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CLIENT ORIENTED PHYSIOTHERAPY ACROSS CULTURES
– PILOT PROJECT STUDY

Degree Programme in Physiotherapy
2015

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Degree Programme in Physiotherapy

February 2015

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Number of pages: 35

Appendices: 3

Keywords: multicultural, immigration, challenges, client-oriented physiotherapy, qualitative research, survey

Nowadays, there are increasing amount of clients from different cultural backgrounds having different values, expectations and roles in the community than the original population. This brings challenges to physiotherapy and health care in general. The purpose of this study was to find out the client group's experiences and expectations about the pilot project and suggestions for the future projects conducted in cooperation with physiotherapy and nursing students of Satakunta University of Applied Sciences and Satakunta Multicultural Association.

The pilot project consisted of implementations concerning different health related issues, such as cardiovascular health, family health, musculoskeletal problems and stress. These implementations were planned and implemented by both physiotherapy and nursing students. In addition to implementations, the physiotherapy students gave individual physiotherapy for those who wanted to have individual guidance.

This study was conducted by using qualitative research method, including features from quantitative study as well. Survey, made with Internet software E-lomake, was used in this study for collecting data from the group of participants. Link to the questionnaire was sent to Satakunta Multicultural Association and forwarded to the clients.

Results of the study show that majority of the participants agreed that the students met the client and explained the topic in a professional way. Implementation times were suitable for most of the participants but half of the participants thought the marketing of the implementations was only somewhat sufficient. Most participants did not have expectations for the implementations, while one of them wanted to have a solution for a knee problem. One of the participants reported being pleased with the outcome and changes would not be needed. Most of the participants felt the topics were interesting, current and suitable for them. Participants had two suggestions for the future; unconventional medicine as one of the topics as well as better marketing of the implementations.

CONTENTS

1	INTRODUCTION	5
2	IMMIGRATION	6
2.1	Immigration categories	6
2.2	Immigration in Finland	6
3	CHALLENGES CONCERNING IMMIGRATION AND HEALTHCARE	7
3.1	Communication.....	8
3.2	Cultural values	9
3.3	Prejudice	10
3.4	Individualism and collectivism.....	11
3.5	Gender roles	11
3.6	Other challenges	12
4	CLIENT-ORIENTED APPROACH IN HEALTHCARE	12
4.1	Client-oriented approach in physiotherapy	13
4.2	Interdisciplinary work in physiotherapy	15
5	HEALTH RELATED ISSUES AMONG IMMIGRANTS.....	15
5.1	Cardiovascular health	16
5.2	Musculoskeletal health	16
5.3	Mental health	18
6	MULTICULTURAL PROJECT	19
6.1	Planning of the project.....	19
6.2	Implementation of the project.....	20
6.2.1	Topics	21
6.2.2	Risks and challenges	21
7	PURPOSE AND STUDY QUESTIONS	22
8	STUDY METHODS	22
9	THE RESULTS	23
9.1	Description of participants.....	23
9.2	Cooperation.....	23
9.3	Expectations of the project	24
9.4	Hopes for future project.....	24
10	CONCLUSION	25
11	DISCUSSION	25
11.1	Validity and reliability of the study	26
11.2	Utilizing the research in the future	27
	REFERENCES.....	28

APPENDICES

1 INTRODUCTION

Nowadays, diversity among physiotherapists and clients is everyday life. There are clients from different cultural backgrounds having different values, expectations and roles in the community than the original population. This brings challenges to physiotherapy and health care in general. Diversity and cultural complexity comes from different beliefs, religions and behaviors, among other things. In order to work in a multicultural environment, physiotherapist needs to become culturally competent. Cultural competence is the combination of behaviors, attitudes and policies that allow whatever health care system to work effectively in multicultural environment. It is important to be aware of the importance of culture, and how it effects on individual's behavior and dynamics in a client situation. (Magazine of Physical Therapy, 2002)

The biggest health issues of immigrants living in Finland are cardiovascular diseases and diabetes, musculoskeletal disorders, mental health problems such as depression and anxiety. When moving from high risk country to low risk country, the risk for becoming ill decreases and vice versa. These issues were studied by getting familiar with research about immigrants' health and wellbeing (project Maamu), coordinated by National Institute for Health and Welfare (THL), which was conducted in order to collect reliable data about the biggest immigrant groups in Finland and their health status. (Koskinen, Castaneda, Rask, Koponen & Mölsä 2012)

This thesis was conducted in cooperation with Satakunta Multicultural Association and Satakunta University of Applied Sciences and was part of a pilot project, including cooperation of physiotherapy students of Satakunta University of Applied Sciences and nursing students from Middlesex University in United Kingdom. The students planned and implemented four workshops for clients in Satakunta Multicultural Association. The topics of workshops were cardiovascular health, family health, musculoskeletal problems and stress. Qualitative research –method was used in this study to collect data about participants' experiences about the implementation topics, students' cooperation and behaviour with clients, and suggestions for future projects.

2 IMMIGRATION

Word immigrant can be defined in many different ways but in statistics and researches it is usually defined as a person who comes to live either permanently or for a longer period of time in a foreign country. Sometimes it refers to a person who has been born in the country where his/her parents have moved to (second-generation immigrant). (Website of Väestöliitto 2014)

2.1 Immigration categories

Migrant is defined as a person who moves permanently to another country in order to build up a new life. According to United Nations, refugee is someone who has justifiable reason to be afraid of being persecuted in his/her home country. It can be origin, religion, nationality, membership of certain social group or political opinion. (Website of Väestöliitto 2014)

Quota refugees are refugees who have left their home country or country of permanent residence for another country where they cannot live permanently but can be chosen for resettling. Finland accepts persons that UNHCR (United Nations High Commissioner for Refugees) has entitled as refugees. (Website of the Finnish Immigration Service 2014)

An asylum seeker is a person who requests international protection from foreign country due to reason to fear being persecuted in their home country or country of residence. (Website of the Finnish Immigration Service 2014)

