

**Cultural competence in speech-language pathology:
Finnish speech language pathologists' experience of cultural competence in service
delivery**

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Masters' thesis in Speech and Language Pathology
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Abstract for master's thesis

Subject: Speech Language Pathology	
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Title of the work: Cultural competence in speech-language pathology: Finnish speech language pathologists' experience of cultural competence in service given.	
Supervisor: Jenny Lindgren and Viveka Lyberg Åhlander	
<p>It is expected of speech-language pathologists (SLPs) to be able to act in multilingual and multicultural contexts. SLPs are required to have the ability to identify their limits in language proficiency and cultural knowledge and to ask for support when needed (Helsingfors universitet, 2022). As cultural and linguistic diversity (CLD) is growing, it is of relevance for society and professions to develop accordingly. Cultural competence is a term coined in the 1960s and 1970s as a result of civil rights demanding recognition of CLD in society. It is seen as a foundation to develop cross-cultural interaction, reduce health disparities, improve accessibility, and promote health equity. Integrating cultural competence in professional practice requires practices that consider all aspects of an individual's social identity, with emphasis on intersectionality where each identity's relation to power should be recognized.</p> <p>Although cultural competence is required in many professions including speech-language pathology (SLP), there seems to be a lack of knowledge and confidence when working with a CLD clientele. Therefore, this study seeks to understand how speech-language pathologists (SLPs) in Finland experience how cultural competence is carried out in services.</p> <p>Four approximately one-hour semi-structured interviews were conducted with four participants from different institutions in Nyland, Southern Finland. Two of the participants were bilingual. Data were collected through an interview where each participant shared their thoughts on culture, language, and cultural competence among SLPs.</p> <p>Results show that SLPs in general gain much knowledge through their own experience of working with CLD clients. This equips them to be mindful of varied cultural perspectives on childrearing, roles, culture, language, values, and beliefs. Many SLPs are self-reflective and value equity and respect when providing services. SLPs' culturally competent work also benefits from institutional provided tools, such as interpreters, financial support for further education, collaboration with other professions, and collegial support.</p> <p>However, SLPs would benefit from conceptual knowledge to have a framework to monitor their competence, but also have the terminology to deepen their understanding of CLD and identify shortcomings in SLP services. Results also show a lack of consensus and framework, due to the reported need for conceptual knowledge and institutional responsibility. Taking into consideration that many SLPs reported cultural competence depending on their personality and personal preferences, institutions need to be mindful of how this might contribute to the disparity in services. Therefore, to ensure cultural competence in all provided services, institutions should carry the responsibility to develop in line with the growing CLD.</p>	
Key words: speech language pathology, cultural and linguistic diversity, cultural competence	
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**ÅBO AKADEMI – FAKULTETEN FÖR HUMANIORA, PSYKOLOGI OCH
TEOLOGI**

Abstrakt för avhandling pro gradu

Ämne: Logopedi	
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<p>Det är förväntat av talterapeuter att kunna agera i flerspråkiga och mångkulturella kontexter. Det här innebär att man som yrkeskunnig vet gränserna för de egna språkkunskaperna och den egna kulturkännedomens för att vidare kunna begära stöd då de inte räcker till (Helsingfors universitet, 2022). I och med den växande kulturella och språkliga mångfalden (cultural and linguistic diversity, CLD) finns det skäl för samhället och yrken att utvecklas i samma takt. Kulturell kompetens (cultural competence) är en term som uppkommit under 1960- och 1970-talet, som följd av en medborgarrättsrörelse för erkännandet av CLD i samhället. Termen anses stå som grund för att utveckla interkulturell interaktion, minska skillnader i hälsa, förbättra tillgänglighet och främja hälsorättvisa. För att implementera kulturell kompetens i praktiken bör intersektionalitet betonas i samband med att alla aspekter av individens sociala identiteter och relationen till maktstrukturen beaktas.</p> <p>Kulturell kompetens är något som anses betonas i en vid utsträckning och det finns riktlinjer för hur man bör utveckla och implementera det i sin praxis. Trots detta visar studier att många talterapeuter upplever osäkerhet och bristfällig kunskap kring arbetet med CLD-klienter. Syftet med den föreliggande studien är följaktligen att via kartläggning förstå hur talterapeuter i Finland upplever att kulturell kompetens fungerar inom talterapijästerna.</p> <p>Sammanlagt deltog fyra talterapeuter, varav två var tvåspråkiga. Alla deltagare arbetade på olika institutioner inom Nyland, södra Finland. Materialet samlades in via omkring en timmes långa halvstrukturerade intervjuer. Under intervjuerna fick deltagarna reflektera kring bland annat kultur, språk och kulturell kompetens bland talterapeuter.</p> <p>Resultat från studien visar att talterapeuter i allmänhet tillägnar sig en stor del av sin kunskap via egna erfarenheter med CLD-klienter. Erfarenheterna erbjuder dem färdigheter i att vara uppmärksamma om olika kulturella perspektiv på uppfostran, roller, kultur, språk, värderingar och tro. Många talterapeuter reflekterar över den egna rollen i arbetet och implementerar värderingar om rättvisa och respekt. Institutionella verktyg som tolk, bidrag för fortbildning, samarbete med andra yrkeskunniga samt kollegialt stöd anses vara en fördel för ett kulturellt kompetent arbete bland talterapeuter.</p> <p>Hindrande faktorer som identifierades för utvecklandet av kulturell kompetens var brist på verktyg och konceptuell kunskap kring CLD. Till skillnad från den egna kunskapen innebär konceptuell kunskap förståelse av terminologi och värderingar för att ha en ram för att reflektera över sitt eget arbete och identifiera tillkortakommanden i det. Resultaten pekar på att det behövs ett institutionellt ansvarstagande för att åtgärda brist på ramverk och konsensus. Vidare visar resultaten att kulturell kompetens beror mycket på personliga preferenser och personlighet. Därmed är det viktigt för institutioner att medvetandegöra hur detta kan bidra till risken för skillnader i tjänster som erbjuds. För att säkra att alla erbjudna tjänster är lika kulturellt kompetenta, bör institutioner ta ansvaret att utvecklas i linje med den växande mångfalden.</p>	
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It is expected of speech-language pathologists (SLPs) to be able to act in multilingual and multicultural contexts. SLPs are required to have the ability to identify their limits in language proficiency and cultural knowledge and to ask for support when needed (Helsingfors universitet, 2022). As cultural diversity is growing, it is of relevance for society and professions to develop accordingly. According to American Speech and Hearing Association (ASHA) (2017), cultural diversity includes without being limited to ethnicity, age, disability, gender identity, national origin, religion, sex, and sexual orientation.

Finland is a bilingual country with increasing cultural diversity. It is noted that various factors contribute to this increase. This thesis aims to take into consideration the variety of cultural factors that cultural diversity incorporates. Diversity increases due to demographic change and development toward an inclusive society. According to Statistics Finland (2020), 8% of the Finnish population are foreign-language speakers, which means that the total number of foreign-language speakers permanently living in Finland is approximately 430 000. Reports from 2020 show an increase in immigration compared to the previous year, resulting in a total number of approximately 33 000 individuals moving from abroad to Finland. To develop a righteous and inclusive society, the Finnish government has set up actions for equity and enhancement of societal belonging (Finnish Government, n.d.). This action is important for inclusion and promotion of equity as well as to create space that reaches beyond the majority culture and normative structures.

To develop an equal and inclusive society, it is required that services and praxis develop in line. Although reported lack of knowledge in working with culturally and linguistically diverse (CLD) clientele, there is an urgent need to acknowledge the discrepancy between requirement and actual knowledge. As for speech-language pathology (SLP) services, demographic change in addition to a variety of intersections sums up to impose the

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likelihood that SLPs soon will have to be able to provide service to a clientele whose cultural and linguistic background is different from their own (Mixson, 2021).

To counteract potential conflicts and disparities due to culture and language, professionals need to be aware of and adapt their personal biases, perception, and behavior when addressing a client (ASHA, 2017). Being mindful of a client's cultural and linguistic background has been proven to benefit SLPs' understanding of clients' goals, ability to offer individualistic recommendations, and provide competent service (Mixson, 2021).

Implementing culturally competent services is important to respond to changing demographic and growing cultural diversity. It also improves the quality of services provided, dissolves bias, and ensures an optimal outcome of the service provided (ASHA, 2017). Education and training in how to work with CLD clientele should be an ongoing process to counteract disparities in services and the health conditions of individuals of various backgrounds (Grandpierre et al., 2018).

Competence when working in different cultural contexts

To provide equal services and eliminate disparities due to a lack of competence, a framework for institutions is needed to address the issues that may arise. In practice, these issues can be related to language barriers, ethnocentrism, and essentialism that can lead to stereotyping, miscommunication, and misunderstandings that affect the quality of service given negatively. Thus, there is a need for culturally competent institutions that can provide appropriate services regarding cultural and linguistic backgrounds (Anderson et al., 2003). Cultural and linguistically diverse (CLD) clientele is according to ASHA based on age, gender, occupation, sexual orientation, disability, socioeconomic status, religion, ethnicity, and more (ASHA, n.d.). One can take part in one or more of the various cultural factors, and it is also important to understand that some cultural identities do not fit in with the definition of the majority groups (Mixson, 2021).

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It is often important to highlight the fact that culturally competent work is not limited to culturally congruent work, meaning that through a process there is a fit between professional practice and the client's need, in the context of cultural domains. Cultural competence should, additionally, concern the influences of power and privilege. It is important to understand how this interacts between clients and professionals (Garran & Rozas, 2013).

Many terms have emerged in connection to an ongoing discussion about developing a professional practice that considers diversity. Cultural competence is a term coined in the 1960s and 1970s as a result of civil rights, demanding recognition of cultural diversity in society. It is seen as a foundation to develop cross-cultural interaction, reduce health disparities, improve accessibility, and promote health equity. In connection with emerging terms and conceptualization, the term cultural competence has been questioned and criticized for not being able to address cross-cultural issues in healthcare delivery (Campinha-Bacote, 2019).

