

# UK Osteopathic Educational Institutions' students' experience during their undergraduate training and cultural humility: Results from a national survey

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## Summary

- Provide a background to the survey
- Brief description of methods
- Share key results
- Summary implications

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## Aims of the survey

to explore and describe minority groups' educational experiences during their education in OElS

to evaluate osteopathic students' perceived cultural humility to work with minority groups

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## Cultural competence to cultural humility

### Cultural competence

“a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals that enable that system, agency or professions to work effectively in cross-cultural situations” (Cross et al 1989)

- Organisational, structural, clinical
- Culturally appropriate interactions
- But mastery of competence inappropriate, heterogeneity of culture, one curriculum can't fit all, little account for intersectionality (Trinh et al 2021)



### Cultural humility

“the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the client” (Hook et al., 2013, p. 354)

Disposition and attitude – life-long five dimensions

- Openness
- Self-awareness
- Egoless
- Supportive interactions
- Self reflection and critique

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<p><b>Adapted Multidimensional Cultural Humility Scale</b> (Gonzales et al 2021)</p>	<ul style="list-style-type: none"> <li>• Patients rather than clients – additional option of “This has never crossed my mind”</li> <li>• For pre-clinical students “anticipate”: I anticipate being comfortable asking my patients about their cultural experience</li> </ul>	
	Dimension	Items
	Openness	<ul style="list-style-type: none"> <li>• I am comfortable asking my patients about their cultural experience</li> <li>• I seek to learn more about my patients’ cultural identity</li> <li>• I believe that learning about my patients’ cultural background will allow me to better help my patients</li> </ul>
	Self awareness	<ul style="list-style-type: none"> <li>• I seek feedback from my clinic educators when working with diverse patients</li> <li>• I incorporate feedback I receive from colleagues and clinic educators when I am faced with problems regarding cultural interactions with patients</li> <li>• I am known by colleagues to seek advice when working with diverse patients</li> </ul>
Ego less	<ul style="list-style-type: none"> <li>• I ask my patients about their cultural perspective on topics discussed during treatment sessions</li> <li>• I ask my patients to describe their presenting problem based on their cultural background</li> <li>• I ask my patients how they cope with problems in their culture.</li> </ul>	

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Supportive interaction	<ul style="list-style-type: none"> <li>• I wait for others to ask about my biases for me to discuss them</li> <li>• I do not necessarily need to resolve cultural conflicts with my patients during treatment sessions</li> <li>• I believe the resolution of cultural conflict in treatment sessions is the patient’s responsibility</li> </ul>
Self reflection and critique	<ul style="list-style-type: none"> <li>• I enjoy learning from my weaknesses</li> <li>• I value feedback that improves my clinical skills</li> <li>• I evaluate my biases</li> </ul>
<p><b>Additional items about:</b></p> <ul style="list-style-type: none"> <li>• Importance of topic</li> <li>• Skills for asking patients about their backgrounds and experiences</li> <li>• Clinical environment in institution supportive about asking – background experience</li> </ul>	

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## Additional elements of the survey

- Demographic and personal characteristics
- Experience of education
  - Belonging to under representative group
  - Treatment different based on identity / culture
  - Frequency of feeling treated differently
  - Nature of most significant episode
  - Source of treatment
  - Reporting to institution
  - Knowledge of where to report

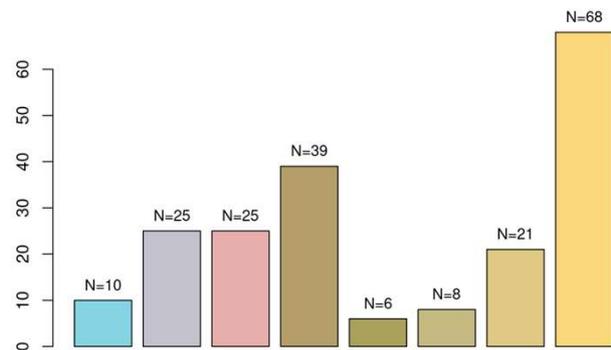
## Methods

- Survey disseminated via leaders and contacts at osteopathic providers of education
- Asked to send onto student body
- 2 reminders
- Spring 2022
  - Missing data for the Multidimensional Cultural Humility Scale was imputed using multivariate imputation by chained equations (S. van Buuren et al 2011)
  - Missing data for the other elements of the survey have not been imputed and vary by item

