Level of Cultural Awareness and Competency among Occupational Therapy Students: A Cross-sectional Study

By
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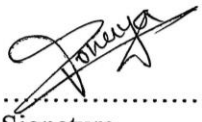

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Dedication to my Parents

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ABBREVIATION

BHPI	Bangladesh Health Professions Institute
CALD	Culturally and Linguistically Divers
CASQ	Cultural Awareness and Sensitivity Questionnaire
CRP	Centre for the Rehabilitation of the Paralysed
OT	Occupational Therapy

ABSTRACT

Background: Bangladesh is a unique example of a multicultural country where along with the 98% Bengali population, there are at least 45 small ethnic groups who possess different cultures. People from different cultures may have different concepts of disease, and illness, and this directs people's choice of treatment. Civilized culture may explain disease as a physiological dysfunction and seeks help from a doctor. At the same time, others believe that illness or disability is punishment by God or reason of witchcraft and may seek help from an herbalist, an acupuncturist, a homeopath, a spiritual healer, or a palmist. Therefore, therapists must be culturally sensitive to recognizing patients' cultural backgrounds and their interpretations of illnesses. To be a culturally competent therapist, cultural awareness and competency are needed to address essential skills for occupational therapy students in Bangladesh.

Aim: The study aims to identify the level of cultural awareness and competency among occupational therapy students and their understanding regarding exposure to cultural awareness and competency in occupational therapy practice.

Method: It is a quantitative, cross-sectional study. The population was taken by purposive sampling. The study is conducted on 124 occupational therapy undergraduate students at Bangladesh Health Professions Institute (BHPI). A self-administered Cultural Awareness and Sensitivity Questionnaire (CASQ) modified from Cheung et al. (2002) was used. For analysis, Mann Whitney U test, and Kruskal Wallis test was done.

Result: The study findings presented that most students have admitted that cultural aspect has influenced occupational therapy services and cultural factors are included in education

and fieldwork experiences. Students enlightened the need for increasing the methods of gaining cultural competency throughout the undergraduate course. There was a significant association according to the educational level of students in exposure to cultural aspects in classroom education and fieldwork experience.

Conclusion: The study enlightened that experience and education increase cultural competence. There is a critical requirement to include methods of gaining cultural competency aspects within the curriculum. So, students can gain essential skills required to work in a diverse cultural society. It did not explain the way of developing cultural competence.

Keywords: Cultural awareness, cultural competency, occupational therapy, Cultural Awareness and Sensitivity Questionnaire (CASQ)

CHAPTER I: INTRODUCTION

1.1 Background

We live in a multicultural society. Bangladesh is a unique example of a multicultural country. Along with the 98% Bengali population, there are at least 45 small ethnic groups who possess different cultures, like their own language, food habit, dress, and music. (*Periodic Report Bangladesh*, 2018). The Population Census 2022 found only 16,50,159 ethnic community people where 824,751 males and 825,408 females, live in Bangladesh (Pinaki Roy, M.D. (2022) *Ethnic population in 2022 census*, *The Daily Star*).

Culture refers to shared goals, beliefs, processes of thinking and meanings, values, knowledge, ways of being, customs, and often, language that occur over time inside a particular group (Hammell, 2009; Kine´banian & Stomph, 2009). Culture is profoundly and inextricably tied to matters of fitness and healthcare. People learn from their own cultures how to be healthy, define illness, what to do to recover, and when and from whom to seek help.

Culture and occupation are also inextricably connected (Kinébanian and Stomph, 2009). The uniqueness of occupational therapy lies in its philosophy of person-centeredness. It views a person as a whole and is concerned about their physical, mental, social, and cultural needs. (Krefting and Krefting, 1991).

A culturally competent therapist can gain a patient's trust and gather accurate information about the patient. In contrast, if a patient's values and beliefs are not considered, negative consequences such as difficulty establishing rapport and communication problems can occur. (Eddey and Robey, 2005; Dickie, 2004; Padilla et al.,2003). For occupational

therapists, a lack of awareness of how culture influences occupation can weaken one's professional identity, leading to culturally unsafe practices, ethical concerns and underrated family involvement that could be determining factors in clients' abandonment towards therapy services (Murden et al., 2008; Kinébanian and Stomph, 2009; Beagan, 2015). Occupational therapy's commitment to all people's potential to participate to their fullest capability in everyday life (World Federation of Occupational Therapists [WFOT], 2006). The client-centred approach occupational therapists use regarding health care assumes that 'the individual must be considered in the conditions of his/her physical and social reality' (Hagedorn, 2000, p. 93). The whole person includes 'physical, emotional, intellectual, social, spiritual and lifestyle dimensions 'with the environment (Reed & Sanderson, 1999, p. 216). Suppose an individual's culture is well understood. In that case, it permits many elements to be considered when intervention for the individual is planned by providing a client-centred approach and increasing the chances of a more successful outcome. Watson suggests that occupational therapists must consider the interaction between the client's culture and occupations. Since occupations are driven by culture, providing culturally relevant intervention is central to upholding the client-centred focus of the profession. Bonder, Martin and Miracle emphasize that in occupational therapy, occupational engagement is influenced by culture, which impacts the occupations people choose and how they choose to do it.

Cultural competence is now an essential element in the standard of care and is emphasized among educational objectives in the occupational therapy practice framework (American Occupational Therapy Association, 2006). Some definitions of cultural competence broadly classify a practitioner's abilities to understand and address a person's needs within

a sociocultural context (Lynch and Hanson, 1998). It is acknowledged that although the interaction between health and culture is complex, an awareness of and sensitivity to the importance of culture on various health-related issues is an essential aspect of education toward cultural competence (Whiteford and Wright St Clair, 2002).

Occupational therapy education needs to emphasize the importance of cultural values and beliefs in developing interventions and learning why those tasks are meaningful to individuals (Park et al., 2005; Padilla et al., 2003;). To provide meaningful activities and occupations, therapists must become skilled at perceiving how meaning is constructed and influenced by culture (Odawara, 2005; Padilla et al., 2003). Pope-Davis et al. (1993) found out that there was a remarkable difference in perceived cultural competence among those therapists who had a higher level of education had worked with patients from ethnic minorities and had taken professional education on cultural issues. A study by Cheung et al (2002) showed that occupational therapy students acknowledged the impact of cultural differences in the functional ability of a client and perceived lack of knowledge and skills mandatory to fulfil the needs of clients from multicultural backgrounds. Cultural competency and sensitivity should be incorporated throughout the educational process but the assessment of the depth at which students internalize this information remains an the important question (Bender, 2002).

The research focuses on the level of cultural awareness and competency among occupational therapy students and what they feel about exposure to cultural awareness and competency in classroom education and fieldwork. These findings will expose the gaps in the cultural competence of occupational therapy education and indicated a need to investigate occupational therapy students' perceptions of cultural issues.

1.2 Significance of the study

Students of occupational therapy should have knowledge of cultural awareness and competency. ‘Culture and factors should be an essential part of learning to provide quality services to everyone’, ‘how different cultures are and work with health care would be efficiently learned during fieldwork experiences’, ‘In fieldwork, students learn to reduce barriers by behaving all persons equally without having judgment or different values’ emphasized importance of its emphasis in the classroom education and fieldwork education.

The present study on the cultural awareness and competency level of occupational therapy students in Bangladesh is important because Bangladesh is a country of rich culture and ethnicity. The beliefs, values, norms, attitudes, language, behaviour, food, and dressing styles all differ according to people's living areas, religion, and societal status. So, therapists should be aware of their culture to provide them with occupational therapy services. To create Culturally competent occupational therapists, the students need to have proper knowledge about cultural awareness and competency in their classroom education and fieldwork education. From this research, we can know the level of students’ cultural awareness and competency to be aware if they have enough exposure to cultural issues.

Students are the future of the Occupational Therapy profession. So, for the improvement of this profession, we need to make our students culturally competent to give effective intervention to this client. So, from this research, we can understand how much our students are aware and their level of the importance of cultural awareness and competency in

Occupational Therapy and its intervention, so work on them. This study will offer some insights which would be beneficial in developing a culturally sensitive education curriculum and providing quality occupational therapy services for people from different cultural commitments.

1.3 Operational Definition

- **Culture:** Culture is that complex whole which includes knowledge, belief, art, morals, law, custom and any other capabilities and habits acquired by man as. a member of society" (Tylor, 1871).
- **Cultural awareness:** Cultural awareness is sensitivity to the similarities and differences that exist between two different cultures and the use of this sensitivity in effective communication with members of another cultural group (Cultural awareness, 2018)
- **Cultural competency:** Cultural competence is a set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency, or those professions to work effectively in cross-cultural situations (Cross et al, 1989).
- **Diversity:** It represent a multitude of individual differences and similarities that exist among people (Wellner, 2000).

1.4 Study question

What is the level of cultural awareness and competency among occupational therapy students and what do they feel about exposure to cultural awareness and competency in classroom education and fieldwork?

1.4.1 Aim

The aim of the study is to identify the level of cultural awareness and competency among Occupational Therapy students and their understanding regarding exposure to cultural awareness and competency occupational therapy practice.

1.4.2 Specific Objective

- To find students' view if cultural factor should be considered or not in occupational therapy process.
- To find out students' view regarding exposure to cultural awareness and competency in classroom education and fieldwork.
- To estimate how aware, the students are about the sources regarding cultural awareness and competency.
- To identify whether the students understand the importance of providing culturally efficient occupational therapy service.
- To investigate the association between level of awareness about proper exposure of cultural awareness in classroom and fieldwork education among age group and educational background

CHAPTER II: LITERATURE REVIEW

2.1 Culture

Culture is compromising general beliefs in a social application that lead to acting for social interaction within a particular setting or social mass. Culture is a socially built, effective, intuitive lens used to view and explain the world. Culture allows humans to connect and relate with others and their surroundings. (Ekelman et al., 2003). Culture can be split into subcategories by gender, age, or social class, as able or disabled, as impaired or unimpaired, or as healthy or ill (Helman, 1994). Ethnicity is part of the recognition extracted from membership in a racial, religious, national, or linguistic group (Murden et al., 2008).

Culture is divided into four levels: regional level (that is, the 'evident usual patterns held by large groups with a common language or geographical site and including well-received ethnic definitions, such as Muslim or Arab cultures); community level (which includes 'smaller, more clarified public', such as socioeconomic class or city or desert-dwelling), family level (Where differing degrees of cohesion to wider cultural rules that may be visible, for example in sex-role definition or response to mental illness); and at the individual level (where 'each person's association with and explanation of culture is unique') (Murden et al., 2008, Krefting & Krefting, 1991). Culture also helps people regulate their way of reasoning or beliefs of life, thus affecting their relationships with each other, the environment, religion, and time (Luckmann, 2000).

Culture and occupation are inseparably attached. (Rasmussen et al., 2005). There are a significant number of people from different cultural backgrounds requiring health and

social care services. It can also be anticipated from this trend that a more culturally diverse population will be seen in occupational therapy (Office of National Statistics 2002a, 2002b). Since cultural reliance and implementation contribute to health preservation and disability or illness coping motifs (Murden et al., 2008), unique cultural instruction for healthcare contributors is required to convey quality care to meet the requirement of these varied clients. Without adequate knowledge about the client's sociocultural context, healthcare contributes may use their cultural reliance as a reference for assessment and deliverance of services and thus may misinterpret the client's proper cultural response (Rasmussen et al., 2005). Cultural research, in general, tends to focus on ideas and care, and it is hard to discover facts in the healthcare literature about people's habits and use, which is of worth to occupational therapy (Padilla et al., 2003).