To address this issue, cultural humility and cultural competemility have been suggested. There are ongoing debates on differentiating between terms such as cultural competence and cultural humility. Suggestions are that these terms exist alongside, resulting in the term cultural competemility. (Campinha-Bacote, 2019). Cultural humility is considered to be incorporated in the five components of cultural competence: cultural awareness, cultural knowledge, cultural skill, cultural desire, and cultural encounters (Foronda et al., 2016). With this aspect, cultural competemility can be viewed as a process of being and becoming. The profession will therefore engage in becoming culturally competent while undergoing the process of cultural humility (Campinha-Bacote, 2019). In SLP practices ASHA provides guidelines regarding cross-cultural interaction by using the term cultural competence. Therefore, the same term will be used in this thesis to refer to a set of factors that enable

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work in different cultural settings which also addresses the values of cultural humility that are lacking in its original definition.

Cultural Competence

In several professions, cultural competence is required to recognize, affirm and value individuals and communities. This is to protect and respectfully sustain every individual's and group's dignity. Therefore, it is important for professionals to undergo an ongoing process of self-reflection, to be able to develop an understanding of how to respond in different cultural contexts (Garran & Rozas, 2013). According to ASHA (2017), cultural competence is defined as follows:

“Cultural and linguistic competence is a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. Cultural competence involves understanding and appropriately responding to the unique combination of cultural variables and the full range of dimensions of diversity that the professional and client/patient/family bring to interactions.

Culture and cultural diversity can incorporate a variety of factors, including but not limited to age, disability, ethnicity, gender identity (encompasses gender expression), national origin (encompasses related aspects e.g., ancestry, culture, language, dialect, citizenship, and immigration status), race, religion, sex, sexual orientation, and veteran status. Linguistic diversity can accompany cultural diversity.”

A model by Cross (1989) provides an explanation of the continuum of cultural competence. The model consists of five elements considered to contribute to developing cultural competence: a) value diversity and recognize differences and similarities, b) assess own culture, c) comprehend dynamics of differences in cross-cultural interaction, d) implement cultural knowledge on an institutional level, and e) commitment and utility.

Cultural competence contains skills and knowledge in becoming aware of one's own culture,

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biases and beliefs, i.e., to understand that it might have an unwanted impact on different cultural settings and the service given (Cross, 1989). It is important to have the ability to understand a client's culture and needs. Furthermore, it requires skills to be open to cultural encounters and to accept and respect cultural differences (Cross, 1989; Purnell, 2016). It also holds the responsibility to integrate clients'/families' traditions, customs, values, and beliefs in service delivery. Cultural competence is a wide ongoing process that requires self-assessment and expansion of one's cultural knowledge. It should be thought of as a process that reaches beyond utility and totality (Cross, 1989; Garran & Rozas, 2013). However, cultural knowledge should also be implemented on an institutional level to fully develop services that comprehend what kind of dynamics of differences occur in cross-cultural interaction (Cross, 1989).

Integrating cultural competence in professional practice.

It is suggested that professional and culturally competent practice should consider all aspects of an individual's social identity. In different professions, intersectionality has a central role in the discussion about cultural competence (Garran & Rozas, 2013; Brown, 2009). In professional practice, it is of importance to respond to the client and the client's life circumstances, i.e., taking into consideration not only the client's experience but also the history and power structures of the community the client is a part of (Garran & Rozas, 2013). Cultural competence incorporates many factors that emerge from an individual's multiple identities and cultures that follow these identities (ASHA, 2017). A person should, therefore, be seen as a whole, consisting of all these identities, and each identity's relation to power should also be recognized (Garran & Rozas, 2013).

When working in different cultural settings one should be able to develop a professional practice that understands how these factors interact. The interaction between them has an impact on the individual's life, social practices, and cultural ideologies. A person

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is a part of a dynamic social structure hence, these factors are not separable. One should, therefore, also be aware of what role power and privilege have, to understand the shifting social awareness that can expand or limit a person's opportunities (Garran & Rozas, 2013)

SLP and cultural competence

According to a scoping review by Grandpierre et al. (2018), SLP was one of the professions where cultural competence was frequently implemented when providing service. SLPs have also reported taking into consideration varied cultural perspectives on parenting, disability, decision-making, gender roles, and independence. Awareness of these varied cultural views on different topics has been shown to develop professionals' understanding and provide competent services (Grandpierre et al., 2018). In responding to changing demographics, it is of importance for SLPs to not only develop but also be more confident when providing services that are appropriate for a CLD clientele (Parveen & Santhanam, 2020; ASHA, 2017).

However, in a study by Bengtfolks (2021), many of the SLPs participating in the study reported that they experienced a lack of guidelines when counselling parents with multilingual children. According to the study by Bengtfolks (2021), there is also a need to adjust resources used in SLP services such as tests, intervention materials, etc. to sustain accuracy along with the increasing cultural diversity. The same results can be found in a study by Haatanen (2019), where 85% of the SLPs participating in the study experienced a lack of knowledge when assessing a client's language if it is a foreign language. The reason is considered to be minimal tests and guidelines regarding multilingualism and diverse cultures. When it comes to perceived competence, bilingualism among SLPs has been found to have an impact on the ability to be sensitive to cultural differences and language use when providing service to a CLD clientele. For example, Parveen and Santhanam (2020) found that

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bilingual SLPs reported higher perceived competence when providing service to non-English clients than monolingual SLPs.

Nevertheless, it is also important to point out that although language plays an important role, it is only one of many factors that accounts for cultural diversity. This is something that cannot be emphasized enough, since most studies on cultural competence mainly address language, race, and ethnicity (Mixson, 2021). A lack of coursework and training in working with CLD clientele is a common conclusion drawn in many studies. Naturally, factors such as availability and access to coursework on working with CLD clientele have been shown to have a great impact on SLPs' overall perception of competence (Parveen & Santhanam, 2020). It is required for SLPs to provide competent services that are culturally appropriate to clients/families during all clinical interactions. These include identification, assessment, treatment, and management.

When talking about developing cultural competence it is also important to identify how it differs from stereotyping. An ability to provide a culturally competent service is to be able to see unique cultures and what differences emerge between these cultures. To be aware of this is important to avoid generalizing and stereotyping of CLD individuals (Cross et. al., 1989). Understanding differences in communication, that are potentially influenced by an individual's linguistic or cultural background, will also provide tools to differentiate disorders from cultural and linguistic variation (ASHA, 2017). Competence in working with a CLD clientele is required but many studies have reported a lack of knowledge and confidence in providing services to individuals from diverse cultural and linguistic backgrounds (Parveen & Santhanam, 2020).

Disparities

The causes behind disparities in care are multifactorial, but some prominent contributors are factors related to the availability of and access to a health care system.

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Factors such as a patients' health beliefs, values, preferences, and behaviors have a large impact on the quality of care. Whether it is about decision-making or interaction, these factors are known to influence the collaboration between patients and the health care delivery system. A lack of mutual understanding and respect risks developing a disparity in the service given (Betancourt et al., 2003). For example, it is unfortunately well known that disparity exists in the quality of care when it comes to race and ethnicity. According to a report by the Institute of Medicine, there are over 175 studies where disparities existed in the diagnosis and treatment of different conditions (Wheeler & Bryant, 2017). To be able to eliminate disparities, there is a need to understand how cultural dimensions have an impact on behaviors in interaction. To name a few, cultural dimensions consist of power distance, masculinity-femininity, individualism-collectivism, and indulgence-restraint (Hofstede, 2011). How this manifests varies individually and can occur as individual differences, individual circumstances, assimilation, and acculturation. These, in turn, affect how we interpret each other and how we convey trust/mistrust (ASHA, 2017).

In SLP services it has been found that a lack of confidence in providing culturally competent service to CLD clients can result in difficulty with diagnosis, goal making, the establishment of client rapport, and treatment given (Mixson, 2021). In practice, the main barriers are seen as language barriers, limited resources, and cultural barriers. To counteract these following components have been identified to facilitate the development and maintenance of cultural competence in service delivery; cultural awareness amongst practitioners, cultural awareness of services, and explanations of health care systems (Grandpierre et al., 2018).

The ability to identify these variations in interaction eliminates potential miscommunications. Therefore, it is important to point out the importance of cultural

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competence in education programs and service delivery to develop an accurate praxis that considers diversity (Mixson, 2021; Parveen & Santhanam, 2020).

Aims

Cultural competence is widely emphasized in health care services and there are also international guidelines provided on this topic. However, according to a study by Kohnert et al. (2003), only 47 % of SLPs had had coursework in working with clients from diverse backgrounds. Many practicing SLPs do not feel confident about their ability to provide service to clients with diverse cultural and linguistic backgrounds (Perry, 2012; Haatanen, 2019; Bengtfolks, 2021; Parveen & Santhanam, 2020). Since there are requirements guiding professionals to develop culturally competent speech therapy, it is important to study how this is carried out in SLP services. Considering the lack of knowledge in providing service to a CLD clientele, it is also important to explore how SLPs experience their competence and how this is carried out in SLP services. Some of these results are from studies conducted in the US, where differences in health insurance affect not only the quality of health care services but also the possibility to receive them. Therefore, to understand the situation in Finland the current study aims to gain information about SLPs' work with CLD clients. The focus of this thesis is to understand how cultural competence is carried out in SLP services in Finland, and how SLPs perceive their competence.

The research objective is to collect these experiences to explore and acknowledge perspectives on services. Further, the objective is to understand what information these perspectives might provide. It is also of interest to recognize similarities/differences in the collected data that could be considered as patterns related to but not limited to cultural competence, conflicts, and disparities.

Methods

Four approximately one-hour semi-structured interviews were conducted with four participants from different institutions in Nyland, Southern Finland. Two of the participants were bilingual. Data were collected through an interview where each participant shared their thoughts on culture, language, and cultural competence among SLPs.

