Creating opportunities for cultural awareness in occupational therapy:

An example from Latin America

Daniela Castro

Department of Health and Rehabilitation
Institute of Neuroscience and Physiology
Sahlgrenska Academy at University of Gothenburg

UNIVERSITY OF GOTHENBURG

Gothenburg 2016

Doctoral dissertation in Health Care Sciences

University of Gothenburg, 2016

Creating opportunities for cultural awareness in occupational therapy: an example from Latin America

daniela.castro@neuro.gu.se
Cover illustration: Viva Latinoamérica by Jaime Castro

ISBN 978-91-628-9806-9 (Print)
ISBN 978-91-628-9807-6 (PDF)
Available at http://hdl.handle.net/2077/40447

Printed by Ineko AB. Gothenburg, Sweden. 2016

No hay palabra verdadera que no sea unión inquebrantable entre acción y reflexión. ***Decir la palabra verdadera es transformar al mundo.***

(P. Freire, *Pedagogía del Oprimido*)

Be patient toward all that is unsolved in your heart and try to love the questions themselves, like locked rooms and like books that are now written in a very foreign tongue. Do not now seek the answers, which cannot be given you because you would not be able to live them. And the point is, to live everything. ***Live the questions now****. Perhaps you will then gradually, without noticing it, live along some distant day into the answer.*

(RM Rilke, *Letters to a young poet*)

Creating opportunities for cultural awareness in occupational therapy:

An example from Latin America

Daniela Castro

Department of Health and Rehabilitation,
Institute of Neuroscience and Physiology
Sahlgrenska Academy at University of Gothenburg
Gothenburg, Sweden

ABSTRACT

Aim: to explore how awareness of cultural issues is being applied within occupational therapy to address some of the challenges relating to professional education and practice.

Methods: In Study I an integrative literature review was conducted, exploring occupational therapy and culture in the articles published between 2006 and 2011. Thirty-nine articles matched the inclusion criteria. Study II used a content analysis to identify the experiences on culture in personal and professional terms among Chilean occupational therapists (*n*=10). In situ and distance interviews were conducted. Study III comprised the development and content validity of an instrument to assess cultural awareness in occupational therapy students in Latin America. Experts (heads of programs and faculty members) from four countries in the region participated in the successive rounds of consultation. Study IV was oriented to evaluate the test-retest reliability of Escala de Conciencia Cultural para Estudiantes de Terapia Ocupacional en América Latina (ECCETO) - Cultural Awareness Scale for Occupational Therapy Students in Latin America. New graduates (*n*=10) and students from four countries (*n*=26) participated in the two phases in the study.

Results: the literature demonstrated in occupational therapy, there are two dimensions and a group of forces which impact the usage of culture within the profession. Culture is a dynamic and permanent change phenomenon. The notion of occupational therapy as a culture was identified (study I). Ongoing negotiations in personal and professional terms are necessary to be implemented across therapeutic encounters as practitioners are being

challenged in terms of their values, beliefs and strategies. Relevant features for practice are highly context dependent in socio-historical and political terms (study II). The development of the Escala de Conciencia Cultural para Estudiantes de Terapia Ocupacional en América Latina (ECCETO) [Cultural Awareness Scale for Occupational Therapy Students in Latin America], considered item construction, content validity and evaluation of test-retest reliability. The scale considers 30 items distributed in three categories, considering personal, professional and clients' cultures. The scale has showed promising psychometric characteristics (study III & IV).

Conclusions: the studies included in this thesis enlighten some of the current challenges in developing cultural awareness within the occupational therapy community, both in individual and collective terms. Students, practitioners, educators and scholars are being challenged to address an increasingly complex practice worldwide and in local contexts. Practice is being shaped by ongoing social changes, considering issues of globalization, technology development and migration. Regardless of the implications of these universal phenomena, local conditions for practice must be addressed. Local conditions may influence the understanding and experience of professional values and performance. Cultural awareness therefore needs to be developed in the early stages of professional education in order to maintain and increase the social relevance within the occupational therapy discipline.

Keywords: Allied health occupations; Cultural diversity; Professional Education; Professional practice; Qualitative research; Statistical data interpretation; South America.

ISBN: 978-91-628-9806-9 (Printed)

http://hdl.handle.net/2077/40447

SAMMANFATTNING PÅ SVENSKA

Arbetsterapi idag utmanas bland annat av globalisering, teknikutveckling och migration, och utifrån ett arbetsterapeutiskt perspektiv är kulturell medvetenhet ett relevant begrepp då det utmanar och utmanas av synen på de personer vi arbetar med, hälso- och sjukvårdssystemen samt olika lokala sammanhang. Kulturell medvetenhet innebär utforskning av värderingar, övertygelser, fördomar och antaganden om oss själva, yrket och de personer som vi arbetar med och för som arbetsterapeuter. Men även om kulturell medvetenhet är ett globalt fenomen kan lokala särdrag som politik och sociohistoriska förhållanden påverka utvecklingen av kulturell medvetenhet i yrket. Den arbetsterapeutiska kunskapen har dessutom främst utvecklats i engelskspråkiga länder, vilket kan göra att den inte fullt ut svarar upp mot behov och särdrag i andra länder och regioner, som exempelvis Latinamerika. Syftet med avhandlingen var därför att undersöka aktuella utmaningar för arbetsterapi i fråga om kulturell medvetenhet i en latinamerikansk kontext. Avhandlingen baseras på fyra delstudier, varav den första utgjordes av en integrativ litteraturgenomgång, den andra av intervjuer med chilenska arbetsterapeuter, och den tredje och fjärde av utvecklandet av en skala för att bedöma kulturell medvetenhet hos arbetsterapeutstudenter i Latinamerika. I utvecklingen av skalan deltog arbetsterapeuter på olika nivåer; programansvariga, lärare, nyexaminerade och studenter från sammanlagt fem länder. Sammantaget påvisar studiernas resultat vikten av en tidig utveckling av kulturell medvetenhet, vilket kan fungera som en nyckel till att genomföra arbetsterapeutisk yrkesutövning. Betydelsen av socio- historiska och politiska förhållanden måste dock beaktas vid implementering av kulturell medvetenhet i arbetsterapeutisk praxis, och yrket måste utveckla samarbetsstrategier för att bredda kunskapen om olika yrkestraditioner runtom i världen, med hänsyn till komplexiteten i globala och lokala sammanhang.

RESUMEN EN CASTELLANO

Creando oportunidades para la conciencia cultural en terapia ocupacional: Un ejemplo desde América Latina

La conciencia cultural es la auto-exploración de los valores, creencias, prejuicios y suposiciones acerca de nosotros mismos, la profesión y las personas con las que trabajamos (usuarios y equipo de trabajo) en los servicios de salud. En el caso de terapia ocupacional, esto es importante porque la conciencia cultural es desafiada por los usuarios, los sistemas de salud y los contextos locales. Aunque este es un fenómeno universal, las características locales respecto a las condiciones políticas y socio-históricas afectan el desarrollo de la conciencia cultural en la profesión. Adicionalmente, debe considerarse que el conocimiento en terapia ocupacional ha sido desarrollado principalmente en los países de habla inglesa y de Europa occidental, por lo que puede no ajustarse a las necesidades y características de otras regiones. América Latina es usada para ejemplificar este fenómeno. El objetivo de esta tesis fue poder examinar los desafíos actuales para la terapia ocupacional en relación a la conciencia cultural, mirando desde la situación de América Latina. Se desarrollaron cuatro estudios, considerando una revisión integrativa de la literatura (estudio I), entrevistas con terapeutas ocupacionales chilenos (estudio II), y el desarrollo de una escala para evaluar conciencia cultural en estudiantes de terapia ocupacional en América Latina (estudios III y IV). En el desarrollo de la escala, los directores de programa, académicos, recién graduados y estudiantes de terapia ocupacional en cinco países de la región participaron. Los resultados mostraron la importancia del desarrollo temprano de la conciencia cultural como un factor clave en el desarrollo de la profesión, actualmente desafiada por la globalización, desarrollos tecnológicos y migraciones. Los aspectos socio-históricos y políticos deben ser considerados en la implementación de prácticas culturalmente relevantes en contextos locales y globales. La profesión debe desarrollar estrategias colaborativas para el aprendizaje mutuo respecto de las distintas tradiciones de la profesión alrededor del mundo.

LIST OF PAPERS

This thesis is based on the following studies, referred to in the text by their Roman numerals.

(I) Castro, D., Dahlin-Ivanoff, S., & Mårtensson, L. (2014). Occupational therapy and culture: a literature review. *Scandinavian Journal of Occupational Therapy, 21:* 401-414. doi: 10.3109/11038128.2014.898086

(II) Castro, D., Dahlin-Ivanoff, S., & Mårtensson, L. (2016). Feeling like a stranger: negotiations with culture as experienced by Chilean occupational therapists. *Scandinavian Journal of Occupational Therapy,* Advance online publication. doi: 10.3109/11038128.2016.1152295

(III) Castro, D., Dahlin-Ivanoff, S., & Mårtensson, L. (2016). Development of a Cultural Awareness Scale for Occupational Therapy Students in Latin America: a Qualitative Delphi study. *Occupational Therapy International,* Advance online publication. doi: 10.1002/oti.1424

(IV) Castro, D., Dahlin-Ivanoff, S., & Mårtensson, L. (2016). Test-retest reliability evaluation of the Escala de Conciencia Cultural para Estudiantes de Terapia Ocupacional en América Latina (ECCETO) - Cultural Awareness Scale for Occupational Therapy Students in Latin America. *Submitted for publication.*

The above papers have been reprinted

with kind permission from the publishers

CONTENT

Abbreviations

AOTA	American Occupational Therapy Association
CA	Cultural Awareness
CI	Confidence Interval
CLATO	Confederación Latinoamericana de Terapeutas Ocupacionales
ECCETO	Escala de conciencia cultural para estudiantes de terapia ocupacional en América Latina.
ENOTHE	European Network of Occupational Therapy in Higher Education Occupational Therapy
OT	Occupational therapy
OTs	Occupational therapists
PA	Percentage of Agreement
PAHO	Pan-American Health Organization
UNESCO	United Nations Educational, Scientific and Cultural Organization
RP	Relative Rank Position
RV	Relative Variance
WFOT	World Federation of Occupational Therapists
WHO	World Health Organization

1. PREFACE

This thesis represents a personal journey, as it articulates collective reflections shared with colleagues and friends during the course of my professional life. The inspiration to embrace this journey stems from my experience as an occupational therapy (OT) practitioner and lecturer in Chile. While teaching conceptual models of practice, it was inevitable that I should question myself and, more broadly, the profession's theoretical foundations and its effects on practice. Curious undergraduate students with never ending questions were challenging me in this regard. Year after year, they queried the idea of the person, the lack of a collective understanding of life, and the various limits of our prevailing professional knowledge in relation to local practices. These questions served as the starting point of my research project.

My professional values, beliefs and assumptions were repeatedly challenged by the project's findings that emerged progressively. These findings differed from those in the established literature. They increasingly signaled gaps and paradoxes in OT discourses, and especially in knowledge production within the discipline. I had an opportunity to compare my findings with my personal experiences as a practitioner in Chile, as well as with my supervisors' reflections. It was necessary to relate the theoretical approach that was initially applied in the research project to the reality of practice and to the possibility of providing concrete tools for reflection. This not only implied a need to redesign the research plan but also prompted me to make professional and personal changes as an occupational therapist, researcher and an individual.

My self-transformation was shaped by my situation as an immigrant in Sweden. Specifically, my exposure to a new language and to local traditions, routines, rituals, time use and values, weather, social interactions, and codes of behavior enabled me to discover new sides of myself. I was able to deeply explore my own heritage, values and assumptions and thereafter to assess how the experience of being a doctoral student in a foreign context redefined my understanding of life beyond the academy.

2. INTRODUCTION

Daily interactions, including therapeutic encounters, are shaped by multiple agents. Given the dynamic emergence of phenomena such as political crises, globalization and social change in a world that is continually changing, the manner in which these agents appear is complex. In addition, health care systems are being challenged by migration, epidemics and technological development, from the perspectives of both service seekers and practitioners (Christopher, Wendt, Marecek, & Goodman, 2014).Therefore, diversity is anticipated in the provision of healthcare services, even if these services tend to be standardized by sanitation regulations (Napier et al., 2014). A lack of awareness regarding personal and professional values could exerts a major iatrogenic effect in interventions, worldwide, involving diverse groups in different contexts (Guajardo, Kronenberg, & Ramugondo, 2015). The cultivation and exercise of cultural awareness (CA) offers a useful approach for addressing diversity in an appropriate manner and reducing the emergence of cultural dilemmas within health care (Kinébanian & Stomph, 2009).

As a healthcare profession, OT is not immune to this challenge that prevails within professional education and practice. Appropriate development of CA within OT is particularly salient as occupations are shaped by culture (Kinébanian & Stomph, 2009). There has been a global expansion of OT, which serves highly diverse populations that are experiencing social vulnerability, beyond the profession's origins in English-speaking and Western European countries (Hammell, 2011; Zango Martín, Flores Martos, Moruno Millares, & Björklund, 2015). Over a period of almost a century, knowledge within the OT profession has mostly developed within these originating countries (Iwama, 2006). Thus, knowledge produced within the profession can be assumed to have been shaped by the multiple experiential spheres in the contexts in which it was developed. More recently, critical reflection on the impacts of the domination of Western and English language-based knowledge production has been evident (Hammell, 2009; Trentham, Cockburn, Cameron, & Iwama, 2007), given the assumption that OT's core constructs are universally applicable (Hammell, 2009;Iwama, 2003; Kelly & McFarlane, 2007). The development of CA is thus required more broadly, in relation to all providers of healthcare services in contexts in continuous change. Stakeholders, practitioners, educators, scholars and students need to engage in an exploration of their personal and professional values, beliefs, assumptions and prejudices to meet the challenges entailed in the current dynamic reality (Lipson & Desantis, 2007; Rew, Becker, Cookston, Khosropour, & Martinez, 2003).

3. BACKGROUND

3.1. Understanding of cultural awareness in healthcare

The state of flux of societies, worldwide, and a growing understanding of the importance of diversity and complexity in the provision of health care services have emerged as key issues for consideration. A lack of awareness regarding the importance of these issues can have significant negative impacts on the provision of health care services. Specifically within healthcare, CA has been defined as 'a process whereby practitioners recognize their own cultural heritage, their biases and their capacities and limitations for treating culturally diverse clients. Active reflection directed at understanding themselves and others as cultural beings is a key aspect of building cultural awareness' (p.266) (Muñoz, 2007). Additionally, CA may require the development of 'a critical view of cultural differences, [and of] people's experiences of oppression and marginalization, class differences, discrimination, [and] racism' (p.7) (Suarez-Balcazar et al., 2011). Therefore, healthcare practitioners must become aware of how they are influenced by their personal and professional values, in relation to their practice and therapeutic encounters (Christopher et al., 2014).

The following characteristics of CA within healthcare have been described within the literature (Campinha-Bacote, 2002; Kinébanian & Stomph, 2009; Muñoz, 2007; Papadopoulos, 2006; Suarez-Balcazar et al., 2009):

- Self-examination and active reflection
- Values and beliefs
- Prejudices and biases
- Personal and professional heritages
- Vulnerability and social exclusion

Professional reasoning that is based on complexity requires practitioners to understand elements of their daily lives, including their actions and interactions, as a system of relations that enables them to sustain open and critical CA regarding their performance (Christopher et al., 2014; Doll Jr & Trueit, 2010). In practice, CA is a strong requirement as the individuals requesting health services are usually considered 'different'. Cultural awareness is a necessary consideration as the experiences of these individuals do not appear to be aligned with health care systems or with the providers' own experiences (Campinha-Bacote, 2002; Kinébanian & Stomph, 2009;

Papadopoulos, 2006). A consideration of CA in practice includes an understanding of human beings and their interactions in terms of their own inner complexity (Tenbensel, 2013). Therefore, in their practice, the awareness of healthcare providers relating to their own values and prejudices is as important as their awareness of clients' experiences and beliefs (Beagan, 2003).

CA practices include effective communication (Coffin, 2007), culturally responsive caring (Muñoz, 2007), personal development (Ong-Flaherty, 2015) and a respectful, tolerant and open attitude regarding the experiences of individuals seeking OT services (Murden et al., 2008). Conversely, practices entailing an absence of CA include the practitioner's imposition of his or her own values and beliefs, misinterpretation of health or social conditions (Niemeier, Burnett, & Whitaker, 2003), stigmatization and/or discrimination (Murden et al., 2008), causing harm or engaging in unethical practices (Christopher et al., 2014). The latter indicate a form of 'values myopia', entailing an assumption that the practitioner's values are the same as those of others and should therefore not be questioned (Aguilar, Stupans, Scutter, & King, 2012; Fulford, 2004). To prevent the occurrence of values myopia, the importance of CA must be acknowledged in clinical, community and school settings, or in any other spaces in which therapeutic encounters take place (Napier et al., 2014).

Cultural dilemmas may surface when healthcare students and practitioners do not actively develop their CA to meet challenges emerging from complexity in practice. Such dilemmas can arise when professional ethics, values, meanings and beliefs confront and subsequently clash with the uniqueness of each person or group (Gallagher, 2006). Five potential types of cultural dilemma have been described in the healthcare literature (Gallagher, 2006). The first relates to universalistic versus local approaches regarding ethics in healthcare as local cultures could entail specific predominant values (Gallagher, 2006). Consequently, practitioners are challenged to become aware of their social positions, as well as of the social structures in which their practice is embedded. The second type of cultural dilemma concerns respect for autonomy that can vary between collectivistic and individualistic societies (Gallagher, 2006). Autonomy, independence and self-determination are valued in different ways within diverse contexts. Consequently, practitioners must actively exercise CA in relation to their professional values and experiences. The third type of cultural dilemma could emerge from a collision of the ethics of healthcare providers and services with those of the service seekers (Gallagher, 2006). When practitioners are culturally unaware, they may misjudge clients' expectations, health conditions and needs, thereby increasing the risks for misunderstandings. The fourth type of cultural

dilemma could manifest when an individual's values oppose those of others, and could even be harmful (Gallagher, 2006). In this case, practitioners are challenged to develop their CA to understand and detect potentially harmful situations. The final type of dilemma centers on the healthcare provider and entails the potential implementation of unsafe practices in cases where the provider neglects to apply the required holistic approach (Gallagher, 2006). This last type of dilemma implies the articulation of CA in terms of personal, professional and contextual issues that the service provider must consider.

