

Internationalisation of Higher Education: Inclusion of Socio-cultural Skills in a Physiotherapy Programme

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ABSTRACT This study sought to investigate the socio-cultural competences that could be considered for inclusion in Physiotherapy education. Also investigated are the skills required to functions as physiotherapists in the global or international arena. The design for this study was a prospective survey design. Socio-cultural skills required to function internationally were assessed. Data was collected with a self administered questionnaire. Responses are reported in percentages. The strongly Agree (SA) and Agree (A) responses were summed together as levels of agreement. Thirty final year physiotherapy students participated in this study. The age of the participants ranged between 20 and 35 years. Flexibility as a socio-cultural skill recorded the highest agreement with a response rate of 96.9 percent, while respect and awareness of differences in behaviour and attitude to health care were 90.6 percent each; Awareness of multicultural identity, cross cultural awareness and management of stress each recorded score of 87.5 percent. The agreement response of 81.25 percent, was recorded for empathy while ability to interact with others was 75 percent; and proficiency in a foreign language recorded the least score of 25 percent. Flexibility of practitioners, demonstration of empathy and awareness of multicultural diversity were considered important socio-cultural skills that should be considered for inclusion in a physiotherapy curriculum. These competences are important because students need to move from a position of understanding that culture is a central issue in health care to knowing how to enact this understanding within their own professional domain.

INTRODUCTION

Most countries are moving towards economic interdependency. The mergers and collaborations of Nations across the world is a testimony to this. Internationalisation allows inter-country migration of different workforce. Institutions of higher learning should therefore be prepared to accommodate this shift in paradigm by internationalising their curriculum. Over the years, internationalisation of higher education has become a big business and most countries have developed interest in it. Most developed countries had increased their revenues through admission of foreign students. Mutual benefits such as financial, curriculum development to both receiving (local) and 'giving' (foreign) countries has been observed (Haigh 2002). There is a paradigm shift towards reviewing curriculum with the aim of providing and improving the quality of training to both local and international students (Haigh 2002). One of the implications of internationalisation of higher education will be interacting with persons of different socio-cultural backgrounds resulting from cultural pluralism.

According to Lee et al. (2007), cultural pluralism demands personal and professional changes

in daily interactions with people of other cultures. Cultural diversity has implications for health professionals in their workplaces. Haigh (2002) further stressed that the ideal international curriculum provides equably for the learning ambitions of all students, irrespective of their national, ethnic, cultural, social class/caste or gender identities. Such a curriculum values social inclusion, cultural pluralism and 'world citizenship' ahead of partisan links with any smaller geographical, cultural or social unit. The concept contains the belief that a university should grant an equal opportunity for success to every student that it enrolls and not prejudice the advancement of any individual by granting an innate competitive advantage to students from any particular social group or tradition.

At the moment scenarios and clinical examples for training focuses more on local experiences with very little or nothing about international clinical scenarios with different socio-cultural backgrounds. Internationalisation of higher education involves other stakeholders apart from the countries of the receiving students. Countries and employing agencies of foreign trained physiotherapists are concerned with the quality of edu-

cation that is provided. The drift of physiotherapy students from different parts of the world brings along with it different cultures and challenges. Ideally, local students should be seen to benefit from the diverse tradition of foreign students. For example, foreign students should be made to lead presentations on health and culture as it relates to their country of origin.

According to Isserstedt and Schintzier (2005), Williams and Van dyke (2007), internationalisation has a profound effect on today's political, economic and cultural life. There is political pressure (Bologna 1999) for institutions to internationalise their curriculum, there is however no tool on assessing the outcome of internationalised curriculum. This therefore makes it difficult to evaluate progress and impact of internationalisation. Engerb and Green (2002), Deardoff (2004 and 2005) and Williams and Van dyke (2007) revealed that specification of anticipated outcomes of internationalisation are often general with goals stated broadly that the institution will "become internationalised" or that a goal is to graduate "cross-culturally competent students" or "global citizens". They all agreed that intercultural competence should be the indicator of internationalisation, there is however little agreement, as to specifically what constitutes intercultural competence. Migration of health workers is a global phenomenon with physiotherapy profession highly affected.

Physiotherapists as health professionals interact with patients in the different clinical situations and members of the medical team from different cultural and ethnic background (Tinana 2004; O'Shaughnessy and Tilki 2007). To do this effectively will require some social and communication skills and knowledge of other culture and health behaviour and beliefs.

