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## Cultural Competency: Integrating an Evidence-Based Course for Increasing Inclusive Practices

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## Cultural Competency: Integrating an Evidence-Based Course for Increasing Inclusive Practices

### Abstract

**PURPOSE:** The United States is rapidly becoming more culturally diverse; thus, therapists need to be equipped with an adequate skill set to provide culturally inclusive services. Although educational institutions and continuing education courses provide some form of cultural competency training, there is no standardized approach currently for occupational therapists. **METHODS:** This article describes an evidenced-based course which was used to develop cultural competence among 11 occupational therapy practitioners. The online components included activities to increase knowledge, skills, comfort, awareness, and resources for practice settings. A pre-test/post-test format using the Clinical Cultural Competency Questionnaire (CCCQ) was used to gather quantitative information. **RESULTS:** The outcomes of this study indicate that completion of evidence-based educational modules on cultural competency can increase knowledge, skills, comfort, and awareness for occupational therapy practitioners, providing an impetus for further exploration. The highest percent of change from pre to post survey was in knowledge (150%) related to cultural competence following the completion of the intervention. **DISCUSSION/CONCLUSION:** Because health care professionals have an ethical responsibility to be culturally competent, this article highlights how advantageous it is for healthcare professionals to complete an online, evidence-based course to increase their self-awareness and awareness of other cultures.

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### Author Bio(s)

Tracy Chappell, OTD, OTR/L, IASTM is the founder of Inclusive Methods for Practitioners Achieving Cultural-Competent Therapy (I.M.P.A.C.T.), a nonprofit dedicated to providing occupational therapy practitioners with resources and knowledge to develop their cultural competence. Currently, she is a Travel Occupational Therapist employed across the country in various settings.

Ingrid Provident Ed.D., OTR/L, FAOTA serves as Assistant Professor and Program Coordinator for the Post Professional online OTD program at Chatham University. Research interests include innovative education practices including global experiences which promotes students' ability to construct their knowledge through active occupational therapy fieldwork.



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**PURPOSE:** The United States is rapidly becoming more culturally diverse; thus, therapists need to be equipped with an adequate skill set to provide culturally inclusive services. Although educational institutions and continuing education courses provide some form of cultural competency training, there is no standardized approach currently for occupational therapists. **METHODS:** This article describes an evidenced-based course which was used to develop cultural competence among 11 occupational therapy practitioners. The online components included activities to increase knowledge, skills, comfort, awareness, and resources for practice settings. A pre-test/post-test format using the Clinical Cultural Competency Questionnaire (CCCQ) was used to gather quantitative information. **RESULTS:** The highest percent of change from pre to post survey was in knowledge (150%) related to cultural competence following the completion of the intervention. **DISCUSSION:** These outcomes indicate that completion of evidence-based educational modules on cultural competency can increase knowledge, skills, comfort, and awareness for occupational therapy practitioners, providing an impetus for further exploration. Since health care professionals have an ethical responsibility to be culturally competent, this article will highlight how advantageous it is for healthcare professionals to complete an online, evidence-based course to increase their self-awareness and awareness of other cultures.

**Keywords:** cultural competency, occupational therapy, evidence-based course

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## INTRODUCTION

The United States is rapidly becoming more culturally diverse.<sup>1</sup> Given the growth in cultural and ethnic diversity of the US population, health care practitioners need to be equipped with an adequate skill set to provide culturally inclusive services to clients from varying backgrounds. Culture greatly influences an individual's occupational performance such as dressing, bathing, feeding and other daily activities; as well as affects the accessibility of equipment, tools, and activities an individual utilizes to perform daily tasks.<sup>2,3</sup> The profession of occupational therapy has been reported to be based on Western cultural values like autonomy and independence that can conflict with the values of some cultural groups, which value the family as a unit over autonomy.<sup>4,5</sup> Subsequently, practitioners are often faced with the challenge to adapt their service delivery to incorporate cultural differences.<sup>6</sup> The literature identified cultural dilemmas as the major barrier related to adequate service delivery for minorities.<sup>5,7</sup> Furthermore, the dilemma of cultural distance exists between occupational therapists and culturally diverse clients due to conflicting values, norms, and meanings regarding the definitions of health and occupations.<sup>5</sup> It was reported that the profession of occupational therapy is only in the early phases of becoming aware of the necessary cultural competency requirements for delivering culturally inclusive services to clients.<sup>7</sup> Thus, the occupational therapy literature highlights the need for transforming the approach of providing client-centered services to clients from diverse cultural backgrounds to adequately meet their specific, cultural needs.<sup>4,7,8</sup>

