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OT cultural competence website

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OT Cultural Competence Website

by

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A Scholarly Project
Submitted to the Occupational Therapy Department
of the
University of North Dakota
in partial fulfillment of the requirements
for the degree of
Master’s of Occupational Therapy

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Approval Page

This Scholarly Project Paper, submitted by Kelly Bjoralt and Kristy Henson in partial fulfillment of the requirement for the Degree of Master’s of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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ABSTRACT

Cultural competence, in health care, is becoming increasingly important as minority populations continue to grow in the United States. Although it is clear that cultural sensitive, client-centered care directly effects treatment outcomes, students and clinicians may not know where or how to access cultural resources. Culturally competent care is vital to the field of occupational therapy as client-centered care is viewed as a means of providing the best outcomes and quality of care.

A literature review was conducted to identify current cultural resources available. Based on the findings, an adult learning theory was used in conjunction with effective website design principles to guide the selection of website content and layout. Additionally, the United States Census Bureau was used to obtain detailed statistics about cultural populations common to the Midwest.

The purpose of this project was to provide a condensed list of resources that clinicians and students can use to facilitate individual development of multicultural competency. The *OT Cultural Competence Website* will be available through the University of North Dakota’s school homepage Occupational Therapy department site. The website is organized with a list of links to guide the user as he or she navigates through the site. General resources are provided, as well as 11 specific populations to obtain more specific information. Accessible, easy to use cultural resources are vital to students and therapists working to further develop cultural competence.
CHAPTER I
INTRODUCTION

The healthcare system in the United States has a culturally diverse population requiring clinicians to develop and practice multicultural awareness. "Increasing cultural diversity in the society creates the need for educating culturally competent healthcare providers" (Koskinen & Jokinen, 2007, p. 89). There are limited resources in occupational therapy literature regarding understanding and gaining multicultural competency. Although resources are available to clinicians, few are specific to occupational therapy practice. Furthermore, new graduates and practicing occupational therapists may be unaware of where to find additional resources needed to ensure quality patient care. Understanding a client’s cultural context is vital in developing client-centered and culturally meaningful occupational activities in the therapeutic environment (Odawara, 2005).

This project is specifically targeted at occupational therapy students and practicing occupational therapists, however, much of the information is relevant to all health care professionals. A review of current literature was conducted to assess multicultural resources available to clinicians as well as their relevance and application to occupational therapy. The most effective methods of dispersing information and resources to students and clinicians were explored. Based on the information found, a reference source was created providing clinicians information on how cultural practices may impact therapy and ways to obtain
additional resources. The information is presented on a website, where one can guide his or her own learning which is congruent with the adult learning theory used to guide the project itself.

Key Concepts and Terms

The following section presents the key concepts and terms presented throughout this scholarly project.

1. The definition of culture and cultural competency varies throughout current literature. For purposes of this project, the definition by Bonder, Martin, & Miracle (2004) and Wells & Black (2000) will be used.
   - Bonder, Martin, & Miracle define culture as “a ‘blueprint’ for human behavior, influencing individual thoughts, actions and collectively influencing a particular society” (2004, p. 160). To be a cultural competent therapist one must take on another person’s perspective.
   - “Cultural competency is about responding to cues, developing an attitude of openness, and developing an ability to listen without interpretation” (Wells & Black, 2000, p. ix).

2. Health care disparities are also discussed, in this project, to increase the user’s awareness and to be used as a tool to assist in the prevention of continued disparities. Inequalities in the treatment of clients due to one’s race, age, insurance status, socioeconomic status, or any other aspect are considered health care disparities (Bass-Haugen, 2009).

3. Quality of services and client-centered care is emphasized throughout the project.
   - Client-centered care is characterized by service and treatment that is individualized to each client and the client’s values, priorities, interests, lifestyle, and culture are taken into consideration when developing a treatment plan and carrying it out (Kramer, Hinojosa & Royeen, 2003).
   - In the absence of disparities and with the presence of a culturally competent therapist, the client is more likely to experience quality, client-centered care (Bass-Haugen, 2009)

Chapter II presents the review of literature that was used to support the design of an effective product. Chapter III describes the process used in the design of the product. Chapter IV is an introduction to the product and then the product in its entirety. The Scholarly Project culminates in Chapter V where the conclusions, recommendations and limitations are presented.
CHAPTER II

LITERATURE REVIEW

Introduction

As the United States population grows and diversifies, so do the demands placed on its healthcare system. According to Bass-Haugen in 2009, “health disparities have been identified as a national priority for health care during the past decade.” Numerous reports over the last 5 years have stated the need to increase cultural competency skills in healthcare professionals in attempts to decrease or eliminate health disparities. Healthy People 2010 identified eliminating health disparities as one of its two primary goals, with specific objectives targeted for health “differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation” (DHHS, 2000a, p. 11). The Unequal Treatment report (Institute of Medicine, 2003) stated that “the health care environment contributes to disparities through many factors, including access, insurance, linguistic barriers, and complex bureaucracies.” Additionally, the National Healthcare Disparities Report (AHRQ, 2006) indicates that disparities are still prevalent for racial, ethnic, and socioeconomic groups for all dimensions or quality of and access to care, many types of care and care settings, and leading clinical conditions and subpopulations.

