

Physiotherapists' perceptions of clients from culturally diverse backgrounds

Teresa S. Lee^{a,*}, Gerard Sullivan^b, Gwenda Lansbury^a

^a School of Physiotherapy, University of Sydney, PO Box 170, Lidcombe 1825, Australia

^b Faculty of Education and Social Work, University of Sydney 2006, Australia

Abstract

Objectives The aim of this study was to identify the perceptions, attitudes and beliefs of physiotherapists towards clients of non-English-speaking backgrounds.

Design Qualitative methods of semi-structured interviews and observations were used to conduct an exploratory study.

Setting Three hospitals in New South Wales, Australia.

Participants Six physiotherapists from the hospitals were interviewed and other physiotherapists were observed.

Results Some participants acted towards clients from cultural minorities based on stereotypes, whilst other participants with limited cultural knowledge incorrectly presumed that they were proficient at cross-cultural interactions. Cultural assimilation was favoured by one physiotherapist.

Conclusion Physiotherapists need to be aware of their own cultural biases, and be willing to undergo a change within themselves to interact effectively and provide quality care to clients from non-English-speaking backgrounds.

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Keywords: Physiotherapists; Immigrants; English; Culture; Communication

Introduction

Cross-cultural interaction is increasingly common as societies become more multi-cultural due to migration, the globalised economy, travel and communications. Similar to a number of immigrant-receiving countries, Australia is a multi-cultural society consisting of people born in over 160 countries, many of whom are not fluent in English. Australia's social policy has changed over past decades from segregation of ethnic minorities to assimilation, to integration, to cultural pluralism [1]. Cultural pluralist policy recognises the enduring quality of cultural backgrounds and values cultural diversity. Examples of manifestations of these policies include the provision of interpreters and health information in a variety of community languages. This is in contrast to earlier policies under which immigrants were expected to learn

and adopt the dominant language and cultural practices of the host society. Cultural pluralism demands personal and professional changes in daily interactions with people of other cultures.

Cultural diversity has implications for health professionals in their workplaces. Physiotherapists' perceptions of different cultures affect their treatment delivery and expectation of clients [2,3]. Their ability to adapt and respond appropriately in cross-cultural interactions is determined by personal cultural experiences, values and biases [3,4]. As quality of care for all clients is the ultimate goal of the Australian health-care system, cultural competence is an essential skill for the successful practice of physiotherapy. People from other cultures may find physiotherapy to be a foreign concept, and have different needs and expectations of the profession [2]. Although efforts are being made in Australia and other countries to accommodate people of diverse cultural backgrounds in health care, healthcare systems often cater best for those in the majority. In Australia, health care remains primarily oriented towards English speakers and Western values and

* Corresponding author. Tel.: +61 2 9687 0900;
fax: +61 2 9351 96010.

E-mail address: tle8503@mail.usyd.edu.au (T.S. Lee).

lifestyles [5]. Therefore, it is not surprising that the healthcare system presents substantial barriers to clients from other cultures. The rigidity in referral processes, logistics of arranging appointments, and the clinical environment in which health care is delivered may not only be foreign, but can be a frightening experience for some clients who may be first-time consumers of Western health care. Health professionals are obliged to deliver safe, effective and culturally sensitive care, so that clients can feel they are able to use the Western health service without risk to their own culture [5,6]. While it is generally recognised that healthcare workers need to have an appreciation of possible differences in cross-cultural care [2,3,5,7,8], there is currently a paucity of research examining this issue of cultural competence in physiotherapy. The aim of this study was to identify the perceptions, attitudes and beliefs of a group of physiotherapists towards clients of non-English-speaking backgrounds.

Methods

Qualitative research methods using semi-structured interviews were conducted in this study. An advantage of this method is flexibility to pursue lines of enquiry that arise during an exploratory study, thereby maximising validity [9]. An interview guide was formed after the first interview to allow the interviewer to concentrate on a broad list of topics relevant to the study. The interview guide was subsequently refined with each interview to focus on new issues raised. Semi-structured interviews allowed the researcher to direct the interview, yet adapt questions and clarify ambiguous issues.

The interview questions focused on physiotherapists' professional practice in relation to clients who do not speak English. They were asked to describe typical experiences, how they communicate with these clients, about their experiences in collaborating with interpreters, and for ideas about improving treatment for clients from culturally diverse backgrounds [10]. In eliciting this information, views of participants towards ethnic minorities were often expressed and these are reported in this article.

Observations and interviews were conducted in the physiotherapy departments of three hospitals located in Central Sydney, Northern Sydney and Hunter (Newcastle) Area Health Services where one of the authors (T.S.L.) was a student physiotherapist. Opportunistic observations were recorded to allow a deeper understanding of the interaction being studied, and to gain insight into actions that were not reported in interviews. Field notes were recorded at the end of each day over a 12-week period while the research was being conducted. These supplemented the accounts elicited in the interviews and increased the validity of the study. This study was exploratory, and produced preliminary findings that provide insight and which may be used as the basis of a larger quantitative study.

The aim of sampling was to maximise the range of informants in terms of background, education, area of work, sex

and age. Purposive sampling is used in qualitative research to select participants who can provide extensive information regarding the area of interest [10]. In this study, five physiotherapists were invited to participate in the study and one volunteered after learning of the study. All those invited agreed to participate and all had experience with healthcare interpreters. The physiotherapists working in Central and Northern Sydney had the most experience with healthcare interpreters. On average, collaboration with healthcare interpreters took place once a fortnight. The physiotherapists employed by the Hunter Area Health Service had the least experience with healthcare interpreters, using them only once every few months. Written consent was obtained from all participants. Participants and the physiotherapy departments in which they were employed were informed about the nature of the study and consented to participation.

The physiotherapists who participated in the study (five females and one male) ranged from 26 to 53 years of age. Three of the physiotherapists were born overseas and had emigrated to Australia between 6 and 27 years previously. The professional experience of the physiotherapists ranged from 1 year to 22 years. Two of the physiotherapists were trained abroad in countries where English is widely spoken, one was trained interstate, and three were trained at the University of Sydney.

Pseudonyms are used in this report to maintain the participants' confidentiality. A good rapport had already been established with participants Beryl, Jane, Meg, Dean and Kim prior to the interview as the interviewer (T.S.L.) had worked in their physiotherapy department during her student placement. Gillian was the only physiotherapist who was unknown to the interviewer prior to the interview. Hence, a few additional minutes were spent before the interview to introduce the study. On average, each interview was of 45 minutes duration.

All participants were aware that the interviewer was of Australian-Chinese background. Some participants may have assumed that the researcher was biased towards immigrants in Australia and accordingly may have altered their responses to appear sympathetic or favourable to ethnic minorities. On the other hand, some participants may have seen the interview as an opportunity to express their views towards ethnic minorities. The interviewer was a student physiotherapist and developed good rapport with the participants prior to each interview, which may have led to more truthful responses by participants. It is also possible that some participants may have felt defensive or reserved when responding to questions about their cultural knowledge or competency in working with clients from non-English-speaking backgrounds.

All interviews were tape recorded and transcribed into a word processing program. Themes were identified and coded according to the principles outlined by Miles and Huberman [11] and Browne and Sullivan [12]. These categories or themes were not determined a priori, and emerged from the interviews as the content of each interview and the field notes were compared and contrasted. An important part of

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