

文化能力与功能障碍文化 Culture Competence and the Culture of Disability

Weiqing Ge, DPT, PhD
Youngstown State University

Xi'an 2019 西安

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文化能力

- 文化能力(cultural competence)：是在一个体系、机构或专业内形成的一致性行为、态度和政策，以确保在跨文化的环境中更有效地工作。
 - “文化”是指人类行为模式的整合，包括语言、思想、交流、行动、风俗、信仰和价值以及种族、伦理、宗教和社会体系。
 - “能力”是指在消费者和社区展现出特定文化信仰、行为和需求的环境下，能够作为一个个体和组织保持高效工作的能力。

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APTA Position

- Members of the American Physical Therapy Association should demonstrate cultural competence.
- Cultural competence refers to the set of skills necessary to understand and respond effectively to the cultural needs of each patient/client in order to:
 - Eliminate disparities in the health status of people of diverse cultural backgrounds.
 - Respond to current and projected demographic changes in the United States.
 - Improve the quality of health services and health outcomes, and meet legislative, regulatory, and accreditation standards.

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Disparities

- Racial and ethnic minorities tend to receive a lower quality of healthcare.
- Health care providers: stereotyping, biases, and uncertainty.
- Patients: minorities may experience a range of other barriers to accessing care, even when insured at the same level as whites.
 - Language.
 - Geography.
 - Cultural familiarity.

Smedley RD et al 2003

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Minority Patients

- More likely to
 - have their pain underestimated by providers.
 - have their pain untreated.
 - have negative pain management index (PMI) scores-undertreated pain
- Less likely to
 - have pain scores documented in the medical record.
 - receive opioid analgesics.

Citron A and Morrison RS 2006

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APTA Documents

- The Guide to Physical Therapist Practice
- The Normative Model of Physical Therapist Education
 - 7.0 Cultural Competence
 - 19.0 Prevention, Health Promotion, Fitness, and Wellness
- The Evaluation Criteria for Accreditation of Education Program for the Preparation of Physical Therapists
- Vision 2020
- Code of Ethics for the Physical Therapist
- Core Values
- Physical Therapist Clinical Performance Instrument (PT CPI)

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Kleinman Explanation Model

- Open-ended questions used to allow patients to discuss their health based on their perception of a particular illness or condition
 - What do you call your problem?
 - What do you think caused your problem?
 - What are the greatest problems your illness has caused for you?
 - What do you fear most about the consequences of this illness?
 - What kind of treatment do you think you should receive?
 - What are the most important results you hope to get from your treatment?
- Clinicians' EM

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Disability

- Greater rates of disability are inevitable.
 - Epidemiologic transition: from acute infectious diseases and peri-natal problems to chronic, degenerative conditions and injury resulting from violence, warfare, and traffic accidents.
 - Demographic transition: increase in raw numbers and aging world population.
 - Major paradigm shift in social institutions, communications, technology, and world cultures
- Changes in how disability is defined, encountered, and interpreted.

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The Subculture of Disability

- The concept of disability is not a culture universal
 - Disability is not a concept found in all known cultures.
- Euro-American culture: a subculture based on disability is more likely to be found
 - Medical treatment makes survival with disabilities common
 - Culture-wide concepts of normality and disability exist
 - Cultural values stress individualism and achievement
 - Disability is an overriding determinant of status and identity
 - PWD have opportunities to meet and interact with one another
 - PWD have access to education and technology
 - PWD have access to a modern infrastructure such as transportation and communication systems.

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Models of Disability

- Medical model: view disability as a deviation from normal that needs to be "fixed".
 - Individuals with conditions that can't be "fixed" are devalued.
- Nagi model: pathology, impairment, functional limitation, and disability
 - Still focus on perceived deficit
- Environmental, functional, and minority rights models.
 - Assistive technology, classroom accommodations, civil right-inspired laws
 - Still focus on individual
- **Disability right model.**

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Disability Right Model

- Social justice: from individuals and their collective experience to society
- Disability is to be appreciated as another aspect of the rich diversity that defines who we are and is something to be valued and perhaps even celebrated.

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A Complex Picture

- Key variables: ethnicity or socioeconomic status.
- Acculturation
- Value system
- Religion
- Verbal and nonverbal communication style
 - Hand shaking, eye contact, writing, sign language

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A Historical Perspective

- Ancient art and early legends from Greece, Rome, India, China, and the Americas
- The Old Testament
- The Classical literature of Buddhism and Hinduism
- Often held in high esteem
- Industrial era: Euro-American societies began to think of PWD as sick, helpless, and needing to be taken care of.

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Culture beliefs about disability at the individual and family level

- PWD were accepted most by the German community, followed by Anglo, Italian, Chinese, Greek, and Arabic groups.
- Asthma, diabetes, heart disease and arthritis were the most accepted
 - AIDS, mental retardation, psychiatric illness, and cerebral palsy were the least accepted.
- Health professionals demonstrate similarly to general population

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Potential factors influencing PWD

- Language barriers
- Lack of citizenship
- Lack of access to insurance
- Lack of advocacy skills
- Worldview based on different ideals than the norm

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Individuals with disabilities are a disadvantaged minority that is just beginning to assert their rights.

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