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# Developing Countries Immigrants' Perceptions of Physiotherapy

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ABSTRACT

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There has been a continuous increase in the number of immigrants from developing countries into Finland and other parts of the world. Their different cultural beliefs, socio-economic standards, and a presumed developing state of physiotherapy create a more challenging and culturally diversified working environment for physiotherapists and other health professionals. Thus, there is a clear indication of exploring ways of improving the skills and knowledge of physiotherapists working with them.

This study aimed to investigate the developing countries' immigrants' perception of physiotherapy. The intention is to provide relevant information that may be used by physiotherapists and other professionals to improve the quality of care provided to this minority group.

A historical background, descriptions of physiotherapy, and the state of physiotherapy in developing countries have been presented in the literature review to give the reader a better understanding of the topic. The qualitative research method was adopted for this study and 15 semi-structured interviews were conducted with immigrants from developing countries.

Analysis of data using the thematic method revealed two main themes "awareness" and "physiotherapy experiences" that described the immigrants' perception of physiotherapy. The perceptions about awareness were influenced by exposure, access to information and services, and physiotherapy knowledge. Participants reported limited knowledge of the scope of physiotherapy practice and acknowledged there is a low level of awareness in the immigrant community. Meanwhile, perceptions based on physiotherapy experience were influenced by cultural differences, implementation process, and treatment outcome. Patient education, teaching of therapeutic exercises, and demonstration of good professionalism were the best aspects of physiotherapy reported. while language barriers, improper time management, and lack of engagement/interaction during sessions were some of the challenges.

This study has revealed the need to improve awareness and the importance of considering some of the findings when working with immigrants from developing countries. However, most of these views were influenced by the socio-cultural settings in Finland and might not apply to immigrants in other countries. Further studies on the physiotherapists' perceptions of this group of immigrants might be necessary to give a comparative view.



Keywords: Physiotherapy, immigrants, perceptions, awareness, experience, developing countries, culture, Finland, treatment outcome.

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# 1 INTRODUCTION

Recent statistics indicate a continuous increase in the number of immigrants globally for various reasons. Most of these immigrants come from developing countries to Western nations to join their families or individually seeking for better living conditions. (*About Migration and Human Rights | OHCHR*, 2023.) Finland as a nation, has also seen an increase in the number of immigrants from developing countries (*Immigrants in the Population | Statistics Finland*, 2023). With its aging population and high demand in the labor market, the country will be home to thousands of immigrants in the near future (*Labour Migration - Ministry of the Interior*, 2023). The incessant flow in the number of this minority group in Finland and worldwide and because they come from a different cultural background, faced with different environmental, administrative, and socio-economic challenges indicates the need to explore ways to enhance the skills of physiotherapists working with them. Physiotherapy practice since its creation and inception into healthcare services has been perceived and managed in various ways across the globe. In some countries, it is reserved for the high-class and heavy-income earners and not considered when dealing with the middle-class population. In the UK for example, by 2008 physiotherapy was still considered as a white middle-class ideology and was dominated (90%) by Caucasian females. (Chartered Society of Physiotherapy,2008.)

While some authors believe that physiotherapy is based broadly on science and humanism, others argue this attachment to the biomedical framework is politically instigated (Norris MCSP & Allotey Hon FRSH, 2008). Recently, connectivity has been cited as an emerging concept for physiotherapy practice (Nicholls et al., 2016). The author of this thesis thinks that the way any form of treatment or therapy is presented to a group of people could influence the way they perceive it, their subsequent engagement, and the outcome of the said treatment. Research have demonstrated that the physiotherapist´s

perceptions of clients from different origin have hurt the quality of treatment received by this category of clients (Lee et al., 2006, Yoshikawa et al., 2020). The author also presumes that the state and level of physiotherapy in developing countries and cultural/socio-economic challenges in the respective host countries might also affect the image of physiotherapy in the eyes of an immigrant from a developing nation. By exploring these perceptions, the physiotherapist and other health practitioners can seek better ways of working with them.

# 2 AIMS AND OBJECTIVES

This study aimed to explore the developing countries' immigrants’ perceptions of physiotherapy to find relevant material that can be used to improve the quality of care and services rendered to them.

Existing physiotherapy perceptions and the state of physiotherapy in developing countries have been presented in the literature review section to give the reader a better understanding of the topic. The qualitative research method was adopted for this study and 15 semi-structured interviews were conducted with immigrants from developing countries.

The findings will be made available to physiotherapists through various channels to enhance their skills and knowledge in working with immigrants from developing countries.

# 3 THE CONCEPT OF PHYSIOTHERAPY

Since its creation and integration into the healthcare system, physiotherapy as a profession has been said to play a vital role in health promotion, acute care, prevention, and rehabilitation in the healthcare industry. Due to the differences

in population, the state of healthcare systems, and cultural variation, the practice, perception, and regulation of physiotherapy varies globally. (Higgs et al., 2009.) While it is asserted that the alignment of physiotherapy to the biomedical framework which is firmly embedded in the Western culture has dominated physiotherapy practice, other practitioners are of the view that therapeutic concepts vary across cultures with different understandings and perceptions of the body, health, illness, and treatment. Thus, is physiotherapy art, science, physical therapy, or just one of the caring professions? (Norris MCSP & Allotey Hon FRSH, 2008.)

