, client-centered, and cost-effective services. Occupational therapists can also serve as influential leaders to advocate and influence changes in policies. Additionally, occupational therapists should be intentionally inclusive, equitable, and embrace diversity. This can be done by working collaboratively with clients to provide more culturally responsive and customized care that is accessible to others from different cultural backgrounds. These public statements made by the AOTA have encouraged the goal of becoming more diverse. However, the

process of building a more diverse OT community with increased cultural competency largely relies on incoming occupational therapists and the way that culture is approached during their education.

Education in OT Programs

While some schools provide students with cultural competence training, most OT students and new graduates report that the training they had received did not fully prepare them for their practice (Govender et al., 2017; Steed, 2010). In both studies, students and new graduates stated that they have difficulty interacting with and treating their diverse clients due to cultural barriers. Modifying their service delivery to incorporate cultural differences has also been a challenge to many practitioners (Chappell & Provident, 2020). A study of incoming first-year OT students showed that they were beginning the program with limited awareness of cultural differences and concepts, which supports the need for cultural education before entering the workforce (Cherry et al., 2009). More recent literature seems to present similar results and attitudes, finding that new OT graduates continue to believe their education did not adequately prepare them to be culturally competent occupational therapists (Govender et al., 2017; Steed, 2010). They felt unprepared to provide culturally appropriate treatments for their clients. These results confirm that the cultural education provided to students is either insufficient or absent in many programs. As a result, it has impacted many new occupational therapists in their practice.

The idea of integrating cultural competency courses into an OT student's curriculum has been explored by several studies and was used to measure the development of cultural competence in students (Boggis, 2012; Palombaro et al., 2015;

Bauer & Bai, 2018). Other studies have provided evidence that short-term cultural

competency workshops may also be effective (Boggis, 2012; Bauer & Bai, 2018; Steed,

2010). Studies have assessed the effectiveness of cultural competency courses and

workshops that involve curricular activities such as classroom activities, case studies,

readings, reflections, and discussions designed to enhance cultural competence (Boggis,

2012; Matteliano & Stone, 2014; Palombaro et al., 2015; Bauer & Bai, 2018; Steed,

2010). In Bauer and Bai's (2018) research, 34 students participated in a class aimed to

improve cultural competency. Students learned and practiced skills of cultural

competency through readings, videos, presentations, cross-cultural interviews, and book

clubs. Students reported that having multiple interactive activities was helpful in their

expanding their insight about other cultures. They felt more understanding and ready to

deal with cultural differences and found that they were able to apply the new knowledge

in their practice. The students' total competence score improved (p < 0.001) from

"culturally aware" to "culturally competent" after the completion of the course as

measured by the Inventory for Assessing the Process of Cultural Competence among

Healthcare Professionals-Revised. Additionally, the scores for competency in awareness,

knowledge, skill, and encounters all had a significant improvement (p < 0.001). The

outcomes of the studies have shown that the completion of courses and workshops can be

successful in increasing cultural competency.

     Cultural competency and cultural humility are known to be a continuous, life-long

process for an individual; however, many healthcare students and workers are not

continuously educated. Research shows that cultural competency education and retention

during graduate programs can be a complex process due to it being a lifelong learning

process (Suarez-Balcazar et al., 2009). Often, healthcare students and practitioners are educated at only one point in time, so utilizing a methodology that encourages building cultural competency over time may be more successful in producing culturally competent occupational therapists. A previous study that consisted of a one-day workshop that was 6 hours long did not yield as large of a difference in attitude towards different cultures as researchers expected (Steed, 2010). They found that the instructional module did not produce a significant change in racial attitudes, as measured by the Racial Argument Scale ($p = 0.639$) and Race Attitude Implicit Association Test pre- and posttest scores ($p = 1$). The researchers stated that the duration of instruction was a limitation in their study and believed that change would have been detected over a longer period of time. This study implies that interventions are more successful if the instruction is more intense and done in a longer duration to allow participants to process the information presented to them.

The findings from the studies support that cultural competency courses and workshops are beneficial in improving the cultural competence of students and practicing occupational therapists. However, these studies show that the field of OT still has a long way to go to achieve cultural competency. Future studies should further develop and confirm these findings by replicating the studies with a bigger population of OT students to improve generalization.

Ethical and Legal Considerations

OT and OTA students over 18 years old from accredited programs in California were recruited on a voluntary basis through a virtual flyer that was sent out to each school's program director(s). We also reached out to school OT associations and

organizations for recruitment. Written consent was obtained and documented for each individual prior to the start of the study. The consent form also obtained permission for video and voice recordings of the live Zoom meetings. The study participants' identities were protected throughout the study. To increase the protection of identities, a password was required to access Zoom meeting calls. Zoom calls were recorded for data transcription purposes and deleted after they had been transcribed. The recordings were downloaded to our private computers and then uploaded directly onto a private Google Drive set up specifically for this research. They were then deleted from the computer. Participants had the option to use a pseudonym or only use their first names when showing their names on the screen during their participation in the workshop on Zoom. This was meant to increase student participation in the workshops and therefore increase the authenticity of the data obtained. When the results of the study were shared, the names of the participants were not shared with others, and each participant was given a participant identifier code. All data was stored on a password-protected Google Drive that only we and the principal investigator had access to. Any names or identifying information from the audio recordings were redacted.

The study design did not present any direct harm to subjects, but some psychological risk factors included: the fear of being judged in the group setting, anxiety, and being presented with serious topics that may make subjects uncomfortable. The risk was minimized by not requiring all participants to verbally respond to every question or situation during the group Zoom calls. Participants answered many of the discussion questions in a Google Form in addition to the verbal discussion, which allowed the opportunity for participants to respond privately if they were uncomfortable sharing in

the group during certain discussion topics. Risks were also minimized by identifying

expectations before facilitating group discussions, such as declaring it a safe space and

discouraging negative comments or attitudes towards others in the group. Subjects had

the ability to withdraw from the study at any time. Subjects were informed if there were

changes to the study.

