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Cross-Cultural Service Learning as Pedagogy for Character Development in Occupational Therapy Doctoral Students

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Abstract

Occupational therapists must demonstrate a broad spectrum of knowledge, clinical reasoning skills, and professionalism to be effective practitioners. Development of ethical practice must begin with the educational process to shape character traits as building blocks of moral reasoning. This article puts forth a cross-cultural service learning curricular module as lived experience for development of character traits in occupational therapy students. This mixed methods study investigated lived experience in the form of cross-cultural service learning as a pedagogy for development of character traits, as measured by the CIVIC, necessary to navigate professional ethical standards. Findings suggest a cross-cultural lived experience for occupational therapy doctoral students providing seating and mobility services in Guatemala significantly impacted character traits associated with professional ethical standards. Similar lived experience embedded in an occupational therapy curriculum may contribute to character development to guide ethical practice for the next generation of occupational therapists.

Comments

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Occupational therapists must demonstrate a broad spectrum of knowledge, clinical reasoning skills, and professionalism to be effective practitioners. Cognitive knowledge and clinical competency represent prerequisites for skilled clinical practice; however, occupational therapists must also be motivated to apply knowledge ethically to the benefit of individuals and greater humanity. Altruism, a core value of occupational therapy, is defined by the *Occupational Therapy Code of Ethics* as "demonstrating concern for the welfare of others" (American Occupational Therapy Association [AOTA], 2015, p. 2). In effect, to benefit another individual, occupational therapists must first care about the client's well-being. Without this moral reasoning to guide practice, no assurance exists that clinical expertise will be applied to benefit another, as "excellent clinical skills do not necessarily mean equally laudable moral practices" (Brockett, 1996, p. 204). Development of ethical practice must begin with the educational process to shape character traits (e.g., kindness, trustworthiness) as building blocks of moral reasoning. This article examines the impact of cross-cultural service learning on the development of character traits in occupational therapy doctoral (OTD) students.

Literature Review

The Accreditation Council for Occupational Therapy Education (ACOTE) standards devote an entire section to "*Professional Ethics, Values, and Responsibilities*", mandating understanding and application of AOTA's *Occupational Therapy Code of Ethics and Ethics Standards* and AOTA's *Standards of Practice* for students at all levels of occupational therapy education (AOTA, 2011). While these documents provide legal parameters for ethical decision-making, the literature postulates that not all scenarios and ethical dilemmas faced by occupational therapists are addressed by these guidelines and recommendations for ethical behavior (Brockett, 1996; Greene, 1997). Greater complexity and competing interests in the health care arena call for strong individual character and moral reasoning to navigate the intricacies of scenarios where functional status, client and caregiver interests, professional competency, and reimbursement create ambiguity in determining the "right" course of action.

Cognitive understanding of the ethics and principles of the profession alone is insufficient to ensure sound moral reasoning based on individual character for future occupational therapists. Moral reasoning, defined by Barnitt (1993) as "philosophical inquiry about norms and values, about ideas of right and wrong, good and bad, what should or should not be done, what ought to be done, how you make moral decisions in your professional work" (p. 402), provides personal latitude in addressing complex moral choices often outside of the boundaries of written ethical codes. Moral reasoning, by definition, is not a protocol or code of behavior, but rather a compass developed through deep thought and experience.

A developmental phenomenon, moral reasoning demonstrates experiential malleability and the ability to respond to and change with experience (Kohlberg, 1973). Kohlberg (1973) suggests that service learning through lived experience with real consequences may be of benefit in shaping moral reasoning. In synchrony with the holistic nature of occupational therapy, educational efforts should not focus solely on legalistic adherence to guidelines or behavioral outcomes but rather on the personal development of character as an inner moral compass to navigate the inevitable ethical complexities faced by modern occupational therapists. While clinical knowledge and competency assessments exist, gauging the necessary character for moral development proves difficult, particularly in a broad profession like occupational therapy.

The development of moral reasoning does not negate the need for health care professionals to understand practical application of state law, professional ethical codes, and site-specific regulations.

Rather, guiding principles provide a foundation and protective boundaries for professional practice. The principles put forth by AOTA's *Occupational Therapy Code of Ethics* (2015) mandate acting in a manner that benefits clients; however, certain character traits are often required to live up to these high ideals. For example, consider a scenario in which an occupational therapist must appeal a denial for equipment or intervention from an insurance company for the benefit of a client. With legal and reimbursement guidelines to provide a logistical pathway, the therapist must also have the propriety, leadership, and perspective to make the case for reimbursement against influential competing interests.

Brockett (1996) defines professional virtue, as developed in the context of rehabilitation through a professional workshop, as "those characteristics that contribute to trustworthy relationships between occupational therapists, their clients, colleagues, employers, and the general public. Examples are integrity, an attitude of respect for other persons and a willingness to put client interests ahead of self-interest" (p. 201). As noted, professional virtue does not indicate rules and regulations, but rather characteristics of the individual.