Participants and recruitment

A convenience sampling was conducted, and the following institutes were contacted to facilitate the recruitment of participants: the city of Espoo, the city of Sipoo, the city of Kirkkonummi, the city of Lohja, the city of Raasepori, and the city of Kauniainen. SLPs received information regarding the study from a colleague or the leading SLP responsible for the institution. They were handed a letter containing information about the study and instructions on how to participate. SLPs interested in participating could apply via the researcher's email address or phone number. The researcher then contacted SLPs that had shown interest in participating, either through e-mail or via phone, to book a meeting for the interview. The participants in the study were SLPs with experience in working with CLD clients.

The aim was to recruit seven participants in total but only four SLPs announced their interest in participating. The reason for this could potentially be logistic challenges or the subject being unfamiliar. All participants signed a consent form before respective interviews were carried out.

Data collection

To gain information and understand individual experiences of SLP services entails a set of complex issues. Therefore, a qualitative method is motivated to approach this matter. Data was collected through recorded semi-structured theme interviews with SLPs who have experience giving speech-language therapy to CLD clients in Finland. This method made it

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possible to acquire information about a subject that is less studied. A further advantage with this methodology was the possibility to solve misunderstandings through further, more focused, questions. It also allowed nuances and depth that questionnaires and surveys might not catch. Depending on the participants' mothertongue, the interview was conducted in Finnish or Swedish. Before interviewing the participants, the researcher carried out a pilot interview to acknowledge biases and factors that needed adjustment.

The structure of the interview was based on ASHA's guidelines on cultural competence and a set of different domains served as a general interview guide. This to ensure that the same domains of information were collected from each participant. It was also possible to ask open-ended and further questions, which made it easy to adapt and acquire information. The semi-structured theme interview contained the following domains: *background, language, culture, speech therapy, and conflicts & solutions*. In addition to the domains, there were also a set of questions collecting information regarding the participants' background. The interview contained mainly open-ended questions.

Data analysis

All phases of the study were carried out by the author, a speech-language pathology student at Åbo Akademi. The author has both a multilingual and multicultural background. To understand SLPs' experiences and remain open to new insights and understandings emerging from the data, an inductive content analysis was conducted. With this method, the study was able to generate themes to facilitate the description of collected data. The software program Nvivo, which is designed to analyze qualitative data, was used in the study. The key stages of an inductive content analysis include data reduction, data grouping, and the formation of concepts (Kyngäs, 2020). The analysis using the inductive content approach is described below.

The study began with a preparation phase, where each recorded interview was

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manually transcribed and, therefore, represented a unit of analysis. The transcriptions were studied thoroughly by the researcher to obtain a sense of the whole. The next step was to organize the data through open coding. This involved the researcher going through each transcript line by line and applying a label to describe each extracted line or passage. These labels represent codes and are, therefore, condensed headings with central content preserved (Granskär & Höglund-Nielsen, 2012).

To carry out the open coding, main domains of the interview were used as a guideline to conduct the first draft of open coding. Naturally, lines or passages were extracted and organized into the domains of the interview: *language, culture, speech-language pathology, and conflicts & solutions*. The first draft of organized data was then reorganized through a process of merging codes into new ones, to adjust to the study's issue. Next, codes were grouped into themes to describe the data more accurately. This resulted in themes containing codes or groups of codes (subgroups) that described the theme itself. Lastly, to extract the red thread of the data, themes were organized and grouped into the following main themes: *barriers, facilitators, and challenges*.

To address the subjectivity of the interpretation of data, the analysis was reviewed by the supervisor.

Results

Four approximately one-hour interviews were conducted with four participants from different institutions. The participants included two Swedish- and two Finnish-speaking SLPs, three of them giving therapy in their mother tongue and one working in both Finnish and Swedish. Among reported answers there were no connections between SLPs' languages and ability to work with CLD clients. Participants were also asked to fill in a background survey to collect data about their work.

Background

Two of the participants had worked in the field for less than five years, one had worked less than 10 years and one reported having worked less than 30 years. All of them reported having a diverse clientele and experience of working with a culturally and linguistically diverse clientele (CLD). The reported percentage of CLD clients was mostly between 25 and 50%, with one participant reporting the number being up to 50-75%. When asked about the number of clients they have with a different culture than their own, two participants reported the percentage being 0-25%, and the rest 25-50% and 75-100%.

There was no consensus on whether cultural competence is a new phenomenon or not. The answers varied between agreeing, disagreeing, and not knowing whether cultural competence is a new phenomenon. However, all participants considered cultural competence a requirement for the SLP profession. There was also a common understanding that cultural competence should be more emphasized in the SLP field. To develop a culturally competent service, participants considered further education and discussion with CLD families are needed.

Regarding education, three of the participants reported having attended courses in cultural competence during their studies. The participants reported the courses being scarce, and one participant reported that the courses had concerned primarily multilingualism rather than all the aspects of diversity. On a scale from 0 to 10, participants rated their self-perceived competence as follows; 5, 6, 8, and 9. These reported numbers did not form a pattern with the amount of time they had been working as SLPs, amount of CLD clients, or the languages they provide service in.

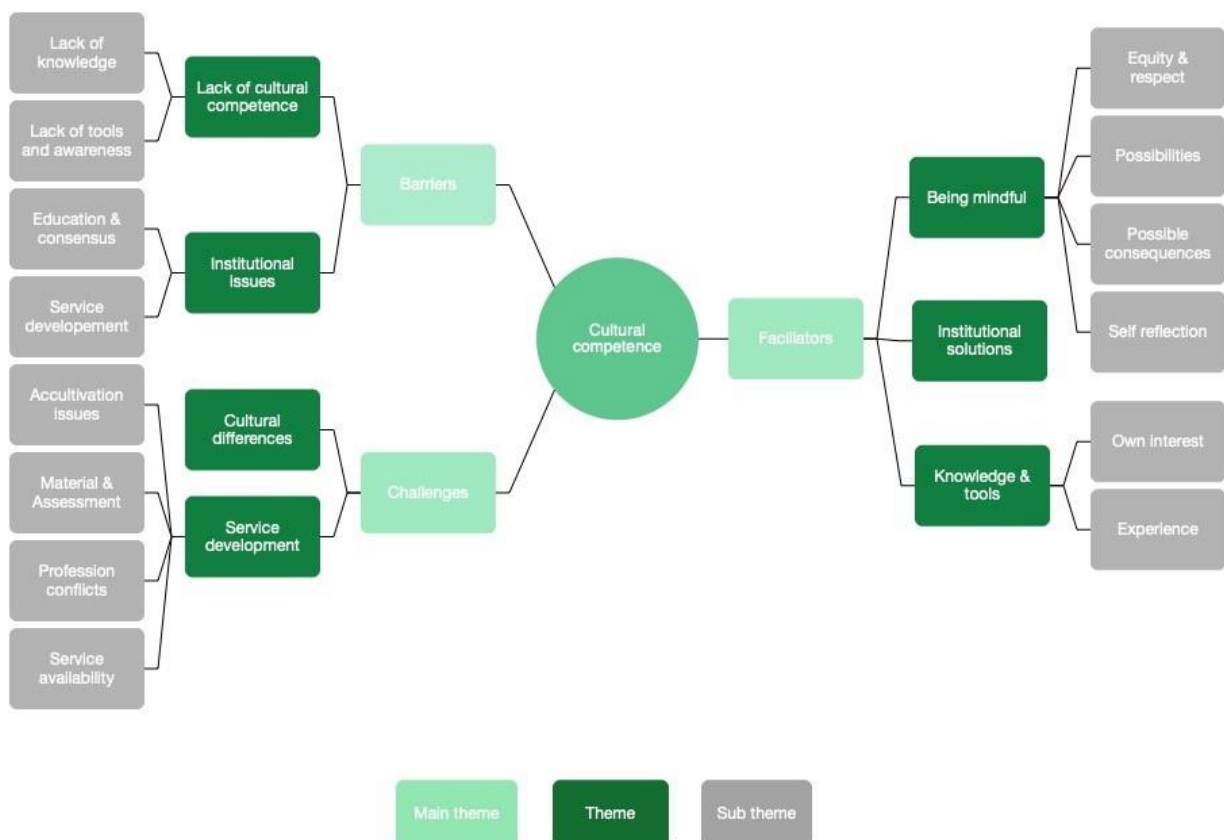
Interview

After the analysis, the collected data were organized into a hierarchy of main themes, themes, and subgroups. To describe the collected data the following three main themes functions as

the study's red thread: *barriers, facilitators, and challenges*. Each main theme contained a group of two to four themes, resulting in seven themes in total. These themes provide a structure of patterns to understand the collected data more thoroughly. The data will, therefore, be presented in accordance with the following themes: 1) *Knowledge & tools*, 2) *Being mindful*, 3) *Institutional solutions*, 4) *Lack of cultural competence*, 5) *Institutional issues*, 6) *Cultural differences*, and 7) *Service development*. In the current study, the term institution refers to both workplaces and universities. Certain themes also contained a set of subgroups to further understand what information collected data provided. The extracted hierarchy of themes is shown in figure 1.