Theoretical Framework

An OT theoretical framework that is relevant to this study is the social cognition

framework. This framework is foundational to this thesis because of its focus on thought

processes, social-awareness, and social participation in terms of roles, relationships, and

identities (Cole & Tufano, 2020). A concept that is emphasized in the framework is

intentionality—acting in a manner that brings out an environmental consequence.

Intended actions are said to be adjusted, revised, and reconsidered when presented with

new information. This concept is essential as it shows providing individuals with

information about other cultures can lead to being more culturally competent through

adjusted thoughts and actions, as well as increased intentionality when working with

diverse populations. Another concept involved in social cognition is self-efficacy (Cole &

Tufano, 2020). Self-efficacy is a person's belief that they can influence the environment

or successfully accomplish a goal. It is a strong determinant of the choice of action and

their performance. Individuals with strong self-efficacy have more ambition and are more

likely to overcome barriers to accomplishments. The study was designed to provide

participants with opportunities for open discussion in a safe and welcoming environment.

Expressing their thoughts about different cultural backgrounds and values may help

students become more self-aware of their own emotions and the reasons for their actions

and thoughts. It also provides an opportunity for the participants to identify barriers preventing them from participating or learning about cultures they are unfamiliar with. Through the conversation between participants, they can recognize the need for any changes in the way they interact with other cultures. Case studies were also included at the end of the workshop to allow participants to apply the knowledge learned as well as practice cultural competency/humility. According to the social cognition framework, allowing participants to effectively apply the information will increase their self-efficacy or belief about their ability to consider cultural influences when interacting with others. They will then be more likely to successfully put these skills to practice and continuously work towards cultural humility.

The motivations for this frame of reference include one's competence, autonomy, and relatedness. Creating change involves understanding the client's personal beliefs about the value of life and oneself. This theory posits that learning is an internal process, meaning that learning does not lead to immediate changes in behaviors (Cole & Tufano, 2020). For the knowledge to be integrated into one's life, they must seek new information for themselves and apply it in their own lives. This is relevant to the topic as the information provided in the cultural competency workshops will be practiced during their OT career. Another assumption in this theory is that positive and negative reinforcement can have indirect effects on an individual's behavior. This concept applies to our thesis when considering the participants' initial levels of cultural competency, the environment in which they were first taught, and reinforcers to keep them motivated to learn about other cultures. Another assumption that can be applied is that people learn by observing others. This can be applied because the students are taking in the information presented

during the workshops and are following the lead of those in charge of the workshop

sessions.

Methodology

Participants were recruited from various accredited OT and OTA programs in

California. We sent emails with a recruitment flyer and an RSVP Google Form link to the

program directors of nine accredited OT and six accredited OTA programs to be

forwarded to their students. Students completed the RSVP form, in which they noted

their availability. The confirmed dates and times for the workshop were emailed to

students along with the consent forms. Once the consent forms were signed, participants

were emailed the Likert scale pretest, Intercultural Sensitivity Scale (ISS), and

demographic questions. Answers were submitted through a Google Form prior to the first

workshop. The ISS assessment is a 24-item assessment measuring five factors of

intercultural sensitivity: interaction engagement, respect for cultural differences,

interaction confidence, interaction enjoyment, and interaction attentiveness (Chen &

Starosta, 2000). Higher scores on the ISS suggest a higher level of sensitivity in

intercultural interaction. ISS was shown to have high internal consistency with a .86

reliability coefficient and appropriate validity (Chen & Starosta, 2000). We sent out a

questionnaire that contained demographic and background questions, as well as questions

regarding their perception of their current cultural competency training in their academic

programs. Once the assessment and questionnaire were completed, participants were

emailed a Zoom link and password for the first workshop.

During week one, the students were introduced to the importance of cultural

competency and cultural humility in OT via PowerPoint. Afterward, participants were

sent a Google Form of self-reflection questions to complete (see Appendix D) and had

verbal group discussions about the self-reflection questions. They were asked to send in

their responses via a Google Form after the end of the first workshop session.

During week two of the workshop, participants were asked to complete the first

course of the "Improving Cultural Competency for Behavioral Health Professionals"

online outside of the class time, which focused on introducing and defining common

terms and concepts within cultural competency and humility. They received a digital

certificate upon completion of the course. Afterward, the participants were required to

submit their certificate of completion to the researchers by the end of the week. Students

answered reflection questions on a Google Form (see Appendix D).

In week three, Tanya Miller OTR/L, a professor who teaches a cultural

competency course at Stanbridge University was invited as a guest speaker. She

discussed the concept of perception through an ice breaker activity. During the activity,

individuals had their eyes closed and followed the same set of instructions based on their

perception of the instructions. The guest speaker also led an open discussion about one's

awareness of other cultures, the different types of culture, the various aspects that make

up one's culture, and other related topics. These concepts were then applied to the OT

practice and the personal experiences of the guest speaker and the participants. After the

workshop, participants were given a Google Form with a question that asked about what

they learned and whether the week's activities were beneficial to their overall

understanding of cultural competency (see Appendix D).

In week four the workshop participants were given case studies related to cultural

values and discussed their thoughts, reactions, and perspectives as the client's

occupational therapist. The case studies used were from the established curriculum *A Guide to Cultural Competence in the Curriculum: Occupational Therapy* (Nochajski & Matteliano, 2008) and AIDS Education and Training Center-National Multicultural Center's (n.d.) website. The case studies underwent minor modifications by the researchers to include terminology and appropriate situations that would be within the scope of OT services. After discussing the case studies, participants were given a debrief and summary of the workshop, and the workshop concluded. They were also asked to reflect on which week or activity was most helpful (see Appendix D). One week after completing the workshop, the ISS posttest and reflection questions were administered to the participants via email to allow them time to absorb and reflect on the information they had been given during the workshop.

