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Cultural sensitivity in physiotherapy – How to meet a Roma client

Worksheet

BACHELOR OF PHYSIOTHERAPY
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ABSTRACT

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The aim of this thesis is to provide a guide for physiotherapists about Finnish Roma culture, especially concerning Roma women. Being aware of the key concepts of Roma culture gives more tools for the physiotherapists during the whole physiotherapy process. The object is to bring essential and significant cultural factors from the perspective of physiotherapy that can be considered from the perspective of high-quality care with evidence-based guidelines. The aim is therefore to create a code of conduct that understands the Roma culture and clarifies and facilitates the physiotherapy.

International Classification of Functioning, Disability and Health (ICF) contextual factors (personal and environmental) are discussed in the thesis for providing a more comprehensive picture when the client belongs to any ethnic minority.

I hope this thesis opens the challenges of Roma people are having as health care clients and gives cultural information for Finnish physiotherapist to understand cultural key concepts of Roma to improve the quality of provided service.

Keywords: core competences in physiotherapy, cultural competence, cultural sensitivity, client centered approach in physiotherapy, clinical reasoning, ICF, Finnish Roma

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1 INTRODUCTION

Health care professionals, in this thesis physiotherapists, are increasingly being confronted with the challenges of providing intercultural healthcare, trying to find a dignified answer to the culturally sensitive situation of ethnic minority clients, in this thesis Finnish Roma women.

According to BMC Medical (2017) healthcare services should still ensure culturally appropriate healthcare for every patient from a minority ethnicity despite these intercultural challenges. This is declared in the law: "The patient's mother tongue, his or her individual needs and culture shall, as far as possible, be considered in his or her care and treatment." (Act on the Status and Rights of Patients 17.8.1992/785, Chapter 2, Section 3.).

It is important to provide information for physiotherapists who work with the Roma since the Roma culture has many fundamentals such as the concept of purity, social relationships, and suitable behaviour, that differ from the habits and perceptions of the majority population.

In Finland, there are around 10,000 Finnish Roma and around three thousand Finnish Roma are living in Sweden. Despite their small number, the Roma have been able to retain their distinctiveness and old cultural traditions. The Roma is the second largest minority group living in Finnish society in terms of numbers and have been granted minority rights. Although the Roma have lived in Finland for centuries, very little is known about the Roma culture among the native population. The first comprehensive Roma health survey was carried out just in 2017-2018. (Website of Ministry of Social Affairs and Health 2022).

A client-centered approach is discussed in this thesis. Providing high quality physiotherapy requires client-centered care, where the biopsychosocial and personal factors of each client are considered. The integration of client-centered care into physiotherapy process can be challenging for physiotherapists.

According to Ministry of Social Affairs and Health (2022) developing a culturally sensitive approach to work helps to act as a member of a multicultural work community and as a professional in customer encounters. Cultural sensitivity is the desire, ability, and sensitivity to understand people from different backgrounds. Culturally sensitive services do not mean separate services for all target groups, but services that are able to adapt to the needs of different customers. (Website of Ministry of Social Affairs and Health 2022).

The aim of this thesis is to provide cultural information for physiotherapists about Finnish Roma culture, especially concerning Roma women. Being aware of the key concepts of Roma culture gives more tools for the physiotherapists during the whole clinical reasoning process. ICF's contextual factors (personal and environmental) provide a more comprehensive picture when the client belongs to any ethnic minority.

The thesis contains a theoretical framework on the topic based on which the discussion was emerged. Part of the theoretical framework of Roma culture consists of the writer's own knowledge as a member of Finnish Roma and anonymous discussion with a Roma female suffering from an incurable neurological disease.

I did my thesis for the Finnish Roma association to get more visibility to my research and provide culturally sensitive information for health care professionals (especially for physiotherapist) about Finnish Roma people.