Figure 1

Map of themes

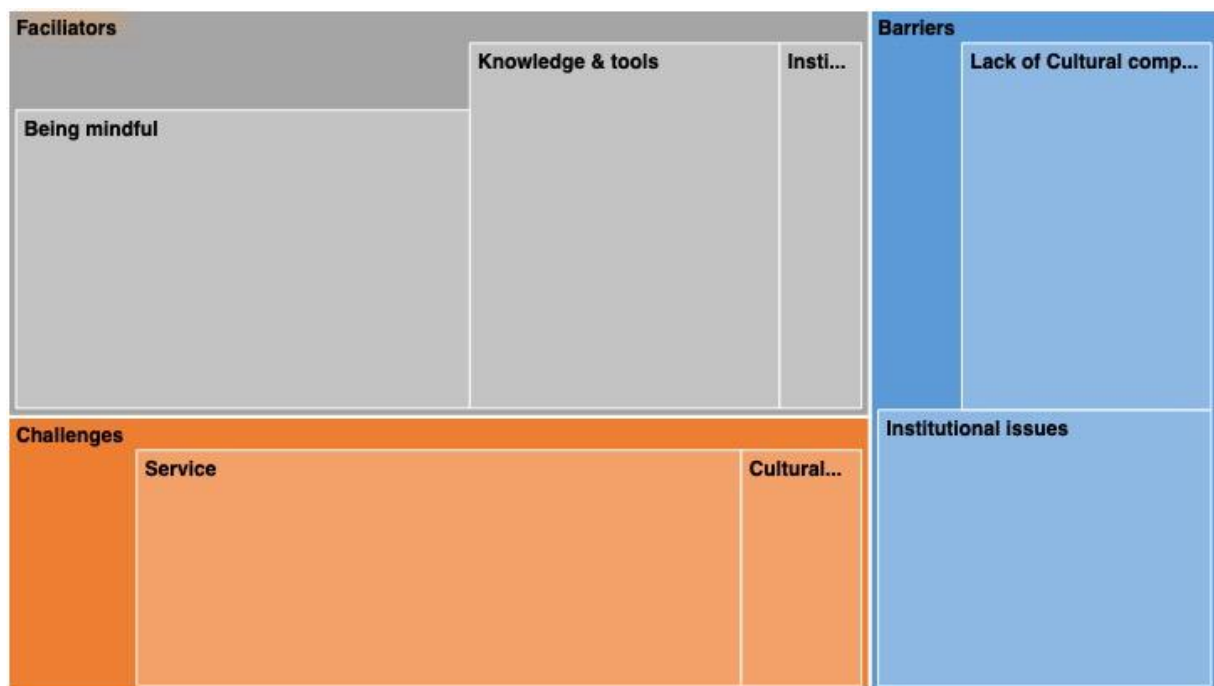


Information about the number of references coded per theme is provided by a hierarchy chart shown in figure 2. This facilitates the understanding of proportion and

relation between themes in the collected data. As shown in figure 2, the chart indicates that half of the data consist of factors that facilitate culturally competent work. These are labelled under the main theme *facilitators* and are considered as factors that indicate and benefit the development of culturally competent work. The other half of the coded data is categorized under the main themes: *barriers* and *challenges*. Factors indicating a lack of culturally competent work are considered barriers, both individual and organizational. Coded data labelled as *challenges* consists of reported situations that SLPs find challenging due to cultural differences. Additionally, they contain reported conflicts in SLP services.

Figure 2

Chart of coded items per theme



Notes: themes compared by the number of items coded

Facilitators; tools & knowledge

“Well, I do have a lot of experience, so I think that helps” -213

When working with CLD clients, participants seem to gain much knowledge about different cultural aspects of language development, health, roles, values, culture, beliefs, and child-

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rearing. There is also a substantial gain in knowledge of how language works through experience. In addition to experience, knowledge also depended to a large extent on personality and how much one is interested in cultures. Among participants, this varied much, from enrolling in language courses to expand their understanding of a certain language and to not having enrolled in any courses regarding CLD. When working with CLD clients many participants report that openness and alertness are important traits. Humbleness in admitting to not knowing or when doing something wrong is also seen as a valuable trait when providing services. Participants who had acquired knowledge on their own initiative showed a deeper understanding of what to be mindful of when providing services.

The tool many participants seem to use is being concrete when guiding caregivers in supporting their children, especially if the child is receiving intervention in another language than their mother tongue. For example, many have included caregivers in therapy sessions to provide examples of how to do exercises with their children. Participants value being concrete when communicating with caregivers, to ensure the caregivers' understanding of the therapy content and involvement in the process. Additionally, when possible, materials and information are translated into either English or the client's mother tongue. There is also a common opinion on the value of understanding families when conflicts occur. Examples of extracted phrases of *Facilitators: Knowledge & tools* are shown in table 1.

Table 1

Facilitators: Knowledge & tools

Citation	Code summary	Sub theme
<p>“Usually, I have googled to get more information about that language and culture” -513</p> <p>“I enrolled a course in X language, to get more familiar with the language” -513</p>	Own interest	none
<p>“I do notice that the more I meet families, the more I get information. That gives me knowledge in cultures and how it might affect everyday life” -433</p>	Knowledge through experience	none
<p>“Some kind of open mindness and asking and noting that now I do not know everything about everything. Usually it works for people” -833</p>	Tool: Transparency and personality	none
<p>“Sometimes a caregiver can join the session. So, in that way they can see how they can do it” -213</p>	Tools: engagement	none
<p>“Most important for me is to understand why someone opposes speech therapy or why they are concerned about something” -433</p>	Tools: SLP values and engagement	none

Facilitators; Being mindful

“My perspective on the family’s possibilities and condition is based on their values and culture, and I try to be as open-minded as possible” -433

There is a common understanding of respecting cultural values and promoting equity.

Examples of extracted phrases of *Facilitators: Being mindful* are shown in table 2.

Participants show a considerable intention of considering diversity and understanding the right to be included. Most of the participants show interest in the client’s CLD, some by gaining more information regarding the client’s language and some by encouraging clients to share their CLD on their terms. If therapy is given in another language, participants also guide families on how to implement exercises at home to support the home language. There is also interest among participants in understanding the families’ wishes and needs, to provide an intervention that suits their possibilities and situation best. To adapt their work

according to CLD, many participants also reflect on their own SLP identity. Most of the self-reflection related to their work and clients’ experiences, with only one participant reflecting on their privilege in contrast with others’.

Table 2

Facilitators: Being mindful

Citation	Code summary	Sub theme
<p>“Same as language, it is very important to have the right for one’s own culture” -833</p> <p>“Same right to get support, regardless their financial situation” -433</p>	Respect for cultural values and promoting equity	Equity & respect
<p>“I have experienced that interest in the other person’s culture and language brings a lot to the cooperation” -513</p> <p>“I have recommended to do the same in their mother tongue” -213</p>	Taking diversity into consideration and the right to be included.	Equity & respect
<p>“You kind of take families’ situation and what they tell about their everyday, into consideration” -433</p>	Being mindful about families’ situation and possibilities	Possibilities
<p>“It is important to understand that one is a part of the majority and privileged and that for me everything is quite easy. So, to understand that everybody doesn’t have it this easy” -833</p>	Self-reflection of one’s own privileges and power structures	Self-reflection
<p>“I do notice that I sometimes have prejudices, and then just simply have to think again” -433</p>	Self-reflection of one’s work	Self-reflection

Facilitators; Institutional solutions

“I have always experienced working with an interpreter being a good system” -833

Resource that institutions provide SLPs with to work with CLD clients include collaboration with interpreters. Many participants report the possibility to work with interpreters as beneficial when working with CLD clientele, because the families are better understood and a platform where the families can be heard is provided. Additionally, working together with institutions such as immigration services, maternal clinics, and schools has been considered useful. To acknowledge the complexity of the Finnish treatment path, participants report that

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their workplace adjusts the treatment path according to multicultural families. One of the participants also reported their workplace having visualized the treatment path to facilitate explaining and providing information to families.

Regarding participants' own possibility to develop cultural competence, many report that institutions advocate further education. Workplaces can provide financial support for certain courses, but each SLP decide for themselves what areas they prefer further education in.

Participants also experience collegial support and work-related supervision to be a beneficial resource. Many also report that a growing CLD is somewhat acknowledged in the field and that there is a readiness to develop accordingly. Examples of extracted phrases of

Facilitators: Institutional solutions are shown in table 3.

Table 3

Facilitators: Institutional solutions

Citation	Code summary	Sub theme
“We have a really good collaboration with maternal clinics and day-care” - 433	Collaboration with other institutions	none
“We have a treatment path for multicultural families, and we collaborate with early childhood education and care” -833	Collaboration with other institutions and adapted resources to enhance service availability	none
“I do feel that there is readiness, and many are for sure doing a great job” - 833	Institutional awareness and readiness to develop CLD adapted services	none
“I have the possibility to attend work-related supervision” -833 “I do feel I have some kind of tools, but it surely also depends on personal preferences” -513	Tools	none

Barriers; Lack of competence

“I do not think I have ever heard the term. Cultural competence... I have never heard it being mentioned anywhere” -213

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Reported answers indicate a general pattern of scarce conceptual knowledge and experience in the discussion about diversity and cultural competence. Knowledge and terminology are considered important to understand all the aspects of CLD. Additionally, a further understanding nurtures the ongoing process of self-reflection to maintain a culturally competent service (ASHA, 2017). Participants' responses show challenges in carrying out discussions on CLD that would be relevant and extend beyond ethnicity and language.

Examples of extracted phrases of *Barriers: lack of competence* are shown in table 4.

Comprehending the value of CLD and having the vocabulary to carry out a discussion provides tools to identify and act on issues concerning assimilation and one's own or the environment's shortcomings, such as stereotyping. Additionally, it provides tools to be aware of values and how to implement them in practice. Participants seem to have a general understanding of gender equality but do not have the tools to either actively carry out or reflect it in practice. This resulted in a lack of gender-inclusive thinking and practice that goes beyond binary gender roles. Additionally, participants report that gender-inclusive thinking might depend on the generation of practitioners. In the collected data this was identified, where one participant with a long work experience reported equality being important but not relevant for service directed to children. This view was not shared by the other practitioners with shorter work experience.

Participants also had few reflections regarding their position and culture, which is important to maintain an ongoing process of developing cultural competence. Only one participant reflected on the influences of power and privilege in their interaction with clients.

