International fieldwork in the age of global aging: fostering intercultural competence through student research and service provision in a residential care facility for older Guatemalans

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To cite this article: Margaret A. Perkinson (2019): International fieldwork in the age of global aging: fostering intercultural competence through student research and service provision in a residential care facility for older Guatemalans, Gerontology & Geriatrics Education, DOI: 10.1080/02701960.2018.1561445

To link to this article: https://doi.org/10.1080/02701960.2018.1561445

Published online: 07 Jan 2019.
International fieldwork in the age of global aging: fostering intercultural competence through student research and service provision in a residential care facility for older Guatemalans

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ABSTRACT

Representing one model of global aging education, international gerontological fieldwork placements provide opportunities to gain firsthand knowledge of the impact of cultural contexts both on the experience of aging and the provision of eldercare. The gerontology component of the NAPA (National Association for the Practice of Anthropology)-OT Field School in Antigua, Guatemala fostered intercultural competence through student engagement in eldercare research and service provision in a residential care facility for older Guatemalans. Field trips to additional medical and gerontological care settings expanded students’ perspectives of Guatemalan health and aging networks. The process of implementing the international gerontological fieldwork model and issues involved in its day-to-day enactment are described, including the development and initial year of the program, its underlying theoretical framework of social and occupational justice, the challenges involved, the trajectory of student involvement in the facility, social dynamics among students and residents, and the final outcomes of our work.

KEYWORDS

Applied anthropology; cultural competence training; occupational therapy; social justice; service learning

To address global aging issues in an increasingly interconnected world, the upcoming cohort of gerontologists must have a strong understanding of and sensitivity to cultural diversity as it impacts later life experience and provision of eldercare (Jackson, 2008; Perkinson, 2013). The NAPA (National Association for the Practice of Anthropology) – OT (Occupational Therapy) Field School in Antigua, Guatemala was established to foster intercultural competence through student engagement in health-related research and service provision while contributing to the well-being of persons inhabiting the field settings. This six-week intensive summer program offers cross-cultural service-learning experiences for graduate students in anthropology and occupational therapy.

The gerontology component of the field school represents one model of global aging education (Perkinson, 2013). The immediate goals of that component reflected the general goals of the field school as realized within a gerontological setting and included: (1) train students in anthropological research methods and the use of research data to inform OT practice within a residential care facility (hogar) for older Guatemalans, (2) contribute to the well-being of members of the field site and address issues of social and/or occupational justice within that setting, and (3) prepare students for future work with diverse populations by fostering intercultural competence.
Impact of study abroad and international fieldwork placements

Impact on students: developing intercultural competence

Growing numbers of students are opting for international study. Studying abroad is linked to a number of positive outcomes, e.g., an expanded world-view, more sophisticated political and social perspectives, increased self-confidence and tolerance of ambiguity, and increased intercultural competence (Clarke, Flaherty, Wright, & McMillan, 2009; Giovanangeli & Oguro, 2016). Participation in international clinical placements results in similar benefits (Boggis, Kelly, Schumacher, Randt, & Erickson, 2013; Suarez-Balcazar, Hammel, Mayo, Inwald, & Sen, 2012).

Intercultural competence, a concept central to the field school, is an ongoing process that involves several dimensions of understanding and action (Browne & Mokuau, 2008; Deardorff, 2006; Hill, 2006): cognitive (i.e., knowledge of one’s own and other cultures), affective (i.e., empathy, respect, curiosity), and behavioral (i.e., appropriate interactions in different cultural contexts) (Bennett, 2009; Lustig & Koester, 2006). This includes the ability to “gather, interpret, and act upon…radically different cues across cultural settings or in a multicultural situation” (Earley & Peterson, 2004, p. 105). Although multiple definitions of intercultural competence exist, all include the ability to interact effectively and appropriately with persons from other cultures based on knowledge, attitudes, skills, and behaviors that reflect sensitivity to and appreciation of cultural differences. Intercultural competence goes beyond a simple accumulation of facts and knowledge of a given culture. It entails the development of a critical cultural self-awareness and subjective exploration and contemplation of other worldviews (Bennett, 2009; Perry & Southwell, 2011). It is best achieved through experiential learning that entails both extended interaction with individuals of other cultural backgrounds and empathy with their lived experiences (Kleinman & Benson, 2006; Perry & Southwell, 2011).

Intergroup contact theory explains how personal encounters with previously unfamiliar customs, environments, people, and/or languages, combined with thoughtful reflection on those encounters, might lead to intercultural competence (Davies, Tropp, Aron, Pettigrew, & Wright, 2011; Perry & Southwell, 2011; Pettigrew, Tropp, Wagner, & Christ, 2011; Pöllman, 2013). Certain conditions increase the likelihood of attaining intercultural competence: (1) equal status among the groups in question, (2) common goals, (3) intergroup cooperation, and (4) support from social and/or institutional authorities (Allport, 1954; Brown & Hewstone, 2005; Pettigrew & Tropp, 2006). Underlying processes by which intergroup contact leads to increased intercultural competence include: (1) awareness, i.e., learning about the other group and alternate worldviews, cultural self-awareness (Bennett, 2009); (2) engagement, i.e., meaningful interactions with group members, development of affective ties or empathy, and reappraisal of attitudes toward and perceptions of the group (Everett, 2013; Pettigrew, 1998; Tausch & Hewstone, 2010); and (3) “bringing knowledge home,” i.e., rethinking life choices, values, and beliefs (Giovanangeli & Oguro, 2016). The field school and its gerontology component offered opportunities for extended personal encounters within various Guatemalan settings and for individual and group reflections on those encounters with the intention of fostering intercultural competence.
Academic and social impact: intellectual foundations and praxis