Culturally aware practices are required in contexts shaped by complexity and ongoing change. Therefore, the development of CA among practitioners and students would be of relevance. Students undergoing a professional education may need to develop their CA to understand their own social position, recognize the entailed privileges and consequently the possible exercise of power during therapeutic encounters (Beagan, 2003; Napier et al., 2014). Similarly, fieldwork activities should provide students with the opportunity to exercise their CA as they interact with diverse individuals (supervisors, team members, individuals seeking services and communities). This is pertinent to develop an understanding of the caring, social and political aspects of service delivery in complex contexts (Beagan, 2003). By cultivating CA, students may remain curious, attentive and develop the attitude of an apprentice within therapeutic encounters (Furlong & Wight, 2011).

While CA cultivation appears to be an individual challenge, it is simultaneously a collective one as shared professional ideas and values need to be examined (Mackey, 2007). Cultural awareness cultivation is necessary within every healthcare profession, and is particularly challenging within the OT profession. These challenges emerge as a result of the inner complexity and context dependence of occupations and occupational performance, both for clients and practitioners.

3.2. Challenges raised by cultural awareness in occupational therapy

The development of CA may challenge OT in different ways. A major challenge can be seen in relation to the profession itself. Occupational therapy entails its own behavioral norms, beliefs, habits, routines, rituals, shared myths and values (Kelly & McFarlane, 2007; Mackey, 2007). The recent literature evidences a lack of consensus within documents and among major professional organizations regarding OT's core values (Drolet, 2014). This lack of consensus can lead to confusion and misunderstandings among

practitioners and professional bodies (Drolet, 2014). Even if there is a shared understanding of professional values among all practitioners, these values are highly influenced by the sociohistorical contexts of practice (Martimianakis, Maniate, & Hodges, 2009; Watson, 2006). Therefore, the same value can be experienced and understood in different ways depending on the context (Misch, 2002). This poses a challenge to the development and exercise of CA in OT, as professional education tends to be shaped by international guidelines on professional knowledge entailing similar approaches.

In addition to the issue of a lack of consensus regarding professional values, the literature has described a blurring of the OT professional identity (Mackey, 2007). This perceived blurring has historically been influenced by the construction of knowledge within the profession. Professional knowledge itself expresses a set of values and beliefs that tend to be taken for granted and remain unquestioned (Hammell, 2009; Kelly & McFarlane, 2007). Moreover, as in the case of the social sciences, OT has its own body of general theory (Connell, 2007) that sustain generalized constructs such as human occupation, independence or autonomy. These constructs are expected to be applicable in a manner that is mostly value-free, ahistorical and decontextualized (Hammell, 2011). This mode of generalization appears to be a major constraint for the implementation of appropriate practices. In addition, a perceived gap between the literature and the actual contexts of practice has been identified (Kielhofner, 2009; Melton, Forsyth, & Freeth, 2009). Western, female, well-educated, middle-class values and a Protestant ethic have been identified as underlying values and ideas within the profession (Hammell, 2009; Kinébanian & Stomph, 2009). These tend to be expressed within conceptual models of practice that are commonly used within the profession and widely replicated (Iwama, 2006), without considering the impacts of practitioners' values and local contexts. The uncritical replication of conceptual models of practice may thus lead to culturally unaware practices.

Practitioners may not be aware of the hidden areas of professional knowledge. As internationally developed conceptual models of practice are replicated and translated from English, locally produced knowledge remains inaccessible to larger groups of practitioners and scholars in the field of OT (Kinébanian & Stomph, 2009). Research within this discipline reveals a lack of representation of non-English speaking groups/countries (Beagan, 2015; Castro, Dahlin-Ivanoff, & Mårtensson, 2014). The research produced in non-English contexts of practice is valued as being exotic and episodic but does not stimulate relevant shifts in the dominant knowledge (Connell, 2007). The prevailing system of Western knowledge considers the observations of

human beings outside of the contexts in which they live and work. Thus, their backgrounds remain largely unacknowledged (Furlong & Wight, 2011). A lack of awareness regarding the intended universalism of the knowledge developed within the profession can have pervasive effects. In the long term this can be detrimental in terms of fulfilling the profession's aims and social roles (Iwama, 2007). These hidden aspects are challenging for practitioners who interpret and use professional knowledge in diverse contexts.

Dynamic and challenging contexts relating to the provision of healthcare services are impacting OT worldwide. The retention of static or universalistic understandings of diversity undermines its social relevance in local contexts of practice. Every person, and therefore every occupational therapist, is subject to a diversity of influences emanating from their personal stories, cultures of reference and surrounding contexts (Muñoz, 2007). It is thus highly likely that personal and professional values will be challenged within therapeutic encounters. This provides a unique opportunity to exercise CA in understanding occupations, which have been described as a complex phenomenon (Persson, Erlandsson, Eklund, & Iwarsson, 2001). Occupations comprise the central concept and therapeutic strategy used in OT. They can be challenged by personal, social, political or contextual issues, singly or in combination. Another challenge concerns the emergence of cultural dilemmas in relation to the individuals seeking OT services. When OT practitioners or students address cultural dilemmas in their practice, their actions tend to be based on their CA (Beagan & Chacala, 2012). However, this can be jeopardized because of the prevailing idea of setting aside their own personal values to maintain neutrality during therapeutic encounters (Bonder, Martin, & Miracle, 2004). The issue of neutrality is highly controversial as personal and professional values are inevitably conveyed during these encounters (Beagan & Chacala, 2012). Culturally aware OT students and practitioners should not remain neutral and are, in fact, strongly influenced by their own values, beliefs and experiences in attempting to understand the occupations, occupational performance, diagnosis, treatment and recovery processes of those seeking their services. Thus, the practitioners' own values, beliefs and experiences and those of the profession should enter into a dialog with those of the service seekers (Kinébanian & Stomph, 2009).

The professional challenges discussed here are faced by practitioners and students on a regular basis. In their professional education and practice, they should perceive themselves as cultural beings, exploring their own values, beliefs and assumptions (Muñoz, 2007). Even though professional education should keep a critical approach, there are examples in the literature of its lack of appropriate consideration of CA, as identified by OT practitioners and

students (Black & Wells, 2000; Muñoz, 2007; Pope-Davis, Prieto, Whitaker, & Pope-Davis, 1993). This gap contradicts explicit declarations regarding the value of CA and diversity for improving professional practice (Kinébanian & Stomph, 2009). If OT and the individuals who embody it (practitioners, faculty members, scholars and students) remain culturally unaware about themselves and the profession, the promise and relevance of OT in facilitating people to participate in their daily occupations will not be realized (Aguilar et al., 2012; Iwama, 2007).

3.3. Cultural awareness in relation to Latin American occupational therapy

The multiple and continuous changes that impact on the provision of OT services must be understood in a context-dependent manner if relevant practices are to be implemented. Local characteristics and conditions have shaped the profession's development and practices (Kinébanian & Stomph, 2009). Given its sociohistorical particularities, Latin America provides a unique setting for examining how these challenges are being experienced by OTs (Galheigo, 2014; Guajardo et al., 2015; Guajardo & Pollard, 2010) as discussed below.

The region can be defined as a geographical and political territory characterized by remarkable ecological, racial/ethnic, cultural, economic and social diversity (Castree, Kitchin, & Rogers, 2013; Wade, 2010). The co-existence of several indigenous groups, Spanish and Portuguese colonization and conversion to Catholicism are factors that are common to the region as a whole (Castree et al., 2013; Inglehart & Carballo, 1997). Even if democratic states have endured in Latin America, several social conflicts have remained in the aftermath of the military dictatorships that prevailed during the 1970s and 1980s (Castree et al., 2013). The region has developed several public policy initiatives, entailing a strong focus on the privatization of public services such as health and education (Montané, Naidorf, & Teodoro, 2014).

The origins of this profession within the region are linked to sociohistorical and sanitation needs. It was initiated during the late 1950s and early 1960s (in 1959 in Argentina, Brazil and Venezuela; in 1963 in Chile; and in 1966 in Colombia) following political decisions made in the respective countries and a polio epidemic in the region (Briglia & García, 2013; Gómez, 2012; Gómez & Imperatore Blanche, 2010). Initially, professional education was strongly influenced by British and North American female therapists (Briglia & García, 2013; Gómez, 2012). Lack of cultural relevance in the professional

knowledge was critiqued by pioneering generations of OT practitioners within the region (Gómez, 2012; Guajardo & Galheigo, 2015).

Given the conditions associated with OT's origins within the region, we can identify particularities relating to CA in its development. The professional identities of Latin American OT practitioners are shaped by their awareness of their value as agents of social change (Galheigo, 2014; Guajardo & Galheigo, 2015). Moreover, these identities are sustained by their focus on collective health and human rights (Guajardo & Galheigo, 2015). Experiences relating to human rights are equally personal and professional for OT therapists in the region (Guajardo & Galheigo, 2015). Therefore, personal histories are linked to professional and national histories, thus shaping a called indigenous OT (Malfitano, Lopes, Magalhães, & Townsend, 2014). This orientation considers politics to be central within the profession and for developing an understanding of individuals as citizens who are in vulnerable situations, with the aim of promoting social participation and inclusion (Galheigo, 2014; Guajardo & Galheigo, 2015; Malfitano et al., 2014). This indigenous orientation within the profession is the basis of local professional identities. However, identity-related concerns appear to be more pertinent and difficult to resolve for practitioners working in non-dominant areas, as Western European and English-speaking countries, compared with those working in dominant ones who may take these for granted (Beagan & Chacala, 2012; Galheigo, 2014).

The organization of higher education systems in the region contributes further challenges that cannot be dismissed. This is because local characteristics influence how students approach social challenges and develop CA. The higher education system in Latin America demonstrates an idiosyncratic developmental pattern (Montané et al., 2014). This pattern has been shaped by social inequities and political/economic instability during the last century (Melguizo, 2015; Montané et al., 2014). Higher education within the region has been dominated by logics based on models of production that are prioritized over social relevance and quality (Avendaño, Nieto-Parra, Vásquez & Vever, 2015; Galheigo, 2014). Even with improved access, a gap remains in terms of quality, as regional universities are ranked low internationally (Avendaño et al., 2015). Given market regulation, the expansion of the education system has not been regulated, thus resulting in the emergence of several additional challenges. In the academic field of OT, these challenges include a lack of educators with sufficient training, limited or no time to conduct research, and insufficient time to support students with major educational needs (Avendaño et al., 2015; Correa Oliver et al., 2011). Additionally, increasing loads of bureaucratic work and the effects of fierce

competition among universities are resulting in the teaching arena being mined for occupational therapists (Correa Oliver et al., 2011). Given idiosyncratic patterns in the development of professional education within the region, the relation of CA to these issues is not known, and questions of professional identity and values have not been addressed within OT. The predominant focus on undergraduate education to satisfy the needs of the market creates further challenges. With the exception of Brazil, the availability of postgraduate courses and education for OT researchers is very limited within the region (Correa Oliver et al., 2011; Trujillo, 2013). Moreover, knowledge production in Spanish is limited, as is access to advanced English scientific publications (Guajardo et al., 2015; Magalhaes & Galheigo, 2010). Language barriers exist within Spanish- and Portuguese-speaking countries, restricting the possibilities of greater exchange occurring between programs and local associations (Correa Oliver et al., 2011). These combined challenges may restrict possibilities for the practitioners to become culturally aware, in practice, and consequently to respond to the particular societal needs of Latin America.

4. AIM

The overarching aim of this thesis was to explore how awareness of cultural issues is being applied within occupational therapy to address some of the challenges relating to professional education and practice.

4.1. Specific aims

- To identify and describe how culture as a broad phenomenon is expressed in occupational therapy research published in English between 2006 and 2011, as concerns knowledge development in the discipline and its impact on practice. (Study I).
- To explore how Chilean occupational therapists reflect on their personal and professional experiences in regard to the complexity of culture, and its different understandings and expressions. (Study II).
- To develop a scale to assess cultural awareness for Latin American occupational therapy students. (Study III).
- To evaluate the test - retest reliability of the Escala de Conciencia Cultural para estudiantes de Terapia Ocupacional en América Latina ECCETO (Cultural Awareness Scale for Occupational Therapy Students in Latin America) (Study IV).

5. METHODS

A variety of methodological approaches were applied, aimed at addressing the overall aim and specific questions of this thesis (see Table 1). The first component of the research project comprised an integrative literature review, as proposed by Whittemore and Knalf (Whittemore & Knafl, 2005). The second component entailed a qualitative content analysis, as proposed by Graneheim and Lundman (Graneheim & Lundman, 2004). The third component comprised a study based on a qualitative Delphi design (Hasson, Keeney, & McKenna, 2000; McKenna, 1994; Powell, 2003). The fourth and final component comprised a quantitative analysis, applying Svensson's method (Svensson, 1998, 2001)

Table 1. *Overview of the studies included in the thesis, considering the study population/material, design and data collection.*

	Study population / material	Study design	Data collection
Study I	Original articles including "culture" AND "occupational therapy" in the title, abstract and/or keywords, published between 2006-2011 (*n*=39)	Qualitative: Integrative literature review	Database search in CINAHL, Scopus and PubMed.
Study II	Chilean occupational therapists (*n*=10)	Qualitative: Content Analysis	Semi-structured interviews
Study III	Faculties and heads of occupational therapy programs in Latin America (*n*=15)	Qualitative Delphi design	Rounds of consultation to experts
Study IV	Newly graduated occupational therapists (*n*=10) & occupational therapy students in Latin America (*n*=26)	Quantitative: Svensson's method	Electronic scale (ECCETO)

5.1. Study I

Methodological choice and assumptions

The aim of this first study was to review recent publications and to systematize the available literature as a way that would facilitate an understanding of complex phenomena in a continuously changing world. This understanding encompasses rapid and ongoing challenges relating to the role of culture in the provision of healthcare and rehabilitation services. Even though culture has been described as a relevant concern within OT (Kinébanian & Stomph, 2009), only one literature review was available (Awaad, 2003). Therefore, a further review was required to update our understanding in this regard.

As no clinical questions were raised in this project, an integrative literature review was chosen. This method enables trends to be identified and examined, with the aim of presenting and critiquing current knowledge and synthesizing representative literature) (Torraco, 2005; Whittemore & Knafl, 2005). This kind of review is particularly useful when the literature describes different methods, and different trends co-exist for a given topic, as in the case of culture relating to healthcare (Torraco, 2005). The findings from an integrative literature review are particularly useful for clinicians, educators and students, who could be overwhelmed by the number and diversity of published studies on complex topics (Oxman & Guyatt, 1988). Once the review has been conducted, the findings are integrated in a way that enables new perspectives to be traced (Torraco, 2005; Whittemore & Knafl, 2005). These new perspectives allow to trace a research agenda, providing a baseline for reflection within further studies (Torraco, 2005). Consequently, provocative questions were expected to raise awareness regarding the relevance of culture as a factor in knowledge development and its impacts within OT practice (Torraco, 2005).

Literature search

The integrative literature review presented in this study was performed in accordance with the methodology applied by Whittemore and Knafl (Whittemore & Knafl, 2005). First a search was performed using three electronic databases: PubMed, the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and SciVerse Scopus (Scopus). These combined databases encompass a wide range of journals in the areas of medicine, health care and the social sciences. The search included ‘occupational therapy’ AND ‘culture’ as keywords over titles, abstracts and among the selected

keywords. A total of 378 publications with dates ranging between 2006 and 2011 were found within the databases. Therefore, the data for analysis corresponded to the retrieved articles (Torraco, 2005). Given the exploratory nature of this method into the available literature, an open view of the findings is recommended (Green, Johnson, & Adams, 2006; Torraco, 2005; Whittemore & Knafl, 2005). It is important not to restrict the use of articles entailing different methodologies, unless this is mandatory for the review of a specific topic (Green et al., 2006; Torraco, 2005; Whittemore & Knafl, 2005). See Figure 1.

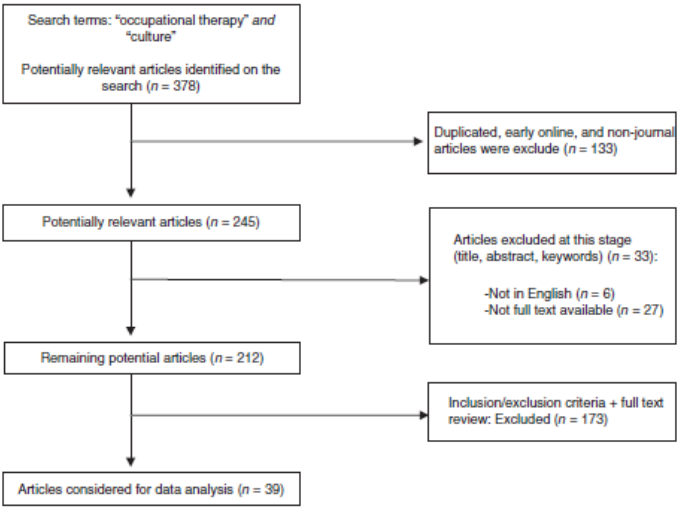

Figure 1. Flowchart of the articles selection for this literature review[1].

Evaluation of the findings

The 378 retrieved articles were reviewed considering title, abstract and keywords. Successive revisions were performed over it, discarding those articles that were not peer-reviewed journal articles; published early online; duplicated; with full text not in English; not available for free download; occupational science based; definitions of culture not related to OT; and/or inter- or multi-professional studies. To be included in the analysis, the articles should have culture as the main focus in connection with OT.

[1] Originally published in Castro, D., Dahlin-Ivanoff, S., & Mårtensson, L. (2014). Occupational therapy and culture: a literature review. *Scandinavian Journal of Occupational Therapy, 21*, 401-414. doi:10.3109/11038128.2014.898086

Replicability of integrative literature reviews is a relevant feature; therefore, given the presented information a different group of researchers could find a similar quantity and quality of studies (Torraco, 2005). Even though, results could vary as different researchers could have slightly different approaches to the phenomena (Torraco, 2005). To have an approach to the phenomena is important in order to guide the reader into the exploration of the topic (Torraco, 2005).