More specifically related to the field of occupational therapy, Bass-Haugen (2009, p. 32) states that “differences in health care experiences and outcomes by racial/ethnic
group and income level have direct relevance to occupational therapy practice. In general, health care experiences were reportedly less positive for individuals and families from non-White racial/ethnic groups and lower income levels.” Cassidy (1988, p. 297) states that “occupational therapy practitioners and researchers need further awareness of existing disparities and must examine health care disparities and distributive justice in a more systematic and comprehensive manner, especially in regard to implications for occupational therapy services.” In the American Occupational Therapy Associations’ 2007 Centennial Vision authors state that “education of students and current practitioners regarding the incidence and causes of health disparities is critical to help the AOTA and occupational therapists achieve its’ vision of meeting societies occupational needs” (AOTA, 2007).

“It is proposed that practitioners’ clinical uncertainty, beliefs or stereotypes, time pressure, limited or incomplete information, and high demand to attentional or cognitive processes were contributing factors to care discrepancies in addition to possible biases and prejudices” (Bass-Haugen, 2009 p. 24). Every individual has a right to a healthcare system that places importance on individual differences and needs, and considers those differences when developing client care plans. This value or belief requires the medical profession to provide quality, personalized care to all of its clients. Bass-Haugen (2009, p. 25) states that “patients also bring their own background, beliefs, and values to the clinical encounter, and these are shaped by previous negative experiences, limited familiarity with diseases and treatment options, culturally determined health beliefs, or lack of interpreters.”
The demand for medical professionals to improve cultural competency skills is moving to the forefront of formal education and clinical practice. In the field of occupational therapy, this becomes particularly important, as it is vital to understand what motivates the client mentally, physically, and emotionally.

Currently, the resources in occupational therapy literature are limited regarding the development of cultural competency skills. Of the available resources, few are specific to occupational therapy clinicians for practice application. Furthermore, new graduates and practicing occupational therapists may be unaware of where to access and how to effectively apply the necessary resources. Understanding a client’s cultural context is vital in developing client centered and culturally meaningful occupational activities in the therapeutic environment (Odawara, 2005).

An extensive review of current literature was conducted to:

1. Identify and present the literature regarding the need for cultural competence for healthcare providers and occupational therapists specifically.
2. Explore and identify multicultural resources currently available to clinicians as well as their relevance and application to occupational therapy.
3. The most effective methods of dispersing information and resources to students and clinicians were also explored.
4. Current teaching and learning theories, and
5. Effective web design.

The information gained in the exploration of these five focus areas is presented in the following review of literature. The chapter culminates with the presentation of the outcome of this scholarly process which is the proposed design of a website to assist occupational therapists who are striving to be culturally competent. This was designed to add to the body of resources that is currently limited in occupational therapy.
To fully understand why this is essential for occupational therapists and ultimately their clients, it is important to first discuss what defines cultural competence, why is it important, what are the skills needed and what is the relationship of these three areas to the provision of quality healthcare services.

Culturally Competent Healthcare Professionals

*Cultural Competency Defined*

Culture influences an individual’s occupations as well as how he or she perceives healthcare. In order to consider cultural influences in practice, a therapist must first understand what culture is (Bonder et al, 2004). The definition of culture varies throughout current literature. For purposes of this project, the definition by Bonder, Martin and Miracle (2004) will be used. These authors define culture as “a ‘blueprint’ for human behavior, influencing individual thoughts, actions and collectively influencing a particular society” (2004, p. 160). Culture goes far beyond an individual’s beliefs and practices; culture may include one’s ethnicity, gender, age, sexual preference, socioeconomic status, education as well as many more aspects of one’s life.

As a student or practicing therapist gains an understanding of the value and influence of culture, the individual can then begin the process of developing cultural competency. Wells and Black (2000, p. ix ) define cultural competency as a “lifelong process of taking on another person’s perspective….and it is about responding to cues, developing an attitude of openness, and developing an ability to listen without interpretation.” A therapist will never fully understand a culture other than what one has experienced, however, it is the way one responds to cultural differences that determines one’s level of cultural competence.
The Need for Competency

According to the United States Census Bureau, “ethnic minorities now comprise about 30% of the population, and demographic trends show that they will become the majority by the year 2050” (as cited in Kripalani, Bussey-Jones, Katz, & Genao, 2006, p. 1116). Due to the rise of ethnic populations, the percentage of culturally diverse people seeking healthcare has also increased. It is becoming evident that medical professionals are increasingly being called upon to demonstrate clinical understanding of culture while treating clients. However, emerging research shows that many healthcare professionals are not comfortable with their knowledge and skill level in this area and are looking for additional resources to improve skill areas (Forwell, Whiteford & Dyck, 2001).