2 THE AIM AND OBJECTIVE OF THESIS

The aim of the thesis is to bring information to health care professionals, especially for physiotherapists, about the aspects of Roma culture that are required to understand when providing high quality care for the clients. The objective is to bring essential and significant cultural factors from the perspective of physiotherapy that can be considered from the perspective of high-quality care with evidence-based guidelines. The aim is therefore to create a code of conduct that understands the Roma culture and clarifies and facilitates the physiotherapy. (Sze Mun Lee, T., Sullivan, G., Lansbury, G. 2006, 166-170).

The thesis was implemented as a worksheet based on the theoretical literature, one interview and the writer's personal knowledge about Roma culture as a presentative of Finnish Roma community.

3 THE CORE COMPETENCES IN PHYSIOTHERAPY

ESCO is the multilingual classification of European Skills, Competences, Qualifications and Occupations. ESCO is part of the Europe 2020 strategy. The Europe Region World Physiotherapy agreed definitions for physiotherapy which were accepted by ESCO Board and EU Commission. According to ESCO the goal of physiotherapy is to permanently change the functioning of a client; therefore, it is necessary for the client to be motivated to do the exercises and to complete other aspects of the program. Physiotherapists must provide evidence-based information about the benefits of treatment to motivate clients. To support motivation, it is essential to determine the client's expectations and to develop realistic and meaningful therapeutic objectives together with her as well as to plan how these will be implemented in a realistic and meaningful manner. (Website of ERWCPT 2022).

According to ESCO (2020) a physiotherapist must be able to effectively communicate and adapt communicational interventions appropriately, whilst maintaining the therapeutic relationship, to maximize the (re)habilitation, and prevention within clients. This includes overcoming common barriers to communication such as in thesis understanding different semantic meaning for some words among Finnish Roma. (Website of ERWCPT 2022).

As the document of the core competences for a physiotherapist by a workgroup and authors Hynynen, P., Häkkinen, H., Hännikäinen, H. et al. for Finnish Association of Physiotherapy (2018) states as part of the physiotherapy process, individuals can enhance their health, maximize their mobility, increase their physical activity, and regain their functional abilities throughout their lives. Physical, psychological, and social factors are taken into consideration when offering physiotherapy services in all areas of health care and well-being. A significant part of the physiotherapy process involves interacting with customers and their families. Interaction skills are an essential component in creating a client-focused therapy relationship. Good interactions are the foundation for a successful therapeutic relationship between the physiotherapist and the client, in fact it is a relationship founded on trust that often determines whether the collaboration is successful. (Hynynen, P., Häkkinen, H., Hännikäinen, H. et al 2018).

To achieve the best possible functional results, the physiotherapist must be able to understand how the customer's psychophysical cognitive processes are linked to the customer's domestic environment. Evidence-based physiotherapeutic guidance should seek to integrate seamlessly therapeutic exercise with the client's performance, self-assessment, and linkage with their communal environment. Guidance supports the client's functional abilities. Thus, through the provision of evidence-based guidance, a physiotherapist encourages his/her clients to achieve the commonly agreed objectives, and this improves the effectiveness of the physiotherapy. (Hynynen, P., Häkkinen, H., Hännikäinen, H. et al 2018).

4 PHYSIOTHERAPY MANAGEMENT

A clinical reasoning process involves a therapist collecting information from patients, generating hypotheses, testing them, and determining optimal diagnosis and treatment based on that information. Inferential reasoning is used by practitioners to collect data and evaluate them, and to diagnose and manage patients. (Higgs, J, Jones, MA, Loftus, S. et al. 2008, 4-19). This process of clinical reasoning helps health care professionals to make the best judgment under specific circumstances, given the patient's condition and the context in which the decision is being made. (Gummesson, C, Sundén, A, Fex, A. 2018, 29-34).

Through the clinical reasoning process, the therapist analyses multiple variables contributing to the patient's limited physical capacity (achievable in a standard environment) and performance (available in the patient's own environment). This process involves hypotheses of factors which may underlie the limitations of physical capability and performance, and a postulation of their magnitude. Patients and other people involved in their care (family, health care professionals) interact with the therapist to find meaningful goals and strategies for managing their health. (Atkinson, HL, Nixon-Cave, K. 2011, 416-30).

