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The Level of Cultural Responsiveness and its Preparation among Grand Valley State  
University's Occupational Therapy Graduates  
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## **Chapter One: Introduction**

### **Background**

The face of America continues to change. By 2050, over half of the population, 51%, will consist of minority populations (Taylor & Cohn, 2012). As society becomes increasingly diverse, occupational therapists will encounter more individuals from other cultures in their practice. These individuals will bring to the occupational therapy process a unique perspective shaped by their culture, which is comprised of behaviors, beliefs, values, and lifestyles (Cheung et al., 2002; Cole, Stevenson, & Rodgers, 2009). Therefore, to treat clients holistically, occupational therapists need to possess the skills to build a reciprocal relationship and respond to each individual appropriately; occupational therapists need to be culturally responsive. Though culture refers to many aspects that influence a person, such as the culture of a region, the culture of a profession, or the culture of a social group, most of the available research regards cultures as race and ethnicity. However, this research is not limiting culture to only race and ethnicity but recognizes that many people define it as such.

Past research describes culture awareness and sensitivity as cultural competence (Dillard et al., 1992). Since the term cultural competence was used in earlier research, it will be used when referencing prior research on this subject. However, cultural competence implies an endpoint in which competence is obtained; cultural responsiveness conveys the continual process of learning, adjusting, and openly communicating that is necessary in cultural awareness and sensitivity (Muñoz, 2007). Therefore, for the purposes of this research, this process will be described by the term cultural responsiveness.

Cultural responsiveness is an ongoing process, and occupational therapists can range in their responses to culture. Culture is defined as shared behaviors, values, lifestyles, and religions

of different groups of ethnicities (Cheung et al., 2002). This study will specifically focus on interacting with the ethnic minorities in the United States. The U.S. Census Bureau officially recognizes the following populations as minorities: Hispanic or Latino, American Indian and Alaska Native, Asian, Black or African American, Native Hawaiian and Other Pacific Islander, and people of two or more races (Multiracial Americans) (“Revisions to the Standards,” 1997).

According to the American Occupational Therapy Association Multicultural Task Force (1995), cultural competency is described as a process of consciously learning, refining, and practicing relevant and sensitive skills in interacting with people from various cultures. Becoming culturally responsive develops over time through education, fieldwork, and exposure in practice. Dillard et al. (1992) defined cultural competency as having an awareness of, sensitivity to, and knowledge of the meaning of culture. This competency involves not only reflection on others’ values, beliefs, and backgrounds but also reflection on one’s own values, beliefs, and background (Dillard et al., 1992). This is important because people do not always recognize or understand the underlying values and assumptions of their own culture and because many of the facets of the patient-therapist interaction can occur without the therapist’s conscious awareness of these underlying assumptions (Odawara, 2005). Moreover, according to Markus and Kitayama (1991) since people define their culture in relation to other cultures and since this definition shapes their everyday lives, occupational therapists need to be cognizant of their cultural assumptions and be culturally responsive in order to create a truly client-centered therapy.

In a field that aims for holistic and meaningful treatment, occupational therapists’ understanding of the factors that influence a person’s life, beliefs, and values is essential. Culture affects these factors, which consequently affect occupational choice (The Commission on

Practice, 2008). Occupations are valued differently by various cultures; therefore, what is meaningful to one individual is not to another. In addition, culturally learned values and customs affect people's beliefs about health care (Murden et al., 2008). Therefore, clinical judgment is enhanced by knowing what influences health beliefs and behaviors of cultural groups (Yuen and Yau, 1999). Cultural competence can improve communication and consequently the therapeutic relationship and effective treatment (Dillard et al., 1992; Suarez-Balcazar et al., 2009).

Cultural competency is gained primarily through exposure to and engagement with diverse populations (Wary & Mortenson, 2011; Suarez-Balcazar et al., 2009). Therefore it is important to have as many cultural experiences as possible. Exposure during the education process is crucial so that students are prepared to enter a diverse field. Most students and graduates agree that culture is important and can affect occupational therapy practice; however, very few feel that their programs adequately prepared them to be culturally competent (Murden et al., 2008). Furthermore, graduates of the programs more strongly felt that their curricula did not prepare them compared to students who were still in those programs. Additionally, in a study by Forwell, Whiteford, and Dyck (2001), students expressed their desire to be culturally competent therapists but felt that they were not yet at the appropriate level. These findings suggest that students expect their curricula to prepare them to be culturally responsive, yet they do not perceive that their programs are achieving this.

Cultural education is required in occupational therapy curriculum. The Accreditation Council for Occupational Therapy Education (ACOTE) (2006) standards for graduate level occupational therapy programs require that they include culture and are culturally relevant in

- coursework (B.2.6.);
- screening, evaluation, and referral (B.4.0., B.4.2., B.4.4., B.4.7.);

- intervention planning (B.5.0., B.5.11., B.5.19.);
- context of service delivery (B.6.1., B.6.2., B.6.3.).

Although ACOTE defines what standards universities must include, how these standards are interpreted and implemented are determined by each graduate program.

### **Problem Statement**

The literature identifies the importance of cultural responsiveness in occupational therapy; however, there is little research on how occupational therapy education is addressing this need. Specifically, there is no research to support the cultural responsiveness preparation of Grand Valley State University's (GVSU) curriculum. GVSU's occupational therapy curriculum is required to adhere to the ACOTE national standards. The curriculum is developed to promote "a respectful attitude toward clients' cultural and spiritual values and beliefs" and "an understanding of the role that culture and context play in occupational performance," (Grand Valley State University College of Health Professions, 2012, pp. 9-10). These standards are written in the Occupational Therapy Student Handbook; however, there is a lack of evidence to demonstrate their efficacy in preparing students to treat a diverse population.

### **Purpose Statement**

The purpose of this study was to assess whether or not graduates of GVSU's occupational therapy program are culturally responsive practicing occupational therapists. Furthermore, the study investigated how GVSU's occupational therapy curriculum addresses cultural responsiveness.

### **Research Questions**

1. Are GVSU's occupational therapy graduates culturally responsive?

2. What aspects of GVSU's occupational therapy program do graduates believe impacted their preparation to be culturally responsive?

### **Hypothesis**

It was hypothesized that the graduates will be culturally responsive.

### **Significance**

Since there was no research pertaining to GVSU graduates' cultural responsiveness, this study provided the needed data to help fill the gap in the research regarding GVSU occupational therapy graduates' preparedness to interact with cultures other than their own. This research examined occupational therapists' cultural responsiveness in order to be relevant in this nation's increasingly diverse culture and to meet the educational standards. The results provided insight into GVSU's occupational therapy curriculum and what aspects the graduates perceive to be most helpful in cultural responsiveness preparation.

The results provided information for further integration of cultural experiences in the curriculum to provide students with the experiences necessary for fostering cultural responsiveness. Since occupational therapists should be client-centered, as emphasized in the AOTA Practice Framework (The Commission on Practice, 2008) and since culture affects the client's identity, purpose, and activities, this information is pertinent for preparing occupational therapists to be relevant in today's society and to provide client-centered therapy.

### **Summary**

Since the United States is becoming increasingly diverse and since culture shapes beliefs, values, and perceptions, occupational therapists need to be culturally responsive in order to provide the best holistic therapy for each client. Research has shown that occupational therapists value this responsiveness, but there is a lack of evidence regarding how schools, specifically

GVSU, are preparing them in this area. Therefore, our research explored how the Occupational Therapy program at GVSU is addressing this growing need.



## **Chapter Two: Literature Review**

Occupational therapists are expected to treat clients holistically. In order to do this, therapists must consider all factors that influence and shape a client and performance such as communication, views, habits, roles, rituals, and contexts (Commission on Practice, 2008). Culture affects all domains. It “influences and shapes many aspects of an individual’s life, including beliefs, values, perceptions, attitudes, emotions, behaviours and lifestyles,” (Cheung et al., 2002, p. 543). Also, because culture impacts not only beliefs about the causes of illness but also interpretations about its symptoms, culture influences all aspects of the occupational therapy process (Cole, Stevenson, & Rodgers, 2009). Therefore, therapists must consider these factors in order to treat a client holistically.

### **Different Interpretations of Health**

Since culture affects perceptions of illness and its symptoms, therapists need to understand a client’s illness experience in a culturally responsive way (Odawara, 2005). In a study by Kolstad & Gjesvik (2012), researchers found that the Chinese view minor mental health problems, such as anxiety and depression, as life-style issues rather than psychiatric illnesses. Researchers conducted interviews with Traditional Chinese Medicine doctors and students in urban locations. The results showed a belief that the heart, emotions, and mind are all interconnected, and minor mental health problems occur as a result of obstructed energy or unbalanced energy that disrupts the function of the heart or mind. “The term “mental”, a Western concept, emphasizing mental problems as a distinct entity separable from physical problems does not have any meaning in the holistic [Traditional Chinese Medicine] tradition. Mental problems are perceived as integrated in somatic problems and rely on a holistic acceptance of mental and somatic problems as inseparable” (p. 82). The Chinese believe that these problems can be

improved with balance strategies and lifestyle changes and that health care begins with everyday lifestyle choices, and not with illness.