One’s culture ultimately affects views on healthcare and the decision making process, which in turn, influences the quality of care and recovery time. This is especially true when the healthcare provider does not consider his or her own culture in addition to the client’s culture when making decisions about the client’s plan of care. According to Weissman, Betancourt, Campbell, Park, Kim, Clarridge, Blumenthal, Lee, and Maina, “Socio-cultural differences between patients and physicians influence decision making, and there is evidence that patient-physician communication is directly linked to patient satisfaction, adherence, and overall quality of care” (2005, p.1058). In occupational therapy practice, the therapist-client relationship influences the outcomes of therapy. Therefore, socio-cultural differences in communication can also hinder the occupational therapy process. Conversely, when the therapist understands the client and is able to communicate effectively, the therapeutic process is positively impacted.
When the provider includes the client’s cultural views in the decision making process, the result is a more comprehensive healthcare experience. Additionally, research shows that sufficient cultural competency skills enhance provider-client relationships as communication, collaboration, and therefore, quality of care are improved (Kripalani et al., 2006, p.1117).

**Culturally Competent Skills**

Culture, cultural competency and the need for cultural competence have been presented, but what does it mean to have culturally competent skills? The challenging task in the teaching, learning and application of the concepts of cultural competence is the need for each individual student to examine his or her own culture, beliefs and biases which is the initial primary skills. Throughout the process of examining one’s own culture, one can come to understand the important ways in which culture influences a person’s decisions and beliefs. An individual can also come to learn more about others’ cultures and how they are different from their own. Once one fully understands their own culture, beliefs, values, and biases they can keep them from interfering with their practice with clients.

**Initiatives and Resources**

The progression of occupational therapy reflects the changes in society (Black, 2002). As society has diversified, the profession has made efforts to meet the needs of differing cultures, whether that is internally or for those receiving services. In this section, the efforts of the profession will be presented while highlighting changes that have impacted the limited number of resources as well.
The American Credentialing of Occupational Therapy Education (ACOTE) defines standards that must be met by students as they progress through their education and practitioners as they continue their careers. Educational standards state that a student must, “Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, diversity factors and lifestyle choices in contemporary society (Scott, Erby, & Scheinholtz, 2008, p. 2).” In a recent survey conducted by Scott, Erby, and Scheinholtz, it was found that 4.3% of schools of those surveyed still do not address multicultural issues in any of their curriculum (2008, p.5).

The teaching of cultural competency and diversity skills is not consistent across educational programs and universities. While it is clear that cultural concepts and skills must be covered, the method in which to do so is not (Kripalani et al., 2006). One of the reasons for this disjunction may be that cultural competency is not an easy topic or skill to teach or to learn. It is not a concrete subject or skill; the concepts are consistent but may vary from one individual to another. Teaching strategies, learners, and needs are all very diverse. It may be a sensitive subject based on the fact that in order to master it, one must learn how to work with people who may be unlike them.

Numerous occupational therapy curriculums in the United States, as well as around the world, are attempting to address multicultural education yet differ on how to present this material. One study compared the effectiveness of differing educational strategies for teaching cultural competence (Forwell et al, 2001). Students from the Auckland Institute of Technology in New Zealand were presented with cultural education
through a class focusing solely on culture and how it relates to the delivery of care. Students from the University of British Columbia in Canada were presented cultural education throughout their curriculum, but did not have a separate class designated to the topic. Both groups of students felt that the educational strategies and methods of delivery were effective. Effective methods included story telling, assignments, videos, and the instructor’s input (Forwell et al., 2001).

Students indicate that multicultural education and application are valuable and necessary to occupational therapy (Forwell et al., 2001). Although the students identified the current strategies as effective, students and new therapists feel that they are still not fully prepared to practice effectively utilizing cultural competency (Forwell et al., 2001). This lends itself to the belief that more needs to be done to supplement the education provided.

**AOTA**

The American Occupational Therapy Association (AOTA) has acknowledged the need to address diversity within occupational therapy. A number of AOTA policies and documents related directly to cultural diversity have been developed and incorporated into the profession:

1. Recruitment and Retention of Minority Groups, policy (1.26)
2. Inclusion of Ethical and Cross-Cultural Concerns/Issues in All Appropriate AOTA Documents and Publications,” policy (1.41)
3. Use of Gender Neutral Language,” policy (1.43)
4. Policy 5.14 on Diverse and Inclusive Membership
5. Accessibility of AOTA Sponsored Events and Activities,” policy (5.13)
6. Adoption of position paper ‘Occupational Therapy’s Commitment to Nondiscrimination and Inclusion’-RA-2004C28
7. Cultural competence charge to Commission on Continuing Competence and Professional Development-RA-2004 C19
These policies and documents are readily available on the AOTA’s website at www.aota.org.

