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## All Work or All Play? The Impact of Cultural and Clinical Activities on Perceived Cultural Sensitivity Development During an Occupational Therapy Service Learning Experience

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# All Work or All Play? The Impact of Cultural and Clinical Activities on Perceived Cultural Sensitivity Development During an Occupational Therapy Service Learning Experience

## Abstract

International service learning experiences provide invaluable opportunities for occupational therapy practitioners and students to practice clinical skills while also being exposed to different cultures and experiences not available in their home country. Studies have shown that clinical activities during international service learning experiences increase students' cultural awareness and sensitivity, however the effect of cultural activities on students' development is not known. Over the span of two years, multiple groups of American occupational therapy students traveled to Morocco for a ten day service learning experience and served in a variety of clinical activities across the lifespan and population. Students also participated in cultural and tourist activities for increased exposure to the local culture. This study explored the development of cultural sensitivity through participation in both clinical and cultural activities during the international service learning experience through a quantitative survey (n=22) and qualitative interview (n=17). Participants indicated that both clinical and cultural activities played a role in their self-perceived development of cultural sensitivity on the quantitative survey. Themes identified within the qualitative interview revealed the impactful qualities of various activities, identified as "Authenticity," "Communication Skills," "Role of Religion," and "Exposure to Morocco." It appears that both kinds of activities play a role in development of cultural sensitivity, and regardless of the activity, authenticity and exposure to the culture along with opportunities to practice communication skills play the largest role in students perceiving a personal increase in cultural awareness and sensitivity while participating in international service learning experiences.

## Keywords

Cultural sensitivity, international service learning, cultural experiences

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**All Work or All Play? The Impact of Cultural and Clinical  
Activities on Perceived Cultural Sensitivity Development  
During an Occupational Therapy Service Learning Experience**

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**ABSTRACT**

International service learning experiences provide invaluable opportunities for occupational therapy practitioners and students to practice clinical skills while also being exposed to different cultures and experiences not available in their home country. Studies have shown that clinical activities during international service learning experiences increase students' cultural awareness and sensitivity, however the effect of cultural activities on students' development is not known. Over the span of two years, multiple groups of American occupational therapy students traveled to Morocco for a ten day service learning experience and served in a variety of clinical activities across the lifespan and population. Students also participated in cultural and tourist activities for increased exposure to the local culture. This study explored the development of cultural sensitivity through participation in both clinical and cultural activities during the international service learning experience through a quantitative survey (n=22) and qualitative interview (n=17). Participants indicated that both clinical and cultural activities played a role in their self-perceived development of cultural sensitivity on the quantitative survey. Themes identified within the qualitative interview revealed the impactful qualities of various activities, identified as "Authenticity," "Communication Skills," "Role of Religion," and "Exposure to Morocco." It appears that both kinds of activities play a role in development of cultural sensitivity, and regardless of the activity, authenticity and exposure to the culture along with opportunities to practice communication skills play the largest role in students perceiving a personal increase in cultural awareness and sensitivity while participating in international service learning experiences.

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## **Introduction**

Occupational therapy practitioners recognize that the impact of cultural influences on daily routines, choice of occupation, and occupational completion must be respected within a therapeutic relationship in order to provide culturally sensitive care (American Occupational Therapy Association [AOTA], 2020). Culturally sensitive care is considered part of culturally competent care, and specifically refers to the ability to empathetically understand and respond to a client's cultural background, values, and beliefs during care provision (Laszloffy & Habekost, 2010). Cultural competence refers to the actual service provision that is provided appropriately for any individual client (Hardy & Laszloffy, 1995). Occupational therapy practitioners and students develop the ability to provide culturally sensitive care over time, but it is imperative to develop this skill in order to provide appropriate and relevant care to clients of a variety of backgrounds (Schell & Gillen, 2019).

International service learning with cultural exposure and provision of interventions in local clinics has been proven effective at developing cultural competence and sensitivity in occupational therapy students (Aldrich & Grajo, 2017; Cipriani, 2017; Humbert et al., 2012; Johnson & Howell, 2017). Current studies about the effects of international service learning experiences on occupational therapy students focus on the effects of clinical work on skill development, which includes communication skills and the ability to establish a therapeutic relationship (Cipriani, 2017; Hall et al., 2018; Johnson & Howell, 2017; Kaddoura et al., 2014; Maloney & Griffith, 2013; Muñoz, 2007). Little is known about the impact of cultural or tourist activities in foreign countries and how that would inform occupational therapy practitioners and students' development of cultural sensitivity. This study used a quantitative survey and qualitative interview to explore the effect of both cultural and clinical activities during an international service learning experience to Morocco on the development of cultural sensitivity among American occupational therapy students.

## **Literature Review**

International service learning is defined as a hands-on educational experience that provides occupational therapy students the opportunity to practice their clinical skills within a community in a foreign country to which they may not have had exposure within their home country (Cipriani, 2017). It is differentiated from volunteer mission trips by a direct connection to a learning objective in a curriculum (Cipriani, 2017; Hall et al., 2018). Several benefits are associated with participating in international service learning, including developed cultural sensitivity, increased clinical exposure, and improved communication and interpersonal skills (Aldrich & Grajo, 2017; Humbert et al., 2012).

Cultural competence refers to the provision of care that is sensitive to the client's personal values and cultural beliefs that influence a client's health management and maintenance preferences regarding illness and disability (Balcazar et al., 2009; Grandpierre et al., 2018; Muñoz, 2007). A culturally competent clinician is able to interact positively with clients regardless of potential differences in their respective cultural backgrounds and values, while creating individualized treatment plans that meet

the unique needs of the client. The clinician is also able to recognize the health disparities faced by clients of culturally diverse backgrounds that impact their quality of life and healthcare service experiences (Balcazar et al., 2009; Grandpierre et al., 2018; Muñoz, 2007).