In another study, Rodriguez and Olswang (2003) compare parental values and child-rearing beliefs between Mexican-American mother and Anglo-American mothers of children with speech and language impairments. The results showed that Mexican-American mothers reflect more traditional practices and conformity: children obey adults. Conversely, Anglo-American mothers value self-direction and curiosity in their children: children should direct themselves rather than be directed by adults. In addition to core values, Mexican-American attribute language impairment to extrinsic factors such as the home environment or spirituality; whereas, Anglo-American mothers attributed language impairments to intrinsic factors such as family history or the children's personalities. These child-rearing practices and beliefs need to be considered when treating individuals since these will impact how the children grow and develop and how the mothers integrate the therapy into everyday life. If home treatment plans conflict with beliefs, the mothers may not implement the therapy or decline their children's participation in such activities. While the study is limited due to the small sample size, the findings still indicate different cultural views could affect how treatment is provided and implemented (Rodriguez & Olswang).

In interviews conducted by Humbert, Burket, Deveney, and Kennedy (2011), occupational therapists shared experiences with differing cultural beliefs during practice abroad. One therapist told about an orphanage in which workers believed the ground was covered in germs. Until the children could walk in shoes, they were not allowed to be placed on the floor. After repeated discussion about the importance of floor experiences for walking, the occupational therapist suggested placing mats on the floor for the children. In another shared

experience, an occupational therapist assumed that a rehabilitation center would be beneficial for people in a developing country; however, once she discussed this idea with the people there, she learned that this was impractical. Health care workers did not have the training to provide services. Moreover, the people explained that their basic needs, such as medicine for prevalent diseases, were not being met and that these were a greater priority than the rehabilitation center. Therapists need to be culturally competent, understanding enough about a culture to know when to continue or to cease advocating for a therapy (Humbert et al.).

### **Dynamic Nature**

Culture, however, is ever-changing. It is a dynamic, not a static factor, and a person's identity within his or her culture can be shaped and changed over time as new situations and perspectives are encountered and experienced (Bonder, Martin, & Miracle, 2001). This results in a unique blend of influences and a unique person (Bonder et al.). An individual changes over a life course, and society changes over time; therefore, static knowledge or facts about a particular culture can become outdated or inapplicable to a particular person (Bonder, Martin, & Miracle, 2004). As Muñoz (2007) notes, "Cultural-specific knowledge one has about a group may or may not apply to the person [being treated]" (p. 274). The need, then, is not for knowledge of facts but for a set of skills to respond to each person as an individual. This is cultural responsiveness. Cultural responsiveness conveys a stance of open communication, empathy, and humility in interacting with and treating a person to uncover the meaning, value, and feelings a person attributes to his or her experiences (Muñoz; Scott, 1997).

### **Kawa Model**

Occupational therapy educates and practices under the philosophy of client-centeredness—therapy revolves around the client's views, needs, and wants, and not those of the

therapist. As Iwama notes, occupational therapists cannot enter into a client's life and force their truths into the client's reality (2005). Therapists need to be culturally responsive in interacting with the client. Each client will interpret his or her life differently, and the therapist needs to gain an understanding of this unique interpretation.

The Kawa model allows for these differences and was developed as a culturally relevant model that is applicable to all cultures, especially those in which the individual self is decentralized. This model allows for individuals to decide the degree of emphasis that is placed on his or her self. It focuses on harmony through the dynamic changes of life, where harmony is a balance between the person and the surrounding context. The components of the model are life flow, surrounding contexts, life circumstances, personal attributes and resources, and areas through which the individual's life energy flows. Every client attributes different meaning to these areas and emphasizes different areas within their life; therefore, no two clients are the same. Even though every person is different, cultural factors can still have a significant impact on the values and interpretation of these areas. Thus, this reflects the need for culturally responsive occupational therapy practitioners (Iwama, 2005).

### **Cultural Awareness**

Therapists need to not only consider the cultural influences that affect patients, but also the cultural influences that affect themselves. Cultural competency involves "not only developing the awareness that culture is an issue in health, illness, and healthcare, but also learning one's own cultural assumptions, values, and beliefs in order to interpret the therapeutic situation from multiple perspectives" (Odawara, 2005, p. 326). Each culture is embedded with its own assumptions; people do not always understand these, or they overlook their own ethnocentrism until personally challenged to examine their beliefs (Dupre & Goodgold, 2007;

Odawara). Cultural awareness includes the self-examination and in-depth exploration of one's own cultural background; it is the recognition of one's biases (Campina-Bacote, 2002). Along with understanding the concept and nature of culture, awareness of one's own background and values is essential for therapists to holistically treat their patients (Awaad, 2003; Scott, 1997). Not only will an understanding and awareness of the client's culture affect treatment choices, but it also will affect perceptions of the client and his or her behavior, which if misinterpreted can have a negative impact on the therapeutic relationship (Scott).

### **Cultural Teaching Methods and Their Effectiveness**

Donoso Brown, Muñoz, and Powell (2004) surveyed directors of occupational therapy programs and found class instruction as the primary means of teaching cultural competency. The top four most frequently used teaching methods use case studies, lecture, readings, and self-assessment tools. Within the classroom, the top four most effective methods are case studies, activities that emphasize culture, reflective journals, and interviewing someone from another culture. Comparing these results show a discrepancy between best practices and implemented practices: cultural competency is best learned through personal encounters but is being taught through classroom instruction (Donoso Brown et al.)

Luquis, R., Pérez, M., and Young, K. (2006) performed a study to assess health education professional preparation programs in preparing health educators in cultural competency. One hundred fifty-seven department chairs or program coordinators completed a survey. From these reports, the results showed that 87% of programs referred students to other departments or programs for courses dealing with cultural competency, such as psychology, sociology, anthropology, and nursing departments. Forty-six percent reported that less than 25% of core courses address issues related to cultural competence; most courses addressed it through

instructional activities (82%) followed by a class project (62%). Moreover, even though cultural competence is an ongoing process with a lifelong commitment, only 58% reported that students graduating from their program were either very committed or committed to cultural competency. Even though the response rate was 55%, compared to a desired 60%, the findings still note the perceived lack of preparation among students. “Educational institutions have a professional responsibility to provide learning opportunities related to cultural competence to the students they prepare” (Luquis et al., p. 234). However, many students feel that their programs have not adequately prepared them (Cheung et al., 2002; Forwell, Whiteford, & Dyck, 2001; Murden, Norman, Ross, Sturdivant, Kedia, & Shah, 2008).

### **Perceived Awareness of Occupational Therapy Students**

Occupational therapy students recognize the importance of cultural factors in therapy, but graduates do not feel that their programs adequately prepared them in cultural responsiveness (Cheung et al., 2002; Murden et al., 2008). Students reported that cultural factors should be considered in occupational therapy: they believe that overlooking these influences could affect the outcome of the assessment or the intervention and that cultural factors influence a person’s occupational performance (Cheung et al.). Students also perceived themselves as lacking in the knowledge and skills required to holistically treat people from different backgrounds. All entry-level participants believed that the educational training and fieldwork of their program would adequately expose them to and increase their level of cultural awareness (Cheung et al.; Murden et al.). However, the majority of students who completed fieldwork disagreed with this, suggesting that graduates with one year experience consider their preparation in these areas inadequate (Cheung et al.; Murden et al.). Moreover, Murden et al. found that participants with one year post-graduate experience “felt their occupational therapy education focused on

preparation academically rather than increasing cultural awareness. This resulted in entering fieldwork with little appreciation of the impact of culture” (2008, p. 200). These findings indicate a need for greater exposure to cultural experiences for occupational therapy students.

### **Education**

As the United States becomes increasingly diverse, it is necessary to move beyond a focus of whether cultural responsiveness should be taught to occupational therapy students and assess how cultural responsiveness can best be learned (Suarez-Balcazar et al., 2009). It is important to identify which content, length of time, and format of education is most effective in developing cultural responsiveness, and to also evaluate whether education on cultural responsiveness is applied to clinical practice (Schim, Doorenbos, & Borse, 2006). Upon graduation, an occupational therapist can be effective in practice if they understand the client’s beliefs and their perspectives on health and daily activities (Suarez-Balcazar, et al., 2009). Pope-Davis, Prieto, Whitaker, and Pope-Davis, S. (1993) states that exposure to cultural diversity is the most important way to become culturally responsive.

**Fieldwork.** Studies have shown students perceived importance of fieldwork experiences in developing cultural responsive skills (Forwell et al., 2001; Whiteford & Wright St-Clair, 2002; Cheung et al., 2002, Dyck & Forwell, 1997). Fieldwork not only allows for the education of culture but also direct experience with it. Students expressed that they learned considerably more through their personal experiences rather than reading from textbooks or participating in school (Whiteford & Wright St-Clair).

A study by Whiteford and Wright St-Clair (2002) found that occupational therapy students valued personal experience and ‘learning through doing’ in intercultural learning. Students described their fieldwork as helping them connect their pre-existing knowledge base

with hands-on experience; they were able to join theory with application. The experience allowed students to develop skills for interacting with clients, especially those from cultures the students did not know about before. The findings of this study are limited because interviews with students were conducted after their first year of fieldwork and not after completion of their education. Furthermore, the overall design of the study could have been strengthened by following-up with students after they had graduated and were beginning their professional work (Whiteford & Wright St-Clair).

