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Cultivating Cultural Humility in Occupational Therapy through Experiential Strategies and Modeling

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Cultivating Cultural Humility in Occupational Therapy through Experiential Strategies and Modeling

Abstract

Cultural competence and cultural humility have been topics in conversations for many years in multiple industries. Indeed, attempts have been made and continue to be made to address cultural ineptness and unawareness. Of particular concern are the attitudes and behaviors exhibited by health care practitioners. More specifically, the author will discuss the importance of cultivating cultural humility among occupational therapy educators, students, and practitioners through modeling and experiential learning strategies. This article is designed to help occupational therapy educators, professionals, and students to increase their awareness about the need for and benefit of cultural humility in education and practice. The discussion centers on the use of cultural humility concepts in occupational therapy along with the incorporation of modeling and experiential learning strategies. The profession of occupational therapy has an ethical responsibility to ensure that diverse individuals and groups are treated without bias.

Keywords

cultural humility, cultural competence, occupational therapy, experiential learning

Cover Page Footnote

The author declares that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Credentials Display

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Cultural Competence and Cultural Humility

Cultural competence and cultural humility have been identified as needful practices in the health community for years (Agner, 2020; Ginsberg & Mayfield-Clark, 2021; Lekas et al., 2020; Tervalon & Murray-Garcia, 1998). For decades, cultural competence approaches focused primarily on acquiring knowledge about the culture of diverse individuals and groups (American Occupational Therapy Association [AOTA], 2020c). As such, those who acquired specific knowledge about cultures could be deemed culturally competent before ever interacting with diverse individuals or groups. Further, those who focused primarily on understanding culture and achieving “competence” failed to view culture through its multidimensional, intersectional lens (AOTA, 2020b; Ginsberg & Mayfield-Clark, 2021). Notably, the attainment of complete knowledge about culture from a competence-based perspective is, in a word, unachievable. In fact, viewing culture solely from a lens of competence can lead to stereotypical assumptions about individuals and groups who are unique, diverse, and dynamic (Agner, 2020; Campinha-Bacote, 2019). In addition, cultural competence, from this stance, falls short of yielding transformational and sustained change among health educators, students, and professionals (Agner, 2020; AOTA, 2020b; Arruzza & Chatt, 2021; Lekas et al., 2020).

Fortunately, the historical concepts of cultural competence have been reassessed, and concepts now include a broader view of cultural components, including self-assessment, cultural humility, cultural awareness, and cultural interactions, among other factors (AOTA, 2020b, 2020c). The fallacy of a competence-based approach has been realized, and the transition from a focus solely based on knowledge continues. Further, terms like cultural sensitivity, cultural relevance, cultural awareness, and cultural humility are used in association with cultural competence (AOTA, 2020b). The integration of cultural humility is especially significant when working with various cultures, as will be discussed.

Cultural humility is an approach that focuses on humble, compassionate, empathetic interaction with diverse individuals and groups. The use of this approach encourages educators, students, and health professionals to listen to others actively and attentively with openness and acceptance rather than with prejudice or preconceived notions (AOTA, 2020b). In addition, self-reflection, along with self-critique, are essential components of a culturally humble approach. Incorporating cultural humility in cultural training programs is largely beneficial because the core concepts include engagement in lifelong learning, openness, self-reflection, and egolessness (Agner, 2020; Lekas et al., 2020; Tervalon & Garcia, 1998). While past cultural competence approaches may focus more heavily on familiarity with various cultures from a knowledge-based approach, a cultural humility approach promotes engagement and relationship building (Agner, 2020). Cultural humility approaches promote sustained change in attitudes and behaviors and would be effective in all academic and clinical health professional programs nationally and internationally (Agner, 2020; Lekas et al., 2020; Mahoney & Kiraly-Alvarez, 2019; Tervalon & Garcia, 1998).