The field school emerged as a response to parallel developments in both occupational therapy and anthropology. Leading OT scholars have urged colleagues to consider the larger socio-political and cultural issues in which their clients operate (Kronenberg, Algado, & Pollard, 2005), recognizing that social and cultural factors can present barriers to participation in “occupations” (i.e., meaningful and valued activities, not limited to work-related roles) that are just as daunting as barriers posed by physical or cognitive impairments. Occupational therapy’s definition of client has broadened in scope to include community-based interventions, as well as therapies targeting individuals (AOTA, 2014). This expanded vision of the field requires additional knowledge and expertise of a distinctly anthropological nature, e.g., sensitivity to the dynamics of social systems and cultural context, intercultural understandings and collaborations, and the ability to conduct rapid assessments of community needs.

In a complementary disciplinary development, proponents of the growing subfield of public anthropology (Clifford-Hall & Frank, 2012; Lamphere, 2004; Rylko-Bauer, Singer, & Van Willigen, 2006) acknowledge the moral mandate (and alternate employment possibilities) for a more applied and engaged stance in the field. In the subfield of medical anthropology, this entails greater attention to structural inequalities that underlie health disparities (Scheper-Hughes & Lock, 1987).

Following these recent lines of intellectual convergence, the field school emerged as a conscious attempt to bridge the two disciplines of OT and anthropology and foster new modes of collaborations. Employing a transdisciplinary approach, faculty and students explore interconnections among anthropological and OT concepts, theories, methodologies, bodies of knowledge, and approaches to action/practice within the context of various Guatemalan healthcare settings. Espousing “advocacy education,” the field school operates within the conceptual framework of social and occupational justice, approaching health, healthcare, and access to meaningful activities as a human right, and strives to benefit both students, the local community, and the field sites (Clifford-Hall & Frank, 2012; Pollard, Sakellariou, & Kronenberg, 2008).

The gerontology component of the field school extends the “transdisciplinary bridge” by incorporating theory and methods from both anthropology and occupational therapy/science to inform work with older Guatemalans and to reexamine basic gerontological concepts (e.g., successful aging) within a different cultural context.

General background: location, structure, and curriculum of the field school

The country and its challenges

The field school’s orientation to social and occupational justice and human rights is especially relevant in Guatemala, with its extreme social stratification and history of ethnic and class violence. Although the 1996 Peace Accords marked the official end of the Guatemalan Civil War, the aftermath of social disruption continues to haunt. Over half of Guatemalan families (and 76% of Mayan families) live in poverty (Gragnolati & Marini, 2003; Morgan-Taylor, 2008; PAHO, 2007; Perkinson, 2012). Extreme disparities in distribution of land, wealth, and health resources make it one of the most socially and economically stratified countries in the Western Hemisphere (Gragnolati & Marini, 2003). The government lacks resources and facilities to provide adequate geriatric care.
The few existing hogars are supported by religious groups or are privately owned and have minimum regulatory oversight.

**Organization of the field school**

**National organizational base**
The National Association for the Practice of Anthropology (NAPA), a national organization for applied anthropology and subunit of the American Anthropological Association (AAA), serves as the field school’s professional institutional organizational base. Field school faculty members are medical and applied anthropologists and occupational therapists from an international array of universities.

**Local organizational base**
*Tecun Uman*, a local Spanish language school, serves as a critical contact. In addition to providing required language training, it arranges home stays for field school students and faculty, provides reliable and safe long-distance transportation, and offers various cultural excursions.

**Structure and core curriculum of the field school**
Fourteen students, six full-time faculty, and five part-time faculty participated in the field school’s inaugural year. Faculty and students combined represented twelve different universities from the U.S. and Guatemala.

After initial orientation to Guatemala and to Antigua, students began the core curriculum: 12 hours per week of intensive, one-on-one training in Spanish at *Tecun Uman* and review of the political and social history and contemporary culture of Guatemala and its healthcare systems through weekly seminars, field trips, guest lectures, and films. Field trips targeted healthcare sites, (e.g., indigenous healers, rural government health posts, national hospitals, NGO clinics) and local programs (e.g., an indigenous weavers’ co-op, grassroots programs in community development, the founding meeting of an alliance of local NGOs), expanding students’ exposure to Guatemalan life and culture and to its social and health disparities. Living in home stays with local families reinforced language skills and understanding of Guatemalan culture. The group seminars also included discussions and interpretation of students’ fieldwork experiences, providing opportunities for reflection with student peers and faculty.