Table 4

Barriers: Lack of competence

Citations	Code summary	Sub theme
<p>“That was a tricky question. Well gender identification, so if you look at our neighbours in the East for example. There you can see that the girls and moms are often nicely dressed compared to our Finnish children who can come with tousled hair and sloppy clothes etc. So, there you can see a cultural difference” - 213</p> <p>“So, there are quite a lot of immigrant children, and so there are quite a lot of cultures. And of course, it is not only immigrant but also those who move (to the country)” -433</p>	<p>Issue: Lack of knowledge to have the discussion on CLD leading to answers that go off topic or that forms around multilingualism and ethnicity. Stereotypization.</p>	<p>Lack of knowledge and terminology</p>
<p>“That is a tricky question. I cannot say” -433</p>	<p>Difficulty in discussing cultural competence</p>	<p>Lack of knowledge and terminology</p>
<p>“Well, we work with quite young children so (gender inclusivity) might not be that relevant as it would be for older or adult clients” -213</p>	<p>Issue: binary gender roles conceptual knowledge about gender inclusivity and stereotypical thinking</p>	<p>Lack of tools</p>
<p>I do feel that I need more tools. These are situations where I am left alone to think about alternative ways to act or say” -833</p>	<p>Issue: Lack of tools to maintain cultural competence</p>	<p>Lack of tools</p>
<p>“...In the end it depends on the parents’ engagement. If you are engaged and want to have information, then you can get it from me at least” -213</p>	<p>Issue: lack of self-reflecting tools to consider the impact of power and privilege in their interaction with clients. Ethnocentrism</p>	<p>Lack of tools</p>

Barriers; Institutional issues

“It is difficult because there are no guidelines on how to do it right, you kind of do and hope it is ok” -833

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Examples of extracted phrases of *Barriers: Institutional issues* are shown in table 5. An institutional responsibility is needed to ensure optimal services for all. This also means that they already carry that responsibility but need to act on it and provide resources for professions to educate and monitor their cultural competence. From collected data, there seems to be a common opinion regarding education and consensus. Participants express the need for more education in cultural competence, both during SLP studies and in the field. There was also a wish for education to develop cooperation with interpreters. Participants also reported a lack of materials and alternative guidelines to follow when there is no normative test for CLD clients. Participants experience a need for consensus to provide culturally competent work. One participant wished that there would be clear guidelines for culturally competent service for everybody to follow at the workplace, for example, common gender-inclusive terminology.

Among reported answers, a pattern concerning factors that institutions need to develop in was also recognized. For example, participants report cultural competence not being mentioned or emphasized at work, leading to the individual practitioner carrying considerable responsibility. Challenges caused by a lack of cultural competence might, therefore, remain unacknowledged due to the lack of institutional responsibility. For example, one participant had experienced the discussion about gender as being quite nonprogressive at their workplace and suggested that these situations could be avoided if the institution provided guidelines for how to be progressive. Participants also noticed exhaustion and frustration among SLP colleagues due to the considerable responsibility placed on them. Cultural competence was considered important, but becoming aware of it and starting the process, participants experienced depended much on the person. The suggestion would be for institutions to carry the responsibility to ensure that competent services are provided by all SLPs and throughout all services offered. In addition to education, consensus, and CLD-

adapted material, participants want discussion platforms and more initiative from the institutions.

Table 5

Barriers: Institutional issues

Citation	Code summary	Sub theme
<p>“It would be really good to get more education in it (work with CLD clientele)” -213</p> <p>“The collaboration with an interpreter is something that could develop and maybe be more incorporated in courses during our studies” -513</p>	Lack of education in both studies and field	Education and consensus
<p>“In my opinion there is really no common practice” -833</p>	Lack of consensus	Education and consensus
<p>“I have noticed that for many it is quite draining” -513</p> <p>“I feel that (cultural competence) depends a lot on the practitioner”-833</p>	Lack of institutional responsibility	Service development
<p>“I have noticed that the discussion is still on the level where we talk about boys’ and girls’ toys” -833</p>	Lack of institutional responsibility leading to lack of cultural competence	Service development
<p>“There should be an open discussion” -213</p> <p>“I wish for more material in more languages, especially assessment and that there would be more multilingual norms” -433</p>	Resources that would be of need	Service development

Challenges; cultural differences

“...usually, the underlying reason might be fear that their child gets stigmatized” -213

Cultural competence is important to acknowledge in situations where cultural differences occur. A common phenomenon that was mentioned in the collected data was families avoiding service due to fear of stigmatization. Participants thought that the underlying reason was differences in health beliefs and conditions that stand out from the Finnish norm. Discrepancies between different healthcare systems and clinical pathways also cause

challenging situations that affect families' attitudes towards intervention. In cases where cultural differences occur, many participants emphasized that the child as the priority. For example, in situations where families are not willing or have the resources to engage in intervention, participants report using other institutions such as daycare or school to ensure that the child receives adequate support. If the child is suspected being in danger, the participants consider involving Child Welfare in the process.

Participants also report cultural conflicts in the service given, but also when having to make decisions regarding language and intervention. For example, many had experienced situations where they realize they should have acted or presented something differently due to a charged or strange atmosphere. It was also seen as challenging to support multiple languages, especially when languages are not comparable. Examples of extracted phrases of *Challenges: Cultural differences* are shown in table 6.

Table 6

Challenges: Cultural differences

Citation	Code summary	Sub theme
<p>“...some families clearly experience me looking for flaws, when I am actually looking for what to support” -833</p> <p>“...the family wants to wait and does not want it (intervention) now. Because they are afraid of being stigmatised” -213</p>	Cultural differences on health and norms	none
<p>“.. one notice afterwards that one said something clumsy and realise that there was a reaction one did not expect” -433</p>	Cultural differences leading to cultural conflicts	none
<p>“ ...certain terms that I use for example at work just simply do not exist in the other language.” -433</p> <p>“.... some words such as horse or something... Does it even exist in that language?” -513</p>	Cultural differences; language and information	none
<p>“If there is (not) a solution that is best for the child then one might have to rethink and maybe file a child welfare notification” -433</p>	Cultural differences leading to involving other institutions	none

Challenges; service

“... is it language impairment or just the fact that they have not fully acquired Finnish?” -513

Many SLPs face challenges in determining valid reasons to provide intervention. This is a challenge that seems to occur when having clients with multilingual backgrounds and especially if none of the acquired languages are considered the national language. Phrases coded under *Challenges: service* are shown in table 7. Participants report difficulties in assessing all the acquired languages accurately. With scarce resources appropriate for CLD clients, many SLPs in the field experience challenges they must acknowledge and solve according to their judgment. For example, participants have concerns regarding the field's risk to lean towards overdiagnosis when it comes to multilingual clientele. This is due to scarce guidelines on how to consider exposure to language and multilingualism in the assessment.

Participants also report the injustice regarding the amount of responsibility CLD families must carry solely based on their home language being different from the nation's official language. This is also something that is viewed to affect the availability of services. Participants feel that good proficiency in Finnish is required to receive health services in Finland. This reflects the challenges of insufficient integration leading to assimilation. Individuals are required to acquire the majority culture to have access to services, while their own CLD lack significance. Lack of information in other languages than the national languages and resources to provide full comprehension is seen to affect the quality of service. Participants experienced challenges in family-oriented communication and engaging families, which seem to reflect the lack of resources at hand when working with CLD clients.

The recommendation to always provide intervention that supports the client's stronger language is something that participants report being conflicting at times. Especially if the

stronger language is something else than the nation’s official languages. The solution reported by the participants is giving intervention in the language that the child uses at school, arguing that usually supports the child’s learning and development. This can be identified as assimilation, and what consequences this has on the family’s engagement and cultural identity is left unacknowledged.

Table 7

Challenges: Service

Citation	Code summary	Sub Theme
“Assessing is what I experience as most challenging. It is so difficult to know what to expect”-433	Lack of guidelines that takes exposure of language and CLD into consideration.	Resources
“The biggest challenge in our work is how to communicate with caregivers” -213 “One of the biggest challenges is to engage caregivers” -433	Challenges with communication and involving caregivers	Service availability
“The issue is that parents have to carry the SLP role” -513 “Doesn’t it leave a big responsibility to the family?” -833	Disparity in responsibility and service due to CLD background	Service availability
“If the child’s mother tongue is something else than Finnish or Swedish, then the speech therapy is not provided in their stronger language” -833	Conflict between SLP recommendations and CLD rights.	Professional conflicts
“In the first hand we provide speech therapy in what is thought of as the school language. To support learning as much as possible” -433	Possible consequences of not taking into consideration the risk of assimilation.	Assimilation issues

Discussion

The current study explored what barriers, facilitators, and challenges exist in providing culturally competent SLP services in Finland, and several themes emerged to illustrate these. *Facilitators* contained a set of themes that showed how cultural competence is carried out in practice and what supports developing cultural competence. Participants showed a great amount of knowledge in working with a CLD clientele, such as language and cultural impact on child-rearing, roles, culture, language, values, and beliefs. Participants

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were mindful of equity and respect, which equipped them with self-reflective tools. According to ASHA (2017), Purnell (2016), and Cross (1989), valuing diversity and recognizing differences and similarities between cultures are seen as important to be able to respond accordingly in professional practice. When asked about where the participants acquire tools, many participants reported their personal preferences and personality play a great part. Participants also reported that institutional resources such as collaboration with interpreters, financial support for education, and collegial support were beneficial. In addition, institutions also provided information to explain treatment paths that benefit CLD clients' involvement and make services more available. In the current study, the term institution refers to both workplaces and universities. These extracted themes and findings are supported by Grandpierre et al. (2018), who indicated cultural awareness and explanations of health care systems as components identified to facilitate the development and maintenance of cultural competence in service delivery.

Barriers to the implementation and development of culturally competent work were exemplified by themes such as *lack of cultural competence* and *institutional issues*. These illustrated how SLPs in practice lack conceptual knowledge to address the environment's and their own shortcomings, such as stereotyping or scarce gender-inclusive praxis. The discussion tended to form around language and ethnicity, and according to ASHA (2017), CLD entails factors beyond these. Many participants also believed that insensitive behavior occur but could not report how to identify or address those situations. According to Anderson et al. (2003), culturally competent institutions are needed to address issues related to language barriers and ethnocentrism that can lead to stereotyping, miscommunication, and misunderstandings. In addition to cultural awareness among practitioners, incorporating it into services is seen as a component beneficial for developing and maintaining culturally competent services (Grandpierre et al., 2018; Cross, 1989). Therefore, considering the

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findings in the study it would be important for institutions to re-evaluate, develop and take more responsibility.