### Developing Cultural Competence

A review of the literature revealed a process for developing cultural competence through online coursework in which topics are generally presented through readings, assignments, journaling, discussion, and case studies.<sup>10,11</sup> Participating in an online cultural competence course was also found to be effective for increasing levels of cultural competency for healthcare professionals.<sup>12,13,14</sup> However, there is no recently published literature on the effectiveness of increasing cultural competence in current practitioners of occupational therapy through evidence-based online learning. This is due to the more typically reported investigations of occupational therapy students and their cultural competence rather than the investigation of cultural competency of practitioners.

The components of the course were informed by the Campinha-Bacote's model of cultural competence.<sup>13</sup> The Campinha-Bacote's model includes four constructs: cultural awareness, cultural knowledge, cultural skill, and cultural encounters. Online learning has benefits to engage practicing occupational therapists such as cost effectiveness, flexibility with time, and self-guided pace.<sup>13,14</sup> These benefits can allow the occupational therapy practitioners to customize their experience to their individual learning needs while maintaining their work and personal obligations by completing online learning from any location at any time of the day.<sup>12</sup> Lastly, the asynchronous nature of online learning permits for more in-depth responses and higher level thinking due to additional time for reflection and processing of information.<sup>15</sup>

## METHODOLOGY

### Subjects

There were 13 occupational therapists who were recruited from the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers (OTPTAT) Board or were referred by an occupational therapy member. All 13 participants enrolled in the online course and completed the pre-survey. Two participants were lost to attrition. Thus, 11 participants completed the intervention and post-survey. All 11 participants were employed as occupational therapists throughout the duration of the study. There were two males and nine females. The participants ranged in age from 25 to over 65 years old and the majority (45%) of participants were 36 to 45 years old. There was a range of primary work settings (i.e., 50% or more of their time) amongst participants. Primary work settings included: outpatient clinic, home health, long-term care/skilled nursing facility, acute rehabilitation, and school-based. The majority (36%) of participants' primary work setting was in acute rehabilitation.

### Inclusion/Exclusion Criteria

The inclusion criteria for participants were (a) licensed occupational therapy practitioner; (b) proficiency in reading and writing in the English language; (c) access to the internet; (d) valid email address; (e) ability to commit to 6.5 hours over the six-week timeframe of the study. Exclusion criteria were other healthcare practitioners including certified occupational therapy assistants, speech therapists, and physical therapists were excluded from participating in the study.

### Instrument

This study collected quantitative measurements from the Clinical Cultural Competence Questionnaire (CCCQ) as a pre- and post- survey. Permission to utilize and adapt the CCCQ for this study was granted. The adapted survey contained forty-one items that were rated on a five-point Likert scale, which measured the participants' perspectives in their knowledge, skills, encounters, and attitudes related to culture. The Likert scale measures the outcome data in a numerical analog scale (i.e., 1 = None to 5 = Very). In addition, the pre-survey included four demographic questions (i.e., age range, gender, if currently

employed, and practice setting). The adapted survey was pilot tested with five occupational therapists to increase face validity for the adaptations. The CCCQ has been validated across many healthcare professions, including occupational therapy.<sup>13, 16, 17, 18</sup>

### **Platform**

The online learning management system for this study was Google Classroom. Google Classroom is a free web-based platform developed by Google with the goal to streamline educational content delivery in a paperless and simple way.<sup>9</sup> Participants could access the courses on any device via smartphone, Chromebook, desktop, or tablet by utilizing the same credentials they use for their Google account.<sup>9</sup> The first author developed a six-week evidenced-based, online training course on cultural competence with six narrated PowerPoint lectures presented on Google Classroom with guidance from the second author. Implementation of this study occurred over a consecutive six-week period from November 12, 2018 to December 21, 2018. This study was created as part of the first author's doctoral capstone project and was reviewed and approved by a University's Institutional Review Board.

