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2021

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*Reflections*

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## **Feeding into Complicit Bias or Promoting Agents for Change: A Reflection on Pedagogy-Where's the Justice?**

**Michele Mills & May Tom**

LaGuardia Community College of the City University of New York

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**W**orking as educators in a uniquely diverse institution of adult learning has led us to engage in deep discussion regarding pedagogy and preparing our students to work in White American culture. We are associate professors and clinical education coordinators for the Occupational Therapy Assistant and the Physical Therapist Assistant programs at LaGuardia Community College of the City University of New York (CUNY). We have over 30 years of experience as healthcare clinicians and over 25 years of experience as adult education instructors. Early in our careers, as an invisible method for survival and climbing the proverbial ladder, we became cognizant of the importance of adopting and understanding White American culture to work successfully in the United States healthcare system. In this reflection, we discuss our awakened sensibility for the necessity of teaching of cultural diversity and cultural competence in occupational therapy assistant and physical therapist assistant programs.

The professions of physical and occupational therapy were conceived in the United States. The concept of Physical Therapy was started in 1917. The professional organization of the American Women's Physical Therapeutic was established in 1921 and officially changed to the American Physical Therapy Association (APTA) in 1944. The National Society for the Promotion of Occupational Therapy (NSPOT), now called the American Occupational Therapy Association (AOTA), was founded in 1917 and the profession was officially named in 1921. Within our American healthcare system, the professions of occupational therapy and physical therapy propose to promote the optimization of movement and function by promoting patient/client independence. The concepts of independence and patient/client centered care are American value-based constructs. In our respective programs we are each charged to discuss topics on patient/client

centered care. Discussions focus on American approaches to healthcare. Many of these approaches challenge the cultural mores of our students and highlight White American values and mores.

Occupational therapy and physical therapy professions are not very diverse. We are members of the ethnic and cultural minority within our respective professions and academic settings. The race, ethnicity and gender makeup of occupational therapists in the US is predominantly White (Non-Hispanic) at 80%, Black (Non-Hispanic) at less than 6%, and 90% female. (Data USA, 2019). The race, ethnicity and gender makeup of physical therapists is White (Non-Hispanic) at 76.3%, Asian (Non-Hispanic) at 13.5% and 67% female. (Data USA, 2019). These demographics correspond to the findings in both the American Occupational Therapy Association 2019 Workforce & Salary Survey (American Occupational Therapy Association [AOTA], 2020) and the American Physical Therapy Association Workforce Analysis (American Physical Therapy Association [APTA], 2020).

Ironically, the typical LaGuardia Community College student that we work with is from a background that is atypical for our, not so diverse, professions. LaGuardia Community College is in the county of Queens in New York City. In accordance with the United States Census Bureau (2019), Queens County is recognized as the most culturally and ethnically diverse county in New York State. Established in 1971, LaGuardia Community College has one of the largest English as a Second Language (ESL) programs in New York City. As of the Fall 2019 semester 33,577 students from more than 150 countries were admitted to LaGuardia Community College. (LaGCC-Office of Institutional Research & Assessment, 2020) A palpable component of the culture of LaGuardia Community College is pluralism. The college strives to celebrate and respect race, ethnicity, gender, religion, age, sexual orientation, disability, social class, and all representations of personal identity. The backgrounds of the culturally diverse students at LaGuardia Community College loom strong in the classroom. The LaGuardia Community College Institutional Profile of Gender and Race/Ethnicity, Fall 2019 includes the following faculty demographics: White female 60%, White male 52%, Asian female 17%, Asian male 19%, Black female 12%, Black male 18%, (LaGuardia Community College [LaGCC], Institutional Profile, 2020). Preparing culturally diverse adult occupational therapy assistant and physical therapist students for a profession that is overwhelming White has brought a reversal of challenge.

Social justice has been in question within the occupational therapy and physical therapy professions for over a century. During this contemporary time of sociopolitical tension, economic upheaval, overt health disparity, and “dis-ease” (Merriam Webster, 2022), we reflect on the effectiveness of our teaching cultural diversity discourses. It appears that has been to homogenize into White American

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pedagogy as it relates to within our professional our pedagogy’s innate aim and enculturate students culture to promote assimilation and productivity within the healthcare workforce. With best intention, we have been inadvertently dampening our students’ cultural mores and fostering them to question their cultural beliefs as we sought to enculturate them into our respective professions. We have been teaching within a culture of complicity, perpetuating the culture of white supremacy, that is not congruent with the requirement of an “awakening” United States. A culture of diversity, equity, and inclusion is a must for 21st century healthcare provisions within an “awakening” United States and United States Healthcare System. White supremacy is the “elephant” in the room and has existed for so

long that complicity became the norm (even for clinicians of color). The elephant must be led out of the room and we must focus on strengthening our students' ability to contribute to and change the culture of healthcare.