2.2 Cultural awareness and occupational therapy

Cultural awareness is essential in healthcare worldwide (Castro et al., 2016). Culture influences all points of occupational therapy service. Cultural context is defined as "tradition, faith, activity style, behaviour degree, and assumption accepted by the society of which the client is a member", including race and values, political aspects, individual integrity, and chances for education, employment, and economic aid (AOTA, 2008, p. 645). A perception of the influence of culture and its significance in the treatment and its incorporation in occupational therapy ideology and hypothesis has long been accepted ("Code of ethics and professional conduct for occupational therapists" (2001) 64(12), pp. 612–617). The diverse community appreciates and values the specification of cultural groups and recognizes the culturally different benefactions each cultural group makes to society (Murden et al., 2008). It is a central principle of occupational therapy to think about

the culture of individual clients and their families as a culture forms an individual's identity, part, and acumen of independence. Sometimes, a family's cultural beliefs may interfere with best clinical practice (Occupational therapy code of ethics and ethics standards, 2010). When an individual's culture is well acknowledged, it permits many elements to be reflected on while intervention for the individual is arranged by providing a client-centred viewpoint and, in turn, enlarging the possibility of a more successful result (Sonn & Vermeulen, 2018). Ignoring cultural elements, therapists can feel incapable or develop a dislike of an individual or a group. At the same time, a patient's family may be affected by cultural issues and become opponents rather than evaluators of treatment (Krefting, 1991). It is essential to look at culture to be both observable behaviour, such as norms and dialect, dance, craft, and art, and an order of control for that behaviour, such as values and acumen, for the occupational therapist to be constructive (Eddey & Robey, 2005). The whole person includes 'physical, emotional, intellectual, social, spiritual and lifestyle dimensions' with the surroundings. The surroundings include of 'cultural, class, conventional, physical, and social reflection' (Reed et al. p,268). The Code of Ethics and Professional Conduct for Occupational Therapists (College of Occupational Therapists 2000) states clearly that 'Occupational therapists must be responsive to cultural and lifestyle variance and give services which review and value them' and the 'Services should be client-centred and needs to be driven of clients' (sections 3.2.1, 3.3). 'The individual must think about the factors of his/her physical and social reality', that is, the client-centred perspective occupational therapists employ concerning health care assumes (Hagedorn et al., 2000). Worldwide occupational therapy services are provided to individuals and social subgroups who are generally not the receivers of occupational therapy. These sets may

include, for example, socioeconomically disadvantaged people, cultural and ethnic communities, and abused subgroups such as gang members and unemployed youth. The practice environment in which these services are conveyed ranges from schools, community centres, and women's shelters to non-governmental concerns in developing countries. Such a transfer in client demographics and places needs the expansion of new implementation of knowledge and the incorporation of client-driven intervention policy into service-providing models (Whiteford & St-Clair, 2002). For occupational therapists, an absence of awareness of how culture influences occupation can weaken one's professional identity, leading to culturally unreliable use, ethical concerns, and undervalued family participation that could regulate part in clients' neglect of therapy services (Beagan, 2015).

2.3 Cultural competency in Occupational Therapist

Cultural competence is an awareness of, reactivity to, and knowledge of the interpretation of culture (Murden et al., 2008). Cultural competence seeks to widely analyse a practitioner's capacity to recognize and inscription of people's requirements within sociocultural surroundings (Rasmussen et al., 2005). Culturally competent people can be described as "developed from being culturally ignorant to being responsive to their own cultural matter and to how their worth and prejudice result in tribal or ethnically varied patients" (Rasmussen et al., 2005, Pope-Davis et al., 1993). Progressing cultural competency highlights the importance of straight exposure to culturally varied people. Exposure to culturally diverse surroundings is an essential factor for becoming culturally competent (Darawsheh et al., 2015). Together all these definitions can be summarized as

cultural competence being a compound, intricate assemble that integrates cognitive, emotional, and behavioural elements (Muñoz, 2007).

Dillard et al. suggested that a culturally competent therapist strengthens the vision of culture, includes it in therapy, and is unfolded to separate process of engaging the patient and who should preferably have specific and substantial knowledge of the dialect, values, and tradition of a specific culture" (Darawsheh et al., 2015, 1992, p. 722,723). Cultural competence has been described as one of the slightest progressed sides of occupational therapy, with a bit of a guide to therapists in attaining it, and preferably less established on a sound evidence base (Darawsheh et al., 2015). A cultural competency framework was arranged over three essential aspects: the capacity to be aware of one's own beliefs, values, and biases; knowledge and perception of the worldviews of ethnically varied clients; and the capability to evolve proper intervention policy (Sue et al., 1992). Cultural competency should be taught from three views; culture-specific competency, cross-cultural competency, and extensive cultural competency to facilitate a person-centred approach in occupational therapy implementation (Kondo,2004; Ramussen et al.,2005). Darawsheh, Chard, and Ehklund developed a model of cultural competency based on the site that cultural competency is a way of cultural maturity combined with a sequence of steps in which cultural competence presents the endpoint of the sequence. The model proposed six stages of cultural competency (Darawsheh et al., 2015). These stages depict cultural awareness, cultural preparedness, the cultural picture of the person, cultural responsiveness, cultural readiness, and cultural competence.

2.4 Factors of cultural competency

Cultural competency literature has three main factors of occupational therapy that are frequently examined: personal autonomy, performance, and achievement and goal-directed intervention (Awaad, 2003).

2.4.1 Personal Autonomy

It generally assumes that a person values individual integrity, such as liberty of choice and the capability to make one's own commitment. It trusts in an internal locus of domination in which nature and providence can be affected by the struggle of human capability and will and expects that people will take individual duty and be active in tracking of wellness (Lindsay et al., 2014).

2.4.2 Performance and achievement

Persons are mostly defined by their work role, with a secure prominence on favourable outcomes (Mun˜oz, 2007). Occupational performance, practical capability, and significant, or determined, occupation is the core of assessment and treatment (Awaad, 2003). These are all zone that are very reflective to cultural description, yet little is familiar about them utilized within non-Western culture.

2.4.3 Goal-directed intervention

Occupational therapy is generally target oriented, with the focus on expanding health and work roles (Lindsay et al., 2014). The usual target of treatment is self-determined, a stabilized life, and the attainment of an elevated degree of work. Occupational therapy presumes that people realize what they need to attain and requires them to functioning towards the target and have a future (Creek 2005). The part of religion and spirituality is

the core and leading strength in the existence of many (Awaad, 2003), this is only hold upon in most occupational therapy literature (Gujral 2000).

2.5 Skills needed for a culturally competent therapist

Cultural competence skills were generally not clearly defined, but combing all the literature unfolds that they should have effective communication, rapport building across varied, respect, active listening, advocacy, ability to explain and express the local health care system, ability to describe about occupational therapy, use of open-ended way of explanation, use of culturally relevant tasks, and reasoning beside the altered practices, assessments, and interventions (Lindsay et al., 2014; Pooremamali ; Persson, & Eklund, 2011, Thorley & Lim, 2011 ;Wray & Mortenson, 2011; Mun˜oz, 2007). Clinicians were motivated to educate themselves about the culture of the client and modify assessments and interventions, theorists insist to avoid stereotyping or emitting culture as fixed and consistent, it was essential to acknowledge that people undergo their own cultures in numerous ways (WFOT, 2010; Mun˜oz, 2007; Trentham et al., 2007;). Terri Awaad (2003) suggested that a culturally competent therapist should also have qualities like, Awareness of the sociocultural environment, Individual focus in assessment, Analysis of activities, and treatment approaches should focus on functional ability within the patient's environment, rather than on symptomatology, that can give occupational therapists a cultural advantage (Gujral 2000). The skills of cultural competence can be achieved through different ways, likewise.

2.5.1 Language issues

In the framework provided by Flores, healthcare providers must use translators if they are not communicative in the patient's main language. He also suggested evolving foreign

language expertise and finding different ways to communicate with patients those who have limited experience in the controlling culture's language. For competent care for persons with disabilities, the therapist must be developed and able to explore ways of building rapport with persons who might be fully nonverbal or have other verbal communication impairments. (Flores et al., 2000)

2.5.2 Patient/parent beliefs

Acknowledging clients and their family's faith can have an important effect on the intervention. Different culture holds specifically conveyed views and faith about health and the healthcare process, about wanting help, and sometimes, about illnesses. (Flores et al., 2000)

2.5.3 Folk illnesses and folk remedies

Therapists should have recognized folk illnesses, that were defined as sustenance that have a special sociocultural element and were not clearly expressed in a traditional biomedical framework. After a folk illness is recognized, a therapist must select its effect on treatment, recommend adaptive to folk remedies that can be harmful, and generally express to the patient and family the biomedical situation and treatment logic. (Flores et al., 2000)

2.5.4 Normative cultural values

Every culture is established on a base of utility and faiths that give a general bind between the peoples of it. According to Flores, the therapist is able to recognize those utilities and faiths that can be affected the persons' care and must attempt to accept and assist those utilities in the therapist-client meet. (Flores et al., 2000).

2.5.5 Provider practices

Cultural competence mentions to the feature of the therapists' ethnicity which was presented in a therapist-client encounter. The therapist should be careful of his or her own faith or utility and their effect on clinical implementation. (Flores et al., 2000).

2.6 Cultural awareness and competence in occupational therapy students and curriculum

Occupational therapy education is required to highlight the significance of cultural values and beliefs in advancing interventions and studying why those activities were significant to particular. (Padilla et al., 2003; Park et al., 2005). To give significant activities and occupations, therapists should become proficient at recognizing how meaning is established and effected by culture (Odawara, 2005; Padilla et al., 2003). Cultural competence is now an important part of the quality of care and is highlighted on educational purposes in the occupational therapy practice framework (American Occupational Therapy Association, 2006). Occupational therapy education has a duty to develop graduates who are competent to work with varied clients in varied practice surroundings' (Whiteford & Wright St Clair, 2002, p. 129). A culturally relevant curriculum or course content is essential for allowing occupational therapy students with a perceptive of the influence of culture on occupational performance (activities of daily living, work, and play/leisure) and disabilities (Murden et al., 2008). Teaching strategies should be arranged to help healthcare contributors experience value and faith differences and to combine the resultant studying into their daily ways of thinking and behaving (Murden et al., 2008). Students must observe their own sociocultural identification as essential to start to understand others. This is generally a very challenging way as the circumstance of culture blindness, in which people

fail to accept their own culture because of their everyday submersion in it. For many Anglo-Saxons, heterosexual, middle-class people, their culture is ‘presumed rather than detected’ (Padilla et al., 2003 p53). Humbert et al., 2011 recommended that the way must move from awareness to knowledge to skills. The degree of knowledge and skill advancement, besides, there is some dividing of perspective about content. Students should move from a place of comprehension that culture is a primary matter in health care for express how to accept this understanding within their own professional domain (Humbert et al., 2011). Camphina-Bacote (2005) suggested the fact that students may ‘know-that’ culture is essential, but they want to advance to the ‘know-how’ to understand it. Including more cultural instruction and experience in occupational therapy educational plan to agree students to advance cultural competence (Murden et al., 2008).The present occupational therapy literature related to educating students about cultural build and ease some degree of arrangement in culture understanding the utility in doing so and also espouses the complexity of the task with the perspective that more education and display to various cultures are required (Murden et al., 2008). The students demonstrated cultural awareness by first understanding the strength of and differences in the surroundings in which they engaged in as far different from their own. The students became conscious of and associated the noted differences among their culture and the new one, including (i) the idea of schedules and time obligation; (ii) the role of occupational therapy or the absence of such systems in the host country; (iii) the view of disability, independence and individualism as it related to community participation and the therapeutic way; and (iv) the expression of and lived perception in the factors of politics, violence, social formation and poverty (Humbert et al., 2011). A number of strategies that are open to occupational therapy

curriculum involve utilizing workshops (Steed, 2010), two-day programs (Horowitz, Vanner, & Olowu, 2006), cultural competency educational element (Caplan & Black, 2014), international peer teaching interactions (Matsuda & Miller, 2007), nontraditional fieldwork working with refugees (Smith, Cornella, & Williams, 2014), service learning and international submersion understanding(Mu et al., 2016; Short & St. Peters, 2017), and service education together with an online educational part (Keane & Provident, 2017). Nochajski and Matteliano (2008) developed the occupational therapy specific curriculum guide where part two of the curriculum offers various class activities to enhance occupational therapy student cultural competence. These activities are divided into three levels: first, introduction and foundation; second, application; and third, in-depth analysis. Level one activities are pointed out as essential for first-year graduate level occupational therapy students. Level two tasks are only beneficial for those having applied practice psychosocial, paediatric, and physical disability element courses. Level three tasks are suggested for utilization during the final year of an entry-level occupational therapy program. Tasks should be selected based on the appropriate fit into the course content. The social science courses of sociology and anthropology in educational programs provide a knowledge base on cultural issues (Forwell et al., 2001).