To build students' character traits associated with professional virtues, occupational therapy educators should develop pedagogy that exceeds a baseline recognition or understanding of professional guidelines and legal regulations (e.g., HIPAA) mandated by accreditation standards. To promote ethical behavior, educators may expose students to a more active learning approach that applies knowledge through lived experience. Service learning provides a context in which to apply knowledge of ethics, thus building character traits that contribute to professional virtues.

Service Learning as Pedagogy

Dewey (1938), who is often credited with introducing experiential learning as the precursor to service learning, promoted the coupling of knowledge transfer with experiential application to enhance the educational process. Kolb's model of experiential learning provides a cycle of learning that includes observation and deliberate reflection on a concrete experience (Kolb & Kolb, 2005). Service learning capitalizes on reflection as a part of the process with the potential to raise moral awareness (Lovat & Clement, 2016). In fact, scholars such as Dewey (1938), Kohlberg (1971), and Boss (1994) advocate for the use of experiential learning specifically for moral development, noting the provision of moral issues arising out of actual real-world scenarios.

While experiential learning (e.g., simulated lab activity) may occur without tangible benefits to an individual or population, service learning provides an active learning opportunity and meets an individual or community need (Jacoby, 1996). Lim and Bloomquist (2015) promoted the following definition after conducting a literature review using the term service learning:

> a form of credit-bearing experiential learning in which students participate in service activities in a community setting with the intent to mutually benefit both the provider and recipient of service, while maintaining a balance between service and learning. In addition, students regularly reflect upon how their service activities connect with course contents as an intentional means of achieving both academic and civic learning or developing critical thinking skills. (p. 203)

In addition, service learning includes moral or ethical considerations (Bossaller, 2016) similar to early iterations of experiential learning. Lovat and Clement (2016) contended that service learning has evidenced "personal, moral, social, and civic development, as well as . . . motivation" (p. 117). For example, Boss (1994) investigated the potential of experiential learning to develop moral reasoning, demonstrating a greater impact on the moral reasoning of college students who engaged in community

service compared to those who participated in solely classroom learning. Emphasizing the need for experiential application of an intellectual ethic to produce genuine character, MacIntyre (1984) wrote, "intellectual virtues are acquired through teaching, the virtues of character from habitual exercise. We become just and courageous by performing just or courageous acts; we become theoretically or practically wise as a result of systematic instruction." (MacIntyre, 1984, p. 154)

Research reveals the benefits of service learning as an educational method specific to occupational therapy education. Increased understanding and appreciation of disability issues was demonstrated in a study involving a community project investigating accessibility (Gitlow & Flecky, 2005). Short and St. Peters (2017) found improved cultural competence for OTD students who provided seating and mobility services during a service learning experience in Haiti. Greene (1997) also reported the impact on the psychosocial development of occupational therapy students who participated in a service learning experience, specifically appreciation for dignity, quality, and justice. These findings suggest service learning may have an attitudinal impact on student participants, encouraging further research into other aspects of character development and professional virtue specific to occupational therapy, for which there is a paucity of research.

In January 2017, a team of OTD students served in Guatemala providing seating and mobility services on a team with licensed occupational therapists. The experience involved cross-cultural communication, progressive autonomy in service delivery and decision-making, complex socioeconomic factors, limited resources, and clinical service provision for several hundred patients throughout the week. The purpose of this study was to examine the impact of this cross-cultural service learning on the development of character traits for OTD student participants.

Method

Study Design

The Comprehensive Inventory of Virtuous Instantiations of Character (CIVIC) (Ng, Tay, & Kuykendall, 2017) was chosen as an instrument to investigate a broad spectrum of character traits that aligned with the mission of the university and seemingly aligned with the principles of conduct specified in AOTA's *Occupational Therapy Code of Ethics* (2015). Face validity analysis by expert faculty revealed perceived association (see Appendix) between the characteristics measured by the CIVIC and specific principles outlined in AOTA's *Occupational Therapy Code of Ethics* (2015). For example, character traits measured by the CIVIC, such as authenticity, fairness, and kindness, were ascribed to the development of beneficence by the expert reviewers. The hypothesis examined was: There is a statistically significant relationship between cross-cultural service learning and each character trait associated with CIVIC (e.g., appreciation of beauty)

Using a mixed methods design, data was collected prior to, during, and after the lived experience. Quantitative data was collected at two points: prior to the service learning experience and after the service learning experience. Qualitative data was collected through journal entries prior to, during, and after the lived experience as well as through a focus group debriefing completed 2 weeks after the experience.