Another study, by Dyck and Forwell (1997), found that after their first year fieldwork experiences, occupational therapy students considerably increased their knowledge about culture in the occupational therapy process and about how a one-dimensional approach is not necessarily appropriate. They described that understanding a client's culture assists the therapist in understanding behaviors and responses to interventions; overall, this helped guide the therapeutic process. Through fieldwork, students were also able to identify the importance of culture and its effects on assessments, attitudes or concepts, and family and household organization. Additionally, the students began to discriminate between cultural influences on the client's behavior and circumstantial influences (e.g. not feeling well that day); and they learned to challenge stereotypes and not to categorize clients. This study is limited in that non-white students were under-represented, which may have led to the findings reflecting a predominately white view on culture in practice (Dyck & Forwell).

**Culture in the classroom.** In examining the lived experience journals of occupational therapy students, Forwell, Whiteford, and Dyck (2001) found that students valued the following in their curriculum on culture: course reflection on fieldwork, inclusion of anthropology in coursework, and being taught by instructors from various cultures. The students noted that



classroom activities involving storytelling, case studies, and audio-visual components were the most helpful, and that classroom learning coupled with past experiences helped them interpret current situations. Additionally, students reported that learning about being client-centered helped them have a better understanding of and approach to cultural sensitivity. For future curriculum, the students made the following recommendations to enhance learning: a focus on communication skills, social and communication boundaries, ways to approach and behave with people of diverse backgrounds, and group facilitation techniques. A limitation of the research is that students reported curriculum aspects they believed to be important, but the researchers did not measure how effective these important areas of the curriculum were in practice (Forwell et al.)

**Cultural engagement activities.** Yuen and Yau (1999) found that cultural responsiveness was improved through curriculum that emphasized experiential learning. Students in their study interviewed a person of a different ethnicity who was born in another country or someone who had lived 10 years in another country. The interviews included perspectives on healthcare, family responsibilities in providing healthcare, activities of daily living, customs, interpersonal relations, spiritual beliefs, dietary practices, community support, communication styles, and values related to work and time. Written feedback about the cultural interview demonstrated that 70% of the students felt that the interview increased their awareness of another culture, and 45% believed that the interview improved their cultural sensitivity and attitude toward a different culture. The interview also clarified and corrected any previously held stereotypes and myths. Limitations of the study were that all interviewees were white Americans with the exception of one foreign born student and that the interviewees were first year

occupational therapy students. Due to these limitations, results may not be representative of all occupational therapy students in the United States (Yuen & Yau).

A study conducted by Matsuda and Miller (2007) found peer-teaching activities to be effective in improving cultural perceptions and communication. In their research, occupational therapy students worked with international students on peer-teaching activities that involved social exchanges, interviews, feedback on practice teaching, and role playing. There was a significant positive change in perceived intercultural competency. The research also found that occupational therapy students who had previously traveled abroad showed more improvement from the peer-teaching activities than students who had never traveled internationally. Both the occupational therapy students and the international students found the peer-teaching experience beneficial. They also found that their previous assumptions regarding the other lessened with shared experiences and exposure. These results show the potential benefits of peer-teaching to increase cultural responsiveness, although there is a potential bias since the study used a self-report measure which has less validity than newer tools measuring cultural competency (Matsuda & Miller).

**International service learning.** Travelling abroad is an experience in which individuals are faced with cultural encounters and challenges. International experiences give students the opportunity to grow both personally and professionally (Mu et al., 2010; McDowell, Goessling, Melendez, 2012; Humbert, Burket, Deveney, & Kennedy, 2012). Being immersed in cultures that are different than one's own allows students to improve cultural responsiveness by increasing their cultural awareness and sensitivity and realizing the importance of self-reflection (Mu et al, 2010; Humbert et al., 2012). Moreover, students may not increase their level of

cultural responsiveness until personally challenged to examine their worldviews (Dupre & Goodgold, 2007).

In an immersion trip to China, occupational therapy students worked directly with clients in rehabilitation departments in hospitals; this contributed to the students' growth in appreciation for different cultures and cultural sensitivity. It also allowed them to gain insight into themselves by reflecting on their own strengths and weaknesses. Other occupational therapy student experiences from a trip to the Dominican Republic yielded similar results. Students were able to compare their own culture to that of others, leading to personally experiencing and learning the challenges of cross-cultural interactions. They also expressed the importance of learning to overcome stigmas, like poverty, to be able to see people. (Mu et al., 2010) However, students were surveyed immediately following their international experience, and the investigators were the instructors. Both of these factors may contribute to a more positive perception of the international experience, and may not truly reflect its effects.

Other professions have also been exploring the usefulness of international service learning on students' cultural responsiveness. A study done with graduate students in a clinical psychology program who completed a course abroad (to Asia or the Middle East) found that these experiences prominently impacted students. Students' previously held beliefs and misconceptions were challenged, causing a change in their worldview. It prompted reflections on their own culture and lifestyle and improved their ability to work cross-culturally through acceptance of others, openness to their beliefs, and understanding of their cultural contexts. Students also experienced the feeling of being the minority and the emotions and thoughts that go with it; they gained empathy for future interactions with clients who are not the majority (McDowell et al., 2012).

Similarly, after an international community service trip to Nicaragua, physical therapy students reported that being immersed in the culture helped them learn more than reading a book would. They reported that communication was a key factor in understanding the Nicaraguan culture and lifestyle; this allowed them to work with the clients and adapt their approach to therapy so that the goals were meaningful to the clients. They were also challenged to adapt their therapy to fit the limited resources that were available and the time they had. A limitation to this study is its small sample size. In general, all of these studies are limited in that the international experience was part of an elective course or trip. This may have caused results to be biased because students who were interested in international experiences and culture were the ones who participated (Dupre & Goodgold, 2007).

### **Implications for Further Study**

Culture is dynamic. It changes over time and is influenced by life experiences, resulting in unique individuals. Therefore, occupational therapists, in order to treat clients holistically, need to be culturally responsive: instead of learning solely a static set of facts about a particular culture, therapists need to also learn how to interact appropriately with a client. Research shows that occupational therapy students understand the importance of considering culture when treating a client but do not feel they have the necessary skills to be culturally responsive. Moreover, research shows that these students expect their programs to prepare them. Research has examined current students' perceptions of their programs' cultural preparation; however, few studies have asked graduates in what ways they feel their program prepared them in this regard. This research examined whether GVSU's occupational therapy graduates are culturally responsive practitioners and how GVSU's occupational therapy program contributed to their cultural responsiveness. The findings add to the body of knowledge for GVSU's occupational

therapy curriculum and provide feedback to potentially improve students' preparation in cultural responsiveness.

### **Chapter Three: Methodology**

This research examined GVSU occupational therapy graduates' reflections and perceptions regarding their OT preparation and education. Since this research pertains specifically to GVSU's occupational therapy program, a survey of quantitative questions was tailored to reflect this focus.

#### **Study Design**

This was a mixed-methods study that utilized a concurrent triangulation strategy—both the qualitative and quantitative data were collected simultaneously (Creswell, 2003). This was done to provide more thorough analysis of the results. Often in concurrent triangulation approaches, a primary mode of data collection guides the research while the other acts to enhance the results (Creswell, 2003). For this research, the quantitative data collection was the main form a data collection, while qualitative data was used to further enrich the quantitative results.

A self-administered online questionnaire with categorical variables and an open-response question was used to gather information. The questionnaire utilized Likert scale-type questions which allowed participants a range of responses to select, including a provision for undecided feelings, rather than limiting graduates to a yes or no answer. Furthermore, the qualitative results were obtained through a single open-ended item which allowed participants to provide any comments they felt appropriate.

#### **Study Site and Population**

The requirements for inclusion in this study were that participants graduated from GVSU's occupational therapy program and worked for at least one year as an occupational therapist. Participants were restricted to graduates who have worked for at least one year as

occupational therapists because work experience is necessary to have a perspective to compare their perception of culturally responsiveness from when they finished the program to current experience in the field. Additionally, any graduates who were or had ever been a professor in GVSU's occupational therapy program were excluded due to possible response biases.

### **Equipment and Instruments**

A self-administered questionnaire was used to gain quantitative data from questions. The questionnaire combined parts of the Cultural Awareness and Sensitivity Questionnaire (Cheung, Shah, & Muncer, 2002) with more specific questions related to GVSU's occupational therapy program (see Appendix A). Permission to use the Cultural Awareness and Sensitivity Questionnaire (CASQ) was obtained from its author (see Appendix B). Responses to all questions, except for demographics and comments, were recorded using a Likert-type scale.

The CASQ consists of three sections (1) demographics, (2) cultural issues, education, and placements, and (3) perceived degree and level of cultural awareness. The CASQ was used to determine the participants' general knowledge and beliefs about culture and occupational therapy, as well as to determine if they were culturally responsive. Cultural responsiveness was determined using five of the questions from the CASQ. The developer of the CASQ instructed the researchers to use the scale ranging from one to 12 and then to categorize the responses into four categories: unaware (1-3), limited awareness (4-6), higher level of awareness (7-9), and feel competent (10-12). The original questionnaire used the term cultural competency; however, as previously discussed, the term cultural responsiveness was used in this study. Overall, these responses provided a spectrum of cultural responsiveness. Additional questions were used to gain specific understanding of the participants' perceptions of GVSU's occupational therapy program and curriculum regarding cultural responsiveness preparation. These questions included

opinions about in-class work and assignments, fieldwork placements, and out of class experiences related to the program. This was done in order to determine which aspects of the program and curriculum the participants found most beneficial and what they believe would have been more helpful throughout their time at GVSU.