## Results – response rate and characteristics of responders

COMPLETION	FREQUENCY	PERCENTAGE
INCOMPLETE	85	42%
COMPLETE	117	58%
TOTAL	202	100%
Total population	Ca 1000	20% response rate

Response by Osteopathic Education Provider



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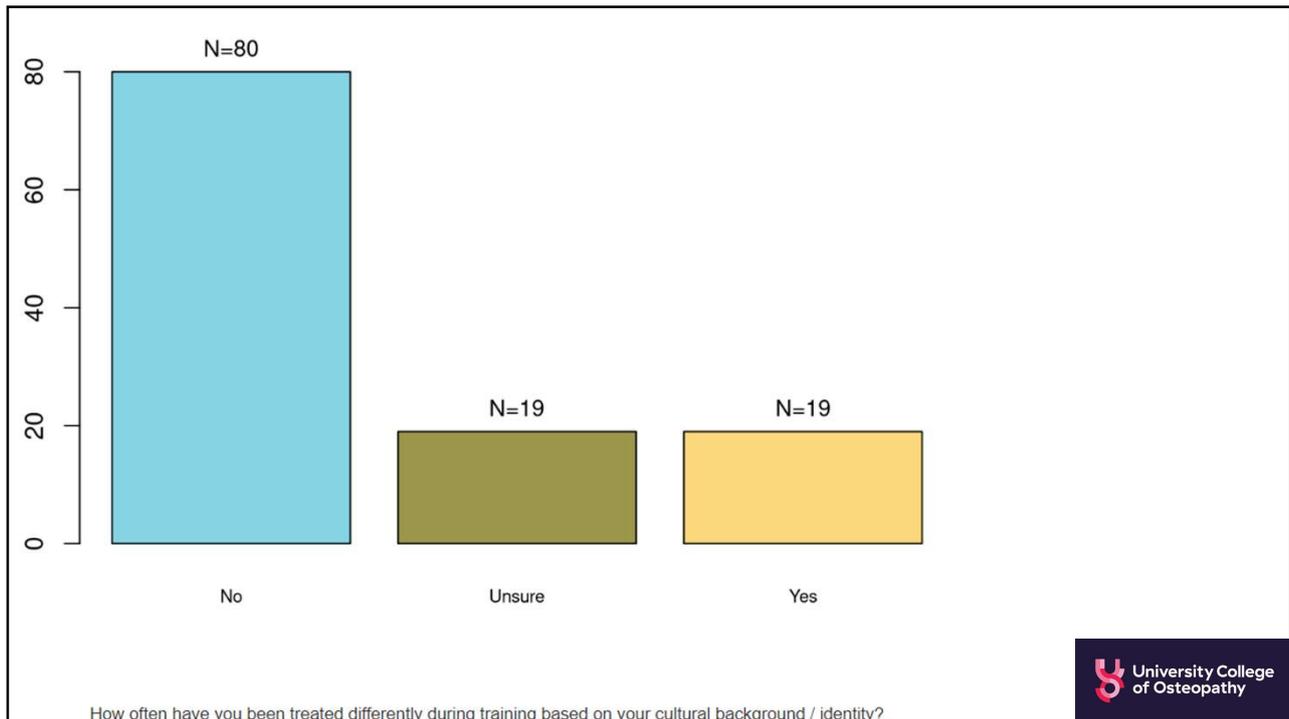
### Respondent Demographics

Category	Count
<b>Gender</b>	
Woman	74
Man	41
Other	2
NA	25
<b>Ethnicity</b>	
White	95
Non-white	19
NA	28
<b>Disability</b>	
No	106
Yes	11
NA	25
<b>Sexual orientation</b>	
Hetero	89
Non-hetero	22
NA	31
<b>Religion</b>	
NoRel	69
Christn	23
Other	22
NA	28

- Categories collapsed
- High proportions identifying as:
  - Women
  - White
  - Without a disability
  - Heterosexual
  - No religion

Missing and choosing not to disclose

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### Treated differently - Could you describe the nature of the most significant episode (examples)

"Getting inappropriate comments towards physical appearance"

"When I am not allowed to treat because of my gender"

"Discrimination based on gender and age"

"Clinic tutor said female students ask too many questions."