### **Process**

The 11 participants who completed the electronic informed consent and pre-intervention survey also received a link to the Google Classroom in order to obtain free access to the course titled, "Cultural Competency for Occupational Therapists." All participants included in the study completed the electronic informed consent. To enroll in the Cultural Competency for Occupational Therapists course, participants created a user profile, which included an anonymous user ID and password. Prior to week one, an email containing the electronic informed consent, pre-intervention surveys, and link to the Google Classroom course was sent to participants. The consent and pre-intervention survey were completed by participants and reviewed by this evidence-based practitioner. Participants were then provided with access to the first week's module containing a narrated PowerPoint and learning activity.

The course included six weeks of online assignments and six narrated PowerPoint presentations. During the first session, participants completed the pre-test, which was presented and collected by Qualtrics. Following the Campinha-Bacote's model, online activities to increase cultural awareness and knowledge were designed to enhance and enrich the participants' learning. In addition to online activities to increase self-awareness, the participants viewed a video on what it is like for a client from a different culture to seek medical attention at a public hospital. Participants engaged in weekly discussions through the online forum to elicit deeper reflections based on the topic of the week.

To increase cultural knowledge and awareness, during weeks 2 and 3 of the course, the participants reviewed the ethics and literature as they pertained to occupational therapy.<sup>19</sup> The learning activity was to analyze a case study through an ethical lens in the discussion forum. To build their knowledge of how language and health literacy impacts the client and practitioner relationship, following participants viewing the PowerPoint presentation they then reflected on the discussion forum on how they can make their practice more inclusive for clients of varying health literacy levels.

Week 4 was dedicated to guiding the participants in building their cultural skills. In order to improve their language skills, the participants continued to share useful websites to use to learn or review various languages. Participants shared their resources within the online discussion platform with one another. In order to build cultural skills to apply the clinic setting, the participants practiced navigating different cultural databases to search for culturally specific beliefs and practices related to their healthcare decisions and performances. Lastly, participants completed an online activity discussion to plan for the following week to seek out local cultural encounter experiences.

During weeks 5 and 6, the participants completed a cultural encounter and reflected on their experience and learning from the course. To further the participants' cultural competency, they completed a cultural encounter assignment, which consisted of completing necessary research on the experience, language, cultural beliefs and values prior to the encounter. The participants found their own cultural experiences with guidance from the author to ensure it would be an adequate and suitable experience. The encounters ranged from cooking classes to interactive 'a day in the life' experience. Following their reflections on the experience and their overall learning from the course via within the online discussion forum, the participants then completed the post-test CCCQ survey.

### **RESULTS**

To analyze the results of the study, descriptive statistics were chosen due to the small sample size of the study. A comparison between the pre and post-intervention surveys was used to determine whether the intervention impacted the participants' reported overall levels of agreement with the topics of knowledge, skills, comfort, and awareness related to cultural competency.

See Figure 1.

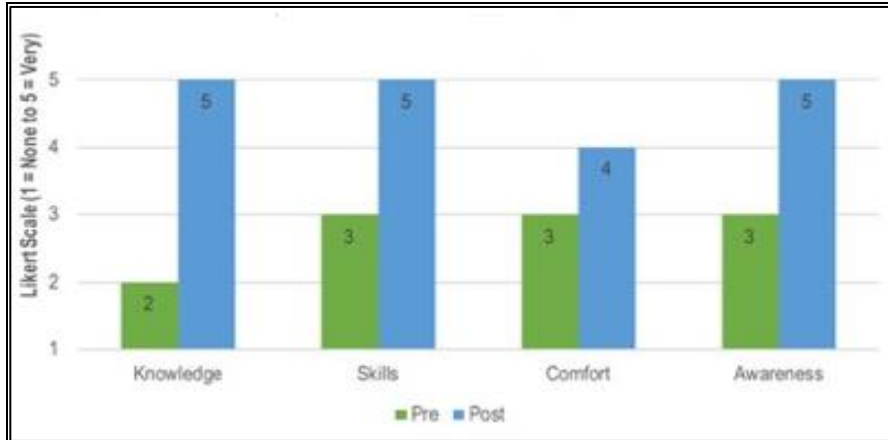


Figure 1. Pre- and post-intervention survey mean scores regarding level of agreement to each topic area (n=11)

As seen in Figure 1, comfort has the lowest post-intervention mean score of 4 or ‘quite a bit’ on the Likert scale for feeling comfortable with cross-cultural encounters and situations while the other topics show post mean scores of 5 or ‘very’ knowledgeable, skilled, and aware.