**The gerontology fieldwork placement**
The fieldwork placements represented the heart of the field school experience. Students worked in teams for 12–15 hours per week within one of three field sites: a pediatric ward within a residential hospital, a Center for Independent Living, or a residential care facility for older adults (*hogar*). The remainder of this article describes the gerontology fieldwork project in its first year of operation to provide an in-depth account of its development. To reiterate, the gerontology fieldwork goals were to: (1) train students in anthropological research methods and the use of research data to inform OT practice within a *hogar*, (2) contribute to the well-being of members of the field site, and (3) prepare students for future work with diverse populations of older adults by fostering intercultural competence.
Faculty accompanied students during fieldwork and responded to questions related to students’ observations (e.g., discussing the use of restraints in the hogar; providing guidance on increasing range of motion for a resident with Parkinson’s disease; giving feedback on interviewing techniques).

The gerontology field team

The first year’s gerontology cohort consisted of five students, one full-time and two part-time faculty members (the gerontological OTs each worked three-week half sessions), and a full-time project translator. All five students, young women from the U.S., had working knowledge of Spanish. Four were completing the second (final) year of their OT master’s degree programs, the fifth was completing a degree in anthropology.

All faculty members had extensive experience in gerontological research and/or practice in residential care. The two OT faculty members were licensed OTs, one with a PhD in public health, the other a PhD candidate in anthropology. The anthropologist had a PhD in human development and aging, specializing in medical anthropology. She directed the gerontology component and supervised its research activities during the six-week period. The project translator had a master’s degree in anthropology and native-level fluency.

The field site

History and physical layout

The director and her brother founded the hogar as a group home for older Guatemalans in need of residential care. After her untimely death, she continued on her own with limited resources to fulfill their joint dream. In 2009, the first summer of our fieldwork, the hogar housed 65 residents. The facility was a walled compound containing two main buildings. The first housed the reception and administration areas, kitchen, isolation room, and laundry room. A gated area contained two bedrooms for men and two for women, each with five or six beds. When not in their rooms, residents congregated in the hallways, where they also dined. The second building was locked to prevent wandering. It contained two very large windowless bedrooms, segregated by gender. Mattresses lined the perimeters of the rooms; each room accommodated approximately 20 residents. The bedrooms opened unto a large enclosed courtyard, where all residents of this building congregated, unless bedridden.

The residents

The 65 residents ranged in age from 60 to 90+ years; most were in their mid-70’s. Residents came from a variety of backgrounds, e.g., school teachers, government officials (including a former mayor), a sports figure, a member of a prominent political family, domestic workers, migrant farm workers, a seamstress.

The 30 male residents represented 46% of the hogar’s population, in contrast to the U.S., where only 29.8% of older adults in residential care are male (Harris-Kojetin et al., 2016). The hogar’s male residents had fewer family visitors. Absence of family support may reflect general patterns in Guatemalan culture and family structure. Due to limited job opportunities at home, younger Guatemalan men often leave their families for extended periods to participate in seasonal migrant work on southern
plantations (fincas). In 2003 approximately 881,300 temporary workers migrated south. Poor health due to unwholesome living and work conditions, coupled with disruption of education and attenuation of family ties from long periods of absence (in some cases, prompting establishment of a second family), diminish the ability of a significant number to contribute to the care of spouses, children, and older relatives. Such neglect places these men at risk for an old age bereft of family support (Perkinson, 2012; Varley & Blasco, 2000). One male resident confided that he had had two families in his earlier years and was now abandoned by both. He noted many of the men in the hogar shared his situation.

Resident charts revealed a range of physical, cognitive, and psychiatric diagnoses, including diabetes, Parkinson’s disease, cancer, arthritis, heart disease, asthma, arthritis, epilepsy, injuries from accidents, deafness, stroke, depression, schizophrenia, and “old age.” Twenty-three residents had some form of dementia; fourteen residents were labeled simply as “well.” While some residents were placed in the facility by relatives unable to maintain their care, others were either abandoned or placed there by court order (usually for the protection of the older adult). Occasionally residents came to the hogar on their own, hacer un regalo or “making a gift” of themselves to the facility’s director.

The staff
The facility employed approximately 25–27 employees, half of whom served as nurses or nurses’ aides, the other half did the cooking, laundry, housekeeping, maintenance, and administration. Numbers fluctuated over time, due to staff turnover. All but two were women. Although staff were dedicated, heavy workloads allowed only basic custodial care. Nursing staff generally worked 12-hour shifts, with two nursing personnel in each of the two main buildings at all times. There were no recreational activity personnel.

Visitors
Resident charts documented seven residents had frequent visitors. Seventeen residents (mostly men) had no visitors and were considered “abandoned.” Visitors were few and infrequent; many residents had little contact with the outside world. The few structured activities (e.g., the rosary prayer group) took place during sporadic volunteer visits. The hogar’s volunteers included students from the local private high school, university volunteers, local church members, and persons leaving various donations of food or clothing.

Conducting anthropological fieldwork
Saint Louis University granted IRB approval. All students passed the Collaborative Institutional Training Initiatives (CITI) Program web-based training in research ethics prior to arrival.

