



RESEARCH ARTICLE

MULTICULTURAL AND DIVERSITY AWARENESS IN HIGHER EDUCATION

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ABSTRACT

Awareness of multiculturalism is overlooked in the collegiate education of students in the Speech-Language-Hearing Sciences (SLHS) departments. In this study, 18 undergraduate and seven graduate and doctoral students completed a modified Munroe Multicultural Attitude Scale Questionnaire before a facilitated workshop involving audiologists and speech-language pathologists of color, who discussed cultural competencies, racism, and discrimination. This study served as a jumping-off point in our SLHS department as the goals of this study were to increase awareness of issues of diversity as they relate to the inclusiveness of clinicians from different backgrounds and the patients that we assess and treat, with the ultimate aim of inspiring more research that will uncover ways to enhance clinicians' cultural competencies so that they do not improperly diagnose and treat patients due to cultural and linguistic differences.

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Introduction

Despite the growing clinical and research advances in Speech-Language-Hearing Sciences (SLHS), clinical disparities exist due to race, ethnicity, and cultural status. A diverse SLHS workforce can improve access to services and reduce disparities for diverse populations. This increase in workforce diversity must begin in the academic programs that train clinicians (Mohapatra & Moha, 2021). Establishing a diverse workforce of speech-language pathologists and audiologists requires the development of educational programs in the field that recruit and train students from various racial and ethnic backgrounds. Our foundation, the American Speech Language Hearing Association (ASHA) data report for 2019 to 2020 showed that minority student enrollment in SLHS programs was 31.5% in undergraduate programs and 23.3% in graduate programs, according to the Council of Academic Programs in Communication Sciences and Disorders (CAPSCD & ASHA, 2020). It is well documented in the literature that there needs to be more racial and otherwise diversity among speech-language-hearing-sciences (SLHS) students, clinicians, and academics/researchers (e.g., Danahy Ebert, 2013; Yu et al., 2022)

In 1991, ASHA established a modest goal of increasing minority membership to 10% by 2000 (ASHA, 1991); however, this number has not been achieved over two decades beyond that. Indeed, the demographic profile of ASHA has changed very little over the past 25 years: the ASHA 2021 Demographic Profile Report documented that of its 213,115 members and affiliates, 8.2% (17,373) are multilingual service providers (83 spoken languages other than English were reported by the multilingual providers). The majority (91.3%) of ASHA service providers and affiliates are White; 3.6% are Black or African American, 3.1% are Asian, 1.5% are multi-racial, 0.3% are American Indian or Alaska Native, and 0.1% are Native Hawaiian or Pacific Islander. There is a disproportionately low number of professionals from diverse backgrounds compared to the U.S. population (Stewart & Mishra, 2022), of which 40% of people are part of racial minority groups (U.S. Census Bureau, 2020). These recent statistics still need to remotely parallel changes in racial diversity in the demographics of the United States in the same 25-year period.

Professionals and educators are addressing the need for more representation of individuals from diverse backgrounds in speech and language pathology and audiology by implementing task forces on diversity, equity, and inclusion (DEI) initiatives. Recent research has addressed recruitment and retention, curriculum changes, and inclusion of faculty from diverse backgrounds to improve DEI (Bellon-Harn & Weinbaum, 2017; Mahendra, 2019; Mishra et al., 2021; Stockman et al., 2008). A significant way to recruit students is via word-of-mouth from faculty and professionals in the fields (Brodsky & Cooke, 2000; Byrne, 2008; Miller & Ciocci, 2013; Saenz et al., 1998; Stone & Pellowski, 2016). Thus, DEI initiatives can include students and professionals from various cultural and linguistic backgrounds to bring the attention needed to this critical topic. Research has begun to explore DEI in the SLHS fields, but more studies are required to explore these programs' DEI initiatives. Such DEI studies have the potential to be helpful because knowledge of DEI initiatives will assist future studies and programs in targeting DEI at the university and professional levels (Stewart & Mishra, 2022).

