

**Receptivity and Readiness for Cultural
Competence Training among the
Human Service Professions in Hong Kong**

Research Report

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Executive Summary

INTRODUCTION AND BACKGROUND

1. This research aimed to examine understandings of cultural competence among human service professionals (including nurses, physiotherapists, occupational therapists, social workers, and school teachers) in Hong Kong, identify their needs and challenges in serving culturally diverse groups, explore their willingness and receptivity to receive cultural competence training, and identify best practices for providing cultural competence training.
2. The study involved two main components: 1) a systematic literature review of local and overseas literatures and documents about the practices and education associated with cultural competence, and 2) qualitative in-depth interviews with key informants to learn about the understandings, receptivity, and readiness of Hong Kong human service professionals regarding training on cultural competence.

METHODS

3. The systematic literature review analyzed various local and overseas materials, including official documents on the promotion of equal opportunities for all people regardless of cultural and ethnic background, professional codes of practice and protocols for human service professionals in serving ethnoculturally diverse populations, news reports and research reports by statutory bodies, universities, and service providers about culturally competent practice, and academic journal articles describing the implementation, training, and effectiveness of cultural competence in professional practice.
4. Qualitative semi-structured interviews were conducted with 15 educators from local tertiary institutions providing training for the five human service professions, two representatives of trade unions and professional associations, and 31 managerial and frontline workers from human service professions.

RESULTS OF THE REVIEW OF DOCUMENTS AND LITERATURE

5. In the context of this study, ethnoculturally diverse groups generally refer to people from non-Chinese backgrounds. In the context of Hong Kong, these include immigrants from other countries/cultures and their Hong Kong-born offspring, refugee claimants, and foreign workers. The literature review revealed that the proportion of non-ethnic Chinese residents has increased in recent years and, as such, it is crucial to improve the level of cultural competence within human service professions.
6. Cultural competence is an evolving process of attaining cultural knowledge (knowledge about history, values, etc. of other ethnic groups), increasing cultural awareness (respecting other cultural attitudes) and having cultural sensitivity (being aware of differences and similarities among ethnic groups and not assigning values, i.e. 'better' or 'worse', to those differences or similarities). The reviewed documents and research identified current cultural competence practices and education among nurses, therapists, social workers, and teachers in Hong Kong and abroad.

Local cultural competence practices and education among human service professions

7. The literature review identified ethical principles or standards related to cultural awareness and non-discriminatory and equality measures for local nurses, social workers, and teachers, but revealed that local therapists generally lack professional guidelines in providing culturally competent services. In addition, local training is generally insufficient for students and frontline workers to carry out culturally competent services.

Overseas experiences in cultural competence practices and training in human service professions

8. Materials were reviewed on cultural competence practices and training in human service professions in the United States, Australia, Canada, and the United Kingdom, in order to understand how institutions and professions in these countries promote cultural competence. The review revealed that cultural competence is regarded as a compulsory professional standard and educational outcome in these countries. Additionally, scholars highly value the importance of cultural competence training, including a focus on its effectiveness and implications for the attitudes and values of students who will become human service professionals in the future. Recommendations include ensuring more frequent interactions between ethnoculturally diverse clients and students through multiple means, such as immersion approaches to training, in order to enhance cultural competence.

RESULTS OF KEY INFORMANT INTERVIEWS

Current practices and training on cultural competence and serving culturally diverse settings

9. Generally speaking, nurses, physiotherapists, and occupational therapists in Hong Kong are less exposed to culturally diverse service settings and have relatively fewer chances to receive cultural training compared to social workers and teachers. This is because social workers and teachers tend to spend more time working with non-Chinese clients or students, and therefore need to develop closer relationships with their service targets.
10. More precisely, nurses and physiotherapists are generally less concerned about being culturally sensitive when providing services, as compared to occupational therapists. This is because nurses and physiotherapists feel it is sufficient to fulfill their duties by following standardized procedures and protocols in hospitals when providing services for patients from all cultural backgrounds, while occupational therapists often need to engage in more personal communication with patients, including ethnoculturally diverse patients, as they need to develop and implement training activities or rehabilitation plans based on the needs of individual patients.
11. The extent of the implementation of culturally competent practice varies across professions and service areas. For example, psychiatric nurses might consider themselves more culturally sensitive than general nurses, because they need to build up rapport and maintain smooth communication with patients and their families in order to facilitate rehabilitation. Social workers affiliated with specialized units and agencies for non-Chinese groups tend to be more aware and knowledgeable of cultural issues in practice, compared to social workers in mainstream units. In short, it seems that in service domains requiring practitioners to interact more closely with patients and follow up individual cases, practitioners may be more aware of clients' cultural needs and be more proactive in supporting them with specific attitudes and approaches.
12. In terms of training on cultural competence, ethical principles of racial equality are generally touched upon in professional training curricula offered by local tertiary institutions. However, there are few specialized courses, activities, or practical training opportunities on cultural competence for students. For current practitioners, there are limited on-the-job training opportunities focused on serving ethnoculturally diverse groups, especially for local nurses and therapists. Social workers and teachers reported having more training on cultural issues and non-Chinese groups. However, both the quality and quantity of on-the-job cultural competence training are limited.

Needs and challenges in providing services to culturally diverse groups

13. The majority of human service professionals, especially those who have more direct communications with service targets, often face language barriers and various forms of cultural shocks when encountering the needs and cultural norms of ethnoculturally diverse clients. In addition, few professional support resources are available for these practitioners to develop a deeper understanding of their clients' heritage and perspectives, such as norms associated with diet, gender differences, and family dynamics.

Human service professionals' willingness to receive training on cultural competence

14. In general, nurses and physiotherapists report a lower willingness to receive training compared to other professionals, as cultural competence is not considered a priority issue. In addition, it seems that professionals' willingness will be stronger if they encounter more non-Chinese clients in their service settings and if their daily tasks require closer working relationships with clients (as is the case for occupational therapists, social workers, and teachers).

Best practices for providing cultural competence and related training

15. Key informants suggested that for students receiving professional training in tertiary institutions, cultural competence concepts and content should be integrated into regular courses in nursing, physiotherapy, and occupational therapy programmes. Social work and teaching professionals suggested the introduction of specialized course about cultural competence and serving ethnoculturally diverse groups. All professional groups, aside from physiotherapists, recommended increasing students' face-to-face interactions with ethnoculturally diverse groups through exchange programmes, site visits, overseas study trips, and so on. Key informants all agreed that it is effective to offer cultural competence training for students who are still undergoing training, rather than pushing frontline workers to receive more on-the-job training, as these workers do not have spare time to receive training and many of them already experience stress at work.
16. Nurses, physiotherapists, and occupational therapists suggested to provide frontline practitioners with more assistive materials, such as learning from guidelines instead of receiving training. Nurses would prefer attending one-off practical workshops, whereas physiotherapists and occupational therapists preferred receiving online training due to their tight working schedules. Social workers and teachers would like to attend interactive training courses offered in the form of workshop series.
17. Regarding the content of training activities, frontline practitioners all recommended having a substantial amount of practical elements. It was also suggested to invite some

experienced practitioners and non-Chinese clients to share their experiences and feelings of providing or receiving social services. However, the content of training curricula offered by tertiary institutions could be more theoretical, as students need to develop a deeper understanding of the rationale behind cultural competence and its importance in serving non-Chinese clients.

Facilitators and barriers to receiving cultural competence training

18. With respect to facilitating factors associated with cultural competence training, all key informants suggested that practitioners should be provided with incentives such as flexible work hours and professional recognition in order to encourage them to receive training. Additionally, if the content is applicable and specifically designed for individual human service professions rather than offering general programmes or activities for all professionals, training would be attractive as practitioners would feel that the activities are more relevant to them.
19. With respect to barriers to receiving training, heavy workloads experienced by professionals and infrequent encounters with non-Chinese clients were the main factors discouraging further training in cultural competence.

RECOMMENDATIONS

Suggestions for educational programmes for human service professions

20. Frontline practice in Hong Kong can present very high time and effort demands when graduates enter the field. Therefore, cultural competence training should begin early in professional training programmes offered by higher education institutions.
21. There exists an ongoing debate on the use of specific designated courses versus an infusion approach to cultural competence training. Previous literature suggests that cultural competence should be immersed in existing curricula, with research findings demonstrating the effectiveness of the infusion model of teaching in enriching students' cultural knowledge and enhancing their ability to work with ethnoculturally diverse groups. However, some key informants from social work and teaching professions supported the model of offering specialized courses on cultural competence and cultural issues. This approach would only benefit learners enrolled in these specific courses unless they are made compulsory in training curricula. In view of the inconclusive outcomes on the benefits of infusion approaches versus specific designated courses, more research is needed to assess the learning and related professional training outcomes associated with these two different models in higher learning institutions. Additionally, higher education institutions

and qualification accreditation or regulatory bodies should consider issues of curriculum change and program accreditation requirements.

22. As a quick ‘kickstart’ step, professional programs should develop specific courses to increase understanding of ethnocultural diversity issues when working with service targets. Caution should be taken in curriculum design so as to prevent unintentional stereotypes or stigmatization from being further perpetuated in the content and delivery of these courses.
23. For well-designed immersion or infusion approaches to be established and adopted, training for educators would be required to equip them with sensitivity, awareness, knowledge, and perspectives to enable them to decide how their respective training curricula could be adapted or modified to integrate cultural competence concepts and components alongside key professional practice content.
24. It is recommended that educators enrich students’ cultural knowledge and awareness and cultivate cultural sensitivity in a comprehensive way. Therefore, educators should not only teach students content about ethnoculturally diverse groups and principles such as diversity, social justice, and equality. They should also provide students with opportunities to interact with ethnoculturally diverse communities through multiple means, such as exchange programmes, service learning, site visits, and so on. This training should be both knowledge- and experientially focused, in order to strengthen students’ ability and sensitivity to work with people from diverse ethnocultural backgrounds.

Recommendations for on-the-job training for human service professions

25. The major challenge to cultural competence training for human service professionals is their tight and busy work schedules. Therefore, employers should provide time release to encourage practitioners to attend training. Formal training programs and certificates could be used as incentive to motivate a higher level of participation, and continuous education units or continuous professional accreditation mechanisms could be established for tracking professional development training received by various practitioners.
26. Regarding the content of training, covering factual knowledge such as cultural traits, customs, and taboos is not enough. Professional attitudes and sensitivity towards clients’ needs should be also emphasized in training for professionals, and understanding power differentials and various anti-oppressive and social justice perspectives are essential aspects of the theoretical base for culturally competent practice. Specific training content should be designed for each of the different human service professions, to ensure that training is more relevant and in alignment with the practice realities of practitioners from different disciplines.

Suggestions for institutional changes

27. In response to the lack of awareness or capacities to serve the ethnoculturally diverse groups on the part of mainstream organizations, it is suggested that all practitioners should improve their cultural competence regardless of the size of ethnoculturally diverse population they need to serve. Additionally, the services should be more user-friendly for the ethnoculturally diverse clients. For example, the interpretation services and information sheets should be available in English and certain ethnic languages whenever possible. A centralized pool of interpretative services should be established for all practitioners and service targets.
28. Ethnocultural diversity is a fact in Hong Kong's population. The government is obligated to regularize specialized social service units and projects serving culturally diverse groups, to ensure that access to services is more equitable and sustainably maintained. To respond to the problem that the current funding mode cannot benefit all primary schools with non-Chinese speaking students and the sustainability concerns of specialized social service units and agencies, resources should be equitably provided for schools and social service organizations to support them better serve culturally diverse service users, despite their relatively small population size among all service users. We recommend that for those schools with non-Chinese speaking students, a "Diversity Liaison Officer" should be appointed to be responsible for promoting diversity and inclusiveness, prevention of discrimination, equal opportunities and the psychosocial needs of the students.
29. To satisfy ethnoculturally diverse clients, we need to take up a "cultural competence lens" during each stage of the process. A cultural sensitivity screening framework should be formulated as an evaluation tool to examine if the existing policies, programs and services may fulfill the needs of ethnoculturally diverse clients. Thus, we recommend government departments, NGOs, and service units to regularly adopt the cultural competence lens to develop their practices and to review their status in order to ensure that their services are fulfilling the needs of all social groups, in terms of their human resource deployment, service and program delivery, organization structure, and logistic and administrative characteristics.
30. Codes of professional practice and professional protocols for local practitioners should be amended to explicitly require practitioners to be culturally competent in practice. Professional qualification criteria should also be adapted to make cultural competence training an essential training component in education and training curricula for human service professions.

31. Finally, other stakeholders such as public sector and media should help to reduce stereotypes towards ethnoculturally diverse groups in Hong Kong and help to enhance public awareness of the importance of cross-cultural acceptance and integration.

香港人本服務專業人士對文化能力訓練的接受程度及預備

行政摘要

研究背景

1. 此研究主要為瞭解香港人本服務專業人士（護士、物理治療師和職業治療師、社會工作者和教師）對於文化能力的理解，探究他們在服務少數族裔群體中的需要和困難，並探索他們對於文化能力訓練的接受程度，從而辨識適合他們的文化能力訓練之方式和內容。
2. 本研究包含兩個部分: (1) 綜述本地和海外關於文化能力的實踐和訓練之文獻，和 (2) 與香港人本專業人士進行深入訪談以探討他們對文化能力的理解、準備和接受程度。

研究方法

3. 綜述的文獻包括：(1) 本地和海外關於提供平等機會予少數族裔的政府文件、(2) 人本服務專業人士服務少數族裔的專業規定、(3) 法定組織、大學和社會服務機構有關文化能力的新聞及研究報告，以及 (4) 關於人本服務專業人士文化能力實踐、培訓和其有效性的期刊文獻。
4. 參與深入訪談的受訪者包括：15 位來自本地高等院校並提供訓練予五個人本服務專業的教師，兩位來自工會/專業團體的代表和 31 位從事人本服務專業的管理層或前線員工。

文獻綜述的結果

5. 在本研究中，少數族裔群體是來自非華裔背景的人士。在香港，這些人士包括其他國家或文化背景的移民與他們在香港出生的後裔、難民申請人、外地勞工等。通過綜述文獻，我們發現非華裔居民的數量每年都在上升，因此提升人本服務專業人士的文化能力至為重要。

6. 文化能力是一個不斷豐富文化知識（如關於不同族裔的歷史知識、價值觀等）、提升文化意識度（即尊重不同文化的態度）和促進文化敏感度（即意識到族裔間的不同或者相似點，並且不會對這些不同或相似點作出優劣評價）的過程。文獻綜述識別了現時本地和海外關於護士、治療師、社會工作者和學校老師對於文化能力的實踐與訓練做法。

本地人本服務專業對於文化能力的實踐和教學

7. 香港的護士、社會工作者和學校教師行業各自都有關於擁有文化意識度和平等觀念的倫理規定和守則，但是治療師行業缺乏關於提供跨文化服務的專業守則。此外，目前對於學生和前線人員的文化能力培訓並不足夠。

提升人本服務專業文化能力的海外經驗

8. 本研究亦綜述了美國、澳大利亞、加拿大和英國人本服務專業踐行及培訓文化能力的文獻，以瞭解這些國家的機構和專業人士是如何促進文化能力。綜述發現文化能力已被列入專業守則和教學綱要當中。此外，這些國家的學者極力推崇文化能力的培訓，並聚焦塑造未來從事人本服務專業工作的學生之態度和價值觀。學者建議可以通過不同方式如採用滲透模式教育方法（immersion approach）來增加學生與少數族裔的接觸，藉此提升學生的文化能力。

深度訪談的結果

目前本港人本服務專業文化能力的實踐和教學情況

9. 總體來說，與香港的社工和學校教師相比，護士、物理治療師和職業治療師較少接觸非華裔的服務使用者及接受文化能力訓練。由於社工和學校老師需要與非華裔案主/學生經常接觸，所以他們更注重與其服務使用者建立緊密關係。
10. 具體地，相對於職業治療師，護士和物理治療師對少數族裔時的文化敏感度較薄弱；對於他們而言，遵循醫院標準的程序和指引來服務不同文化背景的病人經已足夠。職業治療師需因應病人的需求設計訓練活動和制定康復計劃，所以要和病人（包括少數族裔）有更多的溝通。
11. 在每個專業裡的不同服務領域，文化能力的實踐情況也有不同。比如，精神康復領域的護士因為要和病人與家屬建立關係並保持順暢的溝通從而促進病人的康復，他們自認比一般的護士有更多的文化敏感度。再者，相比於服務主流族群的社工，專門服務少數族裔的社工會更留意文化問題及有更多知識處理這些問題。總體來說，

那些需要更多地接觸和服務少數族裔病人/案主的專業人士更加留意服務使用者的文化需求，並積極地採用特定的態度和方式來予以回應。

12. 在文化能力的訓練方面，儘管本地大專院校會在課程裡提及種族平等的倫理守則，但是缺乏提供專門關於文化能力的課程、活動或者實習。為護士以及治療師提供服務少數族裔的在職培訓尤其不足夠。相對來說，社工和學校教師則表示能夠接受更多關於文化問題和服務少數族裔方面的培訓。然而，這些在職培訓的數量和質量在提升他們的文化能力皆存在局限。

服務少數族裔群體的需求和困難

13. 大部分人本服務專業的人員，尤其是那些需要與服務使用者經常溝通的人員，會遇到語言障礙及關於少數族裔需求和文化傳統上的文化衝擊。此外，他們也缺乏相關支援以增加他們對服務使用者的傳統和觀念之瞭解，如飲食禁忌、性別差異和家庭互動模式。

香港人本服務專業人士對於文化能力訓練的接受程度

14. 總體來說，相比於其他人本服務專業的人員，護士和物理治療師對於文化能力訓練的接受程度較低，因為他們認為文化能力不是一個首要提升的範疇。除此之外，隨著專業人士遇到非華裔服務使用者的數量增加，以及工作內容中需要與更多非華裔服務使用者建立緊密關係，他們對於文化能力訓練的接受程度會有所上升（如職業治療師、社工和學校教師）。

香港人本服務專業人士對於文化能力訓練方式與內容的建議

15. 對於護士和治療師專業（物理和職業治療師）的學生而言，受訪者建議可以將文化能力的概念和內容納入大專院校的常規課程中。從事社工和教師專業的受訪者更傾向單獨設立一門關於文化能力和服務少數族裔的課程。除物理治療師外，其他人本服務專業的受訪者都認為應該通過海外交流項目、參觀、遊學等方式增加學生與少數族裔的面對面接觸。所有人本服務專業的受訪者均認為在學校為其專業的學生推廣文化能力訓練較為前線員工提供在職訓練更為有效；由於前線員工往往面對工作壓力，並無額外的時間和精力去參加培訓。
16. 相較於接受培訓，從事護士、物理治療師和職業治療師的受訪者希望得到更多的支援性材料，例如如何服務少數族裔的指引。就培訓形式而言，護士會更願意接受一次性的實踐工作坊；由於工作時間緊張，物理治療師和職業治療師則更傾向網上培訓；社工和學校教師則更有興趣參加以系列工作坊形式舉行的互動性之訓練課程。

17. 就培訓內容而言，前線員工建議培訓內容需具備相當程度的應用性；同時，可以邀請一些有相關經驗的員工和非華裔使用者來分享他們提供/接受服務的經歷和感受。他們亦指出，學校的教學則可以偏向理論化，因為學生更需要理解文化能力背後的原則和服務少數族裔的重要性。

促進和阻礙香港人本服務專業人員接受文化能力訓練的因素

18. 關於促進因素，所有受訪者都提議可以提供一些鼓勵性措施，如彈性上班時間及專業資格認證來鼓勵他們參加培訓。再者，訓練內容如能因應每一個人本服務專業的需求來設計及具備應用性，將會吸引更多專業人員參加。
19. 關於阻礙因素，沉重的工作負擔和遇到非華裔使用者的頻率較低是減低專業人員參加培訓積極性的因素。

建議

對於人本服務專業文化能力教育的建議

20. 香港人本服務專業的畢業生需要付出很多的時間和精力來應付日常的工作，所以文化能力訓練應該儘早在高等院校裡開展。
21. 對於開設專門化課程抑或採用滲透模式將文化能力訓練加入現有課程一直存在爭議。文獻綜述顯示文化能力訓練應滲入到現有課程進行。此外，深入訪談的結果也顯示，滲透模式可以有效地提高學生的文化知識和提升他們服務少數族裔的能力。但是，社工和學校教師的受訪者建議開設專門化課程教授文化能力及文化問題。如果單獨設立課程的話，除非該課程為必修課程，否則，就只有修讀這門課程的學生之文化能力可以得到提升。鑒於專門設立課程和採取滲透模式的優劣尚無定論，研究團隊認為有需要開展更多的研究來評估這兩種方式在大專院校的教學結果。除此之外，高等院校和專業資格認證及管理機構亦應考慮課程改良和教育認證規例的相關問題。
22. 在啟動階段，專業項目應該增設關於文化多樣性的課程。在課程設計中，應該注意避免能引致學生形成刻板印象或者偏見的內容和授課形式。
23. 為了更好地採用滲透模式教學，導師也應接受相關訓練以提高敏感度和意識、豐富知識及擴闊觀念，促進他們將文化能力的元素滲入到專業課程內容之中。
24. 在教授文化能力時，導師應著重豐富學生的知識、提高他們的文化意識和文化敏感度，這樣才能全面地提升學生的文化能力。因此，導師不僅要教授學生關於少數族裔的知識，以及多樣性、社會公義和平等倫理原則，還要提供機會給學生接觸少數

族裔群體，如通過海外交流項目、參觀、遊學等方式。這些訓練應該要知識和實踐並重，從而加強學生的能力和提升他們服務非華裔服務使用者的敏感度。

對於文化能力在職訓練的建議

25. 為前線員工提供在職文化能力訓練的最大障礙是他們緊張的工作時間和較大的工作強度，所以僱主應該給予員工更多的培訓時數以作鼓勵。將訓練項目正規化、頒發證書和建立專業發展認證機制來檢視培訓效果可以提高員工參與訓練的積極性。
26. 在培訓內容中單純涉及事實知識，如文化特徵、習俗和禁忌等並不足夠。回應服務使用者需求的專業態度和敏感度，以及理解權力差異和各種反壓迫與社會公義的觀點，是建立文化能力的重要理論基礎。訓練內容亦應根據不同的專業情況作針對性的設計，以確保訓練內容的相關性。

對於制度改善的建議

27. 因應現時主流機構缺乏服務少數族裔的意識和能力，我們建議不論他們服務的少數族裔使用者人口的數目，所有從業人員都需提升他們的文化能力。再者，機構的服務應該要便利少數族裔使用者，例如機構提供翻譯服務與英語及其他所需族裔語言的通告。此外，有必要設立一個為服務提供者與使用者的中央翻譯服務庫。
28. 香港的人口呈現多族裔的特性，所以政府應該將專門服務少數族裔的服務機構和項目常規化，以提高服務的公平性和持續性。因應現時的資助模式未能惠及所有有非華裔學生就讀的小學以及有關專門社會服務單位與機構缺乏可持續性等問題，我們建議所有的學校及社會服務機構須公平地獲得資助，以支援服務少數族裔使用者，儘管少數族裔較其他服務使用者的人數為少。此外，我們建議在每所有非華語學生就讀的學校設立「文化事務主任」，負責推廣文化多元的理念、促進平等機會、預防歧視、以及關顧學生的心理及社會需要。
29. 為滿足少數族裔案主的需求，我們需要在整個過程中採取一種「文化能力視角」。研究團隊建議開發一套文化能力檢測工具檢視現有政策、項目和服務能否滿足少數族裔需求。我們亦建議政府部門、非政府機構和相關服務單位定時採用文化能力檢測視角來建立他們的服務做法與檢視現時的服務狀態，以確保有關服務和措施在人力分配、服務或項目開展、體制架構和行政管理方面能滿足各社會群體的需求。
30. 再者，有關專業守則應包括對專業人員文化能力要求的規定。此外，文化能力訓練也需成為專業培訓中的一個重要元素。
31. 最後，其他持份者，如公共部門和媒體，亦可以幫助減少香港公眾對少數族裔的偏見，並提升公眾對於文化融合重要性的意識。

Chapter 1. Introduction and Background

Introduction

This study aims to gain an in-depth understanding of the receptivity and readiness of human service professionals in Hong Kong toward training on cultural competence, which is intended to strengthen service provision to ethnoculturally diverse groups. ‘Ethnic minorities’ in Hong Kong are officially defined as persons of non-Chinese ethnicity (Census and Statistics Department, 2012). Although the term ‘ethnic minorities’ is a commonly used term, some scholars have argued that the use of this term conveys a biased power differential between the dominant group and groups with less power. It can legitimize the social, political, and economic marginalization of these groups from ‘mainstream’ society and institutions. It can also suggest a population characterized by division rather than by ethnic diversity, while implying that the majority is undifferentiated in its customs, outlook, and access to power and influence. The term ‘minority’ connotes discrimination, and in its sociological use the term ‘subordinate’ can be used interchangeably with the term ‘minority’, while the term ‘dominant’ is often substituted for the group in the majority (Universities Scotland, 2010; Little, 2014).

Therefore, this study uses the term ‘**ethnoculturally diverse groups**’ to refer to people from non-Chinese ethno-cultural backgrounds. This aligns with the Census and Statistics Department’s definition of ethnicity, which refers to one’s cultural origin, nationality, language, and colour (Census and Statistics Department, 2012). In addition, ‘culture’ refers to a system of shared values that guides behaviour and helps to construct and attribute meaning (Yan & Lauer, 2008). The culture of an ethnocultural group is a factor associated with social networks and subsequent social capital (Marger, 2001; Yan & Lam, 2009). In the context of Hong Kong, ethnoculturally diverse groups may refer to a wide range of groups of different ethnic backgrounds, including immigrants from another culture/country and their Hong Kong born descendants, refugee claimants, and foreign workers. “Cultural competence” refers to an attitudinal and ethical sense that individuals and institutions are capable to respond respectfully and effectively to people of all cultures, languages, ethnicity, faiths and other attributes (Lum, 2011). Human service practitioners must have self-awareness in terms of his or her own personal values and cultural heritage, value differences and conflicts regarding cultural pluralism, and be aware of the cultures of others, especially clients. At institutional level, practitioners should be trained in the skills necessary for diversity-sensitive practice, and multicultural awareness and functioning are promoted in organizational structure and programs (Lum, 2011). To attain the broad aims of this study, focused on understanding the receptivity and readiness of Hong Kong human service professionals toward training on cultural competence, the following specific objectives are addressed:

- 1) To examine the understanding of cultural competence among different human service professionals, including nurses, physiotherapists, occupational therapists, social workers, and school teachers.
- 2) To identify the needs and challenges of human service professionals in Hong Kong in providing services to ethnoculturally diverse groups.
- 3) To identify the best practices for providing cultural competence and related content in training and professional development opportunities.
- 4) To identify facilitators and barriers related to the receptivity and readiness of human service professionals to receive cultural competence training.

Background

Demographics of ethnoculturally diverse groups in Hong Kong

According to the 2016 By-Census conducted by the Census and Statistics Department, there were 263,593 non-Chinese persons living in Hong Kong (excluding foreign domestic helpers), accounting for 3.6% of the general population (Census and Statistics Department, 2017). Compared to 2006, the ethnoculturally diverse population had increased by 41.1%. Officially, the category ‘ethnic minorities’ has been defined by the government as ‘non-Chinese residents’, and all ethnicities including Asians other than Chinese, Whites, mixed, and ‘others’ are therefore included in this category (see Table 1).

Ethnicity	Number	%
Asian (other than Chinese)	457,188	78.2
Filipino	184,081	31.5
Indonesian	153,299	26.2
Thai	10,215	1.7
Japanese	9,976	1.7
Korean	6,309	1.1
South Asians	84,875	14.5
Indian	36,462	6.2
Nepalese	25,472	4.4
Pakistani	18,094	3.1
Other South Asian	4,847	0.8
Other Asian	8,433	1.4
White	58,209	10.0
Mixed	65,255	11.2
Others	3,731	0.6
All ethnic minorities	584,383	
All ethnic minorities excluding foreign domestic helpers	263,593	

Table 1. ‘Ethnic minorities’ in Hong Kong by ethnicity, 2016

In 2016, their median age (36.3) among ethnoculturally diverse groups was significantly lower than that of the whole Hong Kong population (43.4) (see Table 2). The median age for Asian minorities was 36.4, which was still younger than that of the entire Hong Kong population. Large portions of the Asian minority population were aged 35 to 44 (35.2%) and 25 to 34 (33.3%), compared to 15.6% and 14.8%, respectively, for the whole population. The problem of population ageing is generally not as serious for the ‘ethnic minority’ population.

Ethnicity	Age group (%)							Median age
	<15	15-24	25-34	35-44	45-54	55-64	65+	
Asian (other than Chinese)	6.6	7.0	41.6	28.4	11.3	3.6	1.5	33.6
Indonesian	0.2	9.3	64.3	23.9	1.7	0.4	0.2	30.7
Filipino	2.2	3.0	34.5	36.5	19.0	4.3	0.5	37.7
Indian	20.2	10.4	25.1	20.5	10.9	6.1	6.8	33.0
Pakistani	39.6	11.8	20.4	17.0	4.5	3.5	3.3	24.2
Nepalese	21.6	15.3	23.7	23.3	11.1	2.9	2.1	32.1
Japanese	17.1	3.0	13.7	30.9	21.4	9.9	3.9	40.1
Thai	3.5	2.4	13.7	31.8	30.4	14.8	3.4	44.6
Korean	17.2	5.6	18.4	29.8	16.4	8.9	3.7	38.0
Other Asian	11.9	9.7	23.1	23.2	16.8	10.3	5.0	37.5
White	16.8	7.3	17.2	23.9	18.4	10.6	5.8	38.5
Mixed	37.3	17.3	14.4	11.5	10.0	4.8	4.8	21.0
Others	16.1	6.0	28.5	33.9	11.8	3.7	0.0	34.9
Whole population	11.6	12.4	15.3	16.1	18.2	13.0	13.3	41.7

Table 2. ‘Ethnic minorities’ in Hong Kong by ethnicity and age group, 2011

In 2016, 14% of ethnoculturally diverse groups in Hong Kong were born in Hong Kong, a higher proportion than in 2006 (11.1%) and 2011 (13.3%). Analyzed by ethnic group, mixed (63.6%), Pakistani (37.4%), Nepali (36.1%), and Indian (18.9%) groups had a higher proportion of persons born in Hong Kong. Additionally, a total of 44.6% of non-Chinese people had resided in Hong Kong for seven years or more, which was much lower than the rate of 86.8% for the general population. Nearly half of male non-Chinese people had resided in Hong Kong for 10 years or more, much higher than the proportion of females (28.3%). The proportion of female ethnic minorities residing in Hong Kong less than four years (41.6%) was higher than that of males (Census and Statistics Department, 2017).