Gaining entry
Initial encounters between gerontology team members and the hogar’s people set the stage for subsequent fieldwork. Our introductions followed basic tenets of anthropological field methods regarding gaining entry and developing rapport and adhered to IRB standards ensuring informed consent. The owner/director’s endorsement reinforced initial credibility and legitimacy.
Project introductions leading to informed consent proceeded in two stages: the first was conducted at the group level upon initial entry into the site; the second occurred one-on-one immediately prior to individual interviews. On our first day, we held three separate group meetings of introduction: one with staff and two with residents. All were invited to attend. We described the proposed fieldwork project, explaining our goals, our daily schedule of activities, the consent process, and length of the project. We explained that we wanted to understand what it was like to live and work in the hogar and would spend several days a week there, observing everyday activities and talking with residents and staff. We would use what we learned to develop individual- and group-level programs and activities for residents that could improve their well-being. We would develop in-service training for staff, on topics such as fall prevention and safe transfers. Each member of the gerontology team introduced herself, providing background information and expressing interest and gratitude for being allowed to conduct the project within the facility.

In addition to conforming to basic tenets of research ethics, this introductory meeting was an important “ice-breaker,” a critical first step in the opening of “communicative space” (Kemmis, 2001) between the gerontology team and the hogar, in which we explicitly discussed and negotiated our roles and personae within the setting. Avoiding identities as gerontology “experts,” we approached residents and staff as valued collaborators. As key informants, they would contribute information and insights into the experience of growing older in Guatemala, specifically in a hogar. Maintaining that communicative space was an ongoing, conscious process, a critical prerequisite for enabling extended interpersonal interactions and the sine qua non for developing intercultural competence.

Residents were accustomed to encounters with visiting medical and mission teams, so our initial foray into the hogar elicited little surprise. What did surprise residents was our continued return, daily, for weeks. The facility’s director quickly dismissed her initial restrictions (e.g., limiting numbers of team members working within the facility at any one time) when she witnessed the team’s dedication and the residents’ positive reactions to them. In spite of language barriers, connections were made. By the end of our first week, the residents’ affectionate greetings, hugs, and kissing of hands were visible displays of successful rapport. The students eventually settled into granddaughter-type roles with most residents and were accepted as part of the daily scene.

**Ethnographic data collection**

Our research goals were to identify and describe individual- and group-level resources that might facilitate “occupational engagement” (active involvement in activities meaningful to residents) and resident needs and barriers to such engagement. Information on resources and needs of residents and, to a lesser extent, staff would inform students’ development of individual- and group-level activities and therapies.

Students learned ethnographic methods, including participant observation, writing field notes, and conducting interviews. A three-stage strategy (Keith, 1986) guided data collection. With each succeeding stage, research grew more focused and structured, informed by data derived from earlier stages.

**Stage one: initial mapping of the site.** Students conducted initial field observations of public spaces at varying times of the day to develop a “map” of the facility. They identified
the “who” (e.g., main categories of persons, social groups, social roles), “what” (e.g., different types of activities), “when” (e.g., how time was divided, general and individual schedules for residents and staff), and “where” (e.g., how physical space was divided up and categorized, different “territories” within the facility, any barriers to accessibility). Stage One data collection thus entailed documentation of general daily observations. Analysis of data acquired during this initial stage of research provided an overall understanding of the context in which residents conducted their everyday lives and was intended to inform site-specific OT practice.

Given the lack of prior research on hogars, an exploratory, inductive approach, i.e., grounded theory, was deemed most appropriate for data collection and analysis (El Hussein, Hirst, Salyers, & Osuji, 2014; Strauss & Corbin, 1990). Students analyzed data individually and in small group meetings, reviewing specific observations in their field notes, proceeding to open-coding (i.e., identifying similar segments of data and labeling them with appropriate terms or concepts) and axial-coding (i.e., identifying underlying relationships, themes, or patterns among the open codes).

**Stage two: focused interviews.** General mapping activities continued as needed, at a reduced level. Stage Two data collection shifted from documentation of general observations of the field site and its inhabitants to more focused observations. Students also conducted informal, semi-structured interviews on daily life within the hogar, to identify resources and needs of both residents and staff (Table 1).