Figure 2 shows the participants only feel ‘quite a bit’ comfortable for advising a client to change cultural practices that impair their health as well as only ‘quite a bit’ comfortable when interacting with colleagues and clients who make derogatory remarks about ethnic groups. See Figure 2.

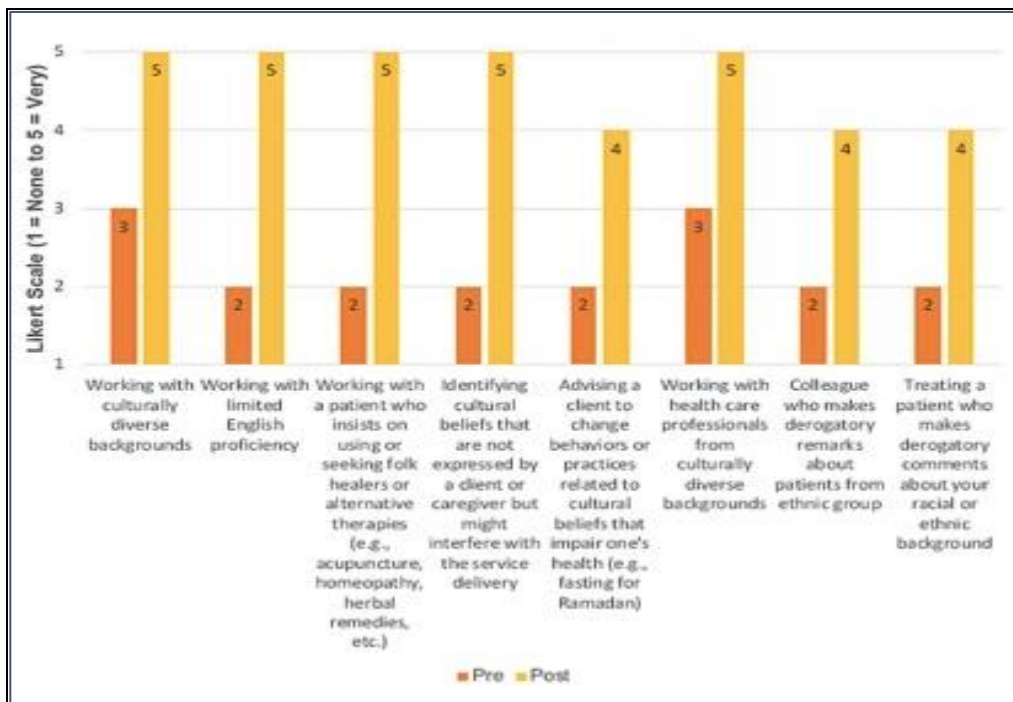


Figure 2. Pre- and post-intervention survey mean scores regarding level of agreement about comfort statements (n=11)

Table 1 displays the percent of change within each topic related to cultural competency by age. Percentage of change was calculated by:  $(\text{post mean score} - \text{pre-mean score}) / \text{pre-mean score} * 100$ .

**Table 1.** Percentage of change for each topic area by age group ( $n = 11$ )

Age group	Topic area	% of change
26-35 ( $n = 1$ )	Knowledge	100
	Skills	100
	Comfort	50
	Awareness	0
36-45 ( $n = 5$ )	Knowledge	150
	Skills	67
	Comfort	150
	Awareness	67
46-55 ( $n = 3$ )	Knowledge	67
	Skills	67
	Comfort	100
	Awareness	25
56-65 ( $n = 2$ )	Knowledge	67
	Skills	150
	Comfort	100
	Awareness	67

The 26-35 age group ( $n = 1$ ) showed the lowest percent of change (50%) following the intervention in comfort related to cultural encounters while the age group of 36-45 ( $n = 5$ ) had the largest percentage of change (150%). The 36-45 ( $n = 5$ ) age group's overall percentage of change across knowledge, skills, comfort, and awareness was the highest of 108%. In comparison, the 26-35 ( $n = 1$ ) age group's change was 63%, 46-55 ( $n = 3$ ) age group's change was 65%, and the 56-65 ( $n = 2$ ) age group's change was 96%.

Table 2 shows comparisons of the percentage of change across the topics of knowledge, skills, comfort, and awareness related to cultural competency based on participants' employment setting to determine the effectiveness of the intervention in multiple settings. See Table 2.