The Need to Cultivate Cultural Humility

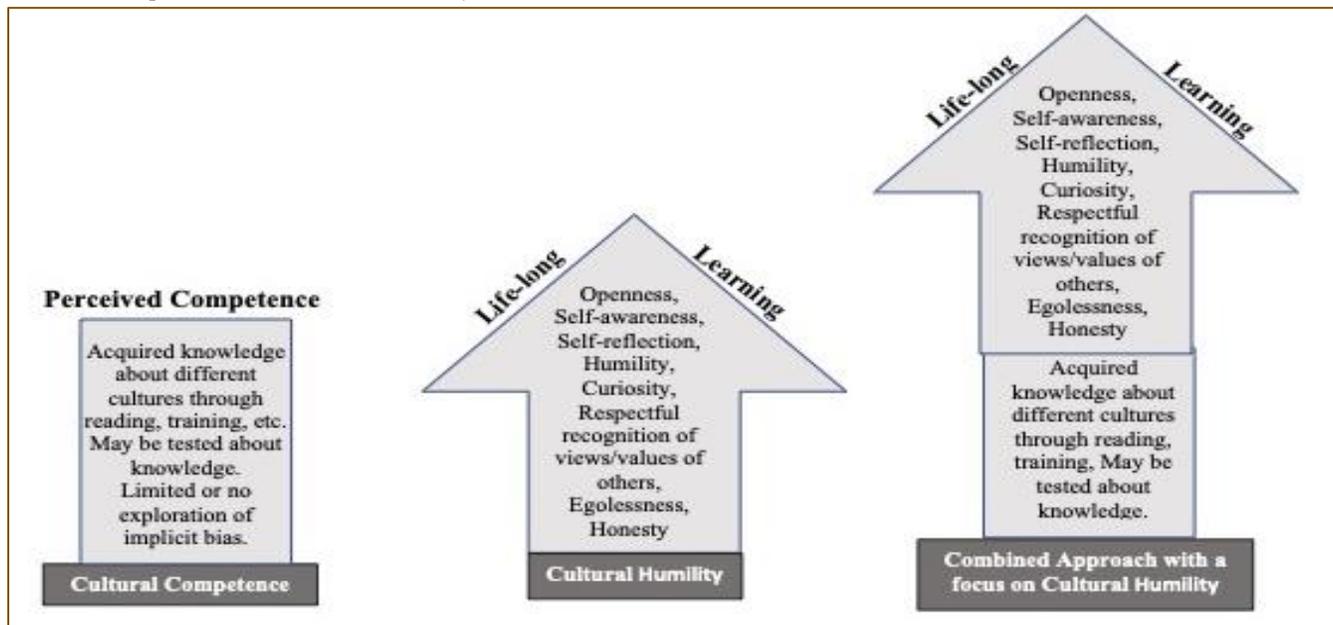
Cultural humility is needed in academic and clinical settings as it promotes improved quality of care for all. Personal growth and development among health educators, students, and therapists, as well as organizational growth and development, are additional benefits of cultural humility. Further benefits of this approach include improved cultural awareness and sensitivity; the reduction of health disparities; and improved communication and relationship building between health educators, students, therapists, clients, and other stakeholders (AOTA, 2021; Arruzza & Chau, 2021; Corsino & Fuller, 2021; Ginsberg & Mayfield-Clarke, 2021).

Of note, a heightened awareness of the need for cultural humility in organizations is reflected in the establishment of Diversity, Equity, and Inclusion (DEI) departments, committees, toolkits, policies, and training modules. Strategies associated with DEI are designed to promote much-needed, positive attitudinal and behavioral changes toward diverse individuals and groups to create more equitable and inclusive environments. Indeed, cultural humility has been identified as a major component in DEI programs on a national level in various professional organizations (AOTA, 2020b; Corsino & Fuller, 2021). Agner (2020) identifies cultural humility as a practice skill versus a knowledge skill that provides many benefits to health educators, students, clients, health professionals, and health care systems overall. Indeed, occupational therapy (OT) educators, practitioners, and students are among the health professionals who would greatly benefit from integrating cultural humility when interacting with clients (AOTA, 2020a, 2020c; AOTA, 2021).

In Figure 1, cultural competence, cultural humility, and the combined approaches with a focus on cultural humility are explained. Though cultural humility has proven to be a more effective approach than cultural competence alone, both are important in academic settings and clinical settings (Agner, 2020). Students should familiarize themselves with the cultures of various populations. Their understanding should further be supported by a desire to learn more from clients, their peers, etc., by taking a humble attitude and approach. They should be aware that clients are markedly different from materials they may have read, heard, or viewed. Indeed, all in the profession of OT have the ethical responsibility to entreat others with a culturally humble approach (AOTA, 2020a; AOTA, 2021). Embracing and modeling cultural humility are key elements that will promote this as continued practice in OT.

Figure 1

Cultural Competence and Cultural Humility



Note. The differences are shown between a cultural competence approach, a cultural humility approach, and a combined approach with a focus on cultural humility. Cultural competence (far left) is represented by a box to signify limited capacity of a knowledge-base alone (Agner, 2020). Cultural humility (middle) is represented with an arrow, which is indicative of forward movement, change, and growth. Combined approaches (far right) is illustrated by an arrow while noting the support supplied by some level of knowledge about culture.