Data analysis

Data reduction, data display, data comparison and drawing conclusions were used as the main steps for the analysis as recommended (Whittemore & Knafl, 2005). Data reduction implied the first process of trends and commonalities among the selected articles (Whittemore & Knafl, 2005). Six groups of articles emerged at this stage. Data display considered the organization of the available data in a visual form to identify 25 preliminary relationships (Whittemore & Knafl, 2005). Data comparison, through an iterative process among the found patterns allowed the identification of more central connections among the findings (Whittemore & Knafl, 2005). The conclusion drawing required a continuous and iterative reflective process among the co-authors in order to identify the central categories (Whittemore & Knafl, 2005). As recommended, verification with the original data was performed across the analysis (Whittemore & Knafl, 2005). Finally, as a result of the analysis, the forces and the dimensions concerning the different expressions of culture in OT emerged (Whittemore & Knafl, 2005). Curtin and Fossey's recommendations for trustworthiness were followed (Curtin & Fossey, 2007).

5.2. Study II

Methodological choice and assumptions

One of the findings of the literature review (study I) was that English-speaking countries were better represented than others within the professional literature on culture, both in terms of authors' affiliations and the implementation of the studies (Castro et al., 2014). Certain regions were consequently underrepresented (Castro et al., 2014). A further finding was that two main dimensions relating to an understanding of culture within the profession co-existed. These were more traditional approaches on the one hand, and more dynamic ones on the other (Castro et al., 2014). Therefore, a gap regarding experiences and understandings of culture among practitioners

in non-English contexts of practice was evident. Chile was selected for this study given its particular historical features and the close personal and professional relations between the study's authors within the country (Castro, Dahlin-Ivanoff, & Mårtensson, 2016b).

Given the fact that this topic has barely been explored within the literature (Beagan, 2015), it was necessary to apply a flexible and structured qualitative research method (Elo & Kyngäs, 2008; Graneheim & Lundman, 2004). In this regard, content analysis enables researchers to address new or previously unexplored topics, and to obtain a description of individuals' attitudes, experiences and perceptions in relation to a given topic (Drisko & Maschi, 2015; Elo & Kyngäs, 2008; Hsieh & Shannon, 2005). The use of this method was expected to enable access to the latent, implicit content of messages (Drisko & Maschi, 2015; Graneheim & Lundman, 2004). Following the researchers' questions, the analysis conducted using this approach enables carefully constructed categories to emerge through an iterative process from the data (Drisko & Maschi, 2015; Graneheim & Lundman, 2004).

Design, setting and procedures

Content analysis was performed to extract latent content from semi-structured interviews conducted with 10 Chilean occupational therapists regarding their culture-related experiences (Graneheim & Lundman, 2004). The study was conducted by a multilingual and multicultural team. The diverse range of expertise and experiences of the team members enriched their reflections on the study. The research team comprised three members (one Chilean and two Swedish occupational therapists). A pilot interview was conducted to test the interview guide, based on previous studies (Castro et al., 2014; Fitzgerald, Cronin, & Campinha-Bacote, 2009). Consequently, some changes were made in the study guide aimed at promoting reflection of the participants in the study. All of the interviews shared a similar structural setting. Locations and times were chosen by the participants. Recording quality was tested before the interviews and no material was provided on any topic. A personal information form was completed by the participants (containing details regarding the age, sex, expertise and current employment) and informed consent was obtained.

Participants and data collection

A purposive design was used to select the sample of respondents (Morse, 1991). The inclusion criteria were: being a Chilean occupational therapist, diverse professional expertise, and work experience of 1 year or more. Participants who had close relationships with some of the researchers were excluded. Data collection was conducted in two phases. The first focused on

experts (n = 5), and the second on practitioners (n = 5). The first phase was conducted in Chile, and the second from Sweden, using free communication software (Skype). Diversity was sought among the participants. The age range of the participants was 27–75 years. The majority were women (n = 7) and lived in Santiago, the capital city of Chile (n = 8) (see Table 2). The interviews were conducted in Spanish by the study's first author, each taking 49 minutes, on average, to complete. All of them were digitally recorded and fictional names, assigned to all of the participants, were used during storage and analysis. Transcribed interviews were sent to the participants for approval.

Table 2. *Participants' characteristics*[2]

Name	Gender	Age	Years of Experience	Phase	Field of experience (self-declared)	Current Work
Laura	F	27	5	1 (Experts)	Geriatrics	Private residence for older persons
Nelson	M	60	38	1 (Experts)	Pediatrics	Private practice / Local Association
Irene	F	75	50	1 (Experts)	Academics	Public University
Emilia	F	35	12	1 (Experts)	Drugs abuse / Community based interventions	Private University
Javier	M	54	33	1 (Experts)	Human Rights, Social OT, Public Policies	Counselor / Private University
Tatiana	F	38	15	2 (Practitioners)	Pediatrics	University Hospital
Carolina	F	30	7	2 (Practitioners)	Psychosocial Mental Health – Pediatrics	NGO – Private Practice
Ismael	M	29	5	2 (Practitioners)	Neurology Adults - Community based interventions	Rehabilitation device in a Primary health center
Amalia	F	30	5	2 (Practitioners)	Community based interventions	Rural health
Susana	F	48	25	2 (Practitioners)	Psychiatry	Public Hospital

[2] Originally published in: Castro, D., Dahlin-Ivanoff, S., & Mårtensson, L. (2016). Feeling like a stranger: Negotiations with culture as experienced by Chilean occupational therapists. *Scandinavian Journal of Occupational Therapy*, Advance online publication. doi: 10.3109/11038128.2016.1152295

Data analysis

The analysis was performed according to the procedure recommended by Graneheim and Lundman (Graneheim & Lundman, 2004). Each interview constituted the selected unit of analysis. The meaning units were selected through an iterative process entailing reading, listening and coding the interviews. Meaning units and codes were analyzed and compared. To condense the data, the initially identified patterns were combined to reveal their commonalities and differences. This process enabled the emergence of six initial themes. As a major level of abstraction was aimed at, the themes were contrasted with each other and with the original data, and subsequently reflected on by the researchers. At the end of this process, a central theme was identified and understood as a continuous negotiation (Alavoine, 2012). From this theme, three categories were derived. These initial results were sent to the participants, to obtain their opinions and comments. This validation strategy enabled the team members to engage in a new round of reflection, introducing some modifications and clarifications. Different strategies were implemented to ensure trustworthiness. These included: credibility, investigator triangulation, dependability and transferability (Graneheim & Lundman, 2004; Kimchi, Polivka, & Stevenson, 1991).

5.3. Study III

Methodological choice and assumptions

The need to develop some concrete tools to enhance critical reflection on professional education and practice was identified based on a consideration of the findings from the previous two studies. Diverse co-existing approaches in culture represented in some gaps and paradoxes in practice were identified in a previous study (Castro et al., 2014). Additionally, Chilean practitioners identified particular issues that shaped their need to negotiate in practice. These included a blurred professional identity, and being closely connected to political and sociohistorical developments in the country (Castro et al., 2016b). Similar issues have been described in other parts of the region (Briglia & García, 2013; Correa Oliver et al., 2011; Galheigo, 2014; Magalhaes & Galheigo, 2010; Trujillo, 2013). Therefore, it was decided to develop an instrument as a concrete tool to promote reflection within the regional OT community. CA was selected given its relevance to professional education for the healthcare professions (Beagan, 2003; Cheung, Shah, & Muncer, 2002; Rew et al., 2003).

Development of the instrument occurred in two parts within two correlated studies considering different groups of respondents to ensure content validity and test–retest reliability, respectively. Given the diversity of traditions within professional practice in this field, variations in the Spanish language spoken in different countries, and the need to focus on the collective orientation of Latin American societies, the Delphi technique was chosen. This research technique, used in formal consensus development, is particularly valuable for accessing unspoken topics or collective knowledge within professional education, as in this case (Stewart, 2001; Vernon, 2009). It entails iterative rounds of consultation with experts living in different locations to reach a consensus relating to a previously unexplored topic (Fletcher & Marchildon, 2014; Powell, 2003).

When implementing the Delphi technique, all of the experts' opinions are equally weighted during successive rounds of consultation (Hasson et al., 2000; McKenna, 1994). The defining criteria for experts have been interrogated, as these are defined by researchers (Hasson et al., 2000). In this case, program heads, responsible for curricula implementation, and faculty members conducting teaching activities, working within regional programs approved by the World Federation of Occupational Therapists (WFOT) were invited to participate (World Federation of Occupational Therapists, 2002, 2014). The number of experts can markedly vary from one study to another, depending on the specificity of the topic, available resources, study design and time planning (Hasson et al., 2000). While larger groups of experts can provide stronger consensus, logistical issues and greater quantities of data can become complicated for researchers to handle (Hasson et al., 2000). In this study, diversity in terms of programs and countries was prioritized, and timeframes were adjusted to promote participation.

Design and setting

A qualitative approach was applied to facilitate the articulation of experts' perspectives on the topic (Fletcher & Marchildon, 2014; Powell, 2003). Faculties and heads of WFOT-approved OT programs in Latin America were invited to participate as experts, sharing their knowledge on CA and professional education (World Federation of Occupational Therapists, 2002, 2014). Non-Spanish speaking countries and the non-availability of an approved program were considered exclusion criteria (World Federation of Occupational Therapists, 2014). Five countries met the inclusion criteria: Argentina, Chile, Colombia, Mexico, and Venezuela (World Federation of Occupational Therapists, 2014). Spanish was used as the language for communicating with the experts. The heads of the programs received an invitation to participate, along with relevant information about the study.

Item pool generation

Items were initially developed from two main sources. The first was qualitative studies on culture in OT literature and practice (Castro et al., 2014, 2016b). The second source was assessments of the cultural aspects of health care (Cheung et al., 2002; D'Andrea, Daniels, & Heck, 1991; Hook, Davis, Owen, Worthington, & Utsey, 2013; LaFromboise, Coleman, & Hernandez, 1991; Rew, Becker, Chontichachalalauk, & Lee, 2014; Rew et al., 2003; Suarez-Balcazar et al., 2011). The research team developed an extended list of items adapted to the target group.

Data collection rounds 1–4

Four rounds of consultation were conducted following the same processes. The experts received the correspondent version of the scale as a protected Word format document. They could either agree or disagree and provide their comments on the pertinence, clarity and relevance of the items. After this step was completed, a report regarding the previous round was sent to the experts. Extended deadlines were requested by the experts for all of the rounds. Data collection and analysis, as well as the experts, procedures used and main results are summarized in Figure 2.

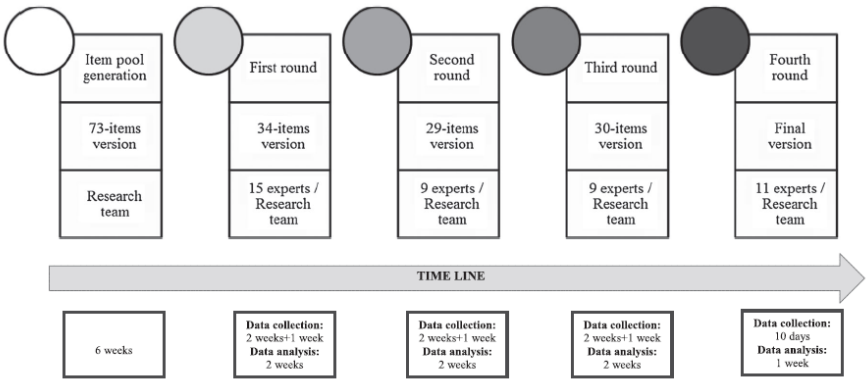

Figure 2. Rounds completed across the development of a cultural awareness scale for occupational therapy students in Latin America: goals, results, who participated in and the time line are presented[3]

[3] Originally published in Castro, D., Dahlin-Ivanoff, S., & Mårtensson, L. (2016). Development of a Cultural Awareness Scale for Occupational Therapy Students in Latin America: a Qualitative Delphi study. *Occupational Therapy International*, Advance online publication. doi: 10.1002/oti.1424

Data analysis

The data analysis conducted for each round was the same. All of the correspondent responses were extracted and inserted into a matrix for item analysis according to category, expert, and the Escala de Conciencia Cultural para Estudiantes de Terapia Ocupacional en América Latina (ECCETO) - Cultural Awareness Scale for Occupational Therapy Students in Latin America scale itself. The comments were grouped to identify common patterns. Irrelevant items were dismissed, and new items were added if required. The analysis enabled changes to be made in terms of content, design and structure.

5.4. Study IV

Methodological choice and assumptions

Besides testing aspects of validity, scale reliability is another relevant quality-related criterion. There are different forms of reliability. However, test–retest reliability is particularly important as it can indicate the stability of a scale during a particular period of time (DeVellis, 2012). Among the different alternatives for evaluating test–retest reliability, Svensson's method was selected because of its particular features (Svensson, 1998, 2001). This rank-invariant method can be usefully applied to ordinal paired data (as in the case of the ECCETO), offering the possibility of identifying individual and systematic disagreements (Svensson, 1998, 2001). The evaluation considered two phases involving newly-graduated OT practitioners and students in Latin America, respectively. During both phases, the test–retest procedures were conducted over a period of 2 weeks. Subsequently, a two-way bivariate ranking procedure was conducted to identify levels of disagreement using the method's free software (Version 1.1.2) (Avdic & Svensson, 2012). Different calculations were used for the test–retest. For this study, relative rank position (RP), which is a measure of systematic group change, and relative variance (RV), which is a measure of variations of individual changes, were used (Svensson, 1998). Using this method, it is possible to measure systematic patterns of change for the group separately from individual change that is not explained by systematic group change (Svensson, 1993, 1998). Possible values of the measure of occasional individual disagreement (RV) range from 0 to 1 (Svensson, 1998). The higher the RV, the greater the occasional contribution to the observed test–retest disagreement (Svensson, 1998). Possible values of the systematic disagreement RP range between −1 and 1, with a zero value implying a lack of systematic change for the group (Svensson, 1998). Higher values indicate a higher level of disagreement. The standard error (SE) of the measures was calculated. Values of RV and RP

that were respectively greater than 2 SE, provided strong evidence of the presence of that type of disagreement (Svensson, 1993).

Participants

The participants comprised newly graduated practitioners (n = 10) and students in the last year of their OT professional education within WFOT-approved programs in Latin America, whose fieldwork was in progress (n = 26) (Rew et al., 2014; World Federation of Occupational Therapists, 2014). Participation was voluntary. One program, identified within each of the following countries: Argentina, Chile, Colombia Mexico and Venezuela, was requested to invite their students to participate in the study.

Procedures

All of the participants in the study received the informed consent form and a work guide. After they had signed the consent form, the electronic version of the scale was sent to them in two opportunities (test-retest). It was mandatory to respond to all of the items included in the scale. All of the participants were assigned an identification code that was used during data collection and analysis. Reminders were sent in case of no on time response if required. Similar procedures were used during both phases relating to contact, informed consent, assigning identification codes, using an electronic version of the scale, and the time period between the test and retest (14 days). Electronic scales are recommended for a number of reasons. These include increased access to computers and to the Internet, a reduction in associated costs, time-saving as the responses are in a ready-for-analysis format, increased anonymity and reduced chances of human error (Cope, 2014; McPeake, Bateson, & O'Neill, 2014). Moreover, electronic scales facilitate access for participants living at a distance, eliminate logistics relating to post-mailing activities and in situ meetings and are environmentally friendly (Cope, 2014; McPeake et al., 2014).

5.5. Ethics

In formal terms, ethical approval was obtained from a Chilean university for the research plan as part of the overall doctoral study, which included the four studies. Given the physical distance between participants and members of the research team, integrity was framed as a key ethical issue in the research project. Confidentiality, voluntary participation, data handling and dissemination were all considered. Informed consent was obtained from participants for the second, third and fourth studies, with information on research procedures and on how information would be collected, stored and analyzed provided to participants in writing and orally. Data were stored and analyzed using the codes assigned to participants. The names of the participants in studies II to IV were not revealed to others (Hasson et al., 2000). Some specific considerations were required in terms of language and the timing of the above studies. As the data were collected in Spanish, the native language of the author of this thesis, interpreters were not required. However, the use of professional translation services enabled the accuracy of quotes included in the text to be maintained. In terms of timing, there were differences in the organization of the academic calendar between Sweden and the Latin American countries in which the participants were located. Further, given participants' requests for extended deadlines for completing studies III and IV, there were delays in receiving their responses. This raised an ethical consideration regarding the need to balance an appropriate research plan with the need to reach a diverse group of participants who were able to participate in studies that required their engagement on more than one occasion.

As the studies on local phenomena in Latin America (studies II to IV) were conducted from Sweden, there were particular ethical considerations. The framework provided by doctoral research conducted by a Chilean doctoral student (the author of this thesis) in a European country entailed physical as well as academic, cultural and experiential distance in relation to the phenomenon under investigation. Considered in combination with personal closeness and the professional trajectory of the author of this thesis within Chile and Latin America, this may have had an impact on the degree of social desirability, differences in response rates among the countries, and willingness of individuals to participate in the different studies.

6. RESULTS

6.1. Culture in the occupational therapy literature 2006 - 2011 (study I)

Two main sets of findings emerged from the literature review on how culture is understood within OT for the period extending from 2006 to 2011. The first related to the **framework of the articles**. The review revealed the use of diverse perspectives and terminologies to understand and define culture within the profession. Most of the authors were female and affiliated with institutions in English-speaking or Western European countries, from where most of the studies were conducted (see Figure 3).