Cultural competence combines both cultural awareness and sensitivity (Hardy & Laszloffy, 1995). Cultural awareness involves a self-reflective process to develop an understanding of one's own culture and values to increase understanding of others' values, beliefs, and cultures (Kaihlanen et al., 2019). Cultural sensitivity specifically refers to an attunement, emotional resonance, and empathetic responsiveness to diverse clients' situations, as well as the ability to change one's behaviors to make someone feel more comfortable and understood (Laszloffy & Habekost, 2010). Cultural sensitivity requires the ability to understand the perceptions, realities, and feelings of the client as related to cultural diversity. For occupational therapy practitioners specifically, the ability to be culturally sensitive in care means that there exists a willingness to learn about a client's culture and being cognizant and respectful of the differences between the therapist's personal cultural backgrounds and those of their diverse clients (Schell & Gillen, 2019). These practitioners are also able to create therapeutic interventions that embed cultural occupations and activities tailored to a client's cultural background and values (Schell & Gillen, 2019). This helps establish strong therapeutic relationships and makes the therapy intervention more meaningful to clients, as the sessions are uniquely tailored to address their individual needs.

It is important to note that the term 'cultural competence' can be misleading. It refers to an aspect of care being provided, not to the ability of the practitioner to be competent in a culture not their own, which arguably would be impossible to obtain. As such, this study focuses on the nuanced components of the true definition of cultural competence, primarily cultural sensitivity as developed through cultural awareness.

Occupational therapy programs traditionally assist students in the development of cultural sensitivity and competency skills within their didactic curriculums and fieldwork placements. Workshops, case studies, interviews, oral presentations, field trips, and self-reflections are commonly employed methods of teaching cultural competence domestically within occupational therapy curriculum (Brown et al., 2011). Fieldwork also provides students with exposure to diversity and contributes to the development of these skills. It is recognized that the development of cultural competency and sensitivity is a complex process that requires exposure, reflection, and time (Darawsheh et al., 2015). International service learning and fieldwork experiences contribute to this process.

International service learning opportunities allow occupational therapy students to develop their service provision skills in a community-based setting while taking culture into consideration (Aldrich & Grajo, 2017). These learning opportunities encourage occupational therapy students to be resourceful and provide therapeutic interventions when treating clients in situations of limited resources (Cabatan & Grajo, 2017; Johnson & Howell, 2017; Keane & Provident, 2017). Students also develop interpersonal and

communication skills to establish rapport within a therapeutic relationship (Maloney & Griffith, 2013). Communication skills involve understanding of emotions and body language, use of technologies to share ideas, adapting communication to be understood, and utilizing inclusive language appropriate for people who may identify as a different gender identity, religious affiliation, socioeconomic background, or age group (Maloney & Griffith, 2013). Studies also highlight the importance of advocacy and respect for a client's cultural values that may differ from the occupational therapy student's personal values (Humbert et al., 2012). These experiences can bring underlying biases to the forefront and encourage the students to recognize their own preconceived notions; their ability to recognize and overcome these cultural biases allows them to be culturally sensitive (Aldrich & Grajo, 2017; Humbert et al., 2012; Johnson & Howell, 2017). As a result, students on international service learning experiences learn a combination of valuable skills required to provide culturally sensitive care.

The literature reveals a variety of international service learning logistics in terms of numbers of students and length of travel to the types of experiences to which the occupational therapy students were provided exposure. Occupational therapy specific experiences span the globe from Asia to South America and often involve an interprofessional team with other healthcare students (Cabatan & Grajo, 2017; Hall et al., 2018; Johnson & Howell, 2017; Keane & Provident, 2017). Most settings in international service learning experiences across healthcare professional programs are community-based wellness programs, residential facilities, and pediatric rehabilitation clinics (Hall et al., 2018; Humbert et al., 2012; Johnson & Howell, 2017; Keane & Provident, 2017; Maloney & Griffith, 2013). Extra-curricular cultural or tourist activities are rarely mentioned in the literature in this context as these studies specifically discuss clinical activities. Therefore, the impact of cultural activities on building the empathy and understanding necessary for cultural sensitivity is currently unknown.

### **Methods**

A mixed methods study with a quantitative survey and qualitative interview was conducted to examine and compare students' perception of the impact of cultural and clinical activities on their ability to provide culturally sensitive care during an occupational therapy service learning experience to Morocco. This experience was designed by, and completed with, a single service learning organization that was independent of any academic institution and occupational therapy program.

A mixed methods study was deemed appropriate for this study because a combination of quantitative surveys and qualitative interviews compensates for weaknesses in either data approach and provides further clarification regarding responses (Leedy & Omrod, 2016). This approach allowed for objective numerical rankings to identify potential statistically significant changes in participants' perceived ability to provide culturally sensitive care before and after the experience. It also allowed for numerical rankings on the impact of clinical and cultural activities as categories of activities. The subsequent interviews provided the opportunity to further explore the activity categories in more detail, identify specific impactful activities within each category, and determine the

qualities that made these activities important to students' perceived cultural sensitivity development. By using a mixed methods approach, a clearer conclusion on the true impact of clinical and cultural activities could be reached. Additionally, the qualities identified as most impactful could be replicated to increase the quality of future service learning experiences.

Approval was sought and obtained from the Institutional Review Board (IRB) of the investigating institution in partnership with the service learning organization. Only the investigating institution holding IRB approval was involved in the study design and completion, despite participating students originating from three different academic programs. Students traveled with the service learning organization independent of connections to their respective institutions. Informed consent was obtained from all participants.

### **Participants**

The international service learning experience to Morocco spanned nine to ten days and introduced students to a variety of settings in the community across a variety of populations. The experience was open to all interested occupational therapy students, provided the students were enrolled full time in their program, had not graduated from their programs by the time of travel, and were in good academic standing. Most participants traveled independent of their academic institution between semesters, making the experience extracurricular to their education. However, some participants (n=5) were able to utilize this experience as their community-based Fieldwork I placement, conducting psychosocial assessments in the clinical settings.

All students (n=80) who traveled to Morocco as part of one out of five specific occupational therapy service learning experiences from 2017 and 2018 were invited to participate in this study. The number of traveling students on each experience ranged from 8 to 18 students, with an average of 14 students per experience. Potential names were obtained from the service learning organization; the students were then invited to participate via email. In all, 22 of the invited students (28%) completed the online quantitative survey present in the email, and 17 of those students completed the qualitative interview. All 22 participants completed the study within 20 months of returning from their service learning experience.