Modeling Cultural Humility

As AOTA is taking necessary steps to address cultural ineptness and move toward cultural responsiveness, the onus to make progress is on everyone: educators, students, and therapists alike (2020c). If, indeed, the challenges will be met beyond the mere expression of need and desire, they will better be met with a culturally humble approach (Agner, 2020). Furthermore, the modeling of appropriate cultural behavior among OT educators, clinical supervisors, and other health professionals must be done with intentionality to train students effectively.

Frequently, opportunities are sought beyond our immediate environments to implement cultural humility strategies when opportunities are readily available in daily life at our academic institutions and in our clinical settings. The opportunities to practice cultural humility strategies, such as self-reflection and egolessness, exist all around us if we recognize and take advantage of them. Students can also be encouraged to model a culturally humble approach in their daily interactions in various settings (AOTA, 2020c).

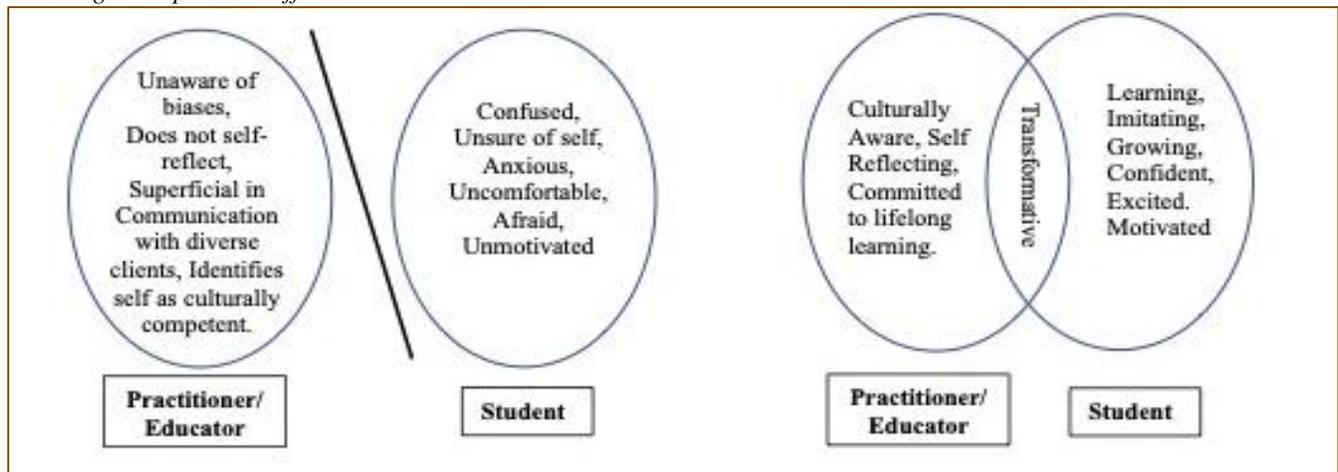
As educators and therapists teach and model appropriate cultural responses, students and entry-level therapists can observe and emulate what is being demonstrated in professional settings (Ginsbery & Mayfield-Clark, 2021; Montenery et al., 2013). The commitment to teach and serve as a role model would require OT professionals to engage with others sincerely and beyond superficiality while being self-reflective. Awareness and honest self-reflection about one's own cultural journey are also beneficial to students as each aspect and step is significant toward their professional development (AOTA, 2020c; Montenery et al., 2013). Further, demonstrating respect and positive regard for diverse colleagues and students as well as clients in the workplace is equally as transformative for an OT student who is observing the behavior of an educator or clinical supervisor (Ginsbery & Mayfield-Clark, 2021; Montenery et al., 2013).

Modeling is also necessary for international OT academic programs with the same responsibility to equip OT students with the necessary tools to work with diverse clients, professionals, and other stakeholders. International programs can design curricula that integrate modeling and that address the unique cultures in their communities and beyond. Mahoney and Kiraly-Alvarez (2019) indicate that Western curricula regarding culture may not be suitable for international communities. Each program must decide what is best suited for the design of their curriculum. Modeling and teaching cultural humility concepts, however, is conducive for OT curricula in all settings (Irvine-Brown et al., 2020; Mahoney & Kiraly-Alvarez, 2019).

