

INVESTIGATING CULTURAL INFLUENCES ON PHYSICAL THERAPY PRACTICE IN THE UAE: DEVELOPMENT OF A CULTURALLY RESPONSIVE MODEL OF CARE

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ABSTRACT

Effective physical therapy involves more than just expertise; it requires strong communication and cultural awareness. Cultural differences and personal biases can impact both the delivery of care and the patient's reception to it. Recognizing how cultural factors affect expectations in healthcare is crucial, as mismatches can hinder patient outcomes and satisfaction. Therefore, cultural competence is essential for healthcare providers. It is important to recognize factors that influence culture that are not limited to race or skin color. It also requires an understanding of the impact of religion, age, language, socioeconomic status, sexual orientation, and gender identity on patient responses in each health care setting. Cultural competency training emphasizes understanding and acceptance of individual differences and behavioral patterns, as well as identifying biases that may affect the type and extent of care provided to individual patients. Achieving high cultural competency requires regular effort and passion. As the profession moves toward greater autonomy and patient-centeredness, cultural competence is critical to developing equitable health care practices and supporting optimal patient outcomes. The purpose of this study is to add to the current debate about the role of cultural elements in physiotherapy, and ultimately create a model that is culturally sensitive, with the goal of improving the quality of treatment and increasing the general well-being of all people receiving physiotherapy. The researcher deemed it necessary to work in this study to ensure patients receive proper care that is sensitive to their cultural context, ultimately benefiting both physical therapists and their patients. Research in this area not only fills a critical gap but serves to transform the therapeutic landscape, allowing for a more holistic approach to patient wellness that acknowledges the integral role culture plays in health and healing.

Keywords: Cultural Attitudes, Gender Roles, Extent of Implementation and Culturally Responsive Care Model

INTRODUCTION

The successful delivery of physical therapy services goes beyond knowledge and skills. Communication skills are central to effective patient care. However, cultural differences and personal biases can affect how the doctor provides care and how the patient receives it. Because culture can influence patient and provider expectations of each other, a mismatch between those expectations can be problematic for patient outcomes and the patient experience. Cultural competence is a necessary characteristic of any healthcare provider. A culturally competent physical therapist must understand the different perspectives that arise in this situation and the

patient's understanding of self-care. Importantly, patients may have different perceptions of which medications are necessary for their health and well-being. A culturally competent physiotherapist should also understand how to communicate the nature and impact of complex therapy to non-professionals. In addition to the above discussion and experience, the researcher believed that providing culturally competent care in the field of physical therapy is critical for optimal outcomes and patient satisfaction. Cultural variables significantly influence healthcare procedures, patient preferences, and treatment outcomes. However, physical therapists often face limitations and challenges in providing culturally acceptable care. The purpose of this study is to investigate cultural influences on physical therapy and to create a treatment model that meets the different cultural demands and preferences of patients.

The researcher deemed it necessary to work in this study to ensure patients receive proper care that is sensitive to their cultural context, ultimately benefiting both physical therapists and their patients. Physical therapists will gain from a framework that guides culturally informed interactions and treatment plans, enhancing their ability to provide effective, patient-centered care. Patients, in turn, will benefit from more personalized care that respects their cultural background, potentially leading to better health outcomes and a more positive healthcare experience. Additionally, the healthcare system could see improvements in patient satisfaction and compliance, reducing disparities in care and fostering a more inclusive environment. Research in this area not only fills a critical gap but serves to transform the therapeutic landscape, allowing for a more holistic approach to patient wellness that acknowledges the integral role culture plays in health and healing.

LITERATURE REVIEW

Cultural Factors that Influence Physical Therapy

Creating culturally competent health care settings that consider patients, providers, and involved caregivers is increasingly common in the health care field (Ziegahn and Ton, 2021). Wells and Black (Barnes, 2018) found that ignoring cultural diversity in healthcare delivery means that the healthcare community does not value certain cultures. One notable literature most similar to, but significantly different from, the current study is the American Physical Therapy Association (2021) reference while there is a need to address diversity, equity and inclusion of physical therapists and physical therapist assistants is not new, the need for swift and transformative action is. In this regard, the Delegation closed the event with a rededication to anti-racism, diversity, equality and inclusion. Diversity has long been a part of the education of physical therapists and physical therapist assistants in the United States, and "cultural competence" for physical therapists is at the heart of these efforts.