## 3.1 Definitions

In more commonsense physiotherapy or physical therapy, PT is a conservative science of the treatment and management that follows a clinical examination, assessment, and diagnosis of a client/patient for the restoration of neuro-musculoskeletal and cardiopulmonary efficiencies, pain management, and certain integumentary disorders. It explores physical means like radiation, heat, cold, exercise, electrical modalities, waves, manipulation, mobilization, etc. as treatment methods. (Sharma, 2012.) However, there are several official definitions according to different physiotherapy governing bodies listed below.

According to the World Confederation of Physical Therapists WCPT, a physiotherapist provides services that develop, maintain, and restore people’s maximum movement and functional ability. They can help people at any stage of life when movement and function are threatened by aging, injury, diseases, disorders, conditions, or environmental factors. Physiotherapists help people maximize their quality of life, by considering their physical, psychological, emotional, and social wellbeing. It is a healthcare profession directed at evaluating, restoring, and maintaining physical function. Physiotherapists have a detailed understanding of how the body works and

are university-educated and trained to assess and improve movement and function and relieve pain. Physiotherapists promote good health by

encouraging their patients to improve and increase their independence. (WCPT, 2019.)

The Australian Physiotherapy Association (APA) defines physiotherapists as health practitioners who render treatment services to people suffering from cardiopulmonary, neurological, and musculoskeletal disorders. Treatment modalities are based on the principles of evidence-based practice, clinical reasoning, and decision-making diagnosis. In practice, assessments are done throughout the implementation process with follow-ups after. This is followed by documentation of the assessment results and the treatment applied. At the end of the implementation process, there is always an evaluation of the treatment outcomes. (*APA | PD Courses, Resources & Advocacy Support for Physiotherapists*, 2023.)

Meanwhile, the American Physical Therapy Association (APTA) defines physiotherapy as: “clinical applications in the restoration, maintenance, and promotion of optimal physical function” (*American Physical Therapy Association | APTA*, 2023).

## 3.2 Historical Background

Exploration of the historical background, evolution, and knowledge of the current content of physiotherapy practice presents physiotherapists with the opportunity to contribute to the growth and development of service quality while enhancing their professional skills (Higgs et al., 2009).

According to sources, medical practices in ancient Egyptian, Greek, and Chinese civilizations originated some physiotherapy practices which were later transformed during the $17^{th}$ and later centuries resulting in the current-day practice. The emergence of Western physiotherapy after the fading of ancient practices is presented in 4 distinct eras. (Higgs et al., 2009.) The “massage era” (1880-1913) was when massage training was in the form of apprenticeship with the Australian massage association. It was one of the leading institutes and provided therapeutic massage in hospitals using senior massage therapists. The “peripheral musculoskeletal dysfunctional era”

(1914-1945) instigated by the aftermath of the First World War was characterized by the emergence of orthopedics, hydrotherapy, electrotherapy, and other new therapeutic techniques to improve the quality of rehabilitation of injured soldiers (Murphy 1995). The “neurological era” (1946-1980) witnessed the development of more electric modalities such as proprioceptive neuromuscular facilitation, motor learning programs, and neurodevelopmental treatments which were combined with manual therapy to treat clients with central nervous system CNS dysfunctions such as stroke, head injury, and cerebral palsy (Sarhmaan 2002). Finally, the “movement era” (1981-present) presents a well-structured system that requires physiotherapists to be able to define, evaluate and demonstrate quality services through evidence-based practice considering client-centeredness from a holistic approach (Grimmer et al 2000).

The earliest official documentation of actual physiotherapy is said to originate from Sweden by Per Henrik Ling “Father of Swedish Gymnastics” who founded the Royal Central Institute of Gymnastics (RCIG) in 1813 for massage, manipulation, and exercise (Sharma, 2012). In 1887 physiotherapists in Sweden were officially registered in the National Board of Health and Welfare and extended to other countries. The word “Physiotherapy” owes its origin to Edward Playter (Playter 1894) when he reported in the Montreal Medical Journal as follows:

> “…in very many cases…. we provide the ordinary essentials of life- pure air, water, and sunlight … suitable food clothing, and rest, or it may be exercise … massage … The application of these natural remedies, the essentials of life, as above named, may be termed natural therapeutics. Or if I may be permitted to coin from the Greek a new term, for I have never observed it in print … I would suggest the term, Physiotherapy” (S. P. Kumar, 2010.)

### 3.3 Existing Theories and Perceptions

There are three theoretical models of physiotherapy cited in the literature. Firstly, the medical model entails the study of the physical body, pathologies, and physical treatment procedures. Secondly, the social model considers the role played by society in the treatment and management of clients with disabilities. According to this model if disability or other pathological disorders are limited to a client as in the medical model, then resources are directed towards the treatment of that client. However, if disability and other pathological conditions are determined by society, then resources would be redirected toward preventive measures to ensure a healthier society by changing the physical and psychological fabric of the society. Thirdly is the holism model in which the treatment approach considers the combination of the biological, psychological, and socio-cultural aspects of the client. (Roberts, 1994.)