In Figure 2, contrasting modeling approaches are depicted by a fieldwork (FW) educator during a Level II fieldwork rotation. The educator on the left does not use a culturally humble approach during the encounter. In this case, appropriate modeling has not been demonstrated for the student, who may be uncertain about how to respond in future situations. Conversely, cultural awareness is demonstrated by the FW educator on the right, who recognizes and values the perspectives of the client, and who does not approach the client with preconceived notions (Agner, 2020). Entreating a client with the expectation of learning from the client will also enhance the therapeutic relationship. The FW educator who honestly acknowledges biases and admits to lacking knowledge and experience in various areas is demonstrating self-reflection. Further, keeping a perspective that culture is so vast that one will always need to learn new things reflects a commitment to lifelong learning. This is a great example of modeling a cultural humility approach for students.

The projected outcomes for the students can vary depending on the example that the FW educator models. This, of course, can have a far-reaching impact as the student prepares to enter the profession as an entry-level therapist. Appropriate modeling is a strategy that can be used to cultivate cultural humility and is the responsibility of the student's educator in a clinical setting (AOTA, 2020a). Cultural humility training and practice are essential among occupational therapists for effective client-therapist interactions, improved client outcomes, and the profession's growth (Agner, 2020; AOTA, 2020a; AOTA, 2021).

Figure 2
Modeling Examples and Effects

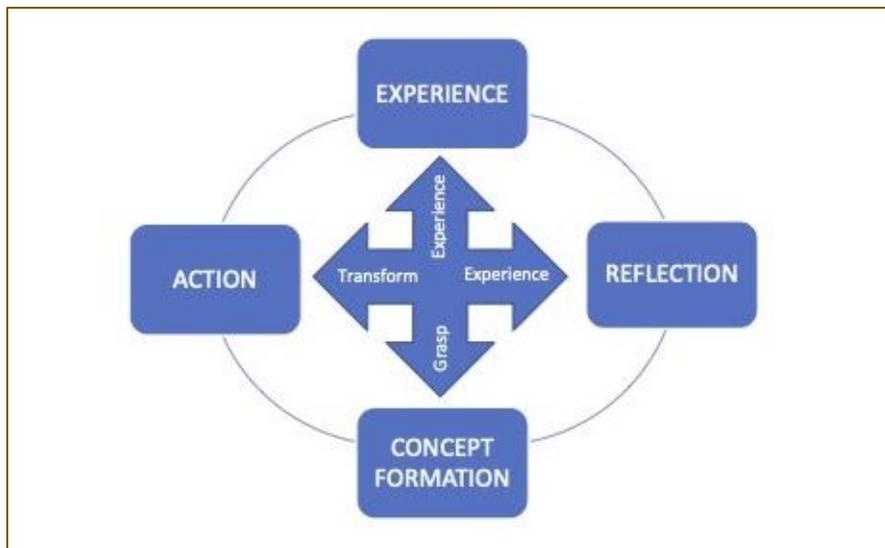


Note. The FW educator (left side) who is not self-reflective or culturally sensitive while interacting with a client. FW educator (right side) who uses a culturally humble approach that is demonstrated by cultural awareness, self-reflection, and a commitment to lifelong learning.

The Benefits of Experiential Learning

Experiential learning strategies have been used to shape beliefs, yield significant insight, and generate increased awareness. When participants are provided with the opportunity to learn experientially, concepts can become more meaningful and easily integrated (Kolb & Kolb, 2017). Multiple experiential strategies are used to introduce the concepts of cultural humility and to provide educators, therapists, and students with the tools needed to use this approach. Among these methods are role-playing, simulation activities, reflective journaling, discussions, community-based programs, and service-based learning (AOTA, 2020c; Arruzza, 2021; Ginsberg & Mayfield-Clarke, 2021; Grenier et al., 2020; Montenery et al., 2013; Ward-Gaines et al., 2021).

The Experiential Learning Cycle, noted in Figure 3, can be used to promote behavioral and attitudinal changes effectively in cultural awareness (Kolb & Kolb, 2017, p. 11). Further, applying the Experiential Learning Theory to cultural humility training can yield significant benefits, especially when activities are carefully and thoughtfully planned. In other words, incorporating the experience and reflective components alone is insufficient to promote the most optimal change needed for cultural humility integration. The learning cycle is prompted by the “integration of action and reflection and experience and concept” (Kolb & Kolb, 2017, p. 14).

Figure 3*The Experiential Learning Cycle*

Note. For experiential learning to be most effective, the components of the Experiential Learning Cycle (the experience, reflective observation, conceptualization, and active experimentation) must be incorporated.