The questionnaire was delivered through the online questionnaire program Survey Gizmo. This program has an anonymity feature which allowed for IP addresses to not be collected, therefore removing any identifiable information. This allowed for anonymity of participants to be maintained. All data was collected through Survey Gizmo and coded into SPSS for data analysis. The research proposal was approved by Grand Valley State University's Human Research Review Committee in August 2013 as an exempt research proposal. The approval documentation can be found in Appendix C.

### **Validity and Reliability**

The CASQ has been used in multiple studies (Cheung et al., 2002; Murden et al., 2008); however, there have been no studies done to determine its validity and there is limited evidence of its reliability. Mudren et al. (2008) determined the internal consistency of the CASQ; it was 0.69 as measured by Cronbach's alpha. The reliability of the additional questions has not been determined, but content and face validity have been established. Content validity was determined by having an expert in the field of occupational therapy, culture, and education review the questionnaire and provide feedback about the questions and determine if all aspects of cultural responsiveness and GVSU's occupational therapy program have been addressed appropriately. Then, face validity was established by having graduates who are currently professors at GVSU take the questionnaire and provide feedback related to the questions and their applicability to GVSU's occupational therapy program and its graduates.



**Procedure**

To recruit participants for this study, a list of graduates from GVSU's OT program was obtained from the alumni office. This list was given to an assistant to the occupational therapy department to email the graduates; the researchers did not have access to the lists of graduates and therefore had no knowledge of who was sent the questionnaire. Graduates were then emailed the informed consent and link to the questionnaire. A copy of the email can be found in Appendix E. The informed consent listed any potential risks and indicated that participation was voluntary, that they may have stopped at any time with no penalty, and that responding to the questionnaire indicated their consent to participate (see Appendix D for a copy of the informed consent document). If they chose to participate in the research, they proceeded to follow the link provided in the email. After two weeks, participants were sent another email, asking them again to complete the questionnaire if they had not already done so (see Appendix F). Participants must have responded within three weeks of the initial email to be included in the study; responses received after three weeks were not included. After three weeks, the data was retrieved from Survey Gizmo by the researchers.

## **Chapter Four: Results**

### **Data Analysis**

The qualitative data from the open response item was first analyzed by each researcher individually using open coding and axial coding. Participants' responses were broken into raw blocks of data and relationships between responses were identified. Then the researchers came together to discuss the coded data and develop themes from the codes. All possible themes were analyzed for appropriateness and all codes were aligned within the suitable theme (conceptual saturation) (Creswell, 2003).

The quantitative data collected from the questionnaire was coded through Survey Gizmo and entered into SPSS 20. The data was all coded as categorical variables because all questions of the questionnaire have rank order or multiple choice responses. Respondents who reported having worked as an occupational therapist for less than one year or are a professor in GVSU's OT program were excluded from any data analysis. Descriptive analyses were done to determine frequencies and percentages.

### **Demographics**

The survey was sent to 148 graduates of GVSU's occupational therapy program, and 45 individuals responded. Seven participants were or had been professors in GVSU's occupational therapy program, and three had less than one year of experience, so they were excluded from the data analysis. Therefore, 35 participants' surveys were used in the data analysis. All participants identified themselves as Caucasian, and one identified as Hispanic as well as Caucasian. Seventeen (44.7%) of the participants had one to three years of experience, 11 (28.9%) of the participants had 4 to 6 years of experience, 3 (7.9%) of the participants had seven to nine years of experience, and 4 (10.9%) of the participants had 10 or more years of experience. Participants

were spread across the various graduation years (Table 1). The curriculum of the occupational therapy program has undergone changes since it began in 1999, and the graduation year ranges represent those curriculum changes.

Table 1

<i>Year of participants' graduation</i>	
Year of Graduation	Number of Participants
1999-2007a	9
2007b-2010	15
2011 or later	11

### Quantitative Results

**Cultural awareness.** For questions six through ten, which pertained to cultural awareness (i.e., the importance of cultural factors in influencing occupational therapy treatment and outcomes and occupational performance), the majority of participants either agreed or strongly agreed, indicating a high level of cultural awareness. One participant strongly disagreed with all questions pertaining to cultural awareness, therefore he/she was considered less aware (Table 2).

Table 2

*(Q6-10) Participants' awareness of the influence of culture on aspects of occupational therapy services and treatment*

Question	Strongly Disagree	Don't Know	Agree	Strongly Agree
Demand of services	1 (2.9%)	9 (25.7%)	20 (57.1%)	5 (14.3%)
Occupational performance	1 (2.9%)	0 (0.0%)	18 (51.4%)	16 (45.7%)
OT process	1 (2.9%)	0 (0.0%)	16 (45.7%)	18 (51.4%)
OT assessment	1 (2.9%)	0 (0.0%)	21 (60.0%)	13 (37.1%)
Intervention	1 (2.9%)	0 (0.0%)	19 (54.3%)	15 (42.9%)

\*No one responded disagree to any of these questions.

**Impact of education and culture.** With regards to whether education could affect cultural awareness, most participants responded that students have a limited knowledge about

different cultures but that the level of awareness could be affected by educational experiences. Forty percent of respondents either agreed or strongly agreed that students often have limited knowledge about different cultures. However, 91.4% agreed or strongly agreed that the level of cultural awareness could be affected by classroom education, and 100% participants responded that cultural awareness could be affected by fieldwork experiences (77.1% agreed and 22.9% strongly agreed). Of the participants, 97.1% responded that there should be adequate exposure to cultural awareness in occupation therapy programs (71.4% agreed and 25.7% strongly agreed), and 94.3% responded that there should be adequate exposure to cultural awareness in fieldwork experiences (71.4% agreed and 22.9% strongly agreed).

**Cultural responsiveness.** Five questions of the CASQ (question 16 through 20) provide a score related to cultural competency, which is being referred to in this study as cultural responsiveness. Individuals' scores averaged across these five questions resulted in 31.4% (11 out of 35 participants) having limited awareness regarding cultural responsiveness, 51.4% (18 out of 35 participants) having a higher level of awareness, and 17.1% (6 out of 35 participants) feeling culturally responsive. Specific results for each question are listed in Table 3.

**Learning about interacting with people from other cultures.** With regards to participants' interest regarding different cultures, the majority of participants responded that they were interested in learning and in interacting with other cultures, 91.4% and 88.6% respectively. While a few answered neutrally, none of the participants disagreed to statements regarding an interest in other cultures. Almost half of participants, however, responded neutrally with regards to seeking opportunities to learn or interact with other cultures (48.6%). Less than half agreed or strongly agreed that they sought opportunities to learn or interact with other cultures, and a few participants disagreed with statements regarding seeking these opportunities (Table 4).

Table 3

*Q16-Q20: Participants' level of cultural competence with regard to cultural influence and support services*

How aware are you of the following:	Unaware	Limited awareness	Higher level of awareness	Feel competent*
Impact of cultural background	0 (0.0%)	6 (17.1%)	13 (37.1%)	16 (45.7%)
Cultural factors affecting OT services	0 (0.0%)	6 (17.1%)	16 (45.7%)	13 (37.1%)
Sources of information	2 (5.7%)	14 (40.0%)	10 (28.6%)	9 (25.7%)
Translation services	8 (22.9%)	10 (28.6%)	11 (31.4%)	6 (82.9%)
Methods to reduce cultural barriers	2 (5.7%)	12 (34.3%)	15 (42.9%)	6 (17.1%)

\*Terms in the above table are the language used in the CASQ; for this research, culturally competent will be noted as culturally responsive.

Table 4

*Q21-Q24: Participants' responses to interacting with and learning about different cultures*

Responses to different cultures	Disagree*	Neutral	Agree/Strongly Agree
Interested in learning	0 (0%)	3 (8.6%)	32 (91.4%)
Interested in interacting	0 (0%)	4 (11.4%)	31 (88.6%)
Seek opportunities to learn	2 (5.7%)	17 (48.6%)	16 (45.7%)
Seek opportunities to interact	3 (8.6%)	17 (48.6%)	15 (42.9%)

\*Strongly disagree was not selected by any of the respondents for these questions.

**GVSU's occupational therapy program.** Two questions examined whether the GVSU program influenced students' cultural responsiveness. Results indicated that 21 participants, which comprise 60% percent of the respondents, agree or strongly agree that GVSU's occupational therapy program prepared them to effectively engage with people from cultures other than their own. Of these responses, one participant strongly agreed with this statement. Nearly a third of the participants (28.6%), neither agree nor disagree that the program prepared

them to engage people from different cultures, and 11.4% of participants did not feel that the program prepared them to engage other cultures.

The results also showed that 91.4% of the respondents (32 participants) agreed or strongly agreed that GVSU's occupational therapy program gave them the opportunity to reflect on their own beliefs and biases. There were 3 participants, 8.6% percent, that neither agreed nor disagreed that the program gave them an opportunity for this kind of self-reflection.