All data collected from this study were analyzed with assistance from the Stanbridge University statistician. The study analyzed both quantitative and qualitative forms of data. Quantitative data included the cultural competency scores obtained through the pre- and posttest results from the ISS, which were analyzed through the use of a paired t-test and the Statistical Package for the Social Sciences software. The use of a paired t-test allowed for a comparison of the participants' pre- and posttest results, and indicated whether there was a significant difference in the mean between their cultural competency levels before and after the workshop. This aided in demonstrating whether the workshop was effective in creating individual improvements in cultural competency scores. To better understand the participant's lived experience, perceptions, values, and beliefs, a phenomenological approach was used to collect qualitative data. A phenomenological design was selected because of the concept's ability to describe real-

world experiences in the context of a particular situation and its perspective that lived

experiences are best measured by those sharing the experience (Luborsky & Lysack,

2017). The study's qualitative data was gathered from the Google Form discussion

questions throughout the four weeks and through transcriptions of verbal responses

during group discussions facilitated over Zoom. We then analyzed the data by coding for

significant or common themes in participant responses and feelings through triangulation.

To ensure validity and reliability of the qualitative results, we each completed the coding

process individually, then we compared conclusions and consolidated the information

into common themes found among all three of us.

   The methodology of the study was selected in order to have specific advantages.

The study's length of four weeks and the decision to disseminate the posttest one week

following the study were chosen to provide additional time for learning after literature

showed that shorter workshops had yielded little change in cultural attitudes (Steed,

2010). The workshop was also chosen to be conducted in a virtual setting to provide the

ability to include multiple schools or programs from different areas in California to

encourage a larger sample size.

<div align="center">**Results**</div>

Participants

   In the present study, only current students from OT and OTA accredited programs

from California were included. The demographics of the seven participants used in the

sample are listed in Table 1. The participants were all female ranging from ages 20-33

and were either Asian or Hispanic/Latino. They were all first-year students who have not

yet had their Fieldwork Level II experiences.

Table 1

Demographic Information of Sample Population

Participant	Age	Gender	Ethnicity	Program	Year in Program	Had Fieldwork II Experience
1	20	Female	Asian	OTA	1st	No
2	26	Female	Hispanic/ Latino	OTA	1st	No
3	33	Female	Hispanic/ Latino	MSOT	1st	No
4	25	Female	Hispanic/ Latino	OTA	1st	No
5	27	Female	Asian	OTA	1st	No
6	24	Female	Asian	OTA	1st	No
7	26	Female	Hispanic/ Latino	OTA	1st	No

During recruitment, researchers reached out to the program directors of nine

Master of Science Occupational Therapy (MSOT)/Master's of Occupational Therapy

(MOT) programs and six OTA programs in California. Of the schools, two MSOT

programs and one OTA program responded with confirmation that the flyer had been sent

out to their students. While 11 students signed the consent forms to participate, only

seven students completed the pre-test and demographic questionnaire that was required to

begin the workshop. The seven participants that attended the first workshop were all from

the same school. Six of the participants were from the school's OTA program and 1 was

from the MSOT program. By the end of the study, four participants completed both the

pre- and posttests. Two of these participants completed all four workshops, one

participant only attended one of the four workshops, and the last attended three out of the

four workshops.

Quantitative Results

      A chi-square goodness of fit test was employed to determine whether there was

statistical significance in the participants' expressed feelings of preparedness level

regarding their cultural sensitivity and cultural training within their academic programs.

While we hypothesized that the students would express feeling unprepared, the data

failed to yield statistical significance [$\chi2(3, N = 7) = 0.43$, $p = .934$]. All of the

participants had not yet taken a cultural competence course in their program and as

shown in Figure 1, only 43% of the participants reported having previously heard of the

term cultural competency during their undergraduate studies and were able to define it.

One student from the MSOT program reported hearing the term in a class. On the

contrary, only 14% have heard of the term cultural humility and were able to define it, as
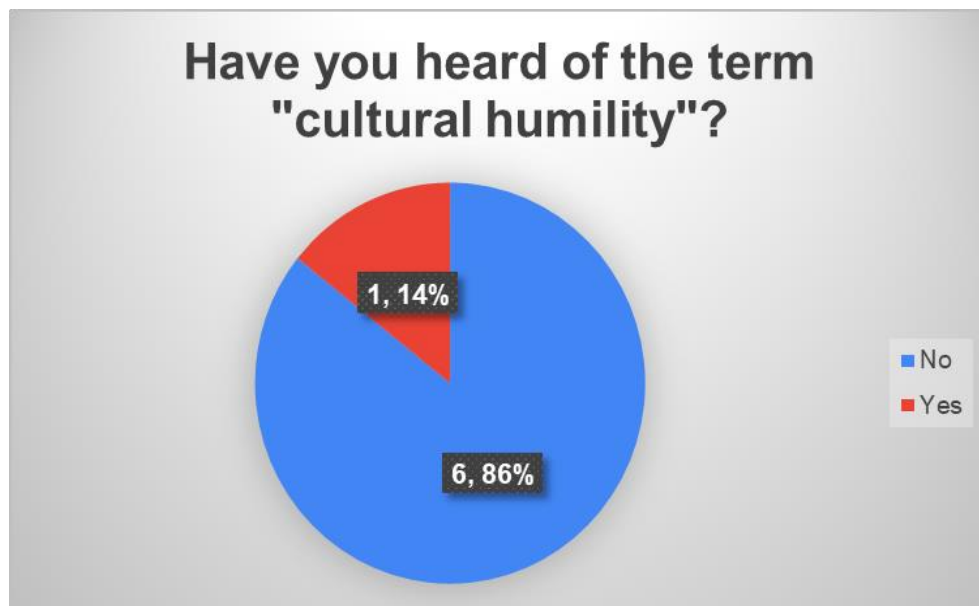
shown in Figure 2.