All participants identified as female, and were predominantly Caucasian (73%, n=16) with an age range of 22 to 37 years old (mean 26.1). Other ethnicities identified included African-American (10%, n=2), Asian (13.6%, n=3), and Other (4.5%, n=1). All had been occupational therapy students in an accredited occupational therapy program on the East Coast of the United States at the time of their participation in the service learning experience. At the time of their travel to Morocco, participants were in different levels of their academic education, with 18% (n= 4) indicating they were first year students, 68% (n=15) being second year students, and 13.6% (n=3) being third year students. The majority of students (81.8%, n=18) had traveled internationally prior to this experience, mainly to European countries (45.4%, n=10) for vacation related reasons (68%, n=15).

Students visited five to six different cities during the nine to ten days in Morocco. The itinerary was primarily organized by a Moroccan American occupational therapist who led all the experiences as part of the service learning organization. This occupational therapist had direct connections with community organizations. Each day was purposefully designed to be a combination of clinical and cultural activities that were equally divided throughout the day. It was proposed that students would enjoy clinical activities but would also find value and enjoyment in tourist activities and cultural immersion. Additionally, prior to traveling, students were required to partake in pre-trip education. Depending on the requirements of their home institution, this information was either delivered via email or during in-person, hour long meetings with a faculty chaperone. Regardless of method of transmission, all students received general information from the service learning organization regarding language, culture, and travel health prior to departure in order to prepare them for the mixture of clinical and cultural activities in Morocco. The information also provided parameters for culturally acceptable behavior and aimed to reduce potential culture shock. Table 1 provides a full list of the activities and their categorization as clinical or cultural.

**Table 1***Description of Clinical and Cultural Activities*

<b>Activity Type</b>	<b>Activity Descriptions</b>
Clinical	<ul style="list-style-type: none"> <li>• Community center for children with physical disabilities</li> <li>• Clinic for children with cerebral palsy</li> <li>• School for children with physical disabilities</li> <li>• Community center for children with Down's Syndrome, working with them on the local beach</li> <li>• Orphanages</li> <li>• Vocational rehabilitation facility with a restaurant staffed by people with intellectual disabilities</li> <li>• Nursing Home</li> <li>• Home for women recovering from cancer</li> <li>• Conferences on disability related topics</li> <li>• Spontaneous visits by adults with disabilities at pediatric community centers</li> </ul>
Cultural	<ul style="list-style-type: none"> <li>• Attending local dance and music dinner show</li> <li>• Observing local women processing argan oil products in women owned co-operatives</li> <li>• Shopping for local handicrafts in traditional marketplaces</li> <li>• Riding camels on the beach</li> <li>• Eating local cuisine for all meals</li> <li>• Spending time on local beaches</li> <li>• Visiting family households when invited for traditional midday tea and snacks</li> <li>• Visiting traditional tile and cedarwood factory and museum with interactions with workers</li> </ul>



	<ul style="list-style-type: none"> <li>• Visiting a traditional bathhouse (hammam)</li> <li>• Touring historical and religious sites in all cities with a tour guide</li> <li>• Meeting the first class of local occupational therapy students</li> <li>• Visiting local health science universities</li> </ul>
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Services provided during the clinical activities ranged from traditional psychosocial and biomechanical practice to leisure participation in traditional Moroccan pastimes, depending on the needs of the population. Within the community centers for children with disabilities, students educated caregivers while engaging the children in therapeutic play, positioning interventions, and assistive device fabrication. Caregivers included parents, orphanage staff, and occasionally, a highly involved older sibling under the age of 18. Home exercise programs and methods to support the child's participation, development, and independence were common areas of interest to the caregivers and therefore topics of the education. When working with adults with disabilities at the pediatric community centers, neuro-muscular rehabilitation, pain management, and contracture management were frequent choices of interventions. With other settings, such as the home for women with cancer or the orphanage, groups were facilitated with engagement in meaningful occupations to address overall quality of life and participation. Other experiences, such as the vocational rehabilitation center, were tours to showcase the innovations occurring in Morocco to meet the needs of its citizens. Communication with people in all settings occurred via interpreters. If an interpreter was unavailable to a particular student, translation apps, drawings, or other forms of nonverbal communication were used. Debriefing occurred with the faculty chaperones and service learning organization leader on the bus after each activity to connect observations with occupational therapy concepts.

The cultural activities were intentionally curated to provide an authentic exposure to Moroccan culture, with at least one cultural activity each day. While most were planned, spontaneous cultural activities would occur, such as late-night ice cream cravings, searches for specific souvenirs, or a sudden stop on the side of the road to view goats in argan trees. Incidental interactions were also present throughout the day through interactions with people in public places. Students also had the opportunity to interact with the domestic occupational therapy students, the first native trained members of the profession. Depending on the time of year, both sets of students attended conferences or participated in meals and shopping as a group. These activities provided natural networking and cultural exchange opportunities between student groups.

### **Procedure**

This study involved a quantitative portion through an online questionnaire and a qualitative portion via participant interviews. Twenty-two students agreed to participate by responding to the quantitative questionnaire and providing contact information. When contacted for an interview, 17 participants completed the qualitative interview portion of the study. The remaining five participants did not respond to multiple requests to schedule the interview. No reasons for discontinuing participation were provided; participants were assumed to no longer be interested in participating.

### Quantitative Questionnaire

An online questionnaire was created as a program evaluation tool via Qualtrics. The questions were developed by the primary investigator to gather demographic information, and students' perceptions of the experience's impact on personal and professional development. Past travel purposes and destinations were treated as demographic information. The Likert scale questions asked participants to rate the value of the experience within the context of their occupational therapy education, the impact of the experience on their professional and personal development, and their understanding of how culture impacts occupational performance (Likert scale range 1-5, with 1 representing Disagree and 5 representing Agree). Included in these questions were the specific impact of different activities on participants' ability to provide culturally sensitive care. Participants were also asked to provide a pre and post ranking of their comfort when working with people of other cultures on a Likert scale. Finally, program improvement information was collected, asking for participants' perception regarding the amount of the cultural and clinical activities. Responses were de-identified by assigning a study identification number prior to data analysis and stored on a password protected system. Table 2 shows the questions present on the questionnaire.

