Wesam Al-Ozaibi & Bronwyn Bimm

CULTURAL TRANSLATION: CLARIFYING THE DIFFERENT UNDERSTANDINGS OF PHYSIOTHERAPY FOR ARABIC SPEAKING PATIENTS AND FINNISH PHYSIOTHERAPISTS

Degree Program in Physiotherapy

2017

samk
Satakunnan ammattikorkeakoulu
Satakunta University of Applied Sciences

CULTURAL TRANSLATION: CLARIFYING THE DIFFERENT UNDERSTANDINGS OF PHYSIOTHERAPY FOR ARABIC SPEAKING PATIENTS AND FINNISH PHYSIOTHERAPISTS

Al-Ozaibi, Wesam & Bimm, Bronwyn
Satakunnan ammattikorkeakoulu, Satakunta University of Applied Sciences
Degree Programme in Physiotherapy
November 2017
Number of pages: 37
Appendices: 5

Keywords: Arab World, Communication, Culture, Finland, Physiotherapy

---

The aim of this thesis is to provide insight to the culture of Arabic speaking immigrants to physiotherapists and, reciprocally, the profession of physiotherapy for Arabic patients.

With the influx of immigrants to Finland during the 2015 refugee crisis many Arabic speakers have found themselves deposited in a new land, complete with new language and culture. Likewise, physiotherapists find themselves facing unfamiliar terrain advising on treatment strategies and lifestyle changes while unfamiliar with the cultural preconceptions and structure of the patient's lifestyle. Besides the communication failures there is also a lack of information on the part of the immigrants, since many have never encountered the field before, Arabic patients often do not know what physiotherapy is or what it can do for them.

Language is "the method of human communication, either spoken or written, consisting of the use of words in a structured and conventional way." However, it is culture that dictates convention. That is to say, a word can have multiple meanings in the same language or an entirely different meaning depending on location. Thinking in terms of physiotherapy specifically, a mutual understanding and the formation of a working relationship based on respect and trust is necessary in order for long term treatment to be beneficial. That understanding and relationship could take unnecessarily long or not form at all should neither party have experience with the other's point of view or culture.

With this in mind the authors aim to provide not a translation of the languages of the Arab World but the culture. Using questionnaires to gather information and create products for each group, both Arabic patients and Finnish physiotherapists, the authors seek to explain key aspects to the other in order to aid in the formation of a successful working relationship.

In conclusion, the information gathered through the questionnaires discovered that many Arabic immigrants haven't any idea about the role of physiotherapy in health, and that while many Finnish physiotherapists manage in their treatment, sessions take more time for communication and treatment is slow as Arabic speaking patients are introduced to the idea of being responsible for their own wellbeing.

CONTENTS

APPENDICES

APPENDIX 1

APPENDIX 2

APPENDIX 3

APPENDIX 4

APPENDIX 5

1 INTRODUCTION

Between 2004 and 2014 Finland received 38,421 asylum applications, averaging 3493 asylum seekers each year, in 2015 that number skyrocketed to 32,476 in that year alone, with the majority of them being from the Arab World (Statistics on Asylum and Refugees: Asylum Applicants by Nationality 2004-2015). Even with this change in demographics, Finland is still ethnically and culturally homogeneous with 5.1 million of its 5.5 million inhabitants in 2017 being of Finnish background (Official Statistics of Finland (OSF): Population structure 2017).

Keeping in mind that not all asylum seekers will become refugees, the significant proportion that are still being processed means that there is loading on health care staff. With these clients or patients (here forth referred to as patients) there is extra difficulty not only because of a difference in language, but different perceptions based on culture and religion. (Atiyeh, K. G. & Aikaterini, Z. 2016, 5; Statistics on Asylum and Refugees: Asylum Applicants by Nationality 2004-2015). Unlike immigrants who are aware of their destination and may acquire a level of understanding before going and often require a purpose such as employment in order to stay, refugees can be of a wide degree of backgrounds, education levels and often know little of the country where they have ended up (Website of Migration Watch UK 2017). There is a further complication, while physiotherapy exists in parts of the Arab world, in much of it, it does not. Not coincidentally the majority of asylum seekers come from these countries which tend to lack in healthcare and public services. (Statistics on Asylum and Refugees: Asylum Applicants by Nationality 2004-2015; Website of World Confederation of Physiotherapy 2017)

With regards to physiotherapy, physiotherapists must have many competencies. The European Commission on European Skills/Competences, qualifications and Occupations (ESCO) lists 64 as necessary, communication skills being key in 13 to 16 of them (Website of ESCO). Unfortunately many communication methods used with patients with limited English and Finnish comprehension can lead to inaccuracy, misunderstanding and bias, resulting in ineffective treatments and discrimination.

These risks should be highlighted, explained, and clarified to physiotherapists so that they may adapt and provide the necessary care for these patients more effectively. (Sze-Mun Lee, T., Sullivan, G. & Lansbury, G. 2006, 167)

That is why this thesis is being written on behalf of the Finnish Association of Physiotherapists (FAP) to attempt to supply its physiotherapists with a better understanding of Arabic speaking patients.

2 THE AIM AND OBJECTIVE OF THE THESIS

The aim of the thesis is to build a link in understandings between Arabic speaking immigrants and physiotherapists in Finland. It seeks to underline the common factors that physiotherapists need to understand about these immigrants, and what immigrants understand about physiotherapy.

The objective is to create two products: the first is a video for physiotherapists to show to Arabic speaking patients explaining in Arabic what is physiotherapy in Finland, who it is for, what it consists of and how it is beneficial.

The second product is an enhanced medical questionnaire in Finnish/Arabic with a supporting pamphlet. Thus, allowing hospitals or physiotherapy clinics to know the cultural aspects that would ease patients' concerns, reducing negative factors on treatment.

3 PHYSIOTHERAPY IN FINLAND

3.1 A Brief History

Physiotherapy education has been given in Finland for more than a century, (Website of FAP 2017) though it has not always been called such. The development of physiotherapy in the Nordic countries, and therefore Finland, started with Per Henrik Ling of Sweden. A graduate of the Växjö gymnasium and a fencing master, Ling met a Chinese individual during his travels by the name of Ming who instructed him in martial arts and tui na. Ming's special exercises were aimed at enhancing strength, flexibility and stamina which Ling used to enhance his fencing. When overuse injuries and what was diagnosed as rheumatism forced Ling's return to Sweden he used these same exercises to heal himself. It was his appreciation of their effectiveness that led to him founding the Royal Central Institute of Gymnastics in 1813. (Moffat 2012, 13)

The first institute to teach physiotherapy in what is now Finland opened in Helsinki at the university level in 1869. As of 1908 the education spanned 3 years and mirrored Ling's model of education in Sweden. Bewilderingly, medical gymnastic education was abolished in 1942, but with the end of the Finnish Winter War (1939-1940) and its subsequent involvement in World War II (1941-1944) there came a desperate need for rehabilitation of the war wounded. Suomen Fysioterapeutit (Finnish Association of Physiotherapists) was established in 1943 to re-establish education programs and just after, the development of legislation in 1945-1946 improved education standards while establishing rights and duties of physiotherapists. In the 1960's programs spread to other Finnish cities and in the 1990's it moved to the "ammattikorkeakoulu", Universities of Applied Sciences. (Moffat 2012, 15; Website of FAP 2017)

Medical Gymnastic education was originally divided into four categories: physical therapy for medical use, military with primary application to fencing, pedagogical physical education and aesthetic. This later changed to separate physical therapy and physical education into their own distinct degrees. Currently, there are 17 physiotherapy schools in Finland taking in a mean of 400 new students each year at

the Bachelor's level to complete the 210 credits, 5 600-hour program which takes 3.5-4 years. (Moffat 2012, 13-15; Website of FAP 2017)

3.2 Fields of Physiotherapy

Physiotherapy is the restoration and/or maintenance of movement and functional ability to improve quality of life after factors such as injury, age, pain, disorders and conditions. It ranges from private to public health sectors and from individual to community based implementations to treat or prevent physical impairments. Throughout its development, physiotherapy has separated into multiple fields, focusing on specific conditions, at risk groups or treatment modalities to effectively tailor treatment. The World Confederation of Physical Therapy (WCPT) currently recognizes 10 subgroups directed at humans with 2 more currently under consideration. (Website of WCPT 2017) While these subgroups do represent major fields of physiotherapy they are their own independent organizations and so not all specialty fields may be represented. ESCO further includes such fields as osteopaths, chiropractors and health promotion workers under the heading "Physiotherapist" as related professions. (Website of ESCO 2017)

Subgroups that concentrate on specialization, focus on disorders which can be caused by a wide range of individual, environmental and disease related factors which require specialized knowledge of the associated field (Website of WCPT 2017). The field of cardiorespiratory physiotherapy involves the advanced knowledge of the anatomy and physiology of the heart and lungs as well as the pathophysiology of their ailments. Focusing on activities that are possible for those with cardiac and/or respiratory disorders and taking into account pharmaceutical interventions, surgical interventions and physiotherapeutic assessment, treatments are decided upon while being sure not to overtax the affected organs. (Hillegass 2017) The neurological field involves the treatment of those with conditions affecting the nervous system as a key part of a multidisciplinary team. It analyses quality and functionality of movement and then providing stimulus through a variety of strategies to engage patient response. (Stokes & Stack 2011, 2084) Mental Health is a newly developing field using exercise and

physiotherapeutic techniques to improve mental health and well-being, while reducing depression and anxiety and enhancing cognitive function (Callaghan 2004, 482).