These theoretical models of physiotherapy are being implemented and perceived differently across the world and are said to have significant effects on the quality of treatment and the development of physiotherapy as a profession (Haimanot, 2022).

Research has shown that some sections of society have the perception that physiotherapy as a profession is associated with white females than males and clients find it strange when encountered by a male or ethnically different physiotherapist (Yeowell, 2013). A study on the perception of medical professionals in Delhi on the physiotherapy profession revealed a lack of awareness of the recent advancement and evidence-based practices demonstrated by their low referral rate in specialized fields of physiotherapy such as cardiopulmonary, pediatric, geriatric, and pre and post-natal care (Kumar Mudgil, 2021). This is in line with a similar study carried out in Saudi Arabia (Al-Eisa et al., 2016). Meanwhile, students from minority ethnic groups in the UK are of the perception that physiotherapy practice is less scientific and requires less intelligence and academic skills, it’s a less prestigious profession and considered more of a routine, mundane, and sporty. The perception that

physiotherapy does not require academic skills is clear from this Asian female's comments:

> "It is a cultural thing at the end of the day—who needs to be educated and who does not need to be educated. A physiotherapist—someone who is doing a massage—you don't need a degree to do a massage. I mean, yeah—you understand the science of it—you understand once you go into it, but you can go to villages in India and Pakistan—wherever anywhere and you would find someone to give you a very good massage. Because they have learned the art of it—or it is carried down in their family. They know how to do it." (Greenwood & Bithell, 2005).

In Nigeria on the other hand, the knowledge level of senior secondary students on physiotherapy practice is limited to orthopedics with recommendations to increase the level of awareness (Bolarinde et al., 2020). A systematic review of the awareness of physiotherapy across the world revealed that in the US (n=115) the public does not have a comprehensive awareness of the scope of Physiotherapy. They had better awareness of the role of Physiotherapy in musculoskeletal conditions (90%), functional mobility (88.4%), neurological conditions (79.9%), and pain management (75.7%) and least knowledge about the role of Physiotherapy in cardiopulmonary conditions (64 %) and Pediatrics (53.9%). In the rural Victorian town (n=100) in Australia, it was reported that the public is not aware of the role of Physiotherapists. The public considered Physiotherapist as a person who teaches exercises to strengthen muscles (96 %), performs massage (87 %), and teaches to walk (75 %). Subjects who had sought Physiotherapy treatment in the past (47 %) had better knowledge about the scope of this profession. Meanwhile, in a rural community in southeastern Nigeria (n=400) 85.2% of the rural public had never heard of Physiotherapy. (Paul & Mullerpatan, 2015)

According to the World Health Organization (WHO 2017), some of the main factors affecting physiotherapy practice internationally include the lack of economic resources, rapid growth in modern technology, the aging population, increased client expectations and awareness, the desire to provide quality services and changes in healthcare task from acute to chronic.

## 3.4 Cross-cultural Physiotherapy

According to the United Nations High Commissioner for Refugees UNHF, by the end of 2021 up to 89.3 million people have been forcibly displaced globally due to persecution, conflict, violence, human rights violations, and other events that might be affecting peace and comfort in their countries of origin (*UNHCR - Global Trends Report 2021*). Meanwhile, by the end of 2020, it was estimated that there were up to 280 million international migrants in the world (*Interactive World Migration Report 2022*). This growth in the number of migrants and refugees is prompting debates worldwide on the readiness of healthcare professionals including physiotherapists to deal with plural communities characterized by challenges related to cultural diversity. One way of handling this challenge is through the practice of culturally responsive healthcare, also known as cultural competency, or cultural safety by different authors. It is an extension of client-centered care which ensures the consideration of the socio-cultural background of the clients by exploring their beliefs, values, and perception of the underlying disease or illness when developing therapeutic plans. (Brady et al., 2016.)

Research has shown that each culture has a different understanding of the body as a whole, the diseases and illnesses that affect it, and the treatments put in place to overcome them (Mattingly & Lawlor, 2000). This is said to be the origin of some of the dilemmas physiotherapists face when working with clients of different cultural backgrounds. In some Western nations, for example, the therapeutic techniques are orientated more towards the biomedical model of physiotherapy and are considered evidence-based and knowledgeable. While other modalities or treatment patterns that do not comply with such paradigm are considered “beliefs” and less reliable and effective. (Norris MCSP & Allotey Hon FRSH, 2008.)

Norris and Allotey 2008 suggest that the challenges in practicing culturally responsive care are not at the level of awareness of the cultural differences but the ability to compromise epistemologies which is very challenging for physiotherapists who either lack adequate understanding of the treatment they practice or accept there could be other ways of doing it. On the other hand,

practitioner ethnocentrism, inadequate communication, prejudice, and limitations in ethnocultural awareness have been cited as some of the parameters affecting cross-cultural physiotherapy (Brady et al., 2016).

