Student Perceptions of Professional Identity and Cultural Competence

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Agenda

- Introduction
- Key concepts
- Purpose
- The study
  - Literature
  - Methods
  - Data/Results
- Theory
- Implications and future research
- Questions
Who am I?

- Dr. Shannon Rose Godsey
  - Education
  - Employment
  - Cultural Background
  - Focus of doctorate
“We have not really asked the crucial and difficult questions of relevance of our profession to and with the communities we serve”

—M. Iwama (2006, p. 7)
Problem

- **Cultural Competence (CC):** Sensitivity to cultural and linguistic differences that affect the identification, assessment, treatment and management of communication disorders and differences in persons (ASHA, 2004)

- **Culture:** The customary beliefs, social forms, and material traits of a racial, religious or social group (ASHA, 2009)

ASHA, 2011
Culture

- The customary beliefs, social forms, and material traits of a racial, religious or social group (ASHA, 2009)
- A dynamic social phenomenon that changes depending on location and time (Iwama, 2006)
- **Worldview**—that fundamental set of cultural beliefs that shape people’s understanding of themselves, their relation to others, to nature and to ways of explaining the world (Bichenbach, 2009)
Cultural Competence

✧ Sensitivity to cultural and linguistic differences that affect the identification, assessment, treatment and management of communication disorders and differences in persons (ASHA, 2004)

✧ Understanding others’ world views (Deardorff, 2004)
Current Models of CC

General Models

- Hofstede and Hofstede
- Cultural Dimensions
- Bennett
- Developmental Model of Intercultural Sensitivity (DMIS)
- Intercultural Development Inventory (IDI)

Health Care Models

- Purnell and Paulanka
- The Purnell Model for Cultural Competence
- Leininger
- Culture Care Theory: The Sunrise Model
- Campinha-Bacote
- The Process of Cultural Competence
- Inventory for Assessing the Process of Cultural Competence Among Health Care Professionals-Revised (IAPCC-R)
- Iwama
- Kawa Model
Professional Identity

Process

Contextual

Self-awareness**
Communities of Practice

✦ Social theory of learning

✦ Develop a professional identity through:

✦ Mutual Engagement
✦ Joint enterprise
✦ Shared repertoire
Purpose

- **Culture**: A dynamic social phenomenon that changes depending on location and time (Iwama, 2006)

- **Worldview**—that fundamental beliefs that *shape people’s understanding of themselves, their relation to others*...(Bichenbach, 2009)

- **Cultural Competence**: Understanding others’ *world views* (Deardorff, 2004)

- **Professional Identity**: Who we are within a profession
Questions

1. How do students at specific developmental levels of cultural sensitivity, as defined by the IDI, identify as a speech-language pathologist?

2. How do students (who have just begun to identify as speech-language pathologists) define cultural competence?
# Sources of literature

## Cultural Competence
- Nursing
- Occupational Therapy
- Social Work
- Speech-language Pathology
- Physical Therapy
- Medicine
- Education
- Study Abroad
- General literature (health care, handbook, etc.)

## Professional Identity
- Speech-language Pathology
- Social Work
- Occupational Therapy
- Nursing
- Medicine
- Engineering
- Education
- General literature (Wenger, etc.)
Methodology

- **Grounded Theory**
  - Intended to generate theory that may explain practice or provide a framework for future research (Creswell, 2007).
  - Application to social process and human interactions makes it appropriate for speech-language pathology (Skeat and Perry, 2008)

- **Stratified purposeful criterion sample**
  - Second-year graduate students enrolled in SLP programs
  - Analysis across Intercultural Development Inventory (IDI) orientations

- **Data collection**
  - Demographic questionnaire
  - IDI
  - One-hour interview

- **Analysis**
  - Constant comparison analysis: initial and focused coding (Charmaz, 2006)
  - Thematic coding (Glesne, 2006)
Grounded Theory

🔹 Intended to move beyond description of experiences, to generate theories that may explain practices or provide frameworks for future research (Creswell, 2007).

🔹 Consists of systematic yet flexible guidelines for collecting and analyzing qualitative data to construct theories “grounded” in the data (Charmaz, 2006).