In this study, Internationalisation will be discussed within the context of socio-cultural competence. Examples of these competences are empathy, flexibility, cross-cultural awareness, and managing stress, while some definitions of intercultural competence specifically note other elements such as technical skills, foreign language proficiency, and situational factors (Deardoff 2004). Chen and Starosta (1996), in their definition of intercultural competence, stress that cross-culturally competent persons are those who can interact effectively and appropriately with people who have multi-level cultural identities.

These competences are required for all healthcare professionals including physiothera-

pists. Cross-cultural interaction is increasingly common as societies become more multi-cultural due to migration, the globalised economy, travel and communications. At the moment, Britain is undergoing a major demographic change and is becoming more multicultural with the influx of more migrant population from Eastern Europe and some African countries. These will further create challenges such as language proficiency, cross cultural awareness and attitudes to healthcare for health professionals who come in contact with them at both in and out patients of the National Health Service. Peterson et al (2000) indicates that these graduates must be able to adapt to an unfamiliar culture and operate in a socially and culturally diverse environment; appreciate differences in gender, culture and customs; and be able to work effectively and sensitively within the (national) and international community. Introducing this in academic curriculum might be a challenge. French (1992) emphasised that there is limited information on strategies that ensure successful integration of cultural awareness in practice or how it should be taught in an educational setting. Current thinking suggests that by internationalising education, students will be able to engage meaningfully and responsibly with another culture so that cultural differences are understood and respected (Schoorman, 2000; Whiteford and Wright St-Clair 2002). This can be achieved through curriculum design to address treatment approaches, patients' needs within the context of Bio psychosocial model of health.

The aim of this study is to investigate the socio-cultural competences that could be considered for inclusion into a Physiotherapy programme in the united Kingdom. It is hoped that socio-cultural awareness and other related skills across racial and different ethnic groups might improve care and rehabilitation of patients and enhance work opportunities for physiotherapy students both locally and abroad.

METHODOLOGY

The population for this study were all fifty-eight final year registered B.Sc. physiotherapy students in University in the United Kingdom. They were aged between 20 and 40 years. About 71 percent (or 41) of the participants were females. They all constituted the sample for this study. The design for this study was a prospective survey design. According to Hicks (2004), prospec-

tive design involves identifying the group you wish to study and collecting the information required. The instrument used in collecting data in this study was a self administered questionnaire. The questions were based on literature reviewed on internationalization of higher education and socio-cultural competences. The instrument was divided into the following three main sub-sections: section A was aimed at documenting demographic information of participants; B, Socio-cultural competences, while section C was used to rank socio-cultural competences by respondents in order of importance. Open ended questions were also included to allow respondents provide their own opinions.

The questionnaires were administered to the participants and returned immediately on completion during one of the lectures to ensure high response rate. Prior to completion of the instrument, the purpose of the study and copy of the ethical procedure were provided and explained to participants. Prior to development of the instrument for data collection, emails were sent to experts in the field of internationalisation of higher education and physiotherapist who had practised in other countries outside the United Kingdom for ideas on possible socio-cultural competencies that could be included in physiotherapy curriculum. Amongst those who responded were the Director of International Educator Administrator, United States of America, a physiotherapy lecturer who had worked in the Middle East, Australia and the Royal Navy, a physiotherapy lecturer from Hong Kong. Also contacted was the chairperson of the International Support Group for Chartered physiotherapists in the United Kingdom. They provided socio-cultural competences that were included in the instrument that was used in collecting data in this project. The

initial draft of the instrument was sent to senior colleagues who provided correction to ensure validity. A pilot study was used to address reliability and validity and to correct any logistics problems. Five level two students participated in the pilot study. These subjects were excluded from the population that participated in the final study. This also enabled the researcher to establish the feasibility of the study. The responses were analysed with the help of the Statistical Package for the Social Sciences (SPSS), Windows version 17.0. Descriptive statistics of percentages, graphs were used in this study.

Ethical Consideration

The principles of ethical propriety include simple considerations of fairness, honesty, openness of intent, disclosure of methods, the ends for which the study is executed, respect for the integrity of the individuals, the obligation to guarantee individual privacy unequivocally and an informed willingness on the part of the subject to participate voluntarily in this study.

RESULTS

Demographic Information

Thirty-two final year students (55 percent) completed the questionnaire in this study. Their age ranged between 20 and 35 years. Five (15 percent) of the participants were between the age of 18 and 20 years, while majority (41 percent) of the participants were between the age of 21 and 23 years (Fig. 1). Twenty of the participants (representing 62.5 percent) were females, while 12 or 37.5 percent of the remaining were males. All the participants were Caucasians.

