Journal of Physiotherapy 62 (2016) 121–123

Journal of PHYSIOTHERAPY

journal homepage: www.elsevier.com/locate/jphys

Editorial

Culturally informed practice and physiotherapy

Bernadette Brady [a], Irena Veljanova [b], Lucinda Chipchase [c]

[a] Departments of Pain Medicine and Physiotherapy, Liverpool Hospital; [b] School of Social Science and Psychology, Western Sydney University; [c] School of Science and Health, Western Sydney University, Sydney, Australia

Australia is culturally diverse, with more than half (52.2%) of the population born overseas or having at least one parent born overseas.[1] Since 2005, migration has been the main driver of Australia's population growth, contributing approximately 60% of overall growth.[1] While historically the bulk of Australia's overseas-born population comprised migrants from Anglo-Celtic descent, the dismantling of the White Australia Policy four decades ago heralded a new era of more inclusive migration policies. This saw a sustained rise in the proportion of migrants to Australia from non-English speaking countries.[2] The combination of Indigenous populations and the long history of immigration has created a culturally rich and diverse Australia.[2] The growth in migrants and refugees, many of whom have been displaced due to conflict and persecution, has fuelled debate about the preparedness of plural societies like Australia for the challenges associated with such cultural diversity. One challenge is health system responsiveness; specifically, health systems must be responsive to the social, economic and cultural factors underpinning disparities in health for patients from culturally and linguistically diverse backgrounds. With international migration continuing to rise, it is timely to consider whether Australian health professionals, including physiotherapists, are equipped to deliver culturally responsive healthcare.

Culturally responsive healthcare, an extension of patient-centred care, ensures that attention is given to social and cultural factors during therapeutic encounters by exploring the beliefs and values that underpin the illness experience.[3] A number of terms have been used, often interchangeably, to describe culturally responsive healthcare or practice, such as cultural competency and cultural safety.[3,4] Broadly, these terms describe the attributes required by health professionals to engage effectively with health consumers from culturally diverse communities.[3,4] Our national physiotherapy competency standards cite cultural competence, cultural responsiveness and cultural safety in four of seven requirements for physiotherapists.[5] Further, accreditation standards for physiotherapy entry-level programs require teaching of skills necessary for culturally responsive physiotherapy practice.[6] Thus, the profession clearly recognises the importance of culturally responsive practice. However, given that cultural responsiveness is not a static competence to be achieved once, but a continually evolving process, it is reasonable to question whether we are delivering culturally responsive care. If not, where do physiotherapists receive guidance regarding how to implement practices responsive to the changing demographics of the Australian population?

Culture, illness and health

To understand what is required to achieve culturally responsive practice in contemporary multicultural Australia, we must first explore the concepts of culture, illness and health. Culture describes the learned values, behaviours and beliefs that are shared by members of a particular social group.[7] At any point in time, an individual can concurrently identify as belonging to more than one social group, including, but not limited to: ethnicity, gender, social class, role category or sexual orientation.[7] This intersectionality of belonging makes the culture of an individual dynamic and constantly evolving. Ethnoculture – the culture related to ethnic group belonging – is the cultural dimension of particular interest when discussing culturally and linguistically diverse communities. This term encompasses groups united by commonality in language, nationality, race, historical origin and/or religion.[7] An individual's ethnoculture frames how they perceive, experience and engage in health and illness. However, while beliefs and practices are shared by ethnocultural communities, there is considerable intra-cultural variation that is influenced by the social, economic and political circumstances within which an individual exists.[7] When considering the multiple dimensions that underpin an illness experience, it is not surprising that differences have been observed across ethnocultural groups.

Cross-cultural comparisons emphasise that the way illness is reported, portrayed and managed is different between ethnocultural groups. In pain medicine, this manifests in contrasting self-reported symptoms and behaviours, whether in response to comparable medical and physical examination findings, or to identical experimental pain stimuli.[8] An example is the ethnocultural variance observed during childbirth. Some ethnocultures do not frame labour pain as natural and seek to ablate it, while for others, pharmacological interventions are rejected.[9] Further, some ethnocultures are verbally expressive of symptoms such as pain, while for others it shameful to express pain, with silence being considered a sign of strength.[9] Using this example, we see that for the same physical experience (childbirth), there are varied ways in which the experience is interpreted and expressed. This highlights that a person's cognitions, emotions and behavioural responses to health and illness are framed by cultural experiences. Therefore, if physiotherapy assessments and treatments do not account for these different cultural constructions, how can they be culturally responsive?