Oncology and palliative care is one of the subgroups that soon hopes to be recognised by the WCPT (Website of WCPT 2017) working with those that have cancer to treat symptoms and prevent the development of co-morbidities related to poor diet and nutrition (Kumar & Jim 2010; Pate et al 1995, 403). Musculoskeletal, also sometimes referred to as Orthopaedics and formerly known as manipulative physiotherapy, is a non-invasive intervention which uses therapeutic movement to treat pain or dysfunction that affects the skeletal muscles, joints, and soft tissues which inhibit everyday movements (Zusman 2004, 39). Paediatrics, unlike the others, is a delicate specialisation. It requires an understanding of laws regarding minors even while it focuses on habilitation and rehabilitation of movement in children from 0-18 years old while keeping in mind their current stage in anatomic growth. That being said the cause of the patient's disorder may fall under almost any subgroup such as neurological, sports or even women's health. (Pountey 2007, v)

At risk groups are those that are at risk of certain physical conditions, these may be due to age such as geriatrics: where reduced strength and balance, comorbidities and medications often lead to falls (Rubenstein 2006, 38) or gender such as the musculoskeletal damages wrought by pregnancy, childbirth, post-partum, breastfeeding and menopause which is the main focus of women's health. (Porter 2013, 114) Depending on an individual's lifestyle, at some point or other, occupational or sports physiotherapy may be required. (Website of WCPT 2017)

As far as recognised modalities go, acupuncture, integrates the use of needling in with regular physiotherapy practices while the use of Electrophysical Agents (EPAs), can be used in evaluation settings as well as treatment proceedings in situations where typical physiotherapy may have little effect. (Website of WCPT 2017)

3.3 Physiotherapeutic Process

ESCO defines the work of physiotherapists as such: "Physiotherapists assess, plan and implement rehabilitative programmes that improve or restore human motor functions, maximize movement ability, relieve pain syndromes, and treat or prevent physical challenges associated with injuries, diseases and other impairments." (ESCO-EN ISCO-08 2264 2017) What is not mentioned is that physiotherapy is also a partnership between physiotherapist and patient. (Fu, McNichol, Marczewski & Closs 2016, 339)

In order to fulfil their part, physiotherapists use clinical reasoning, (figure 1.) a diagnostic and management method of thinking in keeping with evidence-based practice; best stated as "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients [by] integrating individual clinical expertise with the best available external clinical evidence from systematic research." (Sackett et al 2000, 246)

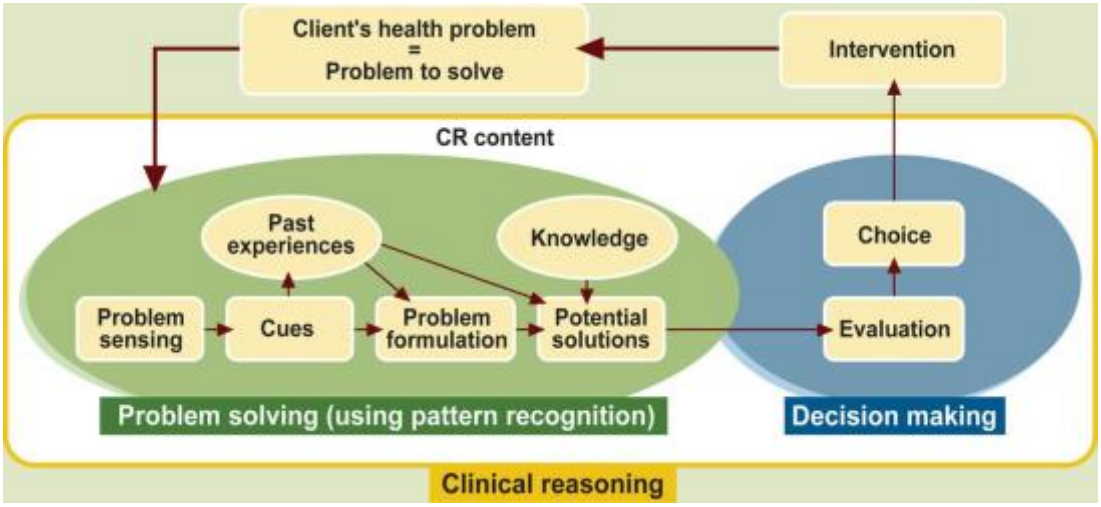


Figure 1. Clinical reasoning processes and contect (Carrier, A. et al 2013)

A first physiotherapy visit will always start with an interview; this is to find out any limitations in activities and participation the patient perceives, and any personal and environmental factors that may enhance or inhibit treatment also known as a physiotherapeutic diagnosis (Website WCPT 2017). The relationship for which can be seen in Figure 2.

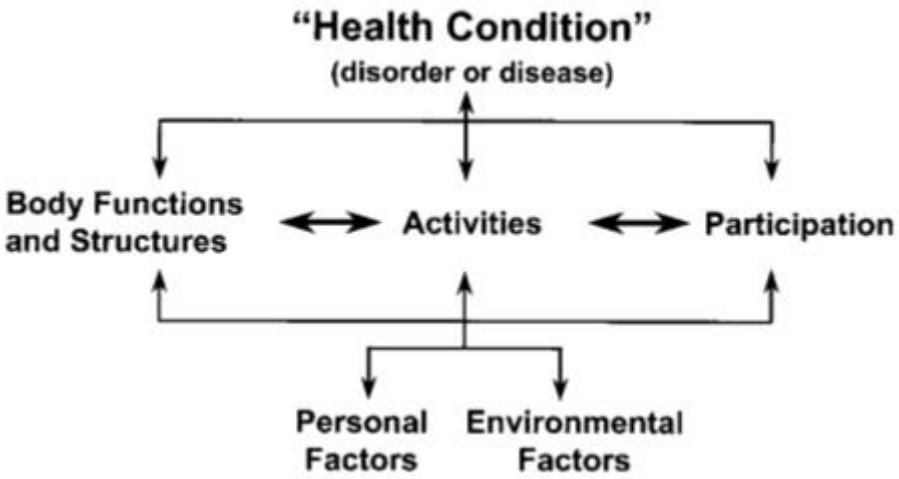


Figure 2. International Classification of Functions model of disablement. (WHO 2013)

After the interview, the physiotherapist should have a few hypotheses regarding impairment and treatment. In order to gather information for the physiotherapeutic diagnosis the physiotherapist will perform a series of tests to narrow down the cause and/or degree of impairment through physiotherapy assessment. In order to do so effectively the therapist will need to be able to touch the patient and observe muscle groups and joint movement, thus requiring the patient to undress sometimes as far as the underwear, though never beyond. (Website of Chartered Society of Physiotherapists 2017)

From there the physiotherapist, having a physiotherapy diagnosis, can now form a physiotherapy plan which will be thoroughly discussed with the patient in order to determine the patient's goals and needs (Website of WCPT 2017). In Finland especially, as a Nordic welfare state, a patient centred approach is taken (Website of FAP 2017). This means, interactions between the physiotherapist, patient, family, care givers, other healthcare professionals and the community are considered in order to establish movement potential and clinical goals and to formulate the treatment plan (Website of WCPT 2017). This is made readily possible by the comprehensive network of municipal services and public health care, supplemented by private service providers throughout Finland (Website of FAP 2017).

Physiotherapy treatment is often misunderstood as simply massage when there is actually passive and active treatment (Website of Chartered Society of

Physiotherapists 2017). Soft tissue mobilisation techniques and EPAs count towards passive treatment and while used, especially with acute pain cases, they are by no means the sole technique in a physiotherapist's toolbox. Holding with the belief that "Movement is an essential element of health and wellbeing", physiotherapists will often employ therapeutic exercises and stretches and give exercises to be done at home. EPAs may be used to reduce pain before pool therapy for example, all in keeping with the best clinical evidence for the patient's condition and goals. (Website of WCPT 2017) Remember that this is a partnership; there will be no improvement without work from both parties (Fu, McNichol, Marczewski & Closs 2016, 339). The physiotherapist will remain with the patient through their treatment, determining effectiveness and advancing treatments based on test batteries and the patient's progress (Website of WCPT 2017).

4 GEERT HOFSTEDE SIX DIMENSIONS MODEL OF NATIONAL CULTURE

4.1 Dimensions

When discussing culture, there are a lot of aspects that affect society; Hofstede came up with six different dimensions that affect a society and which can be used to help people determine how a society works, he has titled them: The Six Dimensions of Culture. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017) Due to the vast number of asylum seekers migrating from Arabic speaking countries to Finland as of 2015, the two Arabic speaking countries with the highest rate of asylum seekers recorded by the Finnish Immigration Service will be compared (Iraq and Syria) using these dimensions in figure 3. (Statistics on Asylum and Refugees: Asylum Applicants by Nationality 2004-2016)