"As a foreign mature student I find it hard to find a partner to practice clinical skills with. This happens two to three times per week."

"Being examined by a tutor and her saying "due to her ethnicity she has large glutes". Another tutor mentioning that I could call my black female patients "auntie" Being told my scrubs are too sexy because I am curvy even though everyone else wears them. Constantly being asked if my hair can be touched and where I am from. "

"People avoiding me because I am not British"

"Condescending behaviour towards the working class"

"I was not treated/spoken to fairly from a practice educator based on my gender and skin colour. Heteronormative and chauvinist bias between myself and another student - derived from gender and skin colour within XXX clinic."

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## Identification as belonging to an underrepresented group in osteopathic education – associations with demographic characteristics

Ethnicity (non white), Disability and Sexual orientation (Non heterosexual) are significantly associated with identifying as belonging to an underrepresented group in osteopathic education.

Demographic group	Chi-squared	p-value
Bsex	1.612	0.661
gender	8.196	0.225
<b>ethnicity</b>	<b>14.966</b>	<b>0.002</b>
<b>disability</b>	<b>16.257</b>	<b>0.002</b>
<b>sexorient</b>	<b>11.124</b>	<b>0.013</b>
religion	10.856	0.091

Table 4: Under represented group identification Vs. Demographic Group: Chi-squared tests of association. P-values are estimated using a Monte-Carlo simulation with 5000 replicates. (Bsex - birth sex)

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## Treated differently based on culture and identity

No significant associations between demographic characteristics and report of being treated differently

Demographic group	Chi-squared	p-value
Bsex	0.085	0.956
gender	4.613	0.272
ethnicity	4.795	0.082
disability	0.177	1.000
sexorient	2.732	0.273
religion	0.969	0.922

Table 2: Treated differently Vs. Demographic Group: Chi-squared tests of association. P-values are estimated using a Monte-Carlo simulation with 5000 replicates. (Bsex - birth sex)

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Who treated you differently		<ul style="list-style-type: none"> <li>• Similar frequencies of reported institutional “sources” of being treated differently on the basis of culture and identity</li> </ul>
Who	Freq	
Academic staff	7	
Clinic educator staff	8	
Administration staff	2	
Colleagues	7	
Patients	3	
Other	1	