Is the physiotherapy profession accounting for cultural diversity?

To evaluate whether the physiotherapy profession recognises the influence of ethnoculture on health and disease, we must consider three aspects of the profession: entry-level education, research evidence and experiences in clinical practice.

Entry-level education

Entry-level physiotherapy programs are required to include learning outcomes that focus on culturally responsive and patient-centred physiotherapy practice. From a review of Australian university websites, entry-level programs address this requirement via units of study focused on Indigenous health and/or the social determinants of disease. While such content is invaluable, compartmentalising information into dedicated units means that these skills are often viewed as abstract and may not be integrated into physiotherapy practice.[10] In fact, physiotherapy students perceive that their learning about ethnoculture comes from interactions with culturally diverse people, rather than from dedicated units of study, questioning the value of such units.[11] Therefore, it is necessary that physiotherapy programs embed cultural responsiveness skills within all aspects of the curriculum. For example, it would be valuable to have students exposed early in their training to cross-cultural communication and culturally informed assessments, as well as provided with opportunities for experiential learning. This could include learning activities integrated with students and community members from a variety of ethnocultural backgrounds.

Research evidence

There is a lack of published research in physiotherapy that is inclusive of culturally and linguistically diverse communities.[12] A literature search of key physiotherapy journals between 1994 and 2014 found that $<$ 3% of publications raised an issue related to culturally and linguistically diverse health and physiotherapy practice.[12] Therefore, while some individual physiotherapists and practices may be operating in culturally responsive ways, these approaches are not widely disseminated. Clinicians require support by researchers and academics to evaluate and replicate their culturally responsive services. Further, publication of such practices will ensure that all physiotherapists have access to an evidence base that is relevant to Australia's culturally diverse population.

Experiences in clinical practice

In the absence of evidence, many physiotherapists will be guided by their personal experience with ethnoculturally diverse communities or the experience of more senior colleagues.[13] However, these experiences may not always facilitate culturally responsive practice. For example, there is evidence that physiotherapists operate with perceived ethnocultural stereotypes, display limited cultural sensitivity and hold assimilation beliefs.[14,15] This may influence the quality of care provided to consumers from culturally and linguistically diverse backgrounds. In addition, physiotherapists are among many health professionals who underutilise health interpreters for consultations and may display negative attitudes towards health interpreting services.[16,17] While these behaviours may be limited to a few practitioners, they highlight the need for professional development.

Towards culturally responsive practice

There is a clear need for health professions, including physiotherapists, to be culturally responsive. Arguments for cultural responsiveness lie in the disparities in health outcomes for patients from culturally and linguistically diverse communities.[18–20] Evidence suggests that these disparities are exacerbated by culturally insensitive practices, such as inadequate communication, limited ethnocultural knowledge, prejudice and practitioner ethnocentrism.[19,20] Therefore, as a start to what we hope is an ongoing dialogue within the profession, we provide suggestions to guide culturally responsive practice for physiotherapists. Importantly, fundamental steps towards enhancing culturally responsive practice have already been taken, including the profession's acceptance of the biopsychosocial model. This model is optimal for delivery of culturally responsive care by recognising that health is influenced by psychological and social factors.[21] When applied, this model positions the patient as the focus of the encounter, with their own unique narrative and interpretation of their presenting illness. Considered enquiry into the patient's narrative will unravel the ethnocultural, social and environmental experiences that shape and frame a patient's understanding of their health concern. We therefore commend the research being done to address some physiotherapists' reluctance to adopt the biopsychosocial model.[22] However, additional steps could be undertaken to optimise culturally responsive practice, as outlined below.

The use of professional health interpreters over informal interpreters enhances accuracy of communication and discussion of sensitive topics.[23] However, interpreters alone do not bridge cross-cultural communication gaps. Cross-cultural differences in verbal and non-verbal communication should be elucidated to reduce the likelihood of misunderstandings.[24] For example, physiotherapists should be aware of nuances that exist in their language and that colloquialisms, such as 'no pain, no gain', may be misinterpreted by patients from other ethnocultural and language backgrounds. Further, providing physiotherapists the opportunity to view diverse communication styles, perhaps through vignettes or simulation models, may facilitate appreciation of cross-cultural differences with respect to pauses/silences, eye contact, body language and spatial distancing. Such modules could be incorporated into professional development activities conducted by the Australian Physiotherapy Association to ensure that physiotherapists have access to ongoing development during their careers.

