Exploring Cultural Humility Among Emerging Occupational Therapists in the U.S.: A Call For Competemility

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Introduction

- Cultural humility is defined as flexibility, awareness of bias, recognition of power imbalances in healthcare and lifelong learning towards working with diversity (Agner, 2020).
- As a profession founded on person-centered care with an especially intimate nature, given client-clinician activities such as eating, bathing and dressing, occupational therapy (OT) has a unique, ethical responsibility to treat clients with cultural sensitivity.
- Current literature suggests that OT students lack the educational resources to understand and utilize cross-cultural communication theories and techniques (Meiring & Giles, 2023).
- The American Journal of Occupational Therapy (AJOT) highlights that it is "important for members of the OT community to be prepared to serve diverse populations through the lens of cultural humility," (Hoyt et al., 2020).
- This national study is needed to understand the current state of cultural humility in OT education and to identify barriers behind the gap in student readiness to use this approach.

Research Question: How prepared do emerging OTs feel to translate the concept of cultural humility into clinical practice?

Method

This study utilized a mixed methods approach to gather data as per WCG Institutional Review Board approval #20260425.

- A needs assessment was conducted to facilitate preliminary survey development. The final survey featured 14 questions (yes-no, Likert scale and fill-in-the-blank).
- Study criteria included being a current, post-didactic OT student (doctoral, master's or associate) at a program in the U.S., or has graduated within one year from an OT program in the U.S., has fluency in English and internet access.
- The purposive sampling strategy solicited program administrators at 434 OT programs across the U.S., who then distributed the survey to their students. Of this group, 180 participants participated in the survey. Participants submitted responses between January 20 to February 28, 2026, online via Qualtrics.
- Quantitative results were analyzed via Qualtrics statistics and qualitative results via thematic content analysis.

Results

Quantitative: While nearly four out of five (78%) of participants report they understand the concept of cultural humility, nearly half (46%) report not feeling prepared to provide culturally humble care.

Qualitative: Participants report a range of barriers hindering their preparedness to utilize cultural humility in practice.

Social Barriers: Emerging OTs express concerns about starting cultural conversations, offending their clients, and having explicit or implicit bias.

"[I am] curious to learn more [about client culture], but also don't want to feel intrusive or like I'm putting them [clients] in a position where they feel a burden of educating."

"I want to ask more questions [about a client's culture], but it can feel uncomfortable… and I don't want to offend anybody."

"I don't know how to explicitly bring it up without [saying] "tell me about your culture."

"[I'm concerned about] understanding how to control my bias [when working with diverse clients]."

"I worry about not asking enough questions about clients' culture during evaluations and therefore not setting up interventions that include their culture."

Environmental Barriers: Emerging OTs express concerns about language and time constraints, along with a physical lack of exposure to diversity in their community.

"A barrier for me [to treating diverse clients] is that I live in an area that is not very culturally diverse… so different cultures 'shock' me a bit."

"[When working with clients of different cultures], I have a fear of disrespecting them or making assumptions based on stereotypes I have heard or grew up around."

"[A barrier to providing culturally humble care is] not enough time in treatment sessions to explore cultural difference and gain an understanding."

Educational Barriers: Emerging OTs express concerns about a lack of knowledge, hands-on practice, and open conversations at school.

"Culture is so complex that it is easy to mis-step. Little habits may be culturally insensitive. I want to be culturally sensitive, but sometimes lack awareness…"

"I understand the concept [of cultural humility] but lack the practical pieces of it."

"[A barrier to providing culturally humble care is] simply being uneducated and not having access to resources to better understand different cultures."

Conclusions

Bolstering existing research, this national study identifies specific gaps in cultural humility education within occupational therapy (OT) programs. Although emerging OTs report familiarity with the concept of cultural humility, many do not feel adequately prepared to translate this knowledge from the classroom into clinical practice.

Multiple barriers contribute to this gap, including language differences, implicit bias, limited resources, and insufficient exposure to diverse populations. Collectively, these social, environmental, and educational factors hinder preparedness and the effective application of culturally responsive care.

Given the complexity of teaching and operationalizing cultural humility, these findings suggest a need for enhanced pedagogical approaches, particularly those that are interactive and experiential in nature. Insights from this study have been synthesized into an educator guide designed to highlight student needs and support the development of more effective strategies for engaging with diverse client populations.

Limitations: Participant responses may have been influenced by social desirability bias, and some respondents provided only partial survey data, which may impact the completeness of findings.

Recommendations: Given the knowledge gap among students, future scholars should explore the use of *cultural competemility,* a concept developed by Dr. Josepha Campinha-Bacote describing a blend of competence and humility to promote better learning outcomes (The Process of Cultural Competemility, 2022). Researchers should also compare different educational approaches to cultural humility to determine their effectiveness in preparing students for clinical practice.

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References