Cultural Competencies

Increasing cultural competence is an initiative in SLHS professions, and it addresses improving clinical and education outcomes in diverse populations (Ellis & Kendall, 2021). Cultural competence is a skill set that can help healthcare providers create culturally sensitive and user-friendly care services for people with diverse backgrounds (Perng & Watson, 2012). Evidence shows that most misunderstandings between healthcare providers and patients with different cultural backgrounds are due to the professional's lack of understanding, cultural awareness, cultural knowledge, and flexibility (Komaric et al., 2012). According to the ASHA Practice Portal of Professional Issues and Cultural Competencies, cultural competence is a complex and dynamic process that requires self-assessment and continuous expansion of one's cultural knowledge. This process evolves with understanding one's culture and interactions with various cultures, extending to lifelong learning (ASHA, 2017). The growing literature on cultural competencies explains that self-awareness is an early foundational skill for developing cultural competencies (e.g., Robertson, 2007). Individuals must critically self-reflect before they can understand and work effectively with others. This awareness includes racial identity and related privileges (Danahy Ebert, 2013).

A person's culture is closely connected to value systems, health beliefs and behaviors, and communication styles. A significant area of multicultural competence is awareness of the worldview of culturally appropriate intervention strategies. Each communicator brings experiences and personal communication styles to an interaction (Hall & Theriot, 2016). The limited research suggests that students develop multicultural competence when the facilitator creates a safe environment via formal education and diversity training (e.g., Dunn et al., 2014). The development of these skills is a prerequisite to working with clients. Since it is not possible to know every aspect of a cultural group, culturally competent clinicians must take steps to be knowledgeable about the theory and practice of ethnically sensitive service delivery (Hall & Theriot, 2016).

Racism and Discrimination

After the increase in activities and visibility of racial-justice protests in 2020, ASHA made declarations of support for racial equality. These included a commitment to antiracism through dismantling structures, policies, and practices that add to the oppression, marginalization, and exclusion of Black, Indigenous, and people of color (BIPOC) (Yu et al., 2022). In 2021, ASHA and other significant professional organizations throughout the United States condemned systematic racism and institutional inequalities, saying that eliminating systematic racism is challenging due to existing structures and policies and the challenges of transforming them.

Numerous efforts have been established to focus on recruitment and improve the admissions process. For example, the removal of standardized measures for admittance to graduate school or professional certification would be a systemic change because it would affect the operations and organizational subsystems of the graduate school application process and change the experiences of those entering the field (Guiberson & Vigil, 2020; Saenz et al., 1998). Nevertheless, little attention is paid to SLHS to whether our culture, ideals, policies, and practices allow BIPOCC students and professionals to succeed.

While research has begun to explore DEI in the SLHS fields, more studies are needed to examine the effectiveness of DEI initiatives in our programs. A method that professionals and educators address the need for more representation of individuals from diverse backgrounds in speech-language pathology and audiology is through implementing DEI initiatives in graduate and undergraduate programs. Research

exploring these topics has supported recruitment and retention, curriculum modification, and the inclusion of faculty from diverse backgrounds as essential factors in improving DEI (Bellon-Harn & Weinbaum, 2017; Mahendra, 2019; Mishra et al., 2021; Stockman et al., 2008).

Current Study

This paper is based on the work done in a SLHS department by a National Student Speech Language Hearing Association (NSSLHA) chapter, in which five undergraduate students studied cultural competencies, racism, and discrimination in the field. It received IRB approval from the university. Due to the lack of data on undergraduate students' perceptions of diversity, race, and cultural competencies, the goal of this study, and the advocacy task force in NSSLHA, was to move past surface-level discussions of diversity and inclusion and cultural competencies to deeper conversations and action centered on justice and the oppressive systems that disrupt equality. This shift could reduce racism in our higher education programs, clinical practice, and research centers and thus improve clinical outcomes and client/patient satisfaction for all populations we serve.