There have also been several initiatives and programs that were started but eventually reduced or eliminated. Shirley Wells (1999) identified the following:

1. Recruitment Activities: In 1990, AOTA initiated a general recruitment program that included the production of a brochure and two posters targeting students from ethnic populations. In 1994, the overall recruitment efforts of the Association were reduced except for activities directed toward ethnic and diverse populations.

2. A career information campaign targeting ethnic and diverse youth was initiated in 1995. The program includes a poster for youth aged 7 to 12 years, a brochure for junior high school-aged students, *Access Occupational Therapy*. To promote occupational therapy as a career to high school and college students, a Career Awareness Event was introduced at the 1996 AOTA Annual Conference in Chicago. Students and counselors were invited to the Annual Conference. Career information packets were distributed to the attendees and to schools and/or counselors unable to attend.

3. In 1991, multicultural and diversity components were added to the Essentials and Guidelines for an accredited occupational therapy educational program. This ensured that all future practitioners will be exposed to cultural differences and be aware of the impact of these differences on client-therapist interaction. These were minimized in the 1998 ACOTE Educational Standards.

4. The most significant loss was the downsizing and elimination of the Multicultural Program. It is felt that the elimination of this program/department resulted in the loss of a clear formal venue for the networks/groups and AOTA to make significant gains on projects, issues and goals.

*Code of Ethics*

The Occupational Therapy Code of Ethics (2005) defines ethical practice. Cultural competency relates to ethical practice is several ways. A culturally competent practitioner is one who adheres to these ethical guidelines. Principle one, beneficence, prohibits discrimination in delivering professional services (AOTA, 2008, p.4). A therapist must treat each client equally regardless of one’s sex, age, socioeconomic status, race or other aspect of one’s culture. Principle four, duty, determines that occupational
therapists must achieve and maintain competence (AOTA, 2008, p.4). Additionally, principle seven, fidelity, reiterates that professionals must treat others with “respect, fairness, discretion, and integrity” (AOTA, 2008, p. 5). These ethical guidelines are one resource that serves as a standard for multicultural competency but still does not serve the purpose as to how to educate clinicians and students in the development of these multicultural skills and application of skills for the success of the clients. It is vital that students and practicing therapists meet these standards in order to provide adequate and quality care to clients.

Diversity skills must be consistently used but be flexible enough to change with each person using them and which situation they are used in. The process of learning about different cultures and the skills necessary to provide quality healthcare to a diverse population is both individual and ongoing. Each person will learn in different ways, and each person will use the concepts in different ways.

Continuing Education

Barriers to developing and delivering, culturally competent care also exists beyond the classroom into clinical settings. If a student does not receive adequate educational preparation in gaining these skills and their application in the clinic, they are not prepared as clinicians as well.

There are various culturally relevant workshops and briefs presented at the national AOTA conference but their numbers are minimal in comparison to the number of workshops that are diagnostic specific. In addition, if the information is not clearly presented in the academic setting, will the clinician clearly understand the necessity of
culture in successful client outcomes? Does AOTA strive to educate the clinicians on the need for continuing education toward gaining cultural competence?

Regardless of the initiatives, resources, preparation, and continuing education have not been adequately provided. Although the ACOTE standards are defined, needed attention to diversity and multicultural issues seems to have been put on the back burner due to perceived priorities and limitations in funding. Occupational therapists do not feel they have reached a level of multicultural competence (Murden et al, 2008). Based on the results of the literature review, an online reference resource was created for clinicians.

**Occupational Therapy Resource**

*Introduction*

The *OT Cultural Competence Website* was created through the process of this project with one main goal, to provide a condensed list of resources that clinicians and students can use to facilitate individual development of multicultural competency. The *OT Cultural Competence Website* provides a collaboration of resources that will offer educational information on cultural issues and links to access additional materials in the Midwest. Due to the magnitude a project such as this could result in, the decision to begin with the Midwest was made. The limitations of this decision will be presented in Chapter IV as well as the recommendations for the expansion of the project in the future.

A website was chosen due to the nature of its accessibility to many people in different geographic areas, as well as the internet’s popularity as a means of sharing and learning information. A single website can provide information and educational tools to millions of people each day. It is not only popular, but also easy to access and effective
when used appropriately. It is expected that the information presented, as a part of this website, will be easy to find, understand, and apply to clinical practice.