Figure 1

Number of Participants Who Had Previously Heard of the Term "Cultural Competency"

(N=7)
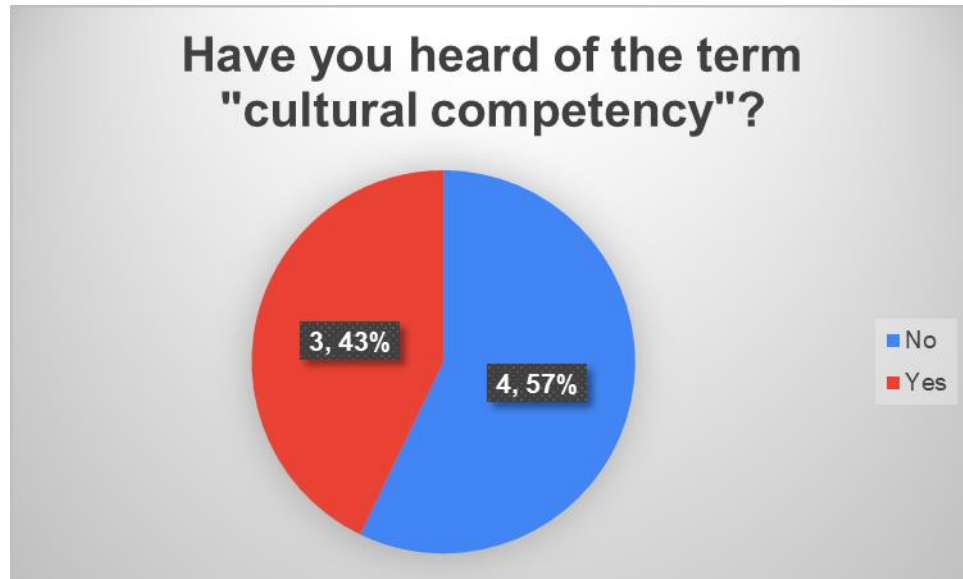
Figure 2

Number of Participants who had Previously Heard of the Term "Cultural Humility"

(N=7)

To determine if the workshop was able to improve the cultural competency scores in the students, data was analyzed using the results obtained from the ISS assessment. There were seven responses collected at baseline and four responses at follow-up. Five paired *t*-tests were used to evaluate if there were differences in cultural competency scores (as measured in the five ISS subscales: interaction engagement, respect for cultural differences, interaction confidence, interaction enjoyment, and interaction attentiveness) from pre- to post-implementation of cultural competency workshops. The results obtained from the paired t-tests failed to show significant improvements from post scores from pre-implementation, indicating no improvement in cultural competency scores, which is contrary to our hypothesis. The results for the subscales of interaction engagement, respect for cultural differences, interaction confidence, interaction enjoyment, and interaction attentiveness are $t(3) = 1.46$, $p = .239$, $t(3) = -1.19$, $p = .319$, $t(3) = -.74$, $p = .514$, $t(3) = .00$, $p = 1.000$, $t(3) = .00$, $p = 1.000$ respectively.

Qualitative Results

Using thematic analysis, qualitative data was summarized into five themes: cultural factors influencing interactions, ways to improve working with other cultures, preparedness through academic programs, helpful aspects of the workshop, and suggestions for improvement.

Cultural Factors Influencing Interactions

In the first week of the study, participants were asked how culture affects their interactions with others. One of the main themes present in these responses surrounded the idea of having specific cultural values and taught behaviors. Participants described that within their various ethnic backgrounds they were taught specific values and

behaviors that affect how they now view and interact with the world, such as being taught

to show respect to elders, being welcoming to both family and strangers, and being

family-oriented:

> I am Filipino and when we are greeting elderly, we take their hand and put it to
>
> our forehead and . . . we kiss each other on the cheek. Even for my own relatives.
>
> Even if I go to family parties and I don't know [them] . . . I say hi and I just end
>
> up kissing them on the cheek 'cause . . . I think it's almost like second nature to us,
>
> that's just how we greet others.

The participants also mentioned other factors that can cause differences between people

of various cultures, such as community and the location of their upbringing:

> I think my own culture is mixed with my Mexican heritage and a large blend of
>
> rural living. Sometimes, I can't tell when one starts and the other begins. . . Being
>
> able to experience both urban and rural living allowed me to see how impactful
>
> your community can be in determining how your values/beliefs form. I believe
>
> this makes me more understanding of social interactions and leisure choices
>
> (among other things) that people make and allows me to view and analyze
>
> without as much judgment.

Other participants noticed how their upbringing influenced by cultural practices played a

role the way that they interacted with others from different cultures, such as in their own

intercultural relationships:

> When I first started dating my Mexican boyfriend [I noticed differences]. I'm
>
> Salvadorian so normally everyone just serves their own plates. I grew up knowing
>
> that. When I first came, it was like all women have to help out serve plates like

you're basically last to eat. And even to pick up their plate like at the dinner table.

I had to learn throughout time, but it was hard. I felt like I was being judged

[when I ate first].

Preparedness Through Academic Programs

When asked about whether they felt their academic program had prepared them

for interacting with diverse clients, participants responded with mixed opinions. Some

reported feeling "Not well prepared," due to a lack of focus on cultural competency

concepts so far in their programs. Four participants noted that cultural concepts were only

briefly explained, had not been addressed yet, or that they hoped it would be addressed

more in-depth in the future program courses. Another reported feeling "Well prepared,"

stating that although their program had not covered cultural competency or humility in-

depth, they felt that important values, such as being open-minded, respectful, and

accepting of diversity and other cultures was mentioned throughout all courses. A

participant who felt "very well prepared," expressed that they felt confident in interacting

with diverse clients as a result of their past academic, work, and volunteer experiences.

Ways to Improve Working with Other Cultures

Throughout the four workshop weeks, the participants responded to various

questions in which they discussed their level of preparedness in working with other

cultures. Participants recognized that being patient-centered and having an awareness of

intersectionality are ways to form a better understanding of their patients to provide

treatment that's geared towards them. Participant 3 mentioned how she wanted to

continue taking courses in order to stay updated on topics and ways to continue being

culturally competent and being an advocate for their clients to receive treatment:

I feel like I should continue to take courses like this to keep up to date on topics

and get refreshers to prevent me from having bias or stereotyping. There was a lot

of helpful information and resources provided that made it much easier to

understand how to become culturally and linguistically competent. I think one of

the first things to do is ensure the organization I become a part of is also culturally

competent and help to create a work culture that can provide the best care to all

people. After taking it, I realized many organizations I have been with were not

culturally competent and it was a real eye-opener! I can be an advocate!