Cultural Attitude towards Health Care: African societies and their cultural practices have over the years received global attention for human health problems (Ojua TA, Ishor DG, Ndom PJ (2018) African cultural practices and health implications for rural development in Nigeria. They state that approximately 70 to 80 percent of the population in developing countries depend on traditional medicine for their health care needs. Despite research evidence showing positive results from the use of traditional medicine, there are also problems with complications, standardization and claims of "one size fits all" treatment for diseases that have caused more deaths among rural people. it was found that there is a higher percentage of users of traditional

medicine. Various groups and individuals have collaborated with African governments, signed Memoranda of Understanding (MoUs) and funded health programs at various times to help improve African health problems in Africa. Unfortunately, these efforts did not yield results commensurate with the investments and the goals set. One of the most important goals of health communication is to increase the health literacy of patients so that they can make informed health choices, because communication between patients and health care providers is important for the effective functioning of the health system (Odishika EC (2019). Therefore, it has been argued that strong, clear and positive relationships with doctors can radically improve and improve the condition of the patient (Noar SM, Benac CN, Harris MS (2018).

Gender Roles: Sometimes sex and gender refer to the same entity, and therefore the two terms are used incorrectly in conversation. The definition of sex, as explained by Oakley (2018), is the biological difference between males and females. In this way, the term is associated with the strictly anatomical. However, gender can be explained as cultural, referring to the social classification of men/masculine and women/feminine. Gender can further be understood as the roles, attitudes, attributes, and behaviors associated with and/or attributed to each gender (Hatchell and Hatchell, 2019). In this case, gender can be seen as subjective, depending on how it is learned, and can appear in different forms accordingly. Extreme or repetitive patterns of sexual behavior or related characteristics can lead to gender stereotyping. Gender stereotypes can be explained as "standardized representations of men and women in culture, especially in the media, which polarize differences between the sexes, especially in terms of their physical appearance, characteristics, behavior, and occupation" (Chandler and Munday, 2019). Thus, the perception of gender roles can also affect educational outcomes and the emotional and social well-being of a child, but educational practice often still does not reflect the need to follow a gender-neutral pedagogy (Warin and Adriano, 2018).

Religious Belief: New evidence, health care trends, and accreditation standards suggest that it is time to examine whether future physical therapists are learning to address religious/spiritual issues within the discipline. Current research shows that health outcomes are positively related to patients' religious/spiritual beliefs, and most people are religious/spiritual to some degree. Other professions continue to address this issue, with both accrediting and professional organizations creating clear expectations that the health care team address the beliefs, values, and practices of individual patients. Although few health care's fields have reached consensus on the meaning of the term's spirituality and religion, many individual authors reflect a relatively unified understanding. These authors typically define religion as specific practices and beliefs associated with recognized faith communities (e.g., Judaism, Buddhism), while they often characterize spirituality as an inherent human dimension comparable to physical, psychological, and social dimensions. Spirituality is often considered more intangible and intangible than religion, but the terms are often used together and are generally considered complementary (Highfield, 2020).

Extent of Implementation

Cultural competency training focuses on recognizing and appreciating individual differences and behaviors and identifying biases that may affect the type and extent of care provided to individual patients. Achieving a high level of cultural competence requires constant work and enthusiasm to achieve this goal. To that end, the Office of Minority Health of the US Agency for

Healthcare Research and Quality. The Department of Health and Human Resources has increasingly emphasized the need for culturally competent health care. Cultural competence in physical therapy is based on knowing how attitudes and actions integrate with cultural issues and how this knowledge can be used to implement new rules, guidelines and professional development activities. Physical therapists must have a thorough awareness of aspects of cultural competence to understand the influence of socioeconomic and family circumstances on patient decisions. In fact, all physicians would benefit from a good awareness of the factors that influence an individual's health and health care decisions.