CHAPTER III: METHODS

3.1 Study Design

The researcher used cross sectional study design under the quantitative method for conducting the study because it looks at data at a single point in time and the participants in this type of study are selected based on variables of interest (Thomas, 2022). Also, it shows causal explanation and relationship between variables (Bailey, 1997). In a cross-sectional study, the investigator measures the outcome and the exposures in the study participants at the same time. the participants of this study were selected based on inclusion and exclusion criteria which also happens in a cross-sectional study (Setia, 2016). Appropriate for screening hypotheses because they require relatively shorter time and fewer resources (Levin, 2006). The current study is also based on hypothesis and had to conduct in a shorter time and smaller resource. Data were collected from only once form each participant by using a structured questionnaire. Cross sectional study is useful for recognizing the association between the variables of the questionnaire (Mann,2003) This study tends to provide a view of occupational therapy students level of understanding about cultural awareness and competency and outcome in a specific population over a short period of time. The purpose of this study is to identify the level of cultural awareness and competency among Occupational Therapy students and their understanding regarding exposure to cultural awareness and competency in occupational therapy practice. The study will also view the association of cultural awareness and competency among demographic factors such as male-female and students' educational background. So, for fulfilling the purpose of the study cross-sectional design is the most appropriate study design to use.

3.2 Study settings and period

3.2.1 Study setting

The study was conducted in the classroom of Occupational therapy students in Bangladesh Health Professions Institute. It is situated in PO CRP-Chapain, CRP Rd, Savar Union 1343. The environment of BHPI classrooms where quiet and calm, also there was enough light and space for data collection.

3.2.2 Study period

The period of the study was from April 2022 to March 2023. However, the researcher got time to collect data in November 2022 from the Occupational therapy students of BHPI.

3.3 Study Participant

3.3.1 Study Population

Students of BHPI and students who are studying Undergraduate Occupational Therapy at present.

3.3.2 Inclusion Criteria

- ✓ Students of 2nd, 3rd, 4th year of BHPI and students
- ✓ Students who have experience of placement or fieldwork.

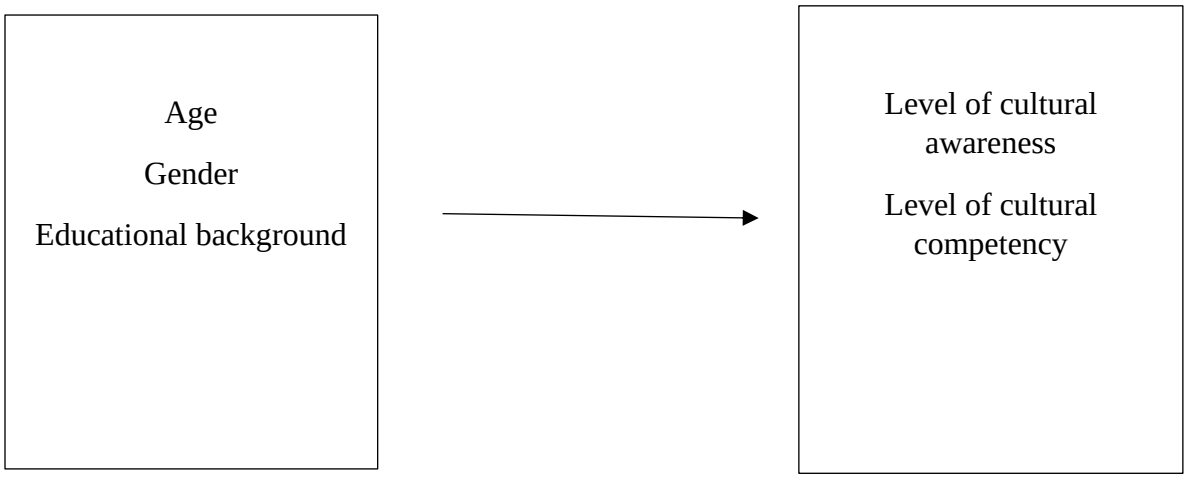
3.3.3 Exclusion Criteria

- ✓ First year students of department of occupational therapy.

3.3.4 Variables

Figure: 1

Conceptual Framework



3.3.5 Sampling

The researcher collected data from the Occupational therapy students of BHPI through purposive sampling strategy. Researcher selected the population who were currently studying on BHPI Occupational therapy department. Participants were included who meets the inclusion criteria. The population were likely to be unavailable at one time in one place due to their placements. Purposive sampling is 'used to select respondents that are most likely to yield appropriate and useful information' (Kelly, 2010: 317) and is a way of identifying and selecting cases that will use limited research resources effectively (Palinkas et al., 2015). Kothari (2004: 59) defines that purposive sampling is the technique of how the researchers select the person or the group as the sample based on their purposes and opinions. Purposive sampling can be used while a study population is not reachable or unavailable at a time in one point. It is a procedure in which the investigator doesn't simply

study whoever is available rather uses judgment for selecting sample which the researcher beliefs based on prior information that will provide needed data (Fraenkel & Wallen, 2000, p. 112). As the participants of this study required to fulfil the inclusion criteria and researcher selected the population according to her own judgement purposive sampling strategy was the most appropriate choice for the study to represent the whole population.

3.4 Ethical consideration

According to the Nuremberg code (1947) and the Helsinki act (1975), there is some ethical consideration for all types of research such as medical and social research (Who, 2001). The researcher some ethical considerations according to the Nuremberg code (1947) and the Helsinki act (1975) these are given below:

- Before conducting the research, researcher took permission from the Institutional Ethical Review Board of Bangladesh Health Professions.
- Then permission was first taken from the centre for the Rehabilitation of the Paralysed.
- All the participants were informed about the purpose, aim and objective of the study and it will be ensured that the study will not be harmful for them.
- Researcher used the CASQ scale, consent from, information sheet in preferable language (Bangla and English) with the participants.
- Researcher built rapport with respondent before data collection. Respondent were informed about several key things.
- The study, its purpose, benefit and risk associated with the study and written inform consent was taken.

- The written inform consent was taken from participants. The aim and objectives were described in the information sheet and consent form.
- The researcher committed the participants all information not to share with others expect supervisor.
- Researcher was ensuring that the confidentiality is maintained of every information about the participants.

3.4.1 Informed consent

A consent form has been given to the participants for their consent to participate in the research. And they have the rights to withdraw information until data analysis.

3.4.2 Unequal Relationship

No unequal relationship or power relationship has been established with the participants or the survey person.

3.4.3 Risk and beneficence

No beneficence has been given to the participants and no questions has been asked to the participants that could cause them any kind of risk

3.5 Data collection process

3.5.1 Participant recruitment process

At first the researcher took permission from the Occupational therapy department to take data from B.Sc. in occupational therapy students. After getting permission researcher contact with a student of first year and explain the process to him. After that the researcher fixed a separate date for every class. According to the fixed date the recruited person went to the classes to reach the participants for data collection.

3.5.2 Data collection method

The researcher fixed a date and time with the participant according to the availability. Then she explained the aim of the study, procedure to participants before collecting data. She also provided and explained the information sheets and consent form to the participants when collecting data. Researcher gave time to the participants to read the information sheet and after the participants agreed to participate researcher take their signature in the consent form. After that the researcher collected the demographic information from the participant. Once it was finished, the survey was conducted through face-to-face method. Face to face method is chosen because this method accurate data can be collected from the participants. Approximately 20-25 minutes took place to complete the survey.

3.5.3 Data collection tools

CASQ scale: The present study utilized Cheung and colleagues' (2002) piloted and modified Cultural Awareness and Sensitivity Questionnair. This questionnaire was used in the survey of British Australian and American students. As detailed in Tables 1–4, the CASQ consists of five sections: Section I (Table 1) explores the participants 'demography including age (more than 23 years,23 years, less than 23 year), gender, stage of their educational background (2^{nd} year, 3^{rd} year,4^{th} year). Section II, statements 1–5 (Table 2), focuses on the importance of cultural factors in the occupational therapy process. Table 1. The first statement was concerned with a possible growing demand from people from ethnic minorities for occupational therapy services. Statements 2-5 were designed to measure a realization of the impact of cultural influences Section III, statements 6–10 (Table 3), relates to education and cultural competency. Statements 6-10 were concerned with an evaluation of students' beliefs about their cultural awareness education. These 10

statements require participants to respond using a Likert-type 5-point scale ranging from ‘strongly agree’ to ‘strongly disagree’. The final section (Table 4) had five questions 11-15, where the students were required to indicate their perceived degree and level of cultural awareness, including their knowledge of the impact of cultural factors, sources of information and access to relevant services. This section is evaluated on a continuum ranging from 1 equalling ‘culturally unaware’ to 12 indicating ‘culturally competent’. The scores 1–12 are divided into: 1–3 meaning participants are unaware, 4–6 meaning limited awareness, 7–9 indicating a higher level of awareness and 10–12 indicating competent. CASQ is a validated questioner used in three countries. For using this questioner permission was taken.

3.5.4 Pretest

Before the start of collecting final data, a field test was conducted with 2 participants. Carrying out field test is a preparation of starting final data collection. It helped to make a plan that how the data collection procedure can be carried out, sorting out the difficulties during questioning, making a basic plan of questioning and if there is needed any modification of the question. It helps to identify strategies about how to establish rapport to bring out actual response. For collecting data research used piloted CASQ scale. Additionally, modification of educational level was needed as it was developed in the perceptive of Bangladesh.

3.6 Data management and analysis

3.6.1 Data management

By collecting data, the researcher selected the questionnaire carefully when there wasn't any incomplete data or gap in any question. And finally, all data are entered in SPSS for analysis.

3.6.2 Data analysis

Data was entered into the Statistical Package for Social Service (SPSS) Software 26.0 version and into the excel spread sheet. The descriptive data were expressed in percentage. In this study, the level of cultural awareness and competency among the occupational therapy students of BHPI were analysed by selecting the frequencies of descriptive statistics then entered the findings into the excel sheet to describe the results in a chart. While the data was transformed, researcher entered the transformed score into SPSS software and analysed by selecting central of descriptive statistics.

Descriptive statistics were used to analyses age and stage of their education. To determine if these variables were related to cultural awareness, a Mann–Whitney U-test was used to compare the Likert ratings of the participants by age. The ratings from the Cultural Awareness Questionnaire, indicative of ordinal data, suggest using non-parametric tests. The Mann–Whitney U-test was used for data with two groups and the Kruskal–Wallis test was used for data with three or more groups (Hicks, 1999). A Kruskal–Wallis test was used to compare cultural awareness and competency by educational level. Specifically, the differences in group scores for students grouped according to age group were tested with the Mann–Whitney U-test.

3.7 Quality control & quality assurance

The researcher used standardized scales to ensure the validity and reliability of the measurement. The data were collected from the Occupational therapy department of BHPI, CRP-Savar. All participants received similar questions and environments so that quality was assured for all participants. Researcher also checked with the supervisor about all the steps about the data collection, analysis, and result.

