



REFERENCES

Occupational Therapy Students' Perceptions of Cultural Competency and Chinese Culture: An Implication for Education

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ABSTRACT

Cultural competency in healthcare refers to a provider's ability to interact and collaborate with individuals from different cultures, which positively impacts patient outcomes and healthcare experiences (Nair & Adetayo, 2019). Researchers evaluated where occupational therapy (OT) curricula can be enriched by including education on culturally competent care. A focus group of 12 students from a Master of Science in Occupational Therapy (MSOT) program provided insight into students' understanding of Chinese culture and how their perspectives may impact provision of care. A qualitative narrative analysis provided insight into the efficacy of cultural competency education and revealed areas of improvement for MSOT curricula.

BACKGROUND

Asian American and Pacific Islander communities are the fastest-growing racial and ethnic groups within the U.S. accounting for 5.8% of the national population according to the U.S. Census Bureau (2022). People of Chinese descent are the largest ethnic group, accounting for 22.3% of the Asian population in the U.S. (U.S. Census Bureau, 2019).

The lack of cultural competency in healthcare has been attributed to the lack of literature, education, and training of students in current institutions (Govender et al., 2017). A scoping review of Asian perspectives on occupational participation found that the lack of cultural sensitivity in treatment extends beyond a lack of cultural competency in OTs, but rather to the ideologies that are interwoven in occupational science and OT (Lee, 2019).

The field of OT emphasizes a client-centered philosophy and incorporates meaningful interventions into the profession. Patient involvement and individualized, culturally relevant care is vital to maintain individual autonomy and adherence to treatment. To understand the development of cultural competency within OT, it is necessary to examine the existing literature on the impact of racial healthcare disparities on patient outcomes, and practitioner competence when working with AAPI communities, specifically within Chinese populations. Although individuals of Chinese descent make up a large AAPI subgroup, there is a lack of focused research due to the vast range of cultures encompassed within AAPI communities. Evaluation of such topics allows insight into practices to facilitate greater cultural competence in OT practitioners, which may be generalized to the greater healthcare field.