Instruments

After receiving Institutional Review Board approval, a 211-item Likert-type scale, the CIVIC, was administered to measure 30 character traits (see Appendix). Using a Likert scale with 1 = *very much unlike me* to 4 = *very much like me*, the participants rated questions, such as "I look for opportunities to improve my talents and skills." Ng, Tay, and Kuykendall (2017) conducted five

systematic studies to develop the CIVIC. Items associated with virtuous character traits were developed and then explored using a confirmatory factor analysis (CFA) for the unidimensionality of each character trait. Items were eliminated until a satisfactory model fit emerged for 18 of the 24 character trait scales. An exploratory factor analysis was conducted for the six multidimensional character traits, from which factor solutions and fit indices facilitated trait refinement. A third study distinguished 31 character traits using CFA. Again, the lowest loading items were removed to achieve adequate model fit. For character factor structure, Ng et al. employed an exploratory structural equation modeling, resulting in nine character cores.

Subsequent studies demonstrated convergent and discriminant validity by examining correlations between traits and similar construct measures described in the literature, including social desirability, personality, and moral cognitive development (Ng et al., 2017). Though highly associated with personality, these traits were more highly related to other similar constructs, such as morality. In the final study, Ng et al. (2017) used the test-retest reliability to demonstrate trait predictive reliability. As a relatively new assessment tool, limitations exist (see Ng et al., 2017); however, the CIVIC taps into ideals associated with virtue often appearing in various philosophical and religious works, as noted by Peterson and Seligman (as cited in Ng et al., 2017). Moreover, traits associated with the CIVIC align with university values, as noted previously.

Participants

A convenience sample of 10 OTD students participated in the cross-cultural service learning experience in Guatemala and agreed to serve as participants for the study. The students were between 22 and 38 years of age, and the group consisted of nine females and one male with varying degrees of prior cross-cultural experience.

Procedure

The students participated in orientation sessions involving assessment and intervention as well as cross-cultural training in the months leading up to the trip. The training sessions consisted of lecture and hands-on assessment of simulated clients, adjustments and modifications to mobility equipment, discussions on Guatemalan culture, and cross-cultural scenarios simulating language and cultural barriers.

The group departed for Guatemala on January 2 and joined other members of the team once they arrived. The team consisted of the 10 OTD students, one faculty member, two additional licensed occupational therapists, a wheelchair mechanic, and a team leader from the partnering organization. The group participated in a brief orientation and introduction to in-country partners as well as group expectations and an overview of the schedule. The group divided into seating teams consisting of an occupational therapy team leader, a student seating assistant, and a student mechanic assistant, and the teams rotated during the week for diversity of experience and therapist technique.

The teams held seating and mobility clinics in three different cities (Santa Lucia, Guatemala City, and Chimaltenango) with local city governments facilitating logistics and patient transportation. The patients had been scheduled several months in advance and included individuals across the lifespan, including children, adults, and older adults, all with unique mobility needs. Patient diagnoses included congenital disorders, such as cerebral palsy and upper and lower extremity amputation; neurological disorders, including CVA, spinal cord injury, and traumatic brain injury; and orthopedic conditions, such as fractures, amputations, and osteoarthritis.

The students initially assisted the lead therapist in assessing individual needs, including subjective history, range of motion, strength, balance, ambulation, and mobility. After completing the assessment, they measured body dimensions for fitting of appropriate mobility equipment. The student mechanics then made modifications and adjustments to equipment as well as customization as needed. Typical modifications included the adjustment of footrest length, provision of appropriate seat cushion, the addition of customized tray table, or adjustment of walker and cane height. Once appropriate modifications were made, the patient was fitted with the equipment and provided with basic education on mobility techniques, including safe transfers, when appropriate, or ambulation with the use of a mobility aid. Communication with the patient and the caregivers took place through local translators, which challenged the therapists and students to use an appropriate level of language and return demonstration to ensure understanding.

As the week progressed, the students took on more leadership roles on the seating teams, with many students providing the full assessment and consulting with the lead therapist by the end of the week. The clinics were fast-paced, with 60 to 70 patients served by four to five seating teams, totaling 200 patients served by the end of the week. The students were challenged to think creatively at a fast pace to provide mobility solutions for complex patients, often with few resources at their disposal. The team also visited a facility for individuals with disabilities and provided modification and adjustment of equipment already in use by the residents. While no formal mobility assessments or distribution took place, the students provided creative solutions to improve functional positioning, appropriate pressure relief, and mobility.

Over the course of the experience, the students encountered many issues working cross-culturally, including communication barriers, family dynamics, and differing approaches to rehabilitation. While translators provided basic Spanish translation for local Guatemalans, some of the higher level "therapy" language did not have an exact rendering in the local dialect, requiring the students to use linguistic creativity and demonstration to provide proper education. Dissonance was also encountered with the Western approach of promoting functional independence for the individual in contrast to the more familial approach in the Guatemala culture (e.g., "Why does she need a walker when we carry her everywhere?"). Another common phenomenon was the lack of follow-up medical care and therapy postinjury. Several individuals came to the clinic at different intervals post-CVA or orthopedic injury and had received little care beyond initial medical stabilization. The idea of a rehabilitation process after injury did not seem to resonate in favor of a more fatalistic attitude toward recovery.