Thus, this work served as a grassroots advocacy effort to examine self-perception of multiculturalism and diversity in our students, discuss with audiologists and speech-language pathologists from diverse backgrounds, and survey undergraduate and graduate students in SLHS about attitudes, perceptions, and knowledge of cultural competencies and diversity topics. Cultural competency, as discussed above, is a crucial element of DEI initiatives, and self-assessment is a vital factor in improving cultural competency. One form of assessment is a self-questionnaire studying the self-reported perceptions and experiences of individuals who interact in healthcare institutions (Edwards et al., 2004). Before this current study, self-questionnaires such as online surveys have been used in the SLHS field. For example, Fuse and Bergen (2018) used a survey to identify the needs for and barriers to the success of underrepresented students and determine factors linked to student persistence and academic achievement. The Munroe Multicultural Attitude Scale (MASQUE) questionnaire has been widely used in studies to examine students' perceptions of multicultural awareness (i.e., Richardson et al., 2020). It is the self-report questionnaire used in this study to explore the attitudes, perceptions, and

experiences of undergraduate and graduate students in CSD early in their clinical careers.

The main goals of this study were to open a discussion and thus provide an impetus for these other studies, which will, eventually, lead to changes in the field. The main research questions for this study are: 1) What is the knowledge of multiculturalism and diversity in our students? 2) How comfortable do students feel about acting on topics related to multiculturalism and diversity?

Methodology

Participants

The event had 42 attendees, of whom 25 completed the survey before the event. Our 25 participants who completed the survey included seven graduate/doctoral students (i.e., 6 MA students and 1 AuD student) and 18 undergraduate students (i.e., 13 in the major, two non-majors, and three unspecified). Eight of those who responded identified as BIPOC, LatinX, and Asian.

Stimuli

Questionnaires

A questionnaire of 21 Likert scale questions, based on the MASQUE (Munroe & Pearson, 2006; see Appendix A), and three open questions were electronically delivered to attendees before our event on multiculturalism and diversity in SLHS. Before the seminar, though optional, they were highly encouraged to complete a survey, and 25 did so. The survey was conducted on Google Docs, and after the study, the data was translated into Excel and analyzed there.

Workshop

Two speech-language pathologists, one graduate MA speech-language-pathology student, and three audiologists spoke. The topics were cultural competence, diversity, racism/discrimination, and general advice to attendees. After the six guests were introduced, they briefly discussed their backgrounds and current work settings. Speakers discussed their desire to increase awareness of audiology to

underserved populations, their use of art and creativity in their work, their global work, and their promotion of wellness among clients and students. They also mentioned their motivation for pursuing the fields of speech and language pathology and audiology. Our next topic was discrimination, for which we asked each guest speaker if they had experienced discrimination as a student, clinician, and/or instructor. Speakers discussed patients refusing to work with them, microaggressions in the classroom, misperceptions of qualifications, reactions to their accents, and bias in the GRE. They also said that these types of discussions and stories help CSD students and professionals connect and avoid any one person being isolated and “stuck in your head.” We asked them what cultural competencies mean and if their awareness and education have changed how they treated a student and/or client. Topics from speakers included working with parents and caregivers, holidays, trauma-informed versus non-trauma-focused methods, interprofessional practices, the importance of mutual respect, improved education, and learning about one another to strengthen relationships. Lastly, we asked for their advice on improving diversity in the field and what students, as future clinicians, should know. Panelists advised the audience not to limit themselves or let anyone tell them they were incapable. They also affirmed the need for safe spaces, asking questions, and “being the change.” Each participant was given an honorarium for their time and participation, and anecdotal reports that it was a very positive and cathartic experience.

Results

The questionnaire had questions with a Likert score of 1 = strongly disagree and 5 = strongly agree. Table 1 and Figures 2 and 3 below are based on the Likert scale, so each bar represents an average score (from 1 = strongly disagree to 5 = strongly agree) of the 25 participants’ responses.

Table 1.

