Development of Cultural Competence in Experienced Physical Therapists: Exploring the Influence of Patient-Centered Attitudes

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Introduction

- Effective patient-centered care requires consideration of cultural factors on patient-physical therapist interactions.
- The importance of cultural competence is documented, however, little is known about the development of cultural competence.

Purpose

- To examine the development of cultural competence in experienced physical therapists (PTs) and the relationship between scores on the Patient-Centered Attitude Tool (PCAT) and PTs’ reports of patient-PT interactions.

Methods

- Participants were recruited through the Illinois Physical Therapy Association list-serve; interested PTs submitted a resume and completed a demographic form.
- Individual interviews were conducted with each participant. As part of the interview, PTs completed the PCAT, a quantitative measurement of curiosity, respect, and empathy as related to patient care. The respect domain comprises the greatest portion of the total PCAT score.
- Following transcription, interviews were coded after establishing trustworthiness of the coding schema.
- Transcripts were divided into 2 groups based on PCAT respect domain scores; comparative analysis was done between the low and medium-high respect score groups.

Participants

- 15 physical therapists with ≥ 5 years of experience who spend at least 20% of their time in direct patient care.
- 13 females, 2 males.
- 14 self-identified as white; 1 as Asian/Pacific Islander.

Results and Discussion

Participants (n=11) with medium-high respect scores (16-19) identified cultural knowledge, interpersonal and communication skills, and a patient-focused attitude as dimensions of cultural competence.

- It may not be necessary to know every detail of the culture, but to know that there are differences and to tread lightly. Always ask, because unbeknownst to you, you could be offensive ... So I try to make sure I am informed before I address the patient’s problem. (PT 8)
- I would say being able to interact with people of another culture without making them feel awkward and not feeling awkward yourself. (PT 1)
- If I know a patient is from an ethnic background where the family is there all the time ... I try to incorporate the family into helping ... by giving them jobs to do ... (PT 2)
- There was a young girl who tried to kill herself ... I had a student at the time and we were reading about the family and the situation. [After completing the patient evaluation] I said to my student, “I just realized that I was drawing a lot of conclusions about what I was expecting to walk into. I walked into a room with a patient and family that looked like they could have been my cousin. You don’t realize the stereotypes that you draw from the history. (PT 10)

For all participants, experiential learning influenced development of cultural competence more than formal learning.

- I think that hands-on, practical, everyday learning did more than lectures. (PT 2)
- I think one of the things that has shaped me as a person is that throughout my childhood and high school years we always had an exchange student in the house ... This was the first opening of my eyes to the fact that people are different. (PT 8)
- I worked with a family from an Arabic country. They came here with truly nothing. When you compare what truly nothing was for them compared to American truly nothing ... it just shifted my perspective. (PT 10)

Themes

Participants (n=4) with low respect domain scores (≤ 14) identified knowledge of cultural differences and an open, respectful attitude as components of cultural competence and focused on the PT’s role in patient care.

- Sometimes, different cultures ... if you know a little bit or are interested in hearing about it ... they open up a little bit more to you and trust you a little bit more which makes your job easier. Not that I feel that you have to have that to have them exhibit a certain movement pattern that you’re treating. I mean, you don’t need that, you just go in and do what you’re going to do and get out, right? (PT 15)
- I know some cultures are very different about touch and always wanting more privacy and things like that ... like women who want to be very covered or won’t go out of their room without something on their head ... just being respectful of that. (PT 13)
- So it doesn’t matter how respectful you can be or how culturally competent or aware, if this person isn’t willing to be accepting of that, it doesn’t really matter! (PT 12)

Conclusions

- A relationship was found between experienced PTs’ descriptions of cultural competence and their approach to patient care based on their PCAT scores.
- Educators can facilitate development of cultural competence by assisting students to identify biases and stereotypes and to articulate the learning that has occurred through their experiences.
- The incongruence between interview data and low PCAT respect domain scores will be explored in more depth.