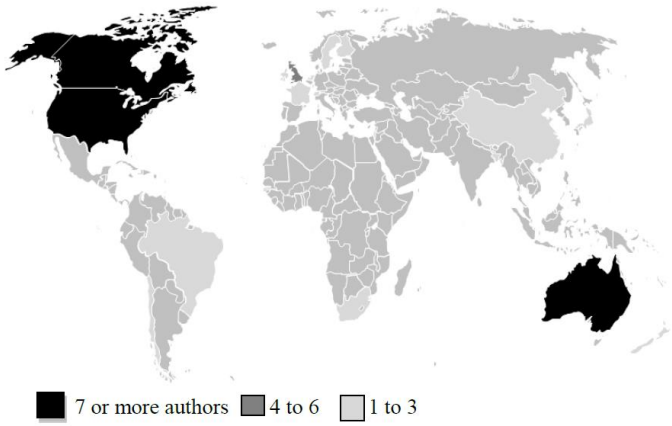

Figure 3. Authors' affiliation institutions

The second set of findings pertained to the **content of the articles**. Two dimensions, as well as a group of forces were identified. The **first dimension** entailed the idea of culture itself, conceived as a dynamic and socially sustained phenomenon. This was explained in terms of five sub-dimensions, highlighting the importance of culture in relation to occupation and occupational performance. These sub-dimensions revealed the inherent dynamism of culture across the passage of time, its visible and invisible expressions and issues of membership, belongingness and power. The **second dimension** entailed a conception of OT as a culture in itself. Occupational therapy culture encompasses a professional identity, knowledge construction, practices, as well as gaps and paradoxes. These gaps and paradoxes are related to the co-existence of multiple understandings of culture in

professional practice that can pose major risks during the implementation of therapeutic strategies. A **group of four forces** within a continuum was identified. These forces evidenced an impact, while at the same time shaping understandings of culture from different perspectives. They presented a continuum in relation the degree of complexity, dynamism, attachment to tradition, and proximity to given cosmovisions (Eastern/Western). See Figure 4.

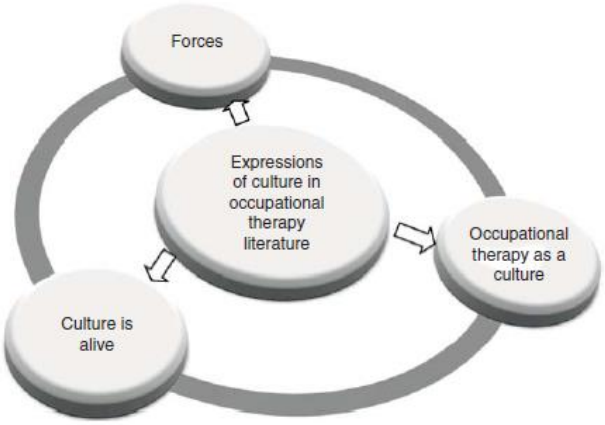

Figure 4. Interconnected and dynamic dimensions and forces showing expressions of culture in occupational therapy literature[4].

6.2. Chilean practitioners' personal and professional experiences of culture (study II)

A process of negotiation emerged as a **central theme** in describing practitioners' personal and professional experiences of the ongoing dynamism of culture. Such negotiations occurred at individual and collective levels within therapeutic processes. They were always evident, because of the influence of culture on occupational choices, identity development, belongingness, membership and connectedness. Given that both visible and invisible expressions of culture are usually taken for granted, culture can evidently facilitate or constrain practice. Three categories emerged in relation to this central theme. The **first category** centred on power, and focused on the experience of power in relation to social positions. Power can be executed

[4] Originally published in: Castro, D., Dahlin-Ivanoff, S., & Mårtensson, L. (2014). Occupational therapy and culture: a literature review. *Scandinavian Journal of Occupational Therapy, 21*:401-414. doi:10.3109/11038128.2014.898086

in relation to given culturally associated social positions, impacting on how negotiations are conducted. In particular, the profession is associated with powerless and empowered positions, depending on the context. These different positions are experienced in ambivalent ways. The **second category**, relating to understanding local and global identities, focused on how culture is negotiated in relation to the country's history as it is shaped by socio-economic and political events. Given the particular contextual characteristics of local practices, processes that entail learning-by-doing are valued, as is negotiations include the visible and invisible elements of culture. Although an understanding of national history is considered relevant, the profession seems to have retained a naive understanding of how social forces and cultures affect practice. In addition, an OT identity, considered as a component of the professional culture, is perceived as being blurred. These two factors exert a negative impact on the successful conduct of negotiations. Conversely, local leadership and oral traditions are seen as positive factors in the conduct of negotiations. Wider negotiations are required to successfully apply prevailing knowledge in local contexts as such knowledge is perceived to lack cultural relevance. The **third category**, which entails boundary crossing into the client's territory, focuses on negotiations that take place during meetings with clients and exposure to their cultures. Cultural differences are perceived as constituting a boundary, given the differences that exist between the client and the therapist. During the negotiations, a practitioner experiences a feeling of strangeness in relation to the client's culture. Therefore, to support the client in his or her actual living context, the practitioner must discard his or her own assumptions. This process may induce a feeling of vulnerability in practitioners. Possible strategies for practitioners to conduct successful negotiations include becoming aware of the influence of professional knowledge in understanding clients' situations, showing humility and being creative in terms of therapeutic actions, even if this may lead to some undesired effects.

6.3. Cultural awareness scale for occupational therapy students in Latin America (study III)

The cultural awareness scale was deemed appropriate, but major changes were requested after the **first round** of consultations with the international panel of experts (heads of programs and faculty members of WFOT-approved programs in Latin America). The experts highlighted the need to clarify the items, use internationally understood Spanish and reduce the number of items. They further pointed out a potential critique of prevailing knowledge in the field, and expressed disagreement with the use of the term

'client' to describe those seeking OT services. Based on the experts' suggestions, four changes were incorporated into the scale. The number of items was reduced from 73 to 34, a response structure was included, the term 'person' replaced 'client' and the items were organised into three categories that were also used during successive rounds. 'Personal culture', which was the first category, entailed perceptions relating to personal values and backgrounds. The second category, 'culture in the occupational therapy profession', explored perceptions and values relating to professional knowledge and particularities associated within Latin America. The third category, 'culture in the therapeutic processes and the persons who I work with', was oriented towards recognising perceptions and values during therapeutic processes. Awareness regarding the identification and handling of cultural dilemmas was also included. During the **second round**, experts favourably evaluated the changes that were introduced after the initial round. The experts' comments facilitated the identification of prevailing trends within the profession and highlighted the need for an introductory note and the inclusion of an item about disability and culture. After considering these experts' comments, 29 items were included in the scale at this stage. In the **third round**, the experts requested minor changes relating to one category. Their suggestions, aimed at improving clarity, resulted in the division of one of the items into two items. Consequently, the scale had 30 items. The 'persons who we provide attention to' concept was revised, because it could lead to a passive understanding of these individuals. By the end of the **fourth round**, the experts deemed the scale appropriate and valid for assessing CA among OT students in Latin America. See Tables 3 & 4 for examples[5].

[5] Extracts of tables originally published in Castro, D., Dahlin-Ivanoff, S., & Mårtensson, L. (2016). Development of a Cultural Awareness Scale for Occupational Therapy Students in Latin America: a Qualitative Delphi study. *Occupational Therapy International*, Advance online publication. doi: 10.1002/oti.1424

Table 3. *Items' modifications criteria and modified items after rounds 1 & 2 (R1 & R2).*

Items in R1 & R2	Reason for deleting item	Observation	Experts' comment
10 R1 - Diversity is understood under the differences in race, ethnicity, sexual option, gender, faith, among other possibilities.	Pertinence	Need for clarifications based on the particularities of the local practices	There are other forms to perceive diversity in our country (residents in the borders, disabled people, vulnerable population and/or victims of violence, female-headed households) (Faculty/Colombia)
55 R1- There are cultural differences and barriers between my person and my clients	Terminology	The request of using the term "person" instead of "client".	The term client is used by the Canadian Model of Occupational Performance, however the concept "client" for Latin America denotes remoteness or indifference in the establishment of the relationship in our discipline, even it´s congruent if you associate it with the provision of services (Faculty/Mexico)

Table 4. *Examples of items included in the final version*

Category	Item	Comment
Personal culture	3. I understand the cultural diversity resulting from the differences in zone, race, ethnic group, sexual orientation, migration, gender, beliefs, social vulnerability, among other possibilities	A dynamic understanding of culture, beyond ethnicity or race, based in the local characteristics.
Culture in the occupational therapy profession	15. Occupational therapy in Latin America has distinctive features that are particular for it	Politics and human rights have been described as characteristic of the local practices (Castro, Dahlin-Ivanoff, & Mårtensson, unpublished data).
Culture in the therapeutic processes and in the persons that I work with	20. I think the occupational therapy treatments may be adjusted to people from different cultures	The emergency of cultural dilemmas is presented by practitioners as well as in other assessments (Castro et al., unpublished data; D'Andrea et al., 1991)

6.4. Test-retest reliability of the ECCETO (study IV)

The evaluation of test–retest reliability showed that the majority of the items included in the ECCETO were reliable in terms of stability over time. Differences were found between the study phases and between categories. During the first phase, an initial indication of the scale's test–retest reliability was anticipated. Identification of items to be revised for the next phase was also anticipated. Based on the ROC-curves, systematic disagreement occurred for six of the 30 items (items 7, 8, 12, 18, 19 and 29). RP and RV vales were calculated for each of these items. All of these results showed systematic disagreement. Occasional disagreement occurred in the case of six items (12, 13, 15, 18, 19 and 22). For the total set of 30 items, PA values ranged between 30% and 100%. The median value was 60%, and the mean was 64%. Among the items for which low test–retest reliability was indicated by some of the calculations (i.e. PA, RP and/or RV), six were clarified (19, 20, 22, 25, 26 and 29). Additionally, two items were deleted (12 and 18), and two items, based on their content, were retained without making any changes (4 and 14). Two new items were incorporated (on the basis of topics that emerged in relation to the development of the items). Thus, by the end of this phase, the scale comprised 30 items.

For phase two, the ROC-curve analysis revealed systematic disagreement for two items (19 and 23). These items also showed high RP and RV values. Based on their RP, RC and RV values, five items showed signs of instability. Overall, the clarified items, and those incorporated after the first phase, showed good test–retest reliability, with the exception of two items that showed systematic disagreement. The results obtained for items that were retained without making any changes were irregular. For this phase, PA values ranged between 35 and 85%. The median value was 58%, and the mean was 61%. No changes were made in the number, structure or content of the items following the second phase.

Table 5. *Results item by item, phase one*

Item	Percentage Agreement (PA)	Relative position (RP)	RP 95% CI	Relative Rank Variance (RV)	RV 95% CI	Relative Consensus (RC)	RC 95% CI
1. I am able to identify which culture(s) I belong to	100 %	0,00	0,00 to 0,00	0,00	0,00 to 0,00	0,00	0,00 to 0,00
2. I feel proud of belonging to my culture(s)	90 %	-0,09	-0,25 to 0,07	0,00	0,00 to 0,00	0,03	-0,08 to 0,18
3. I understand the cultural diversity resulting from the differences in zone, race, ethnic group, sexual orientation, migration, gender, beliefs, social vulnerability, among other possibilities	100 %	0,00	0,00 to 0,00	0,00	0,00 to 0,00	0,00	0,00 to 0,00
4. I have thought about my own values regarding my culture and other groups or people's culture	50 %	0,09	-0,24 to 0,42	0,05	0,00 to 0,13	-0,05	-0,47 to 0,37
5. I have some preconceived ideas regarding certain groups people who belong to other cultures	70 %	-0,08	-0,30 to 0,14	0,01	0,00 to 0,04	0,08	-0,27 to 0,42
6. I can anticipate how my personal values might have an impact on my future professional development	90 %	-0,10	-0,28 to 0,08	0,00	0,00 to 0,00	0,00	0,00 to 0,00
7. I think the fact of belonging to a culture may generate feelings – either positive or negative ones – in people	60 %	-0,23	-0,54 to 0,08	0,00	0,00 to 0,00	0,27	-0,24 to 0,78
8. I think cultures can exert a certain degree of power over other people or groups	60 %	-0,37	-0,68 to -0,06	0,07	0,00 to 0,23	0,36	-0,06 to 0,78
9. To understand a culture, I think it is good to know what is important or valued by the people who belong to it	90 %	-0,10	-0,28 to 0,08	0,00	0,00 to 0,00	NI	NI
10. To understand a culture, I think it is good to share their festivities, to know the traditional jobs and the typical objects used by the members of that culture	60 %	0,08	-0,19 to 0,34	0,01	0,00 to 0,04	0,26	-0,06 to 0,59
11. The meaning of the term "occupation" for occupational therapists is similar in different cultures	90 %	0,04	-0,04 to 0,12	0,00	0,00 to 0,00	0,11	-0,09 to 0,31
12. I believe that the occupational therapists share meanings and values as part of the professional identity†	40 %	-0,21	-0,63 to 0,21	0,12	0,00 to 0,36	0,23	-0,35 to 0,92
13. The values and meanings which occupational therapy owns are expressed in different ways around the world	70 %	0,19	-0,17 to 0,55	0,25	0,00 to 0,70	-0,06	-0,43 to 0,31
14. I think some occupational therapy concepts and values come from one particular culture	50 %	0,09	-0,27 to 0,45	0,05	0,00 to 0,13	0,07	-0,42 to 0,55
15. Occupational therapy in Latin America has its own distinctive features	70 %	-0,13	-0,53 to 0,22	0,46	0,00 to 1,17	0,11	-0,10 to 0,31
16. I need to adjust the occupational therapy models of practice so that I can use them in any local culture	90 %	0,10	-0,08 to 0,28	0,00	0,00 to 0,00	0,00	0,00 to 0,00
17. As an occupational therapist in training, I think that people's occupational needs are influenced by their cultures of origin and / or the ones they belong to	90 %	0,10	-0,08 to 0,28	0,00	0,00 to 0,00	0,00	0,00 to 0,00
18. I think that in the occupational therapy practice, some cultures could be excluded in a non-intentional way†	30 %	0,43	0,04 to 0,82	0,54	0,00 to 1,25	-0,08	-1,00 to 1,00
19. It is important to put my personal values aside when I interact with the people I meet in my internship ‡	40 %	0,21	-0,13 to 0,55	0,12	0,00 to 0,31	0,01	-0,59 to 0,80
20. I think that occupational therapy's standardized assessments could be applied with any person or group ‡	50 %	-0,21	-0,49 to 0,07	0,04	0,00 to 0,12	0,17	-0,24 to 0,53
21. I think the occupational therapy treatments may be adjusted to people from different cultures	80 %	-0,15	-0,33 to 0,03	0,00	0,00 to 0,00	-0,13	-0,35 to 0,10
22. I have been able to notice the cultural differences I have with the people I have met during my internship ‡	30 %	0,00	-0,46 to 0,46	0,45	0,00 to 0,94	0,00	-0,40 to 0,40
23. The local cultures may have an influence on the situation of disability	60 %	0,20	-0,15 to 0,55	0,07	0,00 to 0,23	0,00	0,00 to 0,00
24. I think there are people I would not be able to work with as an occupational therapist because their culture is quite different from mine	60 %	0,16	-0,13 to 0,45	0,01	0,00 to 0,04	-0,19	-0,54 to 0,16
25. I am able to accept when I need help from someone else to solve a cultural dilemma which may appear during my internship (colleagues, caregivers, relatives, others) ‡	30 %	-0,06	-0,36 to 0,24	0,05	0,00 to 0,13	0,24	-0,13 to 0,62
26. I am able to accept when I need additional information to solve a cultural dilemma which appears during my internship, and I know how to get it (from books, Internet, support material) ‡	30 %	-0,18	-0,51 to 0,15	0,07	0,00 to 0,17	-0,05	-0,51 to 0,41
27. The cultural differences of the people you work with in occupational therapy may be a barrier to reach the expected results in the treatment	70 %	0,28	0,04 to 0,52	0,04	0,00 to 0,12	0,00	-0,30 to 0,30
28. I would like to work with people from a culture different from mine to learn from their customs and traditions	60 %	-0,20	-0,55 to 0,15	0,07	0,00 to 0,23	0,00	0,00 to 0,00
29. The idea of working with people who belong to a culture different from mine makes me feel fearful or insecure regarding my skills as an occupational therapist ‡	50 %	0,33	0,23 to 0,83	0,07	0,00 to 0,23	-0,11	-0,29 to 0,08
30. I think working with people from a culture different than mine may become a challenge	70 %	0,10	-0,22 to 0,42	0,04	0,00 to 0,12	0,00	0,00 to 0,00

(n=10 for all the items) †Removed items for phase two; ‡ Modified items for phase two.