In terms of language usage, there was a considerable difference in the language commonly spoken at home between ethnoculturally diverse groups and Chinese residents. Among ethnic minorities aged five and older, English was the language most commonly spoken

at home (45.6%), followed by Cantonese (30.3%), Filipino, Indonesian, Japanese, and others. Ethnic minorities were also more likely to join the labour force, with a labour force participation rate of 85.9% in 2016, significantly higher than that of the general population (60.8%). This is due to the number of ethnoculturally diverse people working as foreign domestic helpers. When domestic helpers are excluded, the labour force participation rate for ethnoculturally diverse groups would be 64.5%, still higher than that of Hong Kong's general population (Census and Statistics Department, 2017). Furthermore, the labour force participation rate of Asians other than Chinese was 89.9%, which was relatively higher than for other ethnic groups. The male labour force participation rates for most ethnic groups exceeded 60%, while rates for females varied across ethnic groups.

With respect to monthly income from main employment, after excluding foreign domestic helpers, the median monthly income for ethnic minorities was \$20,000 in 2016, significantly higher than that of the whole working population (\$15,000). However, there are clear variations across ethnic groups, and the median monthly income for some groups was lower than the whole population. For example, the median monthly income for Pakistanis and Nepalese were \$12,800 and \$14,500 respectively, slightly less than that of the general population, while the median income for Indian people was as high as \$26,250, the fifth highest group after Whites (\$58,000), Koreans (\$50,000), Japanese (\$40,000), and other mixed people (\$30,000) (Census and Statistics Department, 2017).

Poverty among ethnoculturally diverse groups has become an issue of concern for the government, social service providers, and the general public. In recent years, there have been calls and demands for poverty alleviation measures to tackle poverty faced by ethnoculturally diverse groups. The government published the *Hong Kong Poverty Situation Report on Ethnic Minorities* in 2015 (Government of HKSAR, 2015), the first exclusive and comprehensive government report on the poverty situation of ethnic minorities, with particular attention to South Asian groups. In 2014, there were 2,200 South Asian households with children and a population of 11,600 living in poverty, with a poverty rate of 48.1% before policy intervention. These figures decreased to 1,500, 7,400, and 30.8%, respectively, after policy intervention. These figures suggest that ethnic minorities were in a less advantageous condition, compared to the poverty rate for overall households with children in Hong Kong in the same year (16.2%). Additionally, ethnoculturally diverse households with children living in poverty were visibly larger (58.1%, compared to 15.4% for overall poor households with children), and the proportion of working members was markedly lower. Among older people aged 65 and above, the poverty rate for ethnoculturally diverse groups in 2014 was 37.3% before policy intervention, and 22.4% after intervention, lower than for the general population (47% and 30%, respectively).

The Report highlighted some key points regarding poverty among ethnic minorities. Although the post-intervention poverty rate was 13.9%, lower than the overall poverty rate

(15.2%) after recurrent cash interventions, the rate for South Asians was 22.6%, higher than that of rates for the overall Hong Kong and other ethnoculturally diverse populations. South Asian households were generally self-reliant but subject to a higher poverty risk as they often relied on the support of relatively few family members. Constrained by lower educational attainment, working household members took up mostly lower-skilled jobs, resulting in limited employment earnings and household income. Language barriers (e.g. low Chinese language proficiency) could hinder their upward socioeconomic mobility, as well as affecting their community involvement and use of support and welfare services or financial assistance (Government of HKSAR, 2015). However, Raees Baig, a social work scholar from the Chinese University of Hong Kong, responded to the situation of poverty among Hong Kong ethnoculturally diverse groups by pointing out the lack of racial sensitivity in government policies: “You see the shift in government rhetoric. Because of poverty, the government is pushing to expand the labour force,” with people being pushed over the poverty line “into the working-poor category”. Additionally, “It’s obvious in the most recent policy address there is nothing on the social aspect of integration and anti-discrimination” (Ngo, 2016).

Social integration and experiences of ethnoculturally diverse groups in Hong Kong

The government and most citizens of Hong Kong usually consider Hong Kong a cosmopolitan city, officially positioned as “Asia’s World City”: “Hong Kong is a free and dynamic society where creativity and entrepreneurship converge. Strategically located in the heart of Asia, it is a cosmopolitan city offering global connectivity, security and rich diversity, and is home to a unique network of people who celebrate excellence and quality living”.¹ Nonetheless, this is in reality a superficial description of a city where people from different cultural backgrounds are living together (Kwok & Law, 2016). Core principles of multiculturalism, including equality of freedom, equality of life chances, freedom from discrimination, mutual respect, and receptiveness, are missing in Hong Kong. Apart from the challenges they face in their daily lives, many members of ethnoculturally diverse groups, particularly those of South Asian and other Asian descent, experience hindrances to equal opportunities in education, employment, and accommodation largely owing to linguistic and cultural differences.

The Race Discrimination Ordinance, which outlaws discrimination on racial basis, was enacted in 2008 and came into force in 2009. However, it is relatively passive and has not played an active role in facilitating racial equality and social integration (Kwok & Law, 2016). Erni and Leung (2014) suggest that legislation encompasses far more than the enactment of anti-discrimination ordinances. It is not enough to outlaw discrimination. Rather, it should be combated by ensuring pro-diversity provisions aiming at rebuilding social institutions and transforming cultural discourse about ethnoculturally diverse groups in society. O’Connor (2013)

¹ <https://www.brandhk.gov.hk/html/en/BrandHongKong/WhatIsBrandHongKong.html>

discusses shortfalls in the legislation, noting that even after the success of the decade-long battle for anti-racial discrimination legislation, there are gaps regarding language discrimination and the rights of ethnic minority youth in education, with many school leavers unable to find and secure skilled work or access higher education and facing risk of involvement with criminal gangs, substance abuse, and social and economic deprivation.

One of the most shocking incidents related to ethnoculturally diverse groups in Hong Kong was the killing of an unarmed homeless Nepali man by police officers in 2009. This was “an extreme example of how ethnic minorities can become dismissed outcasts in Hong Kong society” (O’Connor, 2013, p. 44). In response to these problems, which have persisted after the legislation outlawing racial discrimination, Erni and Leung (2014) suggest a strong socio-legal framework combining an anti-discrimination ordinance with other progressive legal provisions aimed at rebuilding the city’s infrastructure in education, housing, law enforcement, immigration and refugee policy, media programming, and intercultural learning. Moreover, there is a need to re-contextualize Hong Kong’s ordinance, which was set within a human rights framework that was originally led by the United Nations and has been established for many decades. This would give rise to a better understanding of what constitutes racism, what governments and the law can do to combat it, and how ethnoculturally diverse groups and indigenous peoples can make use of it to protect themselves.

Research Questions

The following research questions were identified to explore different dimensions related to the cultural competence and readiness of human service professionals:

- 1) What is the extent of cultural competence as perceived by different human service professionals?
- 2) What are the needs and challenges of human service professionals in working with ethnoculturally diverse groups?
- 3) What are the best practices for providing cultural competence and related training and professional development, and what is their relevance to Hong Kong’s context?
- 4) What are the facilitators and barriers related to the receptivity and readiness of human service professionals toward cultural competence training?
- 5) How could cultural competence be more effectively promoted and enhanced among human service professionals?

Analytical Framework

This study used the Cultural Competence Attainment Model proposed by McPhatter (1997) as its analytical framework. This model considers the ways in which practitioners can move toward cultural competence, and views achievement of competence as a long-term, ongoing developmental process involving thinking, feeling, sensing, and behaving. This model delineates

three interconnected components or dimensions, with each considered an essential part of cultural competence:

- 1) **‘Enlightened consciousness’** involves reorienting or restructuring one’s worldview and belief systems and considering aspects of one’s own culture in order to understand other cultures. This draws attention to the influence of socialization, previous environments, and interactions with cultural difference.
- 2) A **‘grounded knowledge base’** involves critical analysis of gaps and weaknesses in one’s knowledge and content and biases of previous education, and the development of new knowledge (of different cultures, social issues affecting different groups, dynamics of oppression and discrimination, alternative theoretical and practice perspectives, etc.) based on information from diverse communities, institutions, and disciplines.
- 3) **‘Cumulative skill proficiency’** involves the ongoing development of skills and worldviews, cross-cultural communication, multi-level analysis and intervention, and engagement with culturally diverse clients. This is a focused, systematic, and reflective process.

In addition to the Cultural Competence Attainment Model, models of social values learning and development in the human services formed part of a broader conceptual framework intended to facilitate understanding of the extent of cultural competence (and related values and influencing factors) among human service professionals. The first such model is Bargal’s (1981) model of social values development in social work practice. Social values development is a long-term process involving interaction between practitioners’ background, needs, and motivations and their institutional and organizational contexts. Bargal’s (1981) model focuses on five ‘stages:

- 1) **‘Antecedent factors’**, including socioeconomic background, early life experiences, and personality factors.
- 2) **‘Anticipatory socialization’**, involving socialization to professional norms and values as well as anticipation, perceptions, and images of one’s profession and role.
- 3) The **‘professional training period’**, referring to the influence of educators and the organizational and interpersonal arrangements of educational institutions.
- 4) The **‘work in a professional organization’** stage, including the influence of professionals and administrators on professional and personal norms and values.
- 5) **‘Crystallization of a professional worldview’**, referring to the substantiation of one’s professional values and potential tensions between personal and professional values.

The second guiding model is Haynes’s (1999) framework for teaching social work values, which involves four dimensions: personal, social, political, and professional. The learning process involves the examination of personal assumptions and biases, as well as open and accepting institutional environments. For social and professional values, learning involves

understanding of professional values within the wider social context and the values of other groups. Political values attend to social realities of oppression, discrimination, and social change actions modelled by educators, mentors, and practitioners in learning (Haynes, 1999).

The elements, facilitators, and provisions in these models guided this study to address concepts related to cultural competence and training, and also provided a framework to inform the systematic literature review and data collection. Following these models, this study considered aspects of personal background characteristics, previous training, content of cultural competence, approaches and skills in encountering and accepting difference, and personal and professional values and norms.

Chapter 2. Research Methods

This study consists of two parts: a) a systematic review of previous academic literature on cultural competence in human services in Hong Kong and international contexts as well as policy papers, legislation, and regulations related to ensuring equal opportunities and prevention of racial discrimination; and b) qualitative key informant interviews with educators or trainers, representatives of trade unions or professional associations, and individual professional practitioners from five human service professions, including registered and enrolled nurses, physiotherapists, occupational therapists, registered social workers, and school teachers.

Systematic Literature Review

A systematic review of literature was conducted in order to learn about the theories, background, issues, and systems concerning the development and enhancement of cultural competence in professional practices, as well as ‘best practice’ approaches developed by service providers supporting culturally diverse users. This study aims to understand the extent of cultural competence among different human service professionals, and to review the content and effectiveness of existing cultural competence and related training in various professions and development programs (as outlined in the research objectives). A particular focus of this systematic literature review was on overseas experiences and practices. By using major keywords including ‘cultural competence and training’, ‘cultural competence and practice’, and ‘cultural competence and professional regulations’ in combination with the five professions identified above, searches were conducted of newspaper reports, professional codes of practice, and empirical research studies from other jurisdictions.

The aim of this process was to understand successes and challenges in implementing culturally competent human services and to identify potential lessons for human services in Hong Kong. This literature review informed an understanding of the necessity and importance of cultural competence in culturally diverse societies, such as Hong Kong. The review focused on literature describing or produced by government departments, statutory bodies, tertiary institutions, social service agencies, and individual practitioners from the five professions identified above, in order to understand awareness, measures, guidelines, and training developed in response to diversifying practice environments, both in Hong Kong and internationally.

This literature review followed a ‘**systematic scoping review**’ strategy. Scoping reviews are commonly used to clarify the working definitions, key concepts, and conceptual boundaries of a topic or field and to map the main sources and evidence available (Peters et al., 2015; Tricco et al., 2016). This strategy is particularly useful when a body of literature is complex and diverse or has not yet been comprehensively reviewed (Peters et al., 2015), as is the case with the topic of this study. Scoping reviews can also be used to map a body of literature with relevance to time period, location (e.g. country or context), source (e.g. peer-reviewed or grey literature), and

origin (e.g. discipline or academic field) (Peters et al., 2015). The strategy used in this study integrated a ‘scoping’ approach, to provide an overview of key concepts and evidence on the topic, with a ‘systematic’ approach that focuses on particular criteria or questions of interest (i.e. interventions and outcomes) (Peters et al., 2015; Tricco et al., 2016).

The systematic scoping review process began with the development of the review protocol and reporting tool. As the scoping review process is an iterative one, the protocol/tool was updated as needed over the course of the literature search and review process (Peters et al., 2015). The protocol was guided by the following questions:

- 1) What are the cultural competence issues encountered by human service professionals related to serving and interacting with persons with different ethnocultural backgrounds?
- 2) What are the best practice protocols and processes adopted in developing and providing culturally competence training and professional development?
- 3) What are the considerations and practices involved in designing and providing cultural competence training and professional development?
- 4) What are the challenges and controversies faced by these stakeholders?
- 5) What are the facilitators and barriers related to successes and failures of cultural competence training and professional development?

The search strategy covered both published and unpublished (‘grey’) literature. Relevant databases were identified and searched using key words (identified based on a review of results from an initial limited search of a few key databases). The reference lists from all identified literature were reviewed for additional sources. Subsequent paragraphs (below) detail the results of the review process, including descriptions of search results, study selection, full retrieval, and final summary presentation (Peters et al., 2015).

Qualitative Key Informant Interviews

To understand different perspectives, constructed meanings, views and experiences, and strategies regarding cultural competence and related training, in-depth key informant interviews with a range of human service stakeholders were conducted for this study, based upon a qualitative **constructivist grounded theory** research design. This approach aims to investigate, explain, and understand the phenomenon or meanings that individuals create around their perspectives, values, attitudes, experiences, life histories, and ways of being. This approach moves beyond the individual to understand the meanings that groups of individuals attach to their experiences and the environment. As this study focuses on human service professionals as a community, this approach aligned well with the research questions identified above. It captures the patterns of individuals’ lives in conceptual categories through participants’ voices, while discovering other patterns that might not be obvious to participants (Charmaz, 2000; Mills, Bonner & Francis, 2006).

Through these interviews, facilitators and barriers related to the receptivity and readiness of professionals in providing culturally competence services, as well as their needs and challenges, were identified. These professionals have substantial knowledge, views, and experiences related to cultural competence and human services in Hong Kong, and in-depth interviews provided understandings of this knowledge and associated views and experiences. A list of broad questions was used as a guideline for the interviews. Based upon the answers provided, probing questions were used to solicit more in-depth information and specific examples, scenarios, and descriptions of issues raised by participants. The interview questions included:

- 1) What is your understanding of ‘cultural competence’ in your professional practice?
- 2) What are your experiences in implementing or providing services for ethnoculturally diverse groups?
- 3) What are the examples of both success and failures of cultural competence in the provision of human services in your profession?
- 4) What are the common attitudes and perspectives of Hong Kong human service professionals toward clients of different ethno-cultural backgrounds? What are the reasons behind these perspectives and attitudes?
- 5) What is your perspective on service provision for ethnoculturally diverse groups in Hong Kong? (Follow-up questions: What are the challenges to serve clients of different ethno-cultural backgrounds? Are their needs being met by available services? Are their cultures or norms acknowledged and respected by professionals?)
- 6) What has been your experience in education or training related to cultural competence in your profession?
- 7) To what extent do you think that human service professionals in Hong Kong are ready and receptive in receiving cultural competence training? In providing culturally competent services?
- 8) How could cultural competence be further developed and enhanced in human services in Hong Kong? Who should be the stakeholders responsible for promoting cultural competence?
- 9) What are the facilitators or barriers for you to receive cultural competence training?

Research Participants and Sampling

Interview participants included human service professionals responsible for providing support to ethnoculturally diverse groups, and other stakeholders influencing support and service provision, including educators or trainers from tertiary institutions and representatives of trade unions. These human service professionals were: 1) registered and enrolled nurses, 2) physiotherapists, 3) occupational therapists, 4) registered social workers, and 5) school teachers (at kindergarten, primary, and secondary levels).

The rationale for selecting these five human service professions was based on their association with, and response to, the daily life concerns of ethnoculturally diverse groups in Hong Kong. The focus on these professions considers the particular needs and challenges of ethnoculturally diverse groups in areas of healthcare, social services, economic wellbeing, and education – and therefore the specific importance of cultural competence among human service professionals in these areas. For example, ethnoculturally diverse groups in Hong Kong struggle to have equal access to healthcare services due to language, cultural, and religious barriers in service settings (Kapai, 2014). They often experience discrimination in using these services because of differences in race, culture, and language. For instance, the lack of access to materials in different languages deprives ethnoculturally diverse groups of access to essential public health services, and cultural differences prevent them from engaging with the healthcare system (Lee, 2013).

Some social service providers face limitations in providing sensitive and competent support to ethnoculturally diverse populations, in areas such as family dynamics related to gender roles or helping individuals to look for employment (Kapai, 2014), as well as in areas such as poverty relief, social security applications, employment assistance, and other social supports. Finally, education opportunities for ethnoculturally diverse young people are a primary concern for families and communities, but these young people often face problems with a lack of school places, language barriers, and adaptation (Erni & Leung, 2014). These findings illustrate the significance of understanding and strengthening cultural competence among nurses, physiotherapists, and social workers in health and social care systems, as well as among occupational therapists and teachers supporting socio-economic opportunities and outcomes. It also illustrates the importance of culturally competent responses not only at the level of individual practitioners, but also among professional associations and educators or trainers.

Interview participants were identified using a purposive sampling method. Individuals had to be an educator or practitioner in the professional fields to be included in the study, as noted in the first paragraph of this section. Attempts were made to include a balance of very experienced and less experienced practitioners or educators, in order to capture a range of experiences and perspectives from a more diverse participant group. To identify and recruit participants, the research team worked with existing social and professional networks from the five professional fields, including officers from academic institutions, research experts in these fields, and human service professionals in managerial and frontline positions. For example, Hong Kong Polytechnic University offers professional training in nursing, physiotherapy and occupational therapy, and social work, all under the Faculty of Health and Social Sciences. Therefore, the research team were able to contact educators, academics, and professionals from these fields who are experts in cultural competence and multicultural practice. Additionally, the research team members' personal and professional networks enabled the recruitment of

representatives from trade unions as well as human service professionals. Although generalizability is not regarded as a common concern in a qualitative study, it is within the limitations of purposive sampling method that the findings may not be generalized to all professionals.

Table 3 presents the total number of informants from each major stakeholder category. The research team conducted 48 interviews, including 15 educators from tertiary institutions, two representatives of trade unions and professional associations, and 31 managerial and frontline workers. As board members and officers in charge of professional registration and regulatory bodies did not accept invitations to express their views on behalf of their institutions, the research team was unable to interview any of them.

Key informants	Number of participants
Educators/trainers from tertiary institutions training human service professionals	Nursing: 5 Social work: 4 Teaching: 4 PT/OT: 2 Total = 15
Representative from trade unions and professional associations	PT: 1 Nursing: 1 Total = 2
Managerial and frontline workers serving ethnoculturally diverse groups <ul style="list-style-type: none"> • Registered or enrolled nurses • Physiotherapists and occupational therapists • Registered social workers • School teachers 	Social workers: 9 Teachers: 8 Nurses: 7 PTs/OTs: 7 Total = 31
Total number of key informant interviews	48

Table 3. Total number of informants from different stakeholder groups

Data Analysis

Interviews were audio-recorded after obtaining informed consent from each informant. Key themes and concepts were identified, and quotations as key evidence of support of the themes were identified and reported in the results. Memo-writing and further data collection were conducted to explore and examine emergent insights (Charmaz, 1995, 2006), and themes were continuously reviewed and identified until the point of theoretical saturation. To achieve scientific rigor, internal validity, external validity, reliability and objectivity were assessed based on principles of credibility, transferability, dependability, and confirmability, with details of these principles fully discussed by qualitative researchers (Lincoln & Guba 1985; Sandelowski, 1986).

Chapter 3. Results of the Literature Review

Overview of Literature Reviewed

A systematic literature review was conducted on the training and implementation of cultural competence among five human service professions in Hong Kong and other countries. The materials reviewed included official documents outlining policies on facilitating equal opportunities for all people regardless of ethnic background, and guidelines governing the ethics and values of human services in serving culturally diverse populations. Materials on the local context mainly include statistics on ‘ethnic minorities’, news report on experiences of non-Chinese residents in receiving social services, research reports by statutory bodies, universities and NGOs, and a few academic journal articles. There are relatively few academic publications exploring experiences of cultural competence practice and training for human service professionals in Hong Kong. Most existing publications focus on the need for cultural sensitivity among professionals and efforts to avoid discriminatory practices.

In contrast to local materials, more academic literature was identified on cultural competence among nurses, teachers, social workers, and occupational and physiotherapists in other jurisdictions. Overseas researchers have conducted more in-depth studies on professional cultural competence. This enables the comparison of policies, training content, professional guidelines, professional and social norms, and training outcomes with regard to cultural competence among human service professions in Hong Kong and overseas.

Documents related to local professional bodies on ethics and provisions related to multicultural practice were mostly obtained through Internet searches. Other documents and information related to cultural competence among human service professionals in Hong Kong were also retrieved mainly from the Internet and existing collections of hard copies held by the research team. With respect to literature on overseas experiences, codes of practice and other best practice approaches were retrieved mainly through Internet searches, and published scholarly journal articles were obtained through academic e-resource databases provided by Pao Yue-Kong Library at PolyU.

Previous research studies on ethnoculturally diverse groups in Hong Kong

In the past decade or so, a number of academic and policy studies have examined the experiences of non-Chinese ethnic minorities in Hong Kong, with most focusing on South Asian residents and conducted jointly by tertiary institutions and NGOs providing services to ethnic minorities. These studies mainly concerning the disadvantages and challenges facing ethnic minorities in their daily lives, such as subjective wellbeing, equality in employment, job safety, discrimination, support for women, discrimination and public attitudes toward different ethnicities, and most commonly, educational opportunities and prospects for children and youth.

This is because children and youth account for the majority of ethnic minorities in Hong Kong (20.1% of Asian minorities were aged 15 to 34 in 2016, excluding foreign domestic helpers) (Census and Statistics Department, 2017). Additionally, educational opportunities and upward mobility of minority youth are major social problems, given difficulties in learning the Chinese language and being streamed into English language education, which limits their prospects to access even vocational courses. Many school leavers are thus unable to find and secure skilled work or access higher education, and end up being employed in menial labour (O'Connor, 2013). Therefore, service providers and researchers may pay more attention to the future development of ethnic minority young people.

As for themes of social inclusion, family life, and health of ethnoculturally diverse populations, various studies have conducted in-depth investigations through surveys and interviews with stakeholders. Ku, Chan, and Sandhu (2005) examined culturally sensitive education practice with South Asian ethnic minorities in Hong Kong. In 2005, the Hong Kong Council of Social Services produced a resource book on facilitating social integration of ethnic minorities, and in 2005 Caritas Hong Kong published *The Family History of South Asians in Hong Kong*, emphasizing the need to understand family history, structures, and values for delivering effective services and removing cultural barriers among social service providers. In terms of healthcare services, the Centre for Social Policy Studies of Hong Kong Polytechnic University and SKH Lady MacLehose Centre (2007) conducted a study titled *Health Care Access for Pakistani Women and Children in Hong Kong*, which investigated patterns of health service utilization by Pakistani women with children and identified barriers to accessing healthcare services. The Department of Applied Social Sciences of Hong Kong Polytechnic University and Hong Kong Christian Service (2007) conducted a similar study on ethnic minority women, to understand family history, structures, and values in order to deliver effective service and remove cultural barriers.

The research studies mentioned above mainly discuss how South Asian ethnic minorities could be better integrated into Hong Kong society, how their wellbeing and rights could be protected, and how services could be delivered to them in a more efficient and culturally sensitive manner. Additionally, there have been attempts for service providers and research to enhance public understanding of the origin of ethnic minority residents in Hong Kong by studying their family history. As for the research subjects, most of these studies focus more on young women and housewives, and young children. There highlight concerns about barriers to accessing public healthcare services (Centre for Social Policy Studies & SKH Lady MacLehose Centre, 2007).

Nonetheless, there is a research gap regarding the cultural competence and cultural sensitivity of human service professionals in Hong Kong and their provision of services for ethnoculturally diverse groups. There is also lack of research specifically focusing on the use of

social and public services by these groups, aside from some petitions and policy papers released by legislators, voluntary groups, and NGOs regarding barriers encountered in hospitals and social service units, as covered in the other parts of this documentary review. Hence, there is a need to fill up this research gap by conducting a comprehensive and evidence-based study of the cultural competence of human service professionals and their agencies, and the ways in which this affects service users.

Overview of local cultural competence

Multiculturalism is not a new concept in Hong Kong. While the population of over 7 million is mainly composed of local Chinese, the proportion of non-ethnic Chinese residents increased from 5% in 2006 to 8% in 2016 (CSD, 2016). This stemmed from Hong Kong's colonial history, 'Sinicization' after return of sovereignty, and globalization trends (Law & Lee, 2012). This has resulted in a society of diverse cultures and backgrounds, including Confucian traditions and South Asian rituals and beliefs (Jackson, 2014). South and Southeast Asians, usually identified as 'ethnic minorities', have historical roots in Hong Kong and have been recognized by most local Chinese as part of the community. Many non-Chinese view Hong Kong as their home, compared to their hometown (EOC, 2012).

Despite being branded as Asia's 'world city', and despite the introduction of the Race Discrimination Ordinance (RDO) in 2008, "the city has never embraced or celebrated its social diversity" and it is often reported that ethnoculturally diverse groups experience difficulties adapting to the community in various aspects, including employment, education, and health care (O'Connor, 2010). NGOs have urged the SAR Government to develop legislation to guarantee more rights, employ more 'ethnic minorities' as civil servants, and address cultural sensitivity as an important issue.

The stigmatization of ethnoculturally diverse groups in Hong Kong is institutionally entrenched, for multiple reasons. A 2005 survey revealed that the majority of respondents thought that non-Chinese people were jobless, some thought that non-Chinese people were smelly and dirty, and some would rather stay away from them in public spaces or transportation. Historically, British colonial authorities in Hong Kong categorized white "civilization, development, elegance, wisdom and rationality" in contrast to other races' "cruelty, vulgarity, stupidity and irrationality" (Law & Lee, 2012). Similarly, Hong Kong Unison's survey (2012) found that some respondents excluded 'ethnic minority' people from 'Hong Kong' identity. The Zubin Foundation (2015) described a hierarchy of race in Hong Kong, shown in Figure 2. South Asians, who are mostly of darker colours, fall in the lower societal levels and receive lower acceptance.

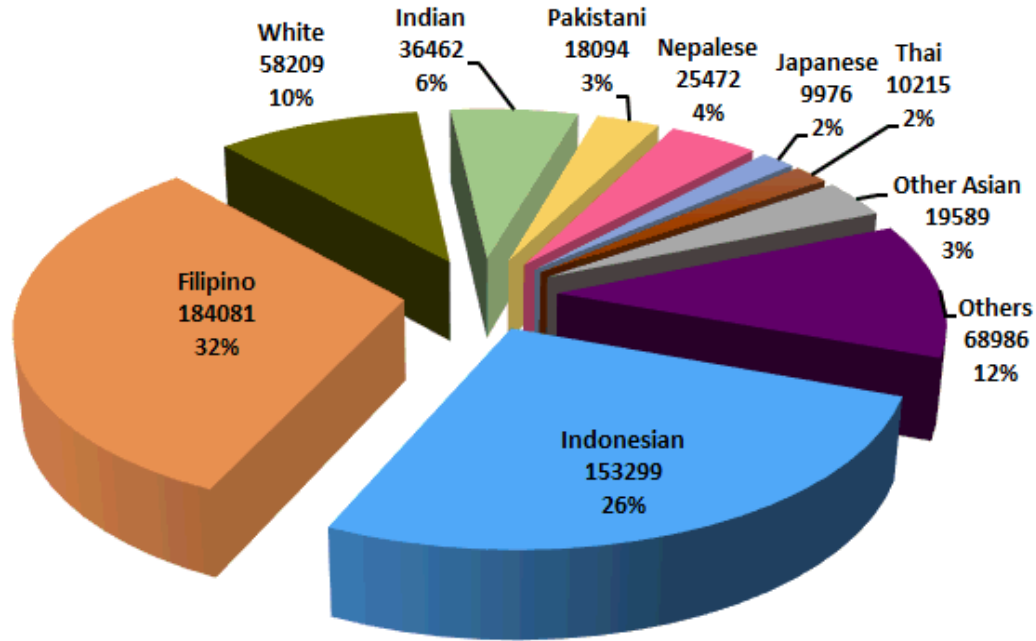
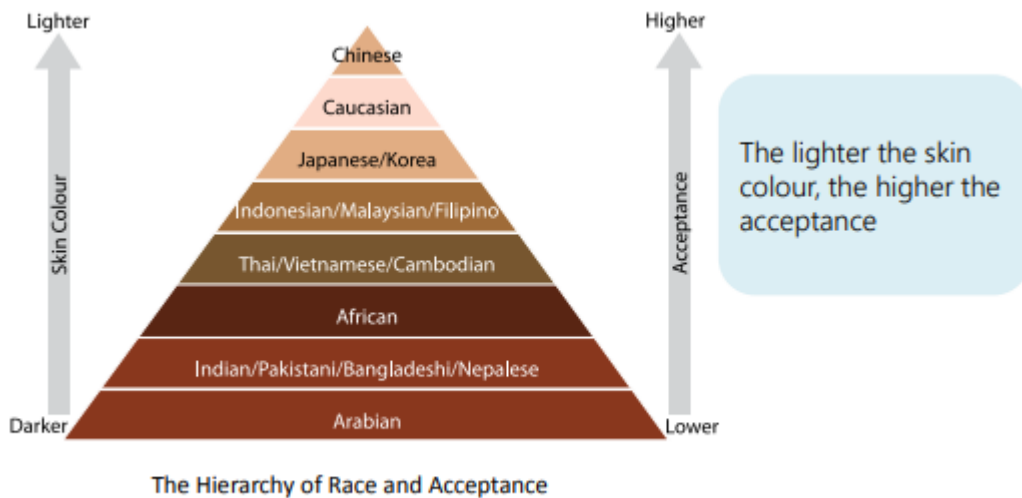


Figure 1. Demographics of ethnoculturally diverse groups in Hong Kong, 2016 (Source: Home Affairs Department, 2016)



Source: Perceptions of Ethnic Minorities and Self-Perceptions

Figure 2. The hierarchy of race and acceptance (Source: The Zubin Foundation, 2015)

Presently, Hong Kong’s integration policy is overseen by the Home Affairs Department (HAD) and implemented through its service centres (Law & Lee, 2016). However, gaps exist in specific sectors. For example, in terms of education, there is a lack of alternatives to Chinese

language subjects for ethnic minority students in new secondary school system implemented since 2012 (EOC, 2012). Coinciding with the Equal Opportunities Commission's (EOC) findings (2012), overt or explicit discrimination has shifted to indirect discrimination. The sense of multiculturalism within the general public and among policymakers is still weak (Law & Lee, 2012). As Arat and Kerelian (2017) explain, Hong Kong's sense of multiculturalism is conceived in terms of demographics, statistics, and facts, instead of involving the implementation of substantial and defined multiculturally friendly social policies.