The students responded to journal prompts relating to their experience throughout the week regarding their motivation to participate in the experience, as well as the personal and professional impact of the trip as the week progressed. For example, journal prompts included questions such as, "Describe any barriers you have encountered in working cross-culturally with this population" and "What strategies are you learning to remove these barriers?" The team had a short debrief while still in-country and a more in-depth debriefing (i.e., focus group) upon returning to the United States. The postexperience CIVIC was administered at this meeting as well.

Data Analysis

Quantitative data analysis consisted of paired-samples *t*-tests for individual character traits, comparing means from preexperience and postexperience administration of the CIVIC instrument. Qualitative data analysis was completed through content analysis and triangulation of major themes in

the journal entries and focus group data, according to recommendations by Creswell (2007). The transcription of the focus group was divided into coherent pieces and coded by major themes. Journal entries for each participant were also coded by themes. Overarching themes were identified as commonalities between the focus group transcription and the journal entries emerged. Finally, themes were compared with character traits to extract evidence for each trait.

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Results

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Quantitative Results

Paired-samples *t*-tests demonstrated statistically significant ($\alpha < 0.05$) results for pretest and posttest administration of the CIVIC (see Table 1), supporting the hypothesis that cross-cultural service learning has significant impact on character as measured by the CIVIC, including the character traits of curiosity, gratitude, love of learning, openness to evidence, perspective taking, propriety, self-control, social perceptiveness, spirituality, and zest.

Table 1

Statistics (n = 10)

Character Trait	Pretest M	Pretest SD	Posttest M	Posttest SD	t	df	P (two-tail)
Curiosity	11.3	2.9	16.9	3.4	2.2	9	0.00
Gratitude	26.0	2.0	27.2	0.9	2.4	9	0.04
Love of Learning	32.2	4.5	34.0	5.4	2.4	9	0.04
Openness to Evidence	18.1	1.5	19.3	2.0	4.1	9	0.00
Perspective Taking	22.7	2.5	23.8	2.5	2.1	9	0.05
Propriety	12.0	1.5	13.0	1.9	2.7	9	0.02
Self-control	14.3	2.4	15.8	2.09	2.2	9	0.05
Social Perceptiveness	14.7	1.4	15.8	1.3	3.1	9	0.01
Spirituality	29.1	5.8	31.3	4.9	2.3	9	0.04
Zest	36.7	6.6	39.1	5.9	2.2	9	0.05

Qualitative Results

The following describes characteristics from the CIVIC that were found to be statistically significant along with representative statements from the qualitative data to highlight the related impact of the lived experience. Definitions for each characteristic were extrapolated from the original article describing the CIVIC (Ng et al., 2017).

Curiosity. Curiosity, or a willingness to persist in or seek out novel experiences, characterized initial motivation for a number of the participants. The OTD students indicated:

- "I have always wanted to serve internationally on a mission team. Even since I was a youth, I have wanted to partake in service work abroad, and now I have successfully fulfilled that long-term goal."

- "I have always enjoyed serving, but I was even more drawn to the opportunity to both travel internationally and serve while gaining clinical experience."
- "The opportunity to use knowledge learned in our program in a cross-cultural ministry was a large draw to the [university's] OTD program."

Even after engaging in the trip, the students' curiosity built, as typified in this statement:

> My original motive was very simple. I wanted to gain clinical experience, serve people, and attend a mission trip. As the trip neared and I learned more about mobility disabilities and the Guatemalan culture, I felt more connected to the trip. Then my motivation shifted to showing compassion and love in Guatemalan [sic] and being able to give people independence by the means of a mobility device.

The clinical nature of service learning seemed to build curiosity, with the student participants asking more questions about technical decisions (e.g., "my motivation to learn about what I was seeing and doing increased significantly once we became so hands-on"), culture (e.g., "playing with the kids, I was like, 'I have no idea what you are saying and you do not know what I am saying so: I want to know!'"), and other service opportunities (e.g., "get you out of your comfort zone to learn more about the world or what could be happening in your backyard"). Engaging in a service learning project appears to have increased curiosity beyond the scope of the immediate experience to local needs.

Gratitude. Gratitude represents both an affective response and a disposition to acknowledge the place of others in realizing beneficial or favorable results. Gratitude emerged through meaningful interactions with clients. The student participants recognized the emotional experience (i.e., affect) of the clients, which aroused appreciation for personal health and the health of family members. However, beyond recognition of personal good health, the participants expressed a sense of inspiration resulting from providing mobility to clients, as seen below:

- "Seeing their reactions to receiving mobility equipment [was] incredibly heartwarming. It made me appreciate my education, my health, and my ability to serve even more."
- "I will never forget [the client's] motivation and determination. It was truly something to admire. This made me want to serve as much as possible."
- "The gratitude and thanks we received encourages me to keep serving others. Guatemala in general also remind[ed] me how grateful and thankful I am for the things I have."