Capacity refers to what a person can do in a standardised environment e.g., during clinical assessment. It indicates the extent of activity limitation as a direct manifestation of a person's health status, without any assistance (assistance of another person, equipment, or environmental modification). Based on WHO (2022) performance on the other hand refers to what a person does in his/her usual environment e.g., at home. It indicates the extent of participation restriction or the "lived experience" by describing all physical, social, and attitudinal environmental factors. Performance measures the difficulty a person experiences in doing things if they want to do them. (Website of World Health Organization 2022).

4.1 International Classification of Functioning, Disability and Health (ICF)

The ICF is a classification of health and health-related conditions for children and adults that was developed by WHO and published in 2001. The ICF framework can be used in interprofessional collaborative practice and person-centered care. The framework consists of three parts. As reported by World Health Organization (2002) functioning and disability includes body functions and structures which describe actual anatomy and physiology/psychology of the human body. WHO (2022) states activity and participation in ICF classification to describe the person's functional status, including communication, mobility, interpersonal interactions, self-care, learning, applying knowledge, etc.

Contextual factors include both environmental and personal factors. The environmental factors are not within the person's control, such as family, work, government agencies, laws, and cultural beliefs. Personal factors include race, gender, age, educational level, coping styles, etc. Conforming to WHO (2022) ICF environmental factors include the physical, social, and attitudinal environment in which people live and conduct their lives. These are either barriers to or facilitators of the person's functioning. Functioning is an umbrella term for body function, body structures, activities, and participation. (Website of WHO 2022).

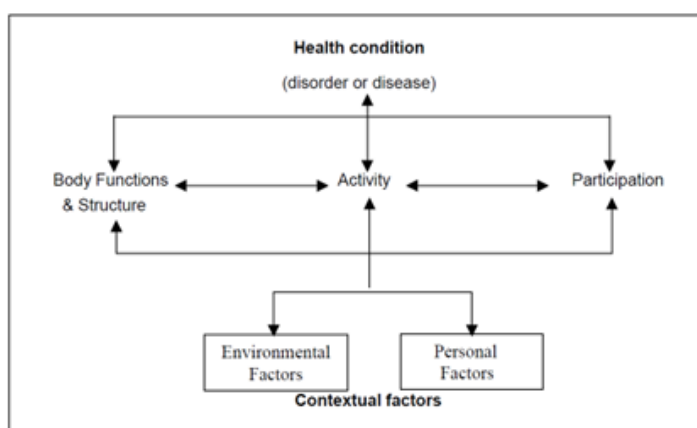


Figure 1: ICF model (WHO 2002)

The figure (Figure 1.) identifies the three levels of human functioning classified by ICF; functioning at the level of body or body part, the whole person, and the whole person in a social context. World Physiotherapy adopted a motion supporting the implementation of the ICF in physiotherapy in 2003. (Escorpizo, R., Stucki, G., Cieza, A. et al. 2010, 1053-63).

WHO (2002) states rather than focusing on systems, the ICF emphasizes function and the positive abilities of individuals and shifts the conceptual emphasis away from negative connotations, such as disability.

In her WCPT keynotes Catherine Sykes (2008) introduces ICF rather than classifying people, to describe their health in terms of how they are functioning in their environment. An individual's health includes her/his ability to perform the full range of activities required for engaging in all aspects of human life. The outcomes of interventions can be evaluated by recording performance in the person's actual living environment. (Website of World Physio 2022).

4.2 Client -centered approach in physiotherapy

The client should be an integral part of the clinical reasoning process, as this can help the clinician to form hypotheses and lead towards the review of the outcome post physiotherapy intervention. (Jones, M. 1995, 17-24.) As reported by Hutting N., Caneiro, JP., Ong'wen, OM. et al. (2022) providing high quality care involves placing the client at the center and thinking about his or her biopsychosocial and personal factors. In client- centered care, it is evident that the client has the possibility to take part in decision making. Deciding about individual treatment goals can occur on the level of symptoms, but next to this, should also include functional and fundamental goals. (Hutting, N., Caneiro, JP., Ong'wen, OM. et al. 2022, 102,434).