Another participant identified that asking questions was an important way to continue

improving their cultural humility:

I think to never stop learning and asking questions [is important]. I know it's

intimidating at first to ask questions but that's the only way you're going to learn

about other people's cultures and beliefs and always going in being honest like

"hey, I just really want to learn about your culture. We're different. I really like

learning about other cultures, so is it okay if I ask a couple of questions? I'm not

trying to be offensive and if you do [find that it is], that's okay." Just accepting

that and just wanting to learn . . . I like learning about other people's cultures.

Similarly, another participant stated that asking questions would provide a safe platform

and open space to discuss cultural factors and their impact on occupations. They stated

that addressing these topics may prevent misunderstandings that may affect their care.

Helpful Aspects of the Workshop

Participants provided positive feedback when asked about aspects of the

workshop that were most helpful in increasing their understanding of the importance of

cultural competence and humility in the field of OT. One participant enjoyed week one's discussions about customs, behaviors, and values of different cultures. Other participants described week two's online course as being most helpful for gaining an overall understanding of cultural competency. Some participants recognized week three's activity of having a guest speaker as being most helpful in developing a deeper understanding of what culture includes, how our cultural similarities or differences can affect us as occupational therapists working with clients, and how each person can have an individualized perspective or worldview based on their participation in their own cultures and subcultures. Week four's case study discussions were viewed as being beneficial for applying their new knowledge alongside clinical judgment.

Suggestions for Improvement

Some suggestions that participants made regarding future workshop activities included more application-based activities, such as having additional open discussions on healthcare case studies and role-playing possible therapist-client interactions. They also suggested playing videos that display interactions between a therapist and client of differing cultural backgrounds to help further their knowledge and provide concrete examples of how this type of interaction could play out in a real-life situation:

> Seeing a video or scenario of a therapist and client of very different cultural
> backgrounds interacting for the first time. I think it would be nice to see a smooth
> conversation that is respectful and informative. This would help me to see a role
> model and then I could either apply or adapt it.

Discussion

Quantitative

When examining if the participants felt unprepared regarding cultural sensitivity and cultural competency, the results obtained from a chi-square goodness of fit test indicated that the results failed to yield statistical significance. This was contrary to our hypothesis that students would report feeling unprepared in cultural competency. This indicates that students were equally likely to report feelings of being prepared or unprepared regarding cultural competency training within their academic program. The possibility that responses were based on other factors other than just the academic aspect of their OT or OTA programs should not be excluded. Some participants discussed the academics of their programs and responded that their classes did not cover the topics of culture in-depth. However, another respondent said she felt well prepared because of the diversity of students within their program cohort which allows them to interact with others from different backgrounds. Another respondent stated feeling very prepared based on her academic, volunteer, and work experiences, rather than solely based on her academic experience. These two responses may indicate that those who may have felt more prepared considered other experiences when answering the question regarding their academic preparedness, influencing the results.

The results obtained from the ISS assessment were compared using a paired t-test to evaluate if there were differences in cultural competency scores from pre- to post-implementation of cultural competency workshops. However, the post scores failed to improve significantly from pre-implementation across all five of the ISS subscales (interaction engagement, respect for cultural differences, interaction confidence,

interaction enjoyment, and interaction attentiveness). These results are contrary to our

hypothesis that the workshop would increase the participants' cultural

competence/humility. This may be due to many participants responding with the

maximum score of strongly agree or strongly disagree. For example, if a participant

stated strongly agree, there was no room to improve on that max score with that baseline

score. This may have impacted the results of the data as they were not able to indicate a

higher score than initially reported.

Qualitative

Cultural Factors Influencing Interactions

Throughout the workshop, participants wrote or discussed their ethnic

backgrounds including their values, beliefs, and traditions they practice. Participants

stated that these factors impacted the way they interacted with others. In the participants'

answers, they tended to pull from their personal experiences and used them when

interacting with others. This includes taught behaviors from family or cultural traditions

such as respect for the elderly and the need to greet strangers at family parties. Some

participants also noticed how behaviors that appeared to be "second nature" to them was

viewed differently or was offensive to others. Though their backgrounds are different,

they noticed commonalities between their own experiences and personal values and its

influence on their interaction with others.

In line with the participant's thoughts and reactions, it was shown in a recent

study with nursing students how their cultural competency levels increased when using

their personal experiences when working with people from different cultures (Choi & Ji-

Soo, 2018). This suggests the importance of interaction as well as the use of

incorporating personal experiences and values to better increase connections with others and build rapport with patients.

Preparedness Through Academic Program

Participants described how well they felt their academic program prepared them to work with diverse clients. One participant felt very well prepared from their programs with interacting with diverse cultures though they mentioned previously they have had several outside or personal opportunities for cultural learning, possibly leading to higher cultural competency scores. While a few others who mentioned being less prepared expressed a lack of education on the subject and experience. These student perceptions support the idea that the inclusion of focused education on cultural competency and diversity early on in OT programs would be beneficial to the intercultural knowledge and preparedness of students. Research has shown how students display increased cultural competency scores when they have gained experiences and been taught these topics within their programs (Palombaro et al., 2015; Psychouli et al., 2020). The results may also not have been statistically significant simply because students had not reached the point in their program when these concepts were introduced, as all participants were first-year students who have not experienced level II fieldwork.

Ways to Improve Working with Other Cultures

After participants were asked how they can utilize information from the online course module, they chose topics and actions that were geared towards ways of interacting and treating patients in the future. OT practitioners are constantly utilizing our interpersonal skills to gather information, evaluate, and communicate treatment ideas with patients. When participants were asked as to what skills they would be considered

most important, the majority agreed being open and not afraid to ask questions was a helpful tip they see as the most important. Asking questions is a vital part as occupational therapists to gather information on patients and form a better understanding of future clients and ways to go about interventions and treatment. Towards the end of the workshop participants realized the importance of both how they ask their patients questions and what questions they are asking their patients to better build rapport with their clients while also collecting information about them.