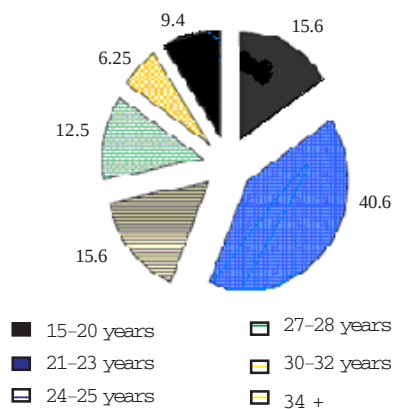


Fig. 1. Percent distribution of age groups of participants

Levels of Agreement of Inclusion of Socio-cultural Competences in the Bachelor of Science Physiotherapy Curriculum Participants

Empathy, flexibility and cross cultural awareness as perceived by participants is presented in Figure 2.

Managing stress, foreign language proficiency and ability to interact with others from different cultures as perceived by participants is presented in Figure 3.

Awareness of multicultural identity, differences in behaviour and attitudes to health care and respect as perceived by participants is presented in Figure 4.

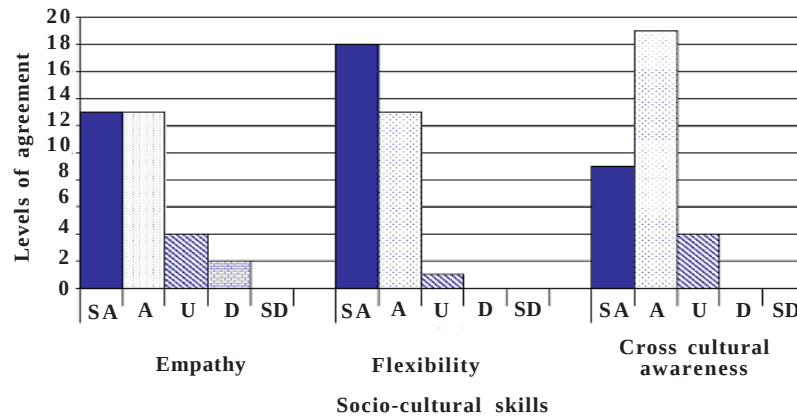


Fig. 2. Empathy, flexibility and cross-cultural awareness as perceived by participants

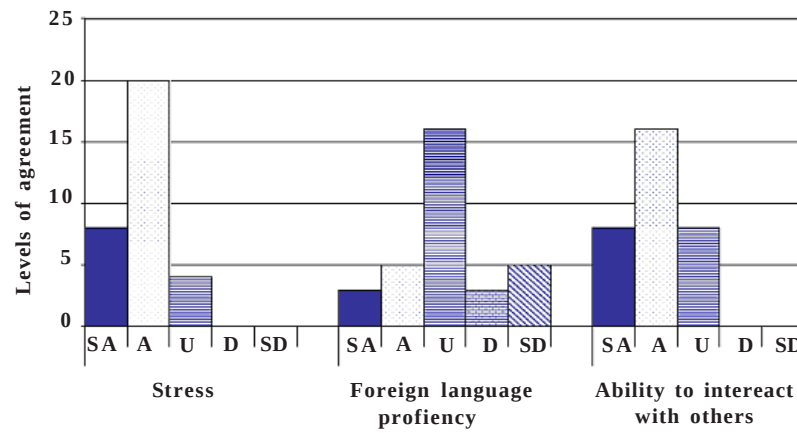


Fig. 3. Managing stress, foreign language proficiency and ability to interact with others from different cultures as perceived by participants

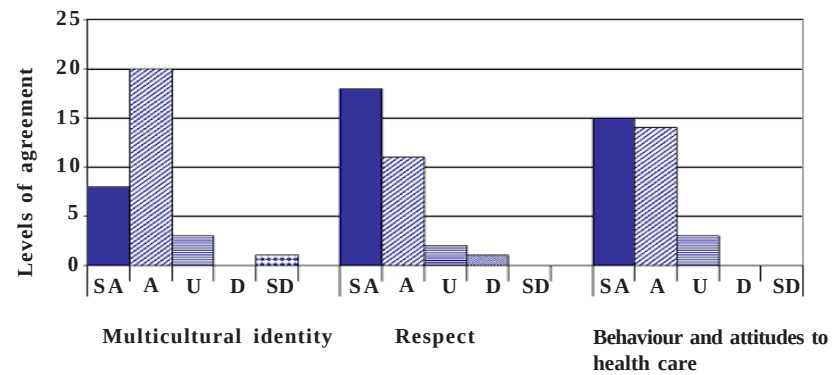


Fig. 4. Managing stress, foreign language proficiency and ability to interact with others from different cultures as perceived by participants