**Effective Web Design**

To ensure the *OT Cultural Competence Website* was created effectively, it was essential to review the literature regarding effective strategies. Burd, Chiu, and McNaught (2004), as well as Perriss, Graham, and Scarsbrook (2006), stated that a few simple design strategies will make a website more effective and user friendly. By adhering to these simple design principles, a website will be an informative and very useful resource for occupational therapy students and practitioners. Among the strategies listed, the following were incorporated into an internet resource on cultural competency and diversity skills for occupational therapists:

1. Make information accessible, easily navigable, and readable
2. Provide visual materials to supplement text
3. Organize material and make it concise
4. Make the purpose clear
5. Present relevant material
6. Keep the layout clear
7. Avoid the use of too much jargon

According to Burd, Chiu, and McNaught (2004), the internet and websites can be valuable educational tools. For this reason, a website was chosen that provides occupational therapy students, practitioners, and clients with access to information concerning cultural competency and diversity skills. One will then be able to use the information and resources on the website, as a starting point, to provide quality, client-centered care to each of their patients, regardless of their cultural background.
Theory

The theoretical framework that guided the design and layout of this scholarly project is based upon Malcolm Knowles' Adult Learning Theory of Andragogy under the umbrellas of Constructivism and Humanism. Andragogy makes the following assumptions about the design of learning: (1) Adults need to know why they need to learn something, (2) Adults need to learn experientially, (3) Adults approach learning as problem-solving, and (4) Adults learn best when the topic is of immediate value (Brueggeman, 2006; Padberg, 1990).

Knowles believes that the adult learner brings life experiences to learning. Adults prefer self-directed and self-designed learning projects over group learning experiences led by a professional, they select more than one medium for learning, and they desire to control pace and start/stop time. The OT Cultural Competence Website provides that as well as the learner/caregiver with the information and resources that they can access when and if they need it.

The four assumptions that Knowles uses in his theoretical framework about adult learners are (Brueggeman, 2006; Padberg, 1990):

1. Adults are independent learners: they are generally willing to engage in learning experiences before, after, or even during the actual life change event. The learning experiences adults seek out on their own are directly related – at least in their perception - to the life-change events that triggered the seeking. Once convinced that the change is a certainty, adults will engage in any learning that promises to help them cope with the transition.

2. Adults have past experiences that can be used for new learning. They need to be able to integrate new ideas with what they already know if they are going to keep - and use - the new information.

3. Adults’ readiness to learn develops from problems across the life span: they seek out learning experiences in order to cope with specific life changing events--e.g., marriage, divorce, a new job, a promotion, being fired, retiring, losing a loved one, moving to a new city. The more life
change events an adult encounters, the more likely he or she is to seek out learning opportunities.

4. Adults use problem-based learning: just as stress increases as life-change events accumulate, the motivation to cope with change through engagement in a learning experience increases.

The purpose of using an adult learning theory is that the website is designed for adult learners so adult learning theory assumptions and principles needed to be incorporated. The OT Cultural Competence Website will be organized incorporating the four assumptions from Malcolm Knowles’ Theory of Andragogy. The design of the OT Cultural Competence Website allows the occupational therapy student or clinician to have a sense of independence and control over their learning.

When building the therapist/caregiver relationship it is vital that the occupational therapist gain an understanding of some of the past experiences they have that can be used to facilitate learning. This ties into Malcolm Knowles’ assumption of using past experiences to enhance learning and ties in the self-assessment and reflection piece in the development of therapeutic use of self. Adults are most motivated to learn when they have some of the control in deciding the content of what their specific issues and needs are that need to be addressed. For this reason the student and clinician are empowered to be active learners and problem solvers.

Organization of the OT Cultural Competence Website

The website will be available through the University of North Dakota’s (UND) school homepage Occupational Therapy department site. When that link is accessed, the reader will be connected with the website. The reader will then navigate through the website with choices such as:

1. O.T. Checklists
2. General Resources
3. Use of Interpreters
4. Healthcare Disparities
5. Specific cultural population with additional subheadings including:
   a. General Information
   b. Internet Website Resources
   c. Books and Videos
   d. Scholarly Journals and Search Keywords

It is important to note that this website is not meant to be an all-inclusive resource for clinicians and students. It is, however, meant to aid the clinician and student in locating valuable resources on different cultural groups through websites, books, videos, and scholarly journals. General information on cultural competency is also included to give the user valuable information not related to a specific cultural group. This information comes in the form of general resources, cultural competency checklists, and information on how to effectively use interpreters.

Conclusion

The *OT Cultural Competence Website* will begin to bridge the gap faced by OT students and clinicians in regard to gaining cultural competence. The developers are optimistic that this resource will help to improve clinicians’ awareness of the importance of cultural diversity and competency, as well as their ability to apply competency skills to their practice. As a result, it is the developers hope that clients and clinicians will experience greater satisfaction throughout the therapeutic process. The methodology of the development of the website is presented in Chapter III.
CHAPTER III

METHODOLOGY

Overview

The OT Cultural Competence Website is based on the need for health care professionals to be knowledgeable of cultural issues that may arise in the process of therapy, in addition to learning how to use competency skills to enhance the therapeutic process. The aim is to provide material with which one can direct his or her own learning and further develop the level of cultural competence required in the delivery of quality and client-centered care.

Based on the findings of the literature review, an adult learning theory by Knowles was chosen in conjunction with effective website design principles to guide the selection of website content and layout. For the selected target audience of occupational therapists and students, self directed learning is important. Adult learners must study material that is important to them and have clear methods of application of their knowledge to practice.