Helpful Aspects of the Workshop

Overall, the participants gave positive feedback on the workshops, content, and activities provided. The majority of participants enjoyed having a guest speaker discussing the different components of culture and its relevance to OT. By participating in a creative and interactive activity related to culture instead of a lecture, it allowed the participants to engage both physically and mentally. This would explain why the majority of participants enjoyed this part of the workshop. One participant also mentioned that taking the online course module and participating in the group case study was also helpful towards understanding cultural competency and cultural humility. Since the majority of participants were in their first year of their programs and had not or were not currently taking a cultural competency course, having the module provide information on what cultural competency, cultural humility, and intersectionality was shown to be beneficial for OT and OTA students. Along with practicing working with different clients during the case studies might have stood out for participants due to not having done their level II fieldwork.

Suggestions to Improve Workshop

Suggestions the participants brought up were geared towards having more opportunities to work on case studies similar to week 4. One participant mentioned that watching videos or real-life interactions of an occupational therapist or OTA conversing with a patient of a different culture would be helpful due to their lack of experience in conversing with patients in a clinical setting during their level I fieldwork experiences. As the participants are currently in the first year of their programs, they also have not begun their level II fieldwork and lack experiences with patients from different backgrounds. Due to the participants' unfamiliarity with working with multicultural populations, having an example or model to reference was expressed to be the most beneficial method for promoting their cultural knowledge and professional development. This relates to a previous study by Crisafio et al. (2018), in which students who were exposed to communication skills via video models, displayed enhanced professional behaviors during standardized patient encounters compared to students who were not exposed to video modeling. The students who watched the videos also had higher expressions of empathy towards patients compared to the control students as measured by combined standardized patient and narrative assessment plan exam scores (81.63% vs 69.79%, $p < 0.05$). This suggests that video observation and modeling could serve as a useful learning tool for students and can increase the student's ability to communicate with others empathetically.

Limitations

There are some limitations to this study that need to be considered. Although we reached out to all MSOT/MOT and OTA programs in California, few program directors

responded, which resulted in a small sample size. Additionally, all of the participants in the study are students of the OT and OTA program of the same school that we attend. We sent out emails to the program directors of the schools roughly two weeks before the start of the workshop and only three programs responded to confirm that they sent out the emails and flyers to their students. Six of the MSOT/MOT programs and five of the OTA programs did not respond to the email. Follow-up emails were sent to the schools that did not respond. The lack of response from the program directors can be due to missing the email or due to the small timeframe given to them to respond. Having more time during the recruitment process would have given us more time to directly call the program directors of each of the schools to inform them of the study and to ask for the flyer to be sent out to their students. Having a longer time for recruitment would have also allowed for more program directors as well as their students to reflect on their decision to participate in the study, therefore, possibly increasing the number of participants. With the low number of participants, we cannot exclude the possibility that the small sample size could have affected the possibility of finding a significance between the cultural competence scores before and after the workshop. While the participants all came from the same school, the small sample size may have been a contributing factor as to why there were no significant results indicating unpreparedness regarding cultural competence training or improvement in cultural competency scores through the ISS assessment.

In addition to the small sample size, there was also a high dropout rate in the study. Seven participants attended the first workshop and only three completed the online course requirement for the second workshop. Only two participants attended the third workshop and three participants attended the last workshop. Having workshops spread

out across four weeks may have contributed to a higher dropout rate. The workshop with

the lowest attendance was scheduled on a holiday weekend, which may have also played

a factor in the participants' attendance.

Due to the limited number of participants and the high dropout rate in the study,

the project was required to undergo minor changes. For example, we also participated in

the workshop discussions to facilitate the conversations and encourage participant

engagement. While qualitative data from the workshops were only collected from the

participants, our participation in these discussions may have influenced the conversation

and may have led to bias in the qualitative data collected during workshops.

Future Studies

Based on our lack of significant findings and the limitations of this study, there is

a need for further research with a larger sample size that includes students from a variety

of schools and programs to better represent the population. This research study had low

success in recruitment and had a high participant dropout rate, which can be addressed in

future studies. A prior study conducted by Far (2018) found several factors that could

influence recruitment and retention rates of university students as research participants.

Some factors that could have improved the number of students who were willing to

participate in research studies include promoting the benefits of participation and

providing incentives, including monetary incentives or course credit (Far, 2018). Since

we were unable to provide any monetary incentives to participants, we focused on

highlighting intrinsic motivational factors as an incentive to participate in the study. Far

mentioned that participation may lead to educational gain and the enhancement of their

ability to interact and work with future clients of different cultural backgrounds.

Retention of participants is just as important as the recruitment process and in this study, retaining participants proved to be critical in the employment of statistical analysis of results. Retention of participants involves developing and maintaining relationships with participants to encourage them to commit and participate in the study (Far, 2018). It is influenced by the characteristics and interpersonal skills of the researchers and the presentation of the content. Logistical factors such as the participants' other commitments, conflicting schedules, and lack of time are identified as common participant obstacles which can limit their participation in the study.

An important consideration when reviewing and revising our methodology for future studies is that it was conducted on a voluntary basis, therefore, the participants may have been willing or hopeful to make a change. It may be beneficial to require OT programs to provide mandatory courses or education opportunities to obtain data from a wider range of students. Many students may not volunteer to participate in cultural competency or humility education opportunities for many reasons, including a busy schedule, feelings of previous self-competency, a lack of interest in learning these topics, or unconscious ignorance towards the significance and positive impact this education will have in their future practice. For future research, it may be important to show the outcomes of mandatory courses and workshops supplementing original cultural education requirements to determine their benefits to both interested and uninterested students or workers.