<table>
<thead>
<tr>
<th>Topics</th>
<th>Open-Ended Interview Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical &amp; health-related resources &amp; barriers (questions for administrator and staff)</td>
<td>How does the hogar track health-related information on individual residents?</td>
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<td></td>
<td>Are medical charts maintained? If so, what information is included &amp; who documents it?</td>
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<td></td>
<td>What work-related qualifications (e.g., training, experience, attitudes toward their work) do staff and volunteers possess?</td>
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<td></td>
<td>How does the hogar determine distribution and use of limited resources?</td>
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<td></td>
<td>How are disruptive behaviors and depressed affect among residents interpreted and treated?</td>
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<tr>
<td>Social/interpersonal resources &amp; barriers</td>
<td>To what extent are “outsiders” (e.g., family members, volunteers) involved in the hogar?</td>
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<td></td>
<td>What kinds of relationships exist between residents and staff?</td>
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<td>What kinds of relationships exist among residents themselves?</td>
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<td>Are any individuals isolated or marginalized?</td>
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<td>Do residents assume specific roles within the hogar?</td>
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<tr>
<td>Activity resources &amp; barriers</td>
<td>Do residents engage in meaningful occupations/activities? If so, who does what?</td>
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<td></td>
<td>What factors support/discourage the continuity and expression of previously valued occupations/activities and everyday life skills?</td>
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<td></td>
<td>Does the hogar encourage residents’ engagement in physical activity and affective experiences through music and dancing or routine household tasks?</td>
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<tr>
<td>Cultural resources &amp; barriers</td>
<td>How is “normal aging” defined within the hogar?</td>
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<td>Who is considered to be an especially good example of “successful” aging?</td>
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<td>How do past lifestyles impact current life experiences and the aging process?</td>
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<td>Does this impact differ across class, ethnicity, and/or gender?</td>
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</table>
**Stage three: structured data collection.** The final stage of data collection provided information on individual resident’s health and functional status, their daily schedules and their perceptions of life in the *hogar*, as well as favorite activities and ability to engage in them. This information informed the development of client-based individual- and group-level activity interventions.

Residents identified by the director or staff as cognitively able and who consented to be interviewed were further screened with a brief cognitive assessment, the AD8 (Galvin et al., 2005). Residents scoring 0–1 (“normal cognition”) received questions on their daily activities. They also were given a battery of scales, the Spanish versions of widely-used measures of health, cognitive status, and functional ability, and the Guatemalan Older Adult Interest Checklist (see below). Residents scoring 2 or above on the AD8 (indicating probable cognitive impairment) received only the interest checklist and a health assessment. Results from the AD8 cognitive assessments closely matched those provided by the director and staff.

We initially intended to administer the Canadian Occupational Performance Measure (COPM: Law et al., 1998), a semi-structured interview designed to detect change in self-perceptions of ability to perform specific meaningful activities. Administration of the COPM required the student interviewer and resident interviewee to identify activities within areas of self-care, productivity, and leisure that the resident wanted, needed, or was expected to perform. Based on this information, the resident and student therapist would create client-centered goals for therapeutic interventions. Creators of the COPM warn the scale “may be more difficult to use in cultures that are very hierarchical and where the health professions are seen as the unquestioned authority, or cultures where the notions of distinguishing self-care, productivity and leisure are antithetical” (Law et al., 2004). This proved to be the case during a pilot interview with a resident recommended by the *hogar*’s director. The resident was unable to identify areas of occupational performance (i.e., activities she wanted/needed to do), much less problems encountered in that performance, because (to paraphrase) she claimed, ‘They don’t allow us to do things here. We cannot do things for ourselves; the staff does things for us.’ In addition to using a complicated rating response set, basic assumptions underlying the COPM were contrary to the *hogar*’s cultural definitions of “good” care for residents. We eventually learned that “good” care meant taking care of residents’ needs, as they passively allowed that care to take place. Residents were not encouraged to act on their own regarding self-care or initiating activities. As long as residents sat peacefully in place, all was deemed fine. This did not mean that all residents shirked from addressing their own personal care needs (e.g., dressing or grooming), assisting fellow residents (e.g., in eating or walking), or even assuming quasi-staff roles (e.g., dishwashing). As long as they did not hurt themselves or each other, residents were allowed to do what they wanted. However, for most that meant sitting in the *hogar*’s public spaces and allowing staff to minister to them as needed.

In recognizing the COPM’s misfit, we learned an important lesson that guided subsequent attempts to make OT interventions site-specific and culturally appropriate. Forced to re-examine prior assumptions regarding optimal activity levels and residents’ quality of life, we adopted a more conscious and culturally-sensitive stance toward articulation of fieldwork goals. Those goals were subsequently framed as negotiated processes, rather than formally-stated endpoints, regarding optimal resident participation.

Sensitized to *hogar* norms, we sought to further clarify our goals with the administrator and staff and to identify and negotiate possible areas of disagreement regarding resident
care and engagement. While she did not oppose our plans for OT interventions, the director and, to a lesser extent, staff, were skeptical that residents would participate in our proposed activities. Undaunted, we proceeded to develop a site-appropriate assessment tool to identify activities meaningful to residents. Studies of cognitive aging indicate older adults have greater ease with tasks of recognition compared to free recall (Craik & McDowd, 1987; Danckert & Craik, 2013). Rather than asking residents to recall preferred activities/occupations in the manner of the COPM, we developed a checklist that named potential activities and required a simple “yes” or “no” response to indicate the resident’s past or current interest in participation. The list contained items from various activity preference checklists for older adults (Carpenter, Van Haitsma, Ruckdeschel, & Lawton, 2000; Teri & Logsdon, 1991) to which we added culturally- and age- appropriate items (e.g., making tortillas). After pre-testing and modifying as needed, we added the Guatemalan Older Adult Interest Checklist to our battery of assessments.