In physiotherapy encounters, biopsychosocial factors driving pain and disability can be further identified and addressed to further enhance client-centered

care. These are to be targeted during rehabilitation. Besides communicating openly, reflective questioning can assist in discovering contributing factors. Let your client tell his story and get to know his expectations without interrupting him (Sanders, T., Foster, N. E., Bishop, A., et al. 2013, 14, 65). As stated by Cooper, K., Smith, B.H., Hancock, E. (2008) a client-oriented approach in physiotherapy emphasizes communication, individual physiotherapy, decision-making, and information sharing. The quality of communication was observed among physiotherapy participants who felt involved in the process. The participants unable to discuss their needs or lacking thorough explanations felt unengaged in their physiotherapy sessions. (Cooper, K., Smith, B.H., Hancock, E. 2008, 246-248).

5 FINNISH ROMA

In Finland, there are around 10,000 Finnish Roma and three thousand Finnish Roma are living in Sweden. While the Roma live scattered around the country, about half of the Finnish Roma live in Southern Finland and it is estimated that up to 4000 live in the Helsinki area. (Website of Finnish institute for health and welfare 2022).

Culture has visible and invisible parts. By visible parts are meant different cultural symbols and rituals that even a person from a foreign culture learns to recognize and use. Invisible parts include the basic assumptions and values of people, religions, and interpersonal relationships. The invisible parts of the culture are difficult to fully understand, even if a person has lived in a foreign country all his adult life. Understanding deeply another culture requires growing into it from childhood. (Salminen, K., Poutanen, P. 1996). Finnish Roma has their own cultural heritage and language. About a third of Finland's Roma population speaks the northern dialect of the Roma language which has been identified as an endangered language. (Website of Finnish institute for health and welfare 2022).

Finnish institute for health and welfare (2022) states the status of the Roma as a national, traditional minority is guaranteed by the Finnish constitution. They have a legal right to maintain and develop their own language and culture. Cultures in health care raise challenges and debates from several perspectives. It is necessary to be aware, know and understand the existence of different ways of life and activities and traditions. However, it should be remembered that each client is an individual and should not be classified according to his culture or ancestry. (ETENE-publications 2004).

Numerous countries have noted that the morbidity and life expectancy of Roma are lower than those of their main populations. This has led many healthcare professionals and social scientists to consider possible determinants. (Ryczak, K., Kemp, C. 2004, 298-307). Many Roma find hospitals and health care centers very frightening, because the Roma are alone in them, as the only representative of their own ethnic group. The feelings of fear and alienation are heightened by the knowledge that hospitals have patients with infectious diseases and dying patients, and by the fact that hospitals are the subject of the Roma's concept of purity. (Ryczak. K., Kemp, C. 2004, 298-307; Granqvist, K., Viljanen, AM. 2002,109-25).

As reported by Granqvist, K. and Viljanen, AM. (2002) the challenges that exist in the health care practices of the Finnish Roma are related to both linguistic and wider cultural differences in relation to the main population. In the Finnish language used by the Roma, many words have different meanings than in the "mainstream language". The most important cultural differences in terms of health care are the Roma's sense of community, mutual loyalty, and care. Understanding the concepts that are central to Roma identity (clean-dirty, honour-shame) in Roma language makes it easier to establish a good care relationship. (Granqvist, K., Viljanen, AM. 2002, 109-25).

The Finnish language of Roma clearly deviates from the mainstream of the Finnish language in terms of vocabulary and phraseology. (Borin, L., Vuorela, K., Corraín, A. 1998, 1-76.) In other words, it is not a question of the Roma's

lack of knowledge of the Finnish language, but of a completely different way of expressing and conceptualizing things. Words and things that indirectly refer to sexuality and bodily functions are taboo, they are not uttered aloud or spoken of in euphemisms. (Granqvist, K., Viljanen, AM. 2002, 109-25).