CHAPTER IV: RESULT

The study was conducted on undergraduate students of occupational therapy department. 124 students participated on the study and filled the questionnaire. The response rate was 100%. The response rate is shown on table 1.

Table 4.1

Sociodemographic Characteristics of the participants

Value		N	Percentage
Age	19-22 years	83	66.9%
	23-26 years	41	33.1%
Gender	Male	45	36.3%
	Female	79	63.7%
Educational Background	2nd year	46	39%
	3rd year	39	30%
	4th year	40	31%

From 124 participants age range 33.1% (n-41) students of 26-23 age range and 66.9% (n-83) students of 19-22 age range responded. And according to educational background 31% 4th year student, 30% 3rd year student and 39% 2nd year students responded to the study.

Table 4.2

Students view regarding cultural factor considered in Occupational therapy

Statement	Strongly agree	Agree	Don't know	Disagree
The OT profession has a growing demand	67.7%	30.6%	0.8%	0.8%
Occupational performance of a client has effect of cultural aspect.	46.8%	50.0%	2.4%	0.8%
There should be a cultural reasoning behind occupational therapy process.	44.4%	53.2%	0.8%	1.6%
The assessment of OT treatment results may be impacted if the cultural effects are ignored	39.5%	54.0%	4.0%	2.4%
Avoiding the cultural effect can greatly impact the intervention provided by an Occupational Therapist	36.3%	58.1%	4.8%	0.8%

Students' response on a scale of strongly agree, agree, don't know, disagree of the five-statement relating to the importance of cultural factor. The first statement is related about growing demand of occupational therapy profession from people from culturally, religiously, and linguistically diverse backgrounds. 67.7% (n-84/124) students strongly agree and 30.6% (n-38/124) responded agree, only 0.8% (n-1) students responded disagree and don't know that occupational therapy profession has growing demand. Statement 2-5 shows us that should we consider cultural factor in occupational therapy. Mostly students agreed with those statements. 46.8% (n-58/124) students agreed and 50.0%(n-62/124) agreed that occupational performance of a client has effect of cultural aspect, 0.8% (n-1)

disagree and 2.4% (n-3) students responded don't know and with that statement. 44.4% (n-55/124) students responded in strongly agree and 53.2%(n-66/124) about having cultural reasoning behind occupational therapy process. 0.8% (n-1) reported that they don't know and 1.6% (n-2) disagree if there should be a cultural reasoning behind OT process. The assessment of OT treatment results may be impacted if the cultural effects are ignored were responded strongly agreed by 39.5% (n-49/124) and agreed 54.0% (n-67/124), 4% (n-5) don't know and 2.4% (n-3) students disagree with that statement. Avoiding the cultural effect can greatly impact the intervention provided by an Occupational Therapist was strongly agreed by 36.3% (n-45/124) and agreed 58.1%(n-72/124) students, 0.8% (n-1) students disagree and 4.8% (n-6) don't know that intervention provided by occupational therapist can greatly impacted by cultural effect. From the response it's clear that students agreed that the cultural factor is important for occupational therapy, and it should be considered. Table 4.2 shows the view of students about cultural factor considering in occupational therapy. 77.8% male students strongly agree with cultural factors considering in Occupational therapy, whether 62.0% female students strongly agreed with this statement. 2nd year and 4th year students responded in strongly agree regarding cultural factor in OT then 3rd year students.

Table 4.3

Student's view regarding exposure to cultural awareness and competency

Statement	Strongly agree	Agree	Don't know	Disagree
Level of classroom education can increase cultural awareness among students	32.3%	49.2%	11.3%	7.3%
Level of fieldwork experience can help raising cultural awareness	53.2%	43.2%	5.6%	0.8%
Should there be an adequate exposure to cultural awareness in the OT programme	36.3%	53.2%	9.7%	0.8%
Should there be a proper expression of cultural awareness in the fieldwork.	33.1%	57.3%	8.1%	1.6%

Statement 1-4 include the level of student's view about classroom education and fieldwork role in exposure to cultural awareness and competency. Students responded strongly agreed in level of classroom education can increase cultural awareness among students 32.3 % (n-40/124), agree 49.2%(n-61/124), adequate exposure to cultural awareness in the occupational therapy program 36.3%(n-45/124) responded strongly agree, 53.2% agree (n-66/124), proper expression of cultural awareness in the fieldwork strongly agree 33.1 % (n-41/124), agree 57.3%(n-71/124). Students responded don't know 11.3% (n-14/124) and disagree 7.3% (n-9/124) about level of classroom education that can increase cultural awareness among students. There should be an adequate exposure to cultural awareness in the OT program 9.7% (n-12/124) students responded don't know and 0.8% (n-1) responded disagree. For statement 4, there should be a proper expression of cultural awareness in the fieldwork 8.1% (n-10/124) responded don't know and 1.6% (n-2/124), Again about the statement level of fieldwork experience can help raising cultural awareness were strongly

agreed by 53.2% (n-66/124), agreed 43.2%(n-50/124) students, 5.6% (n-7/124) responded don't know and 0.8% (n-1/124) disagree with the statement. Mostly students agreed that there should be enough exposure of cultural awareness and competency in classroom and fieldwork education. The details are shown on table 3

Table 4.4

Sources regarding cultural awareness and competency

Statement	Culturally unaware	Limited awareness	High level of competence	Culturally competent
Students are not much aware of regarding the information provided by sources such as books, cultural journals, leaflets	1.6 %	52.4 %	31.5 %	14.5 %

Students doesn't have enough knowledge about information regarding the sources such as books, cultural journals, leaflets. Students of occupational therapy responded that they had limited awareness about the sources regarding cultural awareness and competency. 52.4% (n-65/124) students responded with limited awareness and 1.6% (n-2/124) responded culturally unaware on this statement. Only 31.5% (n-39/124) students have high level of competency and 14.5% (n-18/124) responded culturally competent on the sources related to cultural awareness and competency. So, the result shows students do not have enough knowledge about where they can get knowledge regarding this matter. 48.8% student between 26-23 age range and 54.2% students between 19-22 age range have limited awareness. Female (34.2%) group have high level of competence regarding this matter then male (26.7%) group. Also, fourth year (39.5%) students responded high level of

competency regarding sources of cultural awareness and competency then second (29.2%) and third year (26.3%).

Table 4.5

Importance of providing culturally efficient occupational therapy service

Statement	Culturally unaware	Limited awareness	High level of competence	Culturally competent
How much are you aware about the cultural reasons that can affect the treatment process of occupational service.	0.8 %	33.9 %	41.9 %	23.4 %

Occupational therapy students are aware of cultural reason that can affect occupational therapy treatment process. Students' response to statement about getting view about culturally efficient occupational therapy service. The statement regarding cultural reasons that can affect the treatment process of occupational service was responded as high level of competency 41.9 % (n-52/124), 23.4% (n-29/124) responded culturally competent. 33.9% (n-42/124) responded limited awareness and 0.8% (n-1) culturally unaware among students. Females (27.8 %) are reportedly responded culturally competent then male (17.8 %). In terms of educational background 4th year (50.0%) students reported culturally competent and high level of competence then 2nd (31.3%) and 3rd (21.1%) year students on these statements.

Table 4.6

Students' perceived level of cultural awareness

Statement	Culturally unaware %	Limited awareness %	High level of competence %	Culturally competent %
Students are not much aware about the effect of cultural background on an individual's personality, belief, behaviour, and lifestyle	0	47.6	28.2	24.2
Students are competent about the cultural reasons that can affect the treatment process of occupational service	0.8	33.9	41.9	23.4
Students are not aware regarding the information provided by sources such as books, cultural journals, leaflets	1.6	52.4	31.5	14.5
Students are not aware of access to translation service.	6.5	57.3	23.4	12.9
Students are not aware of avoiding or reducing cultural barriers	4.0	46.8	25.0	24.2

The statements are self-rated perceived level of cultural awareness on a continuum from one to 12 (1–3 = culturally unaware, 4–6 = limited awareness, 7–9 = high level of awareness, 10–12 = culturally competent). For most of the statement's students marked themselves as having limited awareness. About the effect of cultural background on an individual's personality, belief, behaviour, and lifestyle 47.6% (n-59/124) students stated limited awareness, 28.2%(n-35/124) stated high level of competence and 24.2% (n-30/124) culturally competent. For statement 3 students were not aware of the information source. They stated 52.4%(n-65/124) limited awareness and 31.5%(n-39/124) high level of competent. Students did not have much knowledge about translation service. They reportedly marked 57.3%(n-71/124) limited awareness, 23.4%(n-29/124) high level of competent and 12.9% (n-16/124) culturally competent. Students are not aware of reducing or avoiding cultural barriers. They stated 46.8% (n-58/124) limited awareness 25% (n-

31/124), high level of competence 24.2% (n-30/124) and culturally competent. For statement 2 students stated high level of competence 41.9% (n-52/124), culturally competent 23.4 (n-29/124) and limited awareness 33.9% (n-42/124).

Table 4.7

Level of awareness about proper exposure of cultural awareness in classroom and fieldwork education among age group, gender, and educational background

Variables		Questions	Score
Age	19-22	Proper exposure in classroom	60.94
	19-22	Proper exposure in classroom	65.34
	23-26	Proper exposure in classroom	65.66
	23-26	Proper exposure in fieldwork	56.74
2nd year		Proper exposure in classroom	48.83
		Proper exposure in fieldwork	52.32
3rd year		Proper exposure in classroom	78.97
		Proper exposure in fieldwork	80.27
4th year		Proper exposure in classroom	62.15
		Proper exposure in fieldwork	56.74

The table 4.7 shows an overview of the mean score among the demographic variables of the study and their association.

The results illustrate that most of the students agree that level of awareness about proper exposure of cultural awareness in classroom and fieldwork education.

There was two age group taken in this study. One older age group (23-26 years) and younger age group (19-22 years). A Mann-Whitney U test was done for finding any association between them. The result shows that there was no significant difference between the response of these two age groups. The mean score for older age group is 65.66 and younger age group 60.94 for adequate exposure to cultural awareness in OT program (Z value -0.769, P value -0.442), and for proper expression of cultural awareness in the

fieldwork (Z value -1.423, P value 0.155) the mean score for older age group is 57.64 and the younger age group score is 65.34.

The educational categories that were taken for this study where the 2nd ,3rd, and 4th year occupational therapy students. The mean score for adequate exposure to cultural awareness in OT program (p value 0.00) was 2nd year 48.83 (46/124), 3rd year 78.97 (39/124) and 4th year (39/124) 62.15. Proper expression of cultural awareness in fieldwork (p value 0.00) 2nd year 52.32(46/124), 3rd year 80.27(39/124) and 4th year 56.74(39/124). According to educational background there is a significant association. 3rd students' level of awareness about proper exposure of cultural awareness in classroom and fieldwork education is more than 2nd year and 4th year students. 2nd years students' level of awareness regarding exposure to classroom and fieldwork experience is less than 3rd and 4th year students.

CHAPTER V: DISCUSSION

The present study aims to identify the level of cultural awareness and competency among Occupational Therapy students and their understanding regarding exposure to cultural awareness and competency in occupational therapy practice. The 100% (124/124) response rate of the current study is comparable to the study conducted by Cheung et al. (2002), who recorded a 78.5% (51 of 65) overall response rate, Rasmussen et al., (2005) who recorded 71% (293/414) response rate, Murden et al., (2008) recorded 100% (72/72) and Kale. S., study recorded a 98% (110/113) response rate.