**OT practice: developing and implementing interventions**

Research melded into practice as students collaborated with staff and residents to identify and prioritize their OT practice plans. Data from all three research stages informed development of resident- and site-specific OT programs. We identified optimal times (i.e., mornings) and spaces for group activities. We strategized how best to present activities and interventions and how to motivate residents to participate. We were sensitive to the various physical and cognitive limits identified in interviews and medical charts and planned accordingly, identifying individual residents who could benefit most from individualized OT. Based on responses to the Guatemalan Older Adult Interest Checklist, we identified types of activities of greatest interest to residents.

Based on the research data and feedback from the team’s OT faculty, students developed and implemented group activities that included: exercising, painting, cooking, playing bingo and various other games, and working with beads and other crafts. Activities were tailored to meet the needs and abilities of the greatest number of residents and allow safe and successful engagement. For example, the exercise program was performed while seated. Students scheduled activities, invited and motivated residents to participate, provided clear and simple instructions and demonstrations, monitored for safety, and encouraged and gave appropriate feedback throughout the duration of the activity.

Daily group activities continued for the remainder of the summer and were held in public spaces of each building. Numbers of participating residents grew over time. Participation took two forms: active engagement in designated activities and passive engagement through observation of activities from afar. Those unable or unwilling to be physically active still were interested in watching their neighbors perform exercise routines. One severely depressed and isolated resident (whom we discovered was a former basketball player) was coaxed to emerge from her bedroom to engage in a ball tossing game, which turned into a “basketball” game when a student circled her arms to simulate a basketball hoop. This first step led to the resident’s growing participation in exercise programs, and she eventually assumed the role of exercise group leader. The hogar’s administrator and staff members observed the various individual activities and group programs and were pleasantly surprised at residents’ levels of participation.
Each student also maintained a caseload of two or three residents, addressing their physical, cognitive, psychosocial, and/or occupational needs by developing individualized, client-based, one-on-one therapies. For example, two students chose to work with Dulce, a depressed, bedridden woman diagnosed with Parkinson’s disease, who spent her days isolated and alone in her room. Dulce tearfully told the students that she felt ‘trapped in her own body.’ Under the supervision of the faculty OT, the two students developed a care plan and patiently worked with her, first engaging in passive range-of-motion exercises, progressing to standing, walking with assistance, and eventually playing a game of rolling a ball back and forth on a table. After she had made significant progress, Dulce surprised her daughter during a visit by standing up and dancing with her, bringing the unsuspecting daughter to tears.

With OT faculty oversight, students provided staff in-services on body mechanics to promote safe lifting and on fall prevention. They processed their experiences and planned future activities through daily group discussions with the OT faculty supervisor and personal reflections on their work.

Students developed materials to support continuation of activities (e.g., a binder with instructions for each group activity and a poster illustrating exercise routines). They also provided in-service training to staff on all group programs.

At the end of our six weeks in the hogar we held a farewell party, attended by residents from both buildings and the staff. Each student gave a brief speech to the group, expressing gratitude for the time spent with residents and staff. When one student, overcome with emotion, halted in her presentation, three residents in the front row initiated chair exercises in a show of support. One resident, a former boxer of some repute, recited a poem to commemorate the occasion. We passed around cake and punch, which all enjoyed. In a relatively short time, the students clearly made an impact on daily life in the hogar and developed strong bonds with many of its residents. When the second-year field school’s gerontology team returned the following summer to resume work in the hogar, the residents gave them an enthusiastic welcome, asked about students from the previous summer by name, and seemed eager to resume the activities.

**Results**

Structured as a service-learning experience, the objectives of gerontology fieldwork were multi-dimensional, with intended impact on both individual- and group-levels. Specific objectives included: developing students’ research and clinical skills while working with older adults of different cultural backgrounds; contributing to the health and well-being of hogar members while addressing issues of social and occupational injustice; and preparing students for future work with diverse populations by fostering intercultural competence. Preceding sections described activities designed to achieve those objectives. The following provides assessments of students’ research and clinical activities and the extent to which those activities achieved designated objectives.
Documentation and assessment of research and clinical skills

Evaluation of research skills in data collection and analyses

The anthropology faculty member conducted observational assessments of students’ research skills, monitoring research interactions and reviewing field notes and analyses. Evaluation criteria included: mastery of the mechanics of field observations (e.g., determining which components of a setting to observe, committing those observations to memory for later write-up, writing descriptive field notes that document essential elements of observations); informal and in-depth interview skills (e.g., ability to gain informed consent, develop rapport, formulate appropriate questions, employ probes effectively to elicit detailed responses, keep an interviewee “on target” and prevent tangential remarks, document the interview in appropriate detail); clarity and detail of field notes and the coding and analyses of those notes; and appropriate use of data to direct follow-up field observations and interviews. All students successfully completed their assigned research tasks and made observable progress in developing research skills.