The content of the concepts of clean-dirty, honour-shame is clearly broader than in the everyday speech of the main population. They are linked to a diverse network of social and moral norms that every "real" Roma should be familiar with and followed (Granqvist, K., Viljanen, AM. 2002). It is important for physiotherapists and for all health care professionals, to understand the level of obligation that Roma has to their family and community. When treating a Roma client, 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. The communality of the Roma and the ethos of caring for other people are always reflected in health care. A Roma client wants to always come to the reception with an escort. (Granqvist, K., Viljanen, AM. 2002, 109–25; Viljanen, AM., Hagert, T., Blomerus, S. 2007, 458–466).

6 FINNISH ROMA WELL-BEING

The main information source of Finnish Roma well-being and health in this thesis was The Roma Well-being Survey (Roosa) which was a nationwide project in which the Finnish Institute for Health and Welfare (THL) collected data on the well-being, health, functional and work ability of the Roma population, and the use of services. (Website of Finnish Institute for Health and Welfare 2022).

Finnish institute for health and welfare was conducting a Roma well-being survey alongside the FinTerveys 2017 population survey. Roma well-being survey conducted by the National Institute for Health and Welfare (Roosa) was part of the Nevo Tiija project funded by the European Social Fund and managed by

Diaconia University of Applied Sciences (Diak). (Website of Finnish Institute for Health and Welfare 2022).

The socioeconomic status of Roma people in the Finnish society is unequal in many ways. Compared to the main population, they have a lower level of education and housing. There is more poverty and unemployment among them. Poor socioeconomic status increases morbidity, mortality and impairs functional capacity. The well-being and health of the Roma will be promoted by reducing structural inequalities and improving employment, education, and housing levels. (Granqvist, K. 2021).

Reducing health inequalities has been an important goal of health policy in Finland for many decades, but so far, the achievement of this goal has been relatively unsuccessful (National Action Plan for Reducing Health Inequalities 2008-2011). According to the results of the FinTerveys 2017 study, in most health indicators (e.g., obesity, hypertension, diabetes and asthma prevalence), the difference between the educational groups was clear: the situation was most favourable (there were the least health problems) among those with tertiary education and the weakest among those with basic level education. (Website of Ministry of Social Affairs and Health 2022).

Perceived health is based on the respondent's own assessment, and in addition to symptoms and diagnosed illnesses, it is influenced by the respondent's life situation, information about their own and their immediate community's medical history, and expectations and experiences. An assessment of one's own health gives a good overview of the respondent's state of health, which has been found to be quite consistent with the doctor's assessment and predict future health problems and risk of death. (Manderbacka, K., Aalto, AM., Kes-tilä, L. et al. 2017).

The perceived health of the participants in Roosa study was clearly weaker than in previous studies covering the entire Finnish population. In the entire population, over 10 percentage points more than 10 percentage points more than among the participants in Roosa survey felt that their health was good or

good. The results also differ from the population-wide studies in that the perceived health of the women participating in Roosa study appears to be worse than that of men, even though the difference between women and men was not statistically significant. (Granqvist, K. 2021).

7 MEETING A ROMA IN PHYSIOTHERAPY

Cultural differences among the clients are everyday life in the health care sector nowadays. Good care requires that the health care professionals have updated cultural awareness of cultural factors. (Sze Mun Lee, T., Sullivan, G., Lansbury, G. 2006, 166-170).

THL states (2022) cultural sensitivity to refer to the professional's culturally respectful interaction skills and appreciative encounters and communication between the professional and the client, both verbal and non-verbal, so that both parties have the right to express their own culture and to be accepted and heard with it.