These events, “dis-ease”, COVID-19, COVID-19 xenophobia, George Floyd, Breonna Taylor, the Capitol Insurrection of January 6th, 2021, and the increase in overt anti-Asian American racist incidents (among more than have been counted) have awakened our sensibility on the teaching of cultural diversity and cultural competence. We can “no longer” do, teach, think, shelter, and breathe in the same manner as we have in the past. As Black American and Chinese American women, proud members of our beloved professions, we continue to climb the ladders of success, while ignoring the intermittent pain of difference, anonymity, and steepening performance requirements.

## OUR STORIES

**A**s practicing clinicians and academicians we realize the importance of students maintaining their individuality and culture to work successfully in the United States healthcare system. Our hope is that the exploration of our lived experiences will prepare and inform our students.

### May Tom

I was born in the United States and brought up by my grandmother who was born in China. Chinese values were instilled into me at a very young age. As a first generation Chinese American, I was taught to respect the hierarchy of relationships, to be obedient, to listen, to follow the rules, and not make waves. Chinese society and culture are primarily patriarchal and male dominant. Growing up and within my professional life, I needed to balance the beliefs of the Chinese and the American cultures.

I reflect, “Are the student’s cultural values and identity suppressed when the student encounters situations that require the delicate balancing of patient concerns, family concerns, expectations of the healthcare facility, and the student’s ethnicity and culture?” As the student enters in their clinical education, I urge the students to remember the value-based behaviors of a physical therapist assistant and always be professional. But what happens when a student experiences bias from the healthcare facility, directly or indirectly? Should this student ignore this behavior for the sake of completing their education? Should I tell the student to focus on their goal of graduation? When a student presents with a situation such as described, I might lean towards the advice of focus on completing the clinical education while providing emotional support to the student. In light of the events of 2020, I realize I may be perpetuating this bias. I should not expect students to compromise the importance of their upbringing, and their values to complete their fieldwork experience successfully. The modeling of the concepts of equity and inclusivity are needed to assist our students with the skills necessary for understanding and contributing to the emerging solidarity of the “human race”.

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As many of my adult students are immigrants, they contend with the difficulty of balancing the completion their education and maintaining their cultural and ethnic identity. The students and their clinical instructors innately believe family presence is essential to patient wellbeing. However, the common White American view of a productive treatment session does not include the routine presence of the family during therapy sessions. Families are encouraged to visit and participate in care decisions; however, their routine presence during therapy sessions is not encouraged. Families and significant others are routinely encouraged to participate by request and visit after therapy sessions. The family's "involvement" in patient care is not fostered. My students, primarily non-US born, contend that they have difficulty with the lack of routine encouragement of family presence and involvement during therapy sessions. Many of the students were brought up believing that "family is important and the best medicine".

As a practicing physical therapist of thirty years, a Chinese-American academician of twenty-five years, and an academic coordinator of clinical education of over six years, I am without a good explanation and resolution for balancing clinic expectations and student values. It is important for me to encourage my students to look at all sides of the situation, to determine a solution, and make waves as indicated to reflect the values of the physical therapy profession. This is a hurdle to overcome. Offering this point view to my students has enabled me to reinforce my values and integrity as a Chinese American physical therapist and academician. I can no longer ask my students to ignore their cultural values in order to complete the program, graduate, and have a successful career.

### Michele Mills

I identify as a Black, African American female. I was born in the United States. I acknowledge the influence of the African American female experience and my American, West Indian American and Caribbean American heritage on the development of my personal and professional lens. My life and professional experiences have been both sweet and bitter. I have been held up within my profession and I have been kicked down, as it relates to being a person of color. I learned to keep climbing, it's the way of my family and my upbringing. Striving for success is in my DNA. My individual intersectionality has required me to thrive amidst a sea of micro-aggression within my profession...and still I rise. I rise because I have close family ties and recognize the significance of ethnic cultural values as a contributor to shaping my life, my experiences, and my pedagogy.