Over the years, as pointed out by a number of researchers, the government had done little to address issues of stigmatization and discrimination in Hong Kong, and has even reinforced them. Peterson (2007) commented that the RDO was HKSAR's 'backslide' on the human rights of culturally diverse groups, introducing a weaker definition of discrimination than the definition adopted in the Sex Discrimination Ordinance and Disability Discrimination Ordinance. Previous reports by the EOC reported that government bodies were biased against culturally diverse groups. For example, the government distinguished foreign domestic helpers (FDHs), who are mostly Indonesians and Filipinos and do not qualify for social welfare, from other 'ethnic minorities' and failed to couple FDHs' salary with the statutory minimum wage (Law & Lee, 2016). While such prejudice might be subtle, it seems that a sense of multiculturalism is absent as a core value at the socio-political level (Law & Lee, 2012). This can negatively affect ethnoculturally diverse groups' rights and impede their access to social services, which can in turn have detrimental effects on Hong Kong's image and development. Multiculturalism ought to be promoted as a means of producing social harmony between ethnic groups, prepare young generations for globalization, and boost Hong Kong's competitiveness in line with the latest national 'Belt and Road' initiative (Law, 2016; Hong Kong Commercial Daily, 2018).

Ethnoculturally diverse populations in Hong Kong struggle to have equal access to healthcare services due to language, cultural, and religious barriers in service settings (Kapai, 2014). They often experience discrimination in using services because of differences in race, culture, and language. For instance, the lack of access to materials in a language they can understand deprives ethnoculturally diverse populations of access to essential public health services. Therefore, they often rely on advice from friends and relatives regarding available services or what to do in health-related circumstances, and those friends, relatives, and others from informal support networks may not be able to provide accurate or sufficient information, so that can impact the appropriateness, timeliness, and outcomes of treatments received (Kapai, 2014).

Professor Joseph Lee, a health services sector legislator, urged the government to enhance healthcare services for ethnic minorities through stronger cultural sensitivity and understanding of their needs, during a 2013 Legislative Council motion (Lee, 2013). Lee explained that cultural differences prevented ethnic minorities from adapting to Hong Kong's

healthcare system, which was one of the reasons he proposed the motion, as he wished that authorities would squarely face the problem. Although ethnic minorities have lived in Hong Kong for several decades, Lee said they still adhere to their own culture and that many of them, especially women, would not seek treatment from doctors or go to public hospitals.

Another legislator from the information technology sector, Charles Mok, spoke in the same session about the disadvantages facing ethnic minorities in accessing information related to public services and other aspects of daily life in Hong Kong (Mok, 2013). Ethnic minorities are often unable to receive important information due to language barriers and usually pass information through word of mouth. Language, learning abilities, and opportunities to receive information are even lower for elderly ethnic minorities. Many of them are unaware of relevant poverty alleviation measures provided by the government and do not have access to important information about assistance and services, which seriously affect social participation and integration. Dr. Fan Ning, co-founder of the Health in Action charity, said that while he considered Hong Kong to have one of the best health care systems in the world, he thought it was generally only serving the local Chinese population: “The medical system here is in English; but in reality, the communication is in Cantonese...I think [ethnic minorities] need more in their own language. And their health problems often come at a social cost. I want to eliminate this kind of inequality in Hong Kong” (Blundy, 2016).

As a result of disadvantages in accessing healthcare or other public services, ethnoculturally diverse populations generally experience poor health conditions when compared to Hong Kong’ general population. Chen and Chan (2014) found that compared to Chinese diabetes patients, ethnic minorities were much younger and more obese. They noted that deficiencies exist in the comprehensive management of diabetes among the ethnic minorities, particularly with respect to glycemic control, and recommended culturally tailored health care interventions to promote patient education and clinical effectiveness and improve the long-term health status of ethnic minorities in Hong Kong. Another study found that while South Asian women are prone to a higher incidence of cervical cancer, they appear to be unaware of the Cervical Screening Programme and their uptake for regular cervical cancer screening is lower than among Chinese women (Kapai, 2014).

In its submission to the Legislative Council Subcommittee on Rights of Ethnic Minorities in April 2017, Health in Action, a voluntary group focusing on the health of disadvantaged groups, expressed concern that particular ethnic minority groups in Hong Kong face multiple barriers in exercising their right to health due to language, cultural, and social factors, which is a form of health inequality (Health in Action, 2017). They stated in their petition that language remains the greatest barrier for ethnic minorities to access equitable healthcare services, despite multilingual cue cards and medical interpretation provided at public hospitals and clinics. Some ethnic minorities are not aware of their right to request official medical interpretation services, and there have been cases where ethnic minorities unknowingly paid unqualified personnel as

interpreters instead. Moreover, there is insufficient mental health support available for ethnic minorities. The Integrated Community Centre for Mental Wellness (ICCMW) does not offer language-tailored services for ethnic minorities.

In terms of health promotion, ethnoculturally diverse groups in Hong Kong are much less aware of public health promotion programmes than the local Chinese population, with respect to programmes such as vaccination programmes, elderly healthcare vouchers, and colorectal cancer screening. Additionally, the proportion of ethnoculturally diverse practitioners working in the public health sector is still low. Health in Action has suggested that increased employment of qualified ethnic minorities in the healthcare sector can promote health equity and help address growing patient demands. However, the government has previously stated that the Hospital Authority is upholding principles of fairness and equality in staff recruitment and that all applicants, regardless of gender, age, marital status, race, religion, degree of impairment, and employment status, have equal employment opportunities (Food and Health Bureau, 2014).

The lack of data on health conditions among ethnoculturally diverse groups in Hong Kong is another challenge associated with their wellbeing (Health in Action, 2017). Currently, health statistics are managed by the Department of Health and demographic statistics are managed by the Census and Statistics Department, and data and records about ethnicity are separated between these two government departments. Health in Action has stated that the knowledge gap concerning ethnic minorities' health status affects health monitoring and service planning, as health conditions and tendencies may be very different across ethnic groups (Health in Action, 2017). It has been suggested that the Department of Health include and publish health statistics disaggregated by ethnicity and that the Health Authority should add ethnicity as a category as part of patient profiles. In the United Kingdom, for example, recording ethnicity information was made mandatory across the National Health Service, and in the United States the Department of Health and Human Services Committee on the Collection of Race and Ethnicity Data ensures that measures of ethnicity are obtained in all healthcare data systems whenever possible. In Australia and New Zealand, health databases containing information on ethnicity are also available.

In response to Joseph Lee's 2013 motion in the legislature (mentioned above), the government claimed that it had "all along been committed to promoting and protecting the health of our community and the public healthcare system is available to all members of the public regardless of their ethnic origins" (Food and Health Bureau, 2014). On-site interpretation services for a number of ethnic minority languages are available by appointment in all public hospitals and other health centres, such that interpreters can provide on-site help to ethnic minorities during medical consultations. The service contractor engaged by the Hospital Authority now provides interpretation services covering 17 ethnic minority languages, and Support Service Centres for Ethnic Minorities funded by the Home Affairs Department provides

part-time court interpreters. Some healthcare information points in health education materials have been translated into different languages and have been distributed to NGOs and religious groups serving ethnic minorities. The Department of Health also informs relevant NGOs and religious groups by email of the latest information on individual infectious diseases, government vaccination programmes, and other subsidy schemes.

Hospitals under the Hospital Authority have put in place measures to address the needs of patients of different religious backgrounds, such as special meal arrangements. However, there is still little or no information about policies and guidelines for addressing near-deaths or deaths of persons of ethnoculturally diverse backgrounds according to cultural or religious preferences (e.g. how bodies are handled) (Kapai, 2014), although “it is encouraging to see that the Government is paying more attention to the impediments to healthcare services faced by ethnic minorities” (Kapai, 2014, p. 19). Some NGOs in Hong Kong provide social services specially designed for ethnoculturally diverse elderly people. For example, Senior Citizen Home Safety Association (SCHSA) offers 24-hour support and caring services for elderly and others in need through the Personal Emergency Link service, with staff members speaking the mother tongues of ethnic minority elderly users to provide support services such as calling the police, ambulance, or emergency contact person in emergencies, as well as health consultation, emotional counselling, caring and appointment reminders, and community information and referrals (SCHSA, 2015). Additionally, the Association’s ethnic minority colleagues provide home visits for non-Chinese speaking users to see how they are doing, as well as conducting talks and outreach visits with different organizations and community centres to introduce safety services and spread awareness through social networking.

To address the needs of ethnoculturally diverse groups in using social services, the Social Welfare Department (SWD) has made reference to statistics and information on these groups to better understand their social needs. They issue ‘Points-to-note in providing welfare services for ethnic minorities’ to social workers and social security staff, providing references for serving non-Chinese clients, including cultural practices of various groups, ways to arrange interpretation and translation services, and so on. Key SWD services pamphlets are offered in six major minority languages and available at service centres and online. There is an ‘Information for EM’ icon on the SWD’s website to facilitate easy access to information by ethnoculturally diverse groups (Policy 21 & Centre for Civil Society and Governance, 2018). However, some non-Chinese service users have reported that for activities run by service providers, information leaflets and notices are often written only in Chinese, which reduces their chance to participate in activities not specifically organized for ethnocultural groups. They also reported that when they approach service counters at service centres operated or subvented by the SWD, they are seldom offered interpretation services, leading to noticeable communication gaps with frontline staff.

Kapai (2014) found that ethnoculturally diverse populations may face particular difficulty in seeking assistance when facing physical and psychological health problems. In April 2016, the Hong Kong Council of Social Service (HKCSS) submitted a petition to the Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes of the Legislative Council on services for elderly people with special needs, with a special focus on ethnic minority elderly (Law, 2016). The HKCSS expressed concern about the shortage of translated government information in ethnic minority languages, particularly the lack of promotion targeting ethnocultural minority older adults. Because of this policy flaw, some of these seniors were not aware of basic welfare schemes available in Hong Kong, such as senior cards, concessionary transportation fees for Octopus holders, Old Age Living Allowance, and so on. Furthermore, many ethnocultural minority elderly are illiterate, illustrating the need for service and welfare promotions delivered by diverse channels such as religious organizations, ethnic media, and outreach services.

Law (2016) also reported that some ethnic minority recipients of Comprehensive Social Security Assistance (CSSA) are highly dependent on their families and relatives in their home countries for care and support. The HKCSS has suggested to extend current schemes for social security benefits for seniors in Guangdong and Fujian provinces to South Asian nations, enabling ethnic minority seniors to receive benefits in their home countries without rushing back to Hong Kong when they are not in desirable health conditions. The HKCSS also recommended providing extra amounts for simultaneous interpretation services for ethnic minority elderly under the Health Care Voucher scheme, involving allowances for receiving interpretation services when visiting family physicians or private clinics. The petition also recommended the government to conduct research on the service needs of ethnic minority elderly, to understand how to help them obtain welfare information and how to develop an effective elderly service model.

With the increasing population of ethnoculturally diverse groups in Hong Kong, it is vital to explore possible practices that may be applicable to different human service professions. Academic articles and official documents were reviewed and analyzed to understand whether cultural competence can be nurtured through training and professional governance, as well as exploring professionals' experiences in providing services for non-Chinese residents in Hong Kong.

Cultural competence of local nurses

The Nursing Council of Hong Kong's *Code of Ethics and Professional Conduct* (Nursing Council of Hong Kong, 2018) describes nurses' responsibility in relation to cultural awareness, among other principles:

Nurses should respect the culture and values of individuals and their families; provide individuals and their families with information in a culturally appropriate manner to facilitate them to make informed judgments and decisions.

Transcultural nursing is a concept related to culturally competent nursing and has been integrated into the education and training of frontline medical staff in Hong Kong. Nevertheless, gaps exist in the public health care system, and the issue of the rights of diverse groups to health services was recently brought to discussion in the Legislative Council (LegCo, 2017). People from different backgrounds, nationalities, and races need medical services, but culturally diverse groups face barriers due to low socioeconomic status and income and insufficient health care knowledge (Health Connection, 2018). Use of health services is also affected by different beliefs and views towards health, diseases, and treatment (e.g. Chinese patients often prefer whole body burials, Muslim patients request ‘halal’ meals) (Tinsley, 2012).

According to the Hospital Authority (2017), training on communication with ‘ethnic minorities’, knowledge of multiculturalism, and provision of interpretation services are currently provided to frontline staff. Nurses can use resources such as response cue cards and materials written in different languages to assist with communication. However, numerous concerns were identified, such as optional cultural awareness training for staff, low proportion of culturally diverse persons as frontline staff, and lack of data on non-Chinese groups (LegCo, 2017). In terms of training curricula for nurses in Hong Kong, the Nursing Council of Hong Kong clearly states in the guide to the syllabus of subjects and requirements for the preparation of registered nurses (general) that there should be requirements for subjects to support nursing studies, including legal, ethical, and cultural issues (Nursing Council of Hong Kong, 2016). Cultural, religious, and situational influences on health should also be covered in nursing training curricula. However, neither cultural sensitivity nor awareness and perceptions of justice are concretely mentioned, and syllabi focus more on factual issues rather than nurturing students to provide culturally competent services.

Actualizing culturally competent care can enhance the quality of medical services and the knowledge of personnel, increase accessibility of medical services for ethnoculturally diverse groups, and promote equal treatment for everyone (Kaur, 2016). Non-Chinese interviewees in the EOC’s (2012) study reported that it is especially comforting to have somebody able to speak in their languages. The disparity in cultural backgrounds should not be the hurdle for the delivery of quality public health care. Kaur (2016) suggests multiple strategies to promote transcultural nursing in Hong Kong, such as establishing a multicultural clinical setting, providing relevant training courses, encouraging self-learning, and setting up a system to collect data about diverse clients. Similarly, the EOC recommends that nursing curricula cover cultural sensitivity (EOC, 2017). In addition to the provision of the above ‘hardware’ and ‘software’, it is also important for nurses to hold an open attitude towards ethnoculturally diverse patients. In light of nurses’

stressful working dynamics, incentives might be provided to those willing to accept cultural competence training.

Cultural competence of local therapists

Cultural awareness is equally important in the practices of occupational therapy (OT) and physiotherapy (PT). Codes of practice of both the Occupational Therapists Board of Hong Kong and the Physiotherapists Board of Hong Kong include principles stating that registered OTs and PTs should serve clients regardless of culture, race, or nationality (OT Board, 2018; Physiotherapists Board, 2018). In the programme documents of Tung Wah College's Occupational Therapy programme, 'cultural awareness' is one of the scopes and expected learning outcomes (Tung Wah College, 2014). Physiotherapy education is solely offered by Hong Kong Polytechnic University, and cultural sensitivity is one of the learning objectives and is covered in most compulsory subjects (PolyU, 2017). However, the concept of 'cultural competence' is not mentioned in any of these programme documents.

Cultural competence of local social work

In Hong Kong, the approach to social work education is Chinese-oriented. The lack of intercultural elements in social work education illustrates a gap in genuinely taking care of the needs of ethnoculturally diverse groups. The code of practice published by the Social Workers Registration Board refers to cultural awareness when stating that: 1) "social workers should recognize the ethnic and cultural diversity of the communities being served" and 2) "be acquainted with and sensitive to the cultures of clients and appreciate the differences among them" (SWRB, 2018). However, the Registration Board's criteria for recognizing social work qualifications include little information about training on cultural sensitivity for social workers. Only 'human behaviour and diversity are covered' (SWRB, 2014). The Social Welfare Department has claimed that it provides cultural sensitivity training to social workers (HAD, 2013), focusing on characteristics of 'ethnic minority' groups, suitable service delivery, and procedures to arrange translation and interpretation services (SWD, 2009; Commission on Poverty, 2018).

Although the government has articulated its efforts to encourage the social integration of non-Chinese residents, it seems that multiculturalism in Hong Kong's social work context is rhetorical rather than practical (Arat & Kerelian, 2017). Additionally, among ethnoculturally diverse groups, FDHs are excluded from many social services. Although cooperation is increasing and assistance to ethnoculturally diverse groups has improved since the implementation of the RDO, "cultural exchanges between Chinese and ethnic NGOs generally remained limited". This illustrates the inadequacy of cultural sensitivity efforts among social workers (Law & Lee, 2016).

Law and Lee (2016) discuss the compatibility and practicability of introducing ‘western’ values into Hong Kong’s social work practice, with the aim of promoting inclusive practice for the rights and equality of ethnoculturally diverse groups. When serving ethnoculturally diverse clients, it is difficult to apply social work practices commonly adopted for serving Chinese clients. Moreover, it is not uncommon to see and hear Chinese social workers expressing negative impressions of local non-Chinese groups, such as problems of domestic violence and substance use (Arat & Kerelian, 2017). Law and Lee (2016) attribute this stigmatization to the limitations of social work education, which overlooks the mindsets and skills needed for encountering ‘cultural diversity’. When social work students and practitioners are unaware of and unequipped with these skills, they might be ‘culturally incompetent’. This is revealed by the high turnover rate of Chinese social workers serving ethnoculturally diverse groups. Arat and Kerelian (2017) have created a model to propose how to achieve cultural competence in social work education. Factors include cultural diversity training, cultural diversity integration on university campuses, integration of social cohesion, incorporation of other disciplines and courses on cultural diversity in social work curriculum, and a transformative learning approach (See Figure 3).

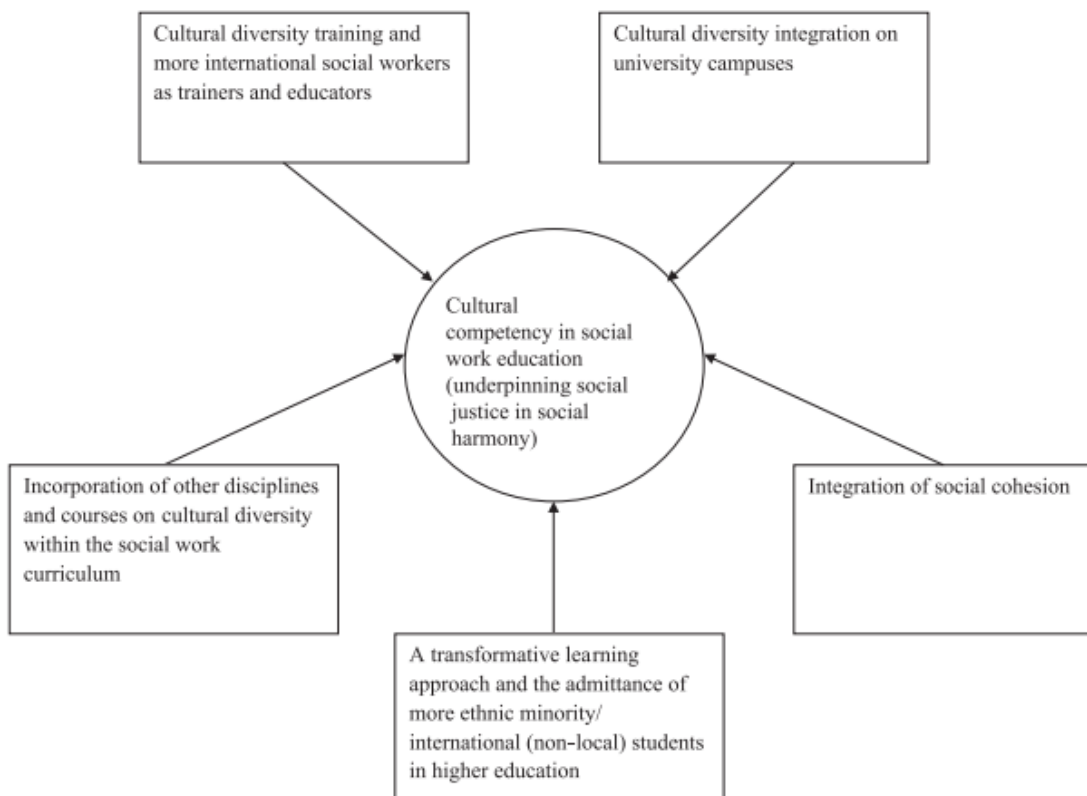


Figure 3. Conceptual framework for cultural competence in social work education (Source: Arat & Karelion, 2017)

Cultural competence of local school teachers

Although Hong Kong's education system mainly includes local Chinese students, the number of pupils from ethnoculturally diverse backgrounds is increasing. 'Non-Chinese speaking' (NCS) students accounted for 3.2% of pre-primary enrolment, 1.1% of senior secondary enrolment, and 0.59% of tertiary education enrolment in 2012 (Erni & Leung, 2014). These include newly arrived students (NAS) from Mainland China, Caucasian and ethnic minorities from South Asia. The government does not differentiate between subgroups of these students.

In education contexts, Gay (2010) defines 'cultural responsiveness' as the knowledge, skills, and practices mastered by teachers to make the school experience of diverse students more compatible with their learning needs, with teachers' 'cultural competence' identified as an indispensable element in his three-dimensional model. As listed in the professional code set by the Council on Professional Conduct in Education, teachers shall promote the "understanding of different cultures, as well as not discriminating students by reason of race, colour, religious belief, creed, etc." (CPC, 2018). Some policies and guidelines have been established in Hong Kong's education sector, although not for all levels of education. For example, at the level of preschool education, around 7.5% of 160,000 children were 'ethnic minorities' in 2016, but there are currently no policies or courses for preschool education, illustrating a policy gap (Leung & Hue, 2017).

The Chinese language is the major medium of instruction under Hong Kong's mother-tongue policy (Erni & Leung, 2014). However, the Education Bureau (EDB) has conducted curriculum reforms in recent years to address the needs of both NAS and NCS students, in response to globalization as well as the enactment of the RDO. These include the introduction of Liberal Studies in the 2009 secondary curriculum and integration and support services in public examinations and classrooms (EDB, 2018). Schools cannot discriminate against any students in admission, but it is optional to make special arrangements for NCS students or for teachers to receive professional development (Oxfam, 2016). There is currently no way to prove the effects of these measures on the education level of ethnoculturally diverse students (Erni & Leung, 2014).

The Chief Executive's 2014 Policy Address stated that the Hong Kong Government would launch a trial Professional Enhancement Grant Scheme to provide teachers with more training and experience in teaching the Chinese language to 'ethnocultural minority' students, so that these students face fewer barriers to master Chinese language and feel more integrated in society (HKSAR, 2014). However, the alternate learning framework is built upon the original Chinese learning framework, which is demanding for NCS students (Hong Kong Daily News, 2014). There have also been reports that teachers are incompetently prepared for culturally sensitive settings. For example, teachers are unable to explain 'ethnic minority' customs to the

rest of the class, face challenges in communicating with ethnoculturally diverse students, and most handouts are written in Chinese (EOC, 2012).

As illustrated by Shum, Gao, Tsung and Ki (2011), EDB had at one point issued guidelines for designated schools and teachers to ensure facilitating environments for NCS students. Although the establishment of designated schools has been abolished around mid 2010s, scholars have pointed out that the actual operation may vary according to how guidelines are interpreted and implemented by individual schools, academic standards, Chinese language proficiency of learners, and allocation of resources are some of the factors that need to be considered in establishing curricula (Shum, Gao, Tsung, & Ki, 2011). Furthermore, lecturing students from different country, religious, and racial backgrounds requires teachers to explore and deploy new ways of teaching in class (Shum, Gao, Tsung, & Ki, 2011). However, it can be difficult for teachers to handle these tasks (Erni & Leung, 2014), and a lack of cultural competence can mean that teachers are perceived as disliking ethnoculturally diverse students (The Zubin Foundation, 2015).

Language barriers appear to be the overarching problem in the schooling of ethnoculturally diverse children. In a secondary school survey of nine designated schools for non-Chinese students, most of these students used English to communicate on campus and only half spoke Chinese in conversation with teachers and peers (Shum, Gao, Tsung, & Ki, 2011). Another study reported that even in schools with English as the medium of instruction, some teachers often spoke in Cantonese (The Zubin Foundation, 2015). Language use in ‘ethnic minority’ schooling persists as “a prohibited discriminatory ground” to address (Fang & Chun, 2017). Jackson (2014) points out that that the actual practice and implementation of cultural competence in the education sector often remains at the surface level. For example, content discussed in textbooks and guidelines are merely abstract discussions that touch upon differences in culture, religion, food, and so on, and the education systems therefore remain ‘too Chinese’. Given the policy rhetoric under mainstream education leaders, multicultural values are unlikely to be reflected in the education system, with limited attention to the needs of non-Chinese speaking and ethnoculturally diverse students.

Indirect racial discrimination is demonstrated when ethnoculturally diverse students are segregated from the mainstream student population through these policy measures. This leads to unequal access to education by ethnoculturally diverse groups (Erni & Leung, 2014). Within campus settings, this unfavourable ambience implies that they have little chance to learn Chinese even if they want to (EOC, 2012). Leung and Hue (2017), applying the multicultural teaching competency scale in a local study, propose a tripartite approach to enrich the cultural competence of preschool teachers, encompassing multicultural awareness, multicultural knowledge, and multicultural skills. They recommend the adoption of more research and mentorship for teachers,

along with multicultural schooling for students and pragmatic training resources for teachers (Fang & Chun, 2017).

The commentary and previous research reviewed above have examined the challenges facing non-Chinese culturally diverse residents in Hong Kong, in terms of receiving professional human services. They also address the shortcomings of current professional governance and training for practitioners in responding to the needs and conditions of non-Chinese clients. However, there is gap in research on cultural competence from the vantage point of local human service professionals themselves. This current research project should help to address this research gap by providing a comprehensive analysis of the challenges, needs, and readiness to receive cultural competence training among Hong Kong nurses, teachers, social workers, and therapists. Additionally, the rich body of literature on cultural competence among human service professionals outside Hong Kong provides enlightening and useful references. The following section reviews overseas research findings, policies, and professional governance approaches and experiences.

Overseas Experiences with Cultural Competence in Professional Training and Practice

General definitions of cultural competence in human service professions

There have been multiple definitions of cultural competence proposed by scholars and researchers across different nations and time periods. Most contemporary definitions of cultural competence have been conceptualized and taught in classrooms across the United States, although a lack of focus and agreement on a common definition of cultural competence has clouded the theoretical conceptualization of this approach. Without a clear, specific, and precise meaning of cultural competence, it is difficult to operationalize the concept in a research-informed sense (Lum, 2011). Different professions, as addressed in this section, have developed their own interpretations of cultural competence. For example, the National Association of Social Workers (NASW) defines it in an attitudinal and ethical sense as a process in which workers and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors, in a way that recognizes, affirms, and values the worth of individuals, families, and communities (NASW, 2007).

On the other hand, the Substance Abuse and Mental Health Services Administration (SAMHSA, 1997) defines cultural competence on micro and meso levels as a set of congruent practice skills, behaviours, attitudes, and policies that come together in systems, agencies, or professionals to enable services and systems work effectively in cross-cultural situations. It is also related to the demonstration of skills and knowledge that enable a person to work effectively across cultures. Furthermore, Rothman (2008) sees cultural competence as a process and practice that social work professionals, systems, and agencies can learn about by attaining the knowledge and skills needed to practice competently and sensitively across cultures, as well as the content of practitioners' knowledge and skills in working with a specific population. In short, the NASW

defines cultural competence as an attitudinal process that communicates ethical values, SAMHSA focuses on practical skills and behaviours for micro and meso practices, and Rothman focuses on functional levels of cultural competence, reflecting the need to operationalize the concept.

Miley, O'Melia, and DuBois (1998) view cultural competence on three levels: 1) the practitioner level, involving the need of self-awareness in terms of personal values and value differences with the clients; 2) the agency level, with workers trained in the skills necessary for diversity-sensitive practice, and multicultural awareness and functioning promoted in organizational structure and programme delivery; and 3) the community level, with cultural competence involving replacing contexts of discrimination, segregation, and distinct boundaries with pluralism, celebration of differences, and cross-cultural interactions, as well as social justice. The concept of cultural competence therefore addresses core competencies in cultural awareness, knowledge acquisition, self-reflection, and skill development (Lum, 2011). The rest of this section explores the different definitions, concepts, and suggestions concerning cultural competence according to the five human service professions covered by this research.

Cultural competence of nurses

Definition of cultural competence in nursing

Leininger (1991) was the pioneer in defining, investigating, and promoting concepts of cultural competence and transcultural nursing, defining culture as “the lifeways of an individual or group with reference to values, beliefs, norms, patterns, and practices that are learned, shared, and transmitted intergenerationally” (Leininger, 1997, p. 38) and culturally competent care as “the cognitive based assistive, supportive, facilitative or enabling acts or decisions that are tailor-made to fit with individual, group, or institutional cultural values, beliefs and life ways in order to provide or support meaningful, beneficial and satisfying health care or well-being services” (1995, p. 106). Other scholars have defined the concept of cultural competence, such as Dunn (2002, p. 107), who refers to “the ability to communicate between and among cultures and to demonstrate skill outside one's culture of origin”.