**GVSU's program classroom experiences.** For education within the GVSU classroom, the majority of participants responded that classroom experiences increased their level of cultural responsiveness. Lectures, case studies, assignments, and service learning had similar scores for increasing cultural responsiveness: 60.0%, 62.8%, 62.9%, and 60.0% of participants, respectively, agreed or strongly agreed. Role playing had the lowest number of respondents agreeing or strongly agreeing that it increased their cultural responsiveness (28.6%). However, more participants responded "strongly disagree/disagree" or "neutral" with regards to role playing increasing their cultural responsiveness.

Table 5

*Q27-Q33 Participants' perceptions of program experiences within the classroom which increased their cultural responsiveness*

Type of experience	Strongly disagree/Disagree	Neutral	Agree/Strongly Agree	N/A
Classroom experiences	2 (5.7%)	8 (22.9%)	25 (71.5%)	*
Lectures	5 (14.3%)	9 (25.7%)	21 (60.0%)	*
Case studies	3 (8.6%)	10 (28.6%)	22 (62.8%)	*
Role playing	11 (31.5%)	12 (34.3%)	10 (28.6%)	2 (5.7%)
Guest speakers	4 (11.4%)	11 (31.4%)	19 (54.3%)	1 (2.9%)
Assignments	1 (2.9%)	12 (34.3%)	22 (62.9%)	*
Service learning	1 (2.9%)	12 (34.3%)	21 (60.0%)	1 (2.9%)

\*N/A was not offered as an option for these questions.

**Fieldwork experience.** Participants reflected on their fieldwork experience in the GVSU program, with most (88.6%) agreeing that field experiences increased their cultural knowledge and responsiveness (table 6).

Table 6

*Participants’ perceptions of fieldwork experiences which increased their cultural responsiveness*

My fieldwork experiences:	Disagree	Neither Agree nor Disagree	Agree/Strongly Agree
Helped me gain knowledge about different cultures	2 (5.7%)	2 (5.7%)	31 (88.6%)
Increased my level of cultural responsiveness	2 (5.7%)	2 (5.7%)	31 (88.6%)

Participants were asked about the frequency in which they interacted with people from cultures other than their own during fieldwork. The responses were as follows: 2 out of 35 participants (5.7%) selected “rarely,” 4 out of 35 (11.4%) selected “once in a while,” 17 out of 35 (48.6%) selected “occasionally,” and 12 out of 35 (34.3%) selected “frequently.”

**Extracurricular participation.** Participants were asked whether extracurricular activities such as volunteer experiences and conferences increased their level of cultural responsiveness. Results were that 19 participants (54.3%) agreed/strongly agreed that volunteer experiences (outside of classroom requirements) during GVSU’s occupational therapy program increased their level of cultural responsiveness; 8 participants (22.9%) neither agreed nor disagreed; 5 participants (14.3%) disagreed; and 3 participants (8.6%) selected that the question was not applicable. For attending conferences such as student symposiums and seminars during GVSU’s occupational therapy program, 18 participants (51.4%) agreed that these events increased their level of cultural responsiveness; 8 participants (22.9%) neither agreed nor

disagreed; 7 participants (20%) disagreed; and 2 participants (5.7%) responded that the question was not applicable.

**Factors that impacted participants’ cultural responsiveness.** All participants agreed that GVSU’s OT program, on the job experience, study abroad experiences, and personal travel had an impact on their ability to be culturally responsive. For those that participated in study abroad (6 participants) and/or personal travel (28 participants), the majority (100%, 75%) said that those experiences had a large effect on their cultural responsiveness. On the job experience was rated as having the biggest effect on cultural responsiveness (94.3%) and GVSU’s OT program was rated as having the smallest effect (45.7%) in comparison to the other experiences.

Table 7

*Participants’ perceptions of factors that impacted their ability to be culturally responsive (range from 1 to 5; 1 being “not at all,” and 5 being “a lot.”)*

Factors	1	2	3	4	5	N/A
GVSU's OT program	0 (0.0%)	2 (5.7%)	17 (48.6%)	16 (45.7%)	0 (0.0%)	*
On the job experience	0 (0.0%)	0 (0.0%)	2 (5.7%)	12 (34.3%)	21 (60.0%)	*
Study Abroad	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	6 (17.1%)	29 (82.9%)
Personal Travel	0 (0.0%)	0 (0.0%)	7 (20.0%)	8 (22.9%)	13 (37.1%)	7 (20.0%)

\*N/A was not offered as an option for these questions

**Qualitative Results**

Participants responded to one open-ended item that allowed them to provide any comments. Six themes emerged from the results: (a) aspects of GVSU’s program that positively affected cultural responsiveness, (b) aspects of GVSU’s OT program that were not effective in developing cultural responsiveness, (c) suggestions about what would have been more helpful during the program, (d) cultural responsiveness is best learned through personal experiences, (e)



participants' own definition of cultural responsiveness, and (f) not applicable to the research. See Table 8 for a list of the themes and subthemes.

Table 8

*Emergent themes from the additional comments section*

Themes	Subthemes	Response Example
Aspects of GVSU's OT program that positively affected cultural responsiveness	Critical Thinking and Reflection	"The main strong point of the GVSU OT program is the emphasis on critical thinking and problem solving which naturally leads you to incorporate cultural responsiveness into your treatments and interactions to ensure that you obtain the best results from your interactions and OT intervention."
	Discussion on cultural responsiveness	
	Group work	
Aspects of GVSU's OT program that were not effective in developing cultural responsiveness	Learning about specific cultures was not effective	"Researching different countries on the other side of the globe and presenting on these was not as helpful... digging in to one country does not really delve into religious groups, ethnic groups, cultural groups here in the United States that we currently work with."
	Focusing on cultures far away did not help with treating cultures nearby	
Suggestions about what would have been more helpful during the program	Focus on cultures nearby	"I think it would be very beneficial to have one level 2 in a setting with another culture to really push us as OTs."
	Level II fieldwork in a culturally diverse area	
	Bring in speakers from various cultures	
Cultural responsiveness is best learned through personal experience	Face-to-face experience	"I recall attempts with groups and during professional development class to address cultural awareness and responsivity; however, the most powerful and prevailing lessons I've learned have been gained from personal experience."
	Experience with a specific culture	
Participants' own	Communication	"I think that part of cultural sensitivity and

definitions of  
cultural  
responsiveness

Building rapport

awareness is not necessarily knowing all things about all people, but building rapport and getting to know each person with whom you work.”

Not applicable to  
the research

“The way this survey pulled up on my smart phone caused me to do more scrolling vs on a computer...could negatively affect survey response numbers due to inconvenience.”

Many participants noted the positive influence of the critical thinking and personal reflection aspect of GVSU’s OT program on their cultural responsiveness. Words like “challenged” and “fostered” were used to describe how the program helped develop cultural responsiveness. When discussing the critical thinking aspect of the program, one participant noted that “if you provide the OT student with foundational skills to be more culturally responsive, they will continue to develop those skills as they are exposed to experiences in their own practice.” Participants also considered other aspects of the program to be beneficial as well. These additional aspects include class discussions related to culture and group work. As one participant said “[the] OT program does great job of preparing students to interact with a variety of people through the programs' group work, various assignments, & activities that involve being sensitive to the needs, opinions, & communication styles of others in order to work collaboratively.”

Along with positive influences of the program on cultural responsiveness, participants also discussed aspects that they considered not effective. Assignments and discussion on specific cultures did not assist in developing cultural responsiveness. It was indicated that, because there are numerous cultures in the world, learning about each one in the classroom is difficult; and that “there are so many cultures and subcultures within that context that it makes learning about

specific cultures during class almost pointless.” Also, it was noted that focusing on cultures around the world did not help in learning how to be culturally responsive with various cultures in the area on a daily basis.

Some participants made suggestions for how the program can better prepare its students to be culturally responsive. These suggestions covered various features of the program ranging from fieldwork to guest speakers. The specific suggestion was made to have speakers from various cultures come into classes to discuss their culture and how it affects their healthcare views. Moreover, one participant made the suggestion that “pinpointing certain minority groups in the area, religious groups, ethnic groups, or any other groups that have an identifying common interest in the area in which the program takes place or somewhat close by would be more helpful.”

Although many participants discussed the aspects of the program that positively contributed to their cultural responsiveness, others felt that their own personal experiences played the largest part in the ability to be culturally responsive. They discussed that cultural responsiveness was trying to be facilitated in the classroom “but without face to face exposure to other cultures, it is difficult to truly understand.” Other participants explained their experiences working with a specific culture. Their comments addressed how after completing the program, they moved to different areas and did not understand the culture beforehand. As one participant said “after graduation I moved to Metro Detroit and had no idea about cultural traditions and beliefs of the people in that area, specifically Muslim culture with gender roles, dietary restrictions, and prayer times.” Another participant explained how his/her experience with the Muslim culture has made him/her re-evaluate the concept of independence. Other participants discussed how that type of personal exposure greatly impacted their cultural responsiveness, as

noted in the comment: “working in the Chicagoland area, I have had the opportunity to be exposed to many different cultures - both with patients and co-workers, this more than anything has increased my cultural awareness and responsiveness.”

Participants also expressed their opinions about what cultural responsiveness is. They discussed that cultural responsiveness includes building rapport with the individual and his/her family and communicating with them in a way that is appropriate relative to their culture. One participant stated that occupational therapists are “constantly dealing with different cultures” because each person has a different history and background; therefore, no two individuals are the same and occupational therapists must continually seek out the impact of each individuals’ cultural influences. Another student described how he/she believes what cultural responsiveness is and consequently how it best developed: “Cultural responsiveness is not about exposing oneself to as MANY cultures as possible...but learning how to respond to cultural differences that impact and arise in OT practice.”