Brady et al in their study enumerated a variety of ways from the literature that physiotherapists working with culturally diversified communities should incorporate in practice to be able to render quality and effective services. Some of the cited strategies include the use of the biopsychosocial model that promotes client-centeredness and considers the psychological and social status of the client. However, the physiotherapist should be able to practically accommodate the fact that there are variations in the explanatory model of illnesses and other disease conditions that affect the functional capacity of humans. In Australia and other Western nations, the biopsychosocial model is the focal point, while other tribes believe in the notion of “balance and imbalance” and the Chinese “yin and yang” theory. To prevent the chances of misunderstandings, the cultural differences in verbal and non-verbal communication in a cross-cultural setting should be identified and explained. It was also highlighted that to initiate and sustain a healthy therapeutic bond between the client and the physiotherapist, their respective views and understanding of certain disease conditions need to be identified and addressed. The physiotherapist can achieve this by engaging in the social and cultural activities of the community they serve, which presents the opportunity to learn and acquaint themselves with some of the common beliefs and practices of the community.  Brady et al rounded up by citing the importance of self-evaluation of personal and professional cultures and possible biases, presenting the client with treatment options and their implications, and culturally tailoring therapy sessions on an individual basis.

In a scoping review on the barriers and facilitators of cultural competence, it was demonstrated that cultural differences, language barriers, and limited resources stood as the primary barriers, while cultural awareness of the physiotherapist and the services they provide and client education on the healthcare system were highlighted as the primary facilitators. The study suggests future research on cultural competence should be aimed at exploring

the perspectives of both the client/caregiver and healthcare professionals on the provision of services. (Grandpierre et al., 2018.)

Additionally, the need for further inquiries on how cultural competence can be integrated into physiotherapy practice at the level of awareness, respect/acceptance, and mutual collaboration is said to be vital for the provision of quality services in a culturally diversified society (Norris MCSP & Allotey Hon FRSH, 2008).

## 3.5 Evidence-based Physiotherapy (EBP)

Evidence-based practice is said to be a vital tool in developing and sustaining quality healthcare services. Physiotherapy practice has seen an increasing demand for integrating the principles of evidence-based practice which incorporates the best available research evidence, client/patient moral values and beliefs, clinical expertise, and knowledge of practice context in developing treatment plans. (S. Kumar, 2015).

Evidence-based physiotherapy EBP is also an emerging concept worldwide although a consensus on an appropriate definition is yet to be reached. The European arm of the World Confederation of Physiotherapy WCT defines EBP as ‘‘a commitment to use the best available evidence to inform decision-making about the care of individuals that involves integrating physiotherapist practitioners and individual professional judgment with evidence gained through systematic research.’’ (*Education | Europe Region World Physiotherapy*, 2015.)

According to Veras et al 2016, this definition lacks all the essential components of evidence-based practice. They argue it does not address issues like the ethical principles of autonomy, justice, beneficence, and non-maleficence. In this light, they suggested the definition of EBP as “an area of study, research, and practice in which clinical decisions are based on the best available evidence, integrating professional practice and expertise with ethical principles”. Including research and study in the definition is intended to

promote critical thinking and encourage physiotherapists to question the quality of scientific evidence. (Veras et al., 2016.)

Although the definition and structure of EBP have been developed over the years, its practical implementation has not been without challenges. In a systematic review of what physiotherapists think about EBP, it was revealed that; lack of time and resources, inadequate support from employers and other authorities, limitations on generalization of results, lack of interest/motivation, inadequate support from colleagues, and inability to understand statistical data, are some hindrances to EBP in practice. (Mota da Silva et al., 2015)

Meanwhile, other authors think that the impact of evidence-based practice on physiotherapy could be seen as facilitators rather than barriers. In this light, Bridges et al 2007 demonstrated that some personal attributes of healthcare professionals such as postgraduate degrees and self-directed learning could enhance EBP. In the same light, the notion that research and other scholarly materials ( e.g. clinical guidelines) could be used as tools in practice without necessarily affecting productivity or client-centeredness, and the ability to embrace new methods from research rather than conforming to the more common/traditional practices, were presented as promoters of EBP. (Nilsen & Bernhardsson, 2013.)

To meet the increasing demand for high-quality services and efficiency in therapeutic methods, modern-day physiotherapists though having a positive opinion on EBP are still required to improve their knowledge, skills, and attitude towards it (Mota da Silva et al., 2015).

# 4 PHYSIOTHERAPY IN DEVELOPING COUNTRIES

Physiotherapy and other rehabilitative services have been recognized and integrated into the healthcare systems in most developing countries but are not considered a priority. They are either not available or not easily accessible to the increasing number of those in need (Tamang & Dorji, 2020). From its

annual reviews of 2022, the World Physiotherapy (WP) reported that, in the African region there are 0.23 average number of practicing physiotherapists per 10.000 population (lowest amongst the 5 regions of the world). Within this region 52% of countries have full direct access to physiotherapy services, 30% reported direct access is only allowed for private physiotherapy and 9% reported direct access is not allowed. In South America on the other hand, there are 7.4 average number of practicing physiotherapists per 10.000 population. 20% of countries in this area have full direct access to services, 40% reported direct access only to private physiotherapy services and 40% reported direct access to services is not allowed. Finally, in the Asian West-Pacific region, there are 1.47 average number of practicing physiotherapists per 10.000 population with a great variation in the workforce (0.6 in Pakistan and 14.5 in Australia). In this region, 46% of countries have full direct access, 21% of the annual membership census respondents reported direct access only for private services and 29% reported direct access is not allowed. In all three regions that constitute mostly developing nations, the most frequently reported limitation to direct access was practice setting. (Publications | World Physiotherapy, 2023.)