2.2 Immigration in Finland

According to statistics of Statistics Finland (table 1), the amount of immigrants in Finland in 2012 was 195 511 and in 2013 the corresponding amount was 207 511. The amount has increased by 6,1 % since 2012. The biggest groups of nationalities are Estonians and Russians. (Statistics Finland: Ulkomaiden kansalaiset, 2014)

Table 1. Immigration in Finland (Statistics Finland)

Nationality	2012	%	Annual change, %	2013	%	Annual change, %
Estonia	39 763	20,3	16,9	44 774	21,6	12,6
Russia	30 183	15,4	2,0	30 757	14,8	1,9
Sweden	8 412	4,3	-0,8	8 382	4,0	-0,4
Somalia	7 468	3,8	0,6	7 465	3,6	-0,0
China	6 622	3,4	7,5	7 121	3,4	7,5
Thailand	6 031	3,1	8,8	6 484	3,1	7,5
Iraq	5 919	3,0	3,1	6 353	3,1	7,3
Turkey	4 272	2,2	2,7	4 398	2,1	2,9
India	4 030	2,1	6,2	4 372	2,1	8,5
Britain	3 878	2,0	5,8	4 048	2,0	4,4
Others	78 933	40,4	5,8	83 357	40,2	5,6
In total	195 511	100	6,8	207 511	100	6,1

According to Väestörekisterikeskus, the amount of immigrants in Satakunta area has doubled since 2007. In 1999, the amount of immigrants living permanently in Satakunta area, was 1648, in 2007 the number was 2127 and in the end of year 2013, the amount was 4246. 2004 of these were women and 2242 were men. Total amount 4246 is 1,89 % of the whole population in Satakunta area. (ELY-keskus)

3 CHALLENGES CONCERNING IMMIGRATION AND HEALTHCARE

Multiculturalism as a phenomenon is old, but as a concept it is relatively new. In Finland, it was taken into consideration in 1990, when immigration started to increase. Multiculturalism as a concept means multiple groups of cultures sharing the same environment and time. Multicultural society is culturally and ethnically heterogeneous aiming at equality between people. Multicultural nursing, as well as physiotherapy, refers to health care work that is done among people with different cultural backgrounds, whether they are employees or clients. In multicultural health care relations and societies as well as clients' cultural backgrounds are taken into account and interaction is based on respecting differences and equality. The aim is to take into consideration client's cultural background in enhancing health and wellbeing. Increasing

amount of immigrants that may go through social exclusion and feelings of being outsiders are the primary challenge in multicultural health care as well as in physiotherapy. (Abelhamid, Juntunen & Koskinen 2010, 18-19, 25)

3.1 Communication

Communication includes both verbal and nonverbal communication. Verbal communication involves language including vocabulary and grammatical structure. Some words sometimes have different meanings for people in different cultural groups. Meaning of words can also change over time and according to situations and it is important to make sure the message is received and understood as the sender intended to. About 65 percent of the received message in communication is nonverbal and it involves kinetic behavior (body language and motions), facial expressions and intonation patterns. It is used to express things that cannot be said in words. (Newman Giger & Davidhizar 2008, 25, 29) Also silence, eye-contact, touch and need for personal space and distance are part of nonverbal communication (Abelhamid, Juntunen & Koskinen 2010, 116).

Cultures can be divided into high and low-context cultures according to communication styles. In low-context cultures verbal communication is emphasized and words are assumed to mean exactly what is said. Nonverbal communication supports verbal communication. Low-context communication style is commonly used in North-America, Germany and in Nordic countries. In high-context cultures only a part of message is expressed verbally. Most of the message is interpreted from environment, context, nonverbal behavior and other information concerning the interaction situation. Receiver's reactions, such as facial expressions, gestures, background information, are observed with care and speaker controls his/hers own speech according to non-verbal messages to suit better for the situation. High-context communication is commonly used in African-, Asian- and Latin American cultures. (Abelhamid, Juntunen & Koskinen 2010, 116-117)

Different communication styles may cause misinterpretations and difficulties in understanding between healthcare professional and client. Client may see Finnish communication style being too straightforward and impolite, even aggressive. Healthcare professional may have problems in picking up the relevant information from client's speech that may be rambling. Building up emotional bond between healthcare professional and client means that healthcare professional consciously speaks and behaves the way that creates trusting atmosphere. It can be done by taking moment to discuss other than health related subjects, such as family or children. (Abelhamid, Juntunen & Koskinen 2010, 117)

While immigration is increasing, need for translators in healthcare is increasing too. Healthcare professional's task is to evaluate the need for translator. In healthcare, professional translator should be used always when the client and the healthcare professional do not share the same language. Immigrant may face difficulties in using Finnish language while dealing with health related issues, especially when stress caused by health problems worsens language skills. Instructions need to be plain in written language and should be clarified verbally. (Abelhamid, Juntunen & Koskinen 2010, 149-150)

Problems concerning translators include availability; qualified translators are hard to get, experience in using translator is lacking, translators' lack of Finnish language competence and knowledge on services varies a lot. In some cases, family member is used as translator or translator is not used at all. One of the major problems is lack of female translators. Especially Arabic and Albanian speaking translators are lacking, due to Muslims' disapproval on females working. (ETENE 2005, 31-32)

3.2 Cultural values

Cultural values effect on perceptions concerning health and acceptable healthcare practice. Religion is the basis for many cultural and moral values. Behaving according to cultural values is usually subconscious and unintentional. Religions may regulate people's lives more than societal rules and they may forbid actions that are accepted

by society. On the other hand, religion may allow more than society. (Abelhamid, Juntunen & Koskinen 2010, 75)

Culture is often described in an iceberg model. When facing client from different culture, healthcare professional first notices the top of the iceberg, which in this concept is the visible part, and includes for example habits, language, gender, age, skin color and dressing. In multicultural client relation, health care professional should get familiar with invisible part of the iceberg, such as client's worldview, 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 client as well. When healthcare professional understands that client's behavior that might feel somehow strange is due to different values, expectations and beliefs, it becomes understandable. (Abelhamid, Juntunen & Koskinen 2010, 75)

3.3 Prejudice

Prejudice is involved everywhere, also in health care. It does not restrict to cultural or ethnical diversity but it can also appear as prejudice over age, gender, religion, sexual orientation, illnesses or any other differences between people. (Abelhamid, Juntunen & Koskinen 2010, 95)

Racism traditionally means ideology that divides people to races according to their origin that are based on their social or biological qualities, and to distinguish them as inferior or superior in comparison to another. In healthcare, racism is often hidden and shows in indirect exclusion, hostility, distant attitudes, impolite behavior or nonverbal communication. Clients from different cultures might be seen as "difficult" clients and their situations are generalized to concern all the immigrants, certain nationalities or minorities. Dealing with diversity can be two-parted; differences can be seen as the only quality or they can be totally ignored. When the difference is the only quality caregiver sees in client, she/he can be treated unequally. On the other hand, when differences are ignored and treated neutrally, certain groups of people are excluded and seen as outsiders. Clients can also be seen as just immigrants and therefore they may face expectations and prejudices.