It was important to make sure that the information presented was easily accessible, which is the reason for choosing a website to disseminate the information. A website is easy to update as necessary, which is required as new information arises about each ethnic group included in the project.
The website provides cultural resources to occupational therapy students as well as practicing occupational therapists. The website provides demographic information on growing racial and ethnic populations in the Midwest. This information will be updated when the new census is completed and published. Resources on how cultural practices may impact therapy, methods to obtain additional resources and suggestions on how to guide the therapeutic process are also included. Additional areas will also be added as the site continues to expand.

**Methodology**

The first step in the process of the scholarly project development was choosing a topic that was of interest to both authors, as well as a topic that needs advancement in resources available to clinicians and students. The idea for the scholarly project arose after identifying a lack of OT specific literature and resources on the topic of cultural competency available to students and clinicians. This awareness occurred when the students took an OT multicultural course on cultural competency. Once the topic of cultural competency was chosen, a topic proposal was written that outlined the need to advance the available resources in that area and was submitted to the graduate school at the University of North Dakota for approval.

The development of the website information began with a review of literature to further determine the level of need for an occupational therapy resource on cultural competency. Available resources were reviewed to determine how this project could fill the voids in the literature and available resources. The literature review focused on minority populations’ access to healthcare, the need for cultural competency in
occupational therapy, adult learning theories, and effective website design. The information gained was used to guide the creation of the cultural competency website.

Information from the United States Census Bureau was accessed in determining which minority populations would be chosen for the content of the website. The focus began on the Midwest region of the United States due to the magnitude a project such as this could result in. The cultural groups included in this initial endeavor are the ones with the highest population numbers in the Midwest.

The minority populations were chosen by locating statistics on the 12 states that make up the Midwest region, (North Dakota, South Dakota, Kansas, Nebraska, Minnesota, Iowa, Missouri, Wisconsin, Illinois, Indiana, Ohio, and Michigan) and cross referencing the data from each state to determine the 11 most populous racial groups living in that region. The 11 racial and ethnic groups chosen based on population were; Native American, Hispanic/Latino American, African American, Chinese, Asian Indian, Korean, Vietnamese, Arab, Lebanese, Hmong, and Somalian. Once the ten groups were identified, information and resources were gathered on each group. During this process, the following resources were accessed; websites, scholarly journals, books, DVD’s and videos.

After collecting a wealth of information and resources, it was important to pick out the most relevant and easily accessible information to include in the website. In addition to adding information, book review formats, video discussion guides, and search keywords were also identified to help the reader find and process the information more readily. Information was compiled systematically by focusing on one racial population individually and obtaining several primary resources and related information for that
group before moving on to another. As the information was compiled, the links were interjected into the outline for the website.

Once information was compiled about the 11 ethnic populations, additional topics of interest were determined that could be added to the website in order to expand the users knowledge. Additional topics included checklists for therapists to use to determine if they are aware of and considering their clients’ culture throughout the treatment process, as well as tips for effective use of an interpreter.

A frame of reference was chosen to guide the process of creating a website resource on the topic of cultural competency in occupational therapy. After considering multiple occupational therapy frames of reference an adult learning theory by Knowles was chosen based on the fact that occupational therapy clinicians and students were the target population. The purpose of using an adult learning theory is that the website is designed for adult learners so adult learning theory assumptions and principles needed to be incorporated. The OT Cultural Competence Website will be organized incorporating the four assumptions from Malcolm Knowles’ Theory of Andragogy. The design of the OT Cultural Competence Website allows occupational therapy students and clinicians to have a sense of independence and control over their learning. When building the therapist/caregiver relationship it is vital that the occupational therapist gain an understanding of some of the past experiences they have that can be used to facilitate learning. This ties into Malcolm Knowles’ assumption of using past experiences to enhance learning and ties in the self-assessment and reflection piece in the development of therapeutic use of self. Adults are most motivated to learn when they have some of the control in deciding the content of what their specific issues and needs are that need to be
addressed. For this reason the student and clinician are empowered to be active learners and problem solvers.

The final step of this scholarly project process was to edit the material and design a format that would be appealing to website users. Every attempt was made to ensure that the material and design was uniform throughout, following the effective website design strategies outlined by the research.

Organization of the OT Cultural Competence Website

The website will be available through the University of North Dakota’s (UND) Occupational Therapy Department’s website homepage. When that link is accessed, the reader will be connected with the website. The reader will then navigate through the website with choices such as:

6. General resources about culture that is not specific to an ethnic group.
7. Information on healthcare disparities
8. Cultural competency checklists
9. Information on working with interpreters
10. A cultural group that they are interested in finding more information about.