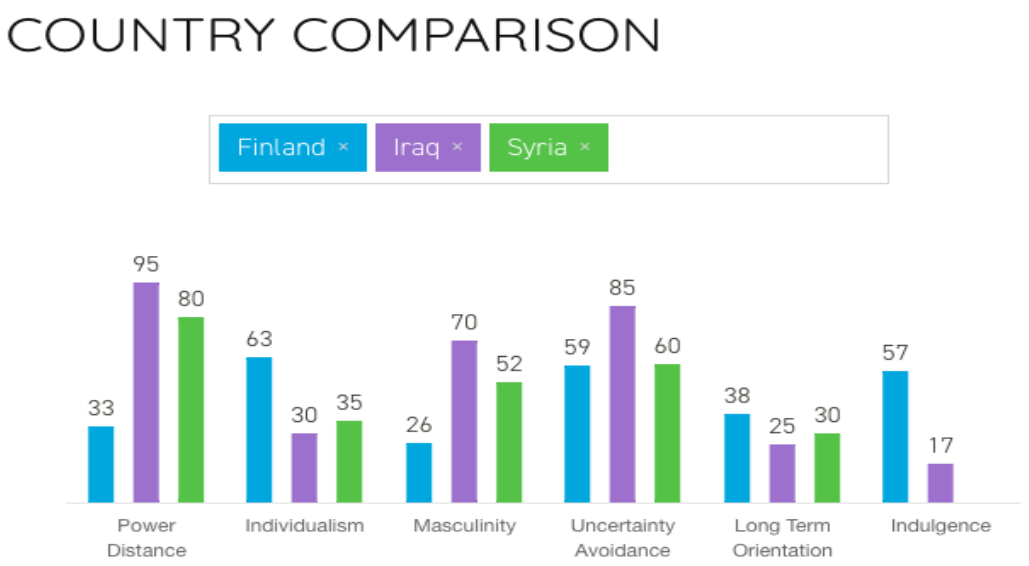


Figure 3. Country Comparison of Finland, Iraq and Syria using 6-D Model tool (Website of Hofstede-Insights 2017)

4.2 Power Distance

According to Geert Hofstede, "Power Distance" is defined as "the extent to which the less powerful members of institutions and organisations within a country expect and accept that power is distributed unequally." (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

Through the advancement of agriculture, large scale societies became possible. The time that a person would know all their group members and people in charge personally is no longer possible where thousands or more have to coordinate their lives. Without the acceptance of leadership by powerful entities none of today's societies could run. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017) Therefore, "Power Distance" is a dimension that concerns itself with the fact that not all individuals in any society are equal, and is used to express the attitude of the culture towards the disparities between people. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

When looking at Finland, the scores for this dimension were low at 33 of a possible 100. This means hierarchy is essentially only for convenience as rights are equal and

superiors are accessible, making leadership more of a coaching style with superiors facilitating and empowering while independence, even amongst subordinates, is applauded. Power is thus spread out, not centralized in management type positions as superiors place value in the experiences of their team members, who in fact expect to be consulted, with excessive control being disliked. Attitudes towards superiors are informal and on first name basis with communication being direct and participative. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

Comparatively, Iraq and Syria both received high scores in this dimension, 95 and 80 respectively. This means that most individuals accept hierarchy in their society, believing it helps individuals to know their place and does not need any further validation. A hierarchal society accepts inherent inequalities and centralization is popular, individualism in subordinates is at best frowned upon and worst credit is stolen, so they expect to be told what to do, with the ideal boss being a "benevolent dictator". (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

4.3 Individualism vs Collectivism

According to Geert Hofstede, this dimension talks about the degree of independence a society sustains amongst its members. This has to do with whether peoples' self-image is defined in terms of "I", or "We". Individualist societies supposedly uphold that individuals are to look after themselves and their direct family only. However, in collectivist societies, people belong to groups such as churches or communities that promote loyalty and in return care for the community. To further simplify it using an example: individualistic societies are more like atoms flying around as a gas, while collectivist societies are more like atoms fixed in a solid. Therefore individual choices and decisions are always expected in collectivism society but this is not considered to be closeness. But unlike collectivism people in individual societies tend to know their station in life which is determined socially. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

When trying to determine where Finland lays in this dimension, Finland scores 63 which make it an individualist society, meaning that it has a preference of loosely

interwoven social form. In individualist society people are expected to take care of themselves and their direct families only, and offence can bring about guilt and loss of self-confidence. In the work place, this can be seen by the employer-employee bond, their contract is based on mutual advantages and judgements when hiring and promoting are established on merit alone. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

Coming to Syria and Iraq in this dimension, Syria has a score of 35 followed by Iraq with a score of 30. This put both of them in a collective type society, in this type of society, where commitments to member "groups" can be seen which are like family, extended family or relationships. In collective society loyalty is always dominating and can over take most of the rules and regulations in a society. Collective society encourages relationships where everyone has obligations to their fellow members in their group and offence can lead to shame and loss of face. Collectivist societies recognize employer-employee relationships in moral terms as similar to a family link. During hiring and promotion those links within the group are taken into account. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

4.4 Masculinity vs Femininity

According to Geert Hofstede, masculinity is the extent to which the use of force is socially validated, in masculine societies men should be strong, tough and assertive. In feminine societies, competing is not so openly encouraged as it is counterproductive to their value of cooperation; genders are emotionally closer and caring for the weak is admirable. A high score in this dimension marks a society as masculine, indicating members will be motivated by competition, achievements and success, with success being defined as being the winner. This value structure is started in school and continues throughout organisational life. However, a low score in this dimension marks a society as feminine and dominant values include caring for others. Success is discernible by quality of life and standing out from the crowd is not commendable. Nevertheless, it is not about an individual's sex, rather it is about the expected emotional gender roles. Masculine societies are much more openly gendered than feminine societies. The core issue here is what motivates people: wanting to be the

best or “live to work” masculine values or liking what you do, “working to live” feminine values. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

Finland scores 26 and is therefore considered a feminine society. The focus is on working in order to live, with leaders striving for unity, equality, solidarity and quality in their working lives. Disagreements are solved by compromise and negotiation. Incentives such as free time and flexibility are favoured. Finland also focuses on wellbeing, and status is not shown. When it comes down to it an effective manager is a supportive one, and decision-making is achieved through participation. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

Iraq scores 70 on this dimension and therefore is a masculine society. People live in order to work, managers are expected to be decisive and assertive. The emphasis is on equity, competition and performance with conflicts being resolved by competition to battle them out. Syria is intermediate, scoring 52, it does not have a clear dominant preference in this dimension to be outlined. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

4.5 Uncertainty Avoidance

Geert Hofstede defined uncertainty avoidance as a society’s acceptance of uncertainty or ambiguity. To elaborate, Hofstede outlined it as the way a society deals with the fact that the future can never be known and whether we should try to control future events or just let them happen. Consequently, it has to do with apprehension and mistrust in the face of the unknown, and conversely with a wish to have fixed behaviours and ceremonies, and to know the truth. This ambiguity brings with it anxiety, and different cultures have learned to cope with this anxiety in different ways. Reflected in the score of the uncertainty dimension, is the extent to which the members of a culture feel threatened by ambiguous or unfamiliar situations and create beliefs and institutions to try to avoid these. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

Finland scored 59, which means that it has a desire of avoiding uncertainty. Iraq's score is 85 in this dimension and thus it has an even higher preference for avoiding uncertainty and for Syria which acquired a score of 60 is between both Finland and Iraq, but is much closer to Finland in behaviour. Countries that show high uncertainty avoidance maintain rigid codes of belief and behaviour and are intolerant of unorthodox behaviour and ideas. In these cultures, there is an emotional need for rules, people have an inner compulsion to be busy and work hard making precision and punctuality the norm. Innovation can be slow as it may be resisted since security is an important element in individual motivations. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

In contrast countries that have lower preference for avoiding the unknown tend to have no more rules than are necessary, and they are changed or discarded should they prove ineffective. Working schedules are flexible, hard work is for when necessary, not for its own sake, and innovation is not intimidating. Since Finland, while still high, has the lowest score in this dimension of our three example countries, it also has the most of this description's aspects. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

4.6 Long Term Orientation

Geert Hofstede defined long term orientation as a society's basic attitude to change. Every society balances to keep some connections with its own past while managing the trials of the present and future. How societies prioritise these two existential goals determines their orientation. In a long term oriented culture (or pragmatic society) the basic idea is that the world is in flux and shifting but in a short term oriented culture (or normative society) the world is believed to be essentially as it was created, that is, the past provides a moral compass and adhering to it and traditions is just. Normative societies prefer to uphold time honoured traditions and norms while looking on societal change with suspicion. Those with a culture which scores high on the other hand, take a more pragmatic approach: they encourage prudence and efforts in modernizing education as a way to prepare for the future. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

In comparing Finland, Iraq and Syria, all countries' scores were not that far apart, with Iraq scoring 25 and Syria 30 in this dimension. But Finland's score of 38, makes it the most pragmatic of the countries. While Finnish culture can be categorised as normative it also has notable pragmatic qualities. Where individuals in normative societies have a strong interest with forming the absolute truth, and exhibit great respect for traditions with a somewhat small tendency to save for the future and a high focus on realising quick results, Finland's pragmatic education revolution is an attribute that cannot be dismissed. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017; Weller 2017)

4.7 Indulgence

Geert Hofstede describes indulgence as enjoying the good things in life. This dimension refers to the extent to which society tries to control its desires and impulses, and is based on upbringing; relatively weak control is referred to as "indulgence" and relatively strong control: "restraint". Cultures can therefore be described as indulgent or restrained. In an indulgent culture it is good to be uninhibited and spontaneous. Spending time with friends is important, and enjoying life makes sense; but in a restrained culture, the feeling is that life is hard and the burden of duty, not freedom, is the standard state of being. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

In this dimension Finland scores 57, indicating that Finland is an indulgent society. People in indulgent societies generally exhibit a willingness to comprehend their impulses and desires with regards to enjoying life and having fun. They possess a positive attitude and have a tendency towards optimism. Adding to this they place a higher degree of importance on leisure time, tend to act as they please more and spend money willingly. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

In total contrast to Finland, Iraq had a low score of 17 in this dimension, and therefore Iraqi society is a restrained society. These societies have a tendency towards cynicism

and pessimism; in addition, they do not put much emphasis on leisure time and control the gratification of their desires. Individuals in this orientation have the perception that their actions are restricted by social norms and feel that indulging themselves is somehow wrong. Syria, currently has no score in this dimension due to a lack of data. (Website of Geert Hofstede 2017; Website of Hofstede-Insights 2017)