All Groups Percent response of the total agreement (Strongly Agree and Agree) for inclusion of Selected Socio-cultural Skills in the Bachelor of Science Physiotherapy Curriculum as Perceived by Participants

Flexibility recorded the highest response score of 96.9 percent, while respect and awareness of differences in behaviour and attitude to health care were 90.6 percent each; the record for empathy was 81.25 percent, Cross cultural awareness and management of stress each recorded score of 87.5 percent, ability to interact was 75 percent; awareness of multicultural identity was 87.5 percent and proficiency in a foreign language recorded the least score of 25 percent.

Ranking Socio-cultural Competences

The highest ranked socio-cultural competency to be considered for inclusion into the physiotherapy curriculum as perceived by the participants was empathy while the least was proficiency in foreign language (Fig. 5). The reason for their choice is presented below. (1 being most important and 9 as least important)

Reasons Provided by Participants for Ranking of Socio-Cultural Skills

The following reasons were provided by the participants for ranking the inclusion of socio-cultural competences in the B.Sc. Physiotherapy curriculum.

1. The reasons provided for ranking respect as a socio-cultural skill to be considered for inclusion in the physiotherapy curriculum.

- (a) "We should be non-judgemental in dealing with people"
- (b) "Without respect, it is difficult to achieve any other thing"

2. The reasons provided for ranking empathy as a socio-cultural skill to be considered for inclusion in the physiotherapy programme

- (a) "It is important to make people feel comfortable that you are working with them towards their goals"
- (b) "If you can not empathise with a person, you can not make them believe you know what you are doing will be effective, it also means that you know how to communicate"
- (c) "Empathy allows you to sympathise and understand other people.. be aware of their feeling about certain issues"
- (d) "Physiotherapists needs empathy in order to listen to their patients and treat them as individuals"
- (e) "I think empathy and interaction are key skills which will be required in most situations"
- (f) "Empathy is necessary for good patient care"
- (g) "Empathy and flexibility most relevant for physiotherapist as a career"

3. The reasons provided for ranking awareness of different attitudes to health care as a socio-cultural skill that should be considered for inclusion into the curriculum

- (a) "Awareness of different attitudes and expectations is important as a physiotherapist provides services to persons"

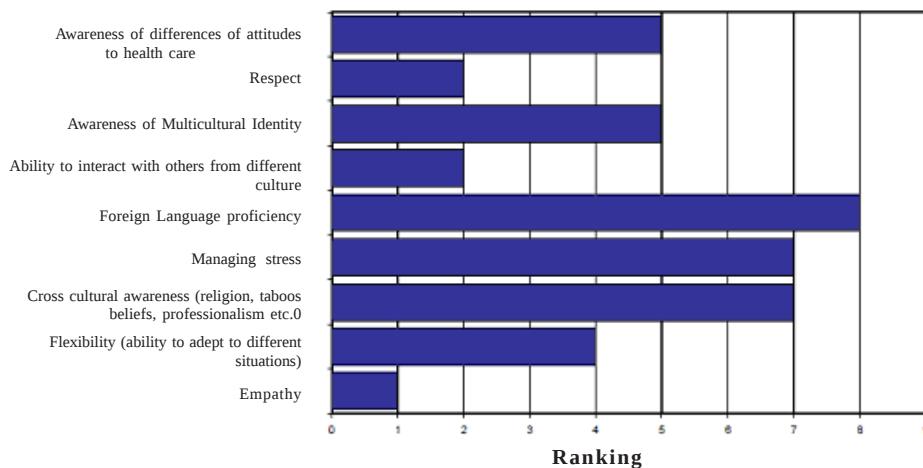


Fig. 5. Ranking of Importance of socio-cultural skills as perceived by participants