Table 6. *Results item by item, phase two*

Items	Percentage Agreement (PA)	Relative position (RP)	RP 95% CI	Relative Rank Variance (RV)	RV 95% CI	Relative Consensus (RC)	RC 95% CI
1.I am able to identify which culture(s) I belong to	69%	0,01	-0,14 to 0,17	0,01	0,00 to 0,03	-0,13	-0,29 to 0,04
2.I feel proud of belonging to my culture(s)	69%	0,09	-0,05 to 0,23	0,01	0,00 to 0,02	0,01	0,00 to 0,02
3. I understand the cultural diversity resulting from the differences in zone, race, ethnic group, sexual orientation, migration, gender, beliefs, social vulnerability, among other possibilities	58%	-0,06	-0,27 to 0,14	0,06	0,00 to 0,15	-0,09	-0,24 to 0,06
4. I have thought about my own values regarding my culture and other groups or people's culture	46%	-0,01	-0,23 to 0,25	0,16	0,00 to 0,33	0,09	-0,08 to 0,28
5. I have some preconceived ideas regarding certain groups/people who belong to other cultures	65%	-0,04	-0,23 to 0,15	0,00	0,00 to 0,00	-0,29	-0,48 to -0,12
6. I can anticipate how my personal values might have an impact on my future professional development	54%	0,18	-0,02 to 0,38	0,04	0,00 to 0,12	-0,08	-0,29 to 0,14
7. I think the fact of belonging to a culture may generate feelings – either positive or negative ones – in people	58%	-0,01	-0,22 to 0,19	0,08	0,00 to 0,18	-0,03	-0,19 to 0,14
8. I think cultures can exert a certain degree of power over other people or groups	62%	0,09	-0,10 to 0,29	0,09	0,00 to 0,23	0,01	-0,21 to 0,23
9. To understand a culture, I think it is good to know what is important or valued by the people who belong to it	85%	0,00	-0,10 to 0,10	0,00	0,00 to 0,00	0,00	-0,12 to 0,12
10. To understand a culture, I think it is good to share their festivities, to know the traditional jobs and the typical objects used by the members of that culture	58%	-0,02	-0,22 to 0,18	0,06	0,00 to 0,15	0,06	-0,16 to 0,28
11. The meaning of the term "occupation" for occupational therapists is similar in different cultures	54%	-0,15	-0,33 to 0,03	0,05	0,00 to 0,12	0,26	0,07 to 0,45
12. The values and meanings which occupational therapy owns are expressed in different ways around the world	58%	-0,01	-0,17 to 0,16	0,03	0,00 to 0,07	0,19	-0,05 to 0,42
13. I think some occupational therapy concepts and values come from one particular culture	54%	0,04	-0,13 to 0,21	0,03	0,00 to 0,08	0,00	-0,24 to 0,24
14. Occupational therapy in Latin America has its own distinctive features	54%	0,18	-0,02 to 0,38	0,04	0,00 to 0,11	0,15	-0,04 to 0,34
15. I need to adjust the occupational therapy models of practice so that I can use them in my local culture	42%	0,16	-0,07 to 0,38	0,14	0,00 to 0,30	0,15	-0,08 to 0,39
16. As an occupational therapist in training, I think that people's occupational needs are influenced by their cultures of origin and / or the ones they belong to	81%	-0,11	-0,25 to 0,04	0,01	0,00 to 0,02	0,09	-0,10 to 0,28
17. I think the current theories in occupational therapy are culturally relevant, independent of the context in which they are used §	62%	-0,07	-0,30 to 0,15	0,16	0,00 to 0,34	-0,07	-0,24 to 0,09
18. It is important to put my personal values aside when I interact with the people I meet in my internship	58%	-0,04	-0,26 to 0,18	0,29	0,00 to 0,64	0,04	-0,16 to 0,25
19. I think some of the standardized occupational therapy assessments may have some limitations when used in certain cultural contexts	58%	-0,24	-0,43 to -0,04	0,02	0,00 to 0,08	0,20	-0,05 to 0,45
20. I think the occupational therapy treatments may be adjusted to people from different cultures	81%	-0,12	-0,24 to -0,00	0,00	0,00 to 0,00	-0,0	-0,12 to 0,12
21. I have been able to notice the cultural differences I have with the people I have met during my internship	73%	0,00	-0,15 to 0,15	0,00	0,00 to 0,01	-0,15	-0,29 to -0,01
22. The local cultures may have an influence on the situation of disability	73%	-0,11	-0,27 to 0,05	0,02	0,00 to 0,06	0,06	-0,11 to 0,22
23. I think there are people I would not be able to work with as an occupational therapist because their culture is quite different from mine	42%	0,27	0,03 to 0,50	0,15	0,00 to 0,32	-0,04	-0,31 to 0,23
24. I am able to identify a cultural dilemma during my internship when it appears §	69%	0,06	-0,10 to 0,21	0,03	0,00 to 0,08	0,00	-0,20 to 0,20
25. I am able to accept when I need additional information to solve a cultural dilemma which appears during my internship, and I know how to get it (from books, Internet, support material)	58%	0,03	-0,19 to 0,25	0,09	0,00 to 0,23	-0,21	-0,40 to -0,02
26. I am able to accept when I need help from someone else to solve a cultural dilemma which may appear during my internship (colleagues, caregivers, relatives, others)	50%	-0,09	-0,32 to 0,13	0,12	0,00 to 0,27	-0,01	-0,23 to 0,21
27. The cultural differences of the people you work with in occupational therapy may be a barrier to reach the expected results in the treatment	35%	0,18	-0,04 to 0,40	0,15	0,00 to 0,31	-0,18	-0,47 to 0,11
28. I would like to work with people from a culture different from mine to learn from their customs and traditions	77%	-0,07	-0,22 to 0,07	0,02	0,00 to 0,05	0,04	-0,12 to 0,21
29. The idea of working with people who belong to a culture different from mine makes me feel fearful or insecure regarding my skills as an occupational therapist	69%	0,15	-0,02 to 0,31	0,03	0,00 to 0,10	0,20	0,01 to 0,39
30. I think working with people from a culture different than mine may become a challenge	69%	-0,11	-0,25 to 0,03	0,01	0,00 to 0,04	-0,06	-0,29 to 0,17

(n=26 for all the items) § Items added in phase two.

7. DISCUSSION

7.1. Discussion of the results

This thesis has aimed to explore how OT practitioners are addressing some of the current challenges within the profession, paying particular attention to their awareness about cultural issues. The findings of the study components revealed some universally shared challenges, based on the complex scenarios that are currently shaping the provision of healthcare services and professional education. Because these universal challenges are expressed and modified within local contexts of practice, they require careful consideration. Although the findings presented in this thesis are similar to those within the literature (Beagan, 2015; Guajardo et al., 2015; Magalhaes & Galheigo, 2010), they also reveal new understandings of a phenomenon that has barely been explored, namely culture as experienced by OT practitioners, and the development of instruments in languages other than English to assess CA.

This thesis has presented the findings of four interlinked studies. The first reviewed scholarly explorations of culture in OT within the literature spanning the period from 2006–2011 (study I). The remaining studies focused on a group of Chilean practitioners (study II), a group of program heads and faculty members in WFOT-approved programs in Latin America (study III), and a group of new Chilean OT graduates and current students in selected Latin American countries (study IV). These studies represent a multiplicity of experiences and expertise within the Latin American OT community. Although the samples used in the studies may appear to be small, their findings, in combination, share some similarities that enable us to identify and describe current challenges within the profession while addressing the cultural aspects of practice. These challenges are highly dynamic and demanding, given the complex nature of human interactions and the occurrence of constant social changes within healthcare services. This also applies to OT.

Because different understandings of culture co-exist within OT (Beagan, 2015), awareness among practitioners is required, as revealed by the findings of study I. This study revealed understandings of culture based in diverse ways, from more abstract ideas, to its visible expressions and geographical or ethnical associations that have been contested within the literature. These co-existent notions do not always resonate with more recent and dynamic understandings of culture as an abstract phenomenon (Beagan, 2015; Iwama, 2004). These diverse notions offer a broad range of possibilities for examining culture within OT that can support a more comprehensive

understanding of how culture impacts on occupations and vice versa. Both culture and occupation are highly complex constructs and must be examined in the context of therapeutic encounters that take place in local settings of practice, shaped by continuous social change. Culture, then, is a multifaceted concept that consequently impacts on occupation in different ways and at different levels, from the more concrete to the more abstract. The image of the kaleidoscope is useful for clarifying how the intermingling related to time, manifest and hidden features, membership, belongingness and power must always be viewed as changing, highly dynamic and lacking stability. The variety of ways of understanding culture, in association with its dynamic quality, may create a wide gap between theory and practice, as revealed in study I.

Western and non-Western ideas regarding culture have been challenging OT in different ways. These can serve to create a distance in relation to local conditions of practice, as one of the forces revealed in study I. In addition, a perceived distance between theory and practice (Perrin, 2001; Pollard, 2015) within the profession has been described in the literature. This was also evident in relation to the gaps and paradoxes revealed in study I, and reinforced by findings on practitioners' experiences, discussed in study II. Prevailing Western knowledge needs to be adapted, using alternative or non-traditional strategies, to make it applicable to local contexts. This double distance (in terms of theory/practice and Western/Eastern) is obscured by the universalistic aim of prevailing professional knowledge (Hammell, 2011). The literature reveals critical reflection on Western dominance of OT knowledge production (Beagan, 2015; Hammell, 2011). Prevailing knowledge within the profession is currently being challenged by three key, co-existing trends. These are: scientific positivism (mostly originating in the US), reflective occupational science (mostly originating in Canada and Australia), and a critical-political perspective (mostly originating in South America, South Africa, Spain and among some UK agents) (Guajardo, 2014). Each of these trends evidences different levels of understandings of complex issues in practice, as well as cultural issues. Therefore, there appear to be multiple gaps in relation to OT, conceived as a culture itself, regarding the understanding of cultural issues. This may represent a major challenge, a potential ethical risk or an opportunity to address practical challenges (Beagan, 2015; Castro et al., 2014; Kinébanian & Stomph, 2009).

Considering OT as a culture in itself offers multiple possibilities for exploring the profession's strengths and its weak points, as evidenced by the literature review (study I), the practitioners' experiences (study II) and the scale development (study III & IV). An occupational spin (Kinébanian & Stomph, 2009), self-defined concepts applied within the profession (Creek,

2010) and the perception of a blurred identity (Castro et al., 2016b) are some of the factors that could be undermining the success of OT in addressing practical challenges. Consequently, the profession is at a crossroads, subject to the influence of forces originating from different directions in relation to the understanding and application of culture and its impact on decisions. From the perspective of theoretical appropriateness, an adherence to a more dynamic understanding of culture demands an active, reflective and critical approach regarding professional knowledge and practices (Iwama, Thomson, & Macdonald, 2011; Pollard & Sakellariou, 2013). However, local practice-related considerations must also be addressed. These include, for example, questions of how the organisation of societies is determined by historical-political features, the provision of services and how culture is addressed, as revealed by study II.

Study II has shown that different understandings of culture are experienced, personally and professionally, in very diverse ways, sustaining the need for practitioners to engage in complex negotiation processes. Awareness is necessary when participating in these negotiations, because they are highly context-dependent and dynamic. They are established during one-to-one therapeutic encounters and/or by the profession in the healthcare services and the social arena. In any case, OT practitioners may exercise power in relation to their clients, or they may be affected by the use of power by others, that is, in relation to other members of the healthcare team. Power as an element of these negotiations can position the profession either in a more powerful or a powerless situation, as social positions may change across contexts and over time. The importance of contextual and institutional features as key factors in the implementation of practices that promote a power balance cannot be ignored (Bennett Mortenson & Dyck, 2006). Given the political connotations of the term power, some practitioners may feel uncomfortable about engaging with spaces of knowledge beyond healthcare. Discussions of power in relation to culture, within the OT literature, should be considered as the reflections of practitioners and scholars based in English-speaking countries (study I). Within the last decade, awareness regarding politics and power has emerged as a key topic of interest within OT, globally (Kronenberg & Pollard, 2006; Pollard, Sakellariou, & Kronenberg, 2008; Pollard & Sakellariou, 2014). Politics underlie understandings of human beings and societies in concrete terms (Guajardo, 2014; Rebeiro Gruhl, 2009). Thus, to reflect in political terms is simultaneously scientific and has profound therapeutic implications for negotiations based on culture (Rebeiro Gruhl, 2009). Politics and human rights have been part of professional identities and local practices throughout the development of the profession in Latin America (Castro et al., 2016b; Guajardo et al., 2015; Magalhaes & Galheigo, 2010). A global and a local challenge for the profession is to explore,

understand and learn how Latin America has developed political aspects of practice.

As discussed in study II, when negotiations are conducted within therapeutic encounters, practitioners may experience feelings of insecurity or strangeness, given cultural differences in relation to OT service seekers (study II). These negotiation processes tend to be taken for granted. Regardless of the perceived cultural distance in relation to clients, awareness regarding the cultural basis of professional knowledge, as well as personal values and heritages need to be negotiated. Tension may be experienced during this negotiation process if practitioners adhere to more traditional understandings of culture (as seen in study I), viewing it only in terms of its manifest aspects. This may be a warning sign relating to how current critical developments are known and reflected on by practitioners within different practice settings (Zango Martín et al., 2015). However, large groups of practitioners in English-speaking and Western European countries lack access to the experiences of their colleagues beyond their borders. Therefore, crossing this bridge between exploring and understanding the experiences of practitioners throughout the world may offer a way to address diversity within the profession, disrupting the trend of maintaining a monoglossic discourse within OT (Sakellariou & Pollard 2008). The recognition of multiple and co-existent forms of knowledge within the profession is aligned with the idea of cognitive justice (Visvanathan, 2006). Because of the underrepresentation of non-English speaking countries, and their lack of access to English publications, OT developments within these countries have remained largely unknown within the international arena (Beagan, 2015; Castro et al., 2014) and vice versa. Lack of access to reflections about cultural issues within the discipline by wider groups of practitioners, scholars and students is a negative consequence of this (Dos Santos & Leon Spesny, 2016; Guajardo et al., 2015; Takao Sato & Dias Barros, 2016). Ignoring different forms of knowledge may lead to the erosion of the profession's foundation, as culturally unaware practices may be influencing practitioners in their encounters with service seekers. An example of this could be the explicit criticism of the term 'client' within the ECCETO. The idea of considering client-centred practice as a gold-standard in OT is derived from particular contexts (Fransen, Pollard, Kantartzis, & Viana-Moldes, 2015; Hammell, 2013). By contrast, person-centred care has hardly been explored within OT, even though its associated concepts resonate with the profession's philosophy and core professional values (Brown, 2013), and with an understanding of social life in Latin America (study III).

Although culture has widely been acknowledged to be a key construct within OT knowledge and practice, as Kinsella notes, the 'tension between the

values of a profession and practitioner's lifeworld is a largely ignored and unarticulated dimension of professional life' (pp.38-39) (Kinsella, 2006). The lack of appropriate instruments for assessing CA (considering both personal professional values) in relation to OT may explain why this important aspect has remained unexplored within this field. Scales and other instruments for assessing services and education are widely used within health care in general. In recent years, instruments for assessing the experiences of students and practitioners within OT have begun to emerge. However, their use is not as prevalent as expected (Kumas-Tan, Beagan, Loppie, MacLeod, & Frank, 2007). Only two instruments were found to have been applied more widely within the field. These were on cultural competence, used by practitioners in the US (Suarez-Balcazar et al., 2011) and on cultural awareness, used by students in England (Cheung et al., 2002).

The research team decided to develop a new scale to assess CA among OT students in Latin America, considering the entailed costs, time, professional education and availability of resources for designing, evaluating and implementing the scale (Gozu et al., 2007). Other implementation possibilities were also considered. The option of developing a Spanish version of the Cultural Awareness and Sensitivity Questionnaire (CASQ), which has previously been implemented within different countries, and is currently the only specific instrument available for a similar population, was rejected (Cheung et al., 2002; Murden et al., 2008; Rasmussen, Lloyd, & Wielandt, 2005). This was because this questionnaire did not adequately reflect topics relevant to the Latin American context of practice such as human rights or an understanding of culture beyond ethnicity (Castro et al., 2016b; Guajardo et al., 2015; Magalhaes & Galheigo, 2010). The items included in the ECCETO showed some similarities to those in available instruments (Cheung et al., 2002; Suarez-Balcazar et al., 2011). For example, items on the exploration of personal values and visible expressions of culture in the 'personal culture' category also feature within other instruments (Cheung et al., 2002; Suarez-Balcazar et al., 2011). However, some differences also emerged. While the ECCETO does not include any items that specifically address ethnic issues, it includes a previously undescribed item that explores the particularities of local practices. For the 'professional culture' category, the existence of a professional culture that may be aligned with the value-free and universalistic aim of the dominant system of knowledge (Hammell, 2011) was also questioned.

The ECCETO has shown promising psychometric characteristics (Castro, Dahlin-Ivanoff, & Mårtensson, 2016a, Castro, Dahlin-Ivanoff, & Mårtensson, Unpublished data). The items evidencing better test–retest reliability occurred in the 'personal culture' category. This may be explained by the adherence of

the correspondent programs to the WFOT's minimum standards for education (World Federation of Occupational Therapists, 2002). Conversely, the less reliable items occurred in the 'culture in therapeutic processes and the persons with whom I work' category. Students are urged to explore their values, assumptions and prejudices within their fieldwork experiences. Consequently, this aspect may remain underdeveloped. Differences found between the phases could be attributed to the sense of belongingness in relation to a given educational program, as in the case of new OT graduates (Beagan, 2015; Castro et al., 2014). The students in this study belonged to different programs, located in different countries. This may have contributed to local emphasis and particularities in practice (Galheigo, 2014). The development of CA among students occurs through exposure to different individuals, while traveling and within encounters entailed in professional education. Therefore, variability can be expected to occur within and between groups (Whiteford, 1995). Additionally, some degree of error may have occurred given the instability of the phenomena under examination (Johnston, Keith, & Hinderer, 1992; Svensson E, 1993). In this particular case, the students' experiences acquired through fieldwork, may have affected their understanding of cultural aspects entailed in their practice (Rew et al., 2014). The results for the ECCETO in its current state of development can be partially compared with those of the CASQ (Cheung et al., 2002). Even though the topic (CA) and the target group (OT students) are common to both instruments, their respective differences regarding notions of culture, languages and design do not allow for an in-depth comparison (Castro et al., 2016a; Cheung et al., 2002). In both cases, culture was found to be important for the clients' occupational performance and within OT interventions (Cheung et al., 2002). However, the ECCETO scale did not highlight issues relating to service-seekers with different ethnic backgrounds, as in the case of the CASQ (Cheung et al., 2002).

The different study components undertaken for this thesis revealed a complex co-existence of multiple understandings and ways of experiencing culture within the OT community. These understandings are challenging the profession to move beyond an occupational spin and to determine the path to be taken at this crossroads for addressing the question of culture. The gaps between theory and practice and between Western and non-Western modes of knowledge production, as well as the different trends that prevail within the profession, add further challenges in global and local contexts of practice. The epistemic reflexivity approach (Kinsella & Whiteford, 2009) has been proposed as a possible approach for developing the required CA and appropriately addressing these challenges. Within the profession, epistemic reflexivity has been conceptualised, based on Bourdieu's ideas, as a critical exploration of conditions, and especially socio-historical conditions,

underlying knowledge production, acceptance and subsequent validation (Kinsella & Whiteford, 2009). Thus, it may promote an understanding of how socio-political conditions have shaped the profession's development within different contexts, enabling it to progress towards a more heteroglossic state (Sakellariou & Pollard, 2008). This would provide a space for each region to share how their particularities have promoted the development of the profession. Mutual learning, collaborative exchange and enriched OT professional education and practice may constitute a method, entailing CA, for coping with continuous social change and complexity in practice.