Means and Standard Deviations for each Likert scale question on the MASQ

	<u><i>M</i></u>	<u><i>SD</i></u>
I realize that racism exists.	5	0
I am aware that sexual preferences may differ.	4.9	0.24

I am aware that gender-based inequities exist.	5	0
I do <u>not</u> understand why people of other cultures act differently.	1.67	1.1
I am sensitive to differing expressions of ethnicity.	3.3	1.71
I am emotionally concerned about racial inequality.	4.4	0.62
I am sensitive toward people of every	4.6	0.86
A person's social status does <u>not</u> affect how I care about people.	4.8	0.38
I do <u>not</u> act to stop racism.	2.2	0.79
I actively challenge gender inequities.	3.3	0.77
I respectfully help others to offset language barriers that prevent communication.	4.11	0.8
I do <u>not</u> take action when witnessing bias based on a person's sexual orientation.	2.2	0.73
I believe that I am culturally aware of others.	4.5	0.51
I feel like I have enough knowledge to help combat racism/discrimination.	3.22	0.9
I am able to rate myself in terms of being able to accurately compare my culture to others.	3.67	0.7
I identify myself as being from a different culture/ethnic background from others.	4	0.97
I feel like I am superior to others based on where/how I was raised.	1.2	0.38
My thoughts about racism/discrimination have <u>not</u> changed based on what I learned in my childhood.	1.8	0.86
The Speech-Language-Hearing Sciences program at our university <u>reinforces</u> the idea of diversity.	3.8	0.93

The National Student Speech-Language Hearing Association (NSSLHA) Chapter at our university does a good job of informing us on issues of diversity and cultural competence.	3.7	1.14
The professors and staff within the Speech-Language-Hearing Sciences department at our university have a <u>good</u> representation of minorities.	4	0.93

Figure 1. Student awareness of multiculturalism based on modified MASQUE before the workshop.

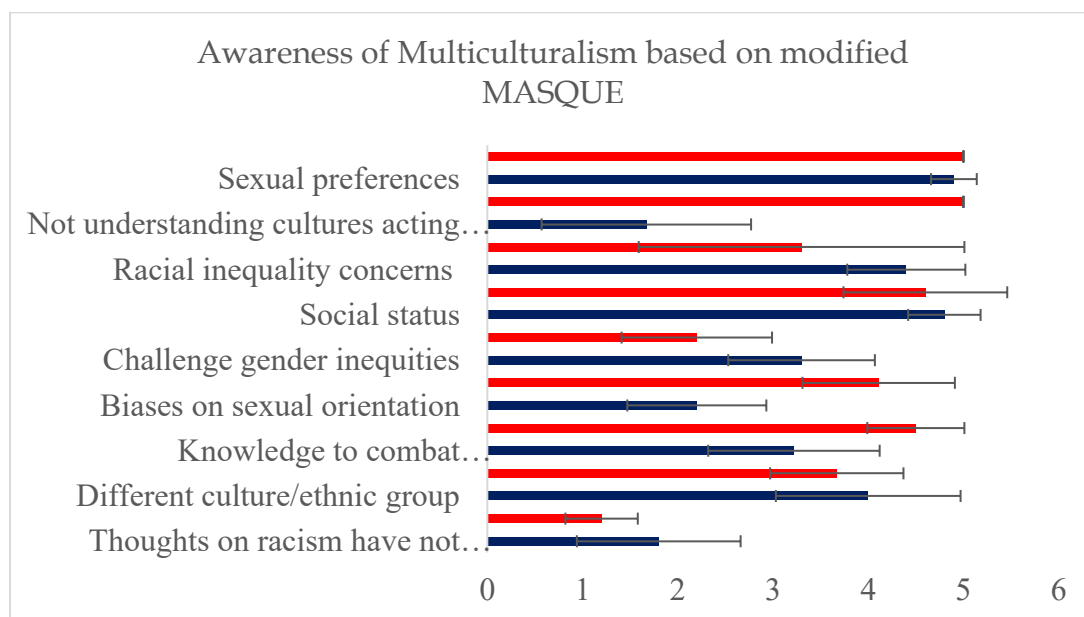
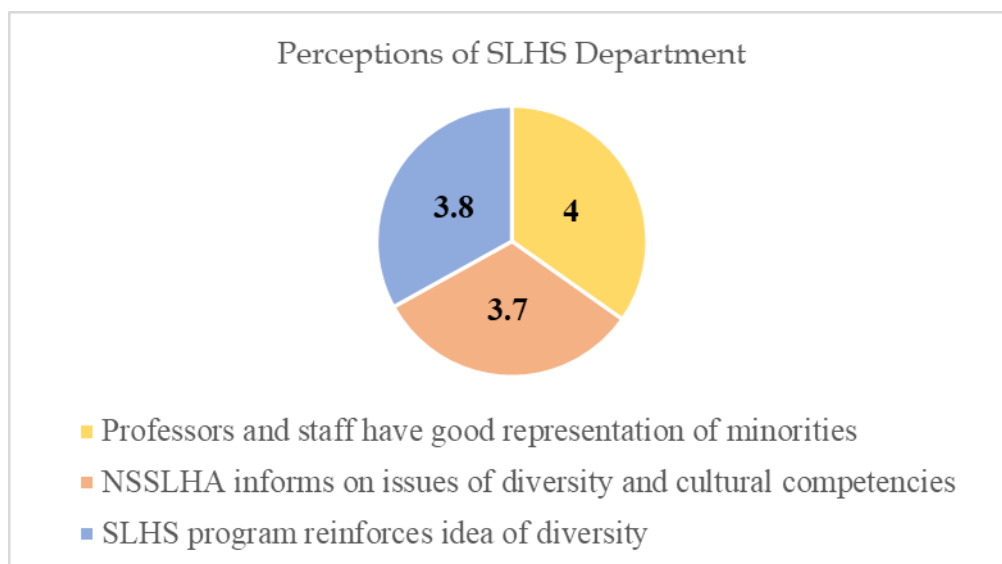