In order to enhance the therapeutic relationship, cultural mismatches between physiotherapists' and patients' understanding of health and disease need to be identified and addressed. Physiotherapists should familiarise themselves with common beliefs and practices held by the communities they service, recognising that there is intra-cultural and inter-cultural variation. In addition, reflection on their own personal and professional cultures and associated biases is important.[24] A variety of strategies could be applied, including education by, and involvement with, ethnocultural community leaders, particularly those from the communities in which their practice is embedded. Further, utilisation of previously developed self-assessment tools, such as the Implicit Association Tests developed by Greenwald et al,[25] to evaluate unconscious thoughts or feelings about a particular ethnocultural group may also be useful. The results of such tests reflect biases in intergroup social interactions and can encourage therapist reflection regarding how their perceptions may influence decision-making.

There are differences in the explanatory models of health and illness held by members of different communities. In many Western societies, such as Australia, the biopsychosocial model is the current focus. For other ethnocultures, however, there are different models of health and illness, such as the notion of balance and imbalance, and the Chinese 'yin and yang' theory.[24] Therefore, to understand the illness perspective of a particular patient, the therapist must enquire about and attempt to understand the cultural explanatory model of health that the patient brings to the encounter. This may be achieved during the physiotherapy assessment by incorporating elements of ethnocultural interviewing, such as questions surrounding: ethnicity, migration history and experience, religious and dietary practices, and the patient's understanding of the meaning and cause of their condition. Such approaches need to be undertaken with sensitivity and respect, so as not to increase marginalisation of patients from culturally and linguistically diverse backgrounds, provoke underlying stresses or fracture the therapeutic relationship.

Physiotherapy interventions should also account for a patient's ethnoculture. Consideration of cultural barriers such as the inappropriateness of manual therapy in some ethnocultures,[24] and strategies to enhance therapy effectiveness when differences in explanatory models of health and disease exist.[26] This may include delivery of interventions in group settings or engagement with

family members with communities that are collectivist in nature. Similarly, physiotherapists promoting patient self-management may wish to consider how this is framed for patients who may be more fatalistic in their beliefs.[24] Finally, discussing the therapeutic options and their implications should be performed with consideration of the patient's role within their ethnocultural community. Importantly, modifications to therapy should be performed on an individual basis and only after establishing the relationship between a patient's ethnocultural group membership and their illness presentation. Approaching culturally adapted treatments in this manner will ensure that physiotherapists avoid stereotyping patients based on assumed ethnocultural identity.

In conclusion, the capacity of physiotherapy to meet the needs of multicultural Australia is dependent on the profession's capacity to implement culturally responsive practices. Recognition of this emerging need should extend beyond competency statements and professional standards, and include all levels of physiotherapy practice. Entry-level programs may require redesign to ensure that students develop the necessary skills for practice in multicultural societies. Professional development activities should address the delivery of physiotherapy assessments and treatments within a multicultural society, thereby equipping therapists with the skills to deliver culturally responsive healthcare. Such approaches require support and engagement from all levels of the profession, from the student physiotherapist to senior members. Finally, greater recognition of culturally responsive practice should be reflected in research priorities of the profession that promote and support research inclusive of culturally and linguistically diverse communities.

Ethics approval: N/A
Competing interests: Nil.
Source(s) of support: Nil.
Acknowledgements: Nil.

Correspondence: Bernadette Brady, Departments of Pain Medicine and Physiotherapy, Liverpool Hospital, Australia. Email: Bernadette.brady@sswahs.nsw.gov.au