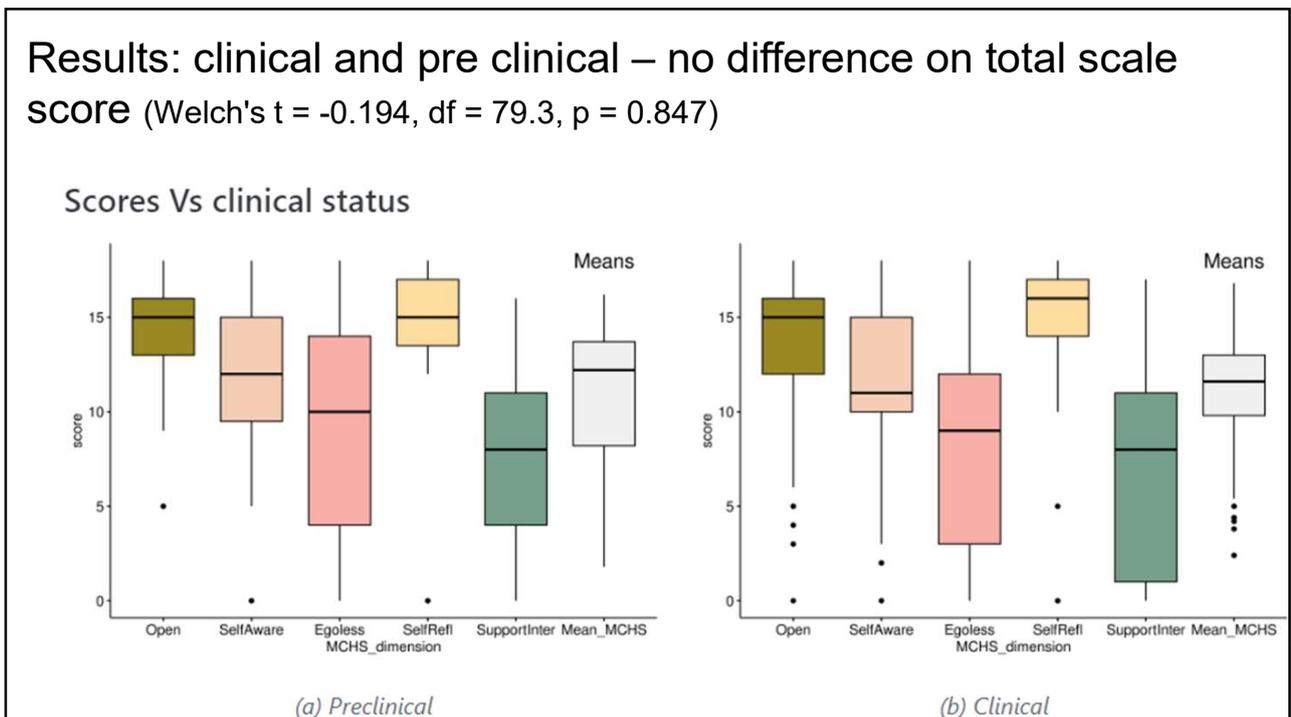
  

Reporting to institution	
• Yes = 3	(2%)
• No = 15	(7%)
• No Answer = 184	(91%)