The following subheadings under each cultural group are provided:

a. General information.
b. Informational websites
c. Books and Videos with discussion questions
d. Scholarly Journals and search keywords

It is important to note that this website is not meant to be an all-inclusive resource for clinicians and students. It is, however, meant to aid the clinician and student in locating valuable resources on different cultural groups through websites, books, videos, and scholarly journals. General information on cultural competency is also included to give the user valuable information not related to a specific cultural group. This
information comes in the form of general resources, cultural competency checklists, and information on how to effectively use interpreters. In Chapter IV, the product will be presented in its entirety.
CHAPTER IV

PRODUCT

Introduction

The OT Cultural Competence Website was created with one main goal, to provide a condensed list of resources that clinicians and students can use to facilitate individual development of multicultural competency. The OT Cultural Competence Website provides a collaboration of resources that offers educational information on cultural issues and links to access additional materials in the Midwest. Due to the magnitude a project such as this could result in, the decision to begin with the Midwest was made. In addition, the cultural groups included in this initial endeavor are the ones with the highest population numbers in the Midwest. The resources provided are not all-inclusive, but aim to supplement knowledge gained through education and experience. Our aim is to provide material in which one can direct his or her own learning and further develop a level of cultural competence required in the delivery of quality and client-centered care.

The website offers information on how cultural practices may impact therapy, methods to obtain additional resources, and suggestions of how to guide the therapeutic process. The delivery of information through a website is congruent with the Knowles’ Adult Learning Theory, in that it is designed to be self-directed learning to address individual motivations.

The OT Cultural Competence Website is available through the University of North Dakota’s Occupational Therapy Department website homepage. Upon entering the
site, the user will be given a list of options to guide his or her search. The user may choose “OT Checklists” to guide the therapeutic process. Additional options available are “General Resources” that are applicable across all populations, “Use of Interpreters” that provides information on how to access and effectively use an interpreter, and “Health Disparities” which provides additional resources on the effect of disparities on health care. Following these links are specific cultural populations. The user may choose a cultural group that he or she is interesting in pursuing more information about. Once a particular group has been chosen, an additional list of books, videos, scholarly journals, and internet websites are provided to further direct one’s search. Checklists, video guides and book guides, and are included in the appendix. The complete outline of the product is presented in the remainder of Chapter IV.
CHAPTER V
SUMMARY

Additional resources for healthcare professionals were found to be greatly needed in the research by Bass-Haugen (2009); Forwell, Whiteford and Dyck (2001); and Scott, Erby, and Scheinholtz (2008). Additionally, the American Occupational Therapy Association, Healthy People 2010, and the Institute of Medicine have identified elimination of healthcare disparities to be a priority. Based upon the research in the literature review, it was determined that a website of compiled resources and related information, concerning cultural competence, was essential. A website that is geared toward healthcare professionals would help, in part, to meet this identified need.

The *Occupational Therapy Cultural Competence Website* was created with the intent that it would be an easily accessible, condensed, valuable resource for occupational therapists and students to use when they are faced with a situation in which they feel they need to further their knowledge about different cultural and ethnic groups.

The *Occupational Therapy Cultural Competence Website* has been set up as an additional link from the University of North Dakota’s Occupational Therapy Department website. Once the user has found the website, they will navigate through the following links:

1. The purpose of the website
2. A definition of cultural competence
3. General resources to cultural groups
4. Information on healthcare disparities
5. Cultural competency checklists
6. A guide to using language interpreters
7. Links to eleven different cultural groups.

The eleven cultural groups were chosen based on the rising numbers of those cultural groups in the Midwest region of the United States. The eleven cultural groups are; Native American, Hispanic/Latino American, African American, Chinese, Asian Indian, Arab, Korean, Vietnamese, Lebanese, Hmong, and Somalian. Within each cultural group are several links to further information by category. The categories are as follows:

1. General information regarding the population
2. Internet website resources
3. Suggested books and videos
4. Scholarly journal search keywords
5. Book review questions and video discussion guides were also provided in order to assist the user in processing the information obtained

The website was designed based on current research on effective website design, therefore it is easy to navigate. Due to the fact that the developers of the website are occupational therapy students, the site was created respecting the idea that occupational therapy clinicians and students often are looking for a great resource in a short amount of time. It is not realistic for an OT clinician or student to find every available resource on a specific cultural group, or to become culturally competent in a short period of time. For that reason, this condensed list of resources will hopefully become invaluable to the user. Information found on the website can be applied to the therapeutic process and will, therefore, improve the quality of care that clients of healthcare receiving.
Limitations

One of the challenges of the project will be in the implementation. In order for the product to be complete, it needs to be uploaded to the internet and become a functioning website. It will be vital to raise awareness of the site so the website will reach and impact as many people as possible. It will be important to continually update the resources in order to have the most current information available to users once the website is fully functioning.

Project Outcomes

The project outcomes will be measured by the number of visitors to the website. The website will be equipped with a guestbook for visitors/users to leave comments or suggestions, as well as a visitor counter.