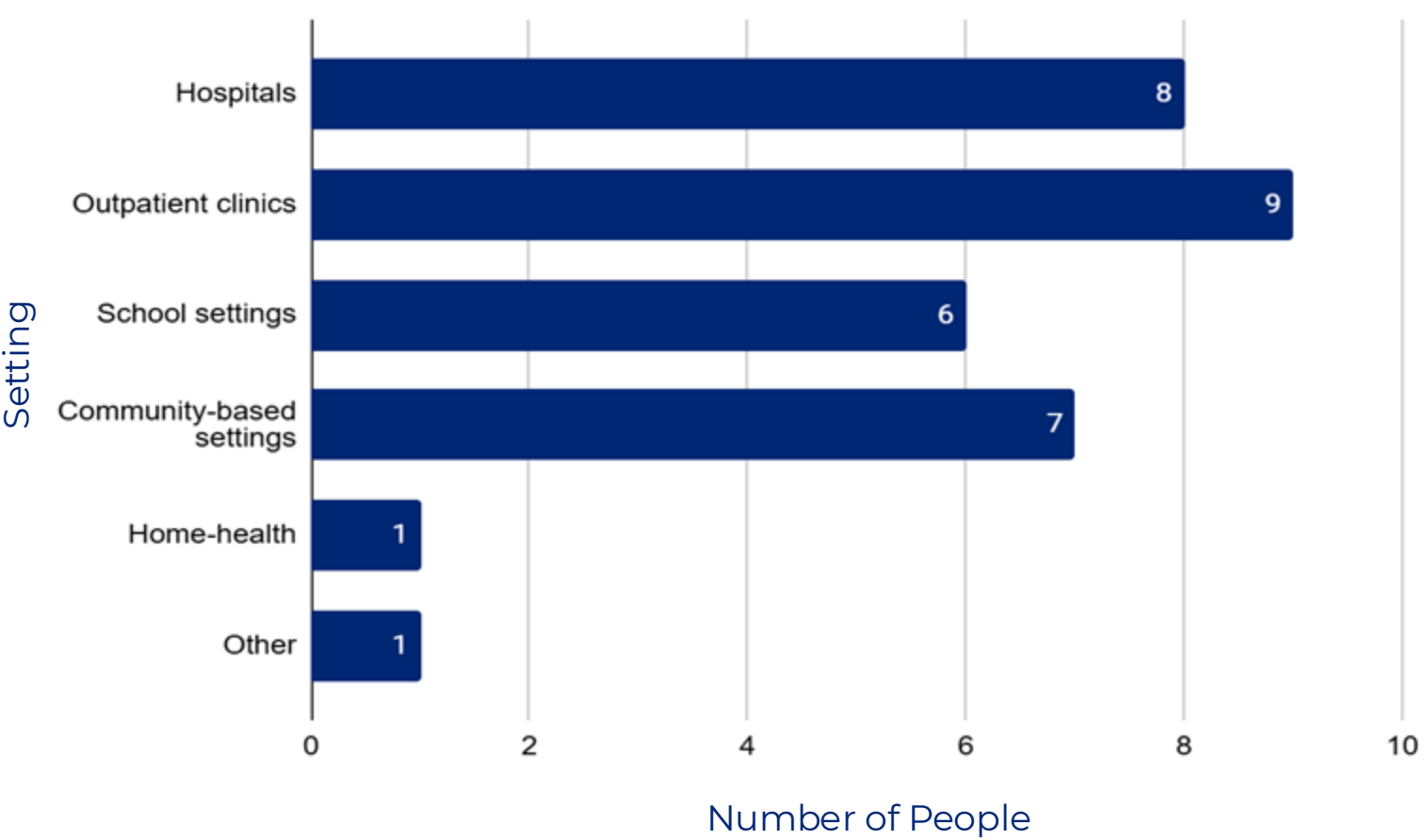
MATERIALS / METHODS

This study implemented a mixed-methods design, utilizing a survey for quantitative data collection and focus groups for qualitative data collection. A convenience sample of 12 MSOT students from an accredited MSOT program were recruited via email and form for sign-up. Eligible participants were presently matriculated MSOT students or alumni of the program.

Three focus groups with four participants each were conducted virtually using Zoom meetings. Two focus groups consisted of two first-year and two second-year MSOT students in each. The third focus group consisted of three third-year MSOT students and one alumnus. A consent form and survey were provided to participants to collect general information including age group range (in years), schooling year within the MSOT program, educational background, healthcare exposure, experience working with clients of Asian descent, and location of upbringing. Identifying information such as gender and race were omitted.

Six questions were asked to each participant to individually respond within 1 minute and 30 seconds. Researchers transcribed the qualitative responses via Otter and manually coded transcripts to categorize similar codes to form a collection of common topics. Interpretation of the topics produced a narrative analysis of perspectives of their program and how well prepared participants felt to provide culturally competent care to clients of Chinese descent. The quantitative responses yielded descriptive statistics based on nominal data.

Figure 1.
Types of previous work, volunteering, or shadowing experience



Note: Multiple choice answers selected in response to survey question "What type of settings have you experienced in your previous work/volunteering/shadowing experience?"

RESULTS

Focus groups yielded themes and actionable suggestions for strengthening MSOT curriculum.

Factors Influencing Perceived Self-Efficacy for Treating Chinese Clients

Students who have a Chinese background or background in cultures that share similar values or beliefs felt they were able to build rapport and form a connection with clients. A third-year student of Indian background and an alumnus of Eastern European background shared similar sentiments, citing cultural similarities such as religious beliefs, child-rearing practices, collectivist views, and family-oriented values. Students expressed it was challenging to provide culturally competent care when faced with language barriers. First- and second-year students used translation apps while an alumnus acknowledged that information can be lost in translation and preferred reliance on language interpreters.

Nuances to Cultural Competency Education

A second-year student suggested that although it is important to be aware of a client's culture, it might not be an aspect of their identity that impacts daily occupations. When asked whether their communication style would change when interacting with a client of Chinese descent, participants offered mixed responses.