## 4.1 Services and Administration

In most developing countries like sub–Saharan Africa and Ethiopia, there is limited knowledge and awareness of the functions and advantages of physiotherapy as a vital tool within the developing healthcare industry (Haimanot, 2022). It has also been reported that the role of the physiotherapist in the healthcare unit is poorly understood in developing nations and lacks the recognition, funding, and resources to operate efficiently (Mamin & Hayes, 2018). In most cases, the amount of physiotherapy referrals related to musculoskeletal disorders is far less compared to the number of affected patients (Goode et al., 2013). In South Africa for example, 90% of patients with low back pain LBP in the primary care units are presented with pain relief medications as the only form of treatment (Major-Helsloot et al., 2014). In

Ghana, a lack of economic power within the local population is limiting the use of physiotherapy services in the treatment of LBP (Bello et al., 2015).

Some of the main challenges facing the administration of quality physiotherapy services in developing countries according to studies include human resource constraints (low levels of physiotherapists per 10.000 population), lack of infrastructure and proper government policy, cultural values and awareness of physiotherapy (Haimanot, 2022; Mamin & Hayes, 2018; Tamang & Dorji, 2020).

## 4.2 Education

The World Physiotherapy WT in its education policy statement highlights the physiotherapist education framework in which it defines and addresses the domains of physiotherapist competence, education entry-level programs, and continuing professional development CPD (WT *Education Policy Statement*, 2019)

In most developing countries, physiotherapist professional education entry-level programs are few or completely lacking in some countries. In Africa, most countries offer entry-level BS degree programs while only Nigeria, Egypt, and South Africa have MS and PhD degree programs in physiotherapy. (Agho & John, 2017.)

The existing programs however require updating the curricula, an increase in the number of faculty, and advanced education practices to meet international standards. (John et al., 2012). In Vietnam, the curricula of the 4-years bachelor’s degree program in physiotherapy have been revised for all 4 training universities and modified to meet the new required competencies (Demey et al., 2022), while in Nepal physiotherapy education is at its initial stage and requires efficient government policy and leadership for its growth and development (Acharya RS et al., 2015).

Most efforts and strategies put in place to enhance the growth of physiotherapy education in developing have been hindered by the lack of adequate human

and material resources (John et al., 2012). In Africa for example it has been reported that the lack of undergraduate training programs, the need for upgrading the knowledge base of practicing physiotherapists, the lack of awareness/recognition of physiotherapy, and the limiting number of physiotherapists are some of the challenges to physiotherapy education (Frantz, 2007).

As a possible solution to some of these challenges, John et al 2012 reported progress made in creating partnerships between higher education institutions in high- and low-income nations to improve training in developing countries. These partnerships have also been exploited to make advanced studies accessible to physiotherapists by creating new programs or upgrading the existing ones.

# 5 CHALLENGES WORKING WITH IMMIGRANTS

The continuous rising trend in migration across the globe has met with challenges in reorganization and adaptation policies to accommodate strategies for protecting and improving the health condition of immigrants (MacPherson et al., 2007). Challenges encountered when working with immigrants are difficult to directly addressed since they are characterized by complications and are highly dynamic. For example, immigrants with pre-departure, and early and late migratory statuses are handled with different approaches in assessing and providing healthcare services. (Ullmann et al., 2011.)

The issue is further complicated by some social determinants that can not only be identified with the immigrant’s background (as in different gender roles, migration experiences, cultural diversity, legal status, etc.) but also with the contextual environments of the receiving countries ( as in healthcare operating systems and cultural values) (Spallek et al., 2011). Findings from a systematic review of the challenges in the provision of healthcare services for migrants

indicated that diverse cultural beliefs and language disparities, fear of perceived racism, and limited institutional capacity have made it more difficult for service providers to meet the needs of immigrants (Suphanchaimat et al., 2015). Some of these challenges are further discussed below to give the physiotherapist working with immigrants some clues on what to consider when planning and implementing therapy sessions.

## 5.1 Communication and Culture

Effective communication has been cited as one of the core competencies of a physiotherapist. As part of their routine clinical practice, the physiotherapist is expected to communicate instructions and explanations to the client in the most efficient way with corresponding input from the client to ensure successful outcomes. Studies have shown that ineffective communication can lead to increased stress levels for both the clients and the physiotherapists. It is said to decrease the quality of care to the client, increase the negative perception of professional skills, precipitate confusion, and limit engagement level to the prescribed therapy plan. (Capell, 2008; Sze-Mun Lee et al., 2009.)

Working with immigrants requires effective cross-cultural communication skills. The goal is for the therapist to be able to understand how clients from different cultures communicate with insiders (family members and friends) and with outsiders (physiotherapists and other professionals). Cross-cultural communication has two basic forms: verbal and non-verbal. Verbal communication involves the use of a preferred language composed of a specific grammatical structure and vocabulary. The therapist is expected to pay attention to the fact that a word might have several interpretations across cultures which are liable to change over time. Thus, it is important to make sure that the client receives and understands information as intended. Other important aspects of verbal communication include; contextual use of language, tone and/or volume of the voice, clients' health knowledge level, preferred forms of greetings, and the possibilities of interpretation and translation. (Giger, J. N & Davidhizar, 2008; Purnell, 2018.)