Conclusions

Cassidy (1988, p. 297) states that “occupational therapy practitioners and researchers need further awareness of existing disparities and must examine health care disparities and distributive justice in a more systematic and comprehensive manner, especially in regard to implications for occupational therapy services.” The *Occupational Therapy Cultural Competence Website* was designed as one source to help meet the needs of healthcare professionals when working with individuals of different ethnic background than their own. It was designed to supplement the education and knowledge that healthcare professionals possess in order to assist them to provide the highest quality care possible to their clients. After determining this need, the authors conducted a review of literature to determine what information was needed and the best way to disseminate
this information. A website was chosen based on that literature, and effective website design was utilized to promote efficiency and user satisfaction.

Recommendations for Future Action

In order to keep the website current and relevant to users:

1. It must be updated as new information is made available concerning each cultural group included.
2. It will also be vital that the authors continue to assess the population of ethnic groups in the Midwest region and continually monitor and add any groups that become more prevalent.
3. There is much potential for the designers to work with other professionals in a scholarly manner to continue to improve the website once feedback has been received.
4. Research on the use and benefits of the website would help the designers determine what changes, if any, need to be made and what areas could be improved.
5. Research would also help identify whether or not the information provided has been used and implemented by clinicians and if their practice with individuals of different ethnicities have improved.
6. The OT students recommend that the maintenance of the website be a part of an assignment in the multicultural competency course taught once a year at UND.
Competency Checklist

Cultural Competency Checklist for the Occupational Therapist

This is a simple and quick checklist that is intended for occupational therapists to use regardless of their practice settings. A therapist may use this checklist to reflect on whether or not they have taken into consideration the cultural aspects that may impact the care a client receives. The cultural aspects to consider include the client and his or her family as well as the therapist’s and the facility’s. The checklist is not all-inclusive, but provides a starting point on which to begin developing your skills in order to provide culturally competent services.

Have you asked yourself the following questions?

☐ Am I aware of my client’s values.

☐ How do I feel about my client’s values that are different than mine?

☐ Am I approaching my client’s differences and needs in a non-biased and objective manner?

☐ What aspects (age, gender, race, ethnicity, sexual preference, religion, SES, education, etc.) of my client’s culture affects how he/she views care?

☐ Have I included the client in the intervention planning process?

☐ Does the patient understand and agree with the plan of care?

☐ What occupations are important to the client?

☐ Are there communication barriers that may affect care?

☐ Do I need an interpreter to effectively communicate with the client?

☐ Do I need to consult additional resources?

Resource: Kelly Bjoralt, MOTS & Kristy Henson, MOTS; University of North Dakota
<table>
<thead>
<tr>
<th>Book Review Format</th>
</tr>
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<tbody>
<tr>
<td>1. What connections are there between the book and your own life?</td>
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<tr>
<td>2. What is the author saying about life and living in your book?</td>
</tr>
<tr>
<td>3. How have your views changed after reading this book?</td>
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<tr>
<td>4. What has this book helped you to understand more fully?</td>
</tr>
<tr>
<td>5. What cultural differences are there between you and the main character in this book?</td>
</tr>
<tr>
<td>6. Although the main character and you are from different cultures, what similarities exist between the two of you?</td>
</tr>
<tr>
<td>7. What fascinates you about the culture(s) presented in this book?</td>
</tr>
<tr>
<td>8. What is the main conflict in this book? Is it internal or external? In what way does the culture presented in this book affect the conflict or problem?</td>
</tr>
<tr>
<td>9. If you were the main character in this book, how would you have handled the conflict or problem?</td>
</tr>
</tbody>
</table>

Resource: Scott Slomsky  
Liberty Junior School  
Middletown, Ohio  
Video Discussion Questions

1. What connections are there between the movie and your own life?

2. What is the movie saying about life and living in your book?

3. How have your views changed after watching this movie?

4. What has this movie helped you to understand more fully?

5. What cultural differences are there between you and the main character in this movie?

6. Although the main character and you are from different cultures, what similarities exist between the two of you?

7. What fascinates you about the culture(s) presented in this movie?

8. What is the main conflict in this movie? Is it internal or external? In what way does the culture presented in this book affect the conflict or problem?

9. If you were the main character in this movie, how would you have handled the conflict or problem?

Resource: Scott Slomsky
Liberty Junior School
Middletown, Ohio
REFERENCES


California Institute for Mental Health Center for Multicultural Development. “Cultural Competency Checklist” Retrieved September 27, 2008 from


Adapted from “Promoting Cultural Competence and Cultural Diversity in Early Intervention and Early Childhood Settings. Georgetown University Center for Child & Human Development.


Institute for Healthcare Improvement. “Cross-Cultural Health Care Program.” Retrieved


Morbidity and Mortality Weekly Report: Centers for Disease Control and Prevention. Access to Health-care Preventative Medicine Among Hispanics and Non-


St. Elizabeth Medical Center. “Cultural Diversity: “Vietnamese Health Practices and Beliefs.” Retrieved January 6, 2009 from


New York, NY.


Weissman, J. S., Betancourt, J., Campbell, E. G., Park, E. R., Kim, M., Clartridge, B.,