5 ARABIC SPEAKING IMMIGRANTS

5.1 Meaning of Arab world

The Arab world consist of 22 countries. These countries have similar society norms, a similar cultural heritage and share a common language which is "Arabic". The Arabic language is considered to be the lingua franca of the countries of the Arab world. The countries of the Arab world are located in the Arabian Peninsula, reaching along along the coast of the Arabian, Red and Mediterranean seas, the Persian Gulf, Gulf of Aden, and northeast Atlantic Ocean (Appendix 1). There are approximately 400 million people in the Arab world, with the population increasing dramatically every year. Appendix 1, shows a list of the population from the most populated countries to the least populated countries of the Arab world. (Website of Quick reference to India and world 2017)

5.2 Physiotherapy in Arab world

In the Arab world there are only 10 countries who are members of the World Confederation for Physical therapy, Table 1 shows the list of the countries that are members, the number of registered physiotherapists and the year they became members. (Website of WCPT 2017)

Table 1. shows the members of the World Confederation for Physical Therapy (World Confederation for Physical Therapy 2017)

Country	*Member of WCPT*	*Number of registered Physiotherapists*	*Member Since*
Bahrain	Yes	116	2007
Egypt	Yes	700	1978
Israeli	Yes	684	1956
Kuwait	Yes	300	1999
Oman	Yes	200	2011
Saudi Arabia	Yes	410	2003
Sudan	Yes	N/A	2016
Syria	Yes	35	2014
United Arab Emirates	Yes	127	2007

5.3 Communication and Languages in the Arab world

When discussing who Arabs are, or what the word means, one must look at the history. Arab means “nomad”, from the nomadic tribes located in the desert regions of the Arabian Peninsula; where the Arabic language originated. When discussing the Arabic language, Arabic is spoken by 420 million people worldwide and is considered to be the sixth most spoken language in the world. Arabic belongs to the Semitic languages and so is closely related to Hebrew and Aramaic. Arabic matured from the ancient Nabataean Aramaic script which people there were using from the 4th century CE. It has been preserved since the 7th century CE, when the Qu’ran came to the prophet Mohammed and he recorded it in Arabic, leading to the perpetuation and continuation of the language. In the 8th century CE, the Arabic language started spreading far and wide thought-out the Middle East and North Africa as people converted to Islam and wished to read the Qu’ran in its original form. (Ellen, F. 1997 347-348; Website of Istizada Arabic and Middle East marketing solutions 2014)

The Arabic language has 28 letters in its alphabet, and unlike most western languages it is written from right to left and in a cursive style. Arabic consists of three forms: the first form is “Modern Standard Arabic” (MSA), the second is classical Arabic, which is the Arabic of the Qu’ran, and the final usage are the colloquial Arabic dialects. The Muslim community is obliged to use the classical

Arabic language in prayer. In some countries of the Arab world and North Africa, Arabic is an official language and MSA is the official form of Arabic which is used to varying degrees, for example: in workplace environments, government institutes and media. There are multiple ways to learn MSA, but the most common way to learn is through schools and universities as it is taught all throughout the Arab world. Arabic speakers tend to grow up speaking the colloquial dialect of their region which often differs drastically from MSA, a single dialect may be common throughout several countries, a single country or isolated to only a specific region (Appendix 2), which can be relevant when having translators. In some countries Arabic is a co-official language (Appendix 2) which can lead to the borrowing of words to further transform dialects. (Ellen, F. 1997 357; Salima, Karima, kamel, 2017, 2-3; Website of Quick reference to India and world 2017) This does not mean that Arabic speaking countries are the same, as they are extremely diverse from one another in terms of their history, culture, political views and ways of speaking. (Ellen, F. 1997 349; Website of Istizada Arabic and Middle East marketing solutions 2014)

5.4 Values and Beliefs of Arabs

Arabs have many different values and beliefs and religion falls under that category. In the Arab world there are multiple religions although the major one is Islam, followed by Christianity in various forms. Within Islam there are two major streams of Muslims; Sunni and Shia. The difference between them their disagreement on who should have been the successor for the prophet Mohammed after his death. Shia followers believe that Imam Ali, the cousin of the prophet Mohammed, should have been the successor, while Sunnis believe and follow the successor who was chosen from the prophet Mohammed's closest companions. The smallest stream of Islam is Druze. It is mainly found and practiced in Lebanon and Syria. (Website of Southern Migrant and Refugee centre 2010)

The second religion in the Arab world which is Christianity, is found mainly in the Arab countries of Lebanon, Jordan, Syria, Egypt, Palestine and Iraq. Like Islam there are different streams of Christianity, the major ones being Christian Maronite (Catholic) and Christian orthodox. In Lebanon 30% of the population are Christian

orthodox, as for Coptic Orthodox, Chaldeans and Assyrians are minority groups in Egypt and Iraq. The final religion found in the Arab world is Judaism. Before the creation of Israel, the Jewish population was found in a small percentage in Egypt, Lebanon, Iraq and Morocco. (Website of Southern Migrant and Refugee centre 2010)

An intrinsic part of values and beliefs for Arabs is "Fatalism". Arabic speaking people tend to use a common phrase which is "Insha'Allah". This ritual phrase means "God willing". It is used quite often to reflect strongly on the belief that God has control over all events and if a certain thing is meant to happen it shall happen. This belief is less prevalent is some parts of the Arab world, specifically amongst the educated and the elite. Nevertheless this phrase remains a much held notion amongst many Arabs irrespective of their religious level and background. It is important to note that when working with Arabic speaking patients and their families the phrase "Insha'Allah" (God willing) may come up. (Ellen, F. 1997 367; Website of Arabic Care Linking Cultures 2017)

To Arabs "obligations" or family loyalty, always take precedence over loyalty to friends or the demands of a job. Relatives in Arab families are obliged to help one other in providing emotional support, caring for their sick and elderly and giving any other type of support including financial assistance if required. This high standard of obligation provides security, and reassures individuals that they will never be completely without resources in terms of emotional or material support. This is a matter of family duty. However the demands of modern day life it have made it hard for many Arabs to maintain this standard of duty and traditions especially towards their aging parents and grandparents. (Website of Arabic Care Linking Cultures 2017)

It is critical for physiotherapists, indeed for all health care professionals, to understand the level of obligation that Arabs have to their family and community due to the growing number of Arabs they will be seeing. When treating an Arab patient, especially an older person, healthcare workers are not dealing with an individual but an entire family which must be on board with any treatment for it to succeed. (Website of Arabic Care Linking Cultures 2017)

Arabs value “privacy” to a high level because it is related to the family honour. When an Arab family has problems or issues, it is considered to be a family problem and it is to be solved by the family members and not discussed with outsiders (non-family). If the problem or issue is discussed to outsiders, it is considered a breach of family honour and trust, and seen as casting a negative light on the family. Grandparents, uncles, aunties and people that are close family friends are considered part of the family and thus as suitable counsellors. When dealing which such privacy values this can present challenges for professionals working with and providing services to Arabic speakers. Modern Western culture values the importance and sanctity of family privacy just as Arabic speakers do, but a Western individual’s personal privacy is far more open than that of an Arabic speaker’s. (Website of Arabic Care Linking Cultures 2017)

Arabs consider “Modesty” a positive trait in both men and women and it is publicly recognized with dress codes and customs, particularly for women. These customs and dress codes can vary from country to country: for example in Saudi Arabia, women commonly wear the “Niqabs” which cover most of the face, while in other countries woman commonly wear “hijabs” which cover only the hair.
Some women wear “ burkas” which covers the whole body from head to toe with a slit for the eyes. Some modern Arab countries allow the wearing of slightly western style clothing that is considered modest for both genders. However the majority of women living in the Western world are required to cover themselves in order to uphold a traditional level of modesty. That level is largely determined by their ethnicity, religious values and family backgrounds. (Website of Arabic Care Linking Cultures 2017)

“Time” among Arabs it is not a fixed thing as it is in modern Western cultures. Arabs are more relaxed about the timing of events than they are about other aspects of their lives. This can create misunderstanding and conflict with Western expectations. For example, being on time for an appointment is not considered important in Arab cultures, so when and individual arrives late, there is no apology. The onus is upon the Westerner to politely explain the consequence of tardiness to appointments to ensure that poor punctuality is not a frequent thing. (Ellen, F. 1997 366; Website of Arabic Care Linking Cultures 2017)

6 METHODS

6.1 Type of Questionnaires

In order to know what should be the content of the two products, two questionnaires were used to gather the data to supply supportive evidence. Both followed the outlines of both quantitative and qualitative analysing.

The process of measurement is central to quantitative research due to it providing the fundamental connection between empirical observation and mathematical expression of those relationships. Quantitative methods consist of the systematic investigation of statistical data or observable phenomena which can either use mathematical or computational techniques. The aim of quantitative research is to develop and apply mathematical models, theories and hypotheses relating to the phenomena. The data can be in numerical form such as statistics, percentages. (Given 2008, 79)

Comparatively, qualitative methods consist of examining not the who, what, where, when but the how and why of the question it wishes to resolve. Using a broad and methodical approach, it uses numerous research methods to achieve its aim and is usually considered more a social science as it gathers observational data rather than simply statistical data. (Alasuutari 2010, 139)

6.2 Subjects for the Questionnaire

There were two questionnaires distributed to two specific target groups. The first target group was Finnish physiotherapists who have treated Arabic speaking patients and the second target group was Arabic speakers who came from Arabic speaking countries to Finland.