I reflect on an examination item that I commonly use that emphasizes client-centered goals for independence versus family-centered, familial/culturally-based goals within the introductory occupational therapy course. Routinely, based the course's promotion of client centered care and independence, an American White value, half of the class chooses the "incorrect answer", family-centered, instead of the "correct" answer, client centered. In hindsight, I began to realize that I am undervaluing students' innate ethnic and cultural differences and undermining their ability to treat a culturally diverse population within the United States. I question my complicity in perpetuating the predominance of White American values vs the plethora of multicultural values that represent true American culture.

According to *The Reference Guide to the Occupational Therapy Code of Ethics*,

Western bioethics places the self at the center of all decision making (autonomy). However, many cultures place the family, community, or society above the rights of the individual... Many people believe that the family, not the client, should make important health care decisions... When the therapist promotes independence in self-care or activities of daily living, the role of the family may be negated. (Wells, 2016, pp. 156-157)

*The increase in diverse nationalities that seek access to the American healthcare system require our students and future healthcare providers to be global citizens that are capable of maintaining their own ethnocentricity, while embracing cultural sensitivity, and striving for cultural agility.*

As an occupational therapist of over thirty-five years and an educator of over thirty years. I joined the LaGuardia Community College Occupational Therapy Assistant Program faculty six years ago. Of all the educational institutions in which I have had the opportunity to teach, LaGuardia Community College is the most ethnically and culturally diverse. I embraced the OTA program and the diversity of LaGuardia Community College. This transition brought its challenge to the scope of pedagogy as it relates to teaching the tenets of cultural competence to an already diverse student population. The challenge is teaching introspective self-reflection about one's "own" culture and cultural identity to promote an understanding of the sameness and difference of White American culture,

values, and mores. Students are guided to embrace and develop sensitivity to other cultures for successful participation as a clinician within the American healthcare system. This challenge is wonderful in its intricacies and daunting as one peers into the rabbit hole exploring and questioning the concept and development of cultural competence and student preparedness to work in an ever-evolving United States healthcare system.

## GIVING RISE TO THE CULTURALLY AGILE PRACTITIONER

**T**he achievement of cultural competence is a process. Cross et al define cultural competence as "the set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations." (Wells, 2016, p. 155). According to Wittman and Velde (2002), the two highest levels of cultural competency that can be achieved are the competence stage and the proficiency stage.

At the competence stage, acceptance and respect for difference, continuing self-assessment regarding culture, attention to the dynamics of difference and a continuous expansion of cultural knowledge and resource occur. The proficiency stage is holding culture in high esteem and promoting competency in others. ...the difference between the competence and proficiency stages is the extent to which the therapist or system regards, cultural differences and similarities. (p. 454)

Professors in the healthcare professions are responsible for teaching and providing the public with clinicians that are knowledgeable and productive in the workforce. The increase in diverse nationalities that seek access to the American healthcare system require our students and future healthcare providers to be global citizens that can maintain their own ethnocentricity, while embracing cultural sensitivity, and striving for cultural agility.

Being successful and productive in our richly diverse American healthcare system requires an individual to be understanding, accepting of others and adept at integrating themselves within the process. The future practitioner is culturally agile. As clinicians and academicians we continue to engage in the development of pedagogy that guides our students and provides them with the tools needed for the development of multiculturalism and inclusivity. There should be no timeframe within this process. Teaching from a complicit stance that facilitates the mores and values related to White American supremacy are not acceptable.

A reflection on the events of the “here and now” require a paradigm shift in our teaching methods. This subject matter is not only about “teaching cultural competence”, it is also a matter of reflecting on social justice within our professions and in academia. Teaching cultural agility and cultural responsiveness to our students requires all, students, professors, patients and healthcare practitioners to reflect on the social injustice that routinely occurs during the provision of care. Breaking the chains of habit and complicit pedagogies is a process that requires attention and intention.

*A reflection on the events of the “here and now” require a paradigm shift in our teaching methods.*

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To cite this article:

Mills, M., & Tom, M. (2021). Feeding into complicit bias or promoting agents for change: A reflection on pedagogy-where's the justice? *Dialogues in Social Justice: An Adult Education Journal*, 6(2), Article R1356.