It is important to identify the differences because those are in any case involved in the relationship between client and health care professional. Furthermore, it is important to know how differences can effect on client's ability to treat themselves and get help. The main idea in multicultural health care is to see the client as the owner and implementer of several identities. (Abelhamid, Juntunen & Koskinen 2010, 95-96)

3.4 Individualism and collectivism

“Individualism pertains to societies in which the ties between individuals are loose: everyone is expected to look after themselves and their immediate family. Collectivism as its opposite pertains to societies in which people from birth onwards are integrated into strong, cohesive in groups, which throughout people's lifetime continue to protect them in exchange for unquestioning loyalty.” (Hofstede 2005, 76) According to individualism, person thinks, acts and exists as an individual regardless one's life situation. According to collectivism, on the other hand, person is part of bigger social group, such as extended family or community. (Abelhamid, Juntunen & Koskinen 2010, 95-96)

Finnish culture is seen as individualistic culture, among other Nordic countries, but there are many groups of immigrants who have collective cultural background. In healthcare, this can be seen in health behavior when a family member needs medical attention, it is seen as responsibility to the extended family to take part in the planning of the treatment. Cultural differences on individualism vs. collectivism can arouse prejudice, but knowing about collective cultural background, it can help healthcare professionals to see it as an asset. (Abelhamid, Juntunen & Koskinen 2010, 95-96)

3.5 Gender roles

Cultures can be divided into two groups based on whether they emphasize masculinity or femininity. In masculine cultures the roles of males and females is clear. In feminine cultures the roles are mixed and overlapping. Nordic countries emphasize feminine culture. There are norms and guidelines in different cultures for how to be a man or a

woman. However, gender roles change with modern lifestyle and urbanization. (Abelhamid, Juntunen & Koskinen 2010, 115)

Immigration has brought up questions about sexuality and gender roles and in healthcare, it is important to consider, to what extent these questions can be taken into account. These might be situations in which the client hopes for healthcare professional of certain gender to take part in the treatment. (Abelhamid, Juntunen & Koskinen 2010, 116). As an example, especially in Middle East, female purity is important and it is better to assign healthcare professional of same gender as the client. (Newman Giger & Davidhizar 2008, 73)

3.6 Other challenges

Perception of time, including punctuality, keeping up with schedules, attitudes towards cancelling meetings and reorganizing them, or what is seen meaningful and what is seen less meaningful, are all culture-bound phenomenon. Time perception can vary in different cultures and in healthcare, this can cause problems. (Abelhamid, Juntunen & Koskinen 2010, 117)

In addition to habits and traditions, there are also biological variation in different cultures. Skin color is one of these variations that may arouse challenges in healthcare. It may be difficult to notice if client is suffering from cyanosis or skin irritation, as an example. In case of cyanosis, it is important to observe other symptoms, such as rapid breathing, depth of breathing, heart rate and use of accessory muscles in breathing. (Abelhamid, Juntunen & Koskinen 2010, 120)

4 CLIENT-ORIENTED APPROACH IN HEALTHCARE

Client is goal-directed person who strives for understanding, interpreting, planning and controlling his own life. In rehabilitation process, client's role is active and rehabilitation professional works as a cooperation-partner, offering knowledge and possibilities

to support the rehabilitation process. The relationship is equal and demands active participation from both the client and the rehabilitator. (Järvikoski & Härkäpää 2011, 189)

In client-oriented approach, rehabilitation professional is focused mainly on examining client's physical and mental condition. The attention is on client's ability to survive in his own environment and changing conditions that are disabling client's daily activities. Environmental factors are often structural obstacles that are needed to overcome in order to progress with rehabilitation process, for example by considering the possibilities for diminishing obstacles that restrict living. On the contrary, in expertise-oriented approach all the actions are based on expert's decisions and may lead to client feeling helpless and to need expertise for even slightest problems. Client-oriented physiotherapy promotes decision-making power client has during the rehabilitation process, and therefore increases understanding about the situation and factors affecting on that. (Järvikoski & Härkäpää 2011, 190)

4.1 Client-oriented approach in physiotherapy

According to study, conducted by Cooper, Smith and Hancock (2007), communication, individual physiotherapy, decision making and sharing information were the most important aspects in client-oriented physiotherapy. Participants who felt were involved in the physiotherapy process experienced the influence of good communication. On the other hand, participants who were not able to discuss their needs or lacked thorough explanations, felt uninvolved in their physiotherapy process.