Non-verbal communication on the other hand is mostly used in situations where verbal expression is impossible or unreliable. It involves the use of facial expressions, touch, eye contact, body language/motion, and the need for personal space and distance in transmitting information. It is also important to consider the clock versus social time, temporality in terms of past, present, and future, dress, and attornment. The physiotherapist should be aware of the variation of all these forms of non-verbal communication and be meticulous, cautious, ethical, and professional during the implementation process. (Purnell, 2018.)

Many clients might consider casual touching as sexual harassment or taboo and should be avoided, when possible, for example with traditional Muslims and orthodox Jews (L. D. Purnell & Fenkl, 2019). In the Vietnamese culture, a person is not permitted to touch another person's head as it is considered a sign of disrespect, only in certain situations elders are allowed to (Mattson, 2013). While some cultures accept close physical proximity, others view it as seeking emotional closeness. Awareness of proper personal space between clients and the physiotherapist can enhance the quality of information flow. (Ritter & Hoffman, 2010.) Eye contact has been identified in studies as an important tool in both verbal and non-verbal communication. In some individualistic cultures, people who cannot exhibit direct eye contact are considered as not paying attention, not listening, not caring, not trustworthy, and less truthful. In more traditional or collectivistic societies, on the other hand, maintaining eye contact for long can be perceived as being arrogant or offensive. Citizens of lower societal standings are expected to avoid direct eye contact with those of the higher administrative, economic, or political class. It is thus essential to interpret eye contact within its appropriate context to foster a healthy client-physiotherapist relationship for better assessment and therapeutic outcomes. (L. Purnell, 2018.)

The physiotherapist is not expected to be versed with all the cultures within the working community. However, having some basic knowledge of the differences that exist between close (individualistic) and open (collectivistic) cultures is a recommended springboard that can also be harnessed as a

framework for evaluating cross-cultural communication skills and improving client assessment. (Kecskes, 2016.)

## 5.2 Socio-economic Challenges

The social determinants of health (which constitute structural factors other than healthcare) are globally influenced by socioeconomic policies and inequalities. This is said to play an important role in the health of the immigrant population. Physiotherapists, researchers, and other practitioners are currently increasing their acceptance of social determinants as central to health. There is a growing need to understand how issues like housing and living conditions, access to food and social services, education, employment, and legal status can impact the well-being of migrants. (Castã neda et al., 2015.)

Research has shown that immigrants who finally settle in the host countries face discrimination and barriers when trying to progress economically. They have higher unemployment rates and are mostly limited to jobs of lower wages relative to the natives. In most Western European nations, migrants are on average twice as likely to be unemployed compared to the natives. (Dancygier & Laitin, 2014.)

In Finland, discrimination reportedly occurs indirectly when employers demand excessive language competence, even though the performance of the job tasks in practice may not require full command of the language. Because most employers find it difficult to evaluate the content of foreign education degrees, they are mostly not valued or rejected. In cases where discriminatory tendencies in the labor market are aggravated, some immigrants are left with limited financial resources to access advanced medical treatments. (Aaltonen et al., 2009; Yliopisto & Kyhä, 2011.)

There is the existence of enormous evidence in the literature on racial disparities within the healthcare industry when it comes to health service provision, medical treatment, and patient-healthcare professional relationships (Bhopal, 2009). Racism can be defined as “phenomena that maintain or exacerbate avoidable and unfair inequalities in power, resources or

opportunities across racial, ethnic, cultural or religious groups”. It can be expressed through beliefs, emotions, or behavior at 3 different levels of human society: interpersonally (between individuals), internalized (personal racial tendencies), and systemic (through policies put in place by the governing authorities). In a systematic review of the extent and measurement of healthcare provider racism, 26 out of 37 research papers demonstrated significant evidence of racial tendencies (emotional or behavioral) practiced by healthcare professionals towards minority groups of patients. With such high levels of evidence of racism faced by immigrants in the healthcare industry, they might turn to developed prejudice and protective mechanisms against healthcare providers making treatment and other services even more challenging. (Paradies et al., 2014.)

### 5.3 Mental Health

According to WHO, mental health is a state of mental well-being that enables people to endure the stresses of life, realize their abilities to learn and work well to achieve personal and community growth/development. It is not limited to the absence of mental disorders but entails a complex series of incessant discomforts that are usually managed differently between individuals. People living with psychosocial disabilities, mental disorders, and other mental diseases that can lead to significant levels of stress, reduced functional capacity or self-harm are presumed to be more likely to experience lower levels of well-being. (WHO: *Mental Health*, 2022.)

Immigrants are often motivated to leave their home countries for several reasons including war, poverty, hunger, career, and natural disasters amongst others. Upon arrival and/or settlement in the destination country, this group of people is faced with difficulties in adapting and accessing the new social environment due to language, administrative, and cultural hindrances. These challenges could subsequently lead to unfavorable socio-economic conditions that could render immigrants more susceptible to poor mental health status. (Rivera, Casal,Cantanero, & Pascual, 2008.)

