Tackling health inequalities in UK Physiotherapy: Why cultural competence matters

Pauline May, Louise Connell, Nicola Middlebrook, Gillian Yeowell

Abstract

Health inequalities, avoidable, unjust differences in health outcomes, are driven by intersecting social and economic factors, including ethnicity and disability. While the NHS promotes patient-centred care as a strategy to reduce these disparities , the distinct role of cultural competence is often under-explored. Cultural competence goes beyond tailoring care to individual preferences; it requires healthcare professionals to acknowledge systemic bias, reflect on their own cultural identity, and adapt practice in ways that address diversity and discrimination. This paper differentiates cultural competence from patient-centred care and argues that without explicit attention to culture, equity-oriented care risks falling short. It also highlights the lack of UK-based research in this area and calls for systematic investigation into how cultural competence is understood, practiced, and evaluated across UK physiotherapy settings.

1. What is cultural competence?

There are various terms describing how healthcare professionals should approach care for individuals from diverse ethnic communities. While concepts such as cultural competence, cultural humility, culturally sensitive care, and intercultural healthcare differ slightly, they all emphasize understanding, respecting, and adapting to diverse cultural perspectives to ensure equitable and effective healthcare. Cultural competence has been defined as 'the beliefs, attitudes and policies that inform cultural understanding, appreciation and respect among diverse groups' (Bakaa et al., 2023). However, healthcare professionals often have a narrow view of cultural competence (Claeys et al., 2021). Healthcare practitioners recognize certain aspects of cultural competence, such as using interpreters, providing same-sex therapists or group sessions, and learning about cultural differences (Grandpierre et al., 2018). Over the past few decades, the UK healthcare system, including physiotherapy, has shifted from a biomedical model to a model of patient centred care nested in a more holistic psychosocial approach that considers patient preferences (Hansen et al., 2022; Naylor et al., 2023). But does patient centred care fully encompass cultural competence, or are additional considerations needed?

2. Patient centred care and cultural competence

There is a significant overlap between patient centred care and cultural competence. Patient centred care uses a biopsychosocial model which emphasizes understanding each patient as an individual, respecting their beliefs, values, preferences and needs, and empowering them to take an active role in the decision making about their care (Hansen et al., 2022; Killingback et al., 2022). It also ensures that information is provided in a manner that is tailored to the patient's level of understanding. Additionally, patient centred care fosters rapport, trust, and self-awareness among healthcare providers, including recognition of personal biases and assumptions (Saha et al., 2008). However, cultural competency extends beyond this. It encompasses awareness and appreciation of both diversity and culture, as well as an awareness of health disparities and discrimination. While cultural competency encourages awareness of different cultures, it is acknowledged that it is not feasible or practical to have a

knowledge of all cultures that a physiotherapist may encounter (De-María et al., 2024). For this reason, cultural competence involves having some background knowledge of different cultures as well as developing attitudes and skills that would be relevant to any person from any culture (Saha et al., 2008). As both the patient and the therapist bring cultural aspects to the encounter, physiotherapists must also reflect on their own cultural background and how it shapes their behaviours and interactions. Professional status itself can introduce elements of privilege and power into patient interactions. An awareness of personal biases and prejudices is important as well as acknowledging the potential for issues at systems level as well as personal levels (Saha et al., 2008; Lauwers et al., 2024).

3. Frameworks of culturally competent care

Several frameworks exist to describe cultural competence in healthcare settings, most of which include dimensions of knowledge, attitudes and skills. One widely used framework for cultural competence is the Papadopolous, Tilki and Taylor model (Papadopoulos, 2003), which outlines cultural competence as a four-stage process.Fig. 1