The most cited definition was formulated by Campinha-Bacote, (1994, pp. 1-2), who defined cultural competence as a “process, not an endpoint, in which the nurse continuously strives to achieve the ability to work within the cultural context of an individual, family, or community from a diverse cultural/ethnic background”. Campinha-Bacote (1994) also designed one of the most used cultural competence models, which constructs cultural competence according four components: cultural awareness, cultural knowledge, cultural skills, and cultural encounter. Cultural desire was later added as a fifth component, defined as the motivation of healthcare providers to achieve cultural competence (Campinha-Bacote, 1998).

The significance of cultural competence in nursing

Leininger (1991, p. 21) advocated for cultural competence on the basis that “human beings of any culture in the world have a right to have their culture care values known, respected and appropriately used in nursing”. Leever (2011, p. 568) analyzes cultural competence from a moral perspective, concluding that cultural competence could be morally justified considering its ‘respect for patient autonomy’ and its contributions to ‘patient good’, which might be translated into patients’ wellbeing from their own perspectives.

Meanwhile, other researchers have examined the relationships between healthcare and cultural competence, as health-related values, belief, and practices are shaped by culture and culture thus plays a crucial role in healthcare (Engebretson, Mahoney, & Carlson, 2008). The United States Department of Health and Human Services was reportedly the first to document healthcare disparities among racial and ethnic minority groups, who disproportionately experienced health conditions such heart disease, diabetes, infant mortality, and others (U.S. Department of Health and Human Services, 1985). The Institute of Medicine (Institute of Medicine, 2002) also concluded that racial and ethnic minority populations receive unequal healthcare treatment in the healthcare system (which adversely affected their health), due to cultural differences, unequal treatment by healthcare providers, inadequate access to healthcare, and poverty and unemployment. Braithwaite and Taylor (2001) noted poorer healthcare treatments and healthcare disparities between racial and ethnic minority groups and the white population even when patients’ income levels and access to healthcare were standardized. Similarly, Giger and colleagues (2007) found that even when racial and ethnic minority groups were able to access the healthcare system, they received different care compared to white counterparts.

Researchers have attempted to explain such phenomena and attributed health disparities to three aspects, namely patient characteristics, practitioner bias, and systemic factors. Patient characteristics included patients’ own values and practices, as well as their attitudes toward the healthcare system and treatment adherence. Practitioner bias includes healthcare providers’ stereotypes, prejudice, and confidence to work with ethnic and racial minority groups. Systemic factors include a lack of language support services, bureaucratic systems, fragmentation of healthcare, services and so on. Researchers have identified the need for cultural competence in healthcare-related professions and relevant education and training (Institute of Medicine, 2004; Pacquiao, 2007; Sullivan Commission, 2004).

Other studies have echoed this finding and further demonstrated that nurses’ lack of awareness of patients’ cultural value systems might lead to misunderstanding, conflict, ethical dilemmas, and dissatisfactory healthcare outcomes (Al-Atiyyat, 2009; Donnelly, 2000). Nurses themselves have also identified communication discrepancies and a lack of cultural knowledge hindering quality patient care (Boi, 2000) as well as a lack of confidence to provide culturally

competent care to patients of a different ethnicity (McHenry, 2007). Long (2012) suggested that non-culturally competent nurses could rarely address the needs and preference of ethnic minorities correctly and adequately.

Many researchers have identified standardized healthcare practices as the root of current racial and ethnic disparities in healthcare. Taylor (2005) contends that adopting a ‘one size fits all’ approach to all patients without considering their cultural healthcare practices might contribute to poor healthcare outcomes in terms of accuracy of diagnosis, patients’ adherence to treatments, recovery processes, and patient satisfaction. Betancourt and colleagues (2005), in a qualitative study, revealed that cultural competence experts from government regarded linguistic and cultural barriers as obstacles for minorities to receive quality and timely healthcare. They suggest that cultural competence could be a tool to transform the current health care system from a ‘one size fits all’ model to a more responsive model that caters to the needs of diverse populations, and serves as a remedy for current health care disparities by providing quality healthcare to all population groups.

Qualitative and quantitative studies have repeatedly demonstrated the benefits of cultural competence. For example, one study found that low-income parents were more likely to use preventive asthma medication for children when working with culturally competent practitioners (Lieu, et al., 2004). Another study found a positive relationship between physicians’ linguistic abilities and cultural competence and Hispanic patients’ satisfaction with interpersonal processes of care, as physicians with higher Spanish proficiency could better communicate with Hispanic patients and understand their concerns (Fernandez, et al., 2004). Culturally congruent care services are also linked to better healthcare delivery for Asian American patients (Green, et al., 2005). Betancourt and colleagues (2005) reported that cultural competence could raise care effectiveness and efficiency, reducing costs while improving outcomes. Cultural competence experts acknowledged the link between cultural competence and elimination of racial or ethnic disparities in healthcare, but agreed that cultural competence alone was not enough to solve the issue due to other factors at play (Betancourt, Green, Carrillo, & Park, 2005).

Cultural competence education and practice in nursing

As cultural competence might provide more equal and quality healthcare to ethnoculturally diverse groups, experts and researchers have investigated various ways to achieve cultural competence within the healthcare system. Education for healthcare providers, diversity within organizations, and organizational preparedness are the main factors identified for the development of overall cultural competence in a healthcare system (Betancourt, Green, Carrillo, & Park, 2005; Leever, 2011; Taylor, 2005). Taylor (2005) asserted that cultural education for staff, adoption of language services, and organizational support could enhance culturally competent care for patients. Cultural competence experts from government interviewed by Betancourt and colleagues (2005) pointed out that education on cultural

competence for management and providers, diversity among healthcare providers, and system capacities such as data collection and interpretation service were essential to achieving cultural competence within healthcare systems. Leever (2011) suggested that organizations have to commit to educating staff, planning strategically, allocating resources, and following up in order to truly achieve cultural competence.

Although many recent studies encourage cultural competency training for healthcare providers (Taylor, 2005; Betancourt, Green, Carrillo, & Park, 2005; Leever, 2011), training and education on cultural competence is not a new idea. Since the 1970s, people have advocated for training for nurses to deliver transculturally competent nursing practices, as such training might promote culturally congruent care that is consistent with patients' cultural beliefs and needs (Leininger, 2006). In 1977, the National League for Nursing in the United States amended their accreditation criteria to demand cultural content in nursing curricula (Poss, 1999) and developed standards of cultural competence content for nursing education curricula in 1983 (DeSantis & Lipson, 2007). In 1992, the American Academy of Nursing's Expert Panel on Culturally Competent Care defined culturally competent nursing care in terms of sensitivity to "issues related to culture, race, gender, and sexual orientation" (American Academy of Nursing, 1992). Other nursing and healthcare provider organizations, such as the American Academy of Nursing, American Academy of Colleges of Nursing, and Pew Health Professional Commission, subsequently stated that cultural content should be included in curricula for nursing and other healthcare professions (American Academy of Nursing, 1995; American Association of Colleges of Nursing, 1998; O'Neil & the Pew Health Professions Commission, 1998).

In 2005, the American Organization of Nurse Executives published a position statement stating that individuals within the healthcare system were entitled to "expect consideration for their own individuality within the context of their culture and the larger society" (AONE 2005 Diversity Council, 2005, p. 2). In 2007, the American Academy of Nursing's Expert Panel on Culturally Competent Care stated that an increased focus on cultural competency might reduce healthcare disparities, and recommended that faculties identify effective culturally competent care models and conduct research in the nursing profession in order to further clarify and understand the concept (Giger, et al., 2007).

In the United Kingdom, the General Medical Council (2013) has issued Good Medical Practice as guidelines for all registered doctors in the healthcare system, specifying that doctors' views on patients' or colleagues' lifestyle, culture, and race must not interfere with their judgements and treatment. Similarly, in their Standards for Pre-registration Nursing Education, the Nursing and Midwifery Council (2010) maintains that nurses must acquire understanding of how culture can affect patients' health and mandates cultural training for nursing students. They also specify that nurses should adopt cultural sensitivity to better respond to patients' health needs (Nursing & Midwifery Council, 2015). The National Health Service (NHS) has made the

Equality Delivery System II, which aims to improve healthcare services to local and diverse communities, a mandatory requirement for all NHS commissions and provider organizations (National Health Service, 2013).

Training models for cultural competence

Although the concept of cultural competence has been discussed for a long time, the quality and availability of training programmes varies significantly. Experts have argued for a standardized conceptual educational framework for cultural competence (Betancourt, Green, Carrillo, & Park, 2005). When examining the development of cultural competence in nursing curricula, researchers have suggested that cultural competence should be emphasized in every dimension at the course level, instead of within a single course or activity (Adams & Nevela, 2015). They have also highlighted that discussions involving health care practices and meanings of different physical characteristics in various traditional cultures should be routinely included in curricula in order to avoid stereotyping (Amerson et al., 2015). Harkess and Kaddoura (2015) and Long (2012) reviewed several studies on cultural competence education models and concluded that no one teaching strategy was found more productive than others, with all proving beneficial to developing cultural competence. Other researchers continue investigating the effectiveness and limitations of different education models.

Some researchers have studied *lectures and classes* as a model to develop nursing students' cultural competence, reporting progress after attending cultural competence lectures or classes (Delgado et al., 2013; Jacob, et al., 2016; Long, 2012; Sargent, Sedlak, & Martsolf, 2005). Delgado and colleagues (2013) found that nurses and healthcare providers scored significantly higher on self-reported cultural competence three and six months after attending a one-hour cultural competence class, compared to pre-class scores. Researchers from Kent State University also showed that fourth-year nursing students scored significantly higher than first-year students on self-reported cultural competence after cultural diversity content was added into four courses and the curricula (Sargent, Sedlak, & Donna & Martsolf, 2005). Long (2012) suggests that the advantages of lectures include a clear structure and ease of circulating information, while drawbacks include passivity, low retention, and little power to encourage behavioural changes. Jacob and colleagues (2016) looked into nursing students who attended a mandatory Aboriginal and Torres Strait Islander health unit in an Australian university and found that what students expected most from their lectures was a better cultural understanding in order to guarantee culturally safe care. Nursing students also expected a strong link between cultural content and their current degree, discussions of various cultures, dialogues focusing on practical ways to practice in a culturally safe manner in a typical clinical setting, and discussions on solutions for cultural communication barriers (Jacob, et al., 2016).

Another model for cultural competence training is *clinical experience*. Amerson and colleagues (2015) suggest that clinical experiences allow students to engage and interact with

culturally diverse patients and health care providers and thus facilitate the development of cultural competence. However, such benefits might not be maintained if the cultural diversity of patients and providers in clinical settings differed from the cultural diversity in the community or the student population. Appropriate guidance in clinical settings is necessary, as students' cultural values and beliefs and transcultural self-efficacy might influence their interactions with diverse patients and personnel. Unpredictable situations in clinical settings might serve as rich learning opportunities for nursing students to develop cultural competence, if instructors remain flexible and adaptive. The authors suggested that instructors present clinical case studies from actual experience, to enrich cultural knowledge that students might not encounter during clinical experience, as well as post-clinical meetings in which students are guided to evaluate information learned from clinical experience and to discuss culturally competent plans for care (Amerson, et al., 2015).

Researchers have also explored the effectiveness of *immersion approaches* (e.g. studying abroad) as an education model to develop cultural competence, as the link between experience and higher cultural competence has been demonstrated (Amerson R. , 2012; Harkess & Kaddoura, 2015; Ingulli, Doutrich, Allen, & Dekker, 2014; St. Clair & McKenry, 1999). Caffrey and colleagues (2005) found that nursing students demonstrated higher self-perceived cultural competence after attending a nursing program in which cultural content was integrated. When some students participated in a five-week clinical immersion in Guatemala, they scored even higher. The items with the largest effect size after attending the program were 'awareness of own cultural competence limitations', 'knowledge regarding risk factors of another cultural group', 'ability to provide culturally competent care', and 'comfort supervising diverse staff' (Caffrey, Neander, Markle, & Stewart, 2005, p. 237). Similarly, Bentley and Ellison (2007) found that nursing students scored higher in cultural competence after attending an elective course on 'Cultural Expeditions in Nursing' and a service-learning trip to Ecuador. Almost 40% moved from being 'culturally aware' to 'culturally competent' after the service-learning trip, reporting increased awareness of the importance of cultural components, willingness to ask for information on other cultures, comfort providing a cultural assessment, willingness to get involved with other cultural groups, understanding of the limitations in existing assessment tools, and desire to achieve cultural competence (Bentley & Ellison, 2007). In another study by Amerson and colleagues (2015), the post-test transcultural self-efficacy of students who took part in an immersion experience was significantly higher than their own pre-test and those who did not participate in the immersion.

Although the effects of immersion on students' cultural competence seem promising, experts and researchers stress that studying abroad should be not assumed to enhance cultural competence. It has to be partnered with intercultural encounters, cultural competence strategies, cultural competence courses, and prerequisite and ongoing learning (Amerson, et al., 2015; Harkess & Kaddoura, 2015). Harkess and Kaddoura (2015) also note that the type and the

quality of interactions matter to training outcomes, while Amerson and Livingston (2014) emphasize the importance of challenges to students' comfort zones and direct work experience with diverse patients during immersions. To guarantee long-term learning outcomes for students, studies have highlighted the importance of adequate patient-nurse interactions and reflective course components (Amerson R. , 2010; 2012; 2014; Kollar & Ailinger, 2002; Sara E. Sargent, Carol A. Sedlak, & Donna S. Martsof, 2005).

The *Simulation for Nursing Skills Laboratory (NSL)* model creates a non-threatening and controlled environment for nursing students and instructors to learn, practice skills, and apply knowledge of cultural competence (Amerson, et al., 2015; Long, 2012), although its drawbacks include high costs for training faculty and acquiring equipment (Long, 2012). Research has repeatedly shown that simulation had positive effects on nursing students' cultural competence, cultural self-efficacy, critical thinking, and decision thinking skills in clinical settings (Garrido, Dlugasch, & Graber, 2014; Grossman, Mager, Opheim, & Torbjornsen, 2012; Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014). Qualitative research has also confirmed that student-led simulation serves as an effective active learning method, in which students show respect for diverse populations' experiences, adopt evidence-based approaches, and apply theories and research to further their practice (Jeffreys, 2016). However, according to Amerson and colleagues (2015), scenarios in ordinary simulations often lack patient demographic information, cultural backgrounds, and health care practices, and students and faculty thus adopt a generalized and generic approach. They recommend that NSL should be reshaped with an emphasis on cultural diversity (e.g. mannequins with various cultural backgrounds), that clinical cases be developed into various learner-centered teaching strategies (e.g. group discussions, group activities, role-plays, care plans), that briefings and debriefings be used to keep students focused and help them summarize and capture key points in case scenarios, and that culturally diverse students be welcomed to make NSL more diverse and friendly (Amerson, et al., 2015).

Researchers have also explored other educational interventions. Long (2012) suggests that educational partnerships, in which members of culturally diverse groups describe their living experience, might serve as a platform for students to understand different cultures and enhance dialogue. Adams and Nevela (2015) suggest that movies and videos might expose students to various scenarios and cultural groups in a short period of time, although they noted these might perpetuate stereotypes and recommended educators' appropriate guidance and warnings against potential stereotyping when adopting movies and videos as educational instruments (Adams & Nevela, 2015). For group discussions, positive changes in attitudes or knowledge have been reported by pre- and post-test measures, although long-term improvements have not been found (Long, 2012). Student written reports maybe effective only for some learning styles, while assigned readings may have limited retention effects without group discussion (Long, 2012).

Adams and Nevela (2015) introduced an educational intervention to their nursing students that included most of the interventions mentioned, such as group discussions, videos, book reviews, cultural meals and guest speakers, along with PowerPoint presentations, lectures, and various assessments. After the semester-long intervention, students scored significantly higher in terms of transcultural self-efficacy, and there were significant increases in scores on all subscales (cognitive, affective, and practical subscales), with the greatest improvements found on the cognitive subscale. Qualitative results indicated that videos and movies were great instruments to illustrate different cultural groups to students and that the intervention might avoid stereotyping and better prepare students to provide care for culturally diverse patients (Adams & Nevela, 2015).

Challenges in the development of cultural competence

Another crucial research inquiry concerns potential challenges to the development of cultural competence in the nursing profession. Cultural competence experts interviewed by Betancourt and colleagues (2005) recognized healthcare providers' reluctance to receive cultural competence training, as they might perceive it as a 'soft science'. Amerson and colleagues (2015), on the other hand, were concerned that there could be differences between instructors and students in perceptions of diversity in clinical settings. They thus suggested that students' perceptions of diversity should be investigated and faculty should consider methods to bridge the gaps between the two groups (Amerson, et al., 2015). Studies have also reported that some students might experience isolation, stress, discomfort, and cultural pain when information presented in courses confronts their own values, beliefs, privileges, or subtle or covert racism (Amerson, et al., 2015; Jacob, et al., 2016). Jacob and colleagues (2016) thus suggest that courses should aim to encourage students to challenge their values and beliefs in a non-threatening environment, instead of causing unease.

Cultural competence of social workers

Definition of cultural competence in social work

Social work literature has paid significant attention to cultural competence. Green (1982, p. 87) defined cultural competence as "the ability to conduct professional work in a way that is consistent with the expectations which members of distinctive culture regard as appropriate among themselves". Cross and colleagues (1989, p. 13) defined cultural competence as "a set of congruent behaviors, 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". They further explain that a system with high cultural competence "acknowledges and incorporates – at all levels – the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that results from cultural differences, the expansion of cultural knowledge and the adaption of services to meet culturally unique needs" (Cross, Bazron, Dennis, & Issacs, 1989, p. iv).

The most widely cited definition of cultural competent practice was introduced by Sue and Sue (1990), which became the foundation of guidelines and recommendations for culturally competent practice established by the American Psychological Association and Council of Social Work Education (CSWE). They established three goals required to become a culturally competent professional, namely: 1) awareness of one's own assumptions of cultures, human behaviours, and personal qualities, 2) non-judgmental understanding of clients' worldviews, and 3) ability to develop and practice appropriate and sensitive intervention for clients (Sue & Sue, 1990). The authors further stress that, "these three goals stress the fact that becoming culturally skilled is an active process, that is ongoing, and that it is a process that never reaches an endpoint. Implicit is recognition of the complexity and diversity of the client and client populations, and acknowledgment of our own personal limitations and the need to always improve" (Sue & Sue, 1990, p. 146).

Lu, Lum, and Chen (2001) built upon Sue and Sue's definition to formulate a definition of cultural competence from the perspective of social work practice. They define cultural competence as including: 1) the ability to understand culture and its practices and apply it to clients, 2) sufficient cultural competence educational experience in both the classroom and the field, and 3) agreement regarding a series of practice-oriented criteria for cultural competence among social work professionals. This was conceptualized into a social work framework for cultural competence, involving: 1) awareness of workers' own cultural experiences during both personal and professional socialization, 2) knowledge regarding culturally diverse practice, 3) skills to work with culturally diverse clients, and 4) a learning process that continues to acquire information regarding culturally diverse groups and practices (Lu, Lum, & Chen, 2001).

For a more recent definition, Este (2007, p. 96) reviewed several definitions, sought the general consensus among them, and stated that practitioners with cultural competence would: "(a) require a specific knowledge base on social diversity and oppression in relation to race, gender, ethnicity, sexual orientation, and other attributes, (b) need to be informed about different cultural and racial groups, (c) must process empathy and communication skills to work with clients from diverse backgrounds, (d) must have intrinsic values that truly reflect the practitioner's willingness and commitment to work in an ethical and effective manner with different client systems" (Este, 2007, p. 96).

The significance of cultural competence in social work

The initial rise of the concept of culture competence was due to the rapid growth and visibility of culturally diverse populations (Chau, 1990; Este, 2007). However, research has demonstrated an urgent need for cultural competence as well as the outcomes of its absence in all aspects of social work. Barn and colleagues (1997) maintained that a lack of cultural understanding among social workers in the United Kingdom's childcare system contributed to the over-representation of children from ethnic minority groups in their clientele. The UK's

Department of Health also reported that a quarter of children from ethnic minority groups in the childcare system did not feel their cultural needs were appropriately recognized or addressed. Social workers demonstrated poor understanding of cultural and religious issues, negatively affecting decisions about children's assessments and placement choices (O'Neale, 2000).

With respect to services for people with learning difficulties, a report commissioned by the UK's Department of Health found that professionals felt ill-equipped to work with people from a different cultural background (Mir, Nocon, Ahmad, & Jones, 2001). Ethnoculturally diverse populations also use mental health services in different ways than their white counterparts, with a higher drop-out rate (Cheung & Snowden, 1990; Kitano, 1970; Sue, Zane, & Young, 1994). In the US, Asian and Latino American are likely to under-use mental health services while African American and American Indian populations tend to over-use these services (Cheung & Snowden, 1990; Kitano, 1970; Sue & McKinley, 1975; Sue, Zane, & Young, 1994). In elderly social care, Bowes and Dar (2000) found that white social workers lacked cultural knowledge to work with ethnic minority older people and express uncertainty, hesitation, and fear. When dealing with domestic violence, Burman, Smailes, and Chanlter (2004) found that many women from ethnic minority groups were unable to acquire help from social workers, as workers were afraid to work with different cultures.

Many social work researchers attribute such disparities to the provision of uniform services for all cultural groups. Este and Bernard (2003) found that most theoretical and practical models are Eurocentric in nature and neglect the cultural experiences of marginalized groups. Similarly, Parron (1982) found that low accessibility and availability of services and insufficient cultural responsiveness contributed to ethnic or racial disparities. Barn and Das (2016) argue that the current approach of providing uniform services to all groups (and relying on ethnocentrism) should be replaced with a framework that recognizes a plurality of cultures and diversities and does not conceptualize culture as a static and fixed entity but as dynamic in nature and involving intersections of ethnicity, language, gender, race, and religion. Researchers have identified cultural competence as a remedy to these unequal situations, and studies show that the introduction of racial- or ethnic-specific programs might significantly raise service use rates (Hatanaka, Watanabe, & Ono, 1975; Sue & McKinley, 1975).

Cultural competence in social work practice

With emerging evidence that cultural competence may narrow disparities in mental health and social work services and improve intervention outcomes, various professional social work associations have incorporated cultural competence into their principles and guidance. In the US, the Council of Social Work Education (CSWE) stated its commitment to preparing social work students for a better understanding and appreciation of cultural diversity in 1982 (Council on Social Work Education-Commission on Accreditation, 1982). In 1992, a general mandate to add cultural diversity content into social work courses was stated in the CSWE

Curriculum Policy Statement (Boyle & Springer, 2008). Since 1995, the CSWE demands that all accredited schools offering master and baccalaureate social work programs include cultural competence content to better prepare students to work with culturally diverse groups (Council on Social Work Education-Commission on Accreditation, 1995).

In 2000, the National Association of Social Workers (NASW) Code of Ethics included a new standard for Cultural Competence and Social Diversity, stating that social workers should “understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental and physical disability” (Fisher-Borne, Cain, & Martin, 2014; National Association of Social Workers, 2000, p. 15). The NASW also put together a set of standards for culturally competent practices as guidelines for social workers to follow when working with diverse client populations (Fisher-Borne, Cain, & Martin, 2014; National Association of Social Workers, 2000, p. 15). Currently, the NASW demands that members acquire an understanding of culture, knowledge of the cultures of clients, ability to demonstrate cultural competence and provide sensitive services, education regarding diversity and oppression of various minority groups, and awareness of cultural difference when providing electronic social work services (National Association of Social Workers, 2017).

In Canada, the Canadian Association of Social Workers’ (CASW) National Code of Ethics states that the value base of social work should support cultural competence at both individual and organizational levels, with all cultural, ethnic, racial, and religious groups entitled to receive competent service (Canadian Association of Social Workers, 2005). Currently, the CASW demands that members ‘demonstrate cultural awareness and sensitivity’ by understanding culture, acknowledging diversity, recognizing the impact of culture on their own practice and their clients’ values, learning clients’ culture and identities, and providing social work services in clients’ language preferred if possible (Canadian Association of Social Workers, 2005). In the UK, the British Association of Social Workers specifies that “social workers should recognize and respect the diversity of the societies in which they practice, taking into account individual, family, group and community differences” (British Association of Social Workers, 2012, p. 9).

Training of cultural competence in social work

Researchers and university faculty have strong opinions when it comes to integrating cultural competence into social work curricula. Rose (2011) asserts that students and educational institutions were the starting point in the process to achieve a culturally competent workforce. Hong and colleagues (2001) argue that cultural competence should be integrated into social work curricula at all levels, from baccalaureate to doctorate, and should be assessed in the social work licensure examination, while social work educators should consistently gain knowledge about common problems facing diverse groups and engage these groups to educate their students

(Hong, Stokes, Byoun, Furuto, & Kim, 2001). Positive effects of such content have been noted. Bender and colleagues (2010) found that cultural awareness and cultural competence developed through social work education encouraged students to work with diverse clients, while Chen and colleagues (2013) confirmed social work students' improvements in knowledge and awareness of cultural diversity and willingness to select diverse groups for their practicum or research theme after participating in a course focusing on immigrants.

Ellsworth (1989) argued that cultural competence could not be truly achieved without exploring oppression. Thus, many researchers have suggested integrating oppression into cultural competence education (Hong, Stokes, Byoun, Furuto, & Kim, 2001; Snyder, May, & Peeler, 2008). Schmitz, Stakeman, and Sisneros (2001) suggest that students can be culturally competent only when they accept the reality of oppression without overshadowing the strength of diversity. Students also need to be granted the chance to explore the value of diversity and to understand the effects of oppression in order to build a context for applying cultural competence (Schmitz, Stakeman, & Sisneros, 2001). However, Diggs (1992) found that diversity content was not sufficiently integrated into graduate social work curricula. Although educators found it necessary to include cultural content into the curriculum, it was often left out due to inadequate cultural content in social work literature, faculty's personal feelings and practice experience regarding diversity and the presence of diverse groups in the class, schools' priorities and objectives, and professional guidance. Additionally, social work education has not established an educational framework to teach both diversity and oppression (Van Soest, 2000), although researchers have proposed various frameworks with several common themes (Chen, Tang, & Liu, 2013; Deepak, Rountree, & Scott, 2015; Gabbard, Starks, Jagers, & Cappiccie, 2001; Guy-Walls, 2007; Hong, Stokes, Byoun, Furuto, & Kim, 2001; Nicotera & Kang, 2009; Snyder, May, & Peeler, 2008).

Researchers have widely confirmed that the process of teaching students about oppression and diversity often taps into their vulnerability and triggers fear, anxiety, discomfort, guilt, or resentment, thus causing misunderstandings or resistance in their learning (Chen, Tang, & Liu, 2013; Deal & Hyde, 2004; Mildred & Zuniga, 2004; Snyder, May, & Peeler, 2008; Tatum, 1992; Wong, 2004). Class discussions regarding diversity and privilege might lead to strong emotions and intense interactions (Mildred & Zuniga, 2004; Van Soest, 1994; 1996). Therefore, many researchers have noted the need to develop a safe classroom atmosphere for students to discuss diversity-related issues (Colvin-Burque, Davis-Maye, & Zagazaga, 2007; Holley & Steiner, 2005; McFalls & Cobb-Roberts, 2001).

Snyder et al. (2008) proposed exploring the relationship between students' reactions to diversity issues and cognitive dissonance theory in class, in order to prepare students to cope with their dissonance and become less resistant to issues that might confront their belief systems. Discussions of how a person can be oppressed and privileged at the same time due to various social attributes might also ease students' defensiveness and enable them to reflect on their own

oppressive actions (Snyder, May, & Peeler, 2008). Others have also recommended intergroup dialogues involving guided discussion about readings with a set of structured questions (Dessel, Rogge, & Garlington, 2006; McCoy & Scully, 2002; Snyder, May, & Peeler, 2008). Intergroup dialogues might help participants to gain a better understanding of social inequalities faced by diverse groups and to develop a commitment to social changes (Hurtado, 2005; Schoem, 2003; Schoem & Hurtado, 2001). Deepak and colleagues (2015, p. 114) suggest that difficult dialogues, critical thinking, and self-reflection might help develop ‘emotional and intellectual engagement’, facilitated by immersion projects, screenings, assigned readings, guest speakers, blog writing, weekly reflective journals, and educator feedback. It is crucial for educators to normalize the unease that might result during discussions and make use of conflict management and group process skills to facilitate dialogue (Deepak, Rountree, & Scott, 2015).

Another teaching strategy often recommended by social work researchers involves interactions with diverse groups. Snyder and colleagues (2008) suggested that students participate in cultural immersion to practice their connecting skills, while Chen and colleagues (2013, p. 436) found that guest speakers and qualitative interviews allow students to learn “the idea of self and other awareness” in relation to immigrants ‘self-perceptions’ (Chen, 2008; Chen, Tang, & Liu, 2013). Hong et al. (2001) asserted that the most effective way to achieve cultural competence is to initiate partnerships with social work agencies working with diverse groups, and recommended collaborations with representatives from diverse groups to create dialogue regarding their needs and the establishment of culturally competent services. Students could also be required to demonstrate cultural competence during practicums (Hong, Stokes, Byoun, Furuto, & Kim, 2001).

Some researchers have insisted that social actions and strategies must be taught as part of cultural competence education (Snyder, May, & Peeler, 2008; Tatum, 1992). Snyder and colleagues (2008) suggested that teaching oppression in the classroom without offering the possibility of a hopeful future and without providing tools to initiate change was unethical. They highlighted the importance of encouraging students to make use of their awareness to develop actions for social change (for example, through short lectures highlighting citizens’ efforts to change social inequality throughout history and discussions of organizational strategies). Other findings support these ideas, reporting that students demanded a course focusing on the application of social justice, relevant actions, and community engagement (Deepak, Rountree, & Scott, 2015).

Another issue researchers have examined is the adoption of ‘infusion’ versus stand-alone models (Deepak, Rountree, & Scott, 2015; Hong, Stokes, Byoun, Furuto, & Kim, 2001; Jani, Osteen, & Shipe, 2016). Jani, Osteen, and Shipe (2016) conducted focus groups with social work students and found that a stand-alone model for teaching diversity content may provide some basic information for all students and guarantee a structured course for diversity content.