Figure 2. Perceptions of multiculturalism awareness in the SLHS department and NSSLHA



Discussion

This survey explored perceptions and observations of racial inequalities and cultural competencies in future speech-language-hearing professionals. The study and the seminar invited students to self-evaluate and reflect on race, discrimination, and cultural competencies based on their personal and professional experiences.

In summary, our questionnaire results showed that all our participants know that racism exists, they have a good understanding of the fact that people of different cultures act differently, a majority of participants are willing to help others with language barriers, and an average number of participants felt they had enough knowledge to compare cultures to each other. Areas that needed increased education were combating racism and discrimination.

Students have good awareness and sensitivities regarding sexual orientation and gender-based inequalities. Regarding their reactions, about half of the students felt that they try and stop racism and do act on biases due to sexual orientation. They strongly think they are culturally aware of others, and the majority would challenge gender inequalities. Lastly, their responses show that they did not feel superior based on their upbringing, they were sensitive to others, and social status does not affect how much they care for others. Interestingly, they think their thoughts on racism and discrimination have changed from what they learned in childhood. In addition, the open questions led to thoughtful responses that could help shape more educational opportunities for students, faculty, and staff. Thus, students have a good awareness of multicultural issues but need more tools to deal with challenges in interactions in school and the workforce.

This work relates to prior research since we put the apparent dearth of information about DEI initiatives in SLHS programs into action. A recent study by Stewart and Mishra (2022) examined publicly available data on DEI initiatives and found that most SLHS programs focused on inclusion and that the initiatives vary according to university-level factors. In Hall and Theriot (2016), we evaluated students' multicultural awareness, knowledge, and skills at the beginning and end of a required cultural diversity course. The difference between this current work is that they had a semester-long course and a post-test. It would be interesting to evaluate those trends at our university in our multicultural course.