Abdelhamid, Juntunen, Koskinen (2009) stated culture being often described in an iceberg model. When encountering a client from the different culture, a healthcare professional first notices the top of the iceberg, in this concept the visible part, including habits, language, gender, age, skin colour and dressing. A health care professional should get familiar with the invisible part of the iceberg, such as client's cultural identity, values, expectations, beliefs, meaning of family and cultural traditions. Getting to know these hidden cultural factors can be challenging since they are often invisible and subconscious to a client as well. (Abdelhamid, P., Juntunen, A., Koskinen, L. 2009,117).

7.1 Illness makes everyone more vulnerable

A Finnish Roma female interviewed (2022) for this thesis had her neurological diagnose few years ago. It took many years to get the correct diagnose and she felt it was demanding to get proper care until she had her final diagnose.

If I didn't understand to demand further examinations for my disease, like many (other) Roma people don't, I still might not have my diagnose. Many Roma believe everything the health care professionals say without criticizing it, they feel they are not capable for questioning the professionals. My pain and my symptoms made me understand there is something seriously wrong with me and I kept demanding further medical examinations. (Anonymous Roma female 2022).

Being seriously ill and trying to manage your everyday life as a minority presentative feels many times unbearable, I wish to get more support and understanding from the health care professionals. We are quite many Roma females having this same neurological disease and everyone is facing the same problems; the health care professionals don't understand the importance of traditional wearing for us; pain management, physical exercises and the whole rehabilitation need to be adjusted according to our traditional requirements if possible. We have right to choose, and our rehabilitation must be planned accordingly. The challenge is real, we have contacted the Finnish neurological association for this. We are trying to get someone to "interpret" our needs and rights e.g., during rehabilitation periods. When a person is seriously and incurably ill, there is not enough strength for this kind of fight. We Roma wish to be heard and treated according to the constitution. (Anonymous Roma female 2022).

7.2 Traditional Roma costume

Wearing a Roma costume is an integral part of Roma culture. Therefore, the traditional Roma woman costume is discussed in this thesis; wearing it may bring challenges to the physiotherapy process (Pirttilahti, M. 2000, 15.)

As my pain grew into unbearable levels, and I was demanding proper pain management for it, I faced prejudice many times because of my culture. My traditional Roma clothing was objected to numerous times. I was suspected of being a drug abuser. In these situations, I felt that this was due to specially to my culture. The health care professionals treating me, couldn't understand why I wanted to wear the traditional costume even I had enormous pain. I have been working with majority and I was educating various professionals about the Roma culture before I got sick. The situations with health care professionals I faced as I fell sick were both due to ignorance and cultural prejudices. As I became sick, I needed my Roma community more than ever. Taking off my traditional dress wasn't an option, not to me nor to my family, I felt I would have been outcasted from my community back then and the traditional wearing is a huge part of my identity, so it was out of the questions. (Anonymous Roma female 2022).

The wearing of a Roma costume is a key part of a Roma woman's identity and position in her own community. Young girls often look forward to the time when they will be allowed to wear Roma clothes, as this implies a transition to adulthood. Today, some of the girls also wear an adapted outfit, and do not want to wear a traditional Roma costume. When a girl chooses a traditional Roma wearing, the decision is life-long and is usually made between the ages of 16 and 20, after which it is no longer appropriate to appear to older Roma without a Roma costume. (Pirttilahti, M. 2000,15).

The traditional costume of a Roma woman consists of a brocade or silk blouse and a velvet skirt weighing about 10-15 kilograms. A velvet skirt with its large

weight can put stress on the musculoskeletal system. Traditional dressing also involves the use of high-heeled shoes since the hem of the skirt should cover the ankles. (Website of Yle 2022).

When a young Roma woman (couple) moves alone (in together), she (they) can decide for whether to follow traditional cleanliness concept. These habits also include whether a woman is always dressed in a Roma costume or wears the clothing of the main population when she is at home. It is also part of traditional customs that women are perfectly dressed all the time. Older Roma do not visit young people if these customs are not followed, and the young couple, in turn, would not allow it. (Pirttilahti M. 2000,15).