## Chapter Five: Discussion

Two research questions about cultural responsiveness were examined for the study. The first question was: Are GVSU's occupational therapy graduates culturally responsive? A follow-up question was: How does GVSU's occupational therapy program prepare its graduates to be culturally responsive? Results of the survey did not support the hypothesis that GVSU graduates are culturally responsive. However, participants did feel that GVSU's OT program provides preparation on cultural responsiveness. Implications of these findings to occupational therapy practice and education are discussed, as well as limitations of the study. Based on study results and implications of findings, suggestions are made for future research on cultural responsiveness.

### Discussion of Findings

**Research question one.** The first research question asked: Are GVSU's occupational therapy graduates culturally responsive? According the CASQ, only 17.1% of the participants were considered culturally responsive; thus, the hypothesis that the graduates are culturally responsive was not confirmed. Other studies have also found that many occupational therapy students lacked the knowledge and skills to interact with people from various cultures (Murden, Norman, Ross, Sturdivant, Kedia, & Shah, 2008; Cheung, Shah, & Muncer, 2002). Almost half of the participants had one to three years of experience so they are relatively new to the field of occupational therapy practice. These individuals may not understand all aspects of culture and how they relate to and affect occupational therapy because of their limited experience.

Stating that GVSU graduates did not qualify as culturally responsive may be misleading. Participants of the study answered CASQ questions on a continuum that ranked them from being unaware to culturally responsive. Although only 17.1% of participants were categorized as culturally responsive according to the CASQ, 51.4% of participants were considered to have a

higher level of cultural awareness. These results demonstrate that a majority of the participants, 68.5%, were closer to be culturally responsive than not.

In spite of the majority of participants not scoring as culturally responsive from the CASQ, 60% of the participants said GVSU's occupational therapy program prepared them to effectively engage with people from cultures other than their own, and 45.7% said that GVSU's occupational therapy program had a large impact on their ability to be culturally responsive. There is a discrepancy between being culturally responsive and individuals' perceptions about their preparation in being culturally responsive. More individuals felt that the program prepared them to be than those whom the CASQ identified as being culturally responsive.

In contrast, past research has shown that, though students and graduates recognized the importance of being culturally responsive, they felt that their programs did not adequately prepare them (Cheung, Shah, & Muncer, 2002; Forwell, Whiteford, & Dyck, 2001). Research has indicated that students and graduates from occupational therapy programs around the world did not believe that their programs were preparing them to enter a culturally diverse practice, yet the majority of GVSU OT graduates believe that they were prepared by their program. However, regardless of whether or not GVSU graduates believe their OT program prepared them to be culturally responsive, results have shown that they are not practicing in a culturally responsive manner.

Education standards require that culture and its impact relative to occupational therapy is addressed in occupational therapy education in order for occupational therapists to practice culturally responsive care (The Accreditation Council for Occupational Therapy Education, 2006). This type of care is also deemed necessary by the Occupational Therapy Practice Framework II (The Commission on Practice, 2008). However, research shows that there is a

disconnect between how culture is being addressed in educational programs and how it is applied in actual practice.

**Research question two.** The second research question asked: How does GVSU's occupational therapy program prepare its graduates to be culturally responsive? To examine this, participants rated aspects of GVSU's program in increasing their level of cultural responsiveness. Overall, 71.5% of participants agreed that classroom experiences in the program contributed to their cultural responsiveness. Specifically, participants ranked lectures, case studies, assignments, and service learning similarly in helpfulness. Some participants specified those assignments which were effective in increasing their cultural responsiveness and which were not. Participants reported that assignments which focused on interacting and collaborating with a variety of people prepared them to be sensitive to others, while assignments which focused on one particular culture were irrelevant. Participants responded that studying cultures around the world did not prepare them for various cultures encountered in therapy. Instead, participants emphasized the need to be culturally responsive, understanding that this meant "far more than knowing culture-specific information about various groups... [since] the cultural-specific knowledge one has about a group may or may not apply to the person [being treated]" (Muñoz, 2007, p. 274).

Just over half of the participants (54.3%) responded that guest speakers were effective in increasing their level of cultural responsiveness. Some participants suggested that it would be helpful to have guest speakers discuss culture as a means of exposure to other cultures. One participant stated: "It would be good to bring in different people to speak about their culture and its impact on rehabilitation values." These types of personal encounters as education are supported in research by Donoso, Brown, Muñoz, and Powell (2011) who found that two of the

most effective methods for learning about other cultures were exposure to diverse populations and interviewing someone from another culture.

Previous research states that people do not necessarily understand the assumptions embedded in their own cultures and need to be challenged to confront these attitudes; otherwise, unexamined and false assumptions could continue, which ultimately affects therapy (Odawara, 2005; Scott, 1997). Of the participants, 91.4% agreed or strongly agreed that GVSU's occupational therapy program gave them the opportunity to reflect on their own beliefs and biases. Participants also commented that these aspects of the program enabled them to continually reflect upon their engagement with others, thereby, increasing their cultural responsiveness: "The main strong point of the GVSU OT program is the emphasis on critical thinking and problem solving which naturally leads you to incorporate cultural responsiveness into your treatments and interactions to ensure that you obtain the best results from your interactions and OT intervention." This finding is supported by previous research which emphasizes the need for practitioners to continually examine their own attitudes and biases in order to be culturally responsive, providing for true client-centered therapy (Muñoz, 2007; Scott, 1997).

Occupational therapy fieldwork experiences have been shown to considerably increase students' self-reported knowledge about culture (Dyck & Forwell, 1997). When asked about fieldwork experiences in the GVSU OT program, 88% of participants responded that fieldwork helped them gain knowledge about other cultures and increased their level of cultural responsiveness. In a study by Whiteford and Wright St-Clair (2002), students reported that they learned significantly more about culture from personal experiences than from classroom participation. The value of cultural experiences outside the classroom is consistent with the



findings of this research. Approximately half of the participants responded that extracurricular activities such as volunteer experiences and conferences increased their level of cultural responsiveness. One participant reported: “I recall attempts with groups and during professional development class to address cultural awareness and responsivity; however, the most powerful and prevailing lessons I've learned have been gained from personal experience.”

Interacting with a culturally diverse population, even occasionally, can be beneficial. Nearly half of the participants (48.6%) said that they only occasionally interacted with people from cultures other than their own while in fieldwork. These occasional interactions increased the participants' cultural responsiveness; hence, more frequent interactions with people from other cultures can have a larger impact on cultural responsiveness and better prepare students to enter the field as culturally responsive practitioners. Fieldwork and personal experiences are substantial contributors to cultural responsiveness, therefore OT programs should emphasize these opportunities while students are in the program.

### **Application to Occupational Therapy Practice and Education**

The results of this study have multiple implications for occupational therapy practice and education. To begin with, only a small percentage of the participants were determined to be culturally responsive. This is consistent with other research on occupational therapy students and graduates (Cherry et al., 2009; Cheung, Shah, & Muncer, 2002; Murden et al., 2008). Not delivering culturally responsive care can affect the occupational therapist's ability to provide best care to clients. In order to truly be client-centered, occupational therapists must be culturally responsive when interacting with and treating individuals. Furthermore, with diversity increasing throughout the population in the United States (Taylor & Cohn, 2012), there will be a greater demand for culturally responsive practitioners. For all of the abovementioned reasons, it is

essential for occupational therapy practitioners and students to take a more active role in becoming culturally responsive.

Contrary to past research (Cheung, Shah, & Muncer, 2002; Forwell, Whiteford, & Dyck, 2001), there was a disconnect between feelings of cultural responsive preparation and actual ability to be culturally responsive. This finding indicates that occupational therapy programs need to be more aware of how their education is addressing issues related to culture. Programs must do more than teach their students about cultural responsiveness; it is important that students are shown how to apply cultural responsiveness to practice. Since cultures change and cultural responsiveness develops over time, occupational therapy education programs should provide their students the basic skills to respond to the dynamic nature of culture (Bonder, Martin, & Miracle, 2004; Muñoz, 2007).

In commenting on the program, participants specified a desire for personal, relevant experience. One respondent wrote, “Classroom learning is good, but without face to face exposure to other cultures, it is difficult to truly understand.” Respondents commented on their work experiences after the program, describing interactions with patients at their jobs; however, respondents did not specify these interactions as needed in their OT program. The exception was one respondent who noted, “It would be very beneficial to have one level 2 in a setting with another culture to really push us as OTs.” Previous studies have found that occupational therapy students believe there is a lack of cultural exposure in their programs (Murden et. al., 2008; Cheung, Shah, and Muncer, 2002). Though the importance of culture in occupational therapy is recognized, there is a disjunction in programs between recognition and action.