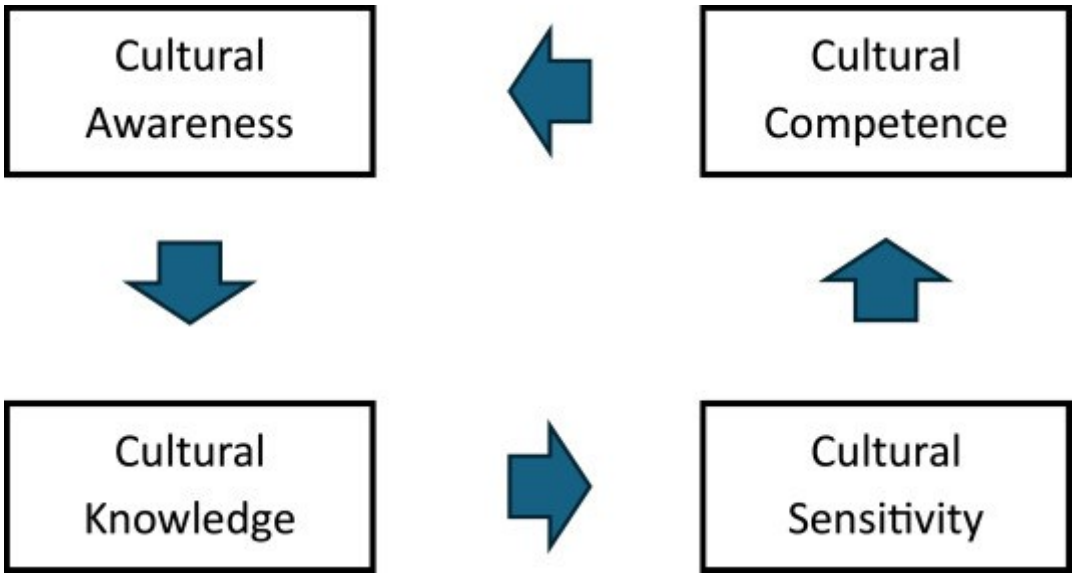

Fig. 1. The Papadopolous, Tilki and Taylor model for cultural competence, (adapted from Papadopoulos, 2003)

The first stage, cultural awareness, involves not only recognizing different cultures but also developing an awareness of one's own cultural background and how it influences actions, decisions, and interactions. This is followed by cultural knowledge, which encompasses an understanding of stereotypes, as well as the similarities and differences across cultures. It also includes insights into health beliefs and behaviours – both one's own and those of diverse cultural groups. Next, cultural sensitivity focuses on developing empathy, interpersonal and communication skills, trust-building, acceptance, and respect for cultural diversity. Finally, cultural competence integrates all these components, equipping healthcare professionals with the skills to apply cultural awareness, knowledge, and sensitivity in clinical practice. This stage also involves the ability to challenge prejudice, discrimination, and healthcare inequalities while ensuring culturally responsive care. The arrow back to the starting point indicates that this process is continual and that culture is an ever-evolving concept.

This demonstrates a significant overlap between personalised care and cultural competency. However, focusing solely on personalised care without integrating cultural competency may

overlook crucial elements, potentially leading to poorer patient outcomes and failing to fully address diverse patient needs.

4. Guidance on culturally competent care in the UK

The Health and Care Professions Council (HCPC), the regulatory body for health care professionals in the UK, including physiotherapists, has standards that practitioners must adhere to. These standards require physiotherapists to recognize and address the physical, psychological, social, and cultural needs of individuals and communities. Additionally, they must be aware of the potential impact of their own values, beliefs, and unconscious biases on their practice.Fig. 2

Fig. 2. Health and Care Professions Council (HCPC) standards relating to culturally competent care for physiotherapists.

While the biopsychosocial and sociocultural approach is integral to patient care, physiotherapists may struggle to implement it due to a lack of specific guidance on managing sociocultural factors and beliefs (Singh et al., 2018). Also, there is some evidence to suggest that healthcare workers expect their employer to provide this cultural education, rather than actively seeking opportunities to enhance their own cultural competence (Claeys et al., 2021).

How do we know if we are adhering to these standards? Evidence suggests that language and cultural barriers can hinder effective communication, limiting patients' ability to express themselves and reducing their understanding of treatment goals (Grandpierre et al., 2018; Yoshikawa et al., 2020; Abbas and Mohammadnezhad, 2024). Additionally, factors such as gender roles, differences in independence, coping strategies (active vs. passive), and decision-making styles can impact understanding, rapport, and trust between patients and clinicians, ultimately affecting the delivery of culturally competent care. Brady et al. (2016) argue that physiotherapists could improve their cultural competence in practice and emphasize the need for researcher support in evaluating and enhancing culturally competent services. A recent survey of Canadian physiotherapists (Bakaa et al., 2024) found that while cultural awareness and sensitivity scores were high, cultural competency behaviours scored lower. Similarly, a U.S. based study reported high levels of cultural awareness but notably low cultural competence scores (Delgado et al., 2013). Moreover, clinician decision-making and behaviour can be influenced by stereotyping and unconscious bias, particularly when

disadvantaged groups seek healthcare, further underscoring the need for ongoing cultural competence training and self-reflection (Gkiouleka et al., 2022).

Due to the evidence suggesting the need for improvements, measurement of cultural competence is needed to track progress. There are numerous self-reported outcome measures (Chun and Jackson, 2021; Osmancevic et al., 2021) but these alone may not be reliable indicators of actual competency (Larson and Bradshaw, 2017; Dune et al., 2022). A recent study comparing self-reported questionnaire responses with qualitative interview findings revealed that individuals who rated themselves highly in cultural competence often expressed stereotypical or even racist views (Argyriadis et al., 2022). Dune et al. (2022) highlight the impact of social desirability bias, which can lead individuals to overestimate their cultural competence in self-assessments. These findings suggest that reported levels of cultural competence may be inflated if such biases are not accounted for, underscoring the need for more objective evaluation methods.