🔹 Application to social processes and human interactions makes it appropriate for speech-language pathology (Skeat and Perry, 2008)
IDI Orientations

- Denial
- Polarization
- Minimization
- Acceptance
- Adaptation

Hammer, 2009
### Distribution of scores

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* chosen for analysis
Themes and Categories

专业人士身份

四个主题

十二个类别

文化胜任力

两个主题

九个类别
Professional Identity

Making Meaning

Helping
Serving
Changing lives
Professional Identity

Defining the work

- Work
- EBP
- Methods of practice
- Skills
- Community
- Perspective
“That’s a cultural perspective that we have is that speech pathology is good and useful and so if you need it you should be receiving the services.” (Drew)
Professional Identity

- Teaching
- Advocacy
- Counseling
- Clients
- Profession

Negotiating Roles

Dr. Shannon R. Godsey
Professional Identity

“A very affluent former medical researcher [who] had a stroke ten years ago, and was beginning to show signs of dementia and possible Parkinson’s disease, and was concerned about language comprehension”
Cultural Competence

Culture

- Cultural self-awareness
- Cultural interactions
- Professional culture
- Perspective
Cultural Competence

Defining cultural competence

- Knowledge
- Skills
- Awareness
- Self-awareness
- Experience
“Being aware that...a lot of people are not as white as I am...and with other cultures comes dialect differences... what’s appropriate eye contact [and] appropriate volume [and] appropriate rate.” (Randy)
Connecting Constructs

- Evidence that both are developmental *processes*
- Both involve
  - Knowledge
  - Skills
  - Attitudes
- Connect at the point of *interaction*
  - Between provider and client
  - Between provider and colleague
Missing from the data

**Relationships**
- Stimpson & Martin, 05; Iwama 06 & 09; Beach et al, 05; Kim, 09; Bennett, 09; Deardorff 04 & 06; Munoz, 07; Campinha-Bacote, 02

**Interactions**
- Campinha-Bacote, 02; Beijaard et al, 04; Chreim, 07; Iwama, 06 & 09; Stockman et al, 08; Mann, 11; McAllister, 05; Trembath, 06; Srivastava, 07; Fagermoen, 97; Bennett, 09; Deardorff, 04 and 06; Spitzberg & Changnon, 09; Niemi, 97; Cohen, 10; Sutherland, 10; Wenger, 98; Anand & Lahiri, 09; Edwards & Dirette, 10

**Communication WITH clients**
- Walsh, 05; Iwama, 06 & 09; Ferguson, 09; Wenger, 98; Gibson and Zhong, 09; Srivastava, 07
Theory

Interactive Cultural Relationships

- Recognize every interaction between a provider (SLP) and client or colleague is a cultural relationship
- Focus on communication with clients
- Alert students to tacit learning: identity and culture
- Understand a professional “self” in the relationship
- Teach students how to learn instead of what to learn
Implications and conclusions

- Recognize cultural relationship in every interaction
- Responsibility of the learner
- Flexibility
  - Not limited to geography and/or group labels
  - Conducive to global expansion of the profession
- Change the discourse of the profession
- Clinical component of curriculum is opportunity for interactions
- Relevant beyond speech-language pathology
How to apply ICR?

✧ In the classroom:
  ✧ Define the interactions NOT the client
  ✧ Ask questions about perceptions
  ✧ Think about relationships
    ✧ Who do you represent to the client?
    ✧ What are the client’s intentions/expectations/desires?

✧ In the therapy room:
  ✧ Define the interactions NOT the client
  ✧ Ask questions about perceptions
  ✧ Think about relationships
    ✧ Who do you represent to the client?
    ✧ What are the client’s intentions/expectations/desires?
Limitations

- Sample size
- Diversity of sample
  - Demographically similar
  - Professionally similar
  - Similar in cultural (IDI) orientation

*Is it representative of SLPs and if it is, is this acceptable?*
Future research

- Perceptions of faculty, practitioners, other professionals and clients
- Testing the theory: Pedagogy
  - Comfort and ability of faculty to use ICR
  - Changes in student levels of cultural competence
  - Impact on clinical outcomes
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