Another theme identified in this study included cultural relevance. Participants described wanting to learn about cultures in the area, noting that assignments which focused on learning

about countries around the world were irrelevant to interacting with different cultures in therapy: “Digging in to one country does not really delve into religious groups, ethnic groups, cultural groups here in the United States that we currently work with.” These responses highlight participants’ awareness of culture’s dynamic nature. Culture-specific knowledge may not apply to a particular person; moreover, since people and societies are ever-changing, culture is ever-changing (Bonder, Martin, & Miracle, 2004; Muñoz, 2007). This leads to a need for cultural responsiveness. As one participant responded, “Cultural responsiveness is not about exposing oneself to as MANY cultures as possible (which I felt was the case in the OT program with multiple projects/presentations), but learning how to respond to cultural differences that impact and arise in OT practice.” Occupational therapy programs must remember that culture is dynamic. Though a general knowledge of cultures is beneficial, programs must recognize that learning facts about many cultures does not equate to the ability to respond to any culture.

Reflection and critical thinking appear to facilitate cultural responsiveness. Previous studies have found that reflective thinking appears to be an essential factor in developing cultural responsiveness (Odawara, 2005; Muñoz, 2007). People are not always aware of the values and beliefs embedded in their own cultures, yet they must understand and address these in order to provide culturally responsive care to others (Odawara, 2005; Muñoz, 2007). However, Scott (1997) states that people need to be challenged to confront these underlying beliefs; otherwise, they will not address them. Of respondents, 91.4% agreed or strongly agreed that GVSU’s occupational therapy program gave them the opportunity to reflect on their own beliefs and biases. One respondent wrote, “GVSU did educate me to educate myself and have awareness of the potential biases I may have.” According to another respondent, “The main strong point of the GVSU OT program is the emphasis on critical thinking and problem solving which naturally

leads you to incorporate cultural responsiveness into your treatments and interactions to ensure that you obtain the best results.” Results of this survey indicate that GVSU’s OT program is teaching its students to reflect, providing a basis for cultural responsiveness.

Lastly, personal encounters and fieldwork had an important influence on participants’ ability to be culturally responsive. Educational programs should provide opportunities to expose students to diversity. This can be done through fieldwork placements in diverse areas or settings (Whiteford & Wright St-Clair, 2002; Dyck & Forwell, 1997), experiential learning through working with people from various cultures (Yuen & Yau, 1999), and international service learning experiences (Mu et al., 2010; McDowell, Goessling, Melendez, 2012; Dupre & Goodgold, 2007).

### **Implications for GVSU’s Occupational Therapy Program**

The findings from this research hold several implications for GVSU’s OT curriculum in preparing its students to be culturally responsive. While many of the participants discussed the importance of opportunities for critical thinking and reflection in the program in relation to culture, they also expressed that learning about specific cultures far away was not beneficial in developing cultural responsiveness. Thus, cultural responsiveness education that focuses on the process rather than on the content may be most valuable. This means that GVSU needs to prepare its students to use their reflection as part of a process in which they respond to the dynamic nature of culture, applying their responsiveness to practice. While students can learn facts about cultures, these facts may not be applicable to a particular person in practice. Moreover, memorizing facts does not equate to being culturally responsive. Therefore educating its students, GVSU should focus on the application of cultural responsiveness skills and should provide opportunities to expose students to diversity. This could be done through fieldwork

placements or service learning projects in diverse areas or settings. Participants were in favor of exposure to diversity: several respondents expressed a desire for relevant, personal experiences. In preparing its students to be culturally responsive, GVSU could provide opportunities for personal interactions with diverse cultures, either locally or abroad, and in doing so could provide occupational therapy for people and groups who might not otherwise encounter occupational therapists.

### **Study Limitations**

Some study limitations were identified during the research process. First, the study had a small sample size because of a low response rate, and nearly half the participants had three or fewer years of experience as occupational therapist practitioners. This sample may not be representative of GVSU's OT graduate population.

Second, the original CASQ questions that determine cultural responsiveness may not accurately reflect the cultural responsiveness of the participants of this research. While the CASQ is a cultural responsiveness questionnaire, it was not designed to specifically evaluate the influence of education on cultural responsiveness, and therefore, not all questions were relevant for the purposes of this research. Additionally, only five of the 15 CASQ questions are used to determine whether an individual is culturally responsive; thus, there may not be sufficient evidence to make an accurate conclusion on participant's level of cultural responsiveness.

Although the researchers worked to decrease bias by excluding GVSU professors from study participation, some bias could not be controlled. Response bias is a limitation of this study because all participants were GVSU alumni. Participants may have answered more positively about GVSU because they attended the program, have pride in the school, or may feel that the

program is reflective of them. There is also potential for experimenter bias because the researchers are current GVSU OT students with a GVSU OT research advisor.

A final limitation of the study is the researcher developed portion of the survey. Researchers created survey questions aside from the CASQ. Beyond face and content validity, the reliability and validity of the created survey were not established.

### **Suggestions for Future Research**

Despite preparation in cultural responsiveness during OT coursework, the present study revealed that the majority of GVSU's OT alumni are not culturally responsive practitioners. Future research can examine the reasons why GVSU graduates report a lack of cultural responsiveness. Graduates may lack an interest in culture due to limited cultural knowledge and interactions prior to joining the OT program. Cultural responsiveness may also be affected by an individual's geographic location and work culture. Determining why graduates are not culturally responsive can help GVSU develop strategies to improve the cultural aspect of the curriculum to assist more students in applying these culturally responsive skills in practice.

GVSU graduates responded that certain aspects of the program were more helpful than others for increasing their level of cultural responsiveness. Future research can explore reasons why some modes of education appear to be more beneficial. For example, fieldwork was one area that increased participants' cultural responsiveness, but it should be examined which particular fieldwork locations and experiences are most useful towards increasing cultural responsiveness. GVSU can use the results to increase effective methods of instruction and to develop new educational approaches.

### **Conclusion**

Although the hypothesis that GVSU OT students are culturally responsive was not supported, GVSU is providing preparation in cultural responsiveness. GVSU is particularly effective in providing occupational therapy students the skills to be culturally responsive practitioners through the program's emphasis on critical thinking and reflection and through the provision of fieldwork experiences where critical thinking skills can be applied. However, since most GVSU graduates are not culturally responsive, more can be done to effectively deliver education in cultural responsiveness. Supporting students in being culturally responsive is an educational requirement and also an ethical obligation under AOTA (The Accreditation Council for Occupational Therapy Education, 2006; The Commission on Practice, 2008; Reed et al., 2010). Students are the future of the field and are responsible for providing services that are client-centered for best practice in occupational therapy with an increasingly diverse population.

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*Appendix A*

## Questionnaire

1. I give my informed consent to participate in this research.
  - Yes
  - No
  
2. Are you currently or have you ever been a professor in Grand Valley State University's occupational therapy program (GVSU's OT program)?
  - Yes
  - No
  
3. How many years of experience do you have working as an occupational therapist?
  - Less than 1
  - 1-3
  - 4-6
  - 7-9
  - 10 or more
  
4. What ethnicity/ethnicities do you most identify with?
  - Caucasian
  - African American
  - Asian
  - Native American
  - Pacific Islander
  - Hispanic
  - Other
  - Choose not to respond
  
5. In what year did you graduate from GVSU's OT program?
  - 1999-2007a
  - 2007b-2010
  - 2011 or later

For the purposes of our research we define the following terms:

**Culture:** The customary beliefs, social forms, and material traits of a racial, religious, or social group; the set of shared attitudes, values, goals, and practices that characterizes a group (Merriam-Webster, 2013).

**Culture Responsiveness:** The development and use of sensitive and appropriate skills and

methods for interacting with people from various cultures (modified from AOTA, 1995); in previous literature this is often termed cultural competency.

Please answer the following questions by choosing the answer that most closely corresponds with your opinion:

6. There is a growing demand of occupational therapy services from ethnic minorities.  
Strongly disagree      Disagree      Don't know      Agree      Strongly agree
7. Cultural factors could influence clients' occupational performance.  
Strongly disagree      Disagree      Don't know      Agree      Strongly agree
8. Cultural factors should be considered in occupational therapy process.  
Strongly disagree      Disagree      Don't know      Agree      Strongly agree
9. Overlooking cultural influences could affect occupational therapy assessment.  
Strongly disagree      Disagree      Don't know      Agree      Strongly agree
10. Overlooking cultural influences could affect the outcome of intervention.  
Strongly disagree      Disagree      Don't know      Agree      Strongly agree
11. Students often have limited knowledge about different cultures.  
Strongly disagree      Disagree      Don't know      Agree      Strongly agree
12. The level of cultural awareness could be affected by classroom education.  
Strongly disagree      Disagree      Don't know      Agree      Strongly agree
13. The level of cultural awareness could be affected by fieldwork experiences.  
Strongly disagree      Disagree      Don't know      Agree      Strongly agree



20. How aware are you of methods to reduce cultural barriers?

1	2	3	4	5	6	7	8	9	10	11	12
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the purposes of our research we define the following terms:

Culture: The customary beliefs, social forms, and material traits of a racial, religious, or social group; the set of shared attitudes, values, goals, and practices that characterizes a group (Merriam-Webster, 2013).

Culture Responsiveness: The development and use of sensitive and appropriate skills and methods for interacting with people from various cultures (modified from AOTA, 1995); in previous literature this is often termed cultural competency.

Please answer the following questions by choosing the answer that most closely corresponds with your opinion:

21. I am interested in learning about different cultures.

		Neither agree nor disagree		
Strongly disagree	Disagree		Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. I am interested in interacting with people from different cultures.

		Neither agree nor disagree		
Strongly disagree	Disagree		Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. I seek out opportunities to learn about different cultures.