Service learning inspired action or intentions to act in the future, solidifying personal commitment to occupational therapy.

Love of learning. The love of learning, or an appreciation for challenges and skill acquisition, spurs learners to appreciate new tasks. Interacting with clients in a meaningful way educed comments such as, "I think it showed me how much I have learned in such a short period of time, and I was, like, I know the terms that are being used." Another expressed confirmation in occupational therapy as a profession during the focus group session:

> I think [service] was huge . . . I know we have to do the school work, but in the clinic this [is] what we were going to be doing. And this was like a reminder: This is not going to be a classroom forever; this is what I want to be doing in my profession. I think it also helped to bring things together for me.

Not only did service learning solidify professional aspirations, but also produced the realization that learning can be drawn from a reciprocal relationship with a client:

> Keep [an] open mind [to] learn anything . . . knowing that the people—they have had their disability for a long time and they know their bodies better than you. And they know what they want and you are like, "I respect that and we will go with that." And you're like, "be open-minded to learning more".

The participants embraced learning through the act of service and insight from clients.

Openness to evidence. Openness to evidence entails a disposition to change attitudes and actions in light of evidence, even when encountering information that directly contradicts a current mental model. Exhibiting openness to evidence, one student indicated, "just being open to any ideas or comments they [clients] have instead of relying just on your own." Another student advised, "I think the most important skills to remember are to be open, flexible, and to be understanding of cultural differences. We need to be able to adapt our therapy plans to accommodate cultural needs." Proposing a "strategy," another student indicated:

> In my opinion, an important skill to have is to treat each client with dignity and respect, despite any differences they may have. This does not mean that each person should be treated the same, however, as their background and needs should be taken into consideration. A person may not be immediately comfortable while adapting to a different cultural setting (and that is okay), but he or she needs to have an open mind to the new environment around them. I would also recommend asking questions and seeking information about the different culture, as the more familiar one is with a situation, the more comfortable he or she will be.

Student comments illustrate a willingness to openly embrace ideas emerging from the context and client, rather than relying on personal paradigms or strict adherence to protocol.

Perspective-taking. Seeking to understand another person's perspective or viewpoint represents perspective-taking, even if the other's perspective differs from one's personal opinions. To better understand a client, a student participant recommended, "kneel down and get on the same eye level. Do not stand over them; get down to their level and try to speak with their language—maybe use some relatable items. The whole, 'I care about you and your culture.'" This example illustrates an immediate ability to understand another person. However, this service learning experience also broadened one student's perspective:

> We were in the minority, so we would see how difficult that would be to be in a different country and not be able to read the bathroom sign and all of those things you do not think about. Now we have a better understanding of that when they come to our state and make a doctor's appointment and come to OTD or other services. Now we have an understanding of that.

The students' journal entries expressed similar sentiments, with another student indicating:

> I will remember to listen and try to understand the client's needs from a cultural standpoint. I will be cognizant that important aspects of my culture's independence may not be important in other cultures. I will remember to help the client in ways that are most meaningful to them.

Service learning facilitated perspective-taking with individuals and a broader culture.

Propriety. Demonstrating an acceptable behavior in the moment or situation reflects propriety. One student participant reflected:

> Therapeutic guide to self: I can see their body language and voice tones are all aspects to matching. There were some groups that some kids were very energetic . . . . Some [were] subdued and moving slowly. Just match that [body language and voice tones] with them, so they felt more comfortable.

A similar idea was expressed by another participant:

> Matching the pace and volume of speech of the environment helps to relate more effectively. Framing questions neutrally and simply helps to get clear information. Until a relationship is established, it is most effective to adjust to the client's culture, rather than expect that they can adjust to yours . . . . By relating to them in a way that is culturally appropriate to them, rapport and trust will be established more quickly.

Striving for propriety, another student proposed, "I will . . . help the client in ways that are most meaningful to them." The student participants appeared to regulate behavior, adjusting to a client in the moment.

Self-control. Perhaps best understood as will-power, self-control denotes an ability to avoid objectionable compulsions or urges. The following journal entry illustrated the ability to control self to elevate the client's need:

> The second day of clinic there was a 7-year-old boy, possibly with CP, that came to us very anxious and hyperactive. He was over-stimulated. While I was applying pressure to his legs to help calm him, he took the end of my braid in his hand and began playing with my hair. This immediately calmed his body. Thankfully, [student] is very mechanically inclined and took that position [holding legs] over so I could remain with [the client] and keep him calm. We moved a pad to the ground and allowed him to lay down while the team worked on the chair. All the while he wanted to hold my hair, rubbing it on his face and arms. The experience of him needing me to be so physically present gave me a small amount of insight into what is required to care for an individual with considerable disabilities on a daily basis. [The client] was nonverbal so his facial expressions and hand gestures were his only form of communication. If sitting next to him and allowing him to play with my hair kept him calm, it was the best way I could serve him at that time.