5. Progressing the understanding of cultural competence in the UK

While studies on cultural competence in physiotherapy have been conducted, most originate from the USA, Canada, New Zealand, and Australia, with some in other European countries but minimal research from the UK. Reviews have explored barriers and facilitators to cultural competence, sociocultural factors involved in patient-therapist relationships, and patient perspectives in multi-cultural care (Grandpierre, 2018: Yoshikawa et al., 2020; Lauwers et al., 2024) but with only minimal work originating in the UK. Cultural competence interventions have not been widely adopted in Europe (De-María et al., 2024). While research has shown that cultural competency training improves both patient satisfaction and clinician competence (Govere and Govere, 2016), the majority of these studies (71 %) were conducted in the USA, with minimal in the UK setting. A promising approach is the co-development of culturally appropriate services in collaboration with communities, ensuring alignment with their needs, worldviews, and cultural references. This strategy has been suggested as an effective way to improve healthcare access and reduce disparities in care quality (Gkiouleka et al., 2022).

6. Implications for research

Although research on cultural competence from countries such as the USA, Canada, Australia and New Zealand offers valuable insights, its direct relevance to the UK context is limited. This is largely due to significant differences in healthcare systems and population demographics across countries. These differences necessitate a more context-specific approach to understanding and developing cultural competence within the UK healthcare system. The lack of UK based cultural competence research leaves several questions unanswered. Should the focus be on cultural awareness, sensitivity, competency behaviours, communication skills, or a combination of these? Further research is needed to explore these questions and to incorporate patient perspectives in assessing the effectiveness of cultural competence in physiotherapy.

Despite the numerous frameworks and evidence supporting cultural competence in healthcare, patient engagement, satisfaction, and health outcomes remain suboptimal, even in countries where studies have been conducted. Within the UK, the lack of evidence further complicates efforts to implement culturally competent care effectively. There is a clear need for further research into cultural competence within the UK, in the context of NHS physiotherapy. This includes exploring how the concept is understood and implemented by physiotherapists to identify both strengths and gaps in current approaches.

In addition, there is a need to examine and evaluate the cultural competence training currently available in the UK. This includes assessing not only its impact on clinicians' knowledge and behaviours, but also how well it aligns with and adheres to implementation frameworks, that is, how effectively training is delivered and embedded in everyday clinical practice. Such insights are essential to developing evidence-based, sustainable strategies for improving culturally responsive care in the NHS. Furthermore, international collaboration and comparative studies across different healthcare systems could help to identify both universal principles and context-specific practices of cultural competence. Strengthening international collaboration and supporting the inclusion of underrepresented voices in research can contribute to more globally relevant and equitable models of cultural competence.

7. Conclusion

Most evidence on cultural competence originates from North America and Australasia, limiting applicability to the UK's health system and demographics. There is minimal understanding of how UK physiotherapists perceive, implement, or evaluate culturally competent care. We lack consensus on what to measure – awareness, behaviours, or outcomes – and how to do so meaningfully. Without UK-based research, professional standards risk becoming aspirational rather than actionable. Future work must explore what cultural competence looks like in practice, foreground patient voices, and examine how co-produced, culturally responsive services can be embedded sustainably within UK healthcare. This is an urgent research priority for equity in rehabilitation.

CRediT authorship contribution statement

Pauline May: Writing – review & editing, Writing – original draft, Conceptualization. **Louise Connell:** Writing – review & editing, Conceptualization. **Nicola Middlebrook:** Writing – review & editing, Conceptualization. **Gillian Yeowell:** Writing – review & editing, Conceptualization.

Funding

This research was supported by the National Institute for Health and Care Research (NIHR), Applied Research Collaboration North West Coast (ARC NWC), UK. The views expressed are those of the author(s) and not necessarily those of the NIHR or the ARC NWC.