However, as diversity content is often taught as an elective course for upper-level students in stand-alone models, it may change the cultural focus from the social worker to minority groups and further reinforce the idea of ‘others’. The responsibility to teach diversity may be shifted from all faculty members to only those who teach the stand-alone course. Conversely, Hong and colleagues argued that cultural competence content should be included in all required social work classes, as cultural content from various perspectives (e.g. human behaviour, policy, research) may help students to gain a broader idea of cultural competence and enhance professional effectiveness when working with diverse populations (Hong, Stokes, Byoun, Furuto & Kim, 2001). However, while the infusion model stresses shared responsibility of all faculty members, it may not guarantee accountability and may lead to dilution (Jani, Osteen, & Shipe, 2016, p. 318). Insufficient infusion of diversity content into curricula might imply to students that such content is not essential to social work practice and adversely affect course learning outcomes (Deepak et al., 2015).

Class size also affects teaching on cultural competence. One study found that students’ opinions about class size were mixed. While a large class size (more than 25 students) was found to be intimidating and made it difficult for students to participate and for faculty to reach students, students also preferred a more diverse class, which was easier to acquire when there was a considerable number of students (Deepak, Rountree, & Scott, 2015). The link between class size and class composition is worth exploring, as the lack of diversity among students and faculty might not only adversely affect the classroom climate, but also cause unease for diverse students if they are few in the class and feel pressure to open up about their experiences as an educational tool (Deepak, Rountree, & Scott, 2015).

Alternatives to achieve cultural competence

While cultural competence education for social work professionals is strongly encouraged, researchers have emphasized that it must be accompanied by increasing diversity and reforms at the level of social work professionals and organizations. Research has repeatedly shown that one major obstacle to culturally competent services is the absence of congruence between the dominant culture of service providers, and the cultures of diverse client populations that agencies support (Davis & Proctor, 1989; Lum, 1992; Sue & Sue, 1990). Some researchers have found that human service agencies were likely to focus on the delivery of services to diverse populations, while neglecting their own internal diversity issues (Gutierrez, 1992; Olmstead, 1983; Pinderhughes, 1989). Social work agencies have also been urged to “undertake an organizational development process that parallels the individual journey of the workers toward cultural competence” (Nybell & Gray, 2004, p. 18). Additionally, “all social workers need to understand two things about institutions: (a) they work within organizations that are oftentimes monoculture in policies and practices and (b) the problems encountered by clients are often due to organizational or systemic factors” (Sue D. , 2006, p. 229).

Limitations of cultural competence in the field of social work

Although cultural competence has been widely recognized for its benefits to social work, researchers and experts acknowledge its limitations. Este (2007) notes that while it is beneficial for social workers to acquire some knowledge of their clients' cultures, no ethnic, racial, cultural, or religious group is homogenous in nature. Diversity within ethnocultural groups is not acknowledged in the concept of cultural competence, and this might lead to a failure to respect individual clients' inherent worth and dignity, which is the most essential premise of social work practice (Este, 2007). Furlong and Wight (2011) present a similar critique, pointing out that the representation of minority groups' culture is often over-simplistic and lacks recognition of their diversity. Researchers have agreed that 'culture' should be understood as "a very fluid and dynamic entity", instead of "a fixed and static entity" as suggested within dominant cultural competence frameworks (Este, 2007, p. 101; Furlong & Wight, 2011; Ridley, Baker, & Hill, 2001).

Fisher-Borne, Cain, and Martin (2014) further criticize the focus on race or ethnicity and the failure to recognize disparities stemming from other aspects of identities, such as gender and socio-economic status. They assert that this ignores clients' experiences of intersectionality and centre their most salient identities (i.e. race and ethnicity) over their other identities (such as gender and sexual orientation), regardless of their experiences and ideas (Fisher-Borne, Cain, & Martin, 2014). The concept of cultural competence also suggests that practitioners can understand the lived experience of ethnoculturally diverse clients if they acquire some broad knowledge of different groups. However, this implies that the sole obstacle for clients to access quality service is practitioners' lack of cultural knowledge and awareness. Other factors, such as systemic inequality, are thus neglected in the cultural competence framework (Duffy, 2001; Fisher-Borne, Cain, & Martin, 2014).

Trevalon and Murray-Garcia (1998) condemn the lack of examination of the inherent power dynamics between social workers and clients as well as the failure to promote workers' self-awareness of such power imbalances in the cultural competence framework. Another limitation of cultural competence is its focus on and reinforcement on the idea of 'others', by assuming that 'normal' is white or western culture while all other cultures or qualities categorized as non-white and non-western are seen as 'other' (Harrison & Turner, 2011; Wear, 2003).

Cultural competence of teachers

Definition of cultural competence in teaching profession

Gudykunst and Kim (1984) were among the first scholars to research the idea of cultural competence, defining a cross-culturally competent individual as one who "has achieved an advanced level in the process of becoming intercultural and whose cognitive, affective, and behavioral characteristics are not limited but are open to growth beyond the psychological

parameters of only one culture... The intercultural person possesses an intellectual and emotional commitment to the fundamental unity of all humans and, at the same time, accepts and appreciates the differences lie between people of different cultures”.

Ukpokodu (2011, p. 437) later attempted to conceptualize cultural competence with more concrete traits and qualities, defining cultural competence “as one’s abilities, dispositions, and behaviour, to successfully function, negotiate, and navigate across cultural contexts, to build and sustain positive cross-cultural interactions and relationships with other people, and more important, in one’s professional responsibilities to effectively service individuals from diverse cultural backgrounds”. Cultural competence was located in the context of education, involving “an educator’s genuine belief in the centrality of culture in teaching and learning, the ability to construct a strong racial and cultural identity, the systematical demonstration of positive dispositions toward diversity, and a reflective cultural knowledge base. Most important, cultural competence embodies a sense of humility, openness, and comfort in seeking and sustaining cross-cultural interactions and relationship” (Ukpokodu, 2011, p. 437). Ladson-Billings (2009, p. 98) proposed a more detailed definition for educators, explaining that “teachers who are prepared to help students become culturally competent are themselves culturally competent; they know enough about students’ culture and its role in education (teaching and learning), take responsibility for learning about students’ culture and community, use student culture as a basis for learning, and promote a flexible use of students’ local and global culture. Additionally the teachers exhibit socio-political consciousness that involves knowledge of the larger socio-political context of the school, community, nation, and world”.

The significance of cultural competence for teachers

According to Gracia (2004, p. 498), “a teacher receiving teaching credential today will probably be responsible for educating a more diverse student body than any teacher at any time in the history of formal education”. However, it was not only the increasing number of ethnoculturally diverse students in the education system has drawn scholars’ attention, but also the overwhelming education disparities affecting ethnoculturally diverse students. Research has repeatedly found that ethnoculturally diverse students experience poorer comprehension and lower ability to solve mathematical problems (Haycock, 1998; National Assessment of Educational Progress, 2004; National Center for Education Statistics, 2004, 2005). They not only have poorer performances on test scores, but also higher drop-out and push-out rates and lower college enrolment and graduation rates (National Center for Education Statistics , 2005).

Sleeter (2001) reported that teachers may hold stereotypes, bias, or prejudice toward students of different ethnocultural backgrounds, with little knowledge of multicultural education. Gay (2000) also found that European Americans teachers often adopted a teacher-centered approach, gave direct instructions, and expected students to be passive. Sileo and Prater (1998) found that African American students were more used to a highly interactive learning style and

more eager to participate in the classroom, but that European Americans teachers who do not have relevant cultural knowledge might regard such behaviours as problematic or disruptive (Gay, 2000; Sileo & Prater, 1998). Similarly, Pacific Islanders who prioritized interpersonal harmony were often deemed lazy or unwilling to take part in competitive activities by teachers of other cultural backgrounds (Sileo & Prater, 1998).

Scholars and researchers have searched for remedies to these issues, and Ladson-Billings identifies teachers' cultural competence a necessary condition for success with diverse students. Without cultural competence, other determinants (such as teachers' experience, professional qualifications, and aptitude) lose their effects on teachers' success working with diverse students (Ladson-Billings, 1995; Ladson-Billings, 2001; 2009) Aronson and Laughter (2015) link culturally relevant teaching to diverse students' higher test scores and improved affective domains, such as motivation and confidence. Ukpokodu (2011) asserts that culturally competent teachers and culturally responsive pedagogical methods might improve diverse students' academic performance and close achievements gaps. Other research has also repeatedly confirmed a link between culturally responsive teaching and improvements in student learning (Gay, 2010; Ladson-Billings, 2009; Pewewardy, 1994). Banks (2010) and Gay (2000) found that teachers who gained understanding of their students' knowledge were better able to maintain effective communications and make curricular or instructional decisions, respectively. Nieto and Booth (2010) found that teachers with intercultural sensitivity were more likely to understand students' challenges when studying a degree in a foreign language, attempt to make international students feel welcome, and be aware of the need to consider international students' feelings and language challenges in class.

Although cultural competence seems promising to address education disparities for ethnoculturally diverse students, research has described a lack of cultural competence among many teachers in the US (Banks J. A., 2010; Darling-Hammond, 2005). Studies have reported that most teachers fail to acknowledge their own cultures or worldviews and remain unaware of their cultural socialization, beliefs, and values (Banks J., 2005; Gay, 2000; Ukpokodu, 2011), and also struggle to discuss or acknowledge the role of diversity in learning and its significance during interactions in the classroom (Florio-Ruane, 2001).

Training on cultural competence for teachers

Research has found that the majority of teachers in the US remain unready and undertrained to adopt a culturally inclusive approach in their classrooms (Molina, 2013; Skepple, 2014). They report feeling uncomfortable and unconfident in working with students from ethnoculturally different backgrounds (Aceves & Orosco, 2014; Molina, 2013), and fail to regard teaching content and cultural diversity as compatible or as contributing to one another (Gay, 2002; Molina, 2013; Skepple, 2014). However, scholars such as Gay (1995, p. 100) have emphasized the importance of education on cultural competence for teachers and teacher

candidates, maintaining that, “no one should be allowed to graduate from a teacher certification program or be licensed to teach without being well grounded in how the dynamics of cultural conditioning operate in teaching and learning”. Ukpokodu (2011) suggest that the incorporation of only hours-long cultural competence training into teacher programs is unacceptable and irresponsible.

Based upon evidence and recommendations provided by education researchers and scholars, professional associations have included cultural competence or cultural diversity into their requirements or guidelines for educators. In the US, the National Council for Accreditation of Teacher Education (NCATE), which discusses standards and accreditation for teacher preparation institutions, dedicates Standard 4 of their Professional Standards to diversity, stating that teacher candidates need to “demonstrate and apply proficiencies related to diversity” (The National Council for Accreditation of Teacher Education, 2010). The Interstate Teacher Assessment and Support Consortium also stipulates in Standard 2 that “the teacher uses understanding of individual differences and diverse cultures and communities to ensure inclusive learning environments that allow each learner to reach his/her full potential” (Council of Chief State School Officers, 2010).

Training models for cultural competence

Models of training on cultural competence for teachers discussed in past studies include *Study Abroad programmes*. While first hand experiences with cultural diversity during teachers’ field placements have been shown to enhance their cultural competence (Wallace, 2000), study abroad programmes have been found to better prepare teachers in diverse classrooms after directly experiencing diverse cultures, languages, and students (Phillion, Malewski, Sharma, & Wang, 2009). This helps to internationalize participants’ perspectives, develop skills to work with diverse students, and acquire cultural competence (Mahon & Stachowski, 1990; Phillion et al., 2008). Research has indicated that immersing teachers in a new culture and language allows and encourages them to apply theories in practice, explore culture, and engage in communication with community members (Dantas, 2007; Malewski, Sharma, & Phillion, 2012, Melissa, Odonaholm, & Shi, 2017). From there, teachers can reflect on their cultural beliefs and ethnocentric worldviews and their students’ cultures, and develop curiosity about cultural diversity (Dantas, 2007; Marx & Moss, 2011; Melissa, Odonaholm, & Shi, 2017).

Study abroad programmes have also been shown to facilitate teachers’ development of empathy towards ethnoculturally diverse students. Research has indicated that students who take part in study abroad programmes develop a more empathic understanding of the cultural and linguistic struggles encountered by diverse students, compared to those who did not (Landa, Odonaholm, & Shi, 2017; Pray & Marx, 2010). Teachers’ experiences of being the ‘other’ in a different cultural and linguistic environment during study abroad programmes help them to relate to their students’ realities of being second language and cultural learners (Dantas, 2007; Landa,

Odoná-Hollm, & Shi, 2017). Study abroad programmes can also foster teachers' development of ethnorelativism (Landa, Odoná-Hollm, & Shi, 2017). They can draw comparative reflections by analyzing their own culture and the culture of their host country as well as their education systems, which can allow them to understand cultural groups in relation to each other, realize the relationships between culture and education approaches, and reflect on their own education systems (Dantas, 2007; Landa, Odoná-Hollm, & Shi, 2017; Marx & Moss, 2011).

It is, however, crucial to note that study abroad programmes themselves are not adequate for participants to develop cultural competence. Not only must the experience be "honest, natural, authentic, and holistic" (Root & Ngampornchai, 2013, p. 644), but prolonged and critical reflections that connect the experience, the idea of culture, and teaching are also necessary to support teachers' development of cultural competence (Malewski & Phillion, 2009; Marx & Moss, 2011). Otherwise, teachers may instead develop deficit beliefs towards diverse cultures (Irvine, 2003; Sleeter 2008). Other researchers have stressed that teachers should be intentionally given opportunities to experience cultural dissonance through coursework, as well as sufficient time to interact with students and their families in the classroom (Landa, Odoná-Hollm, & Shi, 2017; Marx and Moss, 2011).

Education researchers have also studied *domestic immersion approaches* as a way to educate teachers on cultural competence. In one study, Burgess (2017) found that participants were able to develop multilayered reflexivity, reject deficit discourses, acknowledge the dynamics and adaptivity of Aboriginal culture, enact culturally responsive pedagogies, build relationships with Aboriginal communities, recognize power relationships between schools and communities, and develop a critical consciousness after participating in a three-day domestic immersion programme with Aboriginal communities. However, participants' learning from immersion programmes may not be sustainable and impactful if systemic supports and recognition from colleagues and principals are inadequate after returning back to schools (Burgess 2017; Burgess & Cavanagh, 2013). Some research also suggests that participants in domestic immersion programmes are less likely to reflect on their dominant culture and to develop awareness of different approaches to diverse students' education needs than those who attend study abroad programmes, as they are not immersed in an unfamiliar culture as the 'other' and lack perspective for comparison (Landa, Odoná-Hollm, & Shi, 2017). Researchers thus suggest that participants should be encouraged to engage in culturally unfamiliar communities so that they may further develop their ethnorelativism and understanding of relationships between culture and learning and teaching (Landa, Odoná-Hollm, & Shi, 2017).

Other researchers have explored other education methods, such as *cross-cultural partnerships* in which pre-service teachers team up with diverse students (Keengwe, 2010). Keengwe (2010) found that participants gained more cultural knowledge, became more willing to learn about and respect other cultures, recognized their own prejudice against other cultures,

acknowledged students as individuals instead of a cultural group, and related to English Language Learning (ELL) students' struggles after regularly and consistently meeting with their ELL students over the course of one semester.

Another approach studied by educators was *teacher research*, in which teachers themselves engage in research projects that focus on ethnocultural issues. Research indicates that teachers' knowledge of classroom learning is likely to transform when they are provided with opportunities to enquire about their pedagogies and lived experiences (Britzman, 2003). Wiseman and Fox (2011) report that teacher research can help teachers to reflect on cultural complexity and its role in classroom dynamics, enhance their cultural knowledge, be critical of deficit paradigms, enact change in their workplaces, and gain a sense of action and empowerment. However, educators have also expressed concern that some participants may deny racism, resist the idea of cultural diversity, and deem assimilation as the only goal (Wiseman and Fox 2011).

Cultural competence of occupational therapists and physiotherapists

Definitions of cultural competence in OT and PT professions

One definition of culture notes that, "culture is reflected in a person's beliefs, values, attitudes and daily activities" (Chiang & Carlson, 2003). The concept of diversity often implies a hierarchy among groups, with some considered superior to others. In health care, this can alter how treatment or practice proceeds and in turn affects health outcomes (Beagan, 2015). Cultural competence refers to the ability of health practitioners to comprehend and work within the cultural contexts of their clients (Wray & Mortenson, 2011). Muñoz (2007) discusses the definition of cultural competence, distinguishing a specific model of cultural competence for occupational therapy (OT) in contrast to other disciplines, although Iwama (2007) notes that there is no distinct, static definition of culture in OT.

The goal of cultural competence is for clients, no matter their ethnicity or cultural background, to access care and receive treatment equally. This does not simply require professionals to understand different cultures (Gray & McPherson, 2005). It also requires therapists to be aware of their biases towards people from different cultures and to consider their power in relation to their clients. This is influenced by maturity and personal experience (Gray & McPherson, 2005) as well as professional experience (e.g. opportunities to work with multicultural clients), as noted (Suarez-Balcazar et al., 2009). Therapists can alter their ways of communicating with clients in response to cultural differences, and literature has suggested that language is the major determinant of cultural competence. As in normal communication, body language and gestures are some of the elements needed to address barriers and achieve cultural competence (Govender, et al., 2017).

Significance of cultural competence in OT and PT

Culture is an indispensable part of health care. Due to ethnocultural diversity, patients' and practitioners' views on health, disease, and medicine can be different and contradictory (Muñoz, 2007). OT and PT professionals should therefore be equipped to face culturally sensitive working environments. Cultural competence in the fields of OT and PT helps therapists to work across cultures and to bridge cultural gaps with clients. There have been calls to enhance cultural competency training for OT students and practitioners (Suarez-Balcazar, et al., 2009). Sood and Cepa (2014), through the deployment of the International Collaborative Project on Cultural Competence on American and Indian OT students, examined the results of increased levels of cultural competence and affirm the importance of addressing cultural competence in decision-making processes.

Mattaliano and Stone (2014) elaborate on circumstances in which cultural competence may be significant for therapists, such as withholding physical contact with multi-ethnic patients due to cultural or religious reasons. Govender et al. (2017) note that misconceptions and stereotypes toward patients could lead to poorer relationships and lower trust, while patients and practitioners sharing the same cultural backgrounds might form relationships more easily and hence have more productive interventions. Awaad (2003) examined literature on cultural competency as part of the introduction of 'western' notions of mental health in the United Arab Emirates. Although OT is becoming recognized globally, it might not be readily accepted in places where there may be a possible 'cultural clash' in applying 'western' concepts.

Scholars have noted that the concept of cultural competence is hard to define and to incorporate into curricula (Mattaliano & Stone, 2014). Even when the concept of cultural competence is present in the curriculum, its depth and width may be limited. Murden et al. (2008) investigated perceptions of cultural competence among OT students at different stages of study, and found that some students felt there was room for improvement to cultural competence content in their program. The framework for cultural competence was present but its correlation to health was absent, and the lack of concern for cultural awareness could distort client-oriented service in both education and practice (Murden, et al., 2008). Capell, Dean, and Veenstra (2008) established an inverse relationship between cultural competence and ethnocentrism, where the degree of ethnocentrism of therapists would hinder their practice and treatment for patients.

Cultural competence in OT and PT practice

In the United States, the OT code of ethics mentions the principles of equality ('treating all people impartially') and justice (a state of inclusion toward diverse communities) (American Occupational Therapy Association [AOTA], 2015). Increasing awareness of cultural issues is also stated in the *Standard Practice of Occupational Therapy* (AOTA, 2005). For PT, culture is emphasized in the *Code of Ethics for the Physical Therapists*, which states that "physical therapists shall provide physical therapy services with compassionate and caring behaviors that

incorporate the individual and cultural differences of patients/clients” (American Physical Therapy Association [APTA], n.d.).

Cultural competence is also valued in the overall healthcare services in US. The Office of Minority Health at the US Department of Health and Human Services (OMH, 2013) developed the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (CLAS), which contains a principle standard achieved through 14 standards. The 14 standards cover three areas: ‘governance, leadership and workforce’ (e.g. how people in charge and staff can be culturally competent), ‘communication and language assistance’, and ‘engagement, continuous improvement and accountability’ (e.g. how organizations promote cultural competence) (OMH, 2013). ‘Governance, leadership and workforce’, in particular, notes the need to “educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis”, proposing the implementation of cultural competence training for people in charge and staff. For ‘communication and language assistance’, organizations should provide timely interpretation services and the materials in languages that are understandable for service users. For ‘engagement, continuous improvement and accountability’, it is recommended that organizations infuse cultural competence into their planning, operations and assessments (OMH, 2013).

In Canada, different provinces have different OT and PT regulations. Nova Scotia is used as an example to explore OT and PT regulations, as the first province to establish guidelines for cultural competence in primary healthcare (Nova Scotia Department of Health and Wellness [NSDHW], 2006). The OT code of ethics stresses that therapists should recognize the diversity and individuality of each client and should be fair toward clients (College of Occupational Therapists of Nova Scotia [COTNS], n.d.). The PT code of ethics mentions non-judgment when providing services: “Physiotherapists shall not refuse care to any client on grounds of race, religion, ethnic or national origin, age, sex, sexual orientation and social or health status” (Nova Scotia College of Physiotherapists [NSCP], 2005).

In 2006, the NSDHW (2006) developed a *Cultural Competence Guideline for the Delivery of Primary Healthcare in Nova Scotia*, which contains 15 principles categorized into three areas similar to the CLAS: ‘governance, leadership and workforce’, ‘communication and language assistance’, and ‘engagement, continuous improvement and accountability’. Cultural competence training is specifically promoted. To ensure effective communication, healthcare organizations should notify patients of available interpretation services and provide other information in a language understandable to patients, as family members or friends should not be used to provide translation unless stated by patients. Additionally, organizations should implement cultural competence in their planning and operations as well as responding to the cultural needs of service users in communities (NSDHW, 2006).

In UK, there are OT and PT regulations that refer to being aware of the culture of service users. The OT code of ethics includes the principle of equality, stating that OTs should respect the cultural beliefs of service users (Royal College of Occupational Therapists [RCOT], 2015). The Health and Care Professions Council (HCPC) developed a *Standard of Proficiency* for different health professions, which is mandatory for registrants. The *Standard of Proficiency* requires OTs to “be aware of the impact of culture, equality and diversity on practice”, while PTs are required to “understand the requirement to adapt practice to meet the needs of different groups and individuals” and “be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals and communities” (HCPC, 2013). Few cultural competence guidelines have been published by governmental departments although an *Equality and Delivery System* has been designed by the National Health Service (NHS, 2013), which assists healthcare organizations to evaluate and promote equality in service provision.

Training on cultural competence for OT and PT

To meet the increasing needs of clients with different ethnocultural backgrounds, OT and PT programmes in the US, Canada, and UK are required to improve students’ cultural competences. In the US, when educating OT students, programmes are required to equip students to “apply knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations” (Accreditation Council for Occupational Therapy Education [ACOTE], 2018). Educational programmes should increase students’ cultural awareness and knowledge. Following this standard, some programmes have established courses mentioning or discussing the influence of culture on OT practice.

In Canada, OT programmes are required to follow the professional conceptual framework: “A professional conceptual framework includes a professional philosophy, values and beliefs statement that is expressed in terms that are inclusive and respectful of diversity” (Canadian Association of Occupational Therapists [CAOT], 2017). For PT programmes, the 2012 *Accreditation Standard* requires programmes to improve students’ competences in working within diverse practice contexts and with different types of clients (Physiotherapy Education Accreditation Canada [PEAC], 2012). Therefore, some PT programmes include courses on Professional Practice, in which the application of cultural competence in practice is discussed.

In the UK, OT and PT programmes are required to adhere to the *Standard of Proficiency*, which involves increasing awareness of culture (HCPC, 2012). Therefore, some OT and PT bachelor programmes infuse cultural content into their courses. Additionally, the RCOT, an association performing accreditation for OT programmes, requires programmes to improve students’ competences in appreciating and respecting “diversity, individual differences, cultural beliefs and customs and their influence on occupation and participation”. In particular, higher

education institutions should provide students with opportunities to gain practice experience with people from different cultural perspectives (RCOT, 2014).

Various scholars discussed how to improve the cultural competence of OT and PT students. Although OT students may gain experience in multicultural settings or meet diverse clients during their training, this is not sufficient for them to become culturally competent (Govender, et al., 2017). Nevertheless, Suarez-Balcazar et al. (2009) affirm a positive correlation between OTs' multicultural experience and cultural competence. Educators have explored best practices to infuse cultural competence into OT programs (Wimpenny, et al., 2016), and Wray and Mortenson (2011) identify three original approaches, namely self-exploration, inquiry-based, and descriptive-based with grounded theory. For PT programmes, a three-part inter-professional education test was developed to evaluate the promotion of cultural competence in the US, in order to address gaps in cultural competence among health professionals. These three parts addressed self, culture, and the relation between health and culture. It has been reported that a decentralized model is key to success in this test (Oliveira, North, Beck, & Hopp, 2015). Educators in the US have also developed guides and tools to incorporate cultural competency into curricula, to prepare students to serve multiethnic clients. These include scales and assessments to analyze individuals' cultural competence, and guidance to question patients. The model has been widely praised by several disciplines (Matteliano & Stone, 2014).

Lee and Cheng (2012) found that PT respondents with more international experiences showed higher cultural competence. There may also be a positive correlation between cultural competence and social responsibility. The development of such skills is continuous, and it has been suggested that PTs with more related experience can train and educate students on social responsibility and cultural competence. For out-of-class experiences, a short-term foreign immersion tour was designed to allow OT and PT students to engage in a 'foreign' culture. Students participating in the tour expressed preliminary reflection and consideration about cultural diversity and acceptance (Ekelman, Bello-Haas, Bazyk, & Bazyk, 2003).

Challenges to cultural competence in OT and PT

Cultural competence and other concepts such as ethnocentrism may be interconnected, but their elucidation and relations are yet to be clearly defined (Capell, Dean, & Veenstra, 2008). It is acknowledged that there is usually lack of diversity and time to cover cultural competence topics within curricula (Sood & Cepa, 2014). For overseas immersion tours, time and financial constraints are major limitations, as students might not be able to gain sufficient knowledge during these short-term experiences (Ekelman, Bello-Haas, Bazyk, & Bazyk, 2003). Suarez-Balcazar et al. (2009) expressed concern that organizational constraints could impede cultural competency, as professionals have to follow agencies' guidelines that may have little flexibility allowing for culturally competent practice.

Key Conclusions Identified in the Systematic Literature Review

Major differences have been identified between Hong Kong and overseas countries in terms of the expectation on cultural competence by professional regulatory and/or registration bodies. The systematic review results revealed that professional regulatory and/or registration bodies of the five professions overseas clearly stipulate that practitioners must comply with the spirit of equality – treating all service users equally regardless of their ethnicities and cultural backgrounds. All service users supposedly have equal rights and entitlements in accessing the services they need. There are often specific requirements included in the professional training curriculums.

However, in Hong Kong, with the exception of the Social Workers Registration Board, which states that social workers should be “acquainted with and sensitive to the cultures of clients and appreciate the differences among them”, these codes, guidelines, and protocols do not include any provisions beyond treating all clients ‘equally’. Training and regulations for promoting cultural sensitivity, knowledge, and institutional adjustments for the needs of ethnoculturally diverse groups are not explicitly mentioned.

There are obvious gaps between the needs and rights of ethnoculturally diverse groups, and professional training and service provision in actual practice in Hong Kong. In reviewing official reports and documents concerning the use of health and social services by non-Chinese residents, different types of service barriers have been identified such as the frequent unavailability of interpretation services and the availability of most mainstream service leaflets and notices only in Chinese. Ethnoculturally diverse groups are often unable to receive important health and social services information due to language barriers, and often rely on ‘word of mouth’ to find out more about how their needs could be met. Many are also unaware of relevant poverty alleviation measures provided by the government. Therefore, it appears that multiculturalism is absent as a core value at the sociopolitical level, which can negatively affect ethnoculturally diverse groups’ rights and impede their access to social services.

On the contrary, the review results of the overseas literature show that it is very common for human services professions to take proactive measures to ensure cultural sensitivity, knowledge, and institutional adjustments to cultural diversity. For example, the American Academy of Nursing’s Explicit Panel on Culturally Competent Care, the Council of Social Work Education, and standards for pre-registration nursing training in the United Kingdom have enacted specific rules and guidelines to promote culturally competent practice among professionals under their regulation. Social workers in western countries are explicitly required to master cultural awareness with a non-judgmental mindset and to develop and practice appropriate and sensitive intervention for clients. Similar proactive approaches are taken by other healthcare professionals to facilitate diversity. Thus, it is common for overseas jurisdictions to

consider system-level capacities in multicultural contexts through careful analysis of data and comprehensive and responsive interpretation services.

In terms of cultural competence training, the effectiveness of the various training strategies in strengthening cultural competence has been inconclusive. However, some commonly-adopted approaches could be identified and they include specialized classes, mandatory training, and dialogues among professional practitioners on specific challenges, approaches, and needs in providing human services in ethnoculturally diverse contexts. The training provided in overseas contexts often emphasizes the nurturance of competence in responding to unpredictable situations, with the Nursing Skills Laboratory as an example. In addition, the concept of immersion or the infusion model of professional training is commonly applied in nurturing the cultural competence of students and practitioners. Cultural competence concepts and materials are often integrated into the main curricula of professional training programmes. Some training programmes encourage students to enhance their awareness that most ethnocultural groups experience oppression by dominant groups, and include strategies to help students reflect their own cultural values and attitudes and address students' reactions to diversity issues, thus further facilitating them to cope with dissonance and resistance to confronting their own belief systems. 'Cultural immersion' in professional training (through, for example, guest speakers and opportunities to study abroad) aims to challenge professionals' belief systems. In addition to training practitioners, professional and organizational reforms also aim to make service systems more culturally competent.