This student exhibited self-control and diminishing personal comfort for the betterment of the client.

Social perceptiveness. Social perceptiveness represents an ability to gauge the motivation of another or perceive moods. An illustration of social perceptiveness emerged in a reflection on a client's desire to ensure he received a wheelchair. Worried that he might not receive the chair, the client was initially hesitant to have the chair customized. The student recognized his motivation:

> This drive was for wheelchairs, so they [clients] came with the perpective, "I will take what I can get!" Some of the time, we were asking questions. But one guy was clearly uncomfortable and he was like, "Yeah, this is fine." I think he just was worried he was not going to get a wheelchair, so he was like, "it is ok." But [then] he was not going to get what he needed. We were going to customize it to his needs! So . . . we need to explain that we can [customize] and what services we can provide. [The client] wanted just the plain wheelchair and that was what they were going to get. But we wanted to customize it to them. [Clients] were very apprehensive—they were like, "no no just the wheelchair." But, we were like, "We can get it to you."

In this instance, the student participant gauged the underlying desire and potential anxiety of the client to reassure the client and, ultimately, provide better service.

Spirituality. Spirituality pertains to the transcendent nature of life, placing actions in a larger context not bound by time or space. Spirituality encompasses fulfillment through activities deemed as religious or accomplishments relating to a larger purpose. The mission of the university and the

commissioning organization might influence the significance of this character trait; however, numerous student participants responded to the journal and focus group with statements such as:

- "I want to continue to serve . . . and continue to spiritually grow, as I have throughout my experience in Guatemala."
- "I feel like God has been motivating me to disciple to others internationally. I'm confident that if God's calling me to serve others for the long-term, I will respectfully obey his command."
- "Throughout the experience, you could see God working everywhere. It motivated me to allow God to work through me even greater, to pray more, and to grow in my own spirituality."
- "Faith and serving God was something that shifted during the trip. I became much more aware of His work and it opened my eyes. This motivated me to want to do more."
- "I do feel that this trip will impact my desire to serve others in the long-term. In Guatemala, I got to see how individual's lives were changed because I got to serve them. I feel filled up when God is able to use me as a vessel through serving others. I do not always have to be out of the country on a missions trip to serve, I want to be able to serve my clients well by showing them the grace and love of Jesus each day."

These comments conveyed that serving others evokes a sense of connection to a larger purpose and inspired commitment to further service.

Zest. Zest encompasses energy, enthusiasm, and excitement. After the service learning experience, a student remarked, "I mean, I think in terms of occupational therapy before this trip, it was just a concept. It was our first semester and now we have faces and stories to tell that will motivate us to serve." Another student found inspiration from the trip, proposing "This trip exposed me to the idea of using my new education in a meaningful way . . . [it] enlightened me to the need for services in my current community." Expressing a similar sentiment, another student shared,

> I am currently motivated to pursue service learning experiences . . . [service learning] was an experience that you couldn't duplicate. You were able to change people's lives and learn greatly from them, too. I would definitely continue to pursue serving learning and OT [occupational therapy] cross-cultural practices in the future.

Hands-on work with clients invigorated the students, fostering an enthusiasm for occupational therapy.

Discussion

Ethical practice imbedded in foundational documents of the profession and accreditation standards for academic programs (AOTA, 2011; AOTA, 2015), effective pedagogy, and assessment of professional virtue is pivotal for occupational therapy education. The results of this study demonstrate promise for both the use of cross-cultural service learning as an applied, lived experience, as well as the CIVIC for assessment of underlying character traits as contributors to professional virtue. The 10 attributes that were identified as statistically significant encompass breadth in various facets of character development and also correlate to AOTA's Principles and Standards of Conduct (2015) as evidenced by face validity analysis from multiple faculty experts.

Beneficence

Social perceptiveness, spirituality, and gratitude may contribute to beneficence, or "all forms of action intended to benefit other persons" (AOTA, 2015, p. 2-3). The experience required nuanced and complex social interaction as the students communicated with their supervising therapist, as well as with the patients and their families through an interpreter. Perception of different language as well as subtle

body language was required to navigate the complexity of interaction with all parties involved. A student noted that benefiting a client requires "accommodating your treatment methods to meet the needs of a client, and implementing new strategies to empathize rather than to sympathize." This OTD student also advised:

> have patience and actively listen to what your client says. This also means to use your ears as much as your eyes when searching for answers . . . . If you take this into consideration, you may be able to build a treatment method that meets the specific needs of the client.

Spirituality permitted the students to connect actions taken with a client to a higher or overarching purpose, fueled by gratitude that acknowledged personal well-being as an opportunity to serve and benefit others. The students gained perspective through serving individuals with limited resources and found meaning through their service and interactions.