Good communication includes listening to client carefully, taking time in explaining client thoroughly, use of common language and appropriate terminology as well as getting to know client and factors affecting the physiotherapy addressed to the client individually. Also encouraging client to take part in the discussion and sharing one's thoughts and wishes is seen to be important part of communication. (Cooper et al. 2008, 246)

In addition to verbal communication, appropriate non-verbal and written communication skills, respectful behavior and sensitivity to client's needs and differences, adjusting communication to meet those needs, are equally important. Importance of communication applies also to communication with other service providers, such as physiotherapy colleagues and other health care professionals such as nurses and doctors. (Australian Standards for Physiotherapy, 2006)

Communication is a big part of individualized physiotherapy, since listening and understanding clients' problems makes it possible for the physiotherapist to address treatment and exercises for the client individually, according to client's lifestyle and what he/she feels is relieving. Also explaining exercises makes clients to feel their individual need are targeted. Continuity and choice were related to individualized treatment, meaning that seeing the same physiotherapist enables physiotherapist to know their clients and treating them as an individual rather than "as a number". Choice of treatment relates to clients who feel the treatment is not effective enough or addressed to their individual needs and due to that are in need for alternative treatment types. (Cooper et al. 2008, 247-248)

Individualized physiotherapy is based on planning and implementing interventions that are evidence based and effective for particular symptoms and conditions, taking into account beliefs client may have concerning treatment options, setting realistic goals together with client, selecting treatment methods that improve client's functioning in everyday life and support their life situation, promoting healthy lifestyle, patient education and motivation as well as evaluation of the outcome. (Australian Standards for Physiotherapy, 2006)

Decision-making is in context with communication, since even though clients see physiotherapists as experts and they are capable to decide what is best for the client, they are willing to give decision-making power to the physiotherapists as long as they are given thorough explanations. Taking into account client's wishes in decision-making is a key factor in client-oriented physiotherapy. (Cooper et al. 2008, 248)

According to the study (Cooper et al. 2007), most participants wanted information on their diagnosis. Physiotherapists may not be able to satisfy these needs, especially if

there is no specific diagnosis. However, physiotherapist should at least explore the kind of information client is looking for and to explain the information they can reliably provide. (Cooper et al. 2007, 248)

4.2 Interdisciplinary work in physiotherapy

Interdisciplinary is a concept that is used in several different contexts and it has several definitions. It can mean for example multidisciplinary person, who is working as an expert in many occupational groups. In general, interdisciplinary means experts of different occupational groups working together and sharing authority and knowledge. It comprises also communication between groups or organizations that are working for the same objective. (Kontio 2010, 8)

Through interdisciplinary co-operation, it is possible and necessary to collect and process all the information from different professionals, in order to gain as comprehensive look at the client as possible. Professionals working in interdisciplinary groups are supposed to be responsible, have clear view on their job, respect other professionals, to be able to listen and communicate, as well as understand the big picture. Common language and terms are required in order to succeed in interdisciplinary co-operation. Client-oriented approach, gathering knowledge and different views, interaction between experts, crossing boundaries and networking are the basis for interdisciplinary co-operation. (Kontio 2010, 9)

5 HEALTH RELATED ISSUES AMONG IMMIGRANTS

Population structure is going through change and one of the biggest changes is the rising amount of immigrants. There is only a little data about immigrants' health and wellbeing status. Research about immigrants' health and wellbeing (project Maamu), coordinated by National Institute for Health and Welfare (THL), was conducted in order to collect reliable data about the biggest immigrant groups in Finland. The collected data includes current health status, functional and working ability, living conditions and lifestyle affecting on them as well as demand and satisfaction of services.

According to the study (Koskinen, Castaneda, Rask, Koponen & Mölsä 2012), the biggest health issues of immigrants living in Finland are cardiovascular diseases and diabetes, musculoskeletal disorders, mental health problems such as depression and anxiety. In the following chapters cardiovascular, mental health and musculoskeletal problems immigrants with Russian, Kurdish and Somalian background are facing, are discussed.

5.1 Cardiovascular health

Despite of the significant decrease, cardiovascular diseases are more common in Finland than in other countries in Europe, such as Sweden. Immigrants' cardiovascular health is seeing to vary according to country of origin and country of immigration. When moving from high risk country to low risk country, the risk for becoming ill decreases and vice versa. Immigrants with Kurdish background reported most heart diseases, the highest blood pressure was reported with immigrants of Russian background. Elevated blood pressure was as high with Russian immigrants as with the whole population of the same age group in the municipalities where the research was conducted. Type 2 diabetes was the most common with immigrants of Somalian background, according to laboratory results and self-reported results. This is explained by the commonness of obesity within females with Somalian background, but result is surprising within males that were less frequently obese than males in other groups taking part in the research. (Koskinen, Castaneda, Rask, Koponen & Mölsä 2012, 73-77)

5.2 Musculoskeletal health

Musculoskeletal problems are very common and results often in limitations in functional and working ability. Musculoskeletal problems are the cause for one fourth of valid disability pensions and one third of sickness allowance. In addition, about one fifth of the disability of different degrees and need for help is due to musculoskeletal problems. (Koskinen, Castaneda, Rask, Koponen & Mölsä 2012, 82)

Back and knee pain occurrence varied only a little among immigrant groups, but these were significantly more usual within females than males. Immigrants with Kurdish background, especially females, suffered from continuous pain more than immigrants with Russian and Somalian background. Also somatic symptoms were more common with Kurdish immigrants than with Russian or Somalian immigrants. (Koskinen, Castaneda, Rask, Koponen & Mölsä 2012, 82)

As many as 37 % of Kurdish immigrants reported having diagnosis of osteoarthritis, while the corresponding percentage with Russian and Somalian immigrants was only 7 %. Back condition had been diagnosed with 20 % of immigrants with Russian and Kurdish background and 10 % of immigrants with Somalian background. Gender related data did not significantly vary between groups of immigrants; females had been diagnosed more often in comparison to males, although difference between males and females in prevalence of back condition was small, while the difference between males and females in prevalence of back pain was significant, females having back pain more often. Differences between genders were minor among Russian and Kurdish immigrants. Knee pain was more common with females of Russian and Somalian background. Females reported suffering from continuous pain two to three times more than males in all of the immigrant groups. Also somatic symptoms were more common with females than males. Reliable information about prevalence of musculoskeletal problems cannot be received based on survey nor interview, but reported 10-20 % of prevalence of musculoskeletal problems is credible when comparing to the corresponding numbers of the whole population of Finland, based on clinical research. (Koskinen, Castaneda, Rask, Koponen & Mölsä 2012, 83-84)

However, reported prevalence of osteoarthritis within Kurdish immigrants is too high compared to the general prevalence; one third of 30-44-year-old immigrants with Kurdish background reported having osteoarthritis diagnosis. This may indicate to problems with interpretation or language. Consequently, the results reported above are directional and also clinical researches are needed in order to have more reliable data. However, the results show the experienced health status and therefore should be taken seriously. Somatic symptoms may tell about psychic symptoms as well as commonness of torturing and traumatic happenings. (Koskinen, Castaneda, Rask, Koponen & Mölsä 2012, 83-85)