Despite of the comprehensive coverage of in regulations and training curriculums in the different professions in the western countries, there is dissonance between comprehensive professional regulatory mechanisms, training frameworks, and reality. Professionals may not be culturally competent in all circumstances. For example, some white school teachers in the United States who omit the needs of African American students during interactive learning and participation in class activities, while in the United Kingdom, many children do not feel their cultural needs are recognized by social workers. The low accessibility and availability of social services for ethnoculturally diverse older adults are also not uncommon in Western countries, and all ethnoculturally diverse clients are often allocated to the same cultural groups without considering the differences within them. Even so, institutionally speaking, professional regulatory mechanisms and training models in overseas countries are relatively better structured and more systematically implemented when compared with those available in Hong Kong.

Chapter 4. Results of the Qualitative Interviews

Qualitative Interviews

This chapter presents the results of the in-depth key informant interviews that provide understanding of the general level of cultural competence among the Hong Kong human service professionals, their strategies and limitations in practicing cultural competence, their willingness to receive training, and the relevant facilitators and barriers they face. The research team interviewed 48 key informants across the five human service professions, in order to study their experiences and perspectives about cultural competence in professional practice.

Each in-depth interview focused on four major areas of this research. The first area concerned professionals' understanding of the concepts and major elements of cultural competence in professional practice, and current practices of cultural competence. This included, for example, specific effectiveness approaches they have undertaken to enhance their own cultural competence in serving non-Chinese clients, and the limitations and barriers they have encountered in undertaking cultural competence. The second area concerned professionals' needs and challenges in providing services to ethnoculturally diverse groups, such as knowledge about cultural characteristics, cultural taboos, language barriers, and resource limitations. The third area concerned professionals' willingness to receive training to enhance cultural competence, including how they perceive their need to be more culturally competent in professional practice, prioritization of learning to be more culturally competent, and time constraints in striking a balance between receiving cultural competence training and tight work or study schedules. The fourth area concerned professionals' viewpoints regarding potential best practice approaches for strengthening cultural competence and related training programmes.

The structure of the discussion of key findings is organized according to different professions, namely nurses, physiotherapists and occupational therapists, social workers, and school teachers. An overall analysis of the study areas is presented at the end of this chapter, identifying the common issues and characteristics of all five professions and the differences between them.

Understandings of Cultural Competence and Current Practices of Cultural Competence

In-depth interviews with key informants revealed variations in understanding of cultural competence across the five human service professions, which were summarised in table 4. Professional nurses, physiotherapists, and occupational therapists shared a similar level of cultural competence, and are generally not sufficiently culturally competent when dealing with non-Chinese patients. Practitioners from these human service professions rely heavily on transferring cultural knowledge from senior to junior levels and following standardized protocols in hospital, instead of attending formal training. The cultural competence of teachers and their

support to non-Chinese students differs across schools, depending on the enrolment rate of non-Chinese students. Teachers who work in schools with more non-Chinese students seem to be more culturally competent and acquire more resources for those students, while other teachers are generally not well-trained in cultural competence. Compared to other professionals, social workers seem to be more aware of the cultural uniqueness of non-Chinese clients since unique specialized programmes and services are more available for ethnoculturally diverse clients in the social work service system. Therefore, the social workers' exposure to working with these clients is likely the reason for them to show a higher level of awareness, importance, and understanding of cultural competence.

For training, all five human service professionals received limited training related to cultural competence in the Tertiary institutions and at work.

	Nurses	PTs/OTs	Social workers	School teachers
Protocols	Standardized Hospital Authority (HA) protocols	Standardized Hospital Authority (HA) protocols	Social work principles and code of ethics	Not specified
Tertiary training on cultural competence	Basic principles and ethics	Basic principles and ethics	Social work values related to justice and equality, courses on culturally diverse groups	Emphasis on the teaching of Chinese language
On-the-job training on cultural competence	Limited, and relies on clinical experiences	Limited, and relies on clinical experiences	Limited to community visits and on job exposures for specialized services	Emphasis on the teaching of Chinese language
Cultural competence	Insufficient	Insufficient	Comparatively higher	Insufficient

Table 4. Summary of cultural competence practices in human service professions

Understandings among nurses

Nurses were asked to share their overall understanding of the cultural competence of nursing professionals in Hong Kong, and the extent of their cultural competence in rendering services to ethnoculturally diverse clients. Both general nurses and psychiatric nurses were interviewed. General nurses reported that they tend to closely follow standardized processes or workplace protocols, and are required to treat every patient equally with the same standards and attitudes. It is difficult for general nurses to understand and address the needs and feelings of non-Chinese patients in hospitalization as it appears that nurses among all the professions we have interviewed is the only profession that consistently mentions their workforce shortage and tense working environment. A few nurse informants summed up several reasons for these

working attitudes. First, ethnoculturally diverse patients normally follow instructions made by doctors and nurses with few objections or complaints, and they seldom voice their demands and feelings. Second, official standardized protocols are rigid, which does not encourage nurses to carry out patient-centred practice in frontline contexts, let alone consider the feelings and needs of non-Chinese patients. A nurse described everyday stressful working environments in hospitals, which are always not favourable for professionals to be culturally competent:

Nowadays, the working environment in the HA [Hospital Authority] hospitals is generally very busy. Our colleagues couldn't afford to put that [cultural competence] into consideration, so they just tried their best to abide with their [ethnic minorities] culture in serving them... I believe most nurses are like that, so if you ask some individual nurses, they would also say 'we try our best'. It is quite challenging to be flexible in actual practice and get used to the norms of different people. There are peer pressures amongst the nurses themselves, as if you have put extra effort to help some particular patients, other colleagues wouldn't appreciate them. There are already so many patients sleeping in the hospital corridors, how could they have extra time and energy to be culturally competent? The nurses may recognize its importance, but difficult to implement in reality.

Workforce shortages also present a grave problem for the nursing sector. For a number of years, the number of nurses in Hong Kong hospitals has been insufficient, so it is difficult for hospitals to implement a patient-centred approach similar to that of their counterparts in other Western nations. Without patient-centred practice, it would be difficult for nursing professionals to be culturally competent in treating non-Chinese patients:

I think [the level of cultural competence] is more related to the manpower of nurses in Hong Kong. Very different from other countries where the nurse-patient ratio might be as low as 1:4, but it could be 1:12 here in Hong Kong. Also, the time and contents of the hospital activities in foreign hospitals would hold the patients in high regards. However, things are very routine and rigid in Hong Kong, and it is a matter of sufficiency of time.

On the other hand, the lack of cultural competence at the HA management level may further hinder nurses' abilities to provide culturally competent services to non-Chinese patients:

For example, in the public hospitals, when a non-Chinese patient asks for Halal food, the hospital could only provide a vegetarian meal. I have reflected such situations to the hospitals. They replied that they do provide Halal food, but it depends on the supply. When the supply is here, they can provide it. When it isn't, there is nothing they can do. Such situation also reflects how much the hospitals value [cultural

competence]. If HA claims that all hospitals should be able to provide Halal food, then they should keep this promise. It is not about the supply.

Nevertheless, the HA has recently been paying more attention to addressing the needs of individual patients from ethnoculturally diverse backgrounds, and has provided guidelines and some reference materials for professionals. For example, nurses have received a calendar indicating the festivals and important dates observed by the major non-Chinese groups in Hong Kong. In normal circumstances, general nurses mainly focus on fulfilling two common cultural needs of ethnoculturally diverse patients: food preferences and stances on blood transfusion. For their other needs and habits, nurses normally let those patients address their own needs, such as practicing their religious rituals, as long as they do not interfere with other patients and the hospital environment as a whole.

In terms of the training nurses received during their university studies, some general ethical issues related to respect for patients and equality irrespective of ethnicity have been taught. However, details and actual skills and attitudes for implementing these professional values are not usually thoroughly explored and discussed in nursing curricula. Some cultural taboos might be mentioned when nursing students learn about different workplace scenarios, such as offering or not offering particular types of food or the rejection of blood transfusions by some ethnicities and faiths. In terms of on-the-job training, most nurses pointed out that culturally related trainings are limited. Therefore, their understanding of ethnoculturally diverse patients relies mainly on their own working experiences. Hong Kong nurses generally respect the cultures and habits of these patients, but knowledge and facts about specific cultural norms are usually not systematically provided due to the lack of professional development training on these aspects. As a result, some nurses need to spend more time asking about the cultural taboos of each non-Chinese patient during intakes.

There are different cultural taboos in relation to different ethnicities that we can't remember them clearly, so we normally ask more details from them. In fact, sometimes we can't distinguish different ethnicities, and even though we know which ethnicity does a patient belong to, we may also not remember whether he or she eats pork or not. Therefore, we tend to spend more time to ask.

The lack of in-depth training on cultural competence and reliance on personal experience to gain understanding of non-Chinese patients contribute to nurses' bias and stereotyping against non-Chinese patients.

Some of them were hospitalized due to accidents. They actually wanted to claim reimbursement from their domestic worker insurance. However, they could not explain the accident clearly. They insisted that it was not their problems. It left us a bad

impression. They only knew very little English. However, they would keep on asking questions as they did not feel secure. It is quite annoying.

Generally speaking, the majority of general nurses believed that their level of cultural competence is sufficient to fulfil the basic needs of ethnoculturally diverse patients while they are hospitalized, but some admitted that they may not be sufficiently culturally sensitive in many circumstances. One said: *“I think we should be competent enough to handle everyday caring, but may not be competent in responding intensively about their cultural background in taking care of them”*. Another nurse also raised the issue of lack of knowledge of cultural norms and taboos of some non-Chinese patients: *“We are really not so clear about their cultural taboos and worried about making mistakes that we even don’t aware of ourselves”*.

More than three psychiatric nurses were interviewed, and nurses working in the psychiatric field appear to be more ‘human-centred’ towards ethnoculturally diverse patients when compared with their general practice counterparts. In normal circumstances, each patient will be followed by a case manager who is a psychiatric nurse, as it is critical to build up rapport and have good communication with different stakeholders in psychiatric care, in which nurses often engage with non-Chinese patients and their families. One psychiatric nurse said that psychiatric nurses and ‘case nurses’ spend time communicating with patients, and are more sensitive to patients’ emotions. As they communicate more frequently with patients from diverse cultural backgrounds, they understand them better. The case nurse and other nurses and health professionals work closely with each other to handle each case:

There is always a case nurse to take charge of each case. For example, when we intake an ethnic minority patient, he or she would be assigned to a case nurse. The patient would spend most of the time interacting with the case nurse, so we would check with the case nurse if we need to understand more about the patient. As we tend to have a closer relationship with our patients and communicate with them more frequently, gradually we can understand more about what they say.

With respect to training on cultural competence for psychiatric nurses, all psychiatric nurses reported that training on cultural issues related to professional practice are currently limited, and that these training are more focused on introducing resources available to support non-Chinese patients. Psychiatric nurses’ understandings of ethnoculturally diverse patients therefore mostly originate from their own clinical exposure and experiences shared by their colleagues. They learn and gain very few skills and knowledge from formal training programmes offered by the HA and other agencies. In terms of their level of cultural competence, psychiatric nurses generally respect patients from different cultural backgrounds, but their knowledge in responding to patients’ needs and feelings is generally not sufficient. For example, a psychiatry nurse said some of her colleagues still do not know what kind of food could be offered to certain

types of patients. Therefore, their level of cultural competence is not sufficient to enhance the quality of service and daily needs in the workplace:

Sometimes when we organize some activities, our colleagues would worry about whether the food could be offered to our patients, as those haven't undergone some religious rituals. Sometimes the minority patients ask us for something to eat, but we would hesitate to give them.

The findings presented above concerning the experiences of the nurses in providing care services to ethnoculturally diverse patients and their level of competence reveal that professional nurses may not be sufficiently culturally competent in responding to the growing needs of serving non-Chinese patients in Hong Kong hospitals. The nursing curricula offered by tertiary institutions generally do not emphasize the development of cultural competence in professional practice and nurturance of specific skills and knowledge to address the needs of ethnoculturally diverse patients. In addition, the chances for nursing professionals to receive further on-the-job training on cultural competence skills and knowledge development are limited.

Except for psychiatric nurses who appear to be more skilful and confident in communicating with non-Chinese patients, most nurses do not have much close communication with these patients. They might think it is already enough that their patients are properly taken care of and to be sensitive to their major cultural norms and taboos. However, one common problem for all nurses is that they are less confident in becoming fully proficient and skilful in understanding the feelings of non-Chinese patients, and are facing difficulties in remembering cultural taboos and distinguishing different ethnicities and religious faiths. Most key informants pointed out these common workplace challenges facing themselves and their colleagues.

Understandings among physiotherapists and occupational therapists

Ten physiotherapists and occupational therapists were interviewed and asked to discuss their professions' general understanding and current practices of cultural competence. These key informants included educators from tertiary education institutions, a trade union representative, and frontline workers. Generally speaking, physiotherapists working in public hospitals tend to follow standardized procedures and protocols stipulated by the HA, including services for ethnoculturally diverse patients. Such standardized procedures may not be able address ethnoculturally diverse groups' needs and can lead to unequal treatment toward them.

For certain prevention workshops and education talks, [the materials] are only in Chinese. There is only few in English. So, they [non-Chinese patients] may not be able to take part in it. We offer more than just individual treatment. There are also some classes available during weekends.

As with nurses, physiotherapists are very busy and seldom have close interactions with non-Chinese patients. In normal circumstances, therapists only fulfil their tasks of treating patients according to their respective situation and ensuring the progress of their recovery. Most would not hold a different attitude towards patients of other ethnicities, but some are quite alert to the issue of gender sensitivity associated with cultural norms. As admitted by a number of practitioners, however, therapists are generally less culturally sensitive in their routine working environment. Nevertheless, therapists working in community health centres generally spend more time with individual patients, including non-Chinese patients, so they have a higher capacity in explaining the details of treatment and progress to patients. Therefore, this group of therapists may be more cultural sensitive. As a key informant pointed out:

Those patients receiving therapists in public hospitals had to leave very quickly after each session, so it is difficult to teach them everything. But in community centres, we see each other frequently and have more interactions, so we could be more patient in explaining more details about the therapies.

In terms of the training received in tertiary institutions, local physiotherapy students only touch upon general ethics without specific material on cultural issues, and on-the-job training is limited. Therefore, therapists only gain understanding of different cultures through discussions with colleagues about personal experiences in providing services for non-Chinese patients. However, these discussions can sometimes be biased and involve descriptions of inaccurate facts. One therapist mentioned the difference between ‘first person’ and ‘second hand’ experiences in cultural exchanges: “*We didn’t touch upon this topic [in receiving training], so we very much rely on the experiences of other colleagues. But there could be distortions and biases. If we encounter more [non-Chinese patients], there could be less stereotyping and different ways of handling things*”.

With respect to their level of cultural competence, therapists are generally aware of the taboos associated with different ethnicities, particularly physical touch between males and females. They generally manage gender sensitivity well, but have little knowledge of other types taboos and the feelings of non-Chinese patients, so they are unable to address some culturally related issues. In particular, more experienced therapists tend to be more culturally sensitive than their junior counterparts. One example is that more experienced therapists are more alert to gendered differences and would cover female patients with blankets during treatment. However, similar to professional nurses, physiotherapists may develop bias and stereotyping against non-Chinese patients when they develop understanding of ethnoculturally patients based only on their and their colleagues’ experiences:

Some of the Indian patients are very rich and they want to receive more treatments. For example, we, the physiotherapists, have decided that this patient has finished all his

treatment. Then the patient might bring along a lot of family members and put pressure on us together to request continuing the treatments and insist that the patient was still experiencing problem.

Some of my colleagues would believe that the non-Chinese patients were just trying to scam more money from their working insurance. They insisted it hurt even when they were completely fine.

With respect to the cultural competence of occupational therapists, key informants explained that since they always carry out training activities for patients and develop rehabilitation plans, occupational therapists are more aware of the needs of ethnoculturally diverse patients and are more skilful in adjusting activities or rehabilitation plans for non-Chinese patients based on their needs and unique situations. However, there are no specific training on cultural competence or cultural sensitivity offered by local tertiary institutions. There are a few on-the-job training for practitioners, but the contents of these training is more suitable for doctors than for the professional circumstances of occupational therapists: *“Those training only tell you what to beware of in different types of therapies, but most of those are not within our scope of services. Those training are more suitable for the doctors”*.

Regarding the level of cultural competence of occupational therapists, they generally follow the guidelines set by the HA about treating patients of all ethnicities equally, and as with physiotherapists, by making reference to the experiences of their senior colleagues or other medical professionals. Overall, therapists have a general understanding of ethnoculturally diverse patients, including their family structures, cultural taboos, and expectations for employment, which they think are sufficient for taking up their daily tasks. However, they lack knowledge about the differences between ethnic groups:

There are no specific programmes to equip the colleagues [on cultural competence], we rely on the existing guidelines most of the time. Our norm is we would transfer our experiences and skills to the student therapists and our juniors. We provide them with supervision, in which we will inform them what they need to beware of. We have a “clinical round” each week to discuss the new cases. The doctors will also remind us what we need to take note of [in taking care of ethnoculturally diverse patients], such as differences in their religious faiths.

Another therapist explained that even though they can handle tasks and therapies related to ethnoculturally diverse patients in general, and understand any common cultural taboos, they found that therapists still do not know enough about the implications and background of those cultural norms:

We don't have classes talking about different cultures, and we don't have many ways to obtain that information. The general taboos, such as no pork for the Muslims, are well known to us, so we are able to avoid those mistakes. But for the details and implications of those differences, like why they wear headscarves, pants and long skirts all the time, we really don't know much. The undertaking of our daily tasks is mostly depended on our life and work experiences, not from the teaching materials. Therefore, I can't say we know a lot.

According to key informants, physiotherapists and occupational therapists can handle cases related to ethnoculturally diverse patients and are aware of the most common cultural taboos. They are aware of gender differences and unique diets of these patients in their professional practice. However, their level of cultural competence is generally similar to that of nurses, as they are not formally trained in cultural competence in tertiary institutions and there is little on-the-job training available for them. Therefore, they can only rely on their past clinical experiences and those of their colleagues. These two professions place strong emphasis on transferring skills and knowledge from senior to junior professionals. Similar to nurses, most therapists have relatively little in-depth knowledge about the cultural taboos and norms associated with non-Chinese clients, apart from commonly known cultural taboos. One main reason is that they do not have many chances to obtain information and receive intensive training on cultural issues that they may need to know.

Understandings among social workers

The research team interviewed four social work educators and nine frontline social workers, who all have experience in teaching social work students to serve ethnoculturally diverse clients and working in agencies and service units specifically serving non-Chinese clients. These social work professionals discussed their understanding of cultural competence and the extent to which their profession has implemented cultural competence. Social workers working in the Social Welfare Department generally follow social work principles and departmental procedures on respect and equality regardless of ethnicity when providing services. Therefore, the workers treat Chinese and non-Chinese clients equally, based on their residential status in Hong Kong. However, whether this so-called 'equal' treatment and low complaint rates from non-Chinese clients necessarily imply that workers are sufficiently culturally sensitive and competent is doubtful.

Social workers have to abide by the social work values and ethics in our professional practice. I believe 90% of the workers manage quite well in these. You may see that there are very few complaints from the ethnic minorities on social workers, unless some individual workers do not follow the values and practice ethically...I believe in providing services, very few of them would serve with bias, as there is a complaint mechanism.

In terms of services provided by mainstream social service organizations, most key informants noted that most social workers do not have enough cultural knowledge and awareness to serve ethnic minorities even though they work in full accordance with professional codes and ethics. Workers from mainstream organizations therefore usually refer cases to agencies and service units specifically set up for ethnoculturally diverse clients. Nevertheless, a number of key informants thought this may not be fully beneficial for non-Chinese clients in terms of social integration, as they are always confined to their respective social circles. One social worker described the challenges in engaging clients referred by mainstream agencies:

If a mainstream service unit doesn't provide services to the South Asian clients, then those workers may not be able to respond properly if a minority client visits their centre. In this case, these units would refer the cases to the specialized units for serving the South Asians, like us [a specialized unit]. But it is a bit challenging to ensure a smooth transition in between, because that original service unit might be geographically closer to that minority client, so he or she may still not come to us after receiving our calls.

Another key informant described challenges to social integration: “*This is exactly the problem [of receiving services from specialized service units only]. We want to see them integrating into the society, but at the end they would come back to us. It is very difficult for the ethnic minorities to fully integrate into the society.*” A third informant reflected that when some social workers from mainstream organizations interact with ethnoculturally diverse clients, they have lower awareness of specific cultural taboos associated with certain ethnicities:

Sometimes the non-Chinese boys are very naughty, so my colleague [a female] who is working in a mainstream unit would grab their hands when telling them to behave themselves. Some boys are more sensitive and shook off my colleague's arm...the colleague seems to be less sensitive to gender differences in their cultures.

The above findings suggest that there is a dilemma between offering specialized services to ethnoculturally diverse clients and the facilitation of social integration. On the one hand, those workers are culturally less sensitive to taboos, habits, and feelings of non-Chinese clients, so in some circumstances they were reluctant to work with them and thus refer them to specialized units with more experienced workers and compatible settings for cultural diversity. On the other hand, these frequent referrals may affect clients' social integration in Hong Kong, as they continue to be confined to their own cultural settings with few chances to interact with others and access resources offered by mainstream service units. At the end, this may be due to the level of readiness and cultural competence among social workers and mainstream units in supporting people and cases related to different cultures.

As all social worker key informants in this study work in specialized service units for ethnoculturally diverse clients, they made more insightful comments and viewpoints on the performance of these agencies and service units. Workers in specialized units generally have more knowledge and skills in serving non-Chinese clients and are more sensitive towards ethnic minorities in general. However, the level of cultural competence varies between individuals and organizations. For example, some organizations have neglected differences between and within different ethnic groups when designing service frameworks and actual practices. A key informant gave an example: *“In some centres specifically set up for the ethnic minorities, probably due to convenience, workers would put clients from different ethnicities to participate together in the activities. But they failed to note that people from different ethnicities do not necessarily share the same values”*.

Moreover, under the ‘Lump Sum Grant’ system imposed by the government on the funding and management of social service agencies, services for ethnoculturally diverse clients are mostly project-based. Therefore, long term planning is not viable in the social service organizations. Meanwhile, these services cannot be integrated into the subvented service framework. There are doubts about whether these units serving ethnoculturally diverse clients could be sustainable in the long run. A social worker serving in a specialized unit for ethnoculturally diverse clients indicated:

Like what my previous agency did, they included the ethnic elements in the service proposals with the aim of getting more funding. We claimed that we would organize some community activities for the ethnic minorities. I think it is not quite appropriate to put the minorities as a “bright spot” of the service; instead, we need to treat them as part of our society.

Another key informant who is well experienced in the field shared similar opinions, noting that many specialized service units are money-driven and it is not good to keep these services as project-based:

Most of the agencies nowadays are money-driven. They are very concerned about funding, but they have no ideologies, missions and directions about serving the ethnic minorities. The current norm is, “agencies follow the money”, so there is no long-term plan. Currently, service evaluations are more oriented to figures, but no one bother to take note of the impact of the services on the ethnic minorities.

As for training for social workers on cultural issues such as competence or sensitivity, social work curricula in local tertiary institutions mention values such as upholding social justice in social practice, facilitating equality, and serving and supporting students to work and learn in local ethnoculturally diverse contexts. However, not every student has such experiences during

his/ her study, as the number of service units providing services for non-Chinese people is still limited given that Hong Kong's social welfare service framework is Chinese-oriented. Some institutions have developed collaborations with specialized service units for ethnoculturally diverse clients in order to increase placement opportunities, but these students are still a minority. In terms of on-the-job training for practitioners, some organizations organize occasional community visits or talks about cultural issues for their staff, while other organizations do not. Training on skills and attitude required for cultural competence are still limited and, as a result, some social workers may still hold biased attitudes toward ethnoculturally diverse groups and lack in-depth understanding of them:

Other social workers who heard that we are providing specialized service for ethnoculturally diverse groups were actually shocked that such services actually existed. Some of them would ask if non-Chinese kids were naughtier and more difficult to handle.

Social work profession is not paying enough attention to ethnoculturally diverse groups. Some organizations even have to ask us to help them translate from English to Cantonese. I think they over emphasize language. They only have a vague impression of ethnoculturally diverse groups. They do not know them very well. For example, they think all those who wear headscarves are from Pakistan, or Indonesia.

Compared to nurses, physiotherapists, and occupational therapists, social work professionals seems to be more concerned about cultural issues related to professional practice and service provision, given that there are specialized social service units for non-Chinese groups to support different aspects of life in Hong Kong. Nonetheless, according to a number of key informants, many of these specialized service units are project-based and the workers in these units are generally not well trained in cultural competence (such as treating all non-Chinese groups in the same way by putting all clients in the same group without considering cultural differences between them). Additionally, the current social service framework is not sufficiently competent to facilitate the social integration of ethnoculturally diverse groups in society, as mainstream units always refer non-Chinese clients to specialized units.

As for social work professional training, local social work curricula cover social work values related to justice and equality of people despite their cultural backgrounds. However, there are a few micro training focused on providing culturally competent services to ethnoculturally diverse clients, and students' opportunities for practicums in local culturally diverse contexts are limited. There are few professional development opportunities for social work practitioners, and most culture-related professional activities tend to involve community visits rather than skills training. Details regarding the needs and challenges of social workers in providing services to ethnoculturally diverse groups are reported later in this chapter.

Understandings among school teachers

In recent years, a growing number of non-Chinese speaking students have been enrolled in local schools. These students are also concentrated in Chinese-medium schools across Hong Kong. Four educators or trainers of teachers' training in local universities and eight frontline teachers were interviewed. All either have experience in interacting with non-Chinese speaking students or have provided training and conducted research on this topic. These interviews suggested that schools with a higher proportion of non-Chinese students are more sensitive to the needs and unique circumstances of these students and their families. These schools and their teachers undertake different measures to adjust their teaching methods. As one teacher shared: *"We [his school] offer both mainstream and school-based curriculums. The mainstream Chinese subject is aligned with the other schools, but the school-based Chinese subject is easier, depending on the needs of certain students"*.

As with nursing and physiotherapy professionals, junior schoolteachers are usually supported by more senior teachers in teaching non-Chinese students. Senior teachers share their experience with their junior counterparts. These schools also hire some English-speaking teachers to help local teachers in interacting with students from ethnoculturally diverse backgrounds. Therefore, the cultural competence of teachers in these schools may be relatively higher than for others:

This school is one of the earliest one to enrol non-Chinese speaking students, so it is well-experienced. The experienced teachers would share with the new teachers what they need to beware of in interacting with these students. Schools would arrange home visits to enable teachers to understand more about the students' situations, so they can understand more about each other. The school environment is quite open and we are so receptive.

For schools with few non-Chinese speaking students, key informants reflected that most would have fewer measures to specifically support these students. Teachers obtain less assistance and resources in teaching non-Chinese speaking students and therefore usually encounter challenges in supporting these students. Even though some of these schools have received exclusive funding to support these students, resources are usually not properly adopted. Some schools having adopted Putonghua as the medium of instruction for Chinese subjects have even neglected these students:

Our school has received an amount of funding because of this group of students, but could the resources be accurately allocated to support them? I don't think so... The school doesn't really concern their wellbeing. In fact, the use of Putonghua to teach Chinese is quite challenging itself, so other schools would put the non-Chinese students in basic language classes. I once proposed this mode of teaching, but my school thought

it was waste of time to provide extra support, as we did not have a lot of non-Chinese students.

Another key informant reflected that a colleague found the teaching of non-Chinese students challenging because they do not know about them. The resources for those schools with few such students are usually limited:

A friend of mine has one or two non-Chinese students in her class, but she has encountered difficulties in teaching because she doesn't know much about their cultures. Therefore, she has no idea of how to support them. Since that school has only enrolled a few of these students, there are little resources available, so it is difficult for the teachers concerned.

With less resource allocated to non-Chinese students and teachers who are not sufficiently culturally sensitive, the treatment received by ethnoculturally diverse students is unequal comparing to their counterparts:

From time to time, we [volunteers from an NGO] would help translate an activity notice. When parents went to apply for that activity after our translation, there could be no spots left available for that activity anymore. Isn't it unfair?

I have heard of another example. A non-Chinese student would like to join the autumn school trip. There were three choices. The teacher asked him to pick Choice A because Choice A was barbecue. However, the parent was not sure if they were serving Halal meat during the barbecue. The other option was Poon Choi, which I said for sure was not the appropriate choice. The school obviously did not make any special arrangements [for these non-Chinese students]. It may have something to do with cost. But before considering the cost, it must have something to do with their attitudes.

Likewise, some new teachers with education as their university major are also not confident enough in teaching non-Chinese speaking students because they face challenges in speaking English to these students and their parents. As a result, these teachers do not pay much attention to non-Chinese speaking students and are not competent in teaching and supporting those students. A university scholar in teacher training said that from his observations, “60% to 70% of the students in my class are not confident in oral English, but their written English is stronger than oral English.” Their difficulties in oral English could present barriers to communication with non-Chinese speaking students. Some teachers-to-be also hold an indifferent attitude in responding to potential culturally diversified teaching environments: “They don't expect to teach the minority students; they just ignore and don't consider how they could help them.”

As far as teachers' professional development is concerned, the EDB has been paying stronger attention to cultural diversity and support for non-Chinese speaking students in recent years. The EDB has offered relevant training and set out measures for schools, such as refunding teachers' tuition fees to obtain Master's degrees in teaching Chinese language to non-Chinese students, as well as arranging sharing sessions for teachers to discuss their teaching experiences. However, these training are often not practical enough to equip teachers with the specific skills they need, particularly with respect to the lack of courses and materials on responding to cultural issues. Cultural taboos and rituals are not mentioned in some courses:

The EDB has offered a lot of courses for teachers responsible for the curriculums for the non-Chinese speaking students. My school requires all Chinese language teachers to receive one to three hours of training every year, but I find that those programmes do not help us much. The contents of training are too general and theoretical with very few practical elements. They didn't teach us how to work with the non-Chinese students in reality.