7.3 Family

It is favourable for physiotherapists to be aware of the family-centered approach that is important for Roma culture, so that as professionals they can relate to and respect the characteristics of their culture and implement that during the physiotherapy process. Many Roma, especially elderly people, prefer to come to their appointment with a family member. (Viljanen, A.-M., Hagert, T., Blomerus, S. 2000, 458–466).

I have been numerous times in the hospitals and as the pain grows high and other symptoms due to my disease are preventing me being fully functioning, it is important for me that my husband or my mother can be there all the time with me. Many times, it has been denied even I have told the professionals I was scared, and, in our tradition, it is essential to have our loved ones near us if we are sick or hospitalized. (Anonymous Roma female 2022).

8 DISCUSSION

In this thesis I wanted to provide a guidebook for physiotherapist about cultural aspects which should be observed among the Finnish Roma (female) clients to ensure high quality physiotherapy. The stronger cultural competence a professional has, the higher quality the provided service is. The cultural awareness and knowledge gives more tools in encountering and motivating a client. Cultural sensitivity is a concept related to cultural competence. Cultural sensitivity in this thesis refers to the willingness, ability and sensitivity required from any health care professional to be able understand people with different backgrounds. In everyday work it means providing services that are flexible to the needs of diverse clients. (Sze Mun Lee, T., Sullivan, G., Lansbury, G. 2006, 166-170).

As therapists are more aware of the influence of varied cultural frameworks within the clinical encounter, they will be better able to provide effective and appropriate care to their clients. By approaching clinical encounters with humility and a willingness to learn, therapists will be better able to respond to the needs of their clients as cultural beings. (Hunt, M.R. 2007, 229–32).

It is important to know the characteristics of the Roma culture, as it may bring special features to physiotherapy process that must be considered and integrated into professional competence. To provide high quality multicultural physiotherapy, health professionals must be familiar with Roma culture. (Hunt, M.R. 2007, 229–32).

Sanders, T., Foster, N. E., Bishop, A., et al. (2013) explained in their study although physiotherapists recognize the importance of clients' social and psychological contexts, they are also fully aware of the challenge that such matters present. Psychosocial 'obstacles' are viewed as potentially inhibiting clients to follow therapeutic advice. According to their study despite these difficulties physiotherapists acknowledge the importance of engaging in negotiations with clients about the full range of biopsychosocial obstacles to recovery,

though they do not feel they possessed adequate skills or training to deal effectively with psychosocial obstacles specifically. (Sanders, T., Foster, N. E., Bishop, A., et al. 2013, 14, 65).

The cultural context plays an important role in determining how people experience illness, disability, and health. As client's cultural perspective also informs their expectations of physiotherapists and defines their therapeutic goals. On the other hand, every client needs to be seen as an individual, instead of classifying her/him according to her/his culture. Being aware of cultural frameworks allows a physiotherapist listen to her/his Roma client more individually and offer the client the opportunity to take her/his cultural requirements into account when planning client centered and effective therapy. To achieve greater cultural competence as a physiotherapist, one must be open to learning and open to new possibilities. (Sze Mun Lee, T., Sullivan, G., Lansbury, G. 2006, 166-170).

The concepts of clean-dirty, honour-shame should be observed when a physiotherapist gives a Roma client home exercise. If the client a young, in reproductive age and using traditional Roma dress, she is supposed to wear it everywhere else at home but in the bedroom and bathroom to keep the home clean. This may cause challenges for doing home exercises. A physiotherapist could ask whether the client prefers doing exercises in the group somewhere else than at home. Also, the age differences among the Roma in exercise group attendees needs to be addressed, the young and the old women cannot be in the same group. (Laiti, M. 2008, 156-163).

Because of the concept of shamefulness, Roma women often want their health care professional to be of the same sex. They feel that they will then be able to discuss matters more openly, which is why it is good to take this into account. For men, it does not matter who takes care of them. (Laiti, M. 2008,161).