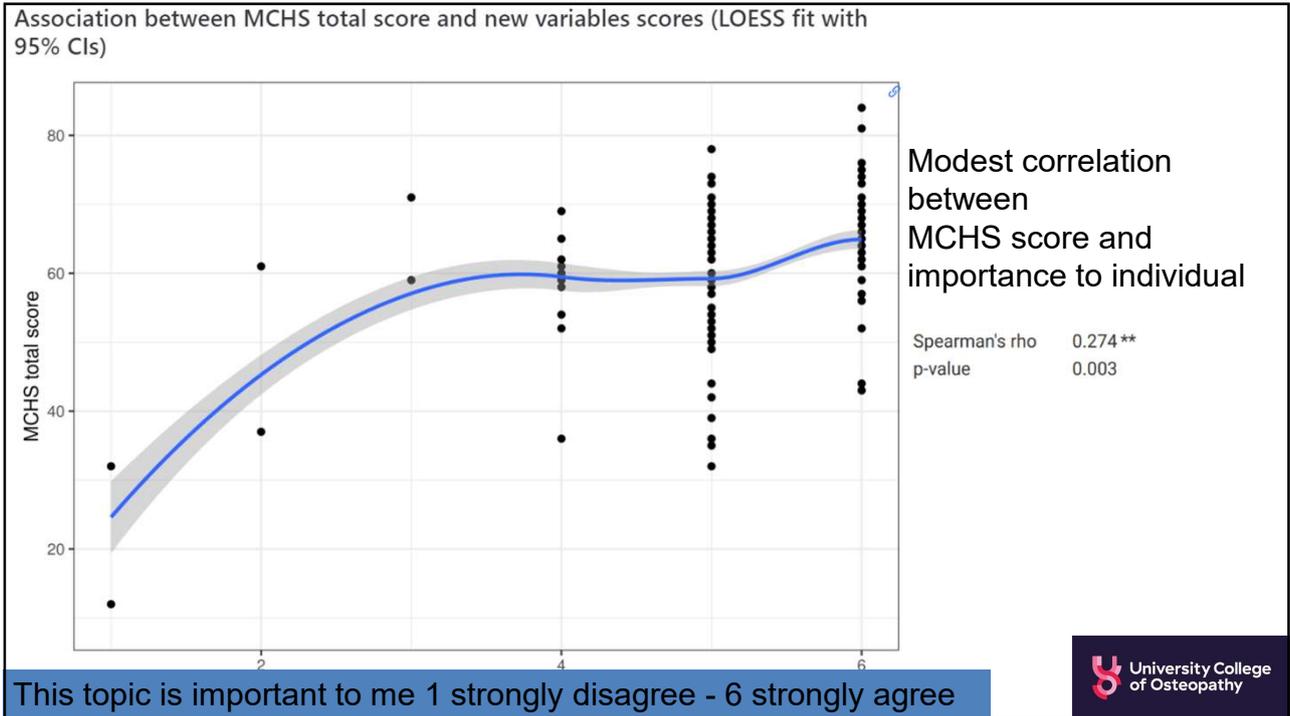
  

Treated differently based on your cultural background / identity, do you know where to go to report it?	
• Yes = 62	(31%)
• No = 52	(26%)
• No Answer = 88	(44%)