**Table 2**  
Percentage of change for each topic area by age group ( $n = 11$ )

Primary work setting	Topic area	% of change
Outpatient ( $n = 3$ )	Knowledge	84
	Skills	85
	Comfort	125
	Awareness	29

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Home health ( <i>n</i> = 2)	Knowledge	109
	Skills	129
	Comfort	104
	Awareness	74
Long-term care ( <i>n</i> = 1)	Knowledge	84
	Skills	53
	Comfort	100
	Awareness	33
Acute rehabilitation ( <i>n</i> = 4)	Knowledge	80
	Skills	80
	Comfort	91
	Awareness	50
School-based ( <i>n</i> = 1)	Knowledge	161
	Skills	360
	Comfort	122
	Awareness	178

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## DISCUSSION

The results revealed that participating in an online cultural competence course was effective for increasing levels of cultural competency, which is consistent with the results found in the literature.<sup>12, 13</sup>

The results show significant post mean scores of 5 or 'very comfortable' in topics of knowledge and awareness, which has also been reported in the literature following an online cultural competency course for healthcare professionals.<sup>12</sup> In comparison, other authors have cited increased communication skills with diverse cultures as a major benefit from participation.<sup>13</sup> The topic of skills related to cultural competency including communication was also reported by participants to improve following completion of the intervention.

Contrastingly, the topic of comfort with cultural encounters was found to have the lowest percentage of change (33%) from pre to post-intervention. Cerezo reported less change in this topic area for nursing students who completed a semester long online cultural competency course.<sup>20</sup> However, other studies that included international and prolonged (i.e., week or longer) face to face cultural encounters that were had equal improvements across the topics of knowledge, skills, comfort, and awareness.<sup>8, 21</sup> Thus, given this study only had included a short (i.e., few hours to full day) of a local face to face cultural encounter could explain why participants had not reached optimal or 'very' comfortable during cultural encounters.

As shown in Table 1, demographic information gathered from the study showed that participants who were in the 26-35 age group reported to have higher pre-intervention mean scores across knowledgeable, skills, comfort, and awareness as compared to the other age groups. In addition, the 26-35 age group's awareness of factors in contributing to health disparities, influences of sociocultural issues, and their own cultural awareness remained unchanged from pre and post-intervention. These results may reflect that recent graduates are receiving some level of cultural competency training from their educational programs per the Accreditation Council for Occupational Therapy Education's established educational standards for including cultural competency.<sup>22</sup>

Occupational therapy practitioners whose primary employment setting was school-based showed the highest overall improvements across all topics of cultural competency. The current published literature on cultural competency for practicing occupational therapy practitioners does not exist, so to compare this result with the literature is not feasible currently. However, this study could serve as a pilot study to further investigate the influences primary work settings have on cultural competency learning.



The benefits for participants are consistent with those cited in the literature, which were cost effectiveness, flexibility with time commitment, and self-guided pace that allowed the participants to customize their experience to their individual learning needs.<sup>12, 13, 14</sup> In addition, using Campinha-Bacote's (2002) "Process of Cultural Competence in the Delivery of Healthcare Services" to structure and guide online learning content was beneficial as cited by numerous authors.<sup>12, 14, 20</sup>

### LIMITATIONS

Although the results of this study may contribute to the body of knowledge regarding occupational therapy practitioners perceived cultural competency, it has a few limitations that may limit the generalizability of the findings. A major limitation is a small sample size only representing occupational therapy practitioners who are licensed through the state of Ohio, which may make the results difficult to generalize to all occupational therapy practitioners. In addition, the disproportioned groups for age, practice setting, and gender were a limitation for generalizing the findings. Even though the CCCQ is recognized as a valid and reliable measure in the literature, the self-report nature of it may be subject to under or over reporting. Only one face-to-face cultural immersion experience will occur for a brief time during the fifth week of the intervention. Furthermore, this could limit the participants' experience to fully experience cultural immersion. Literature has shown international or prolonged face-to-face cultural immersion experiences are proven to increase participants' cultural competency.<sup>8, 21</sup>

### SUMMARY

These outcomes indicate that completion of evidence-based educational modules on cultural competency can increase knowledge, skills, comfort, and awareness for occupational therapy practitioners; providing an impetus for further exploration. It is recommended that additional studies with larger and more diverse sample sizes are conducted to further investigate the significance of the findings.

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