6.3 Questionnaire for Physiotherapists

The questionnaire for Finnish physiotherapists had two sections (appendix 4). The first section had multiple choice questions that were meant to gather basic information from the physiotherapists such as gender, age, working experience, field of specialisation and level of education. The second section of this questionnaire was targeted to obtain more information regarding what problems they are facing in and gather data on what they felt was important for Arabic speakers to know when starting treatment. This was done in the form of short written answer questions.

After creating the questionnaire came the pilot phase, in which the questionnaire was sent out to a small group of physiotherapy students. This trial run helped clarify the phrasing of some of the questions and led to the exclusion of some redundant ones. The only concern was that should Finnish physiotherapists be given an English questionnaire with short form answers, they may neglect to answer the written answer questions. Since these were the true basis for what information the authors wished to gain it was decided to allow answers in Finnish as well.

The method of distributing the questionnaire, which was an online survey, was to send a link by email to the members of FAP by the organisation. The questionnaire was sent out on 24.10.2017 with responses due by 02.11.2017 to the 5,179 active members of FAP. In all, 64 physiotherapists answered the questionnaire but one was not viable due to the participant having no experience with Arabic speaking patients leaving 63 useful.

6.4 Questionnaire for Arabic Speakers

The questionnaire for Arabic speaking patients also had two sections (Appendix 5). The first section had questions aimed at gathering basic information from Arabic speaking patients such gender, age, nationality, religion, other languages spoken, length of time living in Finland, education and profession. The second section was targeted to gather data on what Arabic speakers know about physiotherapy and what may affect their understanding of it.

After creating the questionnaire it was translated from English into Modern Standard Arabic (MSA). After translation the questionnaire was sent out to 15 trusted speakers of MSA of both genders to be piloted. The purpose of the pilot stage is to determine whether the questionnaire is too difficult to understand or if questions are not clear before sending them out to Arabic speakers living in Finland.

There were challenges that arose while creating this questionnaire. The first was ensuring during translation from English to MSA that no question lost or changed its meaning. The second challenge was ensure that the questionnaire written in MSA was not influenced by any other form of Arabic and so could be understood by every Arabic speaker.

The method of distributing the questionnaire, which was an online survey using Facebook that had Facebook groups and community pages by Arabic speakers living in Finland. Following are the names of groups in which the questionnaire was posted: The official Syrian community in Finland, Finland in Arabic, Finnish Affairs, Education and work in Finland, Arabs in Finland, Group of Arab Family in Finland, The Arab Community in Finland, Support refugees in Finland, the Association of Yemenis in Finland, Yemeni - Finnish Friendship Association. The questionnaire was posted on 17.10.2017 and responses accepted until 29.10.2017 and available to 47,719 people who comprised the membership of the above groups. In all, 83 participants responded and of those 76 were viable.

7 RESULTS

7.1 Questionnaire for Physiotherapists

Of the 5,179 active members of FAP who received the link to the questionnaire, 64 answered within the time period. Data from one was removed as she did not have any

experience with Arabic speaking patients and so could not answer the majority of the questions making the valid number of respondents 63.

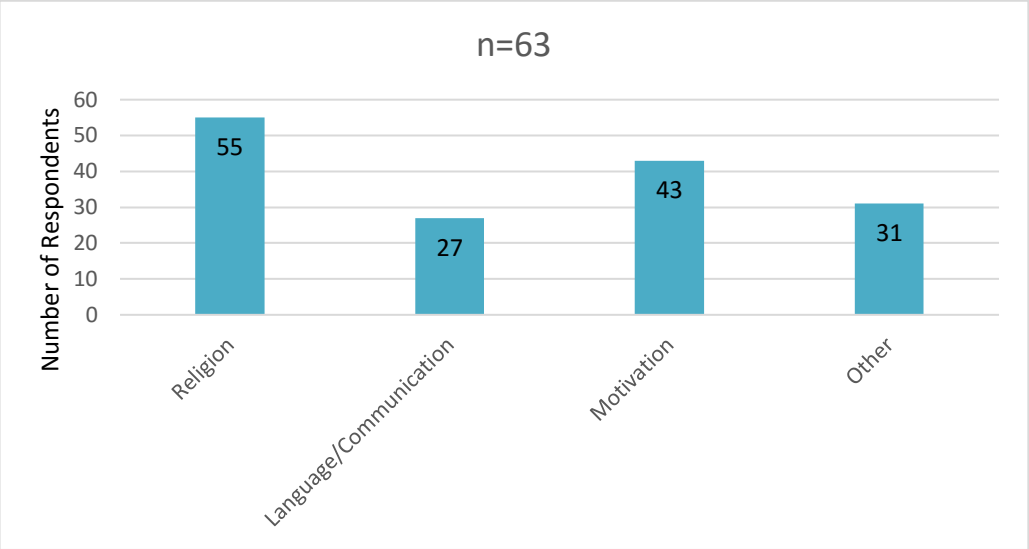


Figure 4. What was Challenging for Physiotherapists Treating Arabic Speaking Patients.

When asked what was challenging about treating Arabic speaking patients, physiotherapists could choose multiple options (figure 4). The answer "other" was followed by the chance to elaborate on the challenges the physiotherapists faced. While some cited that family members who spoke Finnish or English made communication easier, it was noted by two physiotherapists that family appeared to edit the information while translating; trying to paint a more acceptable picture for either the physiotherapist or patient. Nearly all mentioned the amount of extra time these sessions take because translation slows the process down. Three were frustrated by late patients or last minute cancellations. Two mentioned that the pain sensation of these patients appears to be more extreme than that of Finnish patients. One mentioned that her Arabic speaking patients have lower body awareness and little physiological knowledge, with much of what they do know being faulty. It was mentioned throughout the answer (not just under the "challenges" question) that respecting female physiotherapists should be a priority. Sometimes it is not the patient but the family which is disrespectful or a male client may misunderstand treatment for intimacy.

One third of respondents who chose "other" said culture was the biggest challenge. Kindly some elaborated further: some found their patients unfamiliar with the idea of

being responsible for their own health, others that exercise didn't match the patient's idea of "care". One physiotherapist mentioned that the family was helping too much, not letting the patient do tasks for him or herself, slowing recovery and causing the patient to lose motivation. Lastly, Islam uses the lunar Hijri calendar so Ramadan has been falling in the summer months for the past few years. One physiotherapist mentioned that this phenomena forced a halt to treatment for the holy month. Ramadan involves fasting between dawn and dusk which in Helsinki alone can mean nearly 19 hours of no food or drink at the summer's peak, leading to weakness and dehydration.

In summation when asked what they felt was most important for patients to know about physiotherapy, Table 2 was the result. Many mentioned that this applied to not only Arabic speaking patients but to all patients.

Table 2. Top 3 Things Physiotherapists Would Like Patients to Know about Physiotherapy

WHAT WOULD YOU LIKE ARABIC SPEAKING PATIENTS TO KNOW ABOUT PHYSIOTHERAPY?	
1	Active involvement in treatment process
2	Physiotherapy is multimodal, not just massage but also active exercises
3	Will be touched and asked to undress

7.2 Questionnaire for Arabic Speakers

From 76 participants, there were 34 (44.75%, 18 male and 16 female) who answered "they had the knowledge about what is the physiotherapy field". To eliminate misunderstandings and confirm that the 34 participants do know what physiotherapy is, the next question was "What do you think is another description of a physiotherapist?" Only 19 participants (10 males and 9 females) answered correctly, that a physiotherapist is a "rehabilitation specialist". The others answered that a physiotherapist was a "herbalist" or "doctor". This means that only 24% of all who has participated in the survey correctly know what is a physiotherapist. Additionally, while 14 participants (18%) of the total survey knew that a physiotherapist is "a rehabilitation specialist" they had little knowledge regarding physiotherapy field when asked.

Regarding the question “Do they have any objection of the physiotherapist who is giving you treatment being from the opposite gender?”, 46% of the females participating in the survey objected of having a physiotherapist of the opposite sex treating them, while 27% had some doubts or were uncertain and only 27% had no objections. As for male patients 5% objected of having a physiotherapist of the opposite gender, whilst 15% had some doubts or were uncertain and 80% had no objections. Figure 5.