Moreover, researchers should allow for sufficient time for recruitment prior to the start of the study and use different methods to recruit participants such as through phone calls to the program directors. This would also allow for more time to follow up with the

schools. Additionally, future studies would benefit from providing appropriate incentives for their populations to increase participation and retention throughout the extended length of the study's weekly workshops. Surveying students' availability to commit to the workshop could increase student participation.

Another suggestion for future methodology would be to hold workshops or activities in a collaborative and positive environment that will promote inclusion and growth. In du Toit and Buchanan's study (2018), the use of an Appreciative Inquiry workshop showcased positive qualities that could be useful in other research plans. The Appreciative Inquiry approach is meant to appreciate and encourage current positive patient care, while also envisioning possibilities for future improvements. In this study, it allowed the workers to reflect on positive or compassionate moments they experienced with patients, as well as how it came about and what changes could be made to increase the frequency of these experiences. This method also made use of having smaller discussion groups, which then were incorporated into the larger group. The methods of this study could prove to be useful for additional research in cultural education as it involves creating a positive, safe environment for conversation during workshops and supplementary education opportunities. Incorporating this study's approach can help educators to highlight positive experiences, analyze how the good outcomes were achieved, and discuss the areas of improvement needed to reach more culturally centered care.

Implications for OT

Considering the role of culture in one's occupation allows occupational therapists to provide holistic care and create individualized interventions. The fourth edition of the

OTPF stresses that it is vital for occupational therapists to consider the effect of culture on clients' personal characteristics and views, socioeconomic backgrounds, and perceptions of healthcare and healthcare professionals (AOTA, 2020b). This emphasis on culture in the OTPF also highlights the relevance of culture in OT treatment and provides a vision for the development of OT practitioners towards a profession that is more culturally humble.

The benefits to the OT and OTA student participants included gaining an increased understanding of cultural competence and humility, as well as how these concepts are important in the profession of OT. Participants were provided instruction on common considerations to make for clients of different cultures, definitions of cultural competence and humility, the many factors or dimensions that make up one's individual culture, and ways to apply this knowledge in a clinical OT setting. This workshop contributed to the occupational functioning of our participants by providing them with the knowledge and skills that will be needed in future fieldwork and when working with multicultural client bases as occupational therapists.

While the results obtained from the pre- and posttests failed to prove significant improvements in cultural competency scores, participants still reported that the workshops were informative and allowed them to learn more about the cultural differences and factors to consider when interacting with individuals of different cultural backgrounds. Academic programs may benefit from implementing similar workshops or academic courses to further educate their students about cultural competence and humility, and prepare their students for future interactions with diverse clients. This study may serve as a foundation for future workshops or courses provided to OT and OTA

students. By providing this education to students within the academic program, students will feel more equipped to work with diverse clients and will be taught to create more culturally sensitive interventions from the very beginning of their OT training. Having occupational therapists and OTAs who are culturally humble will foster respect with clients, improve patient participation, and meet more of the needs of clients who have different cultural backgrounds. Ultimately, this will promote better health outcomes and quality of life for clients.

Conclusion

To promote the consideration of culture in treatment planning and to remain client-centered, OT students need to be thoroughly educated on constantly refining their cultural competency and humility skills. Though there is research analyzing the cultural competency and humility levels of varying types of healthcare professionals, the amount of research that has been conducted on occupational therapists and OT students is limited. Of the studies that have been conducted, it has been found that many OT students and new graduates feel unprepared when interacting with clients of differing cultural backgrounds from their own. This research study was conducted to gain current OT and OTA students' perspectives on the cultural education provided in their academic programs, then to analyze the effects of a four-week cultural competency workshop aiming to improve cultural competency scores of these students. While the results of the pre- and posttest analysis did not indicate significant improvements in the students' cultural competency scores, qualitative data collected from participants found the workshop had a positive impact. Following the workshop activities, participants identified gaining more awareness of cultural differences and improved interaction skills

to use with diverse clients. Future research should be developed to address the various

limitations presented within this study and to explore further options for the methodology

that will enhance cultural education in OT and OTA programs. Programs should provide

students with a strong foundation in cultural competency and humility education and

offer learning opportunities for applying cultural knowledge in practice settings. Through

this, academic programs can create culturally humble practitioners with the knowledge

and tools needed to provide effective, client-centered, and culturally relevant OT

services.

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Appendix A

Consent Form

Consent to Participate in Research
Stanbridge University Institutional Review Board

Title of Study: Cultural competency and cultural humility training in occupational therapy programs: Student perspectives and workshop intervention effectiveness

PARTICIPANT'S RIGHTS

You are being asked to participate in a research study. Your participation in this study is voluntary. You may choose not to participate or, if you agree to participate, you can withdraw your participation at any time without penalty or loss of benefits to which you are otherwise entitled.

If you do not understand anything, please ask questions.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to better understand how cultural competency can be integrated into a student's education to better prepare them for working with diverse populations. It seeks to look at the effect of various classroom activities such as discussions, guest speakers, and online educational courses on improving cultural competency. The study will also collect student perspectives on the inclusion of cultural values and education in their programs and in the field of occupational therapy.

WHAT ARE THE BENEFITS INVOLVED IF I CHOOSE TO PARTICIPATE IN THIS STUDY?

Benefits of participating in this study include increasing cultural competency levels, engaging in meaningful discussions, and enhancing social and interpersonal skills with different populations. Knowledge obtained from this study will allow you to build better relationships with patients and analyze how culture may influence occupations.

WHAT ARE THE RISKS INVOLVED IF I PARTICIPATE IN THIS STUDY?

Psychological risk factors can include fear of being judged in the group setting, anxiety, and being presented with serious topics that may make you uncomfortable. You may choose not to answer any question or to stop your participation at any time.

WHAT DOES THIS STUDY INVOLVE? (TIME COMMITMENT, THE DURATION OF STUDY)

Participating in this study will involve about 1 hour per week, for 4 weeks. Activities may be completed with researchers in a group Zoom setting or individually on your own time. A short survey will be administered one week after the last Zoom workshop session.