In a systematic review, studies of immigrants in the United Kingdom, Australia, and Denmark have shown higher rates of schizophrenia within the immigrant population compared to the natives. The research also highlighted a higher prevalence of anxiety, depression, and somatic disorders amongst immigrants in most studies. However, although immigration is characterized by lots of natural and human challenges, it does not exclusively or necessarily lead to mental distress. (Bas-Sarmiento et al., 2017.)

Research addressing the mental health conditions amongst immigrants in Finland has demonstrated that when compared to the natives, immigrants of Kurdish and Russian origin suffer significantly more from severe anxiety and depression syndrome with higher prevalence in females compared to males. It was also revealed that there was no significant difference in the expression of depression and anxiety syndrome between immigrants from Somalia origin compared to the local population. However, gloominess was more experienced by the Somalians of the same age group compared to the natives. Since there was an association between mental health and socioeconomic disadvantage in this study physiotherapists and other health professionals in Finland must consider a rather holistic approach when developing intervention programs. (Rask et al., 2015.)

# 6 METHODS

This work aims to find out the perceptions of physiotherapy by immigrants from developing countries living in Finland. The method used to achieve this is guided by the experience and methodological guidelines from previous research and thesis projects with similar motives. This is done with the intention that it strengthens the reliability of the findings.

## 6.1 Study Design

Based on the aim of this study, a qualitative research design was adopted as the most appropriate (Maxwell, 2012). This method is said to be effective in evaluating physiotherapy modalities as it takes into account the client's perception and experience on a given subject in the context set by the researcher (Carpenter, 1997).

## 6.2 Participants and Sampling

Since the main interest of the research is to get an in-depth of the immigrants' perceptions of physiotherapy, a purposeful non-probabilistic sampling method was used (Sheppard, 2020). The research was conducted in the Helsinki metropolitan area where it is presumed to have easy access to immigrants from developing countries. A developing nation according to the United Nations, is a country with a relatively low standard of living. These countries are said to have moderate to low human development index (HDI) with a poor industrial base. The average income per resident is low with limited access to health care and education. This was considered during the recruitment process. Participants were randomly recruited into the study through social media adverts, international events, unofficial visits to workplaces, and multicultural organizations. The author also exploited the streets and resident areas where the immigrant population is concentrated. To avoid targeting a specific group of immigrants, the recruitment process was diversified touching most of the world. (Patel et al., 2003.)

Participants were above the age of 18 with different cultural, educational, gender, and professional backgrounds. A total number of 52 clients were contacted, 20 rejected instantly to participate in the project, 8 backed out after reading the letter of concern, and 9 did not show up for the planned interview. Of the 15 clients that took part in the interview, 6 had no physiotherapy experience in Finland.

## 6.3 Data Collection

The research data was generated using semi-structured interviews since it presents a chance of follow-up questions during the process. Once a participant read and signed the letter of consent, an interview session was agreed. The interviews were done online or in face-to-face meetings using Microsoft Teams in the English language. The interview transcripts and voice notes were later assigned coded names and saved for analysis. The participants were also informed of the video recordings which could be used to deduce other forms of nonverbal communication.

The interview questions were designed to be open and flexible, enabling the author to stay focused on points that propagate the interest of the research while permitting the participants to address issues of importance to them (DiCicco-Bloom & Crabtree, 2006). The complete interview lasted an average of 25 minutes and 12 minutes for participants without physiotherapy experience in Finland. There were pilot interviews before proper sessions to enable the author to get familiarized with the interview questions and practice qualitative interview techniques.

## 6.4 Ethical Considerations

Agreement on the preparation of a thesis was submitted and approved by the ethical board of the Satakunta University of Applied Sciences (SAMK). This agreement contained the thesis plan, EU General Data Protection Regulation (EU 2016/679), art. 12, 13, 14, and a copy of the letter of consent. It explained how the author intends to protect the well-being of the participants by ensuring voluntary participation, proper data management, access to informed consent, confidentiality, and anonymity.

## 6.5 Data Analysis

All interviews were conducted using Microsoft Teams applications software. The application provided an audio, video, and transcript of each interview.

During the analysis, the author went through the audio and transcript repeatedly to ensure that what is said in the audio is what is written in the transcript. To ensure that the findings are based on the data collected, the data was returned to repeatedly during the process (Yeowell, 2013). The thematic method was used to analyze the interviews since it effectively identifies, analyses, and reports patterns/themes in qualitative research data (Silverman, 2019). The six-step process recommended in thematic data analysis was adopted. These steps, when applied correctly, can help avoid confirmation bias during the analysis process. These steps include familiarization, coding, generating themes, reviewing themes, defining and naming themes, and writing up. (Braun & Clarke, 2006.)

# 7 RESULTS

Out of the 52 participants that were initially contacted for the studies, 20 were rejected to participate mainly due to lack of knowledge, experience, or interest in physiotherapy practice. A total of 15 interviews were finally conducted, 6 females and 9 males with a mean age of 36 years (range 19 - 47). 12 of the participants were employed and 3 were students. 14 had a university education and 1 had basic education. Although most participants were non-native speakers, the interviews were conducted in the English language.