5.3 Mental health

Mental health is one of the most important factors affecting both functional ability and physical health. According to international studies, refugees suffer from mental problems more often than original population. Because of this, it is extremely important to identify and repair the challenges concerning multicultural health care. With other immigrant groups than refugees, it has been noticed that mental problems are more uncommon after immigration than with original population but the deviation disappears afterwards. Prevalence of psychic symptoms was examined with Hopkins Symptom Checklist-method that measures depression and anxiety symptoms. It has been proved to be valid within people with different cultural backgrounds. (Koskinen, Castaneda, Rask, Koponen & Mölsä 2012, 145-146)

The study (Koskinen, Castaneda, Rask, Koponen & Mölsä 2012) shows that 36 % of Kurdish immigrants suffer from severe depression and anxiety symptoms. It is remarkable amount compared to the corresponding 10% of whole population of the same age group in the municipalities where the research was conducted. From Kurdish immigrants, females suffered from severe depression and anxiety symptoms more than males (50 % and 25 %) but males suffered from the symptoms more often than males of the whole population in average. The difference between genders was the biggest in older age groups (45-64 year-old). As many as 56% of 45-64 year-old females suffered from severe symptoms when the corresponding number with males was 22%. Also international studies have shown that immigrants with Kurdish background are facing psychic symptoms more often than average and this might result from traumatic experiences in their country of origin. (Koskinen, Castaneda, Rask, Koponen & Mölsä 2012, 146-148)

As many as 25% of females with Russian background suffer from severe depression and anxiety symptoms, which is significantly bigger amount than the whole population of the same age group (8%). Especially the oldest age group (45-64-year-old) had psychic symptoms and the difference between genders was the biggest in the same group, where 34 % of females and 7 % of males had symptoms. Also international studies show similar kind of results. It might be worthwhile to consider whether older females have bigger risk of mental illnesses, more difficulties in adapting to new county or are

they more sensitive in recognizing and accepting affective symptoms. Younger immigrants, however, may find it easier to adapt to new culture and learn new language. Also younger people are often physically healthier, which may have effect on mental health as well. (Koskinen, Castaneda, Rask, Koponen & Mölsä 2012, 148-149)

Prevalence of severe mental health symptoms with immigrants of Somalian background did not differ from the whole population, but gloominess was more common with Somalian immigrants than with whole population of the same age group. (Koskinen, Castaneda, Rask, Koponen & Mölsä 2012, 146)

6 MULTICULTURAL PROJECT

This thesis is based on a pilot project implemented in cooperation with Satakunta University of Applied Sciences and Satakunta Multicultural Association. The project was part of free elective course “Multiprofessional learning in multicultural and practical context”. The project was carried out by physiotherapy students from Satakunta University of Applied Sciences and nursing students from Middlesex University in United Kingdom and participants were clients of Satakunta Multicultural Association.

6.1 Planning of the project

The idea for the project came from Satakunta University of Applied Sciences and because the theme of the project was about health issues among immigrants, Satakunta Multicultural Association was contacted and the project was started by meeting together with physiotherapy lecturer Maija Kangasperko, nursing lecturer Minna Markkanen and executive manager of Satakunta Multicultural Association. These two institutions had been cooperating before, so the parties were familiar with each other. Implementation topics cardiovascular health, musculoskeletal health and stress were agreed together, and topic concerning family health was suggested on behalf of Multicultural Association. (Kangasperko, M. & Markkanen, M. 2015)

From participants' point of view, the aim was to offer workshops concerning different health related issues, such as cardiovascular health, family health, musculoskeletal problems and stress. In addition to workshops and info-packages, the physiotherapy students gave individual physiotherapy for those who wanted to have individual guidance. (Kangasperko, M. & Markkanen, M. 2013)

From students' point of view, the aim was to use professional skills and competences in partnership with other professionals, developing activities in an innovative and responsibly way, analysing professional competencies, strengthening entrepreneurial approach to work and integrating social and cultural dimension into the professional growth. (Kangasperko, M. & Markkanen, M. 2013)

6.2 Implementation of the project

The students were given implementation topics and their task was to plan and implement the contents of the workshops. The project included planning seminars where the students presented the plan for the implementations, followed by discussion where the implementations were evaluated and discussed. Teamwork of both physiotherapy- and nursing students and the Multicultural Association was the basis for the project from the very beginning. There were two workshops during autumn 2013 carried out together with nursing students and physiotherapy students, and two workshops during spring 2014, carried out by physiotherapy students. (Kangasperko, M. & Markkanen, M. 2015)

Multicultural Association offered premises and some of the equipment that were needed in the implementations. Timetables were planned according to Multicultural Association's schedules, to avoid overlapping in other activities the association might have. Students made marketing brochures and Multicultural Association was in charge of delivering them. (Markkanen, M. 2015)

6.2.1 Topics

Two workshops during autumn 2013 were implemented together with nursing students and physiotherapy students. The topic for the first two workshops were cardiovascular health and preventive family health. The second part of the project was implemented in spring 2014 by physiotherapy students. The topics for the last two workshops were musculoskeletal problems and stress. (Kangasperko, M. & Markkanen, M. 2013)

6.2.2 Risks and challenges

As in health care in general, one of the biggest challenges is the question how to involve and make those clients to take part that would need help and preventive actions the most. Also in this project, getting clients of Multicultural Association to participate in the implementations was truly a challenge. In addition to clients' participation, sufficient and proper marketing of the implementations and clients' attitudes toward health related workshops, were undoubtedly risks and challenges in implementation of the project. However, from students' perspective, small amount of participants was not seen as a problem in terms of learning experience, since the learning also consisted of planning, among other things. (Kangasperko, M. & Markkanen, M. 2015)

In planning phase, students' different study cultures and cultural differences in general were challenges to take into consideration, such as freedom in planning and implementation of the project. Different working methods of the lecturers, however, were seen as an advantage rather than as a challenge. Challenges in the implementation included language barriers and marketing of the implementations, such as timetable. Student's different schedules also set challenges and demanded a lot of planning. Commitment of all the parties involved in the project and having the purpose of the project clear in mind was essential in order to succeed in the project planning and implementation. (Kangasperko & Markkanen 2015)

7 PURPOSE AND STUDY QUESTIONS

The purpose of this study is to find out the client group's experiences and expectations about the pilot project and suggestions for the future projects conducted in cooperation with physiotherapy and nursing students of Satakunta University of Applied Sciences and Satakunta Multicultural Association. Qualitative study method was used in collecting data about these issues. Study questions are:

1. How clients experienced the cooperation between themselves and the students?
2. What the clients wish to receive from SAMK physiotherapy and nursing students in the future?
3. How clients could benefit from the services provided for them?