7.2. Methodological considerations

An investigation of current challenges within the unexplored territory of OT professional education and practice offers a rich space for the application of possible research methods. The first step would focus on general considerations, and individual studies would subsequently be undertaken. These general considerations include issues of relevance to the four successive studies: the research team, local features and methods. With the exception of five interviews conducted for study II, data collection and data analysis were entirely conducted from Sweden, without establishing any direct contact with the respondents. While on one hand, this enabled a physical distance to be maintained, facilitating an external view of the phenomena, on the other hand it required careful management and storing of information imparted to and by the respondents.

The composition of the research team remained consistent for all four studies. The team comprised three female occupational therapists, with experience as faculty members and clinicians. All of the team members spoke English as a second language and were currently living in Sweden. While these factors were common to all members, the team exhibited diversity in terms of members' ages, research experience, academic positions, life histories, interests, incomes, spoken languages and migration experiences. The degree of distance of the researchers to the phenomena enabled them to adopt a reflective approach as they experienced cultural dilemmas and made discoveries during the implementation of the studies.

The local features necessitated adjustments relating to research conducted from one country but entailing different geographical areas of focus across the studies. In Sweden, values such as autonomy, independence and self-determination feature commonly within OT practice (Ottenvall Hammar, 2015; Triandis, 1995). By contrast, values such as a social understanding of life, interdependence and proximity are highly valued in Latin America

(Triandis, 1995). This aspect of the research process was considered to promote a reflective attitude.

7.2.1. Integrative literature review (study I)

When literature reviews are conducted as a research method, as in this case, they should provide a clear overview of the particular phenomena under investigation (Collins & Fauser, 2005; Green et al., 2006). Consequently, the reader has access to an up-to-date summary and outline of current publications within a field (in this case, culture in OT), as well as to multiple perspectives articulated within the literature (Green et al., 2006). The selected period has been highlighted, as several milestones can be identified regarding the importance of culture in the discipline and the emergence of critical voices that challenge more traditional approaches within OT (Beagan, 2015; Hammell, 2006; Iwama, 2006)

In the specific context of this study, the use of other search terms (e.g., 'therapy*', 'cultural' or 'cultures'), other databases (e.g., Scielo, Google Scholar or Web of Science); and other languages (e.g., Spanish, Portuguese or French) could have led to differences in the number and diversity of articles included in the analysis, and, consequently, to differences in the results. Further, the free download requirement, as an institutional condition, could have restricted access to published articles in journals available within other databases. The authors of the study were aware that some journals may not yet have been indexed. Rigour and trustworthiness were considered key issues for ensuring the quality of the study (Whittemore, 2005; Whittemore & Knafl, 2005).

7.2.2. Content analysis (study II)

As a first approximation of a phenomenon that has not been explored previously in the literature, content analysis enabled a broad exploration of the experiences of Chilean practitioners, accessing latent content from the data (Graneheim & Lundman, 2004). It is critical to access respondents' actual meanings and social contexts when using this method (Vaismoradi, Jones, Turunen, & Snelgrove, 2016). Consequently, the data were collected in Spanish by a native speaker, so that the respondents had an opportunity to express themselves freely.

There are several methods for analysing interview data. Other possibilities were considered such as grounded theory, phenomenology and discourse analysis for examining the topic, but these would have limited the opportunity to explore a novel topic as presented here (Bourgeault, Dingwall, & de Vries, 2010). Data collection procedures and trustworthiness issues

were taken into account to ensure the study's quality (Curtin & Fossey, 2007; Whittemore & Knafl, 2005). The selection of respondents (defining experts and practitioners), multiculturalism within the research team and the conduct of interviews over a distance posed challenges in relation to more traditional research designs. Therefore, the associated risks assumed by the team facilitated more reflective analysis and the possibility for them, as OT practitioners, to explore the topic under simultaneous conditions of geographical distance and cultural proximity.

7.2.3. The Delphi technique (study III)

The Delphi technique, as a qualitative research technique, was considered a good option for accessing the voices of experts in relation to an unexplored topic, shaped by the need to develop a culturally relevant scale for the region. Rigour, transferability and validity appear to be the main challenges in implementing Delphi-based research designs, given the fact that this technique may appear to be too simple for someone who is not familiar with it (Hasson & Keeney, 2011; Vernon, 2009).

The core element of reaching consensus within a Delphi-based research design remains contested (Hasson & Keeney, 2011; Hasson et al., 2000; Powell, 2003). A common concern is that two separate panels may each reach different conclusions regarding the same topic. However, this could also happen when using any other consensus- or group-based method (Hasson et al., 2000). The critiques relate to the role of the research team in defining the range of consensus (in the case of quantitative designs, this may range from 55 to 100%), as well as how the topic/constructs are introduced and the possibility for experts to change what is presented (Hasson & Keeney, 2011; Powell, 2003; Vernon, 2009). This is different in the case of qualitative Delphi studies, wherein consensus is reached when the experts are satisfied with the results emerging during successive rounds (Crisp, Pelletier, Duffield, Adams, & Nagy, 1997; Fletcher & Marchildon, 2014).

Variations can be found in terms of the size of and degree of homogeneity of the expert panel, inclusion criteria, number of rounds undertaken, anonymity, and how consensus is defined (Hasson & Keeney, 2011; Hasson et al., 2000; Vernon, 2009). The definition of the condition of being an expert can range from basic exposure to very specific knowledge of the phenomena under investigation, or it may entail being an international leader in the field (Vernon, 2009). The number of experts included in the panel depends on the research plan, resources, aim of the study and the research topic (Vernon, 2009). When applying the Delphi technique, the team experienced its strengths such as its simplicity, accessibility, speed, low cost-effectivity, provision of ongoing reflective possibilities for the team and the experts and

equally weighted responses during the implementation of the study (Powell, 2003; Vernon, 2009). Some of the possible weaknesses of the technique include issues of social desirability, criteria for selecting experts, time consumption, fatigue, tiredness, and dropping out (Powell, 2003). In this case, the major complication that emerged was unequal participation of experts during the different rounds for various reasons.

7.2.4. Svensson's method (study IV)

Svensson's method has been compared with other methods such as Cohen's Kappa. These comparisons have revealed that better results were obtained with Svensson's method, compared with results obtained using other methods, in terms of enabling separate examinations of disagreements (Altman, 1991; Bunketorp, Carlsson, Kowalski, & Stener-Victorin, 2005). A timeframe of 14 days between the test and retest was considered sufficient for respondents to forget their previous answers, while maintaining a similar approach in relation to the phenomena (Nunnally & Bernstein, 1994). The study was implemented using a digital version of the scale. Digital assessments are increasingly being conducted within health care research given several changes that have occurred and the advantages that they offer (Cope, 2014). These changes consider increased access to computers and Internet, reduced costs, time-saving, ready-for-analysis responses, increased anonymity, decreased chances of human error and the possibility of accessing respondents in different locations have been identified as some of these advantages (Cope, 2014; McPeake et al., 2014). Conversely, some of the disadvantages of using digital assessments include differential access to technology and computer literacy, difficulties in accessing participants (databases/email addresses that have not been updated), uncertain rates of response and specific design-related requirements (Cope, 2014; McPeake et al., 2014). A low response rate could result from lack of familiarity with the topic, tiredness, saturation and lower access to technology within specific groups compared with the access of the general population (McPeake et al., 2014). Different strategies were used to improve the response rate in the studies. These included a brief scale, the use of informative personalized messages (including a brief description of the study and the estimated response time and provision of a link rather than an attachment to access the scale), verification of the up to date status of email addresses, and sending of reminders (Cope, 2014; McPeake et al., 2014).

8. CONCLUSION

Currently, OT is facing diverse challenges in relation to professional education and practice. These challenges are propelling the profession as well as its practitioners towards increased awareness of cultural issues within education and practice. Although these challenges are a universal phenomenon for the profession, Latin American local contexts exhibit their own particularities. Thus, the requirement for cultural awareness within the profession is universal as well as local, and collective as well as individual.

The findings of this thesis have revealed different approaches for addressing cultural issues within the OT profession. Within the literature, these have mostly originated within English-speaking and Western European countries. Up to date knowledge, articulated in English, remains unknown for large groups of OT practitioners located in non-English speaking regions. Moreover, OT practitioners in traditionally dominant regions remain unaware of experiences and developments within the profession in other regions. Thus, there is a window of opportunity to open up a collaborative and fruitful dialogue in this regard. The profession needs to move towards an in depth understanding of how different contexts of practice, professional and local values and occupations and politics are experienced within OT, globally, and within each region. Cultural awareness appears, then, to be a professional mandate for OT practitioners. However, particular conditions of practice and insufficient opportunities to develop CA, personally and professionally, within education and practice can restrict possibilities of fulfilling this mandate. The exercise of CA within OT has broad and beneficial impacts within the professional community, for service-seekers and for society in general. Because the universal mandate of addressing societal changes is experienced in a highly context-dependent manner, variations are both needed and expected, based on socio-historical conditions, the characteristics of local healthcare systems, values, meanings, beliefs and assumptions.

The findings of this thesis should collaborate as a step on the line to increase awareness within OT on the importance of addressing the cultural aspects of practice. This step is required to support construction of knowledge that sustains a global professional identity, while simultaneously supporting the resolution of local occupational challenges. Occupational therapy, worldwide, requires practitioners, scholars, educators and students to be more aware. This is a key strategy that can be adopted to fulfil the profession's social contract, with the aim of promoting more inclusive, open and participatory societies of and for active citizens.

9. FUTURE PERSPECTIVES

This thesis offers new understandings of the challenges faced by OT practitioners in a changing world and in its application within local contexts. Professional education and practice in this field would benefit from the fostering of a stronger community of OT practitioners exercising their epistemic reflexivity to address increasingly complex practice, worldwide. Studies that acknowledge and honour the profession's basic principles must enter into a reflexive dialogue with several traditions that have evolved in local contexts of practice. In the case of Latin America, this dialogue may entail a critical review of the region's professional history, the development of local and sensitive knowledge and the adaptation of ideas evolved outside of the region. Further studies, following this thesis, could explore how individual recipients of OT services, members of health care teams, extended communities, faculties, stakeholders and practitioners conceptualize, understand and experience CA in practice.

The specific results of this thesis suggest that extended application of the ECCETO could provide valuable and sensitive information about learning needs relating to CA cultivation among students. Additionally, translation of the scale to the Brazilian context may prompt a discussion of continental issues for the profession. An exploration of how CA is presented to students in official as well as hidden curricula could help further our understanding of how oral traditions, issues of power, local OT identities, and ongoing negotiations within therapeutic encounters are unfolding in different contexts. A subsequent step could be the implementation of different learning strategies within professional education to foster more culturally aware practitioners.

These possible lines for research could open up new opportunities for promoting valuable and necessary diversity within the profession, and evolving an approach for successfully addressing the complex local as well as global challenges that currently prevail within OT professional education and practice.

ACKNOWLEDGEMENTS

Tack ***Lena***, min huvudhanledare. Thanks for sharing with me your gardening experiences across these years. Science and knowledge development need devoted gardeners. Now it's time to enjoy the signs of the spring in my own koloni and let amazing things happen as I learned from you.

Gracias ***Synneve***, mi co-supervisora. Thanks for showing me what happens when passion and enthusiasm for research are lived as you do it. Thanks for keeping my Spanish-speaking brain aware and joyful.

Tack to my colleagues at the occupational therapy program: ***Gudrun, Greta, Kajsa, Lisbeth, Susanne,*** and ***Marie.*** Thanks for your kind hands and words to let me learn and enjoy through the process of being a PhD student in a foreign context. In special, thanks to ***Theresa*** for our mutual language lessons!.

Thanks to ***Ulla Svantesson***, ***Birgitta Archenholtz***, ***Kristina Nässén***, ***Carin Willén*** and ***Christina Andersson*** for your valuable advice, at the doctoral seminars, my Half Time control, the Pre-dissertation and the Kappa Seminar. You opened new roads to explore in this research project.

Tack to the administrators at the department: ***Ann-Charlotte, Birgitta, Sofie, Adriana, Maida, Jessica*** and ***Anita***. Thanks for your support and help with the never ending questions about forms and paperwork. Och… jag kan prata lite svenska nu! Y también puedo hablar español con ***María,*** muchas gracias por nuestras conversaciones de cada mañana!

Thanks to the *girls at work****: Anna, Hadeel, Frida, Malgorzata,*** and ***Therese*** for the good times. In special to the doktorander: ***Christina***, for your absolute commitment on hard work and your patience to teach me the most useful words in Swedish! ***Emmelie***, for your so supportive, sparkling and always charming friendship! You were always there when the rain started to fall. And I'll be there for you too. ***Isabelle,*** for taking good care of the little zoo and jungle at our office, and always being around with the right word and the best planning skills to help me with my Latin chaos! ***Iolanda***, for the brightest spirit ever, believing that somehow we can change the world if we can enjoy it, dancing! I am pretty sure that you can explain why! And ***Qarin***, for sharing with me the idea that dreams can become true if you put your heart on it, your mantra is with me now! Distance doesn't matter when you want to be close by. You made this possible, girls! Every day at work had a good reason to celebrate!

Gracias to ***all the participants***, their enthusiasm, trust and commitment allowed that the research dreams became real in ideas to implement more culturally aware practices and education for the OTs in Latin America.

For the economic support across my doctoral studies, thanks to the ***Comisión Nacional de Investigación Científica y Tecnológica – CONICYT Chile, Programa de Formación de Capital Humano Avanzado***. As well as to the ***Förbundet Sveriges Arbetsterapeuter - FSA***, to the ***Wilhelm & Martina Lundgrens stiftelser***, and to the ***Adlerbert Foreign Student Hospitality Foundation***. To ***Universidad Mayor*** in Chile, for the opportunity to conduct my doctoral studies in Sweden, through the academic agreement with the University of Gothenburg. Y a mis colegas en la Escuela de Terapia Ocupacional, por esos inolvidables almuerzos y todo su apoyo!

Gracias, thanks & tack a mis socias en esta aventura: ***Margarita*** and ***Lisette***. Your wise advice and laughs were always there for mutual support across the world. Thanks to your families for understanding our occupational joy and madness: ***Marcelo, Amanda, Helena*** and ***Erik.***

Thanks to my friends of life in Gothenburg: to ***Maria,*** for the surprising adventures; ***Sebastian*** and ***Stephan,*** for being the best German gang! To ***Stefanie*** for your unconditional friendship! To ***Jane***, for the funny times at the Swedish course; to ***Manuel; Romina, Marco, Javiera*** & ***Emilio,*** for keeping Chile alive in my heart!; to ***Cristina*** & ***Marc***, and ***Heike, Christian*** & ***Lotta*** for letting me know that your friends can become your family; to ***Pete; Mario; Sakari; Pablo;*** and ***Marta,*** for the good evenings and the funny talks***;*** to ***Shawn***, ***Isabell, Kitti,*** and ***Nina,*** for the good times at the Intro course and after; to ***Kerryn, Svante*** & ***Freja*** for your happiness and courage! In special, thanks & tack to ***Ariana*** & ***Tobias*** for our charming semla-based-dinners and movie times. All of you became my partners in the cloudy and rainy days. The Swedish course, the moving days, the film festival & the cine en español times, birthdays, international evenings, fikas and the city wouldn't be cozy at all without you people! You let me know that friendship is not about passports, it's about being around.

Thanks to those that helped me to find my place in town. To my landlords in Hisingen, ***Stephan*** & ***Vera,*** for our charming talks that helped to keep the feeling of home alive. To ***Silvia*** & ***Antoine*** for sharing with me the joy of being back in a little town, and for let me discover my cat lover side. To ***Marianne***, my first landlady, for our tea-and-cookies conversations that kept me awake and happy! To ***Gunilla***, my last landlady, for your support and your reflections across the doctoral seminars.

Gracias a mis amigos en Chile***: Cristina, Marcos, Lorena M., Lorena V., Claudia, Iván, Daniela, Pamela, Ximena H., Carolina A., Viviana, Ximena V., Carolina V., Carolina S., María Esther, Carolina C., Paula, Natalia, Sandra,*** y ***Emiliano.*** Ustedes me recordaron que el hogar es donde la amistad está. Gracias a todos los sistemas de comunicación que nos permitieron seguir hablando, soñando y compartiendo la vida! A todos los que a lo largo de estos años me acompañaron y ayudaron, ustedes saben quiénes son! Thanks to my friends that have been with me in all kinds of distance, ***Mago***; ***Roeland***, ***Jayshree***, ***Aron*** & ***Jaiden,*** for your inspiration and support across these years. A ***Mónica*** y ***Sammai***, por su sonrisa que sigue conmigo aunque ya no estén aquí.

Gracias a mi familia extendida, por estar siempre cerca, especialmente a ***Sebastián, Milo*** & ***Sofía***; y ***Nacho*** & ***Jose***, mis primos migrantes, por compartir las nostalgias en la distancia. A mis tíos y primos en Chile, por ser un apoyo permanente! A mi tío ***Jaime*** por dibujar la imagen que ilustra la portada de esta tesis, y a mi tía ***Graciela***, por su revisión de las traducciones de la Escala.

Gracias a mi familia cercana: Mis padres ***René*** y ***Carmen*** por su apoyo permanente e incondicional, su rigor acerca del aprendizaje y su apasionado compromiso por el servicio en salud. A mi hermano ***Felipe*** y mi cuñada ***Tatiana*** por mantener la alegría de la pandilla alrededor del mundo. Por los respectivos y sanadores procesos de coaching! A ***Marta*** y ***Dominga*** como invitadas a nuestra familia. Ustedes se convirtieron en una parte significativa de mi vida diaria desde que tengo memoria. A mi bisabuela ***Blanca*** y a mis abuelos ***Johannes, Carmen, René*** y ***Graciela.*** Esto es por y para ustedes. Soy la nieta y bisnieta más afortunada por haberlos tenido como mi historia viva. Sus deseos de aprender, su espíritu migrante, sus risas, paciencia, pasión, valentía y abrazos están conmigo ahora.