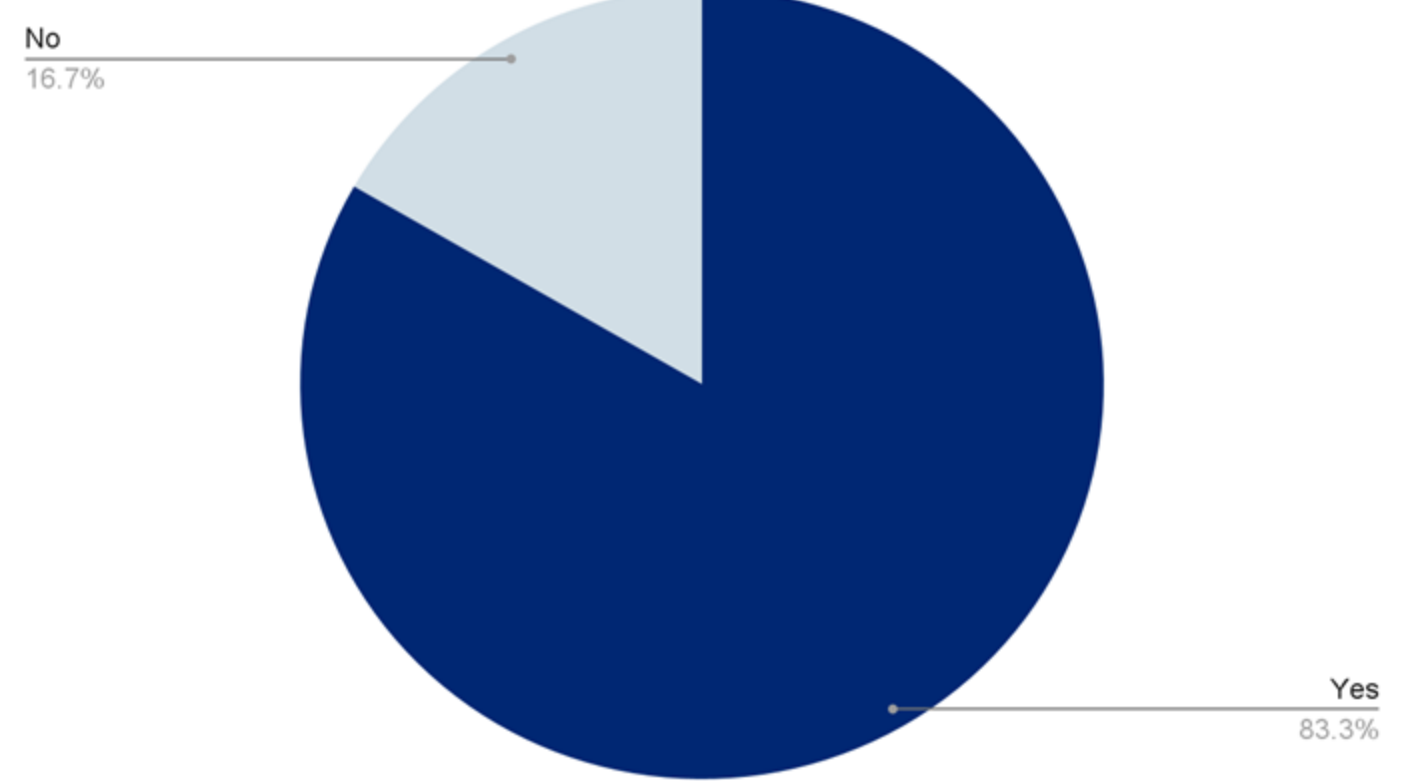
Inconsistencies in Experiential Learning Opportunities

Students expressed mixed opinions on the provision of experiential learning opportunities. Within their curriculum, all participants agreed there were no specific, in-depth conversations about cultural competence. Students who have begun their fieldwork sequence had varied exposure to clients of Chinese descent depending on their placement.

Suggestions to Improving Cultural Competency Education

Students expressed interested in hearing from guest speakers of different cultural backgrounds, practice settings, and communities. Students also called on faculty to share their personal experiences treating diverse communities, incorporate more culturally relevant projects into coursework, and utilize case studies with a cultural component to facilitate classroom discussion. Several students suggested a course on cultural competency, emphasizing an interest in nurturing their ability to adapt to different cultures.

Figure 2.
Previous experience working with people of Asian descent



Note: Responses to Yes or No survey question of "Have you had experience working with/shadowing/observing clients of Asian descent?"

CONCLUSION

Standards for MSOT curriculum as indicated by ACOTE postulate that instructional outcomes are pivotal markers in evaluating efficacy of cultural competency education. Although students reported diverse clinical experiences, had experience working with individuals of Asian descent prior to matriculation into their MSOT program, and indicated that instructional learning within their MSOT curriculum addressed the general scope of cultural competency, a lack of specific training with clients of Chinese descent resulted in decreased confidence in providing culturally competent care. These findings highlight areas for improvement in curriculum development.

Past literature emphasizes the importance of providing culturally competent care to improve healthcare outcomes in AAPI populations (Huey et al., 2014; Ma et al., 2023). In the scope of OT, successful healthcare outcomes may include increased adherence to therapy and home programs, improved independence, lower hospital readmission rates, and increased quality of life.

The MSOT program in review is located in the metropolitan Northeast region of the U.S., boasting a large concentration of Chinese individuals. This factor should facilitate robust culturally competent education, but this study has determined this is not present in the curriculum. Broader implications may imply that programs outside of the Northeast region, with less access to diverse communities, are unable to provide culturally competent education to their students. Further research is necessary to explore these implications and generalize findings to broader cultural populations and programs.