According to different cultural diversity in Bangladesh (religiously, linguistically, food and dress habits), it is encouraging that most of the students (67.7%) (n-84/124) who participated in this study acknowledged the growing demand for occupational therapy services. It is a positive aspect of the students that they consider cultural influence in occupational therapy. Students also agreed that cultural factor has an important role in the client's performance, which can affect the assessment, treatment, and comprehensive occupational therapy process. Rasmussen et al., (2005) suggested that cultural competence must be included in the skills of competencies of occupational therapists. Having the skill of cultural competence in recognizing cultural influences is essential in the equitable delivery of occupational therapy services (Fitzgerald et al., 1997). Cultural influences have affected occupational therapy practice in recent years (Fair & Barnett 1999., Gibbs & Barnitt., 1999). MacDonald (1998) stated that cultural competence is an essential attribute that occupational therapists should gain for their skills of competencies.

A large number of students, 81.5% (n-101/124), agreed that classroom education, and 96.4% (n-116/124) agreed fieldwork education can increase cultural awareness among students. Fourth-year students (80.2%) show cultural awareness can increase through classroom education than second (78.3%) and third year (79.5%) students and second-year (99.3%) students show more awareness about the increase of cultural awareness through fieldwork education than third (87.2%) and fourth year (92.4%) students. This study can correlate with the findings of the study conducted by Murdan et al., (2008), Cheung et al., (2002) and Rasmussen et al., (2005), in which they stated that the majority of the students believed that both theoretical education and fieldwork, which was integral to the education, could be beneficial in increasing the level of cultural awareness. Also, practical experience during fieldwork was the most desirable approach for increasing students' cultural awareness. As reported by the second year and fourth students, culture, as applied to occupational therapy, could be taught in a classroom, as suggested by both Bonder et al., (2004) and Yang et al., (2006). Students agreed that there should be proper exposure to cultural factors in the Occupational therapy program and fieldwork experience. 89.5% of students agreed that there should be enough exposure to cultural awareness and competency in occupational therapy programs, and 90.4% agreed on fieldwork. Murden et al., (2008) also reported that fieldwork experience with culturally diverse clients and educational experiences dealing with cross-cultural factors affect the cultural competence of occupational therapists. This brings out the necessity for curriculum that promotes a cross-cultural approach to service delivery, confirming that students are furnished with the skills to deliver culturally equitable services (MacDonald & Rowe, 1995a; 1995b). This result is also supported by Murden et al., (2008), who identified that working with patients

from cultural diversity is the strongest giver toward achieving cultural competence, followed by attending cultural awareness classes, courses and workshops. However, it must be enlightened that third-year students (95.6%, 97.7%) were more likely to agree than second (84.7%, 82.1%) and fourth-year (87.2%, 89.8%) that there was adequate exposure to cultural awareness during fieldwork and classroom The finding shows that the second-year students were significantly less aware with their cultural exposure in occupational therapy curriculum, which has similarities to what Pope-Davis et al. suggested that a higher level of education is the sign of a higher perceived level of cultural competence. However, it contradicts with the results of the study conducted by Cheung et al., (2005). From this result, it can be found that the study pattern has been updated, and the younger students are more aware of cultural factors in occupational therapy and exposure to culture in classroom and fieldwork education.

Concerning the students' self-rated level of cultural awareness, most students rated themselves as having limited awareness or a high level of competence. As per results, most of the students responded with limited awareness regarding the effect of cultural background on an individual's personality, beliefs, behaviour, and lifestyle (47.6%); the information provided by sources such as books, cultural journals, leaflets (52.4%), awareness of access to translation service (57.3%), awareness of avoiding or reducing cultural barriers (46.8%). Students only responded high level of competence regarding cultural reasons such as background on an individual's personality, beliefs, behaviour, and lifestyle that can affect the treatment process of occupational service (41.9%). These findings reflect the findings of Cheung et al., (2002), who found that most students rated themselves as having limited cultural awareness. This finding raises worries about the

student's perceived ability to give appropriate healthcare service to clients from CALD backgrounds (Cheung et al., 2002). For this, there is a necessity for more cultural education to be given to students to make them more furnished with the knowledge and skills for cultural competence (Fitzgerald et al., 1997; MacDonald, 1998; Phipps, 1995). But this contradicts the study conducted by Rasmussen et al., (2005) among the students of Queensland undergraduate students in Australia. The study found that the students were well equipped with cultural awareness and competency.

In the current study, there is no significant difference according to age and gender, but there is a difference in educational background. Students in the third year responded with limited awareness regarding all five statements, then second-year and fourth-year students. Fourth-year students show a high level of competence regarding the effect of cultural background on an individual's personality, beliefs, behaviours, and lifestyle (39.5%), the cultural reasons that can affect the treatment process of occupational service (50%), the information provided by sources such as books, cultural journals, leaflets (39.5%), awareness of access to translation service (28.9%), awareness of avoiding or reducing cultural barriers (39.5%). The need for more knowledge of various cultures and methods of dealing with barriers is visible. The findings are supported by David (1995), who found that there were gaps in training to make suitable therapists with the important information and skills to provide service within an increasingly ethnically varied group. A systematic review by Price et al., (2005) assures that the faculty is responsible for viewing the impact of cultural-based education on the service of quality health care.

The present study's results are comparable to those conducted by Cheung et al., (2002) and Rasmussen et al., (2005). Three of these studies have presented that occupational therapy

students understand the importance of cultural differences and that students have a positive view of cultural influences on occupational therapy assessment, intervention, and the overall process. The suggestion was that experiences during fieldwork were the most desirable approach for increasing students' cultural awareness. The study indicates that students are aware of cultural factors but have a low level of awareness of cultural competence, which was also found in the study of Cheung et al., (2002). These findings enlightened the necessity to make students aware of the knowledge and skills essential to build their cultural competency and making them able to provide service to clients from varied people from cultural backgrounds.

CHAPTER VII: CONCLUSION

6.1 Strength and Limitation

6.1.1 Strength

- The study presents a view of cultural awareness and competency in occupational therapy according to students age group, gender and as per their educational level.
- The study was also conducted in physiotherapy, nursing profession.
- The study has conducted through face-to-face survey which gives more accurate response and increased response rate.
- The study was cross sectional study which can study the associations of multiple exposures and outcomes.

6.1.2 Limitation

- The present study is focused on identifying the level of cultural awareness and competency among Occupational Therapy students and their understanding regarding exposure to cultural awareness and competency occupational therapy practice. The study aimed to investigate the students' perceptions of the issues, not the actual behaviours or attitudes.
- Also, the researcher had to take some of group's data by herself as the students were in their placements so matching their timing and the person who was recruited was a little too difficult for the researcher.

6.2 Practice Implication

The present research can help to identify the gaps of the student's knowledge about cultural awareness and competency according to their educational level. So, the methods of developing those factors can be included in the present curriculum for making the students more efficient.

6.2.1 Recommendation

The study highlighted on the students' view of cultural factor and their awareness regarding importance of cultural aspect in occupational therapy. The study was limited in the way that it did not provide a in depth picture of the essential methods of advancing the development of cultural competence among students such as knowledge about translation service, sources of cultural aspects and methods to remove cultural barriers.

6.3 Conclusion

This study shows that the undergraduate students of occupational therapy can understand the importance of cultural factors and their effect on providing efficient services to clients. It has pictured that students have a positive attitude towards cultural differences and effects on occupational therapy services. Students also identify the importance of cultural awareness and suggested that there was a necessity for increased development of cultural information and experience for improving their competency regarding translation services, and information about cultural sources throughout the undergraduate course. It also identifies the necessity for including cultural competency within the curriculum. Level of cultural awareness could be enriched by classroom knowledge as well as by working with clients from varied cultural groups. Besides, the second- and third-year student found them

inadequate about the information regarding methods of reducing barriers in service related to cultural aspect.

Bangladesh is country rich in culture. There are different people with different cultural background according to language, religion, geographical area, food, and dress habit. The importance of providing the healthcare needs of people from culturally diverse backgrounds must not be ignored. To meet these needs, students and therapists should have cultural competence to guarantee the effectiveness of their services. The study enlightened that experience and education increase cultural competence. There is a critical requirement to include methods of gaining competency within the curriculum to provide students with the important skills required to work in a diverse cultural society. This study offers some insight about students' view and further need to enrich their knowledge in improving their skill in culturally competent occupational therapy service.

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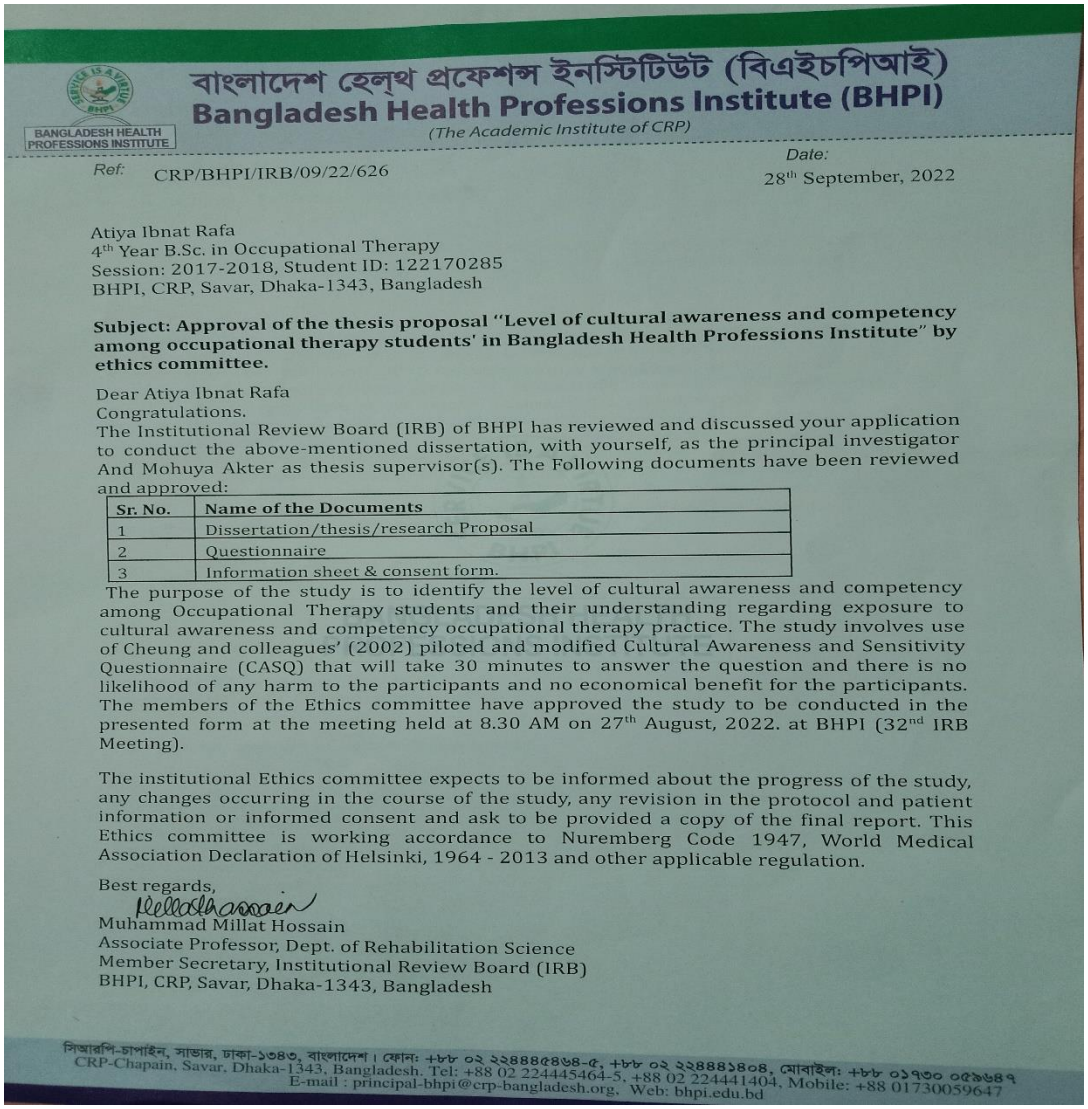
experiences. *British Journal of Occupational Therapy*, *65*(3), 129–137. https://doi.org/10.1177/030802260206500305

APPENDIX

Appendix: A

IRB Approval letter of thesis proposal



বাংলাদেশ হেল্‌থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

BANGLADESH HEALTH PROFESSIONS INSTITUTE

Ref: CRP/BHPI/IRB/09/22/626

Date: 28th September, 2022

Atiya Ibnat Rafa
4th Year B.Sc. in Occupational Therapy
Session: 2017-2018, Student ID: 122170285
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal "Level of cultural awareness and competency among occupational therapy students' in Bangladesh Health Professions Institute" by ethics committee.