REFERENCES

Aguilar, A., Stupans, I., Scutter, S., & King, S. (2012). Exploring professionalism: The professional values of Australian occupational therapists. *Australian Occupational Therapy Journal, 59*, 209-217. doi: 10.1111/j.1440-1630.2012.00996.x

Alavoine, C. (2012). You Can't Always Get What You Want: Strategic Issues in Negotiation. *Procedia - Social and Behavioral Sciences, 58*, 665-672. doi: 10.1016/j.sbspro.2012.09.1044

Altman, D. G. (1991). *Practical statistics for medical research*. London: Chapman and Hall.

Awaad, T. (2003). Culture, Cultural Competency and Occupational Therapy: a Review of the Literature. *British Journal of Occupational Therapy, 66*, 356-362. doi: 10.1177/030802260306600804

Avdic, A., & Svensson, E. (2012). Svenssons method (Version 1.1.2.) [Software]. Available from from http://www.oru.se/hh/Elisabeth-Svensson/Svenssons_metod/

Avendaño, R., Nieto-Parra, S., Vásquez, J., & Beber, F. (2015). Education and skills for inclusive growth in Latin America. In OECD/CEPAL (Ed.), *Latin American Economic Outlook 2015*. Paris: OECD Development Center.

Beagan, B. L. (2003). Teaching Social and Cultural Awareness to Medical Students: It's All Very Nice to Talk about It in Theory, But Ultimately It Makes No Difference. *Academic Medicine, 78*, 605-614. doi: 10.1097/00001888-200306000-00011

Beagan, B. L. (2015). Approaches to culture and diversity: A critical synthesis of occupational therapy literature: Des approches en matière de culture et de diversité: une synthèse critique de la littérature en ergothérapie. *Canadian Journal of Occupational Therapy, 82*, 272-282. doi: 10.1177/0008417414567530

Beagan, B. L., & Chacala, A. (2012). Culture and diversity among occupational therapists in Ireland: when the therapist is the 'diverse' one. *British Journal of Occupational Therapy, 75*, 144-151. doi: 10.4276/030802212X13311219571828

Bennett Mortenson, W., & Dyck, I. (2006). Power and client-centered practice: An insider exploration of occupational therapists' experiences. *Canadian Journal of Occupational Therapy, 73*, 261-271. doi: 10.2182/cjot.06.008

Black, R. M., & Wells, S. A. (2000). *Cultural Competency for Health Professionals.* Bethesda, MD: Aota Press.

Bonder, B. R., Martin, L., & Miracle, A. W. (2004). Culture Emergent in Occupation. *American Journal of Occupational Therapy, 58*, 159-168. doi: 10.5014/ajot.58.2.159

Bourgeault, I., Dingwall, R., & de Vries, R. (2010). *The SAGE Handbook Qualitative Methods Health Research*. London: SAGE Publications Ltd.

Briglia, J., & García, A. (2013). Contextual aspects of the emergence of occupational therapy in Argentina. *Revista Chilena de Terapia Ocupacional, 13*, 33-41. doi: 10.5354/0717-6767.2013.27450

Brown, T. (2013). Person-Centred Occupational Practice: Is it Time for a Change of Terminology? *British Journal of Occupational Therapy, 76*, 207. doi: 10.4276/030802213x13679275042609

Bunketorp, L., Carlsson, J., Kowalski, J., & Stener-Victorin, E. (2005). Evaluating the reliability of multi-item scales: A non-parametric approach to the ordered categorical structure of data collected with the Swedish version of the Tampa Scale for Kinesiophobia and the Self-Efficacy Scale. *Journal of Rehabilitation Medicine, 37*, 330-334. doi: 10.1080/16501970510036411

Campinha-Bacote, J. (2002). The Process of Cultural Competence in the Delivery of Healthcare Services: A Model of Care. *Journal of Transcultural Nursing, 13*, 181-184. doi: 10.1177/10459602013003003

Castree, N., Kitchin, R., & Rogers, A. (2013). *A Dictionary of Human Geography*. Oxford: Oxford University Press.

Castro, D., Dahlin-Ivanoff, S., & Mårtensson, L. (2014). Occupational therapy and culture: a literature review. *Scandinavian Journal of Occupational Therapy, 21*, 401-414. doi: 10.3109/11038128.2014.898086

Castro, D., Dahlin-Ivanoff, S., & Mårtensson, L. (2016a). Development of a Cultural Awareness Scale for Occupational Therapy Students in Latin America: a Qualitative Delphi study. *Occupational Therapy International*, Advance online publication. doi: 10.1002/oti.1424

Castro, D., Dahlin-Ivanoff, S., & Mårtensson, L. (2016b). Feeling like a stranger: Negotiations with culture as experienced by Chilean occupational therapists. *Scandinavian Journal of Occupational Therapy*, Advance online publication. doi: 10.3109/11038128.2016.1152295

Cheung, Y., Shah, S., & Muncer, S. (2002). An Exploratory Investigation of Undergraduate Students' Perceptions of Cultural Awareness. *British Journal of Occupational Therapy, 65*, 543-550. doi: 10.1177/030802260206501203

Christopher, J. C., Wendt, D. C., Marecek, J., & Goodman, D. M. (2014). Critical cultural awareness: contributions to a globalizing psychology. *The American psychologist, 69*, 645-655. doi: 10.1037/a0036851

Coffin, J. (2007). Rising to the Challenge in Aboriginal Health by Creating Cultural Security. *Aboriginal and Islander Health Worker Journal, 31*(3), 22-24.

Collins, J. A., & Fauser, B. C. J. M. (2005). Balancing the strengths of systematic and narrative reviews. *Human reproduction update, 11*, 103-104. doi: 10.1093/humupd/dmh058

Connell, R. (2007). *Southern theory: the global dynamics of knowledge in social science*. Cambridge: Polity.

Cope, D. G. (2014). Using Electronic Surveys in Nursing Research. *Oncology Nursing Forum, 41*, 681-682. doi: 10.1188/14.ONF.681-682

Correa Oliver, F., Carvalho de Almeida, M., Colom Toldrá, R., Galheigo, S., Lancman, S., Esquerdo Lopes, R., & Muñoz Palm, R. (2011). Desafios da educação em Terapia Ocupacional na América Latina para a próxima década. *Revista de Terapia Ocupacional da Universidade de São Paulo, 22(*3), 298-307. doi: 10.11606/issn.2238-6149.v22i3p298-307

Creek, J. (2010). *The Core Concepts of Occupational Therapy: A Dynamic Framework for Practice*. London: Jessica Kingsley Publishers.

Crisp, J., Pelletier, D., Duffield, C., Adams, A., & Nagy, S. (1997). The Delphi method? *Nursing research, 46*, 116-118. doi: 10.1097/00006199-199703000-00010

Curtin, M., & Fossey, E. (2007). Appraising the trustworthiness of qualitative studies: Guidelines for occupational therapists. *Australian Occupational Therapy Journal, 54*, 88-94. doi: 10.1111/j.1440-1630.2007.00661.x

D'Andrea, M., Daniels, J., & Heck, R. (1991). Evaluating the Impact of Multicultural Counseling Training. *Journal of Counseling & Development, 70*(1), 143-150.

DeVellis, R. F. (2012). *Scale Development: Theory and Applications*. Thousands Oaks: SAGE Publications Inc.

Doll Jr, W. E., & Trueit, D. (2010). Complexity and the health care professions. *Journal of Evaluation in Clinical Practice, 16*, 841-848. doi: 10.1111/j.1365-2753.2010.01497.x

Dos Santos, V., & Leon Spesny, S. (2016). Questioning the concept of culture in mainstream occupational therapy: Questionando o conceito de cultura nas linhas de terapia ocupacional domintantes. *Cadernos de Terapia Ocupacional UFSCar, 24*, 185-190. doi: 10.4322%2F0104-4931.ctoRE0675

Drisko, J. W., & Maschi, T. (2015). *Content Analysis*. New York: Oxford University Press.

Drolet, M.-J. (2014). The axiological ontology of occupational therapy: A philosophical analysis. *Scandinavian Journal of Occupational Therapy, 21*, 2-10. doi:10.3109/11038128.2013.831118

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing, 62*, 107-115. doi: 10.1111/j.1365-2648.2007.04569.x

Fitzgerald, E. M., Cronin, S. N., & Campinha-Bacote, J. (2009). Psychometric testing of the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals -- Student Version (IAPCC-SV). *Journal of Theory Construction & Testing, 13*(2), 64-68.

Fletcher, A. J., & Marchildon, G. P. (2014). Using the Delphi Method for Qualitative, Participatory Action Research in Health Leadership. *International Journal of Qualitative Methods, 13*(1), 1-18.

Fransen, H., Pollard, N., Kantartzis, S., & Viana-Moldes, I. (2015). Participatory citizenship: Critical perspectives on client-centred occupational therapy. *Scandinavian Journal of Occupational Therapy, 22*, 260-266. doi:10.3109/11038128.2015.1020338

Fulford, K. (2004). Ten principles of values-based medicine. In J. Radden (Ed.), *The philosophy of psychiatry: A companion* (pp. 205-234). New York: Oxford University Press.

Furlong, M., & Wight, J. (2011). Promoting 'Critical Awareness' and Critiquing 'Cultural Competence': Towards Disrupting Received Professional Knowledges. *Australian Social Work, 64*, 38-54 17p. doi: 10.1080/0312407X.2010.537352

Galheigo, S. M. (2014). Identities, latin american matters and knowledge production in Occupational Therapy: dialogues with Boaventura de Sousa Santos. *Cadernos de Terapia Ocupacional da UFSCar, 22*, 215-221. doi: 10.4322/cto.2014.023

Gallagher, A. (2006). The ethics of culturally competent health and social care. In I. Papadopoulos (Ed.), *Transcultural health and social care: development of culturally competent practitioners* (pp. 65-84). Edinburgh: Churchill Livingstone Elsevier.

Gómez, S. (2012). *Antecedentes, creación y desarrollo de la Terapia Ocupacional en Chile: 50 años de historia*. Santiago: Universidad de Chile.

Gómez, S., & Imperatore Blanche, E. (2010). Desarrollo de la Terapia Ocupacional en Latinoamérica. *Revista Chilena de Terapia Ocupacional, 10*, 123-135. doi: 10.5354/0717-6767.2010.10566

Gozu, A., Beach, M. C., Price, E. G., Gary, T. L., Robinson, K., Palacio, A., Smarth, C., Jenckes, M., Feuerstein, C., Bass, E. B., Powe, N. R., Cooper, L. A. (2007). Self-Administered Instruments to Measure Cultural Competence of Health Professionals: A Systematic Review. *Teaching and Learning in Medicine, 19*, 180-190. doi: 10.1080/10401330701333654

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve

trustworthiness. *Nurse Education Today, 24*, 105-112. doi: 10.1016/j.nedt.2003.10.001

Green, B. N., Johnson, C. D., & Adams, A. (2006). Writing narrative literature reviews for peer-reviewed journals: secrets of the trade. *Journal of Chiropractic Medicine, 5*, 101-117. doi: 10.1016/S0899-3467(07)60142-6

Guajardo, A. (2014). Una terapia ocupacional crítica como posibilidad. In V. Dos Santos & A. Donatti Gallassi (Eds.), *Cuestiones contemporáneas de la Terapia Ocupacional de América del Sur* (pp. 51-71). Curitiba, Brasil: Editora CRV.

Guajardo, A., & Galheigo, S. M. (2015). Critical Reflections on human rights: Contributions from the Latin American Occupational Therapy. *World Federation of Occupational Therapists Bulletin, 71*, 73-80. doi: 10.1179/1447382815Z.00000000023

Guajardo, A., Kronenberg, F., & Ramugondo, E. L. (2015). Southern occupational therapies: Emerging identities, epistemologies and practices. *South African Journal of Occupational Therapy, 45*, 3-10. doi: 10.17159/2310-3833/2015/v45n1a2

Guajardo, A., & Pollard, N. (2010). Occupational therapy perspectives from the southern hemisphere. *British Journal of Occupational Therapy, 73*, 241. doi: 10.4276/030802210X12759925468826

Hammell, K. R. W. (2006). *Perspectives on Disability and Rehabilitation: contesting assumptions; challenging practice*. Edinburgh: Churchill Livingstone Elsevier.

Hammell, K. R. W. (2009). Sacred Texts: A Sceptical Exploration of the Assumptions Underpinning Theories of Occupation. *Canadian Journal of Occupational Therapy, 76*, 6-13. doi: 10.1177/000841740907600105

Hammell, K. R. W. (2011). Resisting theoretical imperialism in the disciplines of occupational science and occupational therapy. *British Journal of Occupational Therapy, 74*, 27-33. doi: 10.4276/030802211X12947686093602

Hammell, K. R. W. (2013). Client-centred practice in occupational therapy: Critical reflections. *Scandinavian Journal of Occupational Therapy, 20*, 174-181. doi: 10.3109/11038128.2012.752032

Hasson, F., & Keeney, S. (2011). Enhancing rigour in the Delphi technique research. *Technological Forecasting and Social Change, 78*, 1695-1704. doi: 10.1016/j.techfore.2011.04.005

Hasson, F., Keeney, S., & McKenna, H. (2000). Research guidelines for the Delphi survey technique. *Journal of Advanced Nursing, 32*, 1008-1015. doi: 10.1046/j.1365-2648.2000.t01-1-01567.x

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse

clients. *Journal of Counseling Psychology, 60*, 353-366. doi: 10.1037/a0032595

Hsieh, H.-F., & Shannon, S. E. (2005). Three Approaches to Qualitative Content Analysis. *Qualitative Health Research, 15*, 1277-1288. doi: 10.1177/1049732305276687

Inglehart, R., & Carballo, M. (1997). Does Latin America Exist? (And Is There a Confucian Culture?): A Global Analysis of Cross-Cultural Differences. *PS: Political Science and Politics, 30*(1), 34-47.

Iwama, M. K. (2003). Toward culturally relevant epistemologies in occupational therapy. *American Journal of Occupational Therapy, 57*, 582-588. doi: 10.5014/ajot.57.5.582

Iwama, M. K. (2004). Meaning and inclusion: Revisiting culture in occupational therapy. *Australian Occupational Therapy Journal, 51*, 1-2. doi: 10.1111/j.1440-1630.2004.00429.x

Iwama, M. K. (2006). *The Kawa model: culturally relevant occupational therapy*. Edinburgh: Elsevier Churchill Livingstone.

Iwama, M. K. (2007). Culture and occupational therapy: meeting the challenge of relevance in a global world. *Occupational Therapy International, 14*, 183-187. doi: 10.1002/oti.234

Iwama, M. K., Thomson, N. A., & Macdonald, R. M. (2011). Situated meaning: a matter of cultural safety, inclusion and occupational therapy. In F. Kronenberg, N. Pollard & D. Sakellariou (Eds.), *Occupational therapies without borders - Volume 2: Towards an Ecology of Occupation-Based Practices* (pp. 85-92). Edinburgh: Churchill Livingstone Elsevier.

Johnston, M. V., Keith, R. A., & Hinderer, S. R. (1992). Measurement standards for interdisciplinary medical rehabilitation. *Archives of Physical Medicine and Rehabilitation, 73*(12), S23.

Kelly, G., & McFarlane, H. (2007). Culture or cult? The mythological nature of occupational therapy. *Occupational Therapy International, 14*, 188-202. doi: 10.1002/oti.237

Kielhofner, G. (2009). *Conceptual foundations of occupational therapy practice*. Philadelphia: F. A. Davis.

Kimchi, J., Polivka, B., & Stevenson, J. S. (1991). Triangulation: Operational Definitions. *Nursing Research, 40*(6), 364-366.

Kinébanian, A., & Stomph, M. (2009). *Diversity matters: Guiding Principles on Diversity and Culture*. Forrestfield: World Federation of Occupational Therapists.

Kinsella, E. A. (2006). Poetic Resistance: Juxtaposing Personal and Professional Discursive Constructions in a Practice Context. *Journal of the Canadian Association for Curriculum Studies, 4*(1), 35-49.

Kinsella, E. A., & Whiteford, G. E. (2009). Knowledge generation and utilisation in occupational therapy: Towards epistemic reflexivity.

Australian Occupational Therapy Journal, 56, 249-258. doi: 10.1111/j.1440-1630.2007.00726.x

Kronenberg, F., & Pollard, N. (2006). Political Dimensions of Occupation and the Roles of Occupational Therapy. *American Journal of Occupational Therapy, 60*, 617-626. doi: 10.5014/ajot.60.6.617

Kumas-Tan, Z., Beagan, B. L., Loppie, C., MacLeod, A., & Frank, B. (2007). Measures of Cultural Competence: Examining Hidden Assumptions. *Academic Medicine, 82*, 548-557. doi: 10.1097/ACM.0b013e3180555a2d

LaFromboise, T. D., Coleman, H. L., & Hernandez, A. (1991). Development and factor structure of the Cross-Cultural Counseling Inventory—Revised. *Professional Psychology: Research and Practice, 22*, 380-388. doi: 10.1037/0735-7028.22.5.380

Lipson, J. G., & Desantis, L. A. (2007). Current Approaches to Integrating Elements of Cultural Competence in Nursing Education. *Journal of Transcultural Nursing, 18*, 10S-20S. doi: 10.1177/1043659606295498

Mackey, H. (2007). 'Do not ask me to remain the same': Foucault and the professional identities of occupational therapists. *Australian Occupational Therapy Journal, 54*, 95-102. doi: 10.1111/j.1440-1630.2006.00609.x

Magalhaes, L., & Galheigo, S. M. (2010). Enabling international communication among Brazilian occupational therapists: seeking consensus on occupational terminology. *Occupational Therapy International, 17*, 113-124. doi: 10.1002/oti.292

Malfitano, A. P. S., Lopes, R. E., Magalhães, L., & Townsend, E. A. (2014). Social occupational therapy: Conversations about a Brazilian experience: Ergothérapie sociale: Conversations au sujet de l'expérience brésilienne. *Canadian Journal of Occupational Therapy, 81*, 298-307. doi: 10.1177/0008417414536712

Martimianakis, M. A., Maniate, J. M., & Hodges, B. D. (2009). Sociological interpretations of professionalism. *Medical Education, 43*, 829-837. doi: 10.1111/j.1365-2923.2009.03408.x

McKenna, H. P. (1994). The Delphi technique: a worthwhile research approach for nursing? *Journal of Advanced Nursing, 19*, 1221-1225. doi: 10.1111/j.1365-2648.1994.tb01207.x

McPeake, J., Bateson, M., & O'Neill, A. (2014). Electronic surveys: how to maximise success. *Nurse Researcher, 21*, 24-26. doi: 10.7748/nr2014.01.21.3.24.e1205

Melguizo, Á. (2015). Education, skills and innovation for a more dynamic, inclusive Latin America. In OECD/CEPAL (Ed.), *Latin American Economic Outlook 2015*. Paris: OECD Development Center.