Based on in-depth interviews with education sector professionals, it seems that teachers in Hong Kong are generally not well trained in cultural competence, and that schools are only responding to the needs of non-Chinese speaking students in learning the Chinese language. Training programmes for teachers do not place much emphasis on teachers' attitudes and knowledge in interacting with ethnoculturally diverse students, such as cultural norms and taboos. Additionally, the strength of special supports for these students varies across schools, mainly depending on the enrolment rate of non-Chinese students. If there are fewer such students in a school, teachers receive less support in teaching them the Chinese language due to limited resources. To sum up, it seems that cultural competence still has not been taken seriously by the education sector in Hong Kong. Teacher training and professional development programmes are oriented to Chinese language teaching, and some schools place stronger emphasis on non-Chinese students because they may gain more resources. The later sections of this chapter discuss the cultural competence of teachers and explore their needs and challenges in achieving cultural competence in professional practice.

Needs and Challenges in Providing Services to Ethnoculturally Diverse Groups

Interviews with key informants revealed that all five types of human service professionals face many challenges in achieving culturally competent practice, including barriers in communicating with clients and understanding their mindsets and cultural norms in service delivery. These challenges emerged from interviews with different professionals and yet they may not necessarily be identified by all key informants as an issue. The needs and challenges reported in serving ethnoculturally diverse groups were summarised in Table 5.

For all five professions, language barriers are a common challenge. Although professionals may use interpretation services, communication gaps continue to exist, deterring the professionals from gaining a deeper understanding of their clients' situations. Many professions also identified a lack of cultural competence and limited resources to support services as their challenges when providing services to ethnoculturally diverse clients. Specifically, three common challenges were reported by at least two professions. The challenges are related to gender roles, perception of punctuality, and observance of cultural events.

Local professionals sometimes need to adjust their services to cater for the needs of ethnoculturally diverse service users. Nevertheless, most professionals opined that there are very few resources available for them to enhance services in response to the growing cultural diversity in their service settings. For example, students receive little professional training on cultural issues in tertiary institutions, and there is a shortage of interpretation services, limited access to resources for service enhancement, and flaws in the design of specialized service schemes for ethnoculturally diverse clients (particularly in the social welfare sector). Therefore, professionals are experiencing enormous challenges in providing culturally competent services, such as understanding different cultural norms, adjusting existing services and practices to cater diverse service user needs, and communication barriers.

	Nurses	PTs/OTs	Social workers	School teachers
Language barriers	Yes	Yes	Yes	Yes
Lack of cultural knowledge	Yes	Yes	Yes	Yes
Different understanding of time between professionals and culturally diverse clients	Not mentioned	Yes	Yes	Not mentioned
Difficulty in engaging with culturally diverse family members	Yes	Not mentioned	Not mentioned	Yes
Conflict between general protocol/mainstream culture and non-Chinese cultural norms	Yes	Yes	Not mentioned	Not mentioned
Limited resources to support services for culturally diverse clients	Yes	Yes	Yes	Yes

Table 5. Summary of reported needs and challenges in serving ethnoculturally diverse groups

Needs and challenges among nurses

Key informants in the nursing profession shared their views about the needs and challenges of their professionals in providing services to ethnoculturally diverse groups. General practice nurses normally do not encounter many challenges in communicating with non-Chinese patients because they can use body language or ask patients' family members who speak either English or Cantonese to translate for them. The most difficult task for individual nurses is to remember different cultural taboos and norms.

As mentioned earlier in this chapter, psychiatric nurses have relatively closer relationships with non-Chinese patients and have made efforts to understanding them in order to build up more cohesive rapport with patients and families. However, they also encounter barriers in communicating with ethnoculturally diverse patients because of language differences. A number of key informants said they have difficulties in obtaining details about their patients, as they cannot comprehend patients' mother tongues. Sometimes both sides have misunderstandings, which can be very problematic for clinical treatments:

I once had an Indian patient who spoke neither Chinese nor English, but her daughter could speak some English. The daughter translated from Urdu to English sentence word by word for us, so we relied on this mode of communication to understand the patient's basic information. But when that patient tried to say something but she could not write anything on paper, my colleagues felt annoyed as they did not understand what she tried to express. Interestingly, through her daughter's translation afterward, in fact she tried to express her appreciation of our care for her. It was actually a positive message, but we misunderstood her because of language barriers.

Nurses also come across some issues triggered by cultural differences and specific cultural needs that may affect their daily tasks. For example, some male patients would like to use razors for removing body hairs on regular basis, but razors are forbidden in hospitals. The nurses find it difficult to gain the relevant knowledge about the cultural norms from patients' wives, as for some cultures females are considered as subordinates of their husbands and the wives would hesitate to communicate with others outside home.

Some nurses reflected that they find it challenging to understand diverse cultural taboos and religious rituals. They explained that when some non-Chinese patients need to practice their religious rituals, hospital staff members find it challenging to distinguish whether certain actions conducted by patients are religious-related or delusion. By relying on searching the Internet for the relevant knowledge would also increase their workload and burden.

These findings illustrate that local nurses serving in hospitals may encounter different challenging cultural issues. Language barriers and a lack of thorough understanding of cultural

norms associated with some ethnoculturally diverse patients appear to be major challenges for nurses in providing services in hospital settings. They may need to overcome language barriers to build up smooth communication with patients and their families who may not be proficient in either English or Chinese. Barriers in patient-nurse communications can affect the quality of nursing services and most seriously the wellbeing of patients.

Furthermore, local nurses seem to have lower understanding of some cultural norms, such as gender relationships in some non-Chinese families. Nurses might expect to learn about their patients from female family members (as with Chinese and other ethnic groups), but this strategy may not be effective in many cases. Additionally, the lack of understanding and experience among some nurses about other religious rituals and worship practices may also lead them to feel less competent in responding to patients' needs. Therefore, nurses should be better equipped to respond to the growing cultural diversity in local hospital settings, so that the needs, feelings, and wellbeing of ethnoculturally diverse patients can be properly addressed.

Needs and challenges among physiotherapists and occupational therapists

Physiotherapists also encounter language barriers when some patients and their families are not proficient in Chinese or English. Very often, they need to spend more time explaining different types of treatment through body language and pictures, if translation services are not instantly available. Translation services in the Hong Kong medical sector are mainly delegated for use by medical doctors, while some therapists have argued that it would be more convenient to have direct access to interpretation services by the therapist teams without having to apply through the nurses or other administrative units. As a current practice, some therapists would only seek to access interpretation services on a 'tag along' basis when an interpreter has received a service order from a medical doctor.

In terms of physiotherapy students in fieldwork attachments, they usually do not encounter difficulties in serving ethnoculturally diverse patients because the number of these patients is limited in their practicum settings. A key informant from the tertiary education sector said that clinical educators also screen out 'challenging cases' for students to ensure they can handle everything without risks.

Occupational therapists in Hong Kong always need to support ethnoculturally diverse patients to develop a suitable rehabilitation plan and support them in seeking employment opportunities. However, there are limited resources available in the community to support non-Chinese patients in social integration, such as securing employment opportunities for those who wish to return to the labour force. Clients' limited proficiency in the Chinese language also limits their options, so OTs may not be able to provide them with much support in some cases:

We would recommend some jobs and leisure activities for them [ethnoculturally diverse patients]. But for the security guard position, very few housing estates would hire them except Chungking Mansion if they don't know Chinese or even English. There are only a few NGOs available for them, so what we can give them is quite limited.

Differences between local Chinese and ethnoculturally diverse patients associated with working culture are also a concern for occupational therapists, as noted by a number of key informants. In many circumstances, they need to make more effort to explain Hong Kong work cultures to non-Chinese patients and guide them to adapt to the larger social context. A therapist discussed cultural differences that may hinder non-Chinese patients and how professionals can support them:

There are different perceptions between them and us. For example, we always emphasize the importance of punctuality, but some of the ethnic minorities may not understand why it is so important. In this regard, we need to understand different issues from their perspectives. Regretfully, in a busy and tense environment like Hong Kong, we are more capable to consider what we need to beware of at work, but their awareness in those workplace norms would be relatively lower, which will lead to slower adaptation to the environment. We need to explain again and again why they need to beware of those local norms; they need more explanations...

The challenges encountered by physiotherapists and occupational therapists in undertaking culturally competent practice to suit the needs of ethnoculturally diverse patients are similar to those encountered by nurses, such as language barriers and understanding patients' unique cultures. Physiotherapists encounter difficulties in securing stable interpretation services, and occupational therapists need to make more effort to think from patients' perspectives during job seeking processes. However, the chances for physiotherapy students to gain exposure to practical ethnoculturally diverse environments through practicums are limited, and training on cultural issues may not be sufficient at this point. To sum up, these two types of therapists experience difficulties in communicating with non-Chinese patients and in developing intensive understanding of patients' perspectives.

Needs and challenges among social workers

Social worker key informants discussed challenges and barriers to achieving cultural competence in professional practice. Some reflected that even in specialized service units for ethnoculturally diverse groups, ineffective communication between workers and clients always occur. Language barriers and communication gaps emerged from using interpretation were raised as a concern. It appears that the in-depth understanding of clients' cultural contexts and inner thoughts has not been effective.

For communications, even though there is an interpreter working with me, some information could be missed out and we still couldn't understand them deeply. Those stories might not be important to the interpreter, but so crucial for our intervention.

Similar to therapists, it is a challenge for social workers to encourage ethnoculturally diverse clients to be on time when attending appointments and activities. A few key informants said that they needed to understand the circumstances of these clients and adjust their services to tackle these issues while encouraging them to be punctual. The sustainability of specialized service schemes operated by certain agencies is also a concern for most workers. Since most of the current services are project-based, the continuity of support for ethnoculturally diverse clients is always at risk. This is also not beneficial for this field of service to develop a systematic practice mechanism for achieving cultural competence among workers and agencies. Moreover, services for ethnoculturally diverse clients provided by these units are mainly covering clients from a range of sociodemographic background such as age, income and gender. Their needs and problems are also diverse, making it difficult to expect the social workers to have knowledge and skills to handle all sorts of clienteles and issues.

We are providing integrated services, but in the mainstream agencies, the services are being specialized and divided into different disciplines, such as those for the seniors – and even some for the young-olds and the old-olds. Those are being designed in accordance with different life stages, but this is not the case for us.

For social workers serving in mainstream agencies but with teams supporting ethnoculturally diverse clients, it is a challenge for them and their agencies to strike a balance between serving local Chinese and non-Chinese clients, due to the shortage of resources available for each agency and unit. As most of these units and teams are project-based and not permanently established, the teams can be dissolved upon the expiry of funding and service contracts. Therefore, much of the administrative and service provisions of these units and teams are not standardized and regularized. There are only few staff members responsible for taking charge of those teams or units in most agencies, and if a key social worker resigns or retires, it is difficult for these units to carry on. In fact, the standards and amount of support from the government for these specialized teams and units are always not equal to those of regularized mainstream services. A key informant remarked that:

There has been little support from the government for the development of the ethnic minority services. If all social service units in Hong Kong could receive funding and other support to provide services to the non-Chinese instead of only funding the specialized units, then we could no longer rely on the one-off grants and piecemeal supports.

Almost all key informants indicated that cultural competence is still not satisfactory in the social welfare sector. There are occasional communication problems due to language barriers, particularly when encountering clients who are not proficient in either English or Chinese. It is not totally ideal for social workers to always communicate with clients through interpreters. Additionally, some workers have difficulty in understanding the cultural norms and beliefs held by ethnoculturally diverse clients, such as different perceptions of punctuality. These challenges could be due to two reasons. First, as mentioned earlier, training on cultural competence is not widely conducted in local social work education curricula, so social students have few opportunities to learn about related concepts or to be exposed to cultural diversity during their studies. The second reason is related to the policy framework of social services for ethnoculturally diverse clients. As most services for these clients are project-based under short-term funding schemes, it is difficult for service units and individual workers to develop culturally competent practices within short service periods. Mainstream regularized services usually receive very few non-Chinese clients, so most of the staff of these units are even less culturally competent and sensitive.

Needs and challenges among school teachers

The teacher key informants reflected that language barriers are always a challenge for teachers in communicating with non-Chinese students and their parents. As mentioned earlier, some teachers are not confident enough to speak English when communicating with those students. Additionally, teachers reported that there are limited resources available for them to improve support for non-Chinese students. Schools with fewer ethnoculturally diverse students cannot obtain additional resources to cater those students' needs. Therefore, there are few resources available for teachers to provide extra support for those students to learn the Chinese language and other matters related to their school life.

Moreover, according most key informants, most local teachers still lack knowledge about effective teaching methods and available resources to enhance their teaching. Even though some teachers are more passionate in helping non-Chinese students, they know little about resources or teaching methods needed, so they are less able to enhance students' academic performance and overall wellbeing. An experienced teacher explained that:

We all wish our students well in academic performance... Some school would explore whether they could get some extra resources to support the non-Chinese students, and the teachers are also exploring themselves. They would check with us whether there are some extra-curricular materials to support these students. However, such resources are so scant, so in many cases we are unable to help.

As with other professionals, teachers also encounter difficulties in overcoming cultural differences. A number of key informants reflected that some non-Chinese students and their

parents hold different attitudes about schooling, with which teachers may not understand or agree. Due to cultural norms and practices, some of the parents may prioritize family events and religious festivals over school attendance rate :

When they [ethnoculturally diverse groups] have relatives getting married in their home countries, the parents would take them to attend their weddings. Some of their trips could be quite long. But for us, we believe the kids' learning is more important, but we still need to respect the parents' decision. These kids would find it difficult to catch up with the homework after they are back, and we need to teach all over again.

Another example is that non-Chinese parents may have different parenting style than other parents. Teachers with lower cultural competence may not adapt to these differences and find it hard to interact with parents on certain basic duties, such as submitting notices and homework:

Their parenting method is more laid-back, not as strict as ours are. So, it is often that they [the non-Chinese students] could not submit their homework and notice on time. And they often lose them as well. Every time I have to call their parents to ask for things that the students forget to bring to school... It is very hard to get the notice back. Even when I call the parents, it still takes more than a week until we have the notice back.

Human Professionals' Willingness to Receive Training on Cultural Competence

Key informants from all five professions were asked to share their viewpoints and observations about professionals' willingness to receive training on cultural competence for serving ethnoculturally diverse clients within their respective professions. The willingness of human service professionals in Hong Kong to receive further training on cultural competence for professional practice varies from profession to profession, which were shown in Table 6. Cultural competence appears to not be a professional development priority for the majority of nurses and physiotherapists. They may find themselves to be competent in handling ordinary matters in taking care of all clients, including those from ethnoculturally diverse groups, with the exception of student nurses, who may have more time to learn. Most of these professionals find themselves to be sensitive enough to some cultural taboos, such as food and gender differences. Occupational therapists generally had a greater willingness to receive further training on cultural competence, given the nature of their work, which requires them to understand the background, mindsets, and cultural norms of non-Chinese clients during job seeking and rehabilitation processes.

Most social workers and teachers see the need to be more competent in serving clients and students from diverse cultural backgrounds, as there are more non-Chinese citizens receiving social services and attending local schools. Professionals often need to interact with these clients

closely to help them to adapt to local social and learning environments. These professionals expect that with enhanced skills and knowledge in culturally competent practice, they could serve their clients more effectively and smoothly with fewer barriers, not only with respect to language barriers but also understanding the factors behind their cultural norms. To sum up the findings of this section, we can infer that professionals who need to serve more ethnoculturally diverse clients are more willing to receive further training on cultural competence. It is also the same case for professions with less routine and more diversified work natures and service settings.

	Nurses	PTs/OTs	Social workers	School teachers
Willingness to receive cultural competence training	Lower	Lower (higher for OTs)	Higher	Higher

Table 6. Summary of willingness to receive training among human service professionals

Willingness among nurses

Most nurses, whether they were trainers or frontline nurses, pointed out that for most professionals, their level of cultural competence is generally not a priority issue so they do not find an imminent need to enhance their cultural competence. However, key informants themselves do not oppose receiving such training as they agree that there should be more elements related to cultural competence included in future curricula. In particular, a few key informants pointed out that student nurses should be more willing to attend such training during their studies than the front-line nurses, because the students usually can spend more time on extra-curricular training.

Willingness among physiotherapists and occupational therapists

As with nurses, cultural competence is not usually considered a priority issue for physiotherapists, because they normally do not encounter many difficulties when serving ethnoculturally diverse patients in their usual work settings. As mentioned earlier in this chapter, most therapists believe that it would be enough for them to fulfil their duties by providing necessary treatments for all clients equally. Some experienced workers are more sensitive to some cultural taboos, such as taking gender sensitivity into account when offering treatments for non-Chinese members. However, therapists who have more chances to interact with ethnoculturally diverse patients are more willing to receive such training. As for occupational therapists, all key informants told the research team that they are willing to receive training on cultural competence but suggested that in order to encourage more colleagues to enrol, training programmes should specially designed and provided for occupational therapists rather than inviting them to join training activities for all medical professionals. The content of training programmes should also be more practical.

Willingness among social workers

According to social work key informants, the need to achieve culturally competent practice for local social workers has become more apparent in recent years, so social workers should be more willing to take part in training activities. In particular, social workers who provide services to ethnoculturally diverse groups would be more willing to receive such training, compared to other social workers who do not encounter many non-Chinese clients.

Willingness among school teachers

Most of key informants from the education sector agreed that since there is an increasing need for local teachers to teach and guide non-Chinese students in adapting to local learning environments and their learning of the Chinese language, many teachers should be willing to enroll in training programmes or activities. In particular, teachers who need to work with non-Chinese students have a greater willingness than other teachers, so teachers' willingness highly depends on how they perceive their own needs to enhance knowledge and skills in cultural issues.

Best Practices for Providing Cultural Competence Practice and Related Training

There are some commonalities between the five human service professions with respect to key informants' suggestions about approaches to offering and promoting cultural competence training opportunities, which are summarised in Table 7. Key informants from all five professions recommended that training on cultural competence should start earlier in programmes offered by tertiary institutions, where future practitioners receive professional training. This is more advantageous than introducing intensive training programmes after practitioners enter the job market, as they will be very busy at work and become more stressed over time.

Key informants suggested that elements and content related to cultural diversity in Hong Kong and professional practice in diversified cultural settings should become integral parts of training curricula. However, nurses, physiotherapists, and occupational therapists suggested that the content and materials should be subsumed into existing practical courses and practicums, rather than establishing new specialized courses. Conversely, social workers and teachers suggested that they needed specialized courses, either compulsory or elective, focused on providing services for ethnoculturally diverse groups. Most importantly, key informants from all five professions recommended that professional development training and activities for current practitioners should be practical and focus more on the specific circumstances of each profession, while training for students could be more theoretical as long as students developed basic understanding of ethnoculturally diverse groups and have a concept of what it means to be culturally competent.

	Nurses	PTs/OTs	Social workers	School teachers
Prioritize tertiary training over on-job training	Yes	Yes	Yes	Yes
For tertiary training: infuse cultural competence content into existing curriculums	Yes	Yes	Not mentioned	Not mentioned
For tertiary training: specialized courses	Not mentioned	Not mentioned	Yes	Yes
For tertiary training: theoretical with a basic understanding of cultural competence	Yes	Yes	Yes	Yes
For on-the-job training: practical and specific to profession	Yes	Yes	Yes	Yes

Table 7. Summary of best practices for providing cultural competence training

Nurses' perspectives on best practices

Regarding recommendations for providing cultural competence practice and related training, nursing key informants repeated that nurses in Hong Kong are generally very busy at work, so it is more difficult for them to spare time to receive further training on cultural competence. Additionally, they believe that they could properly handle culturally sensitive matters and that patients from different cultural backgrounds are being treated equally. Nevertheless, key informants felt that nursing students might have a higher capacity to receive more training on cultural competence. As there are many courses that students need to fulfil in order to graduate as a professional nurse, one key informant recommended that training be delivered as tutorial sessions or as a topic taught in some practical courses. Some front-line nurses with cultural experiences could be invited share their experiences with students. Instructors should also mention potential challenges in working with ethnoculturally diverse patients in medical service settings. In terms of cross-cultural exchange programmes to enhance students' cultural competence, a nursing educator held some doubts about their effectiveness but felt that messages about supporting global citizenship may help:

There has been a myth associated with organizing exchange programmes, that is the students could be more competent from international learning. But from the feedbacks of the students, they told us that they had in fact learned something, but the impact of them

is not significant. Therefore, whether the exchange activities could enhance their competence is not certain. They have really learned something, but could what they have learned bring significant impact on them? We need to study about that...Therefore, we included a session on 'global citizenship' and another session on 'intercultural competence'. The students would be able to gain more from exchanges after attending those sessions.

One key informant who is a nursing educator pointed out that when educating students about cultural competence, training programmes should combine knowledge and practice. Students can learn basic cultural knowledge in several seminars, and can then choose to attend service learning subjects or exchange programmes to practice what they have learned:

Basic knowledges could be delivered in one or two sessions, then there should be some subjects in service learnings. In this case, the students can apply the knowledges they have learned in class. There could be a few seminars plus some training programmes. The service learning activities could be supplemented with some exchange programmes for them to choose.

For frontline nurses, key informants suggested that workshops could be offered to enhance awareness of cultural diversity and nurture their cultural competence. Some former non-Chinese patients and experienced nurses could be invited to share practical issues related to cultural taboos and case examples during these workshops. Additionally, one key informant suggested that instructors should guide nurses to reflect on their practices in workshops, as self-reflection is an essential step to enhance awareness of racism and thus, minimize it. A few key informants also suggested organizing more overseas practicum opportunities and formulating guidelines to list out practice considerations in understanding characteristics of different ethnocultural communities.

Physiotherapists' and occupational therapists' perspectives on best practices

As with nurses, physiotherapists may not be aware of the need to receive further training on cultural competence, as they believe that it is already enough for them to treat every patient equally and to be sensitive to some common cultural taboos such as gender differences. However, as most physiotherapists are so busy at work and may not have time to join training courses and activities on cultural competence, a number of our key informants from the sector (including trainers and frontline therapists) suggested that it is more feasible to implement training for physiotherapy students in tertiary institutions. As one trainer said:

In universities, cultural competence training could be integrated into our regular curriculum for the students, because they could get 'lazier' after graduating and formally entering the sector. It would be hard for them to receive further training by then.

We can invite some individuals who are familiar with this topic to share in one session or two, mainly about what they need to know like different taboos. I believe more of the attendees would be the students, so we should organize these training in the institutions.

A key informant also stated that during lectures on cultural competence and sharing of experiences from professionals or ethnoculturally diverse patients, training should be interactive and interesting for students to ensure that they develop a comprehensive understanding of the living environments of ethnoculturally diverse patients.

For frontline therapists, a number of key informants suggested that it would be helpful to provide them with online courses involving video clips, quizzes, and reading materials because this mode of learning is more flexible and easier for them to retrieve the materials on cultural competence that they require at different points in time:

We may set up some online courses and require every therapist to watch the videos and complete the quizzes. After that, they can receive a certificate of recognition. The quizzes will enable them to think critically about different issues in practice. Since it is an online platform, they could receive training when they have time at home.

Additionally, their heavy workload may not allow them to travel to other places to attend training, so online training is suitable for them: *“We may not enroll even though EOC is going to organize the training programmes, because we are too busy. The online reading materials will be more helpful to us”*. Some therapists might wish to learn more when they need to interact with ethnoculturally diverse patients because they lack knowledge about how those patients view physiotherapy and what therapies they receive in their own countries. After the training, therapists can better understand what treatments are suitable for these patients:

We would like to understand more about their medical history, like whether they would trust the doctors more than us, or they are afraid of acupuncture. These would enable us to arrange their care plans properly and introduce them some therapies that are more common locally.

For occupational therapists, key informants also stressed that it is more feasible to offer training on cultural competence in professional training curricula offered by tertiary institutions. It is more effective to undertake such training earlier, rather than promoting on-the-job training. There could be some pre-placement seminars to deliver messages of which the students need to be aware when serving ethnoculturally diverse patients. Thus, students would be more willing to attend training activities and could benefit from these before going to their placement settings. An occupational therapist educator explained:

Before the students go out for placements, there could be some preparation talks and seminars. Some students might worry about whether they would encounter some non-Chinese clients in their placements, so they need to be briefed and advised at earlier stages. Since we will remind them what they need to beware of in placements, the students should feel more interested to come.

Another educator thought that issues about cultural competence could be subsumed into regular curricula in tertiary institutions. Another key informant also disagreed with opening a special course on cultural competence, because talking only about cultural competence may not be attractive for students:

It [a specialized course] may not need to take a whole semester, as many students would see this as a small topic and not attractive enough. It should be enough for us to spend one to two sessions. Most importantly, we need to let them develop sensitivity and awareness, so that we could talk about enhancement of cultural knowledge later.

Instructors could spend some sessions examining different cultures in Hong Kong in certain courses, so that students can develop a basic understanding of ethnic minorities:

We may not need a whole course to talk about cultural competence, because most of our patients are Chinese and the students are very busy in their practicums. It is more preferable to add some contents about cultural diversity in Hong Kong into some courses. It is indeed better for the students to learn more about others' culture. There would be less bias if the students understand more.

Apart from classes, some educators and frontline therapists suggested that there should be more interactions between students and ethnoculturally diverse clients through specific placement settings, volunteering experiences, site visits, and so on, although such opportunities are currently limited.

A therapist added that training activities should not be too long and that information should be easily retrieved:

The contents of the training activities should not be too long, as the number of ethnic minority clients is relatively low. There could be some talks or online resources on cultural taboos since some colleagues might not have time to attend long courses. The online information should be easily accessed, so they do not need to understand the cultures by visiting those countries.

However, another therapist noted that it may not be suitable to organize sharing sessions on service experiences, as there are different disciplines associated with the occupational therapy profession. Experiences in one service area may not be wholly applicable to other service areas:

It is rather difficult [to hold sharing sessions] because we are divided into general and psychiatric occupational therapies. A therapist may be serving a kid, but shortly after he or she could be responsible for orthopaedics. There are differences between the concerns of the non-Chinese patients in different disciplines. For example, a psychiatric therapist could be richer in experiences in interacting with individual patients, so he or she might have more stories to share. But orthopaedic occupational therapy may only take one or two sessions in contrast to the psychiatric services. Those patients could visit the therapists a few times, so we all have different circumstances.

Social workers' perspectives on best practices

In terms of best practices for culturally competent practice and related training for social workers, some key informants from the social welfare sector suggested that local tertiary institutions should provide specialized elective courses about ethnoculturally diverse groups in Hong Kong as well as theories and practical skills related to cultural diversity. Currently, according to key informants, no social work departments in local institutions offer such courses. There was one course offered by the University of Hong Kong for social work students, but it was terminated a few years ago. One educator pointed out that curriculum design should also be improved, suggesting that social inclusion, cultural diversity, and values such as justice and equality should be integrated into curricula, given that current social work education pays more attention to teaching interventions. With this improvement, students would be more acceptant towards ethnoculturally diverse clients:

Social integration should be integrated into the entire social work curriculum, so that teachers and students could reckon the importance of inclusion. Cultural diversity should be the second thing we need to learn. The third is the nurturance of value in achieving acceptance.

Another educator echoed this argument:

Our curriculum is more oriented to teaching the methods, but concepts of inclusion, cultural diversity, as well as value, justice and equality should be included in the overall curriculum design. These could allow our students to accept different cultures more easily.

Additionally, there should be more frequent interactions between social work students and ethnoculturally diverse groups through placements in practical settings, cultural exchange activities, and site visits to ethnic and religious centres.

To address the training needs of frontline social workers, key informants recommended more sharing of experiences by workers in specialized units and agencies, in order to touch upon issues related to diversified cultural settings in social work practice as well as attitudes and skills required to achieve cultural competence. Finally, some on-the-job training courses or workshops could be provided to social workers to enhance their knowledge and skills. As it is rather common for social workers to encounter communication barriers with clients and interpreters, as mentioned earlier in this chapter, communication training is critically important for social workers.

School teachers' perspectives on best practices

A number of key informants from the education sector suggested that in order to enhance and strengthen the cultural competence skills and knowledge of student teachers before they enter the field, courses should be offered by university programmes specialized in relevant issues, either as compulsory or elective courses. These courses should discuss the cultures of the major non-Chinese groups in Hong Kong, and senior teachers could share their experiences in supporting non-Chinese speaking students and teaching the Chinese language. Key informants suggested that with more interactions with non-Chinese students through providing cultural activities in teacher training, along with exchange trips, site visits, and activities with NGOs serving non-Chinese clients, teachers-to-be could be better equipped to teach in multicultural setting and become more culturally competent.

However, one teacher key informant noted that it is difficult to arrange sufficient internships in schools with more non-Chinese students because the number of such schools is limited. Additionally, some of these schools may worry about the ability of intern teachers to handle culturally related issues:

It [internship opportunities] depends on whether the schools are willing to accept interns, and some schools may not be having a lot of non-Chinese students. Those schools with larger non-Chinese student populations would worry about the [potential] mistakes made by the interns.

For teachers already in the field, most key informants suggested that workshops could be provided focusing on the specific cultural and learning experiences of non-Chinese speaking students in schools. More experienced teachers could also be invited to share the skills and knowledge that junior teachers may need. However, the availability and frequency of these professional development activities would be highly depended on the attitudes of school

principals – whether they are supportive of these culturally related needs or not. Therefore, multi-cultural education and resources available for helping non-Chinese students should be included into training for school principals, to encourage them to attach importance to cultural competence.

Facilitators and Barriers to Receiving Cultural Competence Training

For all five types of the human service professions, key informants were asked to identify the common facilitators and barriers associated with receiving training on cultural competence training among practitioners. Facilitators and barriers to receiving training on cultural competence are more or less the same across the five professions, as shown in the Table 8. For facilitators, employers should be more supportive in endorsing staff members to attend training activities during working hours. It would also encourage professionals to receive training if they could receive accreditations, certificates, and other forms of professional recognition upon completion of training. Moreover, training programmes should be specifically designed for different professions and the content should not be too general. For example, physiotherapists and occupational therapists should not be asked to attend workshops and programmes for all medical service staff.

With respect to barriers to receiving training, professionals are most concerned about their tight working schedules and stressful working environments, which might discourage them from receiving further professional training on cultural competence and other topics. Additionally, some professionals may not be interested in enrolling in training if they do not regularly encounter and serve non-Chinese clients. They might not see the need to enhance their knowledge and skills.