**Table 2**

#### Quantitative Questionnaire

1. What year in your occupational therapy program are you? If you have graduated, what year did you graduate occupational therapy school?						
2. Which institution do/did you attend?						
3. What is your age?						
4. Which ethnicity do you identify with?						
5. Which gender identity do you identify with?						
6. What year in your occupational therapy program were you when you traveled to Morocco?						
7. Have you traveled internationally before? If yes, where and for what purpose?						
8. For each item identified below, circle the number to the right that best fit your judgment of its quality. Use the rating scale to select the quality number. 1: Disagree, 5: Agree						
Item 8.1	I found value in my participation on this trip within the context of my occupational therapy education.	1	2	3	4	5
Item 8.2	I have a better understanding of my role as an occupational therapist on an international platform.	1	2	3	4	5
Item 8.3	The cultural/tourist experiences have assisted me in developing my professional identity.	1	2	3	4	5
Item 8.4	The clinical experiences enhanced my understanding of how culture impacts occupational performance.	1	2	3	4	5
Item 8.5	The cultural/tourist activities enhanced my understanding of how culture impacts occupational performance.	1	2	3	4	5

Item 8.6	The clinical experiences have assisted me in developing my professional identity.	1	2	3	4	5
Item 8.7	I feel the clinical experiences enhanced my ability to deliver culturally sensitive care.	1	2	3	4	5
Item 8.8	I feel the cultural/tourist experiences enhanced my ability to deliver culturally sensitive care.	1	2	3	4	5
Item 8.9	Prior to this experience, rank the level of your comfort working with people of other cultures as a future occupational therapy clinician.	1	2	3	4	5
Item 8.10	After this experience, rank the level of your comfort working with people of other cultures as a future occupational therapy clinician.	1	2	3	4	5
9. Rank the amount of each experience that should be present on future trips:						
Item 9.1	Cultural/Tourist Experiences	More	Same	Less		
Item 9.2	Clinical Experiences	More	Same	Less		

### ***Qualitative Interview***

A phenomenological approach was taken in this study. Phenomenological approaches aim to gather common meanings and perceptions from shared experiences in order to capture the impact of general themes and events on people (Creswell & Poth, 2018). Semi-structured interviews were solicited to capture the lived experiences of participants in order to generalize the characteristics of impactful activities on participants' development of cultural sensitivity.

An interview guide was developed based on a literature review and the purpose of the study. The questions established demographic information regarding past exposure to different cultures before asking the participant to identify and reflect on the impact of the clinical and cultural activities on their ability to provide culturally sensitive care. The intent of the questions was to elicit a holistic reflection of the experience to Morocco within the context of their education as future occupational therapy practitioners. Other questions inquired after professional development and identity, personal growth, cultural impacts on occupation, and program improvement.

The questions in the interview guide were reviewed by two other investigators and revised based on their critique. The interview guide was then piloted with the interviewers to ensure consistency between interview styles and ensure face validity testing (Creswell & Poth, 2018). Also important to note is that participants were interviewed by someone not connected with their educational institution to reduce potential response bias (Leedy & Ormrod, 2016). Interviews were completed face to face via teleconference technology at the participant's convenience, and were recorded for transcription purposes. All video and audio recordings were uploaded to a password protected system and confidentially coded via a study identification number. Table 3 contains the interview questions.

**Table 3***Qualitative Interview Questions*

1. Have you traveled abroad? If so, where have you traveled abroad before? Tell me how those past experiences influenced your participation in this experience.
2. Tell me how this experience to Morocco has impacted your viewpoint on culture and occupation.
3. Tell me about the impact this experience has had on your educational journey.
4. Think back on the entire experience and tell me what lessons you took away from the trip.
5. Tell me about which experiences (either clinical or cultural/tourist) had a greater personal impact on you and why. How did these impact you personally?
6. Tell me which experiences (clinical or cultural/tourist) had a greater professional impact on you and why. How did these impact you professionally?
7. Tell me about your perception regarding your ability to provide culturally sensitive care in your future practice. How has this changed, if at all, since before the trip? What experiences do you feel are responsible for any changes?
8. Which specific experiences do you wish there was more of and why?
9. Which specific experiences do you wish there was less of and why?
10. What suggestions do you have to improve future trips to increase your understanding of culture and healthcare provision or better prepare you for the experience in general?

**Data Analysis****Quantitative Data Analysis**

To answer this research question, the focus of the analysis was on Items 8.7-8.10 as these were the items specifically examining the respective and comparative impact of clinical and cultural activities on the development of cultural sensitivity from the participants' perspectives. Statistical analysis was run using Microsoft Excel. Descriptive statistics were utilized to provide basic information and analyze responses to eight Likert scale items (Items 8.1-8.8) and responses to both items for Question 9. A paired t-test was performed on Items 8.9 and 8.10 in order to identify changes in a pre and post perception of comfort when working with people of different cultures.

**Qualitative Data Analysis**

One investigator transcribed the interviews, and a second investigator verified the transcriptions to ensure accuracy. Four members of the research team received copies of transcripts to individually code, independent of each other. The fifth member of the research team compiled the individual codes to create a draft code book, which was then reviewed by the other members of the research team. The research team collaborated to reach consensus on the code book, in order to reduce potential for bias through triangulation (Creswell & Poth, 2018). Five research team members then completed a second individual coding of the transcripts, independent of each other. After this second round of coding, the research team met for discussion to reach consensus on final themes. Only responses to Questions 4 through 7 were analyzed to

answer this research question, as these questions asked participants to explore changes in cultural sensitivity, ability to work with people of diverse backgrounds, lessons learned from the trip due to any activity, and the specific identification and impact of clinical and cultural activities on each participant specifically. Due to the self-reflective nature of cultural sensitivity development and the role cultural sensitivity plays in professional development, Questions 5 and 6 specifically had the potential to address parts of the research question (Darawsheh et al., 2015).

## Results

### Quantitative Results

Almost all participants agreed (Likert score = 4 or 5) that the clinical and cultural activities enhanced their ability to deliver culturally sensitive care (items 8.7 and 8.8). Table 4 shows the percentage and count of responses for Items 8.7 and 8.8 in more detail.