Limitations and Future Directions

This was an exploratory study. As with all surveys, this study used a self-selected sample. Furthermore, the model was geographically limited to the Northeast United States. It is possible that students in other areas of the country would have different experiences and opinions on racism, discrimination, and cultural competencies. In addition, the survey provided limited insight into each respondent's thoughts on these topics. We also had a small sample size, and the racial makeup of participants who completed the survey was very White.

At the same time, this study provides a starting point for discussions about the role of race, discrimination, and multiculturalism in training and service delivery in speech-language pathology and audiology. This work has expanded to include other undergraduate students from another university outside this university's tristate area,

with related seminars on increasing awareness of linguistic diversity and ableism. Future work in this area can also examine the students' responses in-depth since there is a need to explore the relationship between awareness of race/diversity topics and objective ratings in the academic sector and clinical practice.

This event, and the data collected there, aimed primarily to raise and bring awareness to important DEI issues in SLHS education; our participants essentially found it successful. DEI studies that are larger and take place in different parts of the country should follow. Future directions include creating a capstone project in college and university CSD curricula and holding continued workshops and events so our students can better handle diverse patients and clients as future clinicians. While our department has a course on multicultural issues in CSD, infusing these topics into all classes could be beneficial to connect academic to practical learning in these fields.

Hence, this study has served as a first step in a longer process. We can incorporate fieldwork for speech-language pathology and audiology students and service-based learning, such as performing clinical diagnostic work in underserved and marginalized areas. We can also collect data on these efforts to analyze and improve practical effects for the patients/clients and the student clinicians.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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Appendix: Multiculturalism and Diversity Workshop Questionnaire (Pre-Event)

Presented by NSSLHA Student Advocacy Group

1. CSD/SLHS Undergraduate Student? (Circle One): ☐ Yes ☐ No
If not, my major is:
2. **Only for Graduate students: (Circle One): SLP AuD
Significant as an undergraduate student?
3. Non-student Status: (Circle One): SLP AuD Other
4. Do you identify as BIPOC, LatinX, or Asian? ☐ Yes ☐ No
5. Have you met a professor who identifies as BIPOC, LatinX, or Asian?

☐ Yes ☐ No

Directions: Read the prompt and circle a choice 1-5.

(1= strongly disagree; 5 = strongly agree)

1. I realize that racism exists.
2. I am aware that sexual preferences may differ.
3. I am aware that gender-based inequities exist.
4. I do not understand why people of other cultures act differently.
5. I am sensitive to differing expressions of ethnicity.
6. I am emotionally concerned about racial inequality.
7. I am sensitive toward people of every financial status.

8. A person's social status does not affect how I care about people.
9. I do not act to stop racism.
10. I actively challenge gender inequities.
11. I respectfully help others to offset language barriers that prevent communication.
12. I do not take action when witnessing bias based on a person's sexual orientation.
13. I am culturally aware of others.
14. I feel like I have enough knowledge to help combat racism/ discrimination.
15. I am able to rate myself in terms of being able to accurately compare my culture to others.
16. I identify myself as being from a different culture/ethnic background from others.
17. I feel like I am superior to others based on where/how I was raised.
18. My thoughts about racism/ discrimination have not changed based on what I learned in my childhood.
19. The Speech-Language-Hearing Sciences program at Hofstra reinforces the idea of diversity (ONLY SLHS MAJORS).
20. The National Student Speech-Language-Hearing Association (NSSLHA) Chapter at Hofstra does an excellent job informing us on diversity and cultural competence (ONLY SLHS MAJORS).
21. The professors and staff within the Speech-Language-Hearing Sciences department at Hofstra have a good representation of minorities (ONLY SLHS MAJORS).
22. When I think of racism/ discrimination, I think about/:
23. What are some methods you use to offset racism/ discrimination when you see it?
24. Why is it so important to be culturally competent in Speech-Language Pathology/ Audiology or any other field?

25. Does Hofstra have a class on cultural competency?

- If yes, what is the class, and does this class prepare you to be culturally competent as a Speech-Language Pathologist or Audiologist? (Write class here, if applicable):
- If not, should Hofstra create a class that teaches cultural competency? (Circle One):