With results indicating insufficient awareness in services, the understanding of what is needed to develop culturally competent services should be emphasized. Therefore, to ease practitioners' carrying too much responsibility, institutions should provide resources and consensus to ensure culturally competent services. According to Parveen and Santhanam (2020), availability of and access to coursework on working with CLD clientele have been shown to have a great impact on SLPs' overall perception of competence. From participants' reported answers, institutions should have collective requirements and guidelines to follow when working with CLD, in addition to coursework on the subject. Practitioners would then have the possibility to have a framework to monitor and develop their cultural competence while having tools to identify and acknowledge their own and the environment's shortcomings. It is important to understand that cultural competence differs from creating stereotypes. The ability to provide culturally competent services is to be able to see unique cultures and what differences emerge between them, to further avoid generalization and stereotypes of CLD individuals (Cross et al., 1989).

Results show that there is a willingness among participants to learn and be open-minded, but there seems to be a lack of tools and resources to do so, especially in situations with challenges due to CLD or other shortcomings such as one's own or the environment's insensitive behavior. According to participants in the study, caregivers' engagement and communication were seen as some of the major challenges in service given. Many participants reported this due to self-expressed lack of knowledge or differences in specific cultures or languages. These identified components seem to support the results of earlier studies where the main barriers to developing and maintaining culturally competent services are seen as language barriers, limited resources, and cultural barriers (Grandpierre et al.,

2018). According to Hartelius et al. (2007), the consideration of cultural aspects in services has been shown to enhance caregivers' engagement in intervention. To consider cultural aspects in services is to understand that the consideration reaches beyond communication patterns and language where no culture is inferior to another (Hartelius et al., 2007). Due to experienced challenges in communication and engagement in the collected data, it would be important for institutions to address this matter to facilitate the implementation of services that consider CLD.

In broad outline, there seems to be a relatively clear perspective on the wide set of acquired skills and needs in the field considering CLD. Practitioners benefit from institutional resources such as collaboration with other professions, collegial support, and financial support for further education. Moreover, one's own experience and interest seem to enhance one's knowledge in working with CLD clients. Practitioners' self-acquired knowledge is beneficial for developing tools to support being mindful in services. This implies that SLPs on their initiative develop their skill in being sensitive in their work and to some extent practice progressive thinking. The challenge with cultural competence depending on experience, personal preference and personality is the risk of disparities in the quality of culturally competent services. There is a possibility of some practitioners being unaware of their shortcomings in their work with CLD, affecting the quality of service provided to CLD clients, such as the relationship between professional and client. The challenge with self-acquired knowledge is that it risks having a lack of perspective. According to Cross (1989), five elements are considered to contribute to the development of cultural competence: a) value diversity and recognize differences and similarities, b) assess own culture, c) comprehend dynamics of differences in cross-cultural interaction, d) implement cultural knowledge on an institutional level, and e) commitment and utility. However, most of the participants' reports in the current study only concerned one out of the five elements. For

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example, many participants reflected on their knowledge of cultural differences with only few mentioning anything about their own culture and how it impacts cross-cultural interaction. This might cause challenges in mutual understanding and respect and risks developing a disparity in the service given (Betancourt et al., 2003).

Participants reflected on their work but only one expressed thoughts regarding privileges and their position. Cultural competence should according to Garran and Rozas (2003), reach out to practices that consider the influences of power and privilege. It is important to understand how this affects interactions between client and professional. Culturally competent work is not limited to culturally congruent work, where there is a fit between professional practice and the client's needs (Garran & Rozas, 2003). It is of importance to mention that participants did consider families' situations and possibilities and also reported adapting interventions according to these. The challenge is to develop services that reach beyond this fit between practice and the client's needs in the context of cultural domains where influences of power and privileges are addressed.

What the field seem to lack is tools and conceptual knowledge regarding CLD. Unlike self-gained knowledge, conceptual knowledge entails an understanding of terminology and values that reach beyond language and ethnicity. Further, conceptual knowledge provides a framework to reflect service and identify shortcomings. This concerns both one's own and the environment's shortcomings. Cultural competence is an ongoing process that requires self-assessment and expansion of one's cultural knowledge. It is a process of commitment to being and becoming (Campinha-Bacote, 2019). It should be considered as a process that reaches beyond utility and totality (Garran & Rozas, 2013). A lack of framework is seen as challenging when trying to maintain and develop cultural competence in practice. In addition, the amount of personal responsibility one carries without any institutional resources is substantial. Institutions such as workplaces and universities, are required to carry

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responsibility and provide resources such as education, consensus, and discussion for both SLP students and practitioners. In addition to the development of services in line with a growing CLD, institutions should also carry the responsibility to make sure the field is diverse by having employers and students that represent CLD backgrounds (ASHA, 2017).

Clinical Implications and future research

It is of importance to acknowledge that this study only maps SLPs' perspectives. The initial intention of the thesis was to collect families' experiences, but due to challenges with recruitment, the author refocused the aim. Therefore, to fully understand how cultural competence works it would be important to gain families' experiences of services. More specifically, if they experience a service delivery that integrates their cultural context, traditions, customs, values, and beliefs. Due to reported scarcity in studies, a study that gathers clients' and families' experiences of the service provided would be important. That would, moreover, be beneficial for evidence-based practices when working with cultural minorities (Grandpierre, 2018).

The term cultural competence is broad and complex and may be difficult to apply in practice. Therefore, the term often forms around language and ethnicity. Although CLD reaches beyond these two factors, it is important to acknowledge how difficulties in the implementation of cultural competence in practice easily lead to a praxis that assimilates rather than integrates diversities. An example worth mentioning is when deciding on intervention language, where it is often recommended to use the same language as the client's home language. According to Hartelius et al. (2007), it is further recommended to support all acquired languages in intervention. Considering a lack of knowledge and resources, the consequences may result in an intervention carried out in the client's integrated language. The argument for this choice is usually that the client is exposed to the integrated language at school/in society, which could be considered as assimilation rather than integration since

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there is no space for the client's own CLD. What impact this has on and how this is being addressed in SLP services is unclear. Additionally, it is uncertain if there are any methods under development to tackle situations where conflicts of cultural interests such as language supported in SLP emerge. With the reported lack of appropriate resources, it is interesting to further understand how it affects the support of CLD clients. The issue with assimilation and lack of understanding is when families' possibilities to be involved in the service affect the outcome and quality of service given. Furthermore, it might also impact components such as cultural identity, values, and family dynamics. Providing service with cultural consideration is, therefore, essential for families' engagement in the intervention (Hartelius et al., 2007).

Understanding how cultural competence is implemented in Finnish SLP services and where it falls short is important to develop the field in line with the growing diversity. Results from the study indicate that cultural competence varies among SLPs and depends to a large extent on personal preferences. Knowledge in working with CLD clients is gained through experience and nurtures progressive thinking. Where it falls short is the lack of conceptual knowledge and consensus leading to an inconsistent "degree" of cultural competence among SLPs. Clients' and families' experience on this would be valuable information for further development of the services.

When talking about diversity it is also important to highlight how it is represented among SLPs. In addition to developing services in line with the growing CLD, there is a need for workplaces and programs to actively have individuals that represent culturally and linguistically diverse backgrounds.

Strengths and limitations

Exploring SLPs' perspectives on cultural competence in service provides insight into what works and what is needed, to develop a progressive and inclusive society. It is also of interest to acknowledge the challenges that arise when using a term such as cultural

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competence. It is a term that is still evolving and for many, it tends to often form around language and culture.

A major strength of the study is the method used to map this broad and complex concept of cultural competence. It enabled the researcher to gain a deep understanding of practitioners' experiences by asking further questions and solving misunderstandings. It also provided nuances and depth that questionnaires and surveys might not catch.

The discussion on CLD tended to mostly form around language and ethnicity but the implementation of semi-structured interview allowed the researcher to ask questions that enabled participants to reach beyond those two factors. As mentioned in the method section, reflexivity and adjustability are considered strengths when studying complex phenomena. The method also served the study's aim by providing the possibility to extract patterns from collected data. The recruitment of participants can be considered a strength. Although it was a convenience sample, many institutions were contacted, and participants had the chance to register their interest in participating. Participants also represented different institutions around southern Finland.

A limitation of the study is both the interviewer's and data interpreter's bias. However, the analysis and the semi-structured interview were reviewed by the supervisor to address the subjectivity of the interpretation of data. The researcher also conducted pilot interviews to acknowledge biases and factors that needed adjustment. Another possible limitation is the predetermined domains for the structured interview, which might have guided the participants into a certain theme, restricting them from thinking beyond the domains, i.e., language and culture reaching beyond ethnicity.

The limitation of having a convenience sample is that participants might not represent the population, hence results must be interpreted carefully and cannot be applied on a broader level. Although many institutions were contacted, only four participants registered their

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interest in the study. The data indicated that cultural competence depends on personal preference and personality, and this might also apply to who decides to participate in a study like this.

Conclusion

By exploring what barriers, facilitators, and challenges exist, the study can provide an overview of what works and what is still needed regarding the development of services in line with the growing CLD. Practitioners seem to gain a great deal of knowledge from their experience, but institutional responsibility is needed to not burden but also prepare individual practitioners. Institutions such as workplaces and universities, need to act on the responsibility to ensure resources and frameworks to develop cultural competence among practitioners and within the field. To have access to tools is important to identify shortcomings and monitor one's work and competence. As a result, shortcomings and challenges would be identified and addressed more efficiently to spur developing service in line with the growing diversity and ensure righteous service for all.

Summary in Swedish- Svensk sammanfattning

Det är förväntat av talterapeuter att kunna agera i flerspråkiga och mångkulturella kontexter. Det här innebär att man som yrkeskunnig vet gränserna för de egna språkkunskaperna och den egna kulturkännedomen för att vidare kunna begära stöd då de inte räcker till (Helsingfors universitet, 2022). I och med den växande kulturella och språkliga mångfalden (cultural and linguistic diversity, CLD) finns det skäl för samhället och yrken att utvecklas i samma takt. Det innebär att kunna beakta olika aspekter som kulturell mångfald antas omfatta och inte är begränsad till exempelvis etnicitet, funktionsvariation, könsidentitet, ålder, religion och sexuell läggning (ASHA, 2017).