The following case study is illustrative of the use of the Experiential Learning Cycle in an academic setting.

Sarah, a 24-year-old white female student from a rural community, applied to and was accepted into an OT program at a historically black university. She had no friends from diverse backgrounds and had never interacted with anyone from another culture other than her own. Sarah rarely ventured away from her small community but decided that she wanted to broaden her experience with others since she was interested in becoming an occupational therapist. Upon her arrival to campus, Sarah felt anxious and uncomfortable. She did not know what to expect or how she would react to others.

During her first week of class, she was introduced to the topic of diversity and the ethical obligation of occupational therapists to provide optimum care for all clients regardless of their differences. The class was given a “Getting to Know You” assignment after the professors introduced cultural concepts and approaches, such as Cultural Humility (recommended when interacting with individuals from diverse backgrounds). Sarah was assigned to work in a small group of Black and Hispanic students. The students were tasked with getting to know each of their peers in the group and then creatively introducing their group to the entire cohort (Experience). After the group activity, the students were to write about their experiences individually, including areas of discomfort, interesting observations, reflections on assumptions, etc. (Reflection). The professor then reconvened the cohort to engage in a discussion about their reflections and lessons learned from the experience (Concept Formation). The questions asked were, What did you learn during this experience? How did your experience relate to the cultural concepts and approaches learned? Would you have done anything differently? If so, what and how? Can you identify opportunities that you had to apply cultural humility concepts? Finally, the students were tasked with developing a plan to incorporate what was learned from the group assignment and to identify strategies that they can employ when interacting with diverse individuals and groups (Action). Sarah learned so much from that experience that she has decided to advocate for minority students in the OT association in her state.

An effective use of the Experiential Learning Theory for cultural humility training for those practicing and teaching about OT in the United States would be to carefully design experiences relevant to the vulnerable and underserved populations being seen. In fact, each area, including international communities, could identify the most vulnerable and address the needs of the most misunderstood. Creating experiences that promote humility beyond the course training sessions or class experiences is significant and could have a far-reaching impact.

Cultivating Cultural Humility through Experiential Strategies

Creating meaningful experiences is significant for participant engagement and for valuable transformation to occur. After introducing the concepts and practices associated with cultural humility, participants could engage in any of the following activities. These are simply introductory activities designed to provoke thought and conversation about culture and the ways that concepts regarding cultural humility can be applied.

Walk A Mile

The Experience. Participants would select a real-life experience to engage with someone from a different ethnicity. Suggested experiences - going shopping, accompanying on a visit to a family member, having a meal together, taking a walk or exercising, or simply deciding on an activity to engage in together. Once the participants and the activities are identified, they schedule times to begin the experience.

Reflection. After returning to the group, class, or training session, the participants share reflective observations about the experience.

Concept Formation. Discussion about concepts formed are conducted.

Action. A plan to integrate these concepts is made.

Together We Stand

The Experience. Groups, universities, and organizations would intentionally select another group, university, or organization with which to partner. For example, a class from a Historically Black College or University (HBCU) could partner with a Predominantly White Institution (PWI) and design cultural experiences that would be relevant to their generation. During the activity, participants engage and learn about each other.

Reflection. The activity is followed by reflections in small groups, large groups, between institutions, and in separate groups.

Concept Formation. Discussions about the lessons learned are held.

Action. Plans are formulated to apply lessons learned.

Conclusion

The need for improved cultural awareness, competence, humility, and sensitivity remains an issue in OT and other health professions. Addressing this need should remain at the forefront as multiple systems, organizations, groups, communities, and individuals are affected. Patient outcomes, quality of care, and health equity are influenced by attitudes and behavior related to cultural awareness and performance. The ethical responsibility and call for change are necessary for every health professional, group, and organization. Though the establishment of DEI programs is greatly appreciated and needed, transformation should be the expected outcome. Further, adherence to cultural competence concepts alone cannot produce the needed change. Observance of concepts related to cultural humility can invoke change and promote continued cultural awareness, growth, and development. In addition, modeling and the use of experiential strategies are extremely important in our efforts for continued change.

In conclusion, there is a need for research to continue in the OT profession globally to address the ethical responsibility of treating all individuals and groups with unbiased care. Research is needed to identify the current state of the profession regarding addressing the needs of diverse students, educators, and therapists. Inquiries about the strategies used to integrate cultural concepts like cultural humility in practice. In addition to supplying information about cultural concepts, suggestions about developing these concepts in the profession are needed.

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