	Nurses	PTs/OTs	Social workers	School teachers
Common facilitators	<ul style="list-style-type: none"> - Awareness to acquire cultural competence - Specific course content for each profession - Subsidies and flexible working hours - Incentives, such as credits, certificates, and professional recognition 			
Common barriers	<ul style="list-style-type: none"> - Tight working schedules - Stressful working environment - Low chances of encountering non-Chinese clients 			

Table 8. Summary of facilitators and barriers to receiving cultural competence training

Nurses’ perspectives on facilitators and barriers

Most key informants in the nursing sector agreed that subsidies for enrolling in training activities would be a major facilitator for nurses, because they may need to take leave or spend off-duty hours to attend those activities. To further motivate their interest and enrollment, it is

important to let nurses acknowledge the need to receive training on cultural competence in response to increasingly culturally diversified working environments. It would also be helpful to highlight the potential benefits of completing training, such as obtaining credits and accreditations:

We need to keep score for professional development. If we study those courses, we may get extra score for it. It is not compulsory. But for those who want a promotion, they will try to get a higher score.

Additionally, it would be most helpful if nurses can spend some of their working hours to attend training activities. Hospital administrators and employers should be more flexible with this and encourage their nursing staff to enroll in training. One key informant added: *“It would be the best if the course may take place in the hospital during working hours. It would facilitate our colleagues the most”*.

However, to many nurses, the core barrier to receiving training on cultural competence is they do not see this as a priority issue in their professional practice. As mentioned earlier, most believe that they can appropriately handle cultural matters and claim that they treat every patient equally. Additionally, nurses should also receive mandatory on-the-job training from time to time, and would like to obtain some other certifications that they consider beneficial to their career. Their tight study schedules might not allow them to receive extra training, such as cultural competence.

Physiotherapists’ and occupational therapists’ perspectives on facilitators and barriers

For most physiotherapists and occupational therapists, as revealed by key informants, training activities on competence should focus more on practical issues rather than theoretical concepts:

It would be very interesting if the course talks about how to handle complaints from non-Chinese patients because we lack the ability to handle them and handling complaints is the most time-consuming duty. They would be very interested if the course may facilitate them to handle complaints more effectively.

Training programmes should be specifically designed for therapists’ unique job natures and work settings, rather than asking them to attend training sessions for medical service staff in general. Similar to nurses, it would be helpful to promote cultural competence training programmes by offering incentives and allowing therapists to spend some of their working hours to join training activities:

It would be great if there is certain allowance in terms of time or money. We would spend money to learn services that may cater general public. But we won't spend money to learn things that only serve a small number of people.

As for barriers, most key informants reported that their heavy workloads deter them from receiving training. Additionally, as the number of non-Chinese patients is limited in most of their work settings, they may not consider cultural competence to be a priority issue.

Social workers' perspectives on facilitators and barriers

For social workers, key informants suggested a few major facilitators that could encourage practitioners to receive further training on cultural competence. For example, one key informant recommended that the completion of training should be set as a requirement for renewal of professional social worker registration, especially for workers whose practice is highly associated with cultural issues and ethnoculturally diverse clients. Similar to other professions, it would be helpful if each worker attending training activities could receive incentives and be granted working hours, so they do not need to spend their off-duty hours or holidays on training.

Additionally, training content should be sufficiently applicable and comprehensive to address social workers' challenges in real service settings, as well as being more specific to Hong Kong's unique cultural circumstances. Moreover, inviting experienced instructors could be another factor encouraging social workers to attend training: *"If the speaker is more experienced or if we can apply what we learn into our services, we would be more interested to join"*. The major barrier to receiving training on cultural competence relates to social workers who do not encounter many non-Chinese clients, as they would be less interested to enrol in training as they do not feel they have an imminent need to enhance their knowledge and skills.

School teachers' perspectives on facilitators and barriers

Key informants from the education sector suggested that schools and teachers should be provided with subsidies to hire substitute teachers when they are away for training, and training should be brief (e.g. completed within one day) because of teachers' tight schedules. Certificates of recognition should be granted to teachers after completing training, and they should be able to gain credits for these training. Additionally, the themes and focuses of training activities should be clearly stated in promotional materials, such as the enhancement of cultural competence in communicating with students and parents and teaching the Chinese language, and highlighting the increasing need to teach non-Chinese students could motivate teachers to attend training.

With respect to barriers, key informants thought that most teachers have a heavy daily workload, and that cultural competence may therefore not be a priority concern: *"In our very tight working schedule, it is hard for us to squeeze time to join the training. We are probably*

more interested in learning about DSE examination paper". They may doubt whether the values of culture competence could support their teaching duties, and wider social stigma and discrimination towards ethnoculturally diverse groups in Hong Kong may discourage teachers from learning more about cultural competence.

Chapter 5. Discussions and Recommendations

General Discussion of Key Findings

The research team conducted in-depth interviews with 48 key informants from five human service professions: nurses, physiotherapists and occupational therapists, social workers, and school teachers. The findings discussed in the previous chapter suggest that levels of cultural competence are generally inadequate across all five professions, and that nurses and physiotherapists seem to be comparatively behind in cultural competence due to the nature of their training and professional works. Teachers appear to be more culturally competent, particularly for those who work in schools with a high enrolment of non-Chinese students. Social workers who work in specialized units/projects that target specifically non-Chinese clients also indicate that they have acquired a higher level of cultural competence. On the other hand, teachers working in schools with a low enrolment of non-Chinese students and social workers practicing in mainstream service units show an inadequate level of understanding about cultural competence.

Professionals from all these human professions encounter challenges when providing services to ethnoculturally diverse groups. The most common challenges reported across all five professions is language barrier. Nurses and therapists report that interpretation services in public hospital are rarely available to them, and thus they can only rely on body gestures and translation by non-Chinese patients' family members. Social workers have to rely on their non-Chinese colleagues, who are often not social workers, and risk misunderstanding or loss of information during the process. Teachers on the other hand are generally not confident enough to communicate with non-Chinese students in English.

Another common issue is a lack of in-depth cultural knowledge and skills to work with ethnoculturally diverse groups. For example, while nurses may have a hard time distinguishing various ethnoculturally diverse groups' cultural taboo and habits, physiotherapists would have to pay attention to sensitive gender issues when it comes to having body contacts with patients. Both occupational therapists and social workers may struggle with non-Chinese clients' different perceptions of punctuality, while teachers often face challenges when non-Chinese students and their families hold different attitudes toward school.

Insufficient resources to support culturally competent services is a general phenomenon identified in this study. While nurses have to deal with a shortage of interpretation services, there are limited resources available in the community to further support occupational therapists to work with their non-Chinese patients in social integration and rehabilitation plans. Due to the short-term and limited time contract nature of most specialized services for non-Chinese clients, social workers also face difficulties in developing culturally competent services while only few

non-Chinese clients could receive services from mainstream regularized units. In school settings, limited resources are available for teachers to enhance teaching and learning of non-Chinese students.

It is worth noting that professionals' understandings and receptivity of cultural competence vary according to their length of experience in the profession. Teachers with more experience in educating non-Chinese students are more confident in working with culturally diverse student populations when compared with those with less teaching experience. They are more capable than the newer teachers in comprehending and articulating the underlying challenges and needs of ethnoculturally diverse students and their families, instead of simply attributing difficulties to clients' personal traits. These experienced teachers are also more likely to have adequate knowledge on how to access resources and training when necessary.

Social workers with more experience are more likely than the junior ones to a more in-depth reflection on the existing social service system and to understand the gaps in fulfilling the needs of ethnoculturally diverse clients. They indicate a higher level of knowledge and understanding towards the importance of cultural competence in working with their clients. The issue of exposure to clientele is an important factor affecting the social workers' sensitivity and receptivity towards the cultural uniqueness of the clients.

In the healthcare sector, the nurses, physiotherapists and occupational therapists repeatedly mentioned that ethnoculturally diverse clients are usually treated by senior practitioners as they are more experienced and confident in handling them. In the key informant interviews, the more experienced these healthcare professionals, the more details and elaborations they provided on the clients' cultural characteristics and uniqueness, challenges and barriers of serving culturally diverse groups, and comments on how the service delivery systems and training focuses could be improved.

Facing various challenges in providing services to non-Chinese clients, professionals across the various human professions express varying degrees of willingness to receive cultural competence training. Nurses and physiotherapists have a lower willingness to receive such training, as they deem themselves competent in working with non-Chinese patients. Occupational therapists seem to have a higher willingness, as they need to work closely with clients during job seeking and rehabilitation processes. Social workers and teachers appear to most clearly see the need for such training, as it is more obvious to them that an increasing number of non-Chinese clients will be using their services. In general, professionals who need to work with more ethnoculturally diverse clients and those who work in a less routine but more diversified work environment are more willing to receive training on cultural competence.

Key informants from all five professions were asked about their recommendations for training on cultural competence. They all recommend an early start to cultural competence training for future practitioners in tertiary institutions, rather than intensive on-the-job training for practicing professionals, due to their heavy workload. Nurses and therapists suggest to infuse cultural content and materials into existing courses and practicums, while teachers and social workers prefer to set up specialized courses focused on the provision of services to non-Chinese clients. In terms of on-the-job training, professionals across the five professions recommend that these training should be practical and specific to each profession.

Finally, practitioners from all five professions experience common facilitators and barriers to receiving cultural competence training. In general, they identified as facilitating factors professionals' own awareness to acquire cultural competence, specific course content to each profession, subsidies and flexible working hours as compensation for attending the training, and incentives such as credits and certificates. Common barriers, on the other hand, include professionals' tight working schedules, their stressful working environment, and lower chances of encountering non-Chinese clients.

Recommendations

Promotion of an infusion model of teaching for cultural competence training in tertiary institutions

In this research, a number of educators and frontline professionals shared their viewpoints about the limitations of Hong Kong human service professionals in practicing cultural competence, facilitators and barriers encountered in receiving training on cultural competence, and recommendations for more effective cultural competence training to respond to a more diverse society. In view of the low level of cultural competence among local human service professionals in serving ethnoculturally diverse clients, almost all key informants who were educators and trainers agreed that professional training on cultural competence should begin early in tertiary institutions where the future professionals receive training. Currently, as admitted by almost all key educator and frontline worker informants, cultural sensitivity, knowledge of the traditions of ethnoculturally diverse groups in Hong Kong, and skills required to serve these clients are rarely mentioned in training syllabi. A number of frontline key informants reflected that if there were only on-the-job training programmes available for the practitioners, it would be more challenging as they would not have much spare time to attend the training activities.

The majority of key informants, particularly educators from tertiary institutions who were experienced in training nurses, therapists, social workers, and teachers, agreed with the idea of incorporating materials and content on cultural competence into the curricula of existing training programmes. This approach is similar to what has been discussed in the review of documents on arrangement of overseas immersion approaches for therapists (Ekelman, Bello-Haas, Bazyk &

Bazyk, 2003) and the effectiveness of immersion as an education model to help nursing students develop cultural competence through ‘cultural expeditions’ and study tours (Caffey et al., 2005; Bentley & Ellison, 2007). Research findings by Synder et al. (2008) and Chen et al. (2013) also illustrate the effectiveness of immersion teaching in enhancing students’ cultural knowledge and self-awareness.

In the context of Hong Kong, nursing, physiotherapy, occupational therapy, social work, and education curricula should adopt an ‘infusion model’ of teaching to integrate cultural competence concepts and knowledge, including cultural sensitivity, knowledge of the needs of ethnoculturally diverse clients, practice attitudes, and critical thinking and self-evaluation skills into existing regular training curricula. Instead of providing specialized courses on cultural competence and experiences of ethnoculturally diverse groups, this infusion approach would allow training contents related to diversity to be embedded within every aspect of core and mandatory courses taken by all students who will become human service professionals. This is similar to Tompkins’ (2008) suggestion on the use of an infusion approach to ensure that all graduates of a programme have a fundamental level of competency in working with multiple generations of clients (ethnoculturally diverse groups, in this case). All core courses of professional training programmes, including courses on theories, professional ethics, practical skills, and specific issues and clientele as well as practicums, should include elements to enhance students’ cultural competence.

Students should not only be competent in terms of knowledge about the cultural norms of ethnoculturally diverse groups and the professional ethics they need to comply with, but would also be sufficiently competent and confident to overcome cultural barriers in serving diverse clients. The nurturance of culturally competent skills, perceptions of professional ethics such as receptiveness to diversity, equality, and promotion of social justice should also be covered in the learning materials, and not only in individual courses, units, or events. As revealed by key informants, many human service professionals may not be interested in enhancing their cultural competence due to the small number of ethnoculturally diverse clients they encounter in their daily practice. Therefore, it is crucial to teach the students that it is essential for them to be culturally competent to respond to different uncertainties and diversity in the workplace, regardless of how many ethnoculturally clients they will be serving in the future and the size of the non-Chinese population in Hong Kong.

Echoing the suggestions of a number of key informants from tertiary institutions and frontline workers, students should be provided with more opportunities to interact with people from different ethnocultural groups through seminars, exchange activities, and practicums. Training institutions should organize overseas tours and practicums through which students can gain experience in providing services for ethnoculturally diverse groups in different countries, such as India, Pakistan, Nepal, and the Philippines. This could help develop students’

receptiveness to different cultural norms and greater competence in responding to diverse service environments. Professional curricula should also provide students with opportunities to interact and work with local non-Chinese communities. As recommended by some key informants, these might include cultural exchange events jointly organized by students and ethnocultural groups as well as the arrangement of practicums in multicultural service settings.

Within campus settings, there should also be regular seminars and workshops with a focus on cultural issues, attitudes, and skills that are essential for professional practice. It is preferable to invite senior workers who are more experienced working in culturally diverse settings to share with students their practical frontline experiences, as knowledge transfer from seniors to junior practitioners is a norm in some professions, including nursing and physiotherapy. It is also important to invite individuals from ethnocultural communities to share their feelings and experiences of accessing social services and interacting with human service professionals. First-hand experiences shared by the clients themselves could help students to develop a better understanding of diverse clients' feelings and needs.

Most key informants, including educators and frontline professionals, were asked about their views on launching courses on cultural competent practice and ethnoculturally diverse groups in Hong Kong. Most interviewees from nursing, physiotherapy, and the occupational therapy sectors did not support this mode of teaching, as their training curricula are already tight and there are not be enough credit hours to open elective courses on these specialized topics. Instead, they supported the idea of infusion teaching. However, educators of training programmes for social workers and teachers supported the idea of specialized courses on cultural diversity issues and ethnoculturally diverse groups. They felt that students should understand various concepts and issues related to cultural awareness and sensitivity, to enhance their competence in practice. Specialized courses could also enable teachers to spend more time exploring the socioeconomic contexts and needs of local ethnoculturally diverse groups. Specialized courses may help students to focus on certain topics and issues related to cultural diversity and the profiles of ethnoculturally groups, and students who complete these courses may have relatively higher awareness of how to provide services in diversified settings.

Nevertheless, as these are elective courses and it is optional for students to register, it would be difficult to cover students of the programme as a whole. Those students who are not interested in these topics may be reluctant to register for specialized courses. Therefore, the infusion model of teaching may be more effective in nurturing students' general cultural competence. As suggested by Tompkins (2008), in relation to teaching intergenerational content to students, specialized courses are recommended to help students obtain in-depth knowledge and skills. However, if the goal is to teach basic intergenerational competencies to as many students as possible, an infusion model may be preferred. Nonetheless, specialized courses could

still be offered to enable students to understand specific issues more deeply, depending on the demands and needs of students in different institutions.

Enhancement of on-the-job training

Although it is crucial to begin cultural competence training early in professional training programmes, it is still important to enhance on-the-job trainings for current frontline human service professionals, as they are the ones who provide services for diverse clients. The majority of key informants across the five professional sectors reflected that it would be challenging to encourage frontline practitioners to receive cultural competence training for several reasons. First, it is common for human service professionals to have tight schedules and stressful working environments, and it is a big challenge for them to spare work hours to take part in the training activities.

Second, they do not see an urgent need to enhance their own cultural competence as they may not frequently encounter and serve non-Chinese clients. Among nurses and physiotherapists, many feel satisfied with their performance as long as they treat patients of different ethnocultural backgrounds equally and all receive the proper treatment. Social workers and teachers may be more interested in training activities if they work with more ethnoculturally diverse clients, especially social workers serving in specialized units or agencies and teachers whose schools have a high proportion of non-Chinese students.

Third, training content may not be appealing to many human service professionals. As reflected by some key informants, many of professional development programmes are too theoretical or not sufficiently practical and practitioners feel these programmes or activities are not clearly relevant to their work. Some physiotherapists and occupational therapists reported that they are often asked to participate in on-the-job training programmes together with other healthcare professionals, and that the content is not tailor-made for their unique practice contexts.

In response to these phenomena, there should be greater flexibility in practitioners' work hours and tasks for which they are responsible. If the content of training programmes is suitable to practitioners, employers should encourage them to enrol and participate in programmes during work hours. Flexible work hours should be granted to professional staff members who receive on-the-job training. Such training does not only benefit practitioners themselves, but also the service quality of agencies, as their practitioners will be more culturally competent in providing services to ethnoculturally diverse groups. Additionally, as suggested by a number of key informants across the five professions, incentives should be available for practitioners who enrol in training programmes. These might include monetary subsidies and accreditations to recognize their training participation and achievements. In addition to conferring certificates of attendance or participation, enrolment should be counted in point systems associated with longer-term

promotion and employment. Accredited mechanisms, such as the Qualifications Framework and Continuing Professional Development Programmes, should be used to keep track of practitioners' professional development training records.

Regarding the content of training programmes, courses, workshops, and activities should not only be 'manual-oriented'. That is, the content should not only cover factual information such as cultural taboos related to food preferences, gender sensitivity, and norms of certain ethnoculturally diverse groups. They should also place stronger emphasis on nurturing professionals' attitudes, self-reflection on performance, and responses to culturally diverse environments, as well as considering the feelings and needs of diverse clients. Concepts such as justice, equality, and avoiding overgeneralization across ethnicities and faiths should also be covered. Moreover, to ensure that training is more practical for different professionals, the content should be based on the challenges of serving ethnoculturally diverse groups in each profession, according to their specific service scope.

Institutional changes in all human service professions

Key informants described major institutional barriers to the enhancement of cultural competence within human services in Hong Kong. Mainstream social services and healthcare system are generally not prepared to provide regular services to non-Chinese communities. Service provision and settings are designed mainly to cater to the needs of local Chinese populations, and units often refer non-Chinese clients to specialized units and agencies. This practice does not help to promote the social integration of ethnoculturally diverse clients, as they can only receive services in specialized units and agencies instead of interacting with other Chinese clients. In some social service units, promotional leaflets and service notices are not available in English or other languages legible to ethnoculturally diverse clients. For example, in some local schools, bulletins and newsletters for parents are not available in English, so non-Chinese parents are not updated about their children's school lives. All these indicate the importance of developing a user-friendly system to better serve clients from culturally diverse backgrounds.

In terms of language barriers which applies to all five professions, we recommend that all public notices and leaflets about the services provided by government departments, social service units and schools should all be available in English and Chinese, so that our services are complied with our bilingual official language policy, allowing non-Chinese communities that read English to have better access to service information. Moreover, for those services and schools with a substantial percentage of ethnoculturally clients and students, it is suggested that those printed matters and materials should also be available in their ethnic languages. Centralized government support for translation of printed materials should be provided to government units, public organizations and government-subsidized agencies.

Alternatively, regular translation services for these clients and students should be offered. In general, we recommend that the government should develop and establish an integrated online and phone interpretation service for all professions, which may provide immediate and rather comprehensive interpretation services for all the service providers in public sectors and in NGOs.

In terms of staffing, the government is recommended to encourage all service units under public and non-government sector to employ ethnoculturally diverse staff. Employment and involvement of ethnoculturally diverse staff in service units may not only increase the service effectiveness to fulfil the needs of ethnoculturally diverse clients, but also raise the cultural competence of other colleagues.

Another recommendation concerns amendments to codes of practice and professional protocols for local human service professions. We recommend that training contents of cultural competence such as cultural awareness, knowledge and sensitivity should be compulsory for programme accreditation and professional registration criteria. Besides, elements of cultural competence should be explicitly stipulated in the local professional codes of practice. As mentioned in the review of literature and documents, the existing professional codes of practice and protocols of all five professions covered in this study are not sufficiently proactive to promote culturally competent practice, as they include only vague provisions stating that professionals should treat and provide services equally to each user regardless of ethnic and cultural background. The code of practice of the Social Workers Registration Board is relatively more explicit in addressing the importance of cultural awareness and appreciation of differences, but this is missing from the other four professions.

In response to these shortcomings, local professional registration and regulatory bodies should establish proactive provisions, as in some overseas documents, such as providing physical therapy services with compassionate and caring behaviours “that incorporate the individual and cultural differences of patients/clients” as stated by the American Physical Therapy Association, or the emphasis of equality and justice by the American Occupational Therapy Association. Social workers’ precise mission of “understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, colour, sex, sexual orientation, age, marital status, political belief, religion, and mental and physical disability” as promulgated by the National Association of Social Workers is another suitable reference for promoting culturally competent practice in Hong Kong. The cultural competence training contents provided in the tertiary institutions should be taken as criteria of programme accreditation for professional registration.

Institutional changes in social welfare services and schools

While the above recommendations are applicable to all professions, we have found specific suggestions for social welfare services, which mainly concern social workers and teachers. Equitable and stable funding to promote equal opportunity and sustainability in social

services is recommended. A number of professionals were concerned with the funding modes associated with social welfare and education for ethnoculturally diverse groups. Currently, most specialized social service units and agencies serving ethnoculturally diverse groups are project-based, subject to short term funding of two or three years. Social support services for ethnoculturally diverse groups are still not integrated into the regular subvention framework, which guarantees the sustainability of mainstream service units such as the family and childcare services, youth service teams, and community and residential care services for older adults and people with disability. With the sustainability of the services in doubt, it is challenging for practitioners in these units and agencies to develop greater cultural competence. Moreover, a few key informants reported that some agencies are keen to bid for funding to establish services for ethnoculturally diverse groups only in order to expand services and receiving more money from the government and other funders. The interests and wellbeing of ethnoculturally diverse clients are not their priority. Some key informants described similar situations in the education sector. As the amount of extra government subsidies to a school often depends on the number of non-Chinese speaking students enrolled, the school administration might take more non-Chinese students only in order to receive more money and those extra subsidies may not necessarily be wholly used to support the learning and adaptation of non-Chinese students.

In response to these problems on an organizational level, all practitioners and service units, no matter the number of ethnoculturally diverse clients they encounter or serve, should be better equipped with cultural competence in providing services, so that they do not need to immediately refer those clients to specialized service units and agencies. With greater acceptance of ethnoculturally diverse clients by mainstream service units under the regular service subvention framework, clients could not only be better integrated into local communities, but could also receive more sustainable long-term services. Regular interpretation services should also be made available within mainstream service units, and service leaflets and notices should at least be available in English. Similarly, local schools should offer bilingual bulletins and newsletters for parents, and provide printed matters in certain ethnic languages for ethnoculturally diverse parents who cannot read English.

With respect to funding modes for specialized social service units and schools with non-Chinese speaking students, the government should take a more integrated approach in the future. For example, specialized service units and agencies serving non-Chinese clients should be regularized and integrated into the official social service subvention mechanism, so that workers and clients can benefit from more sustainable services without concern for the expiry of service contracts. This could help to enhance the overall cultural competence of individual workers and agencies, through availability of sustainable and recurrent resources. As far as funding for schools is concerned, resources should be more equally distributed and should not be concentrated in schools with a higher percentage of non-Chinese speaking students. This could help to ensure that the ethnoculturally diverse students in schools with lower enrolment rates are

treated more equally. There should be greater transparency regarding the use of extra resources by schools that are intended to support non-Chinese speaking students. Therefore, stable and equitable allocation of funding and resources to all types of service units is crucial for protecting the rights of the clients and ensuring the quality of services.

Teachers is the only profession that are concerned with ethnoculturally diverse students' language proficiency beyond the scope of effective communication as it is one of students' major expected learning outcomes. For teachers, besides providing extra resources to facilitate their educations to ethnoculturally diverse students, we recommend the government to enhance the accessibility to early childhood education for diverse students as it is a crucial stage for them to develop their language proficiency and thus prepare them for the advanced learnings in primary and secondary education.

It is also recommended that for each of the schools with non-Chinese speaking students, a "Diversity Liaison Officer" should be appointed to promote cultural diversity and inclusiveness, prevent discrimination, facilitate equal opportunities for all students and support the psychosocial needs of the non-Chinese speaking students. This role should be responsible for adopting proactive measures to build up an inclusive learning environment for all students and to facilitate a diverse and inclusive campus.

The government's role in curriculum support for schools should be enhanced. As mentioned in the findings, some schools with decade-long experience educating ethnoculturally diverse students often develop their own school-based supporting curriculums for Chinese language learning to facilitate the learnings and fulfil the specific needs of culturally diverse student groups. As not every school may acquire the resources to develop their own school-based curriculum, we recommend EDB to develop a district-based supporting curriculum for Chinese language learning so that all schools may have an alternative curriculum to adopt in order to further cater the needs of their diverse students.

Establishment of culturally competence lens for program delivery and policy making

The Race Discrimination Ordinance (RDO) is suggested to be further strengthened to ensure the accessibility and rights of the clients in using health, social and education services. The obligation of government and public organizations in showing efforts and resource investment to ensure equity and accessibility for culturally diverse communities in service use should be monitored and reported on regular basis. In addition, when formulating and implementing policies or programmes related to culture, it is recommended to take up a cultural competence lens, which can help to examine if the policies or programmes fulfil the needs of ethnoculturally diverse clients. Therefore, a cultural sensitivity screening framework should be developed to serve as a tool for guiding the development of policies and programmes. This tool should be well understood and applied by government departments, NGOs, and service units.

Based on this tool, policy makers and service providers should also review human resource deployment, services and program delivery, organizational structures, and logistic and administrative characteristics.

Based on a review of cultural diversity lens adopted by other countries (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2010; UNESCO, 2011a; UNESCO, 2011b; Hispanic Children and Families, 2017), a few key main features can be synthesized:

- 1) Examining the context of the policies or programmes: examining the legislative and political environment of the policies or programmes as well as the socio-economic data of the ethnoculturally diverse clients.
- 2) Considering diversity of perspective: recognizing the diversity of views from various stakeholders involved in the policies or programmes.
- 3) Ensuring access and participation: eliminating barriers that limit the access of ethnoculturally diverse clients. In particular, policies or programmes should examine whether they are sensitive to the cultural and linguistic differences of the ethnoculturally diverse clients.
- 4) Respecting the cultural heritage (tangible and intangible): ensuring the policies or programmes would protect ethnoculturally diverse clients' access to the cultural heritage.
- 5) Building the capacities of agents who implement the policies or programmes.

Social changes

We also recommend that there should be proactive measures to promote cultural changes via community education to promote diversity values and integration by the government and different sectors of the society to develop cultural diversity and social integration in Hong Kong. Prevailing social mindsets and perceptions about ethnoculturally diverse groups in Hong Kong appear to be factors influencing human service professionals' readiness and willingness to receive training on cultural competence. A few key informants from nursing and social welfare sectors reflected that stereotyping and bias toward 'ethnic minorities' among the professionals affect their interest and willingness to receive cultural competence training. Some professionals might even raise questions about whether resources being spent on ethnoculturally diverse groups come at the expense of 'locals' (i.e. ethnic Chinese). Ethnoculturally diverse groups are not always portrayed positively in Hong Kong's mainstream media and discourses (Sung, 2005; Erni & Leung, 2014; Jackson & Nesterova, 2017).

Therefore, the government, public sector, and media should help to facilitate an inclusive social environment and promote equal opportunities and the elimination of racial stereotyping. These sectors could encourage human service professionals to aim for greater cultural competence in practice. This might be accomplished through public education programmes emphasizing social integration, and providing more opportunities for Hong Kong residents of different ethnocultural backgrounds to interact and understand each other and to challenge stereotypes and misunderstandings. In particular, the community education activities should focus on the promotion of RDO as a legislation aiming for eliminating discrimination and stereotyping against the culturally diverse groups, such as the concepts of providing equal opportunities for people of different ethnicities, the inappropriateness of stereotyping and promotion of inclusion and diversity. This integrative and receptive social environment could help to encourage the human service professionals to enhance their values, knowledge and skills in cultural competence.

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Appendix: Interview Questions

香港人本服務專業對「文化能力」訓練的接受程度及預備*

受訪者對其服務專業範疇的「文化能力」之看法

1. 在日常工作中，你個人是否要經常接觸不同文化背景的人士？你主要為他們提供什麼服務？(請說明你的工作與不同文化背景人士之關連。)你是前線服務提供者、背後策劃人，還是從事其他支援服務的專業人員？
2. 整體來說，在你的專業範疇中，專業人員會對不同文化背景的人士持有甚麼態度和看法？這些態度和看法是否有任何含意或成因？
3. 對於你的專業範疇所實踐的「文化能力」，你個人有何理解？在為不同文化背景人士設計、推行或提供服務時，你個人有甚麼經驗？在實踐「文化能力」時，你個人和所屬機構有沒有成功與不成功的例子？請舉例說明。
4. 整體來說，在你的專業範疇中，對於為不同文化背景人士所提供的服務形式和內容，你有何看法？你認為現有的服務是否能回應他們的需要？他們的文化或習慣是否得到足夠的認識和尊重？
5. 在你的服務專業範疇中，你認為前線服務提供者、背後策劃人以及從事其他支援服務的專業人員之「文化能力」是否足以應付他們的工作？
6. 整體來說，在你的專業範疇中，你認為現時有關「文化能力」方面的教育和訓練是否足夠？你們對接受「文化能力」訓練的預備與接納之程度有多高？
7. 在你的專業範疇中，你認為應如何進一步發展與加強「文化能力」？誰應該負責推廣「文化能力」？在提升「文化能力」的過程中，你們認為會遇到挑戰嗎？請舉例說明。

受訪者對整體人本服務專業 (尤其護士、物理治療師、職業治療師、社工和教師)的「文化能力」之看法

8. 整體來說，對於整體人本服務專業，你認為現時有關「文化能力」方面的教育和訓練是否足夠？你認為這些人本服務專業的專業人員對接受「文化能力」訓練的預備與接納之程度有多高？
9. 對於整體人本服務專業，你認為應如何進一步發展與加強「文化能力」？誰應該負責推廣「文化能力」？在提升「文化能力」的過程中，你們認為會遇到挑戰嗎？請舉例說明。