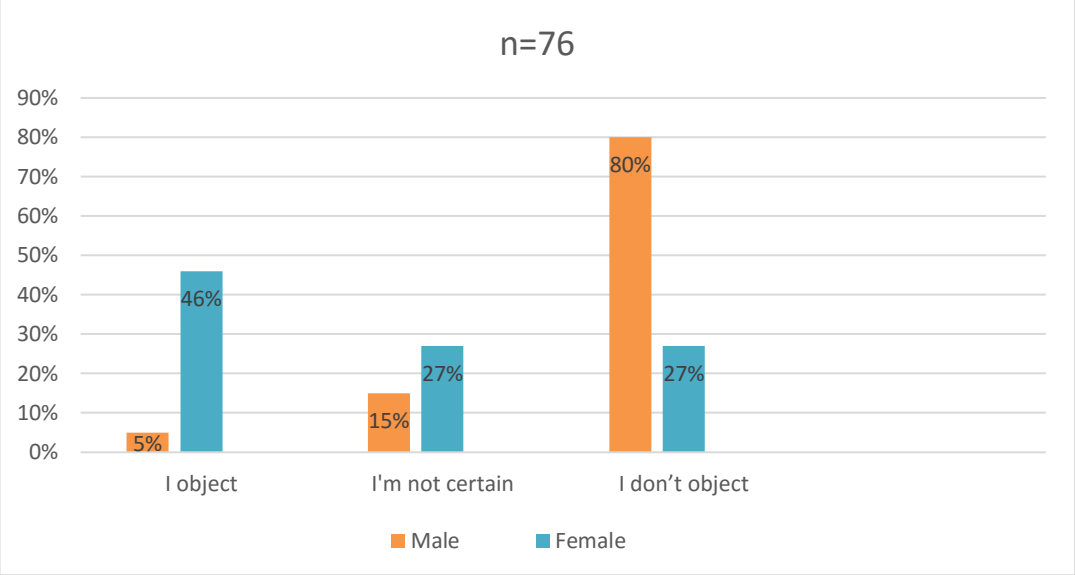


Figure 5 . Objects of the physiotherapist being of the opposite gender

As for the question regarding “For the purpose of treatment, a physiotherapist may ask you to remove your clothes for examination. How comfortable are you with that?”, 43% of the females participating in the survey said that taking their clothes off even for therapeutic reasons would cause them a lot of discomfort, while 40% said that they were not certain about it and 17% would not be uncomfortable at all. As for the male participants, 9% said that taking their clothes off even for therapeutic reason would cause them a lot of discomfort, while 48% said that they are not certain about it and 43% would not be uncomfortable. Figure 6.

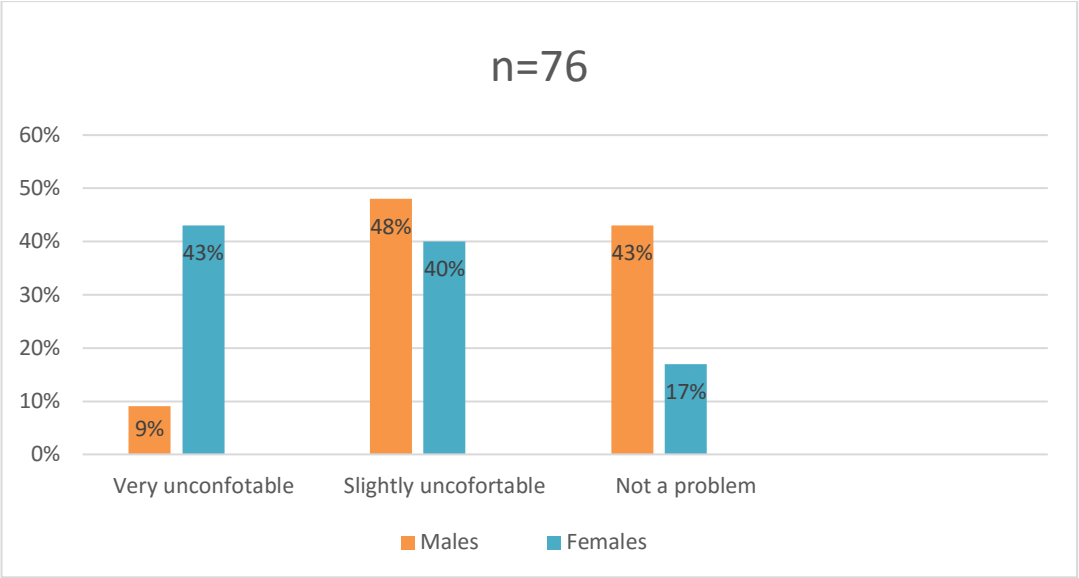


Figure 6. Level of comfort for Arabic speaking patients on removing their clothes for physiotherapy examination

For the final question, "Does removing your clothing for the purpose of screening and treatment may cause you discomfort and thus not go to a physiotherapist?", 43% of the females participating in the survey said that taking their clothes off would cause them not to visit a physiotherapist while 57% said they would not mind. For males, 26% said that taking their clothes off would cause them not to visit a physiotherapist while 74% would not mind. Figure 7.

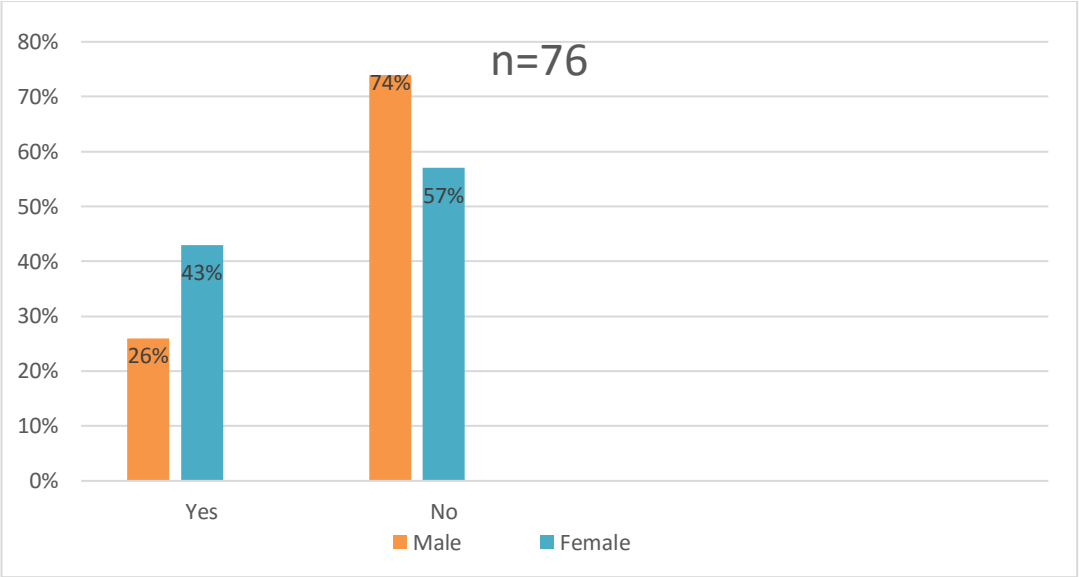


Figure 7. Removing cloths causes's Arabic speackers not to go back for physiotherapist treaments

8 CONCLUSIONS

From the results of the physiotherapists questionnaire, it was able to be concluded that Finnish physiotherapists are experiencing challenges with religion related aspects, language/communication and motivation when dealing with Arabic speaking patients. Finnish physiotherapists feel it is important that Arabic speaking patients understand that physiotherapy is multimodal: it is not just massage but also active exercises and there should be active involvement in the treatment process. Finally, and perhaps most importantly, that assessment requires that patients be touched and will be asked to undress for treatment purposes.

The Arabic speakers in Finland questionnaire led to a second series of conclusions. Arabic speaking patients have no understanding or knowledge of what physiotherapy is, what is a physiotherapist and what treatment involves. Language plays a role in this as physiotherapy in Arabic is more commonly translated to herbalist.

To conclude, there is support for the necessity of tools to address these issues, which will be by making products for both Finnish physiotherapists and Arabic speaking patients.

9 PRODUCTS OF THESIS

The first product for physiotherapists is a short pamphlet that contain information about the different cultural challenges that may arise during treatment sessions. It is intended to provide guidance and tools in approaching cultural nuances for those physiotherapists who are new to the Arabic culture.

The second product for Arabic speakers, is a short 5 to 10 minute video using MSA to educate them about the physiotherapy field. Explaining what are physiotherapists and what is their job. It explains what treatment involves and what they should know before

their first visit. This product will help to reduce and hopefully prevent the challenges that were seen in the conclusion achieving a more pleasant and successful physiotherapy session.

10 DISCUSSION

The idea for this thesis started nearly two years ago when volunteers working with the refugees were looking for translators to help and maybe make flashcards. For many reasons, one of the authors felt that this would not help. Simply translating words does not translate the idea and it is highly possible that many of the refugees do not know how to read, as is the case with some of that author's own family. From there the idea was developed for this thesis.

Narrowing the scope of the thesis was a harrowing experience. There were so many potential directions and such a huge group of people we could encompass that we had to ignore avenues that made themselves apparent while writing and cut out others that had originally been included as the scope had to be limited. It took a several months to find the base line from which to start. We began with trying to group the immigrants based on common aspects that they shared, for example, we started with looking at the Middle East. This raised problems because the Middle East is a geographic region, not a cultural one, with many other cultures like Persians and Jews that would have to be included. After multiple discussions with refugees, friends, family and a researcher who is working in a similar field, finally, we decided to focus on those new immigrants coming to Finland who share the Arabic language. One author did research by reading journal articles and websites that provided information on Arabic speakers in order to define them and introduce their basic culture. Books were found to be outdated and free access to books or online journals was frustratingly limited.

With the need to define our subject group so too did we need to define physiotherapy. This was done through researching the history, fields and basic

outline of clinical reasoning to give an idea of what a first physiotherapy visit might entail. Comparing, the long history of physiotherapy in Finland with the relatively new introduction of physiotherapy to the Arab world we wanted to know what these immigrants know of physiotherapy. What do Finnish physiotherapists know of Arabic speakers? What challenges are affecting their interactions? Also, we felt it was important to explore and clarify the different cultural dimensions between Finland and the Arab world. However the Arab world numbers in the hundreds of millions, so we focused on the two largest Arabic speaking populations to have immigrated to Finland: Iraqis and Syrians. With the help of the "country comparison tool" by Geert Hofstede, a professor in International Management who has researched extensively how workplace values are affected by culture, we were able to draw some comparisons. In order to have our own data we also sent out questionnaires to Arabic speakers in Finland and to Finnish physiotherapists, asking them to share their experiences.

We feel very proud of having found the information from Geert Hofstede's research to help provide a clearer image of the differences in values and enjoyed discovering how these differences can be seen in everyday life. Ideally, both authors would have appreciated more time to go properly in depth on the clinical reasoning process and further analyse the data for possible conclusions.