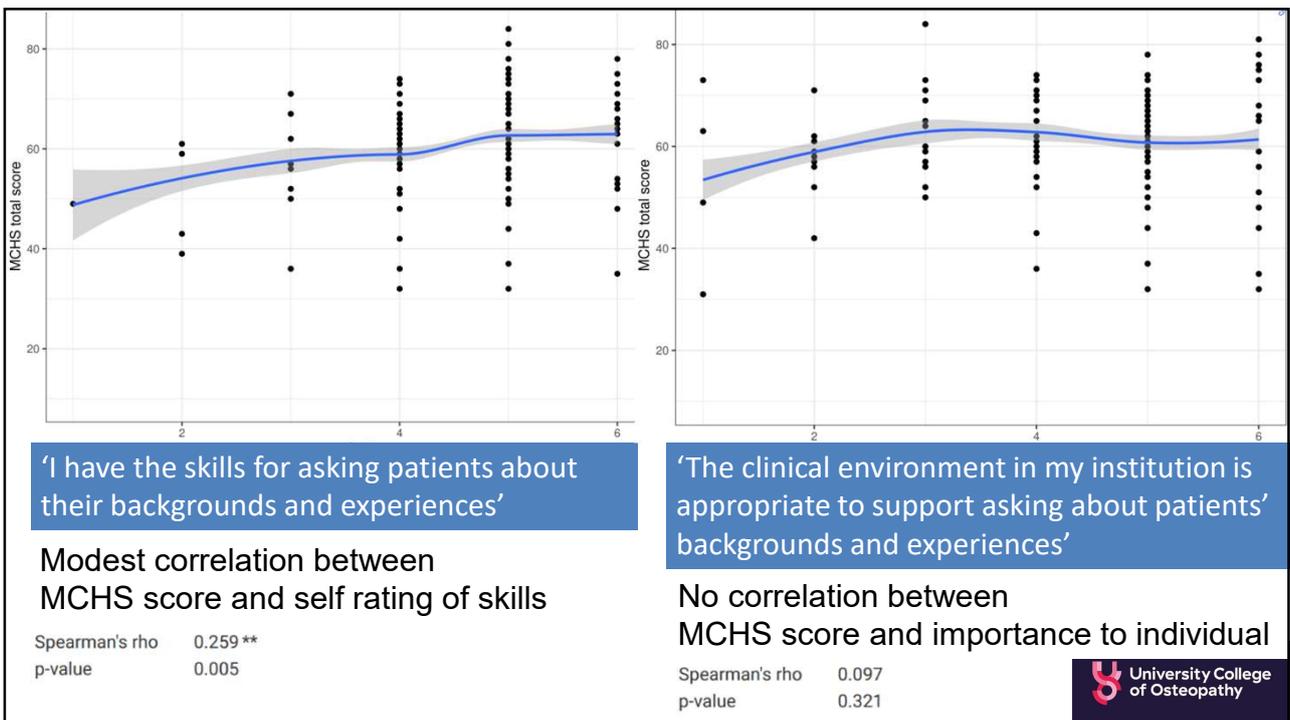
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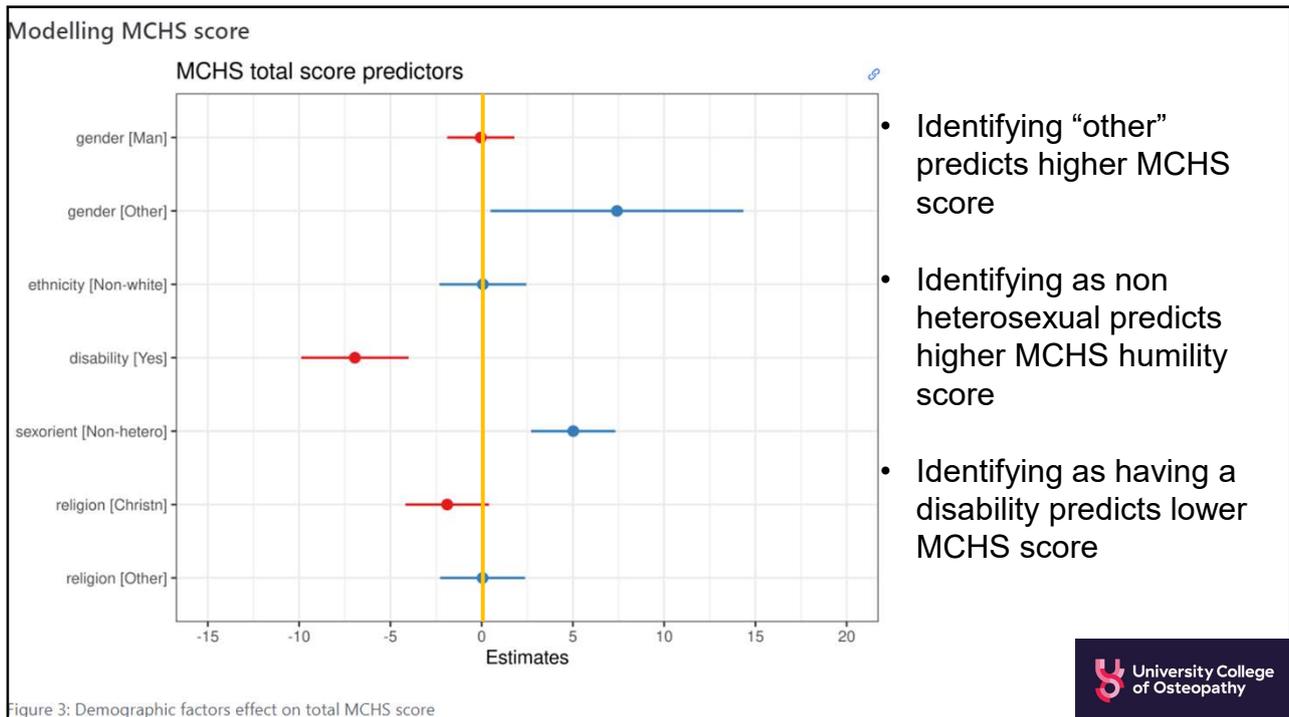
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## Limitations