Evaluation of clinical skills in developing and executing individual and group interventions

The OT faculty members based their mid-term and final assessments of students’ clinical fieldwork on extensive observations of student engagement at the field site and one-on-one evaluations with each student, using the Fieldwork Experience Assessment Tool (FEAT) (Atler et al., 2001). Endorsed by the American Occupational Therapy Association (AOTA), FEAT is widely used to evaluate advanced OT internships. The instrument focuses on attitudes (e.g., the extent to which the student is an active learner, shows initiative, is non-judgmental, is flexible/tries alternate approaches) and on behaviors (e.g., the extent to which the student used knowledge and skills with clients, assumed responsibility as an OT, incorporated feedback, worked as a team member, reflected on fieldwork experiences). All students showed progress between the time of the mid-term assessment and the final evaluation, and all received high marks in their final evaluations.

Contributions to the well-being of the field site and its members

Students’ work with residents through group activities and individualized therapies and with staff through in-service training contributed to the well-being of members of the hogar. In addition to the direct impact on residents’ physical and mental health and increased work-related knowledge and skill-building among staff, the students’ fieldwork had subtle, but perhaps more long-ranging effects on attitudes toward participation in occupations and rethinking residents’ potentials. At the start of our time at the hogar, both the facility director and staff members expressed doubts that residents would engage in the proposed activities, and at least one resident expressed an inability to participate in the ways we envisioned as a result of those doubts. The director and staff frequently watched interactions among students and residents from a distance and were surprised and pleased to observe increased levels of engagement and positive responses of residents, even among those who typically avoided social contact.
**Interpersonal processes and developing intercultural competence**

Fieldwork assignments were structured to maximize student engagement in interpersonal interactions, activities, analyses, and reflections conducive to development of intercultural competence. While many standardized assessments of cultural competence exist (Gabrenya, Griffith, Moukarzel, Pomerance, & Reid, 2012; Griffith, Wolfeld, Armon, Rios, & Liu, 2016), we chose a qualitative approach to evaluation, i.e., in-field observations by gerontology faculty and self-assessment by students (Jackson, 2005). Gerontology faculty (as well as residents, director, and staff) acknowledged students’ sensitive and competent interactions with members of the site.

An exit survey, consisting of a 20-item scale and open-ended questions, provided student feedback on specific aspects of the field school (e.g., application process, orientation, field trips, etc.) and their general evaluation of the program and its impact. Average scores on select scale items are included in Table 2.

Because the survey was anonymous, scores listed in the table reflect averages of all 14 field school students. Although this was the first year of operation, scores reflect a high level of satisfaction.

Some students chose to identify themselves as authors of their qualitative statements. With their permission, responses of gerontology students are included below:

“In participating in the field school, I have become more culturally aware and sensitive to the people I am working with... If you are passionate about making a difference in the world and learning about other cultures, then this field school is for you.”

“I really enjoy the School and I would do it again. But don’t go down there thinking you will make a big change. It’s mostly you who changes, and if you better someone else’s life while you’re down there, that’s a bonus.”

“The field school gave me insight about people, OT, life, and myself that cannot be taught in a classroom or learned by reading a book. I have a different perspective on life and culture both. I have connected with others that I normally would not have and can appreciate the positive change the experience has provided me.”

“Although it was different than what I expected, I appreciated the opportunity to learn and grow both professionally and personally, i.e. increasing my cultural sensitivity, gaining knowledge of anthropology, working as a part of a multidisciplinary team.”

“My ability to impact the quality of life of the population I worked with was a memorable part of my learning experience. However, the impact they have made on me is difficult to articulate. I will forever be changed.”

<table>
<thead>
<tr>
<th>Item</th>
<th>Average Score*</th>
</tr>
</thead>
<tbody>
<tr>
<td>The field school provided a worthwhile learning experience:</td>
<td>9.4</td>
</tr>
<tr>
<td>The field school has had a positive influence on my career goals:</td>
<td>9.5</td>
</tr>
<tr>
<td>I would consider returning to the field school in the same or another field site – as a student or part of the faculty or staff:</td>
<td>9.6</td>
</tr>
<tr>
<td>I would recommend this program to others in my department, graduate program, university, or profession:</td>
<td>9.4</td>
</tr>
<tr>
<td>I have grown personally and/or acquired new life skills as a result of participating in the field school:</td>
<td>9.6</td>
</tr>
</tbody>
</table>

*On a scale from 1–10, with 10 indicating highest level of agreement.
Discussion

Intercultural competence entails the ability to interact effectively and appropriately with persons from other cultures, based on knowledge, attitudes, skills, and behaviors that reflect sensitivity to and appreciation of cultural differences. Awareness and appreciation of cultural differences requires effort. The ubiquitous nature of culture ensures that it seldom comes under conscious examination. A frequently cited analogy, “Culture is to humans as water is to fish,” helps one appreciate that “...it is hard to see your own culture when you are in the midst of it” (Pusch, 2009, p. 71). Extended and meaningful engagement with members of other cultures and intensive reflection on those interactions are crucial to the development of cultural self-awareness and intercultural competence (Giovanangeli & Oguro, 2016). Training in ethnography represents an effective way to structure such encounters and reflections, maximizing the likelihood of increased sensitivity to cultural difference and ability to competently engage in a manner appropriate to local cultural norms (Kleinman & Benson, 2006; Ogden, 2006). Students’ ethnographic interviews, participant observation, and therapeutic interventions required extensive engagement in the everyday life of the setting and its participants. Through reflection on their experiential knowledge of the hogar, students attempted to understand the “local world” (Geertz, 1983) of the field site from the perspective of its participants. Training in anthropological fieldwork and in the use of research findings to inform OT practice within the facility was designed to hone students’ observational, analytic, clinical, and reflective skills and to facilitate processes (i.e., increased awareness, engagement, and reflection) conducive to the development of intercultural competence.