Dear Atiya Ibnat Rafa
Congratulations.
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator And Mohuya Akter as thesis supervisor(s). The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation/thesis/research Proposal
2	Questionnaire
3	Information sheet & consent form.

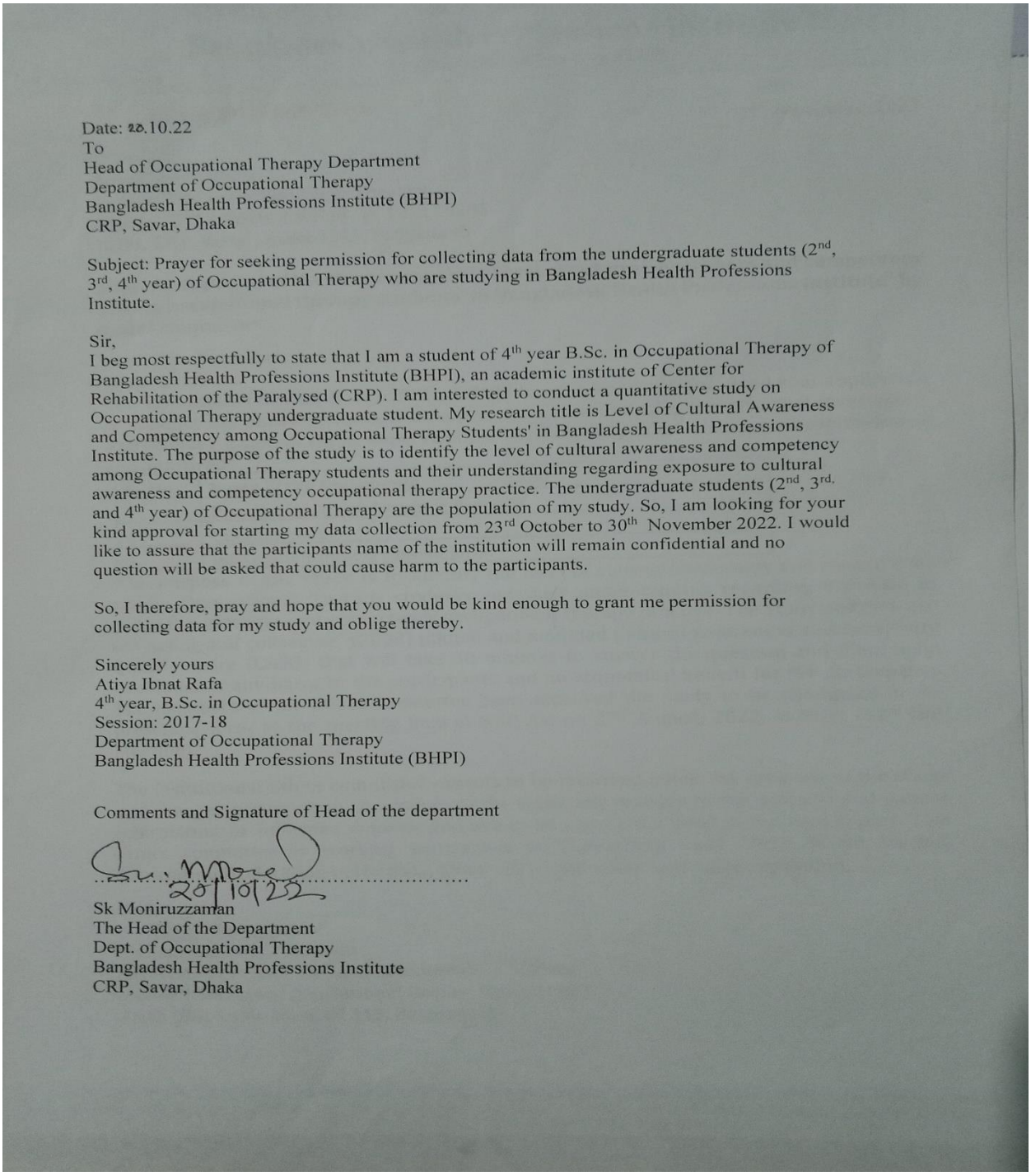
The purpose of the study is to identify the level of cultural awareness and competency among Occupational Therapy students and their understanding regarding exposure to cultural awareness and competency occupational therapy practice. The study involves use of Cheung and colleagues' (2002) piloted and modified Cultural Awareness and Sensitivity Questionnaire (CASQ) that will take 30 minutes to answer the question and there is no likelihood of any harm to the participants and no economical benefit for the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8.30 AM on 27th August, 2022. at BHPI (32nd IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,
Muhammad Millat Hossain
Associate Professor, Dept. of Rehabilitation Science
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Permission letter for data collection



Date: ২৩.10.22
To
Head of Occupational Therapy Department
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka

Subject: Prayer for seeking permission for collecting data from the undergraduate students (2nd, 3rd, 4th year) of Occupational Therapy who are studying in Bangladesh Health Professions Institute.

Sir,
I beg most respectfully to state that I am a student of 4th year B.Sc. in Occupational Therapy of Bangladesh Health Professions Institute (BHPI), an academic institute of Center for Rehabilitation of the Paralysed (CRP). I am interested to conduct a quantitative study on Occupational Therapy undergraduate student. My research title is Level of Cultural Awareness and Competency among Occupational Therapy Students' in Bangladesh Health Professions Institute. The purpose of the study is to identify the level of cultural awareness and competency among Occupational Therapy students and their understanding regarding exposure to cultural awareness and competency occupational therapy practice. The undergraduate students (2nd, 3rd, and 4th year) of Occupational Therapy are the population of my study. So, I am looking for your kind approval for starting my data collection from 23rd October to 30th November 2022. I would like to assure that the participants name of the institution will remain confidential and no question will be asked that could cause harm to the participants.

So, I therefore, pray and hope that you would be kind enough to grant me permission for collecting data for my study and oblige thereby.

Sincerely yours
Atiya Ibnat Rafa
4th year, B.Sc. in Occupational Therapy
Session: 2017-18
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)

Comments and Signature of Head of the department

20/10/22

Sk Moniruzzaman
The Head of the Department
Dept. of Occupational Therapy
Bangladesh Health Professions Institute
CRP, Savar, Dhaka

Appendix B

Consent form

Tittle: Level of Cultural Awareness and Competency among occupational therapy students in Bangladesh Health Professions Institute.

Respected Participants

Assalamualikum,

The researcher Atiya Ibnat Rafa is a B.Sc. student in Occupational Therapy department of Bangladesh Health Professions Institute (BHPI), want to conduct research about Level of cultural awareness and competency among occupational therapy students in Bangladesh Health Professions Institute. The aim of the study is to identify the level of cultural awareness and competency among Occupational Therapy students and the understanding that cultural awareness and competency are essential to occupational therapy practice.

Researcher will receive permission from participant to take part in the survey. Their information will not be shared with others. They are free to decline answering any question during survey. All the information that is collected from the survey would be kept safely and maintained confidentiality. Participant can withdraw from the study at any time.

In this study I am …… a participant and I have been clearly informed about the purpose of the study. I am willing to participate in this study and I will have the right to refuse in taking part any time at any stage of the study. For this reason, I will not be bounded to answer anybody. The researcher will be able available to answer any study related question or inquiry to the participant. So, with my best knowledge I agree to participate willingly with my full satisfaction in this study.

I agree to take part in the above study----------Yes / No

Participant's signature_____ Date_____

Witness signature ---------- Date ----------

Investigator

I have explained the study to the above participant precisely and he/she has indicated a willingness to take part.

Investigator's signature_____ Date_____

Consent form (Bangla)

সম্মতিপত্র

গবেষণার বিষয়ঃ বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউটে অকুপেশনাল থেরাপি শিক্ষার্থীদের মধ্যে সাংস্কৃতিক সচেতনতা এবং দক্ষতার স্তর নির্ণয়"।

সম্মানিত অংশগ্রহণকারী
আসসালামু আলাইকুম,
গবেষক আতিয়া ইবনাত রাফা বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউটের বি.এস.সি ইন অকুপেশনাল থেরাপি বিভাগের ছাত্রী, অকুপেশনাল থেরাপি শিক্ষার্থীদের মধ্যে সাংস্কৃতিক সচেতনতা এবং দক্ষতার স্তর সম্পর্কে গবেষণা পরিচালনা করতে চান।এই অধ্যয়নের লক্ষ্য হলো শিক্ষার্থীদের সাংস্কৃতিক স্তর নিণর্য় করা শিক্ষার্থীদের মনোভাব সাংস্কৃতিক সচেতনতা এবং দক্ষতা অকুপেশনাল থেরাপির জন্য প্রয়োজন কিনা তা নিণর্য় করা।
গবেষক এই গবেষণায় অংশ নিতে অংশগ্রহনকারীদের কাছে তেকে অনুমতি নিবেন।তাদের তথ্য অন্যদের দেওয়া হবে না।অংশগ্রহনকারীরা গবেষণা চলাকালীন সময় যেকোন প্রশ্নের উত্তর দিতে অস্বীকার করতে পারেন গবেষণা থেকে সংগ্রহীত তথ্য নিরাপদে রাখা হবে এবং গোপনীয়তা বজায় রাখা হবে।অংশগ্রহনকারী যেকোনো সময় এই গবেষণায় দেয়া তথ্য প্রত্যাহার করতে পারেন। এই অধ্যয়নে আমি..... আমি একজন অংশগ্রহনকারু এবং আমাকে এই অধ্যয়ন সম্পর্কে স্পষ্টভাবে জানানো হয়েছে।আমি এই অধ্যয়নে অংশগ্রহন করতে ইচ্ছুক এবং অধ্যয়নের যেকোনো পর্যায়ে যেকোন সময় অংশগ্রহণ প্রত্যাহার করার অধিকার আমার থাকবে।এই কারণে,আমি কাউকে উত্তর দিতে বাধ্য থাকবো না। গবেষক গবেষণা সম্পর্কে যেকোনো প্রশ্ন বা অনুসন্ধান সম্পর্কে অংশগ্রহণকারীকে উত্তর দিতে বাধ্য থাকবে।তাই আমি সর্বোচ্চ জ্ঞানের সাথে এবং সম্পূর্ণ সন্তুষ্টির সাথে এই গবেষণায় স্বেচ্ছায় অংশগ্রহন করতে সম্মত।
আমি এই গবেষণায় অংশগ্রহণ করতে সম্মত.....হ্যা/না
অংশগ্রহণকারীর স্বাক্ষর
..... তারিখ:.....
গবেষক
আমি উপরোক্ত গবেষণার সম্পর্কে অংশগ্রহণকারীকে স্পষ্ট ধারণা দিয়েছি এবং সেই বিষয় অংশগ্রহন করতে সম্মতি জানিয়েছে।
গবেষক স্বাক্ষর
..... তারিখঃ.....

Participants Information Sheet

Bangladesh Health Professions Institute (BHPI)
Department of Occupational Therapy
CRP, Chapain, Savar, Dhaka-1343

Research Topic: Level of Cultural Awareness and Competency among occupational therapy students in Bangladesh Health Professions Institute.

Researcher: Atiya Ibnat Rafa, B.Sc. in Occupational Therapy (4th year), Session: 2017-18, Bangladesh Health Professions Institute.