8 STUDY METHODS

This study was conducted by using qualitative research method although it included also quantitative features. It is difficult to draw strict line between qualitative and quantitative study, and that is why they are often used side by side. Quantitative approach was used to collect background information about participants and their level of activity in Multicultural Association. Qualitative approach was used for collecting data about experiences and expectations concerning the project. Survey research is used for collecting data in standardized manner, meaning that the questions are presented the same way to every participant. The aim of the survey research is to describe, compare and explain phenomenon. (Hirsjärvi, Remes & Sajavaara 2009, 134-135)

Survey was used in this study for collecting data from the group of participants and it was made with Internet application E-lomake. Link to the questionnaire was sent to Satakunta Multicultural Association and forwarded to the clients that took part in the implementations. The questionnaire included 15 questions of which four were open-ended questions and 11 were closed-ended questions. Closed-ended questions included questions about background of the participants, their participation in Satakunta Multicultural Association in general and participation in the implementations, what participants thought about the cooperation between themselves and the students, topics as well as the implementations. Open questions included questions about expectations

clients had for the implementations, topics they would have wanted to learn more about, suggestions and expectations for the future projects. The questionnaire was made both in Finnish and in English. (APPENDIX 2). The link to the survey was sent on 8.7.2014 and 15.10.2014. It was sent twice in order to gain more answers. All the answers were accepted and analyzed one by one. Since the answering rate was low, analyzing was simple and assistive programs were not needed.

9 THE RESULTS

In this study, qualitative research method was used in order to collect data about the participants' experiences and expectations of the project implementations. The study was conducted with survey, made with Internet-based programme E-lomake. In the following chapters, the answers of the survey are analyzed and conclusions are made based on the results.

9.1 Description of participants

The total number of participants who received the questionnaire is unknown, since Multicultural Association was responsible for forwarding the questionnaire. Out of these participants, only four took part in the survey, of which three were females and one was male. Age distribution was wide; youngest participant was 18-20 years old and the oldest 41-50 years old. Participants were from different nationalities; Polish, Russian/Finnish, German and Spanish. One of the clients reported taking part in activities of Multicultural Association more often than twice per week, one reported 1-2 times per week and two clients reported taking part only 1-3 times per year.

9.2 Cooperation

One of the clients took part in all three implementations and three of them took part in one implementation; two in musculoskeletal problems and one in cardiovascular health. Implementation times were suitable for three of the participants and for one of

the participants the times were somewhat suitable. Half of the participants agreed that implementations were well informed in advance, and the other half somewhat agreed on this.

All four participants thought student met the client in a professional way. Three out of four participants agreed that student explained the topic in a professional way, while one of the participants somewhat agreed on this.

9.3 Expectations of the project

When asked about expectations of implementations, two reported they did not have expectations, one reported not having expectations but everything went well and she would not change anything, and one of the clients reported that he wanted to find solution to his knee that had been injured.

Three out of four participants felt they gained valuable information about health and wellbeing, while one of them did not know or could not say. All four participants felt the topics were interesting. Three out of four participants agreed that the topics were current and suitable for themselves, while one of the participants somewhat agreed on these.

9.4 Hopes for future project

When asked about topics participants would have wanted to learn about, only one of four participants reported topic he would have wanted to hear about; unconventional medicine, such as sound therapy, herbs, meditation, energy therapy and combination of them. One of the participants suggested that implementations could be informed in newspapers and thereby more people would participate.

10 CONCLUSION

The purpose of this study was to find out experiences and expectations about the project as well as suggestions and wishes for the following projects, conducted in cooperation with Satakunta University of Applied Sciences and Satakunta Multicultural Association. Participants of this study included clients of Multicultural Association that took part in the implementations held by physiotherapy students of Satakunta University of Applied Sciences and nursing students from Middlesex University in United Kingdom. The participants were of different nationalities and age groups.

Most of the participants agreed that the students met the client and explained the topic in a professional way. Implementation times were suitable for most of the participants. However, half of the participants thought the marketing of the implementations was only somewhat sufficient.

Most of the participants did not have expectations for the implementations, while one of them wanted to have a solution for a knee problem. One of the participants answered that everything went well and there was no need for changes. Most of the participants felt the topics were interesting, current and suitable for them. Participants had two suggestions for the future; unconventional medicine as one of the topics as well as better marketing of the implementations.

11 DISCUSSION

The purpose of this study was to find out clients' thoughts and expectations of the pilot project concerning immigrants' health care services. This thesis was conducted in cooperation with Satakunta University of Applied Sciences and The Multicultural Association of Satakunta. The basis for the thesis was qualitative study that was implemented through questionnaire. The questionnaire was sent to Multicultural Association and forwarded to the clients that took part in the implementations. The questionnaire was sent twice as the response rate was very low. However, the response rate remained low since only four questionnaires came back. By using personal interview instead of questionnaire, the response rate could have been better.