Challenges

Cultural competency training offered through the SPT DPT program played a key role in identifying SPT's cultural barriers. In the first year of the course dedicated to leadership and professional development, the SPT received many lectures on cultural competence. These lectures provided guidance in dealing with both generational and cultural differences. In addition, these lectures offered strategies to implement better communication, especially with linguistically diverse people. The knowledge of Geert Hofstede's cultural dimension and other cultural characteristics that can change the way an individual receives health services in these lectures broadened the student's view of the impact of culture on physiotherapy treatment. These lessons improved the SPT's sensitivity to potential patient power dynamic issues. In addition to lectures, the same course offered students the opportunity to practice interacting with LEP people. The course coordinator developed an event with the university's English Language Institute that offers ESL to international students. The event was designed to simulate a medical exam, where DPT students could practice taking a subjective history from an LEP patient and ESL students practiced medical conversations in English. After the exercise, students were encouraged to think about 1) the use of formal and informal conversation, 2) the use of colloquial and idiomatic language, 3) the speed of communication, and 4) the ability to create space for the client. Based on SPT's written coverage of the event, SPT stated that "[a cultural competency lecture] prior to the experience was helpful, but the actual face-to-face interaction was invaluable." This excerpt reveals the importance of personal experience in physical therapy students' development of cultural competence.

Responsive-Model of Care

According to a normative model of physical therapist training, cultural competence is "a set of convergent behaviors, attitudes and practices that converge in a system, institution or between professionals that enable effective work in cross-cultural situations" (American Physical Therapy Association). Cross, Bazron, Dennis, and Isaacs (2019) further describe cultural competence as occurring on a continuum consisting of six positions ranging from cultural destruction on the one hand to cultural competence on the other. In comparison, Starn (2019) describes cultural competence as consisting of five components: "(a) awareness and acceptance of cultural differences, (b) self-awareness, (c) understanding of the dynamics of cultural differences, (d) knowledge of cultural differences . differences. client's family culture, (e) services adapting to support the client's culture". Multiculturalism/multilingualism are population characteristics defined by changes in consumer demographic patterns (APTA, 2018). Leininger (2019) notes that "multiculturalism refers to the perspective and reality that there are many different cultures

and subcultures in the world that must be recognized, appreciated and understood for their differences and similarities". The diversification of the population has led to the fact that many organizations that influence the regulation and practice of health care have begun to look at the concept of cultural competence in health care. These standards consist of mandates, guidelines and recommendations intended to inform and guide required and recommended practices in the delivery of culturally and linguistically appropriate health services.

METHODOLOGY

This study utilized descriptive developmental research to establish the need for the proposed culturally responsive health care model. The research concentrated on Physical Therapists across seven different hospitals in Abu Dhabi, encompassing a total of one hundred sixty-seven (167) practitioners distributed as follows: hospital A seven (7), hospital B forty (40), hospital C three (3), hospital D fifteen (15), hospital E two (2), and hospital five (5). The study consisted of a sample of one hundred eighteen (118) individuals, selected using Slovin's formula with a margin of error of .05, obtained through stratified random sampling. The respondents were allocated one week to respond to the survey questions, and 118 of them completed the survey within this timeframe.

The first draft was presented to the adviser for comments and suggestions which were incorporated in the second draft. After several refinement of the questionnaire items, upon approval of the adviser, copies of the questionnaire were prepared for the members of the panel for validation. The researcher presented the draft of the questionnaire to the experts in physical therapy for validation. A dry run to test the validity of the instrument was also conducted among the selected respondents. Reliability testing was also done using Cronbach alpha Test. With the .925 internal consistency result the instrument was in compliant, and no revision is needed for the items being measured.

RESULTS

1. Cultural Factors influencing Physical Therapy Practice

Table 1
Cultural Factors influencing Physical Therapy Practice

Factors	Frequency	Percentage
A.Cultural Attitude Toward Health Care		
1.Historical	27	22.88
2.Religious	18	15.25
3.Economic	23	19.49
4.Social Contexts	50	42.37
B.Gender Roles		
1.Breadwinner	19	16.10
2.Stoic	3	2.54
3.Protector	9	7.63
4.Decision Maker	11	9.32
5.Fixer	5	4.24
6.Dominance	6	5.08
7.Emotional	6	5.08

8.Career	10	8.47
9. Leadership	4	3.39
10.Adventure	1	.85
11.Caregiver	7	5.93
12.Homemaker	6	5.08
13.Subservient	2	1.69
14.Emotional Support	1	.85
15.Appearance	1	.85
16.Nurturer	2	1.69
17.Peacekeeper	0	-
18. Patient Listener	8	6.78
19.Multitasker	15	12.71
18. Natural	2	1.69
C. Religious Factors		
1.Islam	37	31.36
2.Christian	77	65.25
3.Hindu	3	2.54
4.Buddhist	0	-
5.Agnostic	1	.85