Denna tillväxt berör även Finland och byggs upp av faktorer som till exempel demografiska förändringar och arbetet för ett inkluderande samhälle. Enligt Statistikcentralen (2020) har antalet personer som flyttat till Finland ökat med ca 33 000 jämfört med året innan. För att utveckla ett rättvist, jämlikt och inkluderande Finland finns det dessutom uppdaterade åtgärder i regeringsprogrammet för att arbeta för inklusion. Målen är att minska ojämlikheten och öka alla individers deltagande (Stadsrådet u.å). Åtgärden är viktig för inklusion och progressivt tänkande, för att skapa utrymme som sträcker sig utöver majoritetskulturen och normativa strukturer.

För att utveckla ett jämlikt och inkluderande samhälle krävs att tjänster och praxis utvecklas i linje med den ökande diversiteten. Dock har studier visat att talterapeuter upplever en brist på kunskap i bemötandet av klienter med en annan kulturell och språklig bakgrund än dem själva (culturally and linguistically diverse, CLD). Därmed finns det ett stort behov av att synliggöra denna diskrepans mellan ökande mångfald och brist på kunskap för att säkerställa jämlika tjänster både när det gäller kvalitén och utfallet av tjänsterna (Grandpierre et al., 2018).

Syfte

Kulturell kompetens är något som betonas i en vid utsträckning, och det finns riktlinjer för hur man bör utveckla och implementera den i sin praxis. Trots detta visar studien av Kohnert et al. (2003) att endast 47 % procent av talterapeuterna hade erhållit kunskap kring arbete med CLD-klientel. Många talterapeuter på fältet känner sig osäkra på sin egen förmåga i att arbeta med klienter från en CLD-bakgrund (Perry, 2012; Haatanen, 2019; Bengtfolks, 2021; Parveen & Santhanam, 2020). Med nuvarande riktlinjer för kulturell kompetens och upplevelser av bristfällig kunskap, finns det därmed skäl att undersöka hur CLD beaktas i praktiken.

För att kartlägga situationen i Finland strävar studien till att samla in data kring talterapeuters arbete med CLD-klienter. Syftet är att förstå hur CLD beaktas i finska talterapitjänster. Målet är att samla in talterapeuters upplevelser för att utforska och få en insikt i tjänsten som ges. Det är också av intresse att kunna identifiera mönster som möjligtvis kunde relateras men inte vara begränsade till kulturell kompetens, konflikter och skillnader.

Metod

Till studien rekryterades deltagare genom ett bekvämlighetsurval och följande institutioner kontaktades: Esbo stad, Sibbo stad, Kyrkslätt, Lojo stad, Raseborgs stad, Borgå stad och Grankulla stad. Talterapeuter tilldelades ett följebrev där de fick information om studien och hur de kunde anmäla sitt intresse. Metoden är därmed kvalitativ då studien via intervjuer samlade in information om talterapeuters erfarenhet av CLD-klientel. Intervjuerna var halvstrukturerade och bestod av öppna frågor, vilket ansågs som fördel då ämnet var tämligen outforskat. Metoden gav även möjligheten att ställa följdfrågor för att lösa missuppfattningar och förstå nyanser. Intervjuernas struktur baserade sig på ASHAs riktlinjer för kulturell kompetens. För att säkra att varje deltagare gav information om samma ämnen

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utformades följande domäner: bakgrund, språk, kultur, talterapi samt konflikter och lösningar.

För att bearbeta insamlade data genomfördes en induktiv innehållsanalys med programvaran Nvivo, som är utformad för kvalitativa analyser. Denna metod möjliggjorde utformandet av teman, som beskrev data enhetligt och tydligt. I analysprocessen ingick det att intervjuer transkriberades, fraser kodades och kategoriserades i teman. För att beakta studiens subjektiva tolkning av data, granskades analysen av skribentens handledare.

Resultat

Fyra talterapeuter från olika institutioner deltog i studien, och alla intervjuades i ungefär en timme. Utifrån insamlade data uppkom följande tre huvudteman som fungerade som studiens röda tråd: *hindrande faktorer*, *underlättande faktorer* och *utmaningar*. I varje huvudtema ingick det ytterligare två till fyra teman. Dessa teman fungerade som mönster för att få en mera ingående förståelse av materialet och utgörs av: 1) *kunskap och verktyg*, 2) *uppmärksamhet* 3) *institutionella lösningar*, 4) *brist på kulturell kompetens*, 5) *institutionella utmaningar* 6) *kulturskillnader*, och 7) *utveckling av tjänster*.

Det verkar generellt finnas en tydlig uppsättning av färdigheter och brister. De underlättande faktorerna bestod långt av den egna medvetenheten kring arbetet med CLD-klienter. Detta innebär att talterapeuter på eget initiativ har utvecklat färdigheten i att vara lyhörda kring sitt eget arbete och i viss mån utövar ett progressivt tänkande. Kunskap i arbetet med CLD-klientel kom främst från den egna erfarenheten, medan organisationen erbjöd resurser så som tolk och kollegialt stöd. Förståelsen av värdet av mångfald och att identifiera skillnader och likheter mellan kulturer är viktigt för att erbjuda tjänster som beaktar CLD på ett önskvärt sätt (Purnell, 2016; ASHA, 2017; Cross, 1989).

Faktorer som identifierades som hindrande för utvecklandet av kulturell kompetens var brist på verktyg och konceptuell kunskap kring CLD. Resultaten pekar på att det behövs

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ett institutionellt ansvarstagande för att åtgärda bristen på ramverk och konsensus. Deltagare rapporterade även att kulturell kompetens beror mycket på personliga preferenser och personlighet.

Diskussion

Resultat från studien visar att talterapeuter i allmänhet tillägnar sig en stor del av sin kunskap via egen erfarenhet med CLD-klienter. Det här erbjuder dem färdigheter i att vara uppmärksamma på olika kulturella perspektiv på uppfostran, roller, kultur, språk, värderingar och tro. Många talterapeuter reflekterar över sig själva i sitt arbete, samt implementerar värderingar om rättvisa och respekt. Institutionella verktyg som tolk, bidrag för fortbildning, samarbete med andra yrkeskunniga samt kollegialt stöd anses vara till fördel för det kulturellt kompetenta arbetet bland talterapeuter.

Resultat visade dock att det fanns brister i konceptuell kunskap. Till skillnad från den egna kunskapen innebär konceptuell kunskap en förståelse av terminologi och värderingar för att ha ett ramverk för reflekteringar kring sitt eget arbete och identifiering av tillkortakommanden i det. Resultaten tyder på att det behövs ett institutionellt ansvarstagande för att åtgärda bristen på ramverk och konsensus. Vidare visar resultaten att kulturell kompetens beror mycket på personliga preferenser och personlighet. Därmed är det viktigt för institutioner att medvetandegöra hur detta kan bidra till risken för skillnader i tjänster som erbjuds. För att säkra att alla erbjudna tjänster är lika kulturellt kompetenta, bör institutioner ta ansvaret att utvecklas i linje med den växande mångfalden.

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Appendix A Accompanying letter



Bästa talterapeut,

Jag studerar logopedi vid Åbo Akademi och skriver min pro gradu-avhandling om kulturell kompetens bland finländska talterapeuter. Syftet med studien är att förstå hur talterapeuter i Finland upplever sin kompetens i relation till kulturell och språklig mångfald. I samband med ökad mångfald i samhället så ökar även behovet av att utveckla tjänster, yrken och praxis som tar i beaktande kulturell och språklig mångfald.

Jag kommer att samla in material för min avhandling genom att intervjua talterapeuter som har erfarenhet av att arbeta med klienter med en mångfaldig kulturell och språklig bakgrund. Jag kommer att fokusera på talterapeutens arbete med denna klientgrupp för att förstå arbetets natur och talterapeutens upplevelser av hur kulturell kompetens förverkligas inom talterapi i Finland.

För att delta i studien kan ni anmäla ert intresse per e-post eller telefon. Jag kommer sedan att ta kontakt med er för att komma överens om ett lämpligt datum för intervjun. Deltagandet är frivilligt och ni kan avbryta deltagandet i vilket skede som helst utan vidare följder. Ert deltagande är också anonymt. Intervjun beräknas vara ungefär en timme lång och sker enligt era önskemål antingen på en för er lämplig plats eller på distans. Det är möjligt att delta i intervjun på svenska eller finska.

Ert deltagande är högst uppskattat och betydelsefullt för att hjälpa talterapeuter bemöta och utveckla sina kunskaper i arbetet med klienter i olika kulturella kontexter.

Ni kan anmäla ert deltagande via något av följande alternativ:

Huong Hoang tel. 0409602989

huong.hoang@abo.fi

Stort tack på förhand och varma hälsningar,

Huong Hoang

Appendix B Semi-structured interview

Öppna intervjun med att betona studiens anonymitet och att syftet är att förstå talterapeuters upplevelser och tankar angående kulturell kompetens. Man kan varken svara rätt eller fel. Vissa frågor kan vara otydliga, och går att öppna ifall man så vill. Det kan också ibland vara utmanande att besvara på vissa frågor och det är helt ok att inte ha ett svar. Det finns sammanlagt 26 frågor, man behöver inte ha press med att ge långa svar, och många frågor överlappar varandra.

Bakgrund

1. Kan du berätta om dig själv? Kan du berätta mera om ---?

Språk

2. Vilka är dina tankar kring språk? Vad betyder språk för dig, ditt yrke och dina klienter? KORT
3. Hur beaktar du själv klientens olika språk och språkbruk i ditt arbete? (den talterapeutiska tjänsten man själv ger)? Hur får du information angående dina klienters andra språkmiljöer? Intresset av att stötta andra språk som används, talterapeutiska tjänster som beaktar flerspråkighet.
4. Hur väljer du på vilket eller vilka språk du utför dina talterapi? På vilket eller vilka språk väljer du att utföra dina talterapi? Hur motiverar du ditt beslut? Vad anser du vara fördelar/nackdelar med ditt beslut? Frågar du familjen vilket språk de föredrar? → Är detta en vanlig fråga som talterapeuter ställer till sina klienter?
5. Hur skulle du beskriva vikten av klientens modersmål i talterapi? Hur beaktar och stöttar du flerspråkighet?
6. Hur förmedlar du information och terapi på det språk som klienten och hans familj föredrar? Om inte, hur känner du att detta påverkar möjligheten för familjen att förstå förmedlad information angående terapin och familjens möjlighet att inkluderas i terapin?
7. Hur är det då med hemuppgifter? På vilket språk och vilken inverkan tror du de har?
8. Anser du att familjen, oberoende språk, blir hörd och inkluderad (som beslutfattare)? Hur åtgärdas språkbarriärer? Tolk, nyckelord, visuellt stöd, gester eller fysiska uppmaningar.