Supervisor: Mohuya Akter, Lecturer, Department of Occupational Therapy, Bangladesh Health Professions Institute.

Place of Research: The study will be conducted in Bangladesh Health Professions Institute, Savar, Dhaka.

Information Sheet:

Introduction:

I am Atiya Ibnat Rafa, student of 4th year, B.Sc. in Occupational Therapy, session (2017-18) studying under the Medicine Faculty of Dhaka University in Bangladesh Health Professions Institute. To complete B.Sc. in Occupational Therapy from BHPI, conduct a research project is mandatory. This research project will be done under the supervision of Mohuya Akter, Lecturer of Department of Occupational Therapy, Bangladesh Health Professions Institute. The purpose of the research is to identify the level of cultural awareness and competency among Occupational Therapy students and the understanding that cultural awareness and competency are essential to occupational therapy practice. If you are willing to participate in this research, in that you will have a clear idea about the research topic and will help in decision making. Of course, you will have to make sure you participate now. Before taking decision, you can discuss with your relatives, or guardian about this. On the other hand, after reading the information sheet if you feel problem to understand the content or if you need to know more about something, you can freely ask.

Research Background and Objective:

You are being invited to be a part of the research because in Bangladesh there are no research about cultural awareness and competency exposure to Occupational Therapy undergraduate students. Your attitude towards the issues will play an important role in implementing proper initiative in developing cultural awareness and competency based Occupational Therapy education program.

Topic related to participation in this research work:

Before signing the consent form from you, the details of managing research project will be presented to you in details through this participation note. If you want to participate in this study, you will have to sign the agreement. If you ensure the participation, a copy of your consent will be given. After a representative of collection data by the researcher will go to you. At a given time taken from you by a question paper information will be collected. Your participation in this research project is optional. If you do not agree, then you do not have to participate. Despite your consent, you can withdraw your participation without giving any explanation to the researcher.

The benefit and risks of participation:

You will not get directly benefit from participation in the research project and it could lead to many difficulties in your daily work, but we are hopeful that the result of the research project will directly benefit you. Your identity will not be disclosed and the participants name, address will not be included in the data analysis.

Confidentialities of information:

By signing this agreement, you are allowing the research staff to study this research project to collect and use your personal resources. Any information gathered for this research project, which can identify you, will be confidential. The information collected about you will be mentioned in a symbolic way. Only the concerned researcher and supervisor will be able to access the information directly. Symbolic ways identified data will be used for the next data analysis. Electronic version of the data will be collected in BHPI's Occupational Therapy department and researcher's personal laptop. In any publication and presentation, the information will be provided in such a way that you cannot be identified in any way without your consent. Data will be initially collected in papers.

Participant's fees:

There is no stimulus and remuneration for participation in this study.

Information about withdrawal from participation:

Despite your consent you can withdraw your participation within one week after giving information without giving any explanation to the researcher.

Contact address with the researcher:

If you have any question about the research, you can ask me now or latter. If you wish to ask question latter, you may contact any of following: Atiya Ibnat Rafa, B.Sc. in Occupational Therapy, Department of Occupational Therapy and Contact number: 01870664557, Gmail: atiyarafa@gmail.com

Complaints:

If there is any complaint regarding the conduct of this research project, contact with the Association of Ethics (77454645). This proposal has been reviewed by Institutional Review Board (IBR), Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh, which is the committee whose task is to make sure that research participants are protected from harm. If you wish to find about more about the IBR, Contact Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh.

Information sheet (Bangla)

তথ্যপত্র

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি,চাপাইন,সাভার,ঢাকা-১৩৪৩,টেলি-০২-৭৭৪৫৬৪৫

অংশগ্রহণকারীদের তথ্যপত্র

গবেষণার বিষয়ঃ "বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউটে অকুপেশনাল থেরাপি শিক্ষার্থীদের মধ্যে সাংস্কৃতিক সচেতনতা এবং দক্ষতার স্তর নির্ণয়"।

গবেষকঃ আতিয়া ইবনাত রাফা, বি.এস.সি ইন অকুপেশনাল থেরাপি (৪র্থ বর্ষ),সেশনঃ ২০১৭-১৮ ইঃ, বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই),সাভার,ঢাকা-১৩৪৩

তত্ত্বাবধায়কঃ মহুয়া আক্তার, লেকচারার, অকুপেশনাল থেরাপি বিভাগ,বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সাভার,ঢাকা-১৩৪৩

গবেষণার স্থানঃ বিএইচপিআই, সাভার,ঢাকা-১৩৪৩

আমি আতিয়া ইবনাত রাফা, ঢাকা বিশ্ববিদ্যালয়ে চিকিৎসা অনুষদের অধীনে বাংলাদেশ হেলথ্ প্রফেশনস ইনস্টিটিউটে বি.এস.সি.ইন অকুপেশনাল থেরাপি বিভাগে ৪র্থ বর্ষের ছাত্রী হিসেবে (২০১৭-১৮) সেশনে অধ্যয়নরত আছি।বিএইচপিআই থেকে অকুপেশনাল থেরাপি বি.এস.সি শিক্ষাকার্যক্রমটি সম্পন্ন করার জন্য একটি গবেষণা প্রকল্প পরিচালনা করা বাধ্যতামূলক।এই গবেষণা প্রকল্পটি অকুপেশনাল থেরাপি বিভাগের লেকচারার মহুয়া আক্তার, এর তত্ত্ববধায়নে সম্পন্ন করা হবে।এই অংশগ্রহনকারী তথ্যপত্রের মাধ্যমে গবেষণার প্রকল্পটির উদ্দেশ্য, উপাত্ত সংগ্রহের প্রণালী ও গবেষণাটির সাথে সংশ্লিষ্ট বিষয় কিভাবে রক্ষিত হবে তা বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে।যদি এই গবেষণায় অংশগ্রহন করতে আপনি ইচ্ছুক থাকেন,সেক্ষেত্রে এই গবেষণার সম্পৃক্ত বিষয় স্বচ্ছ ধারণা থাকলে সিদ্ধান্ত গ্রহনের পূর্বে,যদি চান তাহলে আপনার আত্মীয়-স্বজন,বন্ধু অথবা আস্থাভাজন যেকোনো কারো সাথে এই ব্যপারে আলোচনা করে নিতে পারেন।অপরপক্ষে তথ্যপত্রটি পড়ে,যদি কোন বিষয়বস্তু বুঝতে সমস্যা হয় অথবা যদি কোনো কিছু সর্ম্পকে আরো বেশি জানার প্রয়োজন হয়,তবে নির্দ্বিধায় প্রশ্ন করতে পারেন।

গবেষণার প্রেক্ষাপট ও উদ্দেশ্যঃ

আপনাকে এই গবেষণার অংশগ্রহনের জন্য আমন্ত্রণ জানানো হচ্ছে কারণ বাংলাদেশে সাংস্কৃতিক সংবেদনশীলতা এবং দক্ষতা অকুপেশনাল থেরাপি চিকিৎসা সেবা তে কোনো ভূমিকা রাকে কিনা এবং সেই সর্ম্পকে অকুপেশনাল থেরাপি স্নাতক অধ্যয়নরত শিক্ষার্থীদের ধারণা নিয়ে কোনো গবেষণা হয়নি।এই গবেষণাটি একটি সাংস্কৃতিক সংবেদনশীল ও দক্ষতাপূর্ণ শিক্ষামূলক একটি কারিকুলাম তৈরি করতে এবং স্নাতক শিক্ষার্থীদের এই ব্যপারে ধারণা সম্পর্কে একটি চিত্র তুলে ধরবে।এই বিষয় সঠিক তথ্য সংগ্রহের জন্য আপনার মনোভাব গুরুত্বপূর্ণ ভূমিকা পালন করবে।

এই গবেষণা কর্মটি অংশগ্রহনের সাথে সম্পৃক্ত বিষয়সমূহ কি সে সম্পর্কে জানা যাকঃ

আপনার থেকে অনুমতিপত্রের স্বাক্ষর নেবার আগে,এই অংশগ্রহনকারীর তথ্যপত্রের মাধ্যমে গবেষণা প্রকল্পটির পরিচালনা করার তথ্যসমূহ বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে।আপনি যদি এই গবেষণায় অংশগ্রহন করতে

চান,তাহলে সম্মতিপত্রে আপনাকে স্বাক্ষর করতে হবে।আপনি যদি স্বাক্ষর জ্ঞান সম্পন্ন না হন বা অন্য কোনো কারণে স্বাক্ষর প্রদানে ব্যর্থ হন,সেক্ষেত্রে আপনার কাছ থেকে একজন স্বাক্ষীর উপস্থিতিতে বৃদ্ধাঙ্গুলির ছাপ সম্মতি পত্রে নেওয়া হবে।আপনি অংশগ্রহন নিশ্চিত করলে,আপনার সংরক্ষণের জন্য সম্মতিপত্রটির একটি অনুলিপি দিয়ে দেওয়া হবে।আপনার থেকে চেয়ে নেওয়া যেকোন একটি নির্দিষ্ট সময়ে একটি প্রশ্নপত্রের মাধ্যমে তথ্য সংগ্রহ করা হবে।এই গবেষণার প্রকল্পে আপনার অংশগ্রহণ ঐচ্ছিক। যদি আপনি সম্মতি প্রদান না করেন তবে আপনাকে অংশগ্রহণ করতে হবে না।আপনি সম্মতি প্রদান করা সত্ত্বেও গবেষককে কোনো ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহন প্রত্যাহার করতে পারবেন।

অংশগ্রহণের সুবিধা ও ঝুঁকিসমূহ কিঃ

গবেষণা প্রকল্পটি অংশগ্রহনের জন্য আপনি সরাসরি কোন সুবিধা পাবেন না।এই গবেষণায় অংশগ্রহনে আপনার দৈনন্দিন কাজে সাময়িক অসুবিধার কারন হতে পারে।তবে আমরা আশাবাদী যে,এই গবেষণার ফলাফল থেকে প্রাপ্ত উপকারিতা এই অসুবিধাকে অতিক্রম করবে।যে সমস্ত প্রশ্নের মাধ্যমে আপনার পরিচয় সম্পর্কে অন্যরা জানতে পারে,সেই বিষয় উদ্বিগ্ন না হবার অনুরোধ করা হচ্ছে।অংশগ্রহণকারীর নাম,ঠিকানা উপাত্ত বিশ্লেষণের সফটওয়্যারে উল্লেখ না করে পরিচয় উন্মুক্ত হবার ঝুঁকি কমানো হবে।

তথ্যের গোপনীয়তা কি নিশ্চিত থাকবেঃ

এই সম্মতিপত্রে স্বাক্ষর করার মধ্য দিয়ে,আপনি এই গবেষণা প্রকল্পে অধ্যয়নরত গবেষণা প্রকল্পের জন্য সংগৃহীত যেকোন তথ্য,যা আপনাকে সনাক্ত করতে পারে তা গোপনীয় থাকবে।আপনার সম্পর্কে সংগৃহীত তথ্যসমূহ সাংকেতিক উপায় উল্লেখ থাকবে।শুধুমাত্র এর সাথে সরাসরি সংশ্লিষ্ট গবেষক ও তার তত্ত্বাবধায়ক এই তথ্যসমূহ প্রবেশাধিকার পাবেন।সাংকেতিক উপায় চিহ্নিত উপাত্ত সমূহ পরর্বতী উপাত্ত বিশ্লেষণের কাজে ব্যবহৃত হবে।বিএইচপিআই এর অকুপেশনাল থেরাপি বিভাগে ও গবেষকের ব্যক্তিগত ল্যাপটপে উপাত্তসমূহের ইলেক্ট্রনিক ভার্সন সংগৃহীত থাকবে। যেকোনো ধরনের প্রকাশনা ও উপস্থাপনা ক্ষেত্রে তথ্যসমূহ এমনভাবে সরবরাহ করা হবে, যেন আপনার সম্মতি ছাড়া আপনাকে কোন ভাবেই সমাক্ত করা না যায়।