References

1. Australian Bureau of Statistics. *Perspectives on Migrants*. March 2013. www.abs.gov.au/ausstats/abs@nsf/Latestproducts/3416.0Main+Features2Mar+2013. Accessed 20 February 2016.
2. Department of Immigration and Border Protection. *Australia's Migration Trends 2013-2014*. 2014. https://www.border.gov.au/ReportsandPublications/Documents/statistics/migration-trends13-14.pdf. Accessed 20 Feburary 2016.
3. Institute for Community Ethnicity and Policy Alternatives (ICEPA) Victoria University. *Cultural responsiveness framework - Guidelines for Victorian health services*. Melbourne, Australia: Department of Health, Victoria; 2009.
4. National Health Medical Research Council. *Cultural competency in health:A guide for policy, partnerships and participation*. Canberra: NHMRC; 2005.
5. Physiotherapy Board of Australia, Physiotherapy Board of New Zealand. *Physiotherapy practice thresholds in Australia and Aotearoa New Zealand, 2015*. Melbourne: Physiotherapy Board of Australia; 2015.
6. Australian Physiotherapy Council. *Australian Standards for Physiotherapy*. Canberra, Australia: Australian Physiotherapy Council; 2006.
7. Helman C. *Culture Health and Illness: An Introduction for Health Professionals*. 2nd ed. Burlington: Elsevier Science; 2014.
8. Campbell CM, et al. *Pain Manag.* 2012;2:219–230.
9. Callister L, et al. *Pain Manag Nurs.* 2003;4:145–154.
10. Kraemer T. *J Phys Ther Educ.* 2001;15:36.
11. Chipchase L. Connect Physiotherapy Conference 2015; 2015; Gold Coast, Australia. http://www.physiotherapy.asn.au/DocumentsFolder/CONFERENCE2015/Program/Educators%20Final%205.pdf
12. Brady B, et al. Physotherapy Buisness, Education and Leadership Symposium: New Frontiers; 1/11/2014, 2014; Cairns, Australia. http://www.physiotherapy.asn.au/DocumentsFolder/CONFERENCE%202014/Program%20PDFs/Symposium%202014%20Program%20-%20web%20version%2018.9.2014.pdf
13. Redpath AA, et al. *J Physiother.* 2015;61:210–216.
14. Lee TS, et al. *Physiotherapy.* 2006;92:166–170.
15. Jaggi A, et al. *Physiotherapy.* 1995;81:330–337.
16. Lee TS, et al. *Aust J Physiother.* 2005;51:161–165.
17. Kale E, et al. *Patient Educ Couns.* 2010;81:187–191.
18. Brady B, et al. *Pain.* 2016;157:321–328.
19. Khoo S-E. *J Pop Research.* 2012;29:119–140.
20. Johnstone M-J, et al. *Diversity in Health & Social Care.* 2008;5:19–30.
21. Engel GL. *Am J Psychiatry.* 1980;137:535–544.
22. Synnott A, et al. *J Physiother.* 2015;61:68–76.
23. Flores G. *Med Care Res Rev.* 2005;62:255–299.
24. Black JD, et al. *J Phys Ther Educ.* 2002;16:3–10.
25. Greenwald AG, et al. *J Pers Soc Psychol.* 1998;74:1464–1480.
26. Kleinman A. *The illness narratives: suffering, healing, and the human condition*. New York: Basic Books; 1988.

http://dx.doi.org/10.1016/j.jphys.2016.05.010

Readers' Choice Award for 2015

The Editorial Board is pleased to announce the annual *Readers' Choice Award*, which recognises the paper published in *Journal of Physiotherapy* that generates the most interest by readers of the journal. The winning paper is chosen based on the number of times that each paper published in a given year is downloaded in the six months after its day of publication.

The winning paper from among those published in 2015 is 'Physiotherapy management of lateral epicondylalgia' by Dr Leanne Bisset from Griffith University and Professor Bill Vicenzino from University of Queensland and the NHMRC Centre for Research Excellence Spinal Pain, Injury and Health.[1] The winning paper is one of the journal's new Invited Topical Reviews. It deftly summarises the results of an enormous amount of research into the prevalence, diagnosis, assessment, prognosis and management of tennis elbow. The physiotherapy interventions considered by the paper include: exercise; manual therapy and manipulation; orthotics and taping; acupuncture and dry needling; various forms of electrotherapy; and multimodal programs. A clear and concise section on evidence-informed clinical reasoning helps to guide clinicians in how to apply the summarised research to individual patients.

The only other Invited Topical Review[2] published in the same year was also ranked within the top five, indicating the popularity of this relatively new category of paper in the journal. The Editorial Board of *Journal of Physiotherapy* congratulates Dr Bisset and Professor Vicenzino on their success.

References

1. Bisset LM, Vicenzino B. Physiotherapy management of lateral epicondylalgia. *J Physiother.* 2015;61:174–181.
2. Sherrington C, Tiedemann A. Physiotherapy in the prevention of falls in older people. *J Physiother.* 2015;61:54–60.

http://dx.doi.org/10.1016/j.jphys.2016.06.001