Non-Maleficence

Non-maleficence, or the "obligation to not impose risks of harm" (AOTA, 2015, p. 3-4), may be supported by the attributes of propriety, social perceptiveness, self-control, and perspective taking. Under the supervision of licensed occupational therapists, the students learned to navigate wheelchairs and other mobility aids, facilitate safe patient transfers, and provide relevant education to patients and family members. Emotional assessment of the situation, appropriate behavior, and self-control were required to prevent exposure to unnecessary risk.

Encapsulating ideas of propriety, social perceptiveness, self-control, and perspective taking, one student advised,

> I think the best skills to have are an open mind and an empathetic heart. This will help allow you to engage better with people different from yourself. I think another good skill is to not be quick to judge and know when to stay quiet. Those who judge too fast will learn that they are judging something without ever getting to know the entirety of a situation. Although we are all entitled to our own opinions, sometimes it is best to not state them, because you never know when you may offend someone with your ideas.

Non-maleficence moves beyond protecting physical well-being to psychosomatic well-being. To best serve the client, this student recommended engaging in perspective taking (individual) and social perceptiveness (context) to engage in propriety or appropriate service, exhibiting self-control by yielding to another person's needs.

Autonomy

Autonomy, or the practitioner's "duty to treat the client according to the client's desires, within the bounds of accepted standards of care" (AOTA, 2015, p. 4-5), could well be supported by traits such as propriety, social perceptiveness, self-control, and perspective taking, similar to non-maleficence and spirituality and zest. Encountering a novel context with the unique cultural norms and values of the patient population necessitates an acute need for self-control and propriety, as well as social perceptiveness and perspective taking, particularly if a patient's desires and cultural norms oppose the student's core assumptions. One student recollected:

> Their [the client's] background and needs should be taken into consideration. A person may not be immediately comfortable while adapting to a different cultural setting (and that is okay), but he or she needs to have an open mind to the new environment around them. I would also recommend asking questions and seeking information about the different culture, as the more familiar one is with a situation, the more comfortable he or she will be.

Exhibiting self-control to accept personal discomfort for the sake of serving the needs (propriety) of a client (perspective taking) in a culturally appropriate manner (social perceptiveness) demonstrates autonomy.

Facilitating client mobility permitted the students a sense of connectedness and enthusiasm for occupational therapy. Another student evidenced the aforementioned traits, as well as spirituality and zest, as a result of the following interaction:

> My group worked with a four-year-old boy with cerebral palsy. He was blind and non-verbal, so we spoke with his mother and a family friend about the boy's situation. They told us that he had never walked and had been transported by being carried his whole life. After the seating therapist made her assessment, she put him in my lap. He had low tone, basically no trunk support, and could not hold his head up on his own . . . . It took approximately three to four hours to finish all of the adjustments for the boy's wheelchair, but once it was complete, it was a perfect fit. Seeing him sit in his new chair and the look of relief and appreciation on his mother's face were both humbling and heartwarming. I will use that interaction (along with the trip in its entirety) to motivate me to continue to serve.

This student connected holding a client on her lap as service to the client and his family. The experience fortified a desire to serve in the future, providing this autonomy to future clients.

Justice

The dichotomy of coming from the domestic United States to a developing country brings the idea of justice, or "fair, equitable, and appropriate treatment of persons" (AOTA, 2015, p. 5), to the forefront. The students were confronted with differing ideas of justice as they worked in a developing country. At the same time, the students were challenged to provide quality services and to distribute the limited resources equitably. Justice may require gratitude, spirituality, social perceptiveness, and self-control. Perhaps the most poignant journal entry associated with justice is demonstrated by this note:

> Providing mobility equipment to individuals with physical disabilities was a ministry that met the tangible needs of the recipients . . . as well as providing an enriching educational experience for the team. I feel there is great value for people that have been raised in privilege to experience a society that does not experience the same privilege. The perspective that is gained from such an experience is often life-changing in immeasurable ways.

Recognition of the clients' needs and the opportunity to meet mobility needs developed social perceptiveness appropriate to the context. Developing a sense of gratitude both in a spiritual sense of connecting to a greater purpose, but also out of gratitude for the privilege of meeting the needs of others, emerged through the service learning experience. Another student explained, "Interacting with the individuals and their families and seeing their reactions to receiving mobility equipment were incredibly heartwarming. It made me appreciate my education, my health, and my ability to serve even more."

Veracity

Self-control, openness to evidence, spirituality, and love of learning may develop veracity, or "truthfulness, candor, and honesty" (AOTA, 2015, p. 6). During the debriefing, the students discussed one client who had to be carried by family members for 5 years after the grandmother suffered a stroke. A student recounted: "She never was able to regain function in her right leg and had limited function in her right arm. For the past 5 years her sons had been carrying her everywhere she had gone." While the group helped transfer the client to a wheelchair, a student noticed slight movement in the client's right foot. The student continued, "We were able to get her a wheelchair and also able to get her up and

walking with a walker. It was the first time she had walked or even tried walking in 5 years, because she did not know what she was capable of, and thought the pain meant she should not walk." While reflecting on the experience, multiple students referenced a need to respect the culture's emphasis on collectivism and respect for elders, demonstrating a willingness to learn. The students also exercised self-control while watching family members care for the client, but then considered the evidence (i.e., movement) to encourage another mobility option.