WITHDRAWAL FROM THE STUDY

You may choose to stop participating in this study at any time with no consequences. However, your decision to stop may affect the inclusion of your data in our study.

COMPENSATION FOR PARTICIPATION

N/A

CONFIDENTIALITY

Names of students will not be disclosed. Zoom meetings will be recorded for data analysis purposes, but will be deleted after transcription.

WHO SHOULD YOU CALL WITH QUESTIONS OR CONCERNS ABOUT THIS STUDY?

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

Principal Investigator:_____Shain Davis OTD, OTR/L_____
Email:_____sdavis@stanbridge.edu_____
Phone Number: _____949.794.9090_____

If you have any concerns about this research and how it is conducted, please contact our institutional officer-in-charge: Stanbridge University
VP of Instruction/Independent Contact: VP.instruction@stanbridge.edu

DOES IT COST ME ANYTHING TO PARTICIPATE IN THIS STUDY?

N/A

STATEMENT OF CONSENT

1. I have read the above information and have received answers
to any questions I may have asked.
2. I am 18 years or older.
3. My participation is voluntary.
4. I may withdraw from this study at any point.
5. I consent to take part in the study.

		Participant's signature
Video		
Voice recording		

_____   _____   _____
Participant's Printed Name   Participant's Signature   Date

_____   _____   _____
Legally Assigned Representative's Legally Assigned Representative's   Date
Name   Signature

_____   _____   _____
Investigator's Name   Investigator's Signature   Date

Appendix B

Intercultural Sensitivity Scale

Below is a series of statements concerning intercultural communication. There are no right or wrong answers. Please work quickly and record your first impression by indicating the degree to which you agree or disagree with the statement. Thank you for your cooperation.

5 = strongly agree, 4 = agree, 3 = uncertain, 2 = disagree, 1 = strongly disagree (Please put the number corresponding to your answer in the blank before the statement)

_____ 1. I enjoy interacting with clients from different cultures.
_____ 2. I think people from other cultures are narrow-minded.
_____ 3. I am pretty sure of myself in interacting with clients from different cultures.
_____ 4. I find it very hard to talk in front of clients from different cultures.
_____ 5. I always know what to say when interacting with clients from different cultures.
_____ 6. I can be as sociable as I want to be when interacting with clients from different cultures.
_____ 7. I don't like to work with clients from different cultures.
_____ 8. I respect the values of clients from different cultures.
_____ 9. I get upset easily when interacting with clients from different cultures.
_____10. I feel confident when interacting with clients from different cultures.
_____11. I tend to wait before forming an impression of culturally-distinct counterparts.
_____12. I often get discouraged when I am working with clients from different cultures.
_____13. I am open-minded to clients from different cultures.
_____14. I am very observant when interacting with clients from different cultures.
_____15. I often feel useless when interacting with clients from different cultures.
_____16. I respect the ways clients from different cultures behave.
_____17. I try to obtain as much information as I can when interacting with clients from different cultures.
_____18. I would not accept the opinions of clients from different cultures.
_____19. I am sensitive to my culturally-distinct counterpart's subtle meanings during our interaction.
_____20. I think my culture is better than other cultures.
_____21. I often give positive responses to my culturally-different counterpart during our interaction.
_____22. I avoid those situations where I will have to deal with culturally-distinct clients.
_____23. I often show my culturally-distinct counterpart my understanding through verbal or nonverbal cues.
_____24. I have a feeling of enjoyment towards differences between my culturally-distinct counterpart and me.

(Items 2, 4, 7, 9, 12, 15, 18, 20, and 22 are reverse-coded before summing the 24 items. Interaction Engagement items are 1, 11, 13, 21, 22, 23, and 24, Respect for Cultural

Differences items are 2, 7, 8, 16, 18, and 20, Interaction Confidence items are 3, 4, 5, 6, and 10, Interaction Enjoyment items are 9, 12, and 15, and Interaction Attentiveness items are 14, 17, and 19.)

(Chen & Starosta, 2000)

Appendix C

Institutional Review Board Approval Letter

03/30/2021

Re: IRB Application Number MSOT10-12

Dear Dr. Davis and Research Team,

The Stanbridge University Institutional Review Board has completed the review of your application entitled, "Cultural competency and cultural humility training in occupational therapy programs: Student perspectives and workshop intervention effectiveness." Your research protocol MSOT10-12 is formally accepted as completed and categorized as expedited.

Should you wish to make modifications to this approved protocol, please submit a modification form for IRB review and approval. No changes may take place without IRB approval.

Sincerely,

Dominique N. Wascher, Ph.D.

IRB Chair

Appendix D

Weekly Workshop Questions

Week 1 Reflection Questions

1. Based on your new understanding of culture, how would you describe your own cultural identity?

2. What part of your cultural identity has the greatest influence on your interactions with others? How so?

3. Think about someone you know from a different culture than your own and describe the similarities and differences between the two cultures. What conflicts could you see arising in a helping relationship involving members of these two cultures?

Week 2 Reflection Questions

1. What was an idea or concept you learned that can directly connect with OT?

2. OT demographics are very similar to the data presented in the course. Do you feel that your program has taken any steps towards increasing diversity or improving cultural education?

3. After learning about cultural humility, how do you think your OT/OTA program could promote ongoing, continuous cultural learning/reflection?

4. How do you think you can incorporate this information into your practice as a future OT?

Week 3 Reflection Questions

Did you think that this week's activities were beneficial to your understanding of cultural competency? Please explain.

Week 4 Reflection Questions

1.   Do you believe that the workshop has helped you better understand the importance of cultural humility in OT/OTA's practice? Please explain.

2.   Which week of the workshop did you feel was the most helpful in increasing your understanding of the importance of cultural competency/humility in OT/OTA practice? Please explain.

3.   Were there any aspects of the workshop that you felt were not helpful? Please explain.

4.   Is there anything you would have liked to have seen in this workshop to help you further understand the topic?