		Neither agree nor disagree		
Strongly disagree	Disagree		Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. I seek out opportunities to interact with people from different cultures.

		Neither agree nor disagree		
Strongly disagree	Disagree		Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





33. Service learning experiences (performed with class and led by professor(s)) in GVSU's OT program increased my level of cultural responsiveness.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not Applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. How often did I interact with people (clients, co-workers, etc.) from other cultures in my fieldwork?

Never	Rarely	Once in a while	Occasionally	Frequently
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Fieldwork helped me gain knowledge about different cultures.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. My fieldwork experiences increased my level of cultural responsiveness.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Volunteer experiences (outside of class requirements) that I engaged in while attending GVSU's OT program increased by level of cultural responsiveness.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not Applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Conferences (e.g., student symposium, conferences, seminars, lectures, etc.) that I attended while in GVSU's OT program increased my level of cultural responsiveness.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not Applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the purposes of our research we define the following terms:

**Culture:** The customary beliefs, social forms, and material traits of a racial, religious, or social group; the set of shared attitudes, values, goals, and practices that characterizes a group (Merriam-Webster, 2013).

**Culture Responsiveness:** The development and use of sensitive and appropriate skills and methods for interacting with people from various cultures (modified from AOTA, 1995); in previous literature this is often termed cultural competency.

Please rate the following factors on how they have impacted your ability to be culturally responsive:

39. GVSU's OT program

Not at all					A lot
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. On the job experience

Not at all					A lot
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. Study abroad

Not at all					A lot	Not Applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. Personal travel

Not at all					A lot	Not Applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. PLEASE provide us with some comments. This richness of information would add quality to the quantitative information. ANY comments would be welcome.

*Appendix B*

## Permission to use the Cultural Awareness and Sensitivity Questionnaire

From: "Shah, Suryakumar" <[Suryakumar.Shah@stockton.edu](mailto:Suryakumar.Shah@stockton.edu)>  
Date: Jan 24, 2013 3:34 PM  
Subject: RE: Cultural Awareness and Sensitivity Questionnaire  
To: "Kathleen Kovach" <[kqkovach@gmail.com](mailto:kqkovach@gmail.com)>

Dear Becca, Robyn, and Kathleen,  
Thanks for your interest.

- (i) Please use [shahsurya@hotmail.com](mailto:shahsurya@hotmail.com) as my email.
- (ii) You are welcome to use the Questionnaire requested.
- (iii) I am attaching two documents one on curriculum and the second is actual questionnaire that may be of interest
- (iv) Two additional articles are listed. These have many additional current references  
Cherry, K., Kitchens, K., Nicholson, C., Soden, I., Tomkiewicz, J., Kedia, M., & Shah, S. (2009). Cultural awareness and competency of graduate entry-level OT students. *Education: Special Interest Quarterly*, 19, 1-4.  
Murder, R., Norman, A., Ross, J., Sturdivant, E., Kedia, M., & Shah, S. (2008). Occupational therapy students' perceptions of their cultural awareness and competency. *Occupational Therapy International*, 1, 191-203.

PLEASE acknowledge and oblige and the best. Let me know if I can assist any further

Surya

**Surya Shah**, OTD (India), PhD (UK), MEd, B App Sc (Australia), OTR, FAOTA (USA)  
417 Nightingale Square  
Mays Landing, NJ 08330  
Mobile: [901-734-6972](tel:901-734-6972)  
Skype: suryashah3  
[shahsurya@hotmail.com](mailto:shahsurya@hotmail.com)

*Appendix C*

HRRC Approval

**Paul Reitemeier** <no-reply@irbnet.org>

Aug  
7

to Dianna, me

Please note that Grand Valley State University Human **Research** Review Committee has published the following Board Document on IRBNet:

Project Title: [466209-1] The Level of Cultural Responsiveness and its Preparation among Grand Valley State University's Occupational Therapy Graduates  
Principal Investigator: Rebecca Palmitier

Submission Type: New Project  
Date Submitted: July 7, 2013

Document Type: Exempt Approval Letter  
Document Description: Exempt Approval Letter  
Publish Date: August 7, 2013

Should you have any questions you may contact Paul Reitemeier at [reitemep@gvsu.edu](mailto:reitemep@gvsu.edu).

Thank you,  
The IRBNet Support Team

[www.irbnet.org](http://www.irbnet.org)

*Appendix D*

## Informed Consent Document

**Informed Consent****Title**

The Level of Cultural Responsiveness and its Preparation among Grand Valley State University's Occupational Therapy Graduates

**Researchers**

Principal Investigators: Rebecca Palmitier, Kathleen Kovach, and Robyn Ward  
Faculty Advisor: Dianna Lunsford, OTD, M.Ed, OTR/L, CHT; occupational therapy department

**Purpose**

The purpose of this study is to investigate whether graduates of Grand Valley State University's (GVSU's) occupational therapy program are culturally responsive practitioners and the effectiveness of the program in preparing students to be culturally responsive in the field.

**Reason for Invitation**

You have been selected to participate in this study because you graduated from GVSU's occupational therapy program.

**How Participants will be Selected**

Survey responses of graduates who have at least one of experience as an occupational therapist and have never been a professor at GVSU will be included in the data analysis.

**Procedures**

If you choose to participate, you will complete the online survey using the link below. This should take between 10 and 15 minutes. There are no out of pocket costs for you; the survey is free.

**Risks**

Risk is minimal.

**Potential Benefits to You**

There are no immediate benefits to you.

**Potential Benefits to Society**

The results of the study will provide insight into occupational therapy education and what is effective and not effective in culture education. The data can contribute to curriculums of occupational therapy programs in preparing their students to be culturally responsive, subsequently educating occupational therapists to provide more holistic therapy relevant to their client and to society.

**Voluntary Participation**

Your participation in this research study is completely voluntary. You do not have to participate. You may quit at any time without any penalty to you.

**Privacy and Confidentiality**

Your name will not be given to anyone, including the researchers. Only Diana Comstock, assistant to the occupational therapy department, has seen your email address and will not have access to results. The researchers do not have access to the email addresses and will only have access to the results with no identifying information. No names or other identifying information will be included in the results of this study.

**Research Study Results**

If you wish to learn about the results of this research study you may request that information by contacting: [palmitre@mail.gvsu.edu](mailto:palmitre@mail.gvsu.edu)

**Payment**

There will be no payment for participation in this research study.

**Agreement to Participate**

By completing the survey, you are giving your informed consent. This includes agreement with the following:

- The details of this research study have been explained to me including what I am being asked to do and the anticipated risks and benefits;
- I have had an opportunity to have my questions answered;
- I am voluntarily agreeing to participate in the research as described on this form;
- I understand that I may ask more questions or quit participating at any time without penalty.

If you have any questions about this study you may contact the lead researcher as follows:

NAME: Rebecca Palmitier PHONE: 616-648-7781 E-MAIL: palmitre@mail.gvsu.edu  
or the chair of this research committee:

NAME: Dianna Lunsford PHONE: (616) 331-5648 E-MAIL: lunfordi@gvsu.edu

If you have any questions about your rights as a research participant, please contact the Research Protections Office at Grand Valley State University, Grand Rapids, MI

Phone: 616-331-3197 e-mail: [HRRC@GVSU.EDU](mailto:HRRC@GVSU.EDU)

*Appendix E*

## Email/Cover Letter

Dear Grand Valley Occupational Therapy graduate,

We are writing to request that you participate in our research study regarding Grand Valley's occupational therapy program. The study is called "The Level of Cultural Responsiveness and its Preparation among Grand Valley State University's Occupational Therapy Graduates." It aims to gain information about whether graduates feel prepared with empathy, openness, and knowledge to effectively engage with people of various cultures in the field, and it aims to gain information about how effectively Grand Valley's occupational therapy curriculum is addressing this preparation.

Participation is voluntary, you may stop at any time, and no identifying information will be collected during the survey or included in the study. The survey should take 10-15 minutes to complete. Additional information regarding the research and survey is attached in the informed consent document.

If you choose to participate in the study please click the link to be directed to the online survey. By completing the survey, you are giving your informed consent. We appreciate your time and consideration.

<http://edu.surveymoz.com/s3/1345446/Cultural-Responsiveness>

Sincerely,  
Rebecca Palmitier, Kathleen Kovach, and Robyn Ward  
GVSU OT Class of 2014



*Appendix F*

## Reminder Email

Dear Grand Valley Occupational Therapy graduate,

This is a follow-up request to participate in our research study, "The Level of Cultural Responsiveness and its Preparation among Grand Valley State University's Occupational Therapy Graduates." It aims to gain information about whether graduates feel prepared with empathy, openness, and knowledge to effectively engage with people of various cultures in the field, and it aims to gain information about how effectively Grand Valley's occupational therapy curriculum is addressing this preparation.

Participation is voluntary, you may stop at any time, and no identifying information will be collected during the survey or included in the study. The survey should take 10-15 minutes to complete. All responses must be completed by new Wednesday, October 2.

If you choose to participate in the study please click the link to be directed to the online survey. By completing the survey, you are giving your informed consent. We appreciate your time and consideration.

<http://edu.surveymoz.com/s3/1345446/Cultural-Responsiveness>

Sincerely,  
Rebecca Palmitier, Kathleen Kovach, and Robyn Ward  
GVSU OT Class of 2014