Kultur

Tack för att du delade med dig av dina tankar kring språk. Om det är ok för dig skulle jag vilja gå vidare in på nästa ämne?

9. Vilka tankar har du kring kultur? Vad betyder kultur för dig, ditt yrke och dina klienter? Vilken inverkan har kultur/er på individen? Jag tänker här att kultur är ett väldigt brett begrepp och kan omfatta faktorer utöver etnicitet och språk.

10. Vilka är dina tankar kring kulturers inverkan på identitet? Vilka kulturer tror du individen kan ta del av? Hur tror du de olika kulturerna är i relation till varandra? Till samhällets normer?
Kön, könsidentitet, sexuell läggning, SES, religion etc.
11. Hur tänker du kring olika kulturer, privilegier och marginalisering? Hur beaktar du detta i talterapi? *Vilken inverkan har dessa faktorer på din uppfattning om din yrkesidentitet, din klient och ert samarbete?*
12. Vad tänker du kring normer och maktrelationers betydelse för individens förutsättningar?
“Intersektionalitet förklarar hur olika normer och maktordningar hänger samman, påverkar och förstärker varandra. Samt hur människors möjligheter och handlingsutrymme påverkas beroende av flera olika delar av ens identitet, till exempel hudfärg, sexualitet, kön, religion, funktionsförmåga och ålder.” (Rfsl) Intersektionalitet, vad tänker du kring det?
13. Kan du förklara hur du tycker att du förstår kulturer som du själv inte är delaktig i? Upplever du att du är medveten om hurdan inverkan de har t.ex. på ditt arbete med dina klienter (ifall dina klienter är delaktiga i en kultur du inte själv är delaktig i?) *Vilka likheter/olikheter (maktavstånd, självständighet/beroendeskop), upplever du att dessa likheter/olikheter erkänns och beaktas i talterapi? Intersektionalitet?*

Talterapi

Till näst skulle jag vilja gå in på följande ämne.

14. Vilka är dina allmänna tankar om talterapeutiska tjänster i relation till mångfald? *Åsikter om tjänsterna - upplever du att fältet är alert och utvecklas i linje med den ökande diversiteten i samhället/klientelet? Finns det en plattform för att föra en diskussion om att beakta diversitet i ditt arbete?*
15. Kan du beskriva din förmåga att arbeta med en språkligt och kulturellt mångfaldig klientgrupp?
Vad upplever du din kompetens vara och vad upplever du dig själv redan ha och ännu behöva? Är det här något som betonas (kompetensen) på din arbetsplats? Hur? → Plattform för diskussion, kurser, fortbildningar?
16. Kan du berätta hur du har utvecklat dina nuvarande kompetenser? *Finns det institutioner som t.ex. arbetsplatser eller universitet som erbjuder kurser/tillfällen i kulturell kompetens? Hur går de till väga för att undervisa i kulturell kompetens?*
17. Upplever du att du beaktar både nuvarande och framtida klienters kulturella och språkliga bakgrund då du utför talterapeutiska tjänster (utvärdering, användning av bilder, böcker, videon, musik, mat etc.)? Hur gör du detta? *Beaktas intersektionalitet? Inte enbart språk, etnicitet men även kön, SES etc.*
18. Hur beaktas könsinkluderande principer på din arbetsplats? *De pronomen som används, könsneutrala termer, könssensitivitet, material som används, AKK, icke-binäritet.*

Konflikter och lösningar

19. Vad har du för tankar då det kommer till kulturell kompetens inom talterapeutiska tjänster? *Hur har mångfald beaktats, från då du inlett dina studier ända till din nuvarande position? Vad skulle du säga fungerar/behöver utvecklas (inte bundet till nuvarande arbetsplats)?*
 20. Vad upplever du orsakar utmaningar med tanke på kulturell kompetens och vilka är följderna av dessa utmaningar? *Vad tror du det beror på? Vad kunde göras för att undvika t.ex. kulturella konflikter och skillnader i kvaliteten på hälso och socialaväsen?*
 21. Tycker du att det finns verktyg för dig att identifiera och åtgärda icke-sensitiva kommentarer/beteenden? Gällande både ditt eget beteende och din omgivnings beteende. Har du upplevt detta någon gång? *Hur åtgärdades/märktes detta, hur reagerade din klient och finns det något du skulle ha gjort annorlunda? Vad kunde ha förebyggt situationen?*
 22. Erbjuder din arbetsplats verktyg för att förebygga och åtgärda dessa situationer?
 23. Vilka tankar har du angående stereotypisering och generalisering? *Kan du identifiera när det händer? Hur reagerar du, och hur åtgärdar du detta?*
 24. Vad anser du vara vikten av kulturell kompetens? *Hur väl tycker du detta upprätthålls i de tjänster som erbjuds? Upplever du att det finns kurser/tillfällen för att få mera kunskap i kulturell kompetens? Är du själv delaktig i att utveckla ditt eget kunnande, hur?*
 25. Kan du på allmänt plan berätta hur du upplever att lösningar erbjuds för att förebygga och åtgärda/reagera på missförstånd/luckor mellan klienten och talterapeuten?
- För att runda av intervjun om kulturell kompetens i talterapeutiska tjänster undrar jag vad du upplever behöver utvecklas? *Har du frågor? Är det något du skulle vilja tillägga?*

Appendix C Background information questionnaire

Bakgrundsinformationsblankett

Deltagarkod: _____

1. Vid vilket universitet har du avlagt talterapeutexamen?
2. Vilket år tog du din examen?
3. Språk
 - a. Modersmål:
 - b. Språk du erbjuder talterapi på:
4. Hur länge har du arbetat som talterapeut?
 - a. Under 5 år
 - b. Över 5 år
 - c. Över 10 år
 - d. Över 20 år
 - e. Över 30 år
5. Har du erfarenhet av att arbeta med flerspråkiga klienter?
 - a. Ja
 - b. Nej
 - c. Vet ej
6. Hur stor andel av dina klienter är flerspråkiga?
 - a. 0–25 %
 - b. 25–50 %
 - c. 50–75 %
 - d. 75–100 %
7. Anser du själv att du har ett diversifierat klientel?
 - a. Ja
 - b. Nej
 - c. Vet ej
8. Hur stor andel av dina klienter har en annan kulturell bakgrund än dig själv?
 - a. 0–25%
 - b. 25–50%
 - c. 50–75%
 - d. 75–100%
9. Upplever du att kulturell kompetens är ett krav inom talterapi?

- a. Ja
 - b. Nej
 - c. Vet inte
10. Ingick undervisning i kulturell kompetens vid din utbildning?
- a. Ja
 - i. Om Ja: I vilken form?
 - b. Nej
 - c. Vet ej
11. Har du gått någon fortbildning inom kulturell kompetens?
- a. Ja
 - i. Om Ja: Vilken fortbildning?
 - b. Nej
 - c. Vet ej
12. Skulle du vara intresserad av vidare fortbildning inom kulturell kompetens?
- a. Ja
 - b. Nej
 - c. Vet ej
13. Hur mycket kompetens upplever du dig själv ha i att beakta kulturell och språklig mångfald i ditt arbete?
0–10 (0 = ingen kompetens och 10 = omfattande kompetens)
14. Upplever du att kulturell kompetens är ett nytt fenomen i talterapeutens arbetsbild?
- a. Ja
 - i. Om Ja: Vad tror du det beror på?
 - b. Nej
 - c. Vet inte
15. Upplever du att kulturell kompetens borde betonas mer i talterapeutens arbete?
- a. Ja
 - i. Om Ja: Hur?
 - b. Nej
 - c. Vet inte

Appendix D Press release letter

Kartläggning av finska talterapeuters upplevelser kring hur mångfald beaktas i talterapitjänster.

Pro gradu-avhandling i logopedi

Institutionen för psykologi och logopedi, Åbo Akademi

Huong Hoangs pro gradu-avhandling syftar till att kartlägga hur talterapeuter upplever att mångfald beaktas i finska talterapitjänster. Resultatet visar att det i stora drag finns en tydlig uppsättning av färdigheter och brister. En av färdigheterna anses vara den egna tillägnade kunskapen via erfarenhet med klienter av kulturell och språklig mångfald. Det här erbjuder talterapeuter möjligheter i att vara uppmärksamma om olika kulturella perspektiv på bl.a. uppfostran, roller och värderingar. Dock blir det här mycket ansvar för den enskilda individen att bära, då många upplever sig sakna ramverk, konsensus och kunskap. Därmed finns det ett stort behov av att institutioner tar ansvar i att säkra att tjänster och praxis utvecklas i linje med mångfalden. Kulturell kompetens verka bero mycket på personliga preferenser och personlighet. Därmed är det viktigt för institutioner att medvetandegöra hur detta kan bidra till risken för skillnader i tjänster som erbjuds.

Denna kartläggning ger en bild på vad som fungerar och vad som behöver utvecklas inom talterapi. Den lyfter även upp utmaningar som många talterapeuter står ensamma med. För att avlasta den enskilda arbetstagaren och säkra att alla erbjudna tjänster är lika kulturellt kompetenta, bör institutioner ta ansvar för att utvecklas i linje med den växande mångfalden.

Sammanlagt deltog fyra talterapeuter, varav två var tvåspråkiga. Alla deltagare arbetade på olika institutioner runtom Nyland. Materialet samlades in via ca. en timmes intervju, där deltagaren reflekterade i bland annat kultur, språk och kulturell kompetens bland talterapeuter.

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