11.1 Validity and reliability of the study

Reliability and validity are central concepts in scientific study. Reliability and validity in study varies even if pursue of the study is to avoid mistakes. That is why evaluating reliability is aimed at in all studies. Reliability refers to coherence and repeatability of the analysis, meaning, if another researcher get similar results or if the results are similar when the researcher does the measurement several times. Moreover, it means ability to give non-random results. Validity refers to how well the research measures what is supposed to be measured, for example, the answerers understand the questions the way researcher intended to. (Hirsjärvi, Remes & Sajavaara 2009, 231)

Validity of this study comes from the questions, how they respond to the needs of the study, what is the purpose of the survey and the formation of questions. In prior to forming the questionnaire, it was important to explore different surveys used in similar kind of studies, in order to get familiar with the proper formation of questions. It would have been useful to pretest the questionnaire in order to get improvement suggestions or to show the questionnaire to a third party, who would possibly see mistakes that have not been noticed. All in all, the questions were thought thoroughly and formed in the simplest way possible. Because the response rate was low, it cannot be seen to be equivalent to the whole group of clients that took part in the project. Consequently, this decreases the reliability of the study. There can be many reasons for the low response rate. For example, large amount of different surveys are conducted these days and people have lost their interest in answering them. Although majority of the questions were multiple choice questions, the questionnaire included also a few open questions that are more demanding for the answerers and sometimes it is seen better not to answer the questionnaire at all.

The link to the questionnaire was first sent in July and again in October, but no more responses were received the second time. The survey was conducted anonymously and handled confidentially. The person in charge in Multicultural Association was the only one aware of the participants' identity. Therefore the answers can be seen to be reliable and truthful to the clients' opinions. In the covering note the participants' were given information about the survey, in which the purpose and confidentiality were explained (APPENDIX 1). Questionnaire and covering note were written in both Finnish and

English. It is hard to know if translating the questionnaire in Russian would have brought more answers. Since the answering rate was very low, personal interview would have given more comprehensive answers. Although in this case, the reliability of the answers might have been worse, due to lacking anonymity.

11.2 Utilizing the research in the future

One of the research goals was to receive development ideas for future projects conducted in cooperation with Satakunta University of Applied Sciences and Multicultural Association of Satakunta. The pilot project has already had a follow-on. According to answerers, the project was successful and major weaknesses or improvements had not been noticed. One of the development ideas was about marketing implementations in order to get more participants, and another answerer suggested unconventional medicine and use of natural medicines as one of the topics.

REFERENCES

Abdelhamid, P., Juntunen, A. & Koskinen, L. 2009. Monikulttuurinen hoitotyö. Helsinki: WSOYpro.

Australian Standards for Physiotherapy. 2006. Canberra: Australian Physiotherapy Council. Referred 28.12.2014. <http://www.physiocouncil.com.au/standards>

Castaneda, E., Rask, S., Koponen, P., Mölsä, M. & Koskinen, S. 2012. Maahanmuuttajien terveys ja hyvinvointi; Tutkimus venäläis-, somalialais- ja kurditaustaisista Suomessa. Terveysten ja Hyvinvoinnin Laitos Raportti 61/2012. Juvenes Print- Suomen Yliopistopaino.

Cooper, K., Smith, B.H. & Hancock, E. 2008. Patient-centredness in physiotherapy from the perspective of the chronic low back pain patient. *Physiotherapy* 3, 246-248. Referred 28.12.2014. <http://www.sciencedirect.com/science/article/pii/S0031940607001733>

Developing Cultural Competence in a Multicultural World, Parts 1 & 2, PT: Magazine of Physical Therapy; Dec2002, Vol. 10 Issue 12, p.36
[http://www.udel.edu/PT/current/PHYT600/2012/Lecture4Handouts/CES_25_CulturalCompetence_012003\[1\].pdf](http://www.udel.edu/PT/current/PHYT600/2012/Lecture4Handouts/CES_25_CulturalCompetence_012003[1].pdf)

Giger, J. N. & Davidhizar R. E. 2008. Transcultural nursing: assessment and intervention 5th ed. St. Louis: Mosby.

Hirsjärvi, S., Remes, P. & Sajavaara, P. 2009. Tutki ja kirjoita. Helsinki: Tammi.

Hofstede, G. H. 2005. Cultures and organizations: software of the mind. 2nd ed. New York: McGraw-Hill.

Järvikoski, A. & Härkäpää, K. 2011. Kuntoutuksen perusteet. Helsinki: WSOYpro Oy.

Kangasperko, M. 2015. Lecturer, Satakunta University of Applied Sciences. Pori. Personal interview 22.1.2015.

Kangasperko, M. & Markkanen, M. Project work: Multiprofessional learning in multicultural and practical context. Lecture in Satakunta University of Applied Sciences 2.5.2013.

Kontio, M. 2010. Moniammatillinen yhteistyö. TUKEVA-hanke, 8-9. Referred 21.11.2014. <http://www.thl.fi/thl-client/pdfs/99678721-328a-49f8-b1cb-495bf4215ff8>

Maahanmuuttajien määrä Satakunnassa. 2013. ELY-keskus. Referred 8.10.2014
<http://www.ely-keskus.fi/documents/10191/58367/Ulkomaalaiset+31.12.2013.pdf/b120ec63-1edb-41d2-b91e-8956a9329477>

Website of Maahanmuuttovirasto. Referred 8.10.2014. www.migri.fi

Markkanen, M. 2015. Lecturer, Satakunta University of Applied Sciences. Pori. Phone interview 29.1.2015.

Monikulttuurisuus Suomen terveydenhuollossa. 2004. The National Advisory Board on Social Welfare and Health Care Ethics ETENE. Helsinki: Yliopistopaino.

Statistics Finland: Ulkomaiden kansalaiset. 2014. Helsinki: Statistics Finland. Referred 8.10.2014. http://www.tilastokeskus.fi/tup/suoluk/suoluk_vaesto.html#ulkomaidenkansalaiset

Website of Väestöliitto. Referred 8.10.2014. http://www.vaestoliitto.fi/tieto_ja_tutkimus/vaestontutkimuslaitos/tilastoja-ja-linkkeja/tilastotietoa/maahanmuuttajat/

APPENDIX 1

Dear Sir / Madam,

Thank you for taking part in a pilot project implemented in cooperation with Satakunta Multicultural Association and Satakunta University of Applied Sciences. I am a physiotherapy student from SAMK, writing my final thesis about the project and the purpose of this questionnaire is to find out the participants' experiences about the project implementations as well as development ideas concerning the following projects.

