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# Review of: Developing Cultural Competence in Physical Therapy Practice

Lattanzi, J B., Purnell, LD., eds. Philadelphia, Pa, FA Davis, 2006, softcover, 417 pp

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#### REVIEW

Developing Cultural Competence in Physical Therapy Practice presents invaluable perspectives on specific cultural groups. Relative to the provision of healthcare services, this text compliments the American Physical Therapy Association's vision statement that physical therapists' will "provide culturally sensitive care distinguished by trust, respect, and an appreciation for individual differences."

#### **Purpose**

As stated in the introduction of the book, the purpose of this text is to provide a framework for cultural self-exploration, information about general cultural differences, and a selection of cultural–specific information and considerations. This book is written for those in the physical therapy profession and is an excellent reference for physical therapy students, new graduates, and seasoned physical therapist alike. However, this text may be appropriate for use by other allied health professions. The text utilizes meaningful exercises, case studies, and vignettes to promote learning. Organized into 2 parts, Part 1 includes 2 sections (Chapters I-9) and Part 2 includes 3 sections (Chapters 10-22). Twelve authors contributed to the book, all of whom are physical therapist, except one who is a nurse.

## **Self-Exploration**

Throughout the book the text introduces self-exploration of culture throughout each chapter. Chapters 1 and 2 introduce the study of culture and present the Purnell Model of Cultural Competence which is used as an organizational framework. Using current research supporting self-exploration of health practitioners for providing culturally competent care, this section offers the reader an exercise exploring the Purnell Model. The Purnell Model for cultural competence has been classified as theory because it includes a model and organizing framework that can be used by all healthcare providers in various disciplines and settings. Readers complete a self-assessment at the end each chapter. In Chapters 3-9, the Purnell Model inter-relates economic, political, communication, family organization, workforce, biological variation, nutrition, death ritual, and healthcare practice concepts that may have an effect on a patient's culture.

### **Cultural Groups**

Chapters 10 through 15 present different cultural groups with whom the provider might engage. These chapters present African American/Black, Chinese, Latino/Hispanic, American Indian, Middle Eastern, and Jewish culture. Chapters 16 through 20 present other categories of culture based on special populations such as: the disabled, veterans, the military, poor/homeless, pediatric, and geriatric populations. These populations present with special needs such as: communication barriers,

biological/genetic variations, education level, nutrition, family organization, spirituality, disease and health conditions. These chapters address attitudes toward those with disabilities within the cultural context of the societal, community, individual, and family level responses to disability. Culturally congruent strategies that can be implemented by physical therapists are highlighted.

### **Strategies and Resources**

Chapter 21 and 22 articulate strategies and resources for physical therapy students, educators, and practitioners. Chapter 21 lays a framework for establishing a culturally competent practice by addressing demographic changes, meeting regulatory and accreditation standards, improving physical therapy outcomes, improving marketing by targeting communities of diversity, decreasing the likelihood of malpractice claims, and considering professional ethical standards of practice. Chapter 22 addresses the nurturing of cultural competence from the educator, student, or professionals perspective utilizing workshop/unit presentation, integration into curriculum, policy, service-learning experiences, and international immersion experiences. Professional literature supports the concept that physical therapists, students, and other health care practitioners to become culturally competent, a desire to be culturally competent must first exist.<sup>2</sup>

#### **Summary**

Cultural competence of physical therapists and health care professionals minimizes cultural barriers to health care and make health services more user friendly to culturally diverse groups and subgroups, and thereby help to reduce their disproportionate burden of poor health. The Purnell Model does offer a good organizational framework for each of the ethnic or cultural backgrounds addressed. Even though the later chapters address groups or specific population groups that physical therapists work with, the authors make it clear that a specific and unique culture does exists within the group for those with disabilities. The authors have done an excellent job of challenging the reader to explore their beliefs and attitudes. The text engages the reader in appropriate reflection and special studies. Visual learners can appreciate various pictures, figures, and tables which are clear in demonstrating key points. As an academic coordinator of clinical education I would strongly recommend this text to physical therapy faculty, practitioners, and students as it highlights the importance of considering a patient's culture in physical therapy evaluation and intervention.

#### References

- 1. American Physical Therapy Association. Vision 2020. <a href="http://www.apta.org">http://www.apta.org</a>
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