

THE DEVELOPMENT OF A CULTURALLY RESPONSIVE MODEL OF CARE FOR OCCUPATIONAL THERAPISTS IN THE UNITED ARAB EMIRATES

Ma. Tisha Inocencia L.V. Utlang, OTRP
University of Perpetual Help
System Laguna
PHILIPPINES
Tisha.lopezvito@gmail.com

Karen L.B. Tamayo, OTR, MD, EdD
University of Perpetual Help
System Laguna
PHILIPPINES
karentamayo@uphsl.edu.ph

Susana C. Bautista, EdD
University of Perpetual Help
System Laguna
PHILIPPINES
Bautista.susana@uphsl.edu.ph

ABSTRACT

This study determined the challenges met by the occupational therapist in pursuit of a culturally-responsive model for healthcare by examining the cultural factors that hinder patients' participation to OT interventions as assessed by the Clinical Supervisors and Occupational Therapists with respect to attitude towards healthcare, gender roles and clan-specific roles, religious custom and beliefs, and protection of modesty and dignity. The study also determined the differences in the assessments by the two groups of respondents. Through this data analysis, the researcher conceptualized the substantial preparation of a culturally responsive model of care in the practice of occupational therapy. Moreover, the study involved 61 occupational therapists in the 2 largest Cities offering Occupational Therapy services in the United Arab Emirates, Dubai and Abu Dhabi, regardless of their nationality and sexual orientation and 18 OT supervisors. This study utilized the developmental-descriptive method of research with a researcher's made questionnaire as the main data gathering instrument and complemented with interview and focused group discussion. On the other hand, the study delimited the participation of working occupational therapy professionals outside the border of Dubai and Abu Dhabi, UAE. This study was limited only to the responses generated by the concerned occupational therapists as the target respondents. Findings of the study revealed the occupational therapists in UAE have agreed to cultural factors influencing OT delivery with respect to attitude towards health care, gender roles and clan specific, religious customs and beliefs, protection of modesty and dignity. As concurred in the assessments, there is no significant difference in the assessments by supervisors and OT themselves. The proposed model of care aimed to integrate the findings of the paper and give substantial proof of support among occupational therapists in UAE in the context of therapy practice.

Keywords: Occupational Therapy, Cultural Factors, Model of Care