Fidelity

Lastly, characteristics contributing to fidelity, or an occupational therapist's duty to keep commitments and reasonable expectations of patients, include propriety, self-control, and spirituality. Patients had been notified prior to the arrival of the seating team that they would receive an assessment as well as a customized mobility device. In collaboration with supervising therapists, the students understood and met this expectation, often working late into the afternoon to serve patients that had been waiting in line all day. This afforded the opportunity for the students to overcome emotional and physical fatigue, effectively placing the patients' needs above their own. The students' reflections conveyed that service transcended the immediate context as a form of spiritual service. Thus, meeting the client's needs fulfilled a higher purpose, as seen in comments like "God has been motivating me," "you could see God working everywhere. It motivated me," and "faith and serving God was something that shifted during the trip. I became much more aware of His work." Furthermore, the students subordinated their personal desires and exhibited self-control in order to serve, as exemplified by the student who permitted a client to touch the student's hair for an extended period of time while the client was being fitted for a mobility device. The participants frequently referenced selecting proper behavior (e.g., propriety) based on the client, including matching the nonverbal behavior of clients (e.g., volume).

Curiosity as a Character Trait

Though not included as a necessary character trait for AOTA's Principles and Standards of Conduct (2015), the results indicate that service learning affects the character trait of curiosity. As qualitative data was collected during and after the service learning experience, the student participants may have acquired curiosity (in the form of motivation) after the fact. Yet, curiosity may have contributed to the students' decisions to participate in an international service learning experience, as described in the results, and increased throughout the experience. In fact, the students expressed a desire to participate in additional service learning experiences and recommended that "other OT [occupational therapy] students . . . immerse themselves fully in a culture that they are unfamiliar [with] or even uncomfortable in. This will help them to practice these skills and become better, well-rounded OTs." Curiosity may warrant further exploration as a trait appropriate to the development of occupational therapy professionals to prepare for service in various contexts.

Limitations

The authors recognize several limitations of the study, including a small sample of students from a single occupational therapy doctoral program. Furthermore, the cultural immersion was limited in duration, which may have restricted character development and expression. Lastly, the postassessment was administered shortly after the trip and may not demonstrate longevity or permanent impact of reported character trait development.

Implications for Practice

With the need for professional virtue to guide ethical practice, lived experience in the form of cross-cultural service learning appears promising as a pedagogy to contribute to this end. This study

supports the integration of similar lived experience to provide applied ethical practice along with real-time consequences to shape development of moral reasoning contributing to professional virtue in the next generation of occupational therapists.

Future Research

Recommended future inquiry includes replication of the current study with a larger sample or longitudinal study including data from multiple cohorts and comparison of various lived experiences to determine if all lived experiences contribute to character development. For example, does local lived experience in the form of service learning have similar impact to cross-cultural service learning? Furthermore, examination of integration of similar experiences in the occupational therapy curriculum might be explored to determine optimal impact in the context of the curriculum.

Conclusion

Higher academic standards, the complexity of health care delivery, and the increasing diversity of the patient population will increase the intricacies of ethical decision-making and require intrinsic professional virtue to guide therapists. The results described herein warrant further investigation into the lived experience in the form of service learning as pedagogy to develop character traits associated with professional virtue in future occupational therapists.

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Appendix
AOTA's Principles and Standards of Conduct (2015) and CIVIC Character Traits

CIVIC Character Traits	Beneficence	Nonmaleficence	Autonomy	Justice	Veracity	Fidelity
Appreciation of Beauty						
Authenticity	X			X	X	X
Bravery		X		X	X	X
Carefulness	X	X	X	X	X	
Creativity						
Curiosity						
Emotional Awareness	X	X	X			
Fairness	X	X	X	X	X	X
Forgiveness	X					X
Gratitude	X			X		
Hope	X					
Humility			X			
Humor						
Kindness	X	X		X		X
Leadership	X	X	X	X	X	X
Love	X	X		X	X	X
Love of Learning					X	
Meaning/Purpose	X			X		X
Openness to Evidence				X	X	
Persistence	X	X	X	X	X	X
Perspective	X	X	X	X		X
Perspective-taking		X	X			
Propriety		X	X	X	X	X
Self-control		X	X	X	X	X
Social Perceptiveness	X	X	X	X		
Spirituality	X		X	X	X	X
Strategy			X	X		
Teamwork	X	X	X	X	X	X
Trustworthiness	X	X	X	X	X	X
Zest			X	X	X	