**Table 4**

*Percentage of Level of Agreement to Statements on Quantitative Questionnaire (n=22)*

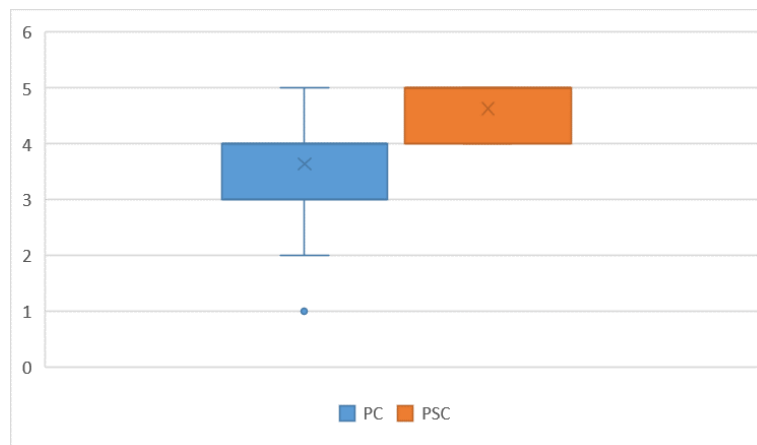
<b>Statement</b>	<b>Value: 1</b>	<b>Value: 2</b>	<b>Value: 3</b>	<b>Value: 4</b>	<b>Value: 5</b>
<i>Item 8.7:</i> I feel the clinical experiences enhanced my ability to deliver culturally sensitive care.	0%	0%	4% (1)	32% (7)	64% (14)
<i>Item 8.8:</i> I feel the cultural/tourist experiences enhanced my ability to deliver culturally sensitive care.	0%	4% (1)	0%	32% (7)	64% (14)

*Note.* Likert Scale with 1= Disagree, and 5= Agree. Count of responses in parentheses.

Slightly over half of the participants (59%, n=13) indicated a high level of comfort (Likert score = 4 or 5) of working with people of different cultures pre-experience (Item 8.9). When asked to rank their comfort post-experience (Item 8.10), all 22 participants reported a high level of comfort (Likert score = 4 or 5). When the high agreement values were combined and analyzed between items, statistically significant changes were noted ( $p=0.000025$ ). Table 5 represents the responses to Items 8.9 and 8.10.

**Table 5**

*Pre and Post Experience Comfort Working with People from Other Cultures in Future Practice*



Note.  $p=0.000025$ . PC: pre-experience comfort. PSC: post experience comfort.

### Qualitative Results

During the interviews, participants reflected on the perceived impact of the clinical and cultural activities on their cultural sensitivity. Two main themes exploring clinical and cultural activities were identified, respectively. These themes provided insight on the impact of the clinical and cultural activities on students' cultural sensitivity, but also highlighted characteristics of the activities identified as most impactful. These include "Authenticity" and "Communication Skills" in relation to clinical activities and "Role of Religion" and "Exposure to Morocco" in relation to cultural activities.

#### **Impact of Clinical Activities on Cultural Sensitivity**

When analyzing the impact of activities that participants identified as a clinical activity, two themes became apparent: "Authenticity" and "Communication Skills." The theme of "Communication Skills" has subthemes of "Genuine Interactions" and "Overcoming Language Barriers."

**Theme 1: Authenticity.** Participants noted the impact of visiting clinical sites that were part of underserved populations and not considered a typical tourist activity. Within the sites, they typically were greeted with a traditional Moroccan welcome and witnessed firsthand the inner workings of the service provision at that particular site. The fact that they were working within small organizations that were authentically in need and represented the true culture of Morocco was observed and experienced. The ability to serve in real communities was noted throughout many interviews. Several participants mentioned a sense of seeing and serving the "real" Morocco due to the obvious local and underserved nature of the facilities. They felt that being part of the true community in an authentic way allowed them to experience the real culture and gain an accurate perception of values and norms within the society. The authenticity of

the clinical sites also allowed them to feel as if they were developing “real skills” with “real people,” versus it being a curated or rehearsed experience. The following statement from a participant illustrates this theme:

But definitely the clinical part because this is where you really get to see the local population, not just where the tourists like to go. Maybe more areas that have a façade but um, going to the orphanages, that was a huge uh... a huge deal.

It was also noted within this theme that the specific opportunity to take children either from a local orphanage or community center for children with intellectual disabilities on a camel ride on the beach was impactful. Camels are an important part of Moroccan culture, and the excitement of the children, along with the novelty and fun involved for everyone, was specifically mentioned. Interestingly, participants identified this often as a cultural activity rather than a clinical activity, despite it being part of a clinical visit intended to support social participation and play with the children.

**Theme 2: Communication Skills.** Communication across language barriers and the ability to develop communication skills appeared as a theme throughout the interviews. Moroccans speak a specific Arabic dialect, and most understand some French. While a few interpreters were available at every site, every participant needed to establish rapport and communicate with little to no common language. While this was intimidating to participants at first, the challenge developed skills that they felt related to their ability to be culturally sensitive. Specifically, they had to modulate their verbal communication and body language and maintain cultural norms. They found they needed to direct their speech to the man of the family, if present, to keep within accepted cultural norms, while also paying attention to use of body language when delivering intended messages.

**Subtheme: Genuine Interactions.** This subtheme highlighted the impact of genuine, shared experiences in establishing communication and rapport. The ability to bond over a shared experience despite lack of a common language and across cultures was specifically identified. Participants noted that messages can be expressed and rapport established through shared experiences that bring laughter and enjoyment. The commonalities enjoyed and desire to connect on both sides highlighted the similarities between people, despite differences in cultures. Specific activities mentioned were taking children on the aforementioned camel rides or interacting with mothers in the clinics. The following statement illustrates this concept:

Yeah, so I guess, I guess being on the beach with the kids even though we didn't speak the same language. We were able to have fun, hangout, and whatever, you know? So, that kind of helped going forward realizing that we don't have to speak the same language, or dress the same way, or look the same way.

Participants also noted the development of genuine connections being formed with people in the clinics, especially caregivers. This time, the shared experience was caring for the children in the clinic, but participants were also able to recognize the needs of the caregiver. Participants and caregivers bonded again over genuine concern for the children. Caregivers expressed a desire for assistance or education and participants

had a genuine desire to serve. Participants mentioned within this subtheme the realization that despite different cultures and norms in activity completion, everyone wanted the same thing for the children; to be as independent and happy as possible.

The following statement illustrates this concept:

So, there was this one point where... this mother brought in her two children and she was just sitting there with the biggest smile on her face. And her children were just so sweet. And I just felt this urge to go up and give her a hug, because while everybody's loving on the children, you know which normally happens, but there's really nobody giving that same type of love to the mother. So, I think it's just as important, um, to look at the caregiver aspect as well as, you know, the person who really needs the, the therapy.