I would be very grateful if you could answer the questionnaire that will only take a moment. It is done anonymously and will be handled confidentially. Username and password are needed in order to access the questionnaire;

Username: XXXXX

Password: XXXXX

The questionnaire can be found in the link below:

<https://elomake.samk.fi/lomakkeet/3517/lomake.html>

Hei!

Kiitos osallistumisestasi projektiin joka tehtiin yhteistyössä Satakunnan Monikulttuuriryhdistyksen ja Satakunnan Ammattikorkeakoulun kanssa. Olen fysioterapeutti-opiskelija SAMKista ja teen opinnäyteyötä kyseisestä projektista tarkoitukseni selvittää osallistujien kokemuksia ja mielipiteitä projektin toteutuksesta sekä saada kehitysehdotuksia tulevia projekteja varten.

Olisin erittäin kiitollinen jos voisit vastata kyselyyn. Kysely on täysin luottamuksellinen ja suoritetaan nimettömänä. Kyselyyn vastaaminen kestää vain hetken. Kyselyyn pääset vastaamaan syöttämällä tunnuksen ja salasanan;

Käyttäjätunnus: XXXXX

Salasana: XXXXX

Kysely löytyy osoitteesta:

<https://elomake.samk.fi/lomakkeet/3517/lomake.html>

Best regards, Ystävällisin terveisin,

Annu Kekonen

NPH12SP

Questionnaire

Background information / Taustatiedot

1. Nationality / kansalaisuus: _____
2. Age / ikä (circle): 18-20 21-30 31-40 41-50 51-60 over 60
3. Sex (circle): male/mies female/nainen
4. How actively you take part in the event's of Multicultural association? Kuinka aktiivisesti osallistut Monikulttuuriyhdistyksen toimintaan? (circle/ympyröi)
 - 1-3 / vuosi/year
 - 1-2 / kuukausi/month
 - 3-4 /kuukausi/month
 - 1-2 /viikko/week
 - more often/useammin
5. In how many implementations did you take part in? / Kuinka moneen toteutukseen osallistuit? _____
6. In which implementations did you take part in? / Mihin toteutuksiin osallistuit?
 - Cardiovascular health
 - Family health
 - Musculoskeletal problems
7. What did you expect from the implementations? / Mitä odotit toteutuksilta?

Study questions / Tutkimuskysymykset

Scale / asteikko:

1. I disagree / olen eri mieltä 2. I somewhat disagree /jokseenkin eri mieltä 3. I don't know / en osaa sanoa
4. I somewhat agree / Jokseenkin samaa mieltä 5. I agree/ täysin samaa mieltä

8. Cooperation / Yhteistyö
 - a) Student met client in a professional way / Opiskelija kohtasi asiakkaan ammattimaisella tavalla

1 2 3 4 5

b) Student explained the topic in a professional way / Opiskelija esitti aiheen ammattimaisella tavalla

1 2 3 4 5

9. I gained valuable information concerning health and wellbeing / Sain hyödyllistä tietoa terveydestä ja hyvinvoinnista

1 2 3 4 5

10. Topics were / Aiheet olivat

- interesting / kiinnostavia.....1 2 3 4 5
- current / ajankohtaisia.....1 2 3 4 5
- suitable for me / sopivia minulle.....1 2 3 4 5

11. Topics I would have wanted to learn more about / Aiheet joista olisin halunnut kuulla enemmän:

12. Implementation times were suitable for me / Toteutusten ajankohta oli minulle sopiva

1 2 3 4 5

13. Implementations were well informed in advance / Toteutuksista oli tiedotettu etukäteen

1 2 3 4 5

14. What would you expect from the implementations in the future? Mitä asioita odostat tulevilta toteutuskerroilta?

15. Other improvement suggestions / Muita parannushedotuksia

PROJECT WORK

Multiprofessional learning in multicultural and practical context 5cr

2.5.2013

Satakunnan ammattikorkeakoulu

Kangasperko Maija and Markkanen Minna



PROJECT; 5CR 2013 – 2014 PLAN

Introduction:

Finnish health care professionals face more and more immigrants in their work. Research has clearly stated that a significant number of immigrants have health and wellbeing problems as well as difficulties in integrating. Finnish research has picked up a need for information concerning health and health care system in Finland. Immigration is a big change in life and adaptation to a new situation can cause huge stress. Stress is closely linked both to physical and mental well-being. It is a well-known risk factor for many diseases like cardiovascular diseases, gastrointestinal problems, musculoskeletal problems and depression.

Learning outcomes:

Upon completed this 5cr module the student can implement professional skills and competences in partnership with other professionals. The student can develop activities in an innovative and responsibly way, analyse her / his professional competences, strengthen her/his entrepreneurial approach to work, integrate sustainable development like social and cultural dimension into the professional growth

Contents:

- multiprofessional and multicultural cooperation
- planning and implementation and evaluation of a project
- implementation of physiotherapy and nursing processes in a reliable and responsible way

Implementation:

- Contact lectures:
 - o introduction
 - o planning seminar
 - o reporting seminar
- Preparing the tasks
 - o independent work
 - o based on the evidence
- Practical implementation
 - o in cooperation with Multicultural Association and physiotherapy students from English Degree Programme and nursing students from Bachelor in European Nursing
 - o practical implementation based on themes:

- 2 workshops/themes in autumn; together by physiotherapy and nursing students
- 2 workshops/themes in spring; the physiotherapy students
- themes:
 - Autumn
 1. cardiovascular health
 2. family health
 - Spring
 1. musculoskeletal problems 1
 2. stress + musculoskeletal 2

Workload:

- 5cr is 135hours (1 ECTS = 26,7h student work) work divided in the following way:
 - contact lectures including evaluation 1 cr
 - preparing the tasks 0,5cr each theme
 - practical implementation 0,5cr each theme

Required studies:

- the physiotherapy student has accomplished the modules PH0807B Physiotherapist as an Implementer part A and B and PH0905B Health promotion

Participants:

- physiotherapy students (6-8)
- Bachelor in European Nursing students (6-8)

Timing:

- academic year 2013-2014

Evaluation:

- Active participation
- A plan
- A report

Evaluation of the project:

- the evaluation of the project will be done by a bachelor thesis,