- Unclear how representative the sample is – this means that we are unsure about systematic bias derived from self selection – suspect not representative (OEI and Sex)
- Low numbers leading to low certainty with estimates
- In some categories collapsed data and loose resolution
- New instrument adapted to osteopathy
  - Need more research with this instrument to establish meaningful scores for dimensions of questionnaire
- Insufficient numbers to test factor structure – we tried!

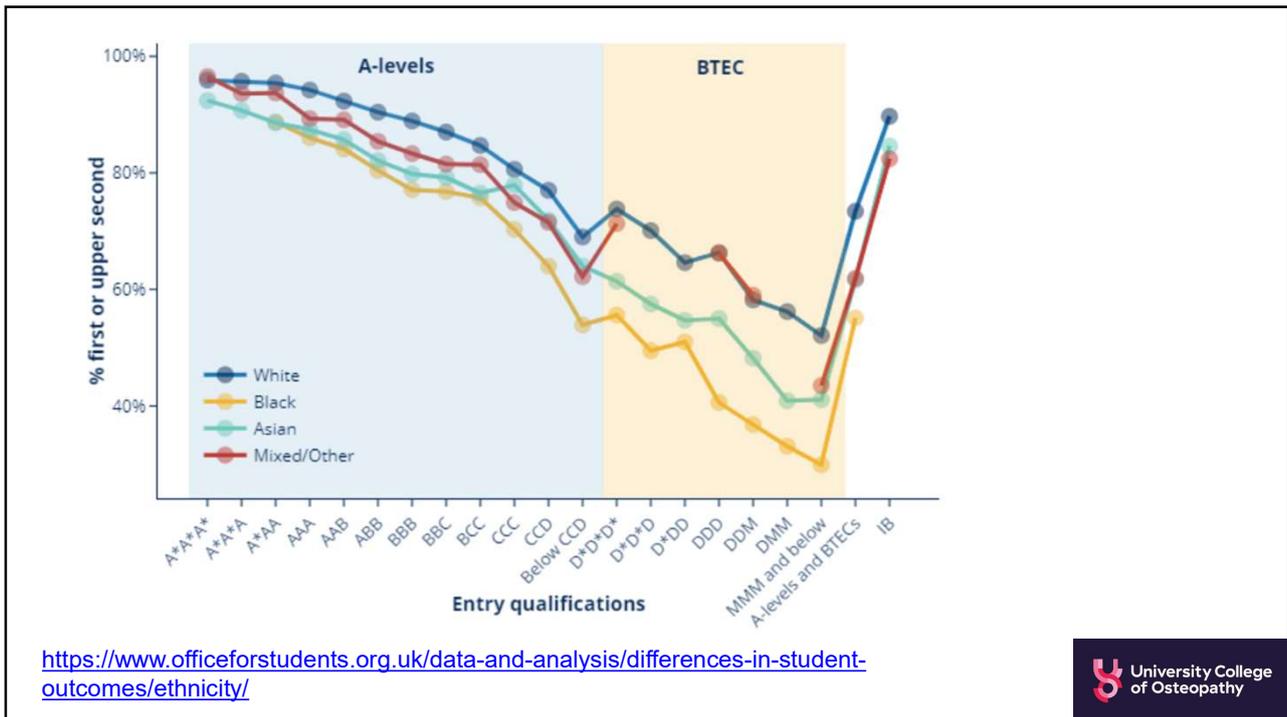
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## Implications

- No change in scores (MCHS) preclinical and clinical students
  - Some items “not crossed the mind” of some students
  - Opportunity to develop skills, knowledge and cultural humility in the curriculum during training as well as amongst peers and institutionally
- Need to enhance awareness and signposting as to how to alert institutions when problems arise – “harassment and bullying” policies and processes
- The dimensions focus on cultural aspects but reflect person centred care ideas – opportunities to develop both saliently
- Need bigger numbers and more involvement from students
  - annual survey
  - cohort study where we follow people from inception to completion

## References

- Gonzalez E, Sperandio KR, Mullen PR, Tuazon VE. Development and Initial Testing of the Multidimensional Cultural Humility Scale. *Meas Eval Couns Dev.* 2021;54(1):56–70.
- S. van Buuren, K. Groothuis-Oudshoorn, [mice: Multivariate imputation by chained equations in r](#), *Journal of Statistical Software.* 45 (2011) 1–67.
- Cross TL, et al. *Towards a culturally competent system of care: a monograph on effective services for Minority Children who are severely emotionally disturbed.* Washington, DC: Georgetown University, Child Development Center; 1989.
- Trinh NH, Jahan AB, Chen JA. Moving from Cultural Competence to Cultural Humility in Psychiatric Education. *Psychiatr Clin North Am.* 2021;44(2):149–57.



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## Cultural humility

Definitions presented before students took the survey

**Somebody's background** includes the kind of family they come from and education they have had. It can also refer to such things as their social and racial origins, their financial status, or the type of work experience that they have.

**Somebody's cultural identity** relates to a particular society and its ideas, customs, and art. Culture is embedded in communities' beliefs, norms and relationships with others regarding ethnicity, disability, gender, sexual orientation, religion and socio-economic class (list non-exhaustive). Rather than being isolated and distinct, these cultural characteristics often overlap and are mutually constitutive, aka intersectionality.

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