**Subtheme: Overcoming Language Barriers.** Another common subtheme involved being able to communicate across the language barrier from a more logistical standpoint. Participants reported feeling intimidated and initially challenged by this task. Ultimately, with practice, they felt able to communicate effectively in culturally appropriate ways. Every participant who noted this subtheme mentioned initial apprehension but confidence in their abilities by the end of the experience in Morocco. The few participants who graduated by the time the study was conducted also mentioned this skill as useful as it assisted them with being more culturally sensitive and effective as a clinician when working with clients who spoke a different language. Naturally some participants noted a desire for more interpreters, however, recognized the growth within their ability to communicate effectively within a different culture. The following statement illustrates this concept:

It's really helped again with like my confidence, being able to talk to different patients of all different cultures, um, even if there is a language barrier. It's also helped me personally to make connections, to Morocco, and all over, and that's been really cool.

### **Impact of Cultural Activities on Cultural Sensitivity**

During the interview process, participants had the opportunity to identify specific cultural activities that impacted their ability to provide culturally sensitive care. Two themes arose that were specific to distinct areas of Moroccan culture. Religion, and its role in daily life, was the most predominant theme. Many participants also noted that general exposure to the culture made an impact.

**Theme 1: Role of Religion.** The predominant theme revolved around the role Islam plays in the daily lives of Moroccans. This included the clothing people wore and routines around prayer, to choices of occupations and the flow of the day. Participants who noted this theme specifically spoke about a growing awareness of the religion and its impact on the flow of a day due to complete immersion into the culture. In terms of cultural sensitivity, participants noted a growing awareness that religion could govern a daily routine more than is customary in the United States along with the need to inquire after and respect this in a Muslim American's life. A few comments of surprise at feelings of peace and acceptance were also noted, attributed to the adjustment from a



primarily Christian American culture to a Moroccan Muslim culture. The following statement illustrates this concept:

When we went to the mosque, and they showed us around this one mosque and the whole rituals of it where before you go inside the prayer area, you have to wash your hands and feet before going, prior to going in to pray. So, that was very interesting. You realize that you have to respect their traditions, their beliefs, their values.

**Theme 2: Exposure to Morocco.** Participants noted that general exposure to the Moroccan people and culture in authentic ways were impactful on their perceived ability to provide culturally sensitive care. An awareness grew of the commonalities between people despite differences in ways of living. Participants also mentioned a need to reserve judgement and the necessity of putting aside potential biases in order to be effective practitioners. Specifically, participants noted that the goals of people in Morocco were not different than goals of Americans in terms of a desire for a healthy, happy, and independent life for themselves and their family members. Other commonalities included warmth and kindness in interactions and the desire to participate in valued occupations and productive work. This was observed in discussions of differences in values, religious rules governing life, social norms, and flow of the day. No specific activities were identified within this theme other than genuine cultural immersion. The following statement reflects this theme:

So, I think it's just being very mindful you know that other people have different ways of doing things and it's not to necessarily judge them, because they may not be similar to yours but it's to keeping in mind, they are here for a reason and put your personal beliefs aside and just kinda treat them in the way they need to be treated, and not focus on those other external factors, and let that kinda impact how you approach a patient honestly.

### Discussion

Adages such as “all work or all play” are rarely the theme of occupational therapy education research. Nevertheless, the purpose of this study was to examine the impact of both cultural and clinical activities on occupational therapy students' perception of their ability to provide culturally sensitive care after participating in an international service learning experience to Morocco. Almost all participants indicated that both clinical and cultural activities played a role in increasing their ability to provide culturally sensitive care. Additionally, all participants reported an increase in comfort with working with people of other cultures than their own after the experience. Interviews revealed that the authenticity of the interactions with any local citizen, opportunities to practice communication skills, general cultural exposure, and a greater understanding of the role of religion within Moroccan culture contributed to their cultural sensitivity skill development. Other studies examining international service learning experiences' effects on occupational therapy students identified an impact of the overall experience on cultural sensitivity, especially within rapport building and communication (Aldrich & Grajo, 2017; Fell et al., 2019; Humbert et al., 2012). Our study aligns with these findings when examining clinical and cultural activities together for the impact of the entire experience on all of these skills.

The themes of authenticity and communication skills were identified as specific ways in which cultural sensitivity was fostered during clinical activities. Participants noted that they gained an insider's perspective from the authentic experience of witnessing clinical settings, such as orphanages, nursing homes, centers for people with disabilities, or homes for cancer patients and survivors. They also noted that the need to genuinely communicate in the wide variety of settings they visited increased cultural sensitivity, even when communication occurred across the Arabic dialect/French language barrier and with an interpreter. The participants frequently had to act intentionally to establish sincere rapport, including using nonverbal communication with positive body language, such as a smile. The importance of communication between team members and patients corresponds with findings of other studies regarding international service learning (Aldrich & Grajo, 2017; Humbert et al., 2018; Johnson & Howell, 2017).

Participation in cultural activities involving play or fun was specifically an intentional part of this international service learning model. Cultural activities varied slightly between trips, but all trips included an evening in a traditional riad (tiled courtyard palace) and henna decoration, a traditional music performance, a cooking lesson delivered by local artists and chefs, and a formal historical tour of the second largest Mosque in the world. While no specific activity was singled out as genuine cultural immersion, assiduous exposure to local Moroccans during planned and incidental cultural activities occurred. This exposure led participants to identify commonalities between people despite different ways of life. These continuously embedded cultural activities allowed students to widen their understanding of culture to include "shared spheres of experience and the ascription of meaning to objects and phenomena in the world," a necessary part of being an occupational therapy practitioner (Iwama, 2007). The participants described how these cultural activities showed them the necessity of reserving judgement and the importance of putting aside potential biases in order to be effective occupational therapy practitioners. These lessons are also congruent with findings from past studies on the effects of international service learning and international travel on occupational therapy students (Aldrich & Grajo, 2017; Humbert et al., 2012; Johnson & Howell, 2017) in the general sense that international service learning provides these experiences while challenging students to develop this aspect of cultural sensitivity. While this has not been studied in occupational therapy students, nursing literature indicates experiences that include clinical and cultural activities have a positive impact on nursing students with similar themes of increasing cultural sensitivity and reserving judgment (Alexander-Ruff & Kinion, 2019). Our research data shows clearly that cultural activities, regardless of the type, cumulate to create feelings of cultural sensitivity, so long as they are authentic in exposure and activity choice.

