Review of: Cultural Competence: A Life Long Journey to Cultural Proficiency
Author: Leavitt R.
SLACK Incorporated, Thorofare, New Jersey, 2010 (272 Pages; Price $54.99)
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OVERVIEW
Cultural Competence, a lifelong journey to cultural proficiency, is a book that represents an attempt to facilitate the development of cultural competence and cultural proficiency of the physical therapist. As stated in the introduction, this book covers theory, practice, and professional development areas of study that have been omitted from the traditional curriculum for rehabilitation professional students or continuing education for the practitioner. This book is written for rehabilitation students/professionals and is an exceptional reference for all allied healthcare providers. This book utilizes meaningful exercises and cases to promote learning and professional development. The text is organized into twelve chapters, three appendices useful for referencing, and an index. There are nine contributing authors, six of whom are physical therapists. The editor, Ronnie Levitt, wrote chapters 1, 3, 4, 11, 12, and part of chapter 5.

CHAPTERS
Chapters 1-5
Chapters 1, 2, and 3, entitled “Introduction to Cultural Competence,” “Understanding the Nature of Culture,” and “The Historical Development of Theory, Models, and Assessment Tools,” respectively, specifically address the relevant domains of culture and cultural competence from a broad perspective, and also address domains as they relate to physical therapy. Chapter 4, entitled exploring cultural diversity, identifies the special considerations that need to be addressed when doing ethnography of a client. Chapter 5, entitled “Disability Across Cultures,” is the only chapter devoted to a specific cultural group. Physical therapist work with people with disabilities and bear a special responsibility to understand more about the culture of disability.

Chapter 6-8
Chapter 6, 7, and 8, entitled “Racial and Ethnic Disparities in Health Status,” “Poverty and Health: Social Status Differences,” and “Understanding Racism,” respectfully. Chapter 6 focuses on the present day circumstances of disparities in health status, health care, and physical therapy. It discovers health disparities between populations. Chapter 7 concentrates on poverty, health, and social status differences and explores relationships between poverty and health. Chapter 8 highlights racism which greatly impacts healthcare and outcomes. These topics are important in helping physical therapist understand how to shift away from disparities toward health impartiality in the US.

Chapter 9
Chapter 9, entitled “Cross-cultural Communication,” relates to a vital component of healthcare, communication, which is recognized as perhaps the key to improving cultural competence. It is through communication that we learn about other people’s beliefs and ways of life. The way in which we communicate with people from different cultures will impact our ability to obtain information and relate to other people.
Chapters 10 and 11
Chapter 10 and 11, entitled “Developing Cultural Competence through Service Learning, and Physical Therapy,” and “Cultural Competence in the Global Community: Moving from a Bio-medical to a Social Justice Model,” introduces the concept of service learning and the relationship between service learning and cultural competence. Physical therapists have recently begun to recognize the importance of service learning for both students and clinicians. Chapter 11 is important because most physical therapist have little knowledge of the social construction of disability outside of the modern world or alternative models of rehabilitation, but individually at the level of the profession. Our ability to be culturally competent across the globe will have a great impact on our capacity to be involved in international rehabilitation education and service.

Chapter 12
Chapter 12, entitled “The Practice of Cultural Competence in the 21st Century,” provides specific strategies in education, research, and health promotion to enable individual physical therapists and the profession of physical therapy to work toward the progression of cultural competence.

TARGET AUDIENCE
The target audiences for this text are physical therapists, physical therapist assistants, and other rehabilitation personnel.

DISCUSSION
The principles covered in this book are relevant for anyone interested in improving the outcomes associated with cross-cultural encounters. In the next millennium, world and national population patterns will continue to shift, and health care professionals will increasingly be required to share and practice their knowledge and skills in diverse settings.

Some professionals will argue that a concern for our patient’s socio-cultural way of life is not pertinent. Some may resent its inclusion in the curriculum or practice environment. Research of the literature reveals that stakeholders in the healthcare system are requiring initiatives in cultural competence. The author perspectives are that physical therapists must understand the essence of an individual’s culture to be effective.

It can also be argued that using broad categories to teach about culture is practical for descriptive purposes but can perpetuate culturally biased racial and ethnic stereotyping and prejudices. The intent is to present knowledge about working with people, considering the broad cultural landscape in which they live, as well as, their individual characteristics in order to recognize ethnic diversity. Consideration for all variables that might influence professional-patient interaction should be considered for best outcomes.

In this text, the goal is to present theoretical and practical examples of beliefs and behaviors from a wide variety of cultures that specifically relate to the disciplines associated with the rehabilitative process. In this complex world, providing examples of cultural differences and extrapolating concepts help to provide insight into the larger principles at hand.

As an academic coordinator of clinical education, I would recommend this text to all healthcare professionals, faculty, practitioners, and students. It is recognized that cultural competence minimizes barriers to healthcare and makes health services more user friendly to culturally diverse groups. This may help reduce the disproportionate burden of poor health.