Melton, J., Forsyth, K., & Freeth, D. (2009). Using theory in practice. In E. A. S. Duncan (Ed.), *Skills for practice in Occupational Therapy* (pp. 9-23). Edinburgh: Churchill Livingstone Elsevier.

Misch, D. A. (2002). Evaluating physicians' professionalism and humanism: the case for humanism "connoisseurs". *Academic Medicine, 77*, 489-495. doi: 10.1097/00001888-200206000-00004

Molke, D. K., & Rudman, D. L. (2009). Governing the Majority World? Critical reflections on the role of occupation technology in international contexts. *Australian Occupational Therapy Journal, 56*, 239-248. doi: 10.1111/j.1440-1630.2008.00742.x

Montané, A., Naidorf, J. , & Teodoro, A. (2014). Social and Cognitive Justice: The Social Relevance of the Higher Education in Latin America In L. Bogotch & C. M. Shields (Eds.), *International Handbook of Educational Leadership and Social (In)Justice* (pp. 81-96). New York: Springer.

Morse J. M. (1991). Strategies for sampling. In J. M. Morse (Ed.), *Qualitative nursing research: a contemporary dialogue* (pp. 127-145). Newbury Park: Sage.

Muñoz, J. P. (2007). Culturally responsive caring in occupational therapy. *Occupational Therapy International, 14*, 256-280. doi: 10.1002/oti.238

Murden, R., Norman, A., Ross, J., Sturdivant, E., Kedia, M., & Shah, S. (2008). Occupational therapy students' perceptions of their cultural awareness and competency. *Occupational Therapy International, 15*, 191-203. doi: 10.1002/oti.253

Napier, A. D., Ancarno, C., Butler, B., Calabrese, J., Chater, A., Chatterjee, H., Guesnet, F., Horne, R., Jacyna, S., Jadhav, S., Macdonald, A., Neuendorf, U., Parkhurst, A., Reynolds, R., Scambler, G., Shamdasani, S., Smith, S. Z., Stougaard-Nielsen, J., Thomson, L., Tyler, N., Volkmann, A-M., Walker, T., Watson, J., de C Williams, A. C., Willott, C., Wilson, J., Woolf, K. (2014). Culture and health. *The Lancet, 384*, 1607-1639. doi: 10.1016/S0140-6736(14)61603-2

Niemeier, J. P., Burnett, D. M., & Whitaker, D. A. (2003). Cultural competence in the multidisciplinary rehabilitation setting: Are we falling short of meeting needs? *Archives of Physical Medicine and Rehabilitation, 84*, 1240-1245. doi: 10.1016/s0003-9993(03)00295-8

Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric theory*. New York: McGraw-Hill.

Ong-Flaherty, C. (2015). Critical Cultural Awareness and Diversity in Nursing: A Minority Perspective. *Nurse Leader, 13*, 58-62. doi: 10.1016/j.mnl.2015.03.012

Ottenvall Hammar, I. (2015). *Navigating towards a self-determined daily life in old age: experiences, instrument evaluation and explanatory factors.* Gothenburg: University of Gothenburg.

Oxman, A. D., & Guyatt, G. H. (1988). Guidelines for reading literature reviews. *CMAJ: Canadian Medical Association Journal, 138*(8), 697-703.

Papadopoulos, I. (2006). The Papadopoulos, Tilki and Taylor Model of developing cultural competence. In I. Papadopoulos (Ed.), *Transcultural health and social care: development of culturally competent practitioners* (pp. 7-24). Edinburgh: Churchill Livingstone Elsevier.

Perrin, T. (2001). Don't Despise the Fluffy Bunny: A Reflection from Practice. *British Journal of Occupational Therapy, 64*, 129-134. doi: 10.1177/030802260106400304

Persson, D., Erlandsson, L. K., Eklund, M., & Iwarsson, S. (2001). Value Dimensions, Meaning, and Complexity in Human Occupation - A Tentative Structure for Analysis. *Scandinavian Journal of Occupational Therapy, 8*, 7-18. doi: 10.1080/11038120119727

Pollard, N. (2015). Concepts of justice and the non-traditional placement. *The Journal of Practice Teaching and Learning, 13*(2-3), 72-92.

Pollard, N., Sakellariou, D., & Kronenberg, F. (2008). *A political practice of occupational therapy*. Edinburgh: Churchill Livingstone Elsevier.

Pollard, N., & Sakellariou, D. (2013). *Politics of Occupation-Centred Practice: Reflections on Occupational Engagement across Cultures*. West Sussex: Wiley-Blackwell

Pollard N., & Sakellariou D. (2014). The occupational therapist as a political beign. *Cadernos de Terapia Ocupacional da UFSCar, 22*, 643-652. doi: 10.4322/cto.2014.087

Pope-Davis, D. B., Prieto, L. R., Whitaker, C. M., & Pope-Davis, S. A. (1993). Exploring Multicultural Competencies of Occupational Therapists: Implications for Education and Training. *American Journal of Occupational Therapy, 47*, 838-844. doi: 10.5014/ajot.47.9.838

Powell, C. (2003). The Delphi technique: myths and realities. *Journal of Advanced Nursing, 41*, 376-382. doi: 10.1046/j.1365-2648.2003.02537.x

Rasmussen, T. M., Lloyd, C., & Wielandt, T. (2005). Cultural awareness among Queensland undergraduate occupational therapy students. *Australian Occupational Therapy Journal, 52*, 302-310. doi: 10.1111/j.1440-1630.2005.00508.x

Rebeiro Gruhl, K. (2009). The politics of practice: Strategies to secure our occupational claim and to address occupational justice. *New Zealand Journal of Occupational Therapy, 56*(1), 19-26.

Rew, L., Becker, H., Chontichachalalauk, J., & Lee, H. (2014). Cultural Diversity Among Nursing Students: Reanalysis of the Cultural Awareness Scale. *Journal of Nursing Education, 53*, 71-76. doi: 10.3928/01484834-20140122-01

Rew, L., Becker, H., Cookston, J., Khosropour, S., & Martinez, S. (2003). Measuring Cultural Awareness in Nursing Students. *Journal of Nursing Education, 42*, 249-257. doi: 10.3928/0148-4834-20030601-07

Sakellariou, D., & Pollard, N. (2008). Political challenges of holism: heteroglossia and the (im)possibility of holism. In N. Pollard, D. Sakellariou D & F. Kronenberg (Eds.), *A political practice of occupational therapy* (pp. 91-106). Edinburgh: Churchill Livingstone Elsevier.

Stewart, J. (2001). Is the Delphi technique a qualitative method? *Medical Education, 35*, 922-923. doi: 10.1046/j.1365-2923.2001.01045.x

Suarez-Balcazar, Y., Balcazar, F., Taylor-Ritzler, T., Portillo, N., Rodakowsk, J., Garcia-Ramirez, M., & Willis, C. (2011). Development and Validation of the Cultural Competence Assessment Instrument: A Factorial Analysis. *Journal of Rehabilitation, 77*(1), 4-13.

Suarez-Balcazar, Y., Rodawoski, J., Balcazar, F., Taylor-Ritzier, T., Portillo, N., Barwacz, D., & Willis, C. (2009). Perceived levels of cultural competence among occupational therapists. *American Journal of Occupational Therapy, 63*, 498-505. doi: 10.5014/ajot.63.4.498

Svensson, E. (1993). *Analysis of systematic and random differences between paired ordinal categorical data.* Stockholm: Almqvist & Wiksell International.

Svensson E. (1998). Ordinal invariant measures for individual and group changes in ordered categorical data. *Statistics in Medicine, 17*, 2923-2936. doi: 10.1002/(SICI)1097-0258(19981230)17:24<2923::AID-SIM104>3.0.CO;2-#

Svensson, E. (2001). Guidelines to statistical evaluation of data from rating scales and questionnaires. *Journal of Rehabilitation Medicine, 33*, 47-48. doi: 10.1080/165019701300006542

Takao Sato, M., & Dias Barros, D. (2016). Cultura, mobilidade e direitos humanos: reflexões sobre terapia ocupacional social no contexto da política municipal para população imigrante: Culture, mobility and human rights: considerations on social occupational therapy in the context of immigrants. *Cadernos de Terapia Ocupacional da UFSCar, 24*, 91-103. doi: 10.4322%2F0104-4931.ctoAO0756

Tenbensel, T. (2013). Complexity in health and health care systems. *Social Science & Medicine, 93*, 181-184. doi: 10.1016/j.socscimed.2013.06.017

Torraco, R. J. (2005). Writing Integrative Literature Reviews: Guidelines and Examples. *Human Resource Development Review, 4*, 356-367. doi: 10.1177/1534484305278283

Trentham, B., Cockburn, L., Cameron, D., & Iwama, M. (2007). Diversity and inclusion within an occupational therapy curriculum. *Australian*

Occupational Therapy Journal, 54, S49-S57. doi: 10.1111/j.1440-1630.2006.00605.x

Triandis, H. C. (1995). *Individualism & collectivism*. Boulder, CO: Westview Press.

Trujillo, A. (2013). La Terapia Ocupacional en Colombia prosigue su avance, entre aspiraciones y logros. *Revista Ocupación Humana*, *13*(1), 5-18.

Wade, P. (2010). *Race and ethnicity in Latin America*. London: Pluto.

Vaismoradi, M., Jones, J., Turunen, H., & Snelgrove, S. (2016). Theme development in qualitative content analysis and thematic analysis. *Journal of Nursing Education and Practice, 6*, 100-110. doi: 10.5430/jnep.v6n5p100

Watson, R. M. (2006). Being before doing: The cultural identity (essence) of occupational therapy. *Australian Occupational Therapy Journal, 53*, 151-158. doi: 10.1111/j.1440-1630.2006.00598.x

Vernon, W. (2009). The Delphi technique: A review. *International Journal of Therapy and Rehabilitation, 16*, 69-76. doi: 10.12968/ijtr.2009.16.2.38892

Whiteford, G. E. (1995). Other worlds and other lives: a study of occupational therapy student perceptions of cultural difference. *Occupational Therapy International*, *2*(4), 291-313.

Whittemore, R. (2005). Combining Evidence in Nursing Research: Methods and Implications. *Nursing research, 54*, 56-62. doi: 10.1097/00006199-200501000-00008

Whittemore, R., & Knafl, K. (2005). The integrative review: updated methodology. *Journal of Advanced Nursing, 52*, 546-553. doi: 10.1111/j.1365-2648.2005.03621.x

Visvanathan, S. (2006). Alternative Science. *Theory, Culture & Society, 23*, 164-169. doi: 10.1177/026327640602300226

World Federation of Occupational Therapists. (2002). *Revised Minimum Standards for the Education of Occupational Therapists*. Forrestfield: WFOT.

World Federation of Occupational Therapists. (2014, July 31). *Entry level Educational Programmes World Federation of Occuptaional Therapists Approved*. Retrieved from http://www.wfot.org/Education/EntrylevelEducationalProgrammesWFOTApproved.aspx

Zango Martín, I., Flores Martos, J. A., Moruno Millares, P., & Björklund, A. (2015). Occupational therapy culture seen through the multifocal lens of fieldwork in diverse rural areas. *Scandinavian Journal of Occupational Therapy, 22*, 82-94. doi: 10.3109/11038128.2014.965197

APPENDIX

Spanish version of the scale (Online version):

Escala de conciencia cultural en estudiantes de terapia ocupacional en América Latina (Versión electrónica)

Existen distintas definiciones de cultura en la literatura científica, así como en la vida cotidiana. Para efectos de este instrumento, cultura se entiende como "aquellas esferas de experiencias compartidas y la asignación de significados a los objetos y fenómenos en el mundo" (1). Se ha reconocido la importancia de considerar cultura (en sus distintas acepciones) como un eje importante en las prácticas de salud y rehabilitación, incluyendo el conocimiento, las habilidades, las actividades prácticas, la motivación y la conciencia en relación al tema de cultura (2, 3).La conciencia cultural es descrita como el proceso continuo por el cual el profesional de salud, en este caso el/la terapeuta ocupacional/estudiante reflexiona, vivencia y siente su trabajo desde una perspectiva cultural, en relación a su situación personal, de la profesión, de los procesos terapéuticos y de las personas con las que trabaja (4).

Indica en qué grado estás de acuerdo con las afirmaciones que se incluyen, usando las alternativas que van entre 1 (Totalmente en desacuerdo) hasta 4 (Totalmente de acuerdo). Por favor responde a cada una de las preguntas incluidas en la Escala, en base a tus percepciones/ideas actuales respecto a cómo la cultura en sus distintas manifestaciones se expresa en el quehacer del terapeuta ocupacional. Recuerda que esta escala no es una prueba de conocimientos!

Los itemes 1 a 10 corresponden a la categoría "Cultura Personal", los ítemes 11 a 17 a la categoría "Cultura en la profesión de terapia ocupacional", y los ítemes 18 a 30 a la categoría "Cultura en los procesos terapéuticos y de las personas con las que trabajo". Dispones además de un recuadro para incluir tus comentarios respecto de la escala o de algún ítem en particular.

La aplicación de esta escala corresponde a un estudio de investigación doctoral en la Universidad de Gotemburgo (Suecia), por lo tanto su contenido no puede ser reproducido ni difundido, al encontrarse en proceso de validación estadística.

Referencias:
1. Iwama M (2007). Culture and occupational therapy: meeting the challenge of relevance in a global world. Occup Ther Int 14:183-7.
2. Campinha-Bacote J (2002). The Process of Cultural Competence in the Delivery of Healthcare Services: A Model of Care. J Transcult Nurs 13:181-4.
3. Kinébanian A, Stomph M (2009). Diversity matters: Guiding Principles on Diversity and Culture. Forrestfield: World Federation of Occupational Therapists.
4. Hopton K, Stoneley H (2006). Cultural awareness in occupational therapy: The Chinese example. Br J Occup Ther 69:386-9.

UNIVERSITY OF GOTHENBURG

Edad *[6]

Género *

Código *

País *

1. Soy capaz de reconocer a qué cultura(s) pertenezco *

	1	2	3	4**[7]	
Totalmente en desacuerdo	○	○	○	○	Totalmente de acuerdo

2. Me siento orgulloso/a de pertenecer a mi(s) cultura(s) *

3. Comprendo la diversidad cultural desde las diferencias por zona, raza, etnia, orientación sexual, migración, género, fe, vulnerabilidad social, entre otras posibilidades *

4. He reflexionado acerca de mis valores en relación a mi cultura y la de otros grupos o personas *

5. Tengo algunas ideas preconcebidas respecto de ciertos grupos/personas que pertenecen a otras culturas *

6. Puedo prever cómo mis valores personales podrían tener un impacto en mi futuro desempeño profesional *

7. Creo que el hecho de pertenecer a una cultura puede generar sentimientos -tanto positivos como negativos- en las personas *

8. Creo que las culturas pueden ejercer algún grado de poder sobre otras personas o grupos *

9. Para entender una cultura, creo que es bueno saber qué es importante o valorado por parte de las personas que pertenecen a ésta *

10. Para entender una cultura, creo que es bueno compartir sus fiestas, conocer los oficios tradicionales y los objetos típicos que utilizan los miembros de esa cultura *

11. El significado del concepto "ocupación" para los terapeutas ocupacionales es similar en las distintas culturas *

[6] * Mandatory field / Campo obligatorio

[7] ** The answer format is presented only in item 1 as example / El formato de respuesta es presentado sólo en el ítem 1 a modo de ejemplo.

12. Los valores y significados propios de la terapia ocupacional se expresan de distintas maneras alrededor del mundo *

13. Considero que algunos conceptos y valores de la terapia ocupacional provienen de una cultura particular *

14. La terapia ocupacional en Latinoamérica tiene rasgos distintivos que le son propios *

15. Necesito adaptar los modelos teóricos propios de terapia ocupacional para poder usarlos en mi cultura local *

16. Como terapeuta ocupacional en formación, creo que las necesidades ocupacionales de las personas están influenciadas por su cultura de origen y/o pertenencia *

17. Considero que las teorías actuales de terapia ocupacional son culturalmente relevantes, independiente del contexto en que se usen *

18. Es importante poner de lado mis valores personales cuando interactúo con las personas que encuentro en mi práctica *

19. Considero que las evaluaciones estandarizadas de terapia ocupacional pueden tener algunas limitaciones para ser aplicadas en ciertos contextos culturales *

20. Considero que los tratamientos de terapia ocupacional se pueden adaptar a personas de distintas culturas *

21. He podido darme cuenta de las diferencias culturales que tengo con las personas que he encontrado en mi práctica *

22. Las culturas locales pueden influir en la situación de discapacidad *

23. Creo que hay personas con las que no podría trabajar como terapeuta ocupacional, debido a que su cultura es muy distinta a la mía *

24. Puedo reconocer cuando surge un dilema cultural en mi práctica *

25. Puedo reconocer cuando necesito información adicional para resolver un dilema cultural que surja en mi práctica y cómo conseguirla (libros, Internet, material de apoyo) *

26. Puedo reconocer cuando necesito ayuda de otra persona para resolver un dilema cultural que surja en mi práctica (colegas, cuidadores, familiares, otros) *

27. Las diferencias culturales con las personas que se trabaja en terapia ocupacional pueden ser una barrera para lograr los resultados deseados en el tratamiento *

28. Me gustaría trabajar con personas de culturas distintas a la mía, para aprender de sus costumbres y tradiciones *

29. La idea de trabajar con personas que pertenecen a una cultura distinta a la mía me hace sentir temeroso(a) o inseguro(a) respecto de mis habilidades como terapeuta ocupacional *

30. Creo que trabajar con personas de culturas distintas a la mía puede resultar un desafío *

Comentarios