- (b) "There is a big difference in expectations and interpretations of health care in different culture"
- (c) "Awareness of behaviour to health as physiotherapy is a health related profession"
- 4. The reasons provided for ranking flexibility as the highest socio-cultural skill that should be considered for inclusion into the curriculum
 - (a) "You need to be able to adapt to every situation thrown at you"
 - (b) "Flexibility is the key to good patient management."
 - (c) "Need to have flexible approach towards patients and members of the health team"
 - (d) "Flexibility is most important due to work situation"
 - (e) "Flexibility is always needed"
- 5. The reasons provided for ranking foreign language proficiency as the least socio-cultural skill that should be considered for inclusion into the curriculum
 - (a) "People need to speak the language of the country of they choose to live in"
 - (b) "Foreign language proficiency may not be relevant at all"
 - (c) "Not everyone will want to work abroad; it is not fair to teach everyone this"
 - (d) "It is students' own responsibility to learn a language"
 - (e) "May not be feasible to teach foreign language"
 - (f) "I think foreign language is least important as long as you are fluent in the main language of the country you are working in"
 - (g) "Language- less needed"
 - (h) "Foreign language will used less often"
 - (i) "Unless you know a wide range of languages, it may not be beneficial"
 - (j) "Other methods of communication or translator can be used for non-English speaking people"
 - (k) "You still manage a patient if you cannot speak their language"
 - (l) "Persons should learn the language of the country they live in and not expect natives to adapt to immigrants- therefore if a physiotherapist works abroad, the physiotherapist should learn the language"
 - (m) "Rarely sees foreign patients- so least important, unless going abroad"

DISCUSSION

The aim of this study was to investigate socio-cultural competences that could be included in the

Bachelor of Science Physiotherapy programme in order to develop a curriculum that will embrace the international discourse of higher education and at the same time improve, proficiency of physiotherapy practice and also broaden the scope of employability of the physiotherapist trained by this institution.

There was a unanimous agreement by the participants on the inclusion of all the socio-cultural skills in the B.Sc. physiotherapy curriculum except for proficiency in foreign language. Proficiency in foreign language also ranked least for consideration for inclusion into the physiotherapy curriculum.

The importance of language and communication in internationalisation of higher education has been documented (Richardson et al. 2002; Deardorff 2004). According to Deardorff (2004), linguistic competence plays a key role in internationalisation of Higher Education. This was supported by Richardson et al (2002) who stressed that communication was the central concern to physiotherapists who manage both the physically ill and healthy people.

Participants in this study ranked proficiency in foreign language as the least important skill. The reason for this ranged from that not everyone wanted to work abroad to the availability of a translator. A few of the respondents also indicated that the work load is too much as it is at the moment and would not want the inclusion of proficiency in foreign language. The lack of interest of students in foreign language has been reported by Hayward (2000), who indicated a reduction in enrolments in foreign languages. According to the Hayward, foreign language enrolments, as a percentage of total higher education enrolments have declined significantly over the past 40 years.

In order to provide holistic care within the social model of care with shift towards creating an enabling environment instead of rehabilitation, the emphasis should not only be on physical problems but on integration of both physical and mental aspects for treatment of the entire person. The role of the physiotherapist should be to see the whole picture and to treat the musculoskeletal system (joints and muscles) within an understanding of the psychosocial factors relevant to each patient. Communicating, to ensure the successful application of techniques, is regarded as central to the professional role.

The fact that all the participants of this study belonged to one racial group might have influenced the ranking of the different socio-cultural

skills for consideration for inclusion into the physiotherapy curriculum. It is also possible that the outcome of this study is influenced by the methodology that is used. The use of qualitative method such as focus group discussion could be considered for further studies.

To broaden the cultural competences of the physiotherapy students in this study, compulsory elective clinical placements should be considered outside Devon and Cornwall as part of their training. Places to send the students should include Leeds, Birmingham and London. These are cities with high population of different ethnics and multicultural groups. Students will require extensive socio-cultural skills to manage patients in this environment. This will prepare them for the larger global market. If physiotherapists are to practice in a culturally competent way, it is important that patients are assessed from a socio-cultural perspective as well as a biomedical position. A physiotherapist lacking cultural knowledge may make incorrect clinical judgements about the nature or severity of clients' problems.

Participants also agreed that it is important to include respect, awareness of multicultural identity and awareness of the differences in behaviour and attitudes to health care in the physiotherapy curriculum. Physiotherapy students need to move from a position of understanding that culture is a central issue in health care to knowing how to enact this understanding within their own professional domain.

In addressing pragmatic strategies for achieving integration, specific teaching/learning approaches, such as the use of the 'socio-cultural interview' and the approach should be adopted. This is achievable by including socio-cultural issues in scenarios that are designed for the delivery of the physiotherapy programme through the problem based learning approach which has been shown to encourage lifelong learning.

Though this is a new physiotherapy programme, a longitudinal study of the socio-cultural skills of the graduate at work place should be considered for further investigation

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