8.1 Motivating for physical activity

The workshops of Roosa project found that Roma do not value physical activity and sport as much as the rest of the population in Finland. The Roma culture as such does not prevent any sporting activity. However, difficulties may arise, for example, for Roma women in the use of sportswear. The workshops identified the desire and need to increase physical activity, provided that the practices of one's own culture can be maintained at the same time. (Granqvist, K. 2021).

Roma clients do not expect any health care professionals to know and fully understand their culture but showing effort to understand can be a motivating factor in physiotherapy process. Providing and encouraging to take a part exercise groups along with client's own appointments would give a Roma client a possibility to do home exercises. Ensuring that age differences are noticed while grouping would show Roma clients that their culture has been considered in planning.

I know many Roma women, who are not academically educated as I they are having many prejudices against health care professionals due to the past mistreatment of Roma. Many times, they don't understand the importance of medicine and physical exercises in their rehabilitation. If there was more understanding towards our culture among health care professionals, many Roma would feel more confident and more motivated for their treatments. We need someone who can understand our culture for better outcomes. (Anonymous Roma female 2022).

As stated by Cooper, K., Smith, B.H., Hancock, E. (2008) communication with a client involves listening carefully, explaining in detail, using appropriate terminology, and getting to know client and factors affecting the physiotherapy. A key element of communication is also encouraging the client to take part in the discussion and share one's thoughts and wishes. (Cooper, K., Smith, B.H., Hancock, E. 2008, 246-248).

Instead of planning together some other solutions for my pain management or for my rehabilitation, I met constantly prejudices and I wasn't heard when I tried to explain myself and importance of the key concepts of Roma culture for me. (Anonymous Roma female 2022).

A Roma easily fears health care professionals and having some disease which is causing multiple physical and mental issues doubles the fear. Every Roma needs to fight for understanding in his/her own community because many people don't understand the disease and issues it brings along. Many things can't be discussed with community to make people understand because of the shame concept. Too often a Roma faces prejudices both from own community and health care professionals.

Physiotherapy is a health care profession concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation, and rehabilitation. It uses physical approaches to promote, maintain and restore physical, psychological, and social well-being, considering variations in health status. (Website of World Physiotherapy 2022).

8.2 Validity and reliability of the thesis

The two qualities of reliability and validity are commonly considered as essential qualities for a thesis. There is no perfect validity or reliability, which is essential to keep in mind. Although it is possible to think that certain measures are accurate, the reality is that they will all contain error. It's possible to estimate reliability by comparing varied versions of a single measurement. It's, however, going to prove a bit difficult to assess validity, which you can estimate by comparing the results attained to other existing theories or relevant data. (Website of Bachelor print 2022),

As I was planning my thesis, I felt that reliability could be something I need to be extremely careful throughout the whole process, especially I was worried how to collect data. How to confirm that my results are reproducible, stable, and precise as I planned to also use my own knowledge of Roma. As I collected the data, it was obvious there wasn't so much precise data, and some of existing data was more than ten years old. I knew interviews would be a way to collect more recent data, but I knew my people (Roma) too; they are talkative, and it would be hard to transcribe the results and be unbiased.

The hardest part was to find theoretical background to support my cultural knowledge and then let the emphasis be on the academic, theoretical information, rather than my own knowledge.

To be able to generate results that are as valid and reliable as possible with collected data and easily generalized I managed my inclusion criteria; 1) Finnish Roma to have geographically and culturally delimited population 2) concentrating more on females as the clients because there was more specific data about females 3) no time limit on my research data; there wasn't much research about Roma people and qualified data was old 4) including both English and Finnish language literature to get more data 5) if possible, data produced by Roma 6) if interviews, participants should have experience about physiotherapy process.

After a long process of reframing my aims and objectives, doing a worksheet of Roma culture from a physiotherapist point of view, was finally a natural selection, easily supported by collected data and there was obvious need for that.

8.3 Future research

For the further studies the challenges of physical activity among the Roma female vs the effect of wearing the traditional Finnish Roma dress to the

incidence of the chronic lower back pain experienced would be beneficial aspect to research to develop more client centered physiotherapy for Roma women.

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