References

1. Abbas and Mohammadnezhad, 2024

'Factors affecting physiotherapists and minority group patients' relationship in the UK: a systematic review study'

J. Rehabilitation Res. Practice, 5 (1) (2024), pp. 26-32, 10.46439/rehabilitation.5.030

2. Argyriadis et al., 2022

Self-assessment of health professionals' cultural competence: knowledge, skills, and mental health concepts for optimal health care

Int. J. Environ. Res. Publ. Health, 19 (18) (2022), pp. 1-12, 10.3390/ijerph191811282

3. Bakaa et al., 2023

Assessing cultural competence among Canadian physiotherapists: a qualitative analysis of a cross-sectional survey Part 2

Physiother. Can. (2023), 10.3138/ptc-2023-0006

4. Bakaa et al., 2024

Assessing diversity and cultural competency among Canadian physiotherapists: a cross-sectional survey Part 1

Physiother. Can. (2024), 10.3138/ptc-2022-0119

5. Brady et al., 2016

Culturally informed practice and physiotherapy

J. Physiother., 62 (3) (2016), pp. 121-123, 10.1016/j.jphys.2016.05.010

6. Chun and Jackson, 2021

Scoping review of economical, efficient, and effective cultural competency measures

Eval. Health Prof., 44 (3) (2021), pp. 279-292, 10.1177/0163278720910244

7. Claeys et al., 2021

Culturally sensitive care: definitions, perceptions, and practices of health care professionals

J. Transcult. Nurs., 32 (5) (2021), pp. 484-492, 10.1177/1043659620970625

8. De-María et al., 2024

Cultural competence interventions in European healthcare: a scoping review

Healthcare (Switzerland), 12 (10) (2024), 10.3390/healthcare12101040

9. Delgado et al., 2013

Cultural competence training for clinical staff: measuring the effect of a one-hour class on cultural competence

J. Transcult. Nurs., 24 (2) (2013), pp. 204-213, 10.1177/1043659612472059

10. Dune et al., 2022

White and non-White Australian mental health care practitioners' desirable responding, cultural competence, and racial/ethnic attitudes

BMC Psychology, 10 (1) (2022), pp. 1-17, 10.1186/s40359-022-00818-4

11. Gkiouleka et al., 2022

Allied health professionals: a promising ally in the work against health inequalities- A rapid review

Publ. Health Pract., 3 (2022), pp. 2666-5352, 10.1016/J.PUHIP.2022.100269

12. Govere and Govere, 2016

How effective is cultural competence training of healthcare providers on improving patient satisfaction of minority groups? A systematic review of literature

Worldviews Evidence-Based Nurs., 13 (6) (2016), pp. 402-410, 10.1111/wvn.12176

13. Grandpierre et al., 2018

Barriers and facilitators to cultural competence in rehabilitation services: a scoping review

BMC Health Serv. Res., 18 (1) (2018), pp. 1-14, 10.1186/s12913-017-2811-1

14. Hansen et al., 2022

L.S. Hansen, J. Præstegaard, S. Lehn-Christiansen

Patient-centeredness in Physiotherapy–A literature mapping review

Physiother. Theory Pract., 38 (12) (2022), pp. 1843-1856, 10.1080/09593985.2021.1923095

15. Killingback et al., 2022

C. Killingback, A. Green, J. Naylor

Development of a framework for person-centred physiotherapy

Phys. Ther. Rev., 27 (6) (2022), pp. 414-429, 10.1080/10833196.2022.2129157

16. Larson and Bradshaw, 2017

K.E. Larson, C.P. Bradshaw

Cultural competence and social desirability among practitioners: a systematic review of the literature

Child. Youth Serv. Rev., 76 (2017), pp. 100-111, 10.1016/j.childyouth.2017.02.034

17. Lauwers et al., 2024

The patient perspective on diversity-sensitive care: a systematic review

Int. J. Equity Health, 23 (1) (2024), pp. 1-18, 10.1186/s12939-024-02189-1

18. Naylor et al., 2023

'What are the views of musculoskeletal physiotherapists and patients on person-centred practice? A systematic review of qualitative studies

Disabilitya nd Rehabilitation, 45 (6) (2023), pp. 950-961, 10.1080/09638288.2022.2055165

19. Osmancevic et al., 2021

Psychometric properties of instruments used to measure the sultural competence of nurses: a systematic review

Int. J. Nurs. Stud., 113 (2021), Article 103789, 10.1016/j.ijnurstu.2020.103789

20. Papadopoulos, 2003

The Papadopoulos, Tilki and Taylor model for the development of cultural competence in nursing

Journal of Health, Social and Environmental Issues, 4 (2003), pp. 5-7

21. Saha et al., 2008

Patient centeredness, cultural competence and healthcare quality

J. Natl. Med. Assoc., 100 (11) (2008), pp. 1275-1285, 10.1016/S0027-9684(15)31505-4

22. Singh et al., 2018

Exploring the lived experience and chronic low back pain beliefs of English-speaking Punjabi and white British people: a qualitative study within the NHS

BMJ Open, 8 (2) (2018), pp. 1-11, 10.1136/bmjopen-2017-020108

23. Yoshikawa et al., 2020

Sociocultural factors influencing physiotherapy management in culturally and linguistically diverse people with persistent pain: a scoping review

Physiotherapy, 107 (2020), pp. 292-305, 10.1016/J.PHYSIO.2019.08.002