2. Extent of Implementation of Existing Practices in Physical Therapy

Table 2

Extent of Implementation of Existing Practices and Procedures in Physical Therapy

Indicators	WM	VI	Rank
Integrate cultural attitudes towards healthcare into treatment plans	3.55	GI	1
Recognize and accommodate of gender roles in therapy approaches	3.54	GI	2
Consider religious beliefs in the design and delivery of therapy interventions	3.52	GI	3
Integrate cultural context and traditions in promoting physical, psychological, and social well-being	3.50	GI	4.5
Adapt assessment and treatment methods to align with diverse cultural backgrounds	3.50	GI	4.5
Address cultural and lifestyle influences on mobility and functional abilities	3.42	MI	7
Promote effective communication with patients from diverse cultural backgrounds	3.44	MI	6
Provide education and tailored programs aligned with cultural values and beliefs for patients and their families	3.39	MI	8
Recognize of cultural taboos and sensitivities in therapy sessions	3.16	MI	10
Incorporate cultural and traditional healing where appropriate	2.79	MI	14
Integrate cultural rituals and practices in the therapy environment	2.69	MI	15
Promote collaboration with community leaders and cultural advisors to enhance therapy outcomes	2.85	MI	12
Adapt treatment to consider patients' socioeconomic and	3.07	MI	11

community influences			
Incorporate of traditional alternative practices alongside modern physical therapy techniques	2.86	MI	13
Develop culturally sensitive and inclusive therapy spaces and materials	3.36	MI	9
Overall Weighted Mean	3.24	MI	

3. Challenges in the Delivery of PT

Table 3
Challenges in the Delivery of Physical Therapy

Indicators	Weighted Mean	Verbal Interpretation	Rank
Support from the physicians and policy makers	3.14	A	9
Scope of evidence-based practice	3.32	A	6
Limited direct access	3.19	A	10
Healthcare policy and reimbursement	3.26	A	7
Availability of physical therapy resources and infrastructure	3.20	A	8
Technological advancement	3.12	A	11
Interprofessional collaboration	3.45	A	2
Patients' adherence and compliance	3.39	A	4
Cultural and linguistic diversity	3.42	A	3
Advocacy and public awareness	3.33	A	5
Ethical and legal considerations	3.46	A	1
Overall Weighted Mean	3.30	A	

DISCUSSION

1. Cultural Factors that Influence Physical Therapy Practice

Table 1 presents profile with respect to the cultural factors influencing physical therapy delivery. In terms of cultural attitude, the respondents assessed social context as the highest cultural attitude affecting health care. This means to say that cultural beliefs, values and norms can influence how people view illness, disability and health care. Physical therapists consider cultural differences when developing treatment plans to ensure they are culturally sensitive and relevant to patient needs and preferences.

Relative to gender roles, male respondents are breadwinner which signifies Physiotherapists who are the primary breadwinners, can face challenges in balancing work and family responsibilities. Looking at the female, multitasker which signifies Multitasking can be mentally demanding and can increase stress levels if not managed properly.

In certain contexts, Christian physical therapists may integrate faith-based practices into their treatment methods, such as prayer, spiritual counseling, or incorporating biblical principles into rehabilitation exercises. However, it is important that therapists respect patients' different beliefs

and preferences and ensure that all spiritual interventions are conducted in a respectful and non-coercive manner. While Christian physical therapists may be guided by their faith in their professional practice, it is important that they maintain professionalism and respect for diverse faiths in the clinical setting.

2. Extent of Implementation of Existing Practices in Physical Therapy

Based on the table 2, it can be deduced that integrating cultural attitudes towards healthcare into treatment plans as existing practice in physical therapy was greatly implemented in UAE. This implies that the population of the United Arab Emirates is varied, consisting of individuals from a range of cultural beginnings. Additionally, the UAE is very focused on fostering cultural awareness among its citizens and honoring cultural sensitivity. One way that this is done is by incorporating cultural attitudes into treatment plans, which shows respect for the cultural customs and beliefs of the patients. This promotes trust in a positive way between patients and medical professionals, which enhances treatment compliance and improves health results.