অংশগ্রহনকারীর পারিশ্রমিকঃ

এই গবেষণার অংশগ্রহনের জন্য কোন পারিশ্রমিক দেবার ব্যবস্থা নেই।

অংশগ্রগন থেকে প্রত্যাহার সম্পর্কিত তথ্যঃ

আপনি সম্মতি প্রদান করার সত্ত্বে ও তথ্য ১ সপ্তাহের মধ্যে যেকোনো সময় ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহন প্রত্যাহার করতে পারবেন।

গবেষকের সাথে যোগাযোগের ঠিকানাঃ

গবেষণা প্রকল্পটির বিষয়ে যোগাযোগ করতে চাইলে অথবা গবেষণা সম্পর্কে কোন প্রশ্ন থাকলে,এখন অথবা পরবর্তীতে যেকোন সময়ে তা জিজ্ঞেসা করা যাবে।সেক্ষেত্রে আপনি গবেষকের সাথে উল্লেখিত নাম্বারে)(০১৮৭০৬৬৪৫৫৭ আতিয়া ইবনাত রাফা) অথবা ই-মেইল (atiyarafa@gmail.com) যোগাযোগ করতে পারেন।

অভিযোগঃ

এই গবেষণা প্রকল্প পরিচালনা প্রসঙ্গে যেকোনো অ ভিযোগ থাকলে প্রাতিষ্ঠানিক নৈতিকতার পরিষদের সাথে যোগাযোগ করবেন। এই গবেষণা প্রকল্পটি বাংলাদেশ হেলথ্ প্রফেশনস ইনস্টিটিউট এর আইআরবি কর্তৃক অনুমোদিত হয়েছে।

Participant's Withdrawal Form

(Applicable only for voluntary withdrawal)

Reason for withdrawal:

……
……

……
……

……
……

……
……

……
……

Whether permission to previous information is used?

Yes/No

Participant's Name:

Participant's Signature:

Date: …….

If illiterate,

Fingerprint of participant

Participant withdrawal form (Bangla)

অংশগ্রহনকারীর প্রত্যাহার পত্র

(শুধুমাত্র সেচ্ছায় প্রত্যাহারকারীর জন্য প্রযোজ্য)

অংশগ্রহনকারীর নামঃ.....

প্রত্যাহার করার কারণঃ

.....

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পূর্ববর্তী তথ্য ব্যবহারের অনুমতি থাকবে কিনা?

হ্যা/না

অংশগ্রহনকারীর নামঃ

অংশগ্রহনকারীর স্বাক্ষরঃ

.....

তারিখঃ

যদি নিরক্ষর হয়*

অংশগ্রহনকারীর আঙুলের ছাপ

Appendix C

Cultural Awareness and Sensitivity Questionnaire

Table: 1: Participants Characteristics		
	Number	Percentage
Age:		
<23		
>23		
Gender:		
Male		
Female		
Education Level:		
2nd year		
3rd year		
4th year		

Table: 2: Response to statement relating to the importance of cultural factor				
Items	Strongly agreed	Agreed	Don't know	Disagree or strongly disagree
1. The OT profession has a growing demand				
2. Occupational performance of a client has effect				

of cultural aspect.				
3. There should be a cultural reasoning behind occupational therapy process.				

4. The assessment of OT treatment results may be impacted if the cultural effects are ignored.				
5. Avoiding the cultural effect can greatly impact the intervention provided by an Occupational Therapist				

Table:3: Responses to statements regarding education and cultural competency				
Items	Strongly agreed	Agreed	Don't know	Disagree or strongly disagree
6. Often students have limited knowledge about different cultural aspect.				
7. Level of classroom education can				

increase cultural awareness among students				
8. Level of fieldwork experience can help raising cultural awareness				
9. Should there be an adequate exposure to cultural awareness in the OT programme.				
10. Should there be a proper expression of cultural awareness in the fieldwork.				

Table:4: Participants perceived level of cultural awareness

Items	Culturally competent	High level of competence	Limited awareness	Culturally unaware
11. How much are you aware about the effect of cultural background on an individual's personality, belief,				

behaviour, and lifestyle.				
12. How much are you aware about the cultural reasons that can affect the treatment process of occupational service.				
13. How much aware are you regarding the information provided by sources such as books, cultural journals, leaflets?				
14. How much aware are you of access to translation service.				
15. How much are you aware of avoiding or reducing cultural barriers.				

সাংস্কৃতিক সচেনতা ও সংবেদনশীলতা এর উপর প্রশ্নাবলী (সিএএসকিউ)

টেবিল-1: অংশগ্রহনকারীর চারিত্রিক বৈশিষ্টঃ		
	সংখ্যা	শতকরা হার (%)
বয়স <25 >25		
লিঙ্গ পুরুষ মহিলা		
শিক্ষার স্তর র্কোসের শুরুতে দেশের উপর শিক্ষাগত শিক্ষার সমাপ্তি মাঠ পর্যায়ের কাজের সমাপ্তি ১ বৎসরের প্রোগাম পরবর্তী সমাপ্তি		

টেবিল 2: সাংস্কৃতিক কারণের গুরুত্ব সর্ম্পকিত বিবৃতির প্রতিক্রিয়া				
দফা	দৃঢ়ভাবে সম্মত % (সংখ্যা)	সম্মত % (সংখ্যা)	জানা নাই % (সংখ্যা)	অসম্মত বা দৃঢ়ভাবে অসম্মসত % (সংখ্যা)
১। অকুপেশনাল থেরাপী সেবার একটি ক্রমবর্ধমান চাহিদা আছে।				
২।একজন সেবা গ্রহনকারীর অকুপেশনাল কর্মক্ষমতার উপর সাংস্কৃতির কারণজনিত প্রভাব রয়েছে।				
৩। অকুপেশনাল থেরাপী প্রক্রিয়ার উপর সাংস্কৃতিক কারণ বিবেচনা করা উচিত।				
৪। সাংস্কৃতিক প্রভাব উপেক্ষা করা অকুপেশনাল থেরাপী ফলাফল মূল্যায়ন				

এর উপর প্রভাবিত করতে পারে।				
৫। সাংস্কৃতিক প্রভাব উপেক্ষা করা অকুপেশনাল থেরাপী সেবার এর উপর প্রভাবিত করতে পারে।				
ওটি=অকুপেশনাল থেরাপী				

টেবিল 3: শিক্ষা ও সাংস্কৃতিক দক্ষতা সর্ম্পকিত বিবৃতির প্রতিক্রিয়া

দফা	দৃঢ়ভাবে সম্মত % (সংখ্যা)	সম্মত % (সংখ্যা)	জানা নাই % (সংখ্যা)	অসম্মত বা দৃঢ়ভাবে অসম্মসত % (সংখ্যা)
৬। বিভিন্ন সাংস্কৃতিক বিষয়ের উপর ছাত্রদের জ্ঞান প্রায়ই সীমাবদ্ধ থাকে।				
৭। শ্রেনীকক্ষ শিক্ষা দ্বারা সাংস্কৃতিক সচেতনতা বিষয় প্রভাবিত করা যাবে।				
৮। মাঠ পর্যায়ের শিক্ষা দ্বারা সাংস্কৃতিক সচেতনতার বিষয় প্রভাবিত করা যাবে।				
৯। অকুপেশনাল থেরাপী প্রোগ্রামের সাংস্কৃতিক সচেতনতার পর্যাপ্ত প্রকাশ থাকা উচিত।				
১০। মাঠ পর্যায়ের কাজের সাংস্কৃতিক সচেতনতার পর্যাপ্ত প্রকাশ থাকা উচিত।				

টেবিল 4: অংশগ্রহনকারীদের সাংস্কৃতিক সচেনতার স্তর সম্পর্কে মনোভাব				
দফা	সাংস্কৃতিকভাবে দক্ষ % (সংখ্যা)	উচ্চ স্তরের কর্মদক্ষতা % (সংখ্যা)	সীমাবদ্ধ সচেতনতা % (সংখ্যা)	সাংস্কৃতিকভাবে অÁাত % (সংখ্যা)
১১। একজন ব্যক্তির বিশ্বাস, মনোভাব, আচরণ এবং জীবনধারার উপর সাংস্কৃতিক পটভুমির প্রভাবের বিষয়ে আপনি কতটা সচেতন ।				
১২। বিভিন্ন সাংস্কৃতিক কারণ যা অকুপেশনাল থেরাপী সেবার উপর প্রভাব বিস্তার করতে পারে সে বিষয়ে আপনি কতটা সচেতন ।				
১৩। বিভিন্ন সংস্কৃতি সর্ম্পকে তথ্যের উৎস যেমন বই বা লিফলেট বা ওয়েবসাইট বিষয়ে আপনি কতটা সচেতন ।				
১৪। অনুবাদ পরিসেবাগুলোতে অনুপ্রবেশ সর্ম্পকে আপনি কতটা সচেতন ।				
১৫। সাংস্কৃতিক বাধা কমানোর পদ্ধতি সর্ম্পকে আপনি কতটা সচেতন ।				

Appendix D

Supervision Sheet

3	23/8/22	BHPI Library	Population, Sampling, Inclusion-Exclusion criteria	2hrs.	Discussion about sampling technique	Rafa	
4	24/8/22	Teachers room	CASQ Scale and author permission	1hrs	Translation of CASQ scale	Rafa	
5	25/8/22	Teachers room	Feedback about ~~[illegible]~~ translation of scale	1hrs	Correction of scale translation	Rafa	
6	26/8/22	BHPI Library	Ethical issue about data collection	30min	Data collection process discussion	Rafa	
7	28/8/22	Teachers room	Background and significance of study	2hrs	Steps of writting background	Rafa	
8	2/9/22	Teachers room	Feedback of sampling and population	1hrs 30min	Excluding intern group in population	Rafa	
9	6/9/22	Teachers room	feedback of background	1hrs	Discussion about text citation	Rafa	
10	10/9/22	BHPI Library	Feedback of literature review	2hrs	Including computer related topics	Rafa	
11	15/9/22	BHPI Library	Methodology of study	1hrs 40min	Data analysis	Rafa	
12	22/9/22	Teachers room	Feedback of analysis	1hrs 20min	Correction of analysis	Rafa	
13	28/9/22	Teachers room	Feedback about methodology	1hr.	Study question and objective	Rafa	

4	1/10/22	Teachers room	Feedback of final research background	1hrs 30 min	Correction of text citation	Rafa.	
5	11/10/22	BHPI Library	Feedback of final literature review	1hrs 30 min	Including cultural aspect of curriculum	Rafa	
6	20/10/22	BHPI Library	Feedback of methodology final	2hrs	Ethical issuse discussion	Rafa	
7	27/10/22	Teachers room	Feedback of result	1hrs.	Write up according to statement	Rafa.	
8	~~20~~ 10/11/22	BHPI Library	Feedback of discussion	2hrs.	Comparission with related artical	Rafa	
9	27/11/22	BHPI Library	Discussion of conclusion strength and limitation	2hrs	Correction of conclusion	Rafa.	
10	31.12.22	〃	Feedback of first draft	2hrs	Changing of the writting pattern of result	Rafa.	
11	8.02.23	Teachers room	Correction of result and conclusion.	2hrs.	Proper squencing of writting	Rafa.	
12	26.02.23	BHPI Library	Feedback of abstract	1hrs	Correction of abstract	Rafa	
13	10.05.23	BHPI Library	Feedback of second draft.	2hrs 40min	Correction of grammers	Rafa.	
14	11.05.23	Zoom Call	Feedback about overall thesis, presentation	1 hrs 30min	Guildline of presentation and thesis	Rafa	