In reference to the dominant theme in cultural activities regarding religion, Morocco prides itself on a religiously tolerant history, showcasing synagogues and churches on tours. However, the role of Islam is prevalent in Morocco, with 99% of the population identifying as Sunni Muslim (Central Intelligence Agency, 2020). The architecture of central courtyards and marketplace fountains, inability to visit local mosques as non-Muslims (museum mosques being an exception to the rule), and the ebb and flow of daily routines influenced by Islam is highly prevalent throughout the Moroccan

landscape and was a point of discussion and explanation among participants. Participants often noted the closing of shops during prayer time, hosted tea parties, and the adherence to prayer and cleanliness routines even among the Muslim experience leaders, who would leave an event briefly to perform prayers. Additionally, participants were required to adhere to a conservative and modest dress code in keeping with the local custom; this was to help the Moroccans feel more comfortable with the students in clinical settings and to avoid standing out in public venues (Morocco in detail: Etiquette, n.d.). Also ever-present was the quintuple Athan, or call to prayer; it is safe to say that participants were authentically immersed in a culture run by the routines and expectations of another faith as compared to that of the United States.

Spirituality, which includes religion, is a consideration within occupational therapy practice. Studies show that clients with strong religious beliefs place a high value on their religious practices (Miliken, 2020). Despite spirituality being part of occupational therapy practice, the role of religion and other spiritual practices is not an area typically focused on in depth within occupational therapy education (Miliken, 2020). Given the strong presence of spiritual practices in Morocco, it is not surprising that the role of Islam was a major theme identified in this study as one of the components participants felt shaped their cultural sensitivity skills. While the role of religion and understanding how the daily practices of Islam informs the lives of Moroccans was the major theme attributing to the impact of cultural activities on cultural sensitivity, it could be argued that this is in fact a sub-theme to authenticity. Many of the activities the participants attributed to the impact of religion were authentic, natural, and intrinsic to being physically present in Morocco.

At times the boundaries between clinical and cultural activities blurred for the participants. For example, the planned and intentional clinical activity of therapeutic use of play and camel riding at the beach with orphans was seen as a cultural activity. Perhaps this perception was impacted by the informal setting and other excursions to the beach for student cultural activities of surfing, swimming, or camel riding without children present. It is also possible that the participants could not separate the two activities because they embedded the therapeutic use of self as a play model for orphans occupationally deprived of play opportunities. Therapeutic use of self has been well researched and documented as a fundamental aspect of occupational therapy, however this delineation may still be emerging for the student participants, despite it being obvious to the clinician chaperones (Taylor & Melton, 2009). At the same time, despite difficulties in mentally separating the activities, inclusion of both clinical and cultural activities did appear to play a role in developing different aspects of students' cultural sensitivity. Themes and subthemes did not overlap between students' commentary when discussing these activities, showing a distinct role for each in developing general cultural sensitivity.

Insofar as cultural sensitivity is a multifaceted term, the ways in which one gains competence in cultural sensitivity while engaging in international service learning are also multifaceted according to the outcomes of this research study. This study agrees with past studies regarding the impact of international service learning on cultural

sensitivity development as there was a clinically significant change in the participants' perception of their abilities to provide culturally sensitive care before and after the experience (Aldrich & Grajo, 2017; Cipriani, 2017; Humbert et al., 2012; Johnson & Howell, 2017). The process the participants underwent to develop culturally sensitive skills involved the needed component of developing cultural awareness, as they reflected on American values when understanding Moroccan culture (Alexander-Ruff & Kinion, 2019; Kaihlanen et al., 2019). The analysis of both the quantitative and qualitative data indicates that students felt that both the clinical and cultural activities equally impacted their ability to provide culturally sensitive care in the future. The activities with the most impact in both categories integrated authentic, real-world experiences, allowed for the practice of skills, provided exposure to daily routines and beliefs, and challenged students' understanding of culture.

### **Limitations**

Limitations include a small study size of a convenience and volunteer sample. However, saturation was reached with the qualitative data analysis as no new themes were identified (Saunders et al., 2018). Additionally, Likert Scale questions may not accurately capture the true opinions of participants as it is possible to interpret and place varying emphasis on both the prompts and the numerical rating scale in the absence of an external researcher present to explain the scale for increased reliability (Ho, 2016). This limitation can make it difficult to apply findings confidently and accurately to real world practice as the true perceptions might not have been captured. This study reflects the experiences of all female students on service learning trips in Morocco with the same organization, which may have inadvertently led to gendered patterns. Also, while the basics of the experience were the same, there were minor variations of trip specifics between each group and year. Future studies could be larger with a more diverse population.

### **Implications for Occupational Therapy Education**

Since international service learning and fieldwork experiences are becoming increasingly popular occupational therapy educational experiences, this study provides further information into the types of activities and their qualities that make an impact on occupational therapy students' cultural sensitivity development. This is particularly important given American current events in terms of appreciating and responding appropriately to diversity. Information from this study could be used to inform the intentional design of experiences to develop this skill with occupational therapy students while abroad. Educators looking to travel with students on international service learning should provide a balance of traditional clinical activities accurately identifiable to students and cultural activities that are authentic and not accessed by a typical tourist. Avoidance of being stereotypical tourists, immersion in the real culture and day to day life rhythms, genuine interactions with locals, and service to real people in underserved populations would also be characteristics of potentially impactful international service learning experiences based on this study.

## Conclusion

Occupational therapy students experienced a statistically significant increase in cultural sensitivity skills after a service learning experience to Morocco that intentionally provided clinical and cultural activities. Contributing factors for this positive growth included authentic experiences that led to development of communication skills with genuine interactions and overcoming of language barriers. Qualitative interviews supported the quantitative findings that the clinical and cultural activities had a similar impact on developing skills to provide culturally sensitive care. Interviews revealed the most difference came from both sets of activities being intentionally authentic, respectful, and culturally immersive in Morocco.