Regarding furthering the thesis, there should be a deeper look into other factors that may affect the understanding of physiotherapy for Arabic speakers. For example, age, education levels, living habits etc. give a broader and more in-depth view of how actual physiotherapy treatment goes when dealing with Arabs and other factors. The scope of this thesis dealt only with the physiotherapists opinions.

Some ideas that can be pursued from here are that migrant populations may be more vulnerable having had traumatic experiences such as war, forced migration, torture and persecution. Physiotherapy in Women's health could be examined in immigrants due to the higher prevalence of teen and child mothers. Several physiotherapists answered in the questionnaire and even some Arabs themselves, that culturally they don't differentiate different types of pain e.g. muscle ache is given the same urgency as a sprain. Another interesting fact is that many Arabs are walking on snow for first

time, which as any of the newly initiated can say is difficult and results in numerous and repeat injuries, so perhaps classes or a quick “how to” poster. Ending on a more positive note, since home exercises are often attached to daily tasks this may be easier with devout Muslims as they pray 5x a day. These are just some of the ideas that were made note of during the thesis process and are just the tip of the iceberg, there is an incredible amount of room for research going forward.

Our sincere hope is that this is not a stand alone thesis, and that taking advantage of the diversity found in Samk’s English Physiotherapy program, perhaps other students may add their own Cultural Translation.

REFERENCES

Alasuutari, P. 2010. The rise and relevance of qualitative research. International journal of social research methodology, 13, 139-155. doi:10.1080/13645570902966056.

Arab world countries map. 2017. Website of Quick reference to India and world.

Atiyeh, K. G. & Aikaterini, Z. 2016. Migrant Crisis in Europe: Experiences of Nurses working in reception centres of Jyväskylä area in Finland. Thesis. Jyväskylä: Jyväskylän University of Applied Sciences.

Callaghan, P. 2004. Exercise: a negelected intervention in mental health care. Journal of Psychiatric and Mental Health Nursing 11, 476-483.

Carrier, A., Levasseur, M., Freeman, A., Mullins, G., Quénec'hdu, S., Lalonde, L., Gagnon, M. and Lacasse, F. 2013. Influence of societal and practice contexts on health professionals' clinical reasoning: a scoping study protocol. BMJ open 3, http://dx.doi.org/10.1136/bmjopen-2013-002887

Ellen, F. 1997. Arab cultural communication. International Journal of Intercultural Rel. Vol.21, 345-378. Referred 24.09.2017. http://www.sciencedirect.com.

Erdman, M. 'Is Arabic really a single language?'. OxfordWords blog. 05.09.2014. Referred 12.11.20117. https://blog.oxforddictionaries.com/2014/09/05/arabic-really-single-language/

ESCO-EN ISCO-08 2264. Physiotherapists (ISCO-08 2264:2017). 2017. European Skills/Competences, qualifications and Occupations – ESCO. Referred 15.10.2017. https://ec.europa.eu

Fu, Y., McNichol, E., Marczewski, K., Closs, S. J. 2016. Exploring the Influence of Patient-Professional Partnerships on the Self-Management of Chronic Back Pain: A Qualitative Study, In Pain Management Nursing, Volume 17, 339-349. Referred: 02.11.2017. https://doi.org/10.1016/j.pmn.2016.05.004.

Given, Lisa M. 2008. The Sage encyclopaedia of qualitative research methods. Los Angeles, Calif: Sage Publications.

Hillegass, E. 2017. Essentials of Cardiopulmonary Physical Therapy Fourth Edition. St. Louis, Missouri: Elsevier.

Istizada Arabic and Middle east marketing solutions . 2014. Dialects in the Arabic speaking countries.

Jones, M. 1995. Clinical reasoning and pain. Manual therapy. London: Pearson

Kumar, S. P. & Jim, A. 2010. Physical Therapy in Palliative Care: From Symptom Control to Quality of Life: A Critical Review. Indian Journal of Palliative Care, 16, 138–146. Referred: 17.10.2017 http://doi.org/10.4103/0973-1075.73670

Moffat, M. 2012. A History of Physical Therapist Education Around the World, Journal of Physical Therapy Education, 1, 13-23. Referred 12.01.2017.

Official Statistics of Finland (OSF): Population structure. 2017. Helsinki: Statistics Finland Referred: 11.11.2017.http://www.stat.fi/til/vaerak/index_en.html

Pate, R.R., Pratt, M., Blair, S.N., Haskell, W.L., Macera, C.A., Bouchard, C., Buchner, D., Ettinger, W., Heath, G.W., King, A.C. & Kriska, A. 1995. Physical activity and public health: a recommendation from the Centers for Disease Control and Prevention and the American College of Sports Medicine, 273, 402-407.

Porter, S. 2013. Tidy's Physiotherapy E-Book. London: Elsevier

Pountney, T. 2007. Physiotherapy for children. London: Elsevier.

Rubenstein, L.Z. 2006. Falls in older people: epidemiology, risk factors and strategies for prevention. Age and ageing, 35. 37-41. Referred: 17.10.2017 doi:10.1093/ageing/afl084

Sackett, D.L., Straus, S.E., Scott Richardson, W., Rosenberg, W. and Haynes, R.B. 2000. Evidence-Based Medicine: How to Practice and Teach EBM, Edinburgh and London: Churchill Livingstone.

Salima, H. Karima, M. Kamel,S. 2017. Machine translation for Arabic dialects. Information Processing and Management 000, 1–12. Referred 24.09.2017 .http://dx.doi.org/10.1016/j.ipm.2017.08.003

Statistics on Asylum and Refugees: Asylum Applicants 2004-2015. Finnish Immigration Service. Referred 26.08.2016. http://www.migri.fi/about_us/statistics/statistics_on_asylum_and_refugees

Stokes, M. & Stackes, M. 2011. Physical Management for Neurological Conditions. London: Elsevier/Churchill Livingstone.

Sze-Mun Lee, T., Sullivan, G. & Lansbury, G. 2006. Physiotherapists' communication strategies with clients from cultural diverse backgrounds. Advances in Physiotherapy 4, 168-174. Referred 12.11.2017. http://dx.doi.org/10.1080/14038190600845602

Website of Arabic Care linking cultures. Referred 20.09.2017. http://www.arabicare.org.au/about/culture-traditions/137-values-and-be

Website of Chartered Society of Physiotherpists. Referred 06.11.2017. http://www.csp.org.uk

Website of Finnish Association of Physiotherapists. Referred 30.09.2017. http://suomenfysioterapeutit.fi/

Website of Geert Hofstede. Referred 01.10.2017. http://geerthofstede.com/culture-geert-hofstede-gert-jan-hofstede/6d-model-of-national-culture/

Website of Hofstede Insights. Referred 01.10.2017 https://www.hofstede-insights.com

Website of Istizada Arabic and Middle East marketing solutions. Referred 24.09.2017. http://istizada.com/complete-list-of-arabic-speaking-countries-2014/

Website of Migration Watch UK. Referred 12.11.2017. https://www.migrationwatchuk.org

Website of Oxford Dictionary. Referred 12.01.2017. https://www.oxforddictionaries.com/

Website of Quick reference to India and world. 2017. Countries with Arabic as a co-official along other languages.

Website of Quick reference to India and world. 2017. Population of the Arab world countries.

Website of Quick reference to India and world. Referred 24.09.2017. http://www.quickgs.com/arab-world-and-arabic-speaking-countries/

Website of Southern Migrant and Refugee centre. Referred 29.09.2017. http://www.smrc.org.au/sites/default/files/Cultural%20Profile%20for%20Arabic%20seniors.pdf

Website of The Oriental Institute, The University of Chicago. Referred 09.03.2017. http://teachmiddleeast.lib.uchicago.edu/index.html

Website of World Atlas. Referred 02.09.2016. http://www.worldatlas.com

Website of World Confederation for Physical Therapy. Referred 12.01.2017. http://www.wcpt.org/

Weller, C. 2017. 7 reasons Finland's education system puts the US model to shame. Buisness Insider UK 09.05.2017. Referred 12.11.2017. http://uk.businessinsider.com/finland-education-beats-us-2017-5?r=US&IR=T

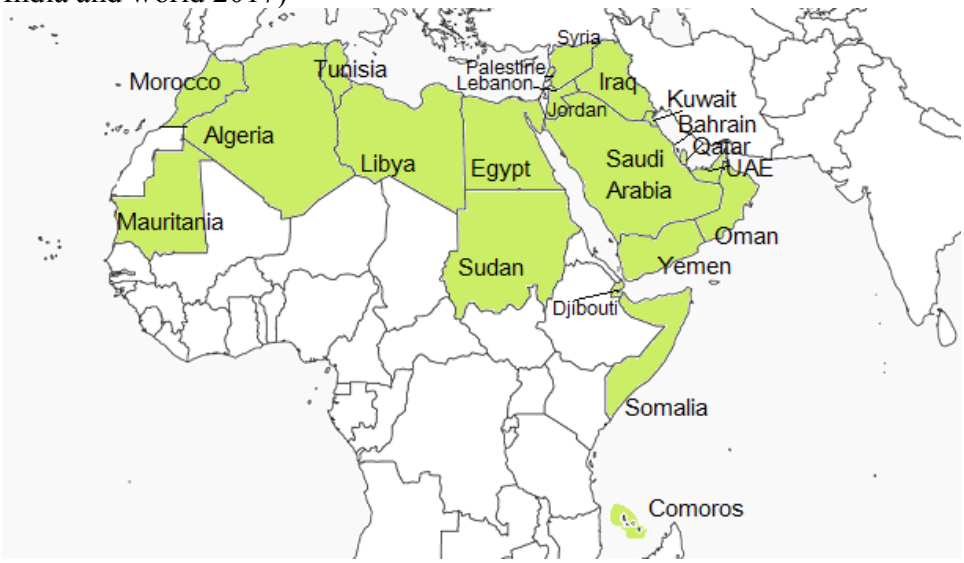
World Confederation for Physical Therapy 2017. Members of the World Confederation for Physical Therapy

World Health Organization. 2013. How to use the ICF: A practical manual for using the International Classification of Functioning, Disability and Health (ICF). Geneva: WHO

Zusman, M. 2004. Mechanisms of musculoskeletal physiotherapy. Physical Therapy Reviews 9, 39-49.