Our initial interactions with residents and staff revealed basic differences in understandings of “successful aging,” “quality of life for older adults,” and “good eldercare.” A general perception of later life as a “time to rest” and of older adults’ earned right to relax served as guiding principles for eldercare in the hogar. Whether this reflected generally shared norms regarding old age in Guatemala or justification for staff’s primary focus on custodial care due to excessive workloads is unclear. Residents seemed to share this perspective. With a few striking exceptions (i.e., residents who served as “quasi-staff”), most spent their days seated in silence prior to student-initiated activities. While this situation may be seen as a combination of occupational injustices, e.g., “occupational deprivation” (denial of resources and opportunities to allow access to occupations), “occupational alienation” (having to participate in occupations that are personally meaningless and void of recognition or reward), “occupational marginalization” (lack of power to exercise occupational choice), “occupational imbalance” (being occupied too much or, in this case, too little to experience empowerment and meaning), and/or “occupational apartheid” (segregation of a group on the basis of a given criteria such as age or physical/mental functioning and denial of access to meaningful participation in occupations as a result) (Barney & Perkinson, 2016; Kronenberg et al., 2005; Stadnyk, Townsend, & Wilcock, 2010), the gerontology team began work with caution. Respecting the cultural milieu of the hogar, we refrained from using U.S.-based definitions of “successful” or “productive” aging to guide our work. Based on extensive ethnographic investigations (e.g., identifying preferred activities of residents through the activity checklist, conducting in-depth resident interviews), students worked within a client-centered framework, basing occupational goals on previously unacknowledged preferences of residents. Student-initiated activities
provided opportunities to engage in occupations defined by residents as meaningful. Participation in such activities introduced new “occupational possibilities,” i.e., “ways and types of doing that come to be viewed as ideal and possible within a specific sociohistorical context,” the shared and taken-for-granted notions of what people think they can and should do (Perkinson & Barney, 2016; Rudman, 2005, 2006).

**Conclusion**

Fieldwork in a residential care facility for older Guatemalans provided meaningful trans-disciplinary opportunities in both research and practice. Students made significant progress developing skills in data collection and analysis, assessing institutional and personal resources within the facility, and developing and employing clinical skills to support culturally sensitive, client-centered and community-based practice informed by their research. The fieldwork placement provided opportunities to gain firsthand knowledge of the impact of cultural context both on the experience of aging and provision of eldercare. This placement also provided opportunities to make significant contributions to the fieldwork site and its participants.

Benefits of the gerontology fieldwork placement extended beyond acquisition of research and clinical skills. Prolonged firsthand engagement with hogar residents provided exposure to and experience of a life world in great contrast to that of the students. Continued encounters with persons operating under culturally different assumptions forced students to re-examine their own cultural assumptions and assume “an attitude of inquiry,” embracing the “underlying and continued challenge of living in the world as a question” (Marshall & Reason, 2008, p. 62; Wicks & Reason, 2009). Intensive immersion in a different cultural environment did not permit a “business as usual” mentality to daily activities and encounters. It required a heightened awareness that can be mentally and even physically exhausting.

Some proponents of international student fieldwork (Ouma & Dimaras, 2013) suggest that meaningful measures of its impact should focus less on specific tasks completed and outcomes achieved, and more on the interpersonal processes and personal development that occurs among program participants. As reflected in their evaluations of the field school experience, students were very aware of their changed perspectives, and acknowledged (sometimes with strong emotions) a fear that such perspectives might slip away once they left Guatemala.

It was clear that they left their mark on the hogar, transcending what is sometimes termed “student development tourism” (Clifford-Hall & Frank, 2012; Hudgins, 2010) that characterizes some student programs abroad. In our brief, but very intense, six-week encounter with the world of the hogar, we could not expect to solve its varied problems. We did, however, develop significant relationships with residents and staff, offered them a glimpse of alternate possibilities, and provided staff and select residents training and encouragement to pursue the continuation of at least some of our gerontological OT programs.

**Acknowledgments**

I wish to thank my fellow faculty members of the NAPA-OT Field School in Antigua, Guatemala: Gelya Frank, Devva Kasnitz, Nancie Furgang, Rachel Clifford-Hall, Keri Brownson; my first year gerontology students: Adrianne Jones, Abby Mell, Cathy Nunez,
Kaitlin Rooney, Lacy Yacko; the gerontological occupational therapists Karen F. Barney, Jane Yatzak, Sue Coppola; my field assistant and translator: Ellen Ziegemeier; the residents, staff, and administrator of Casa Maria; and the administration of Common Hope.

**Funding**

Funding for the initial year of fieldwork was provided by the Ruth M. & Francis A. Stroble Charitable Foundation.

**References**