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## References

- Aldrich, R. M., & Grajo, L. C. (2017). International educational interactions and students' critical consciousness: A pilot study. *American Journal of Occupational Therapy, 71*(5), 7105230020p1-7105230020p10. <https://doi.org/10.5014/ajot.2017.026724>
- Alexander-Ruff, J.H., & Kinion, E.S. (2019). Developing a cultural immersion service-learning experience for undergraduate nursing students. *Journal of Nursing Education, 58*(2), 117-120. <https://doi:10.3928/01484834-20190122-11>
- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4<sup>th</sup> ed.). *American Journal of Occupational Therapy, 74*, 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>
- Balcazar, F. E., Suarez-Balcazar, Y., & Taylor-Ritzler, T. (2009). Cultural competence: Development of a conceptual framework. *Disability and Rehabilitation, 31*(14), 1153–1160. <https://doi.org/10.1080/09638280902773752>
- Brown, E. V. D., Muñoz, J. P., & Powell, J. M. (2011). Multicultural training in the United States: A survey of occupational therapy programs. *Occupational Therapy in Health Care, 25*(2-3), 178-193. <https://doi:10.3109/07380577.2011.560240>
- Cabatan, M. C. C., & Grajo, L. C. (2017). Internationalization in an occupational therapy curriculum: A Philippine-American pilot collaboration. *American Journal of Occupational Therapy, 71*(6), 7106165010p1-7106165010p9. <https://doi.org/10.5014/ajot.2017.024653>
- Central Intelligence Agency (2020). *Morocco travel facts*. <https://www.cia.gov/library/publications/resources/the-world-factbook/attachments/travel/MO-travel-facts.pdf>
- Cipriani, J. (2017). Integration of international service learning in developing countries within occupational therapy education: Process and implications. *Occupational Therapy in Health Care, 31*(1), 61-71. <https://doi.org/10.1080/07380577.2016.1244734>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches*. (4th ed.). SAGE.
- Darawsheh, W., Chard, G., & Eklund, M. (2015). The challenge of cultural competency in the multicultural 21st century: A conceptual model to guide occupational therapy practice. *Open Journal of Occupational Therapy, 3*(2). <https://doi.org/10.15453/2168-6408/1147>

- Fell, D.W., Kennedy, E., & Day, J.M. (2019). Mixed methods study: A one-week international service project enhances healthcare competencies. *Journal of Interprofessional Care*, 33(5), 437-445. <https://doi.org/10.1080/13561820.2018.1544547>
- Grandpierre, V., Milloy, V., Sikora, L., Fitzpatrick, E., Thomas, R., & Potter, B. (2018). Barriers and facilitators to cultural competence in rehabilitation services: A scoping review. *BMC Health Services Research*, 18(1), 23. <https://doi.org/10.1186/s12913-017-2811-1>
- Hall, B., Lorenzo, A., Matte, D., & Mozolic-Staunton, B. (2018). Evaluation of international service learning model of health promotion in a developing country. *International Journal of Work-Integrated Learning*, 19(4), 399-412.
- Hardy, K. V., & Laszloffy, T.A. (1995). The cultural genogram: Key to training culturally competent family therapists. *Journal of Marital and Family Therapy*, 21(3), 227-237. <https://doi.org/10.1111/j.1752-0606.1995.tb00158.x>
- Ho, G.W.K. (2016). Examining perceptions and attitudes: A review of Likert-Type scales versus Q-Methodology. *Western Journal of Nursing Research*, 39(5), 674-689. <https://doi.org/10.1177/0193945916661302>
- Humbert, T.K., Burket, A., Deveney, R., & Kennedy, K. (2012). Occupational therapy students' perspectives regarding international cross-cultural experiences. *Australian Occupational Therapy Journal*, 59(3), 225-234. <https://doi.org/10.1111/j.1440-1630.2011.00987.x>
- Iwama, M. (2007). Culture and occupational therapy: Meeting the challenge of relevance in a global world. *Occupational Therapy International*, 14, 183-187. <https://doi.org/10.1002/oti.234>
- Johnson, A. M., & Howell, D. M. (2017). International service learning and interprofessional education in Ecuador: Findings from a phenomenology study with students from four professions. *Journal of Interprofessional Care*, 31(2), 245-254. <https://doi.org/10.1080/13561820.2016.1262337>
- Kaddoura, M., Puri, A., & Dominick, C. A. (2014). International academic service learning: Lessons learned from students' travel experiences of diverse cultural and health care practices in Morocco. *Journal of Nursing Education*, 53(1), 45-47. <https://doi.org/10.3928/01484834-20131223-01>
- Kaihlanen, A.M., Hietapakka, L., & Heponiemi, T. (2019). Increasing cultural awareness: Qualitative study of nurses' perceptions about cultural competence training. *BMC Nursing*, 18(3). <https://doi.org/10.1186/s12912-019-0363-x>
- Keane, E. & Provident, I. (2017). Combining online education with international service learning to increase cultural competence. *Internet Journal of Allied Health Sciences and Practice*, 15(3), 6.
- Laszloffy, T., & Habekost, J. (2010). Using experiential tasks to enhance cultural sensitivity among MFT trainees. *Journal of Marital and Family Therapy*, 36(3), 333-346. <https://doi.org/10.1111/j.1752-0606.2010.00213.x>
- Leedy, P.D. & Omrod, J.E. (2016). *Practical research: Planning and design* (11th ed.). Pearson.

- Maloney, S. M., & Griffith, K. (2013). Occupational therapy students' development of therapeutic communication skills during a service-learning experience. *Occupational Therapy in Mental Health*, 29(1), 10-26. <https://doi.org/10.1080/0164212X.2013.760288>
- Miliken, B. (2020). Clients' perspectives of spirituality in occupational therapy: A retrospective study. *Open Journal of Occupational Therapy*, 8(4), 1-19. <https://doi.org/10.15453/2168-6408.1666>
- Morocco in detail: Etiquette*. (n.d.). Lonely Planet. <https://www.lonelyplanet.com/morocco/a/nar/ccc66649-1e3e-4b0e-8375-8d4d6ea01dff/355491>
- Muñoz, J. P. (2007). Culturally responsive caring in occupational therapy. *Occupational Therapy International*, 14(4), 256–280. <https://doi.org/10.1002/oti.238>
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality and Quantity*, 52(4), 1893-1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Schell, B., & Gillen, G. (2019). *Willard and Spackman's occupational therapy* (13th ed.). Wolters Kluwer.
- Taylor, R.R., & Melton, J. (2009) Therapeutic use of self: A model of the intentional relationship. In: Duncan, E. A. S. (Ed.) *Skills for Practice in Occupational Therapy* (pp. 123-244). Elsevier Ltd.