3. Challenges in the Delivery of Physical Therapy

The study looked into the different and challenges concerning the delivery of physical therapy in UAE. Data are presented in Table 3. It is very striking to note that all items in the table had been assessed to an agreement by the respondents. Specifically, they agreed that ethical and legal considerations in the topmost challenges. Practitioners in the United Arab Emirates (UAE) must abide by a number of ethical and regulatory guidelines when providing physical therapy. These factors protect the rights, welfare, and safety of therapists as well as patients.. Therapists are required to operate within the parameters of their scope of practice, which delineates the particular treatments and interventions that fall under their purview. Going beyond this bound might lead to moral and legal dilemmas, such as patient injury and therapist culpability.

4. Proposed Culturally-Responsive Model of Care

The scheme divides the needs into four stages: Comprehend, Acknowledge, Recognize and Empower. (CARE MODEL) In the end, it is essential to note that all these series must be undertaken and escalated from basic to complex patterns. As such, this scheme is applicable and true to all physical therapists working abroad.

COMPREHEND

- In the context of physical therapy, comprehending the needs of patients is an essential first step for physical therapists. It involves a meticulous assessment that starts by understanding the immediate and pressing health concerns presented by the patient. This could range from managing acute pain to stabilizing an injury, or addressing any urgent health matters that necessitate immediate care. Beyond the physical ailments, a physical therapist must also grasp the subtleties of communication with their patient. This may include recognizing and overcoming barriers such as speech or language disorders, cognitive deficits, or differences arising from diverse linguistic and cultural backgrounds. Altogether, the ability to comprehend these diverse elements is the foundation upon which physical therapists can construct

personalized treatment strategies, ultimately guiding patients towards the most effective and safe course of treatment.

ACKNOWLEDGE

- Within the diverse cultural landscape of the UAE, it is imperative for physiotherapists to acknowledge and embrace the varied cultural norms, beliefs, and values that their patients bring to the therapeutic setting. By doing so, they foster an environment of effective communication and mutual trust, which are cornerstones of a successful therapist-patient relationship. Acknowledging also extends to a physiotherapist's mastery over their clinical practice. This means being well-versed in the latest techniques and treatments across a broad spectrum of conditions, including musculoskeletal, neurological, and cardiopulmonary issues. They must acknowledge the importance of remaining current with PT advancements and embrace technology's role in enhancing patient care. This includes being skilled in using electronic health records, telehealth services, rehabilitation tools, and other digital innovations that facilitate superior patient engagement and outcomes.

RECOGNIZE

- Physiotherapists must remain committed to lifelong learning, recognizing the importance of staying abreast of the latest developments in PT practices through consistent education and training. This mindfulness toward the evolution of PT allows for the delivery of the most current and efficacious patient care. In the diverse healthcare landscape of the UAE, it's crucial for physiotherapists to recognize the merit in developing expertise in specialized fields such as orthopedics or neurology. Such focus enhances their capacity to provide targeted treatments and advances their ability to address the unique physiological needs of different patient groups. Recognizing the cultural richness and variety of the UAE population is another key professional attribute.

EMPOWER

- Physiotherapists in the UAE are tasked with much more than facilitating physical rehabilitation—they are agents of empowerment for their patients. By honing their skills and acquiring advanced knowledge through ongoing education, they are equipped to help patients achieve the best possible outcomes. Empowerment in this context means patients are provided with the tools and understanding needed to take charge of their own recovery. The vast and varied patient demographic in the UAE necessitates not just a response, but a transformative approach to care—one that empowers both therapist and patient through specialization. As physiotherapists sharpen their expertise in focused areas of PT, they enhance their capacity to offer personalized and effective treatments that empower patients with the knowledge to understand their treatment journey better.

CONCLUSIONS

Based on the findings of the study, the following conclusions were drawn: The physical therapists in UAE have social attitude towards health care, breadwinner and multitasker gender roles and generally Christians. The existing practices in physical therapy, integrating cultural attitudes towards healthcare into treatment plans, and recognizing and accommodating of gender roles in therapy approaches are greatly implemented. Challenges in the delivery of physical therapy practice include Ethical and legal considerations, interprofessional collaboration, cultural

and linguistic diversity. The proposed model of care aimed to integrate the findings of the paper and give substantial proof of support among physical therapists in UAE in the context of Physical therapy practice.

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