APPENDIX 1

Map of the countries who are part of Arab wold (Website of Quick reference to India and world 2017)



Population of the Arab world countries (Quick reference to India and world 2017)

ARAB WORLD COUNTRIES	POPULATION
EGYPT	90,000,000
ALGERIA	41,701,000
SUDAN	40,235,000
IRAQ	36,000,550
MOROCCO	33,250,000
SAUDIA ARABIA	30,770,375
YEMEN	23,833,000
SYRIA	17,951,639
TUNISIA	10,982,754
SOMALIA	10,438,043
UAE	9,346,129
JORDAN	6,655,000
LIBYA	6,244,174
LEBANON	4,965,914
PALESTINE	4,550,368
OMAN	4,055,418
MAURITAUNIA	3,359,185
KUWAIT	2,789,000

QATAR	2,155,446
BAHRIN	1,343,000
DJIBOUTI	810,179
COMROS	798,000

APPENDIX 2

Different dialects in the Arabic world countries (Istizada Arabic and Middle east marketing solutions 2014)

Dialects	Areas spoken
Egyptian	**Egypt**
Gulf	Bahrain , Kuwait , Oman ,Qatar , Saudi Arabia , UAE
Hassaniya	Mauritania , southern Morocco ,south western Algeria, Western Sa-hara
Levantine	Lebanon, Jordan, Palestine , Syria
Maghrebi	Algeria, Libya, Morocco, Tunisia
Mesopotamian/Iraqi	Iraq, eastern Syria
Sudanese	Sudan , Southern Egypt
Yemeni	Yemen , southern Saudi Arabia

Countries with Arabic as a co-official along other language (Quick reference to India and world 2017)

Country	Official Languages
ALGERIA	Arabic, Berber
CHAD	Arabic, French
COMOROS	Arabic, French, Comorian
DJIBOUTI	Arabic, French,
ERITREA	Arabic, English, Tigrinya
IRAQ	Arabic, Kurdish
ISRAEL	Arabic, Hebrew
LEBANON	Arabic, French
MOROCCO	Arabic, Berber
QATAR	Arabic, English
SOMALIA	Arabic, Somali
SUDAN	Arabic, English
TANZANIA	Arabic, English, Kiswahili
WESTERN SHARA	Arabic, Spanish

APPENDIX 3

Inhibiting Factor	Competences Affected
Communication	- advocate health - collect healthcare user's general data - communicate effectively in healthcare - conduct physiotherapy assessment - develop therapeutic relationships - educate on the prevention of illness - listen actively - provide health education - provide information on the effects of physiotherapy
Communication & Culture	- advise on healthcare users' informed consent - empathise with the healthcare user - employ cognitive behaviour treatment techniques - develop a collaborative therapeutic relationship - promote inclusion
Culture	- provide treatment strategies for challenges to human health

Finnish Physiotherapists Experience with Arabs Questionnaire

Tervetuloa!

If you are a physiotherapist with experience treating Arabic patients/clients please answer the following questions thoughtfully as it will help to create an interview tool to help those physiotherapists who are unfamiliar with the Arab culture. This questionnaire is to gather information for the physiotherapy thesis, "Cultural Translation: Clarifying the Different Understandings of Physiotherapy for Arab Patients and Finnish Physiotherapists" at Satakunta University of Applied Sciences (Samk). The personal information and opinions supplied will only be used for the stated Bachelor's thesis and will not be shared for alternate use or as individual information.

Kiitos,

Al Ozaibi, Wesam & Bimm, Bronwyn
Samk Physiotherapy Students

Thesis Coordinators: maija.kangasperko@samk.fi & mari.torne@samk.fi

Multiple Choice

Personal Info

	Male	Female
Gender	○	○

Personal Info

	21-25	26-30	31-35	36-40	41-45	46+
Age	○	○	○	○	○	○

Professional Info

	<5 years	5-10 years	10-15 years	15-20 years	>20 years
Years as a physiotherapist?	○	○	○	○	○

Professional Info ?

	Bachelors	Masters	PHD
Level of Education?	○	○	○

Specialisations? ?

- ☐ Acupuncture
- ☐ Cardiorespiratory
- ☐ Electrophysical agents
- ☐ Geriatrics
- ☐ Mental Health
- ☐ Musculoskeletal
- ☐ Neurological
- ☐ Sports Physiotherapy
- ☐ Women's Health

Experience

	None	A little	From time to time	Often
Experience with Arabic speaking patients?	○	○	○	○

What was challenging? ?

- ☐ Religion
- ☐ Language/Communication
- ☐ Motivation
- ☐ other:

Please explain:

In your own words (voit vastata muo suomeksi)

How did your initial expectations compare to the experience of treating Arabic speakers?

What do you wish you would have known beforehand?

What advice would you give to other professionals dealing with Arabic speaking patients for the first time?

What would you like Arabic speaking patients to know about physiotherapy?

Proceed

Save Prefilled form URL

Kiitos Mol

Arabic Speaking Questions English version

Hello I Wesam Al-Azabi, a physiotherapy student , please help by answering the following questions for a bachelor's thesis project , I will not take you more than 10 minutes, This questionnaire if for collecting information about physiotherapy to create a tool used to help Finnish physiotherapiest who have little knowledge of Arab culture and their traditions.
The name of the this is "Cultural Translation: clarifying the the different understanding of physiotherapy for Arab patients and Finnish therapists"
There is no personal information, just your opinionss and the answer will be used only in the bachelor's project to help the Arab patients in Finland and Finnish Physiotherapist in hospitals
Thank you
Alozaibi , Wesam & Binni Bronwyn
Samk Physiotherapy students
Thesis Coordinator: maija.kangasperko@samk.fi & mari.torne@samk.fi

General questions

Gender
Choose the suitable answer for you: Male ○ Female ○

In which age group are you in?
Choose the suitable answer for you: 19 - Below ○ 20 - 25 ○ 26 - 30 ○ 31 - 35 ○ 36 - 40 ○ 41- 50 ○ 51- 60 ○ 61+ ○

Nationality?
Choose the suitable answer for you: Iraqi ○ Syrian ○ Yemeni ○ Palestinian ○ Moroccan ○ Egyptian ○ Kurdish ○ Somali ○ If you have other nationality not listed in the options, please mention in the bottom space ○

Religion?
Choose the suitable answer for you: Christian ○ Jewish ○ Muslim ○ If you have another religion please specify in the bottom space ○

Educational level?
Choose the suitable answer for you: Master degree ○ Bachelor degree ○ Vocational School ○ High school ○ Primary school ○ Other, please specify in the bottom space ○

How long have you been in Finland?
Choose the suitable answer for you: One year or less ○ Three years ○ Two years ○ Four years ○ Five years or more ○

What languages can you speak ?
- ☐ Arabic
- ☐ English
- ☐ Finnish
- ☐ French
- ☐ Spanish
- ☐ Persian
- ☐ Kurdish
- ☐ Somali
- ☐ If you have another language you speak and are not listed, please specify in the blank space

Questions about the field of physical therapy

Do you have any knowledge about what is physiotherapy field ?
Choose the suitable answer for you: I do not know anything about the area ○ I have little information about this area ○ I have heard about this area ○ I know what physical therapy is ○ If you have another opinion, please specify in the bottom space ○

Do you know what a physiotherapist does
Choose the suitable answer for you: I do not know what a physiotherapist does ○ I have some idea of what a physiotherapist does ○ I know what a physiotherapist does ○ If you have another opinion, please specify in the bottom space ○

What do you think is another description of a physiotherapist?
Choose the suitable answer for you: I do not know ○ Personal trainer ○ Herbalist ○ Rehabilitation Specialist ○ Nurse ○ A doctor ○ If you have another opinion, please specify in the bottom space ○

Have you ever visited a physiotherapist before?
Choose the suitable answer for you: No ○ Yes ○

If you answered yes please indicate how many visits

Do you suffer or suffered from back pain, joints and muscles?
Choose the suitable answer for you: No ○ Yes ○

If yes, please specify

Do you have any objection of the physiotherapist who gives you the treatment being of the opposite gender?
Choose the suitable answer for you: Yes I object ○ Not sure ○ I have some concerns ○ No objection ○

If you answered yes, please explain the reasons

For the purpose of treatment, a physiotherapist may ask you to remove your clothes for examination. How comfortable are you with that ?
Choose the suitable answer for you Choose the suitable answer for you: Does not cause me any discomfort ○ Makes me feel a bit uncomfortable ○ Yes, it makes me feel very uncomfortable ○

If you answered yes, please explain the reasons

Does removing your clothing for the purpose of screening may cause you discomfort and thus not go to a physiotherapist?
Choose the suitable answer for you: No ○ Yes ○

If you answered yes, please explain the reasons

Proceed

Save | Prefilled form URL