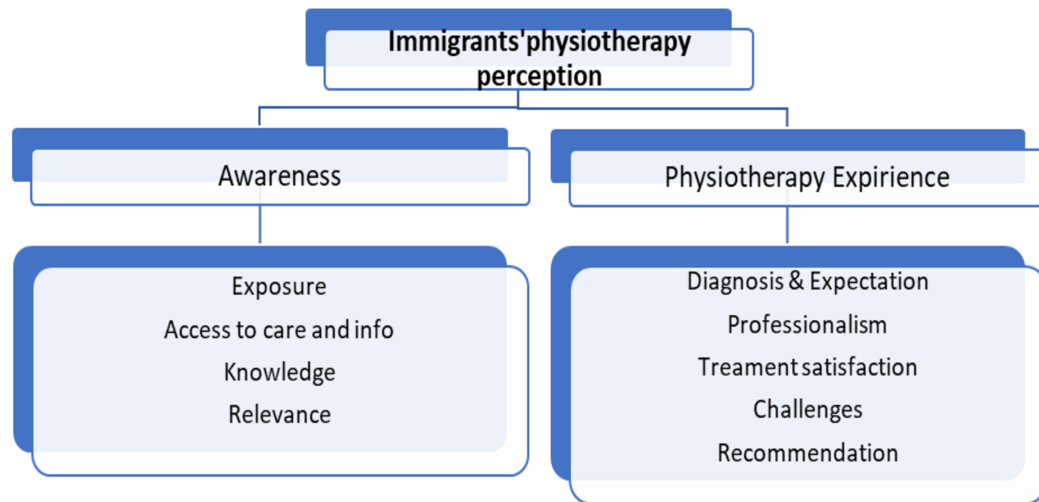


Figure1. Main themes and sub-themes projecting the immigrants' perceptions of physiotherapy.

During the interview analysis, more than 150 relevant assertions were deduced and grouped into two main themes "awareness" and "physiotherapy experience" to project the developing countries immigrants' perception of physiotherapy. The theme "awareness" was further divided into 4 sub-themes: "access to care and information" "relevance" "exposure" and "knowledge of physiotherapy practice". The "physiotherapy experience" theme was as well categorized into 4 sub-themes: "diagnosis and expectations", "professionalism", "treatment satisfaction", "challenges" and "recommendations". These sub-themes are discussed below using verbatim quotes from the interviews to illustrate the findings, and the participants have been name-coded to ensure anonymity.

## 7.1 Awareness

Results have shown that most participants' perceptions of physiotherapy have been directly or indirectly related to their level of awareness. The awareness was reported to be originating from their respective home countries, Finland, or a combination of both. This has been explored below from 4 different perspectives.

#### 7.1.1 Exposure

In finding out the first time and occasion participants came across the word physiotherapy; it was realized that 53.3% of participants learned about physiotherapy in Finland mainly from the healthcare centers, “figure that out the very first time it was actually in Finland”. On the other hand, 47.6% of participants came across the word in their home country mainly during their study time at educational institutions, “I would say in my home country. If I can, I like maybe during a biology class something like that”, “I think it was when I was studying nursing”. Most of the participants believed the level of exposure and awareness in their home country is still low, “as I said, most of the people still don't know so much about physiotherapy”, and “actually, it's not so popular like in my opinion”.

#### 7.1.2 Access to care and information

5 of the 6 participants in the study without physiotherapy experience had no clue on how to access information or physiotherapy services in Finland, “no, I don't have any idea, because I don't know about that, that word”, “actually I'm not quite sure in how I can get the this kinds of services”. Meanwhile, more than 90% of participants with physiotherapy experiences in Finland were under the notion that services can only be accessed through a doctor’s referral in the public or private sector. None of them had visited a physiotherapist on their own accord, “therapist physiotherapist services as I know is always referred by a doctor”, “the only place that we can get this to therapy, this is the hospitals”. Although few participants mentioned the use of the internet and insurance services to gain access to information and services, most believed accessibility to services should be made more clear and easier, “that I need to you know how to process or how to book an appointment with the public's public picture therapist”, “Yeah, my own regret with this whole scenario was that I then I didn't know that I wasn't aware that I can directly even go to physiotherapy”, “but yeah, it would be nice if you were, you know, in more readily available within the healthcare system and more access to the general public”.

### 7.1.3 Knowledge of Physiotherapy

Findings from this study have demonstrated that 86% of the participants had limited or no knowledge of the content of physiotherapy practice before their first experience. It was also noted that knowledge of physiotherapy after the first treatment was limited just to their respective physiotherapy diagnosis. Three participants perceived physiotherapy as a form of massage for muscle pain relief, “that's all that I know that they can help you massage”, “OH before I was I didn't have any idea like I was just thinking this kind of the little bit like some kind of massage like they are doing some kind of massage at the pain and so on”. However, most of the participants had the perception that the job of a physiotherapist is related to pain relief resulting from musculoskeletal disorders. “I am not an expert about that, but it has to do a lot of with muscles, with bones, with the movement and I think not sure”. When asked, apart from musculoskeletal-related injuries what could be part of the duty of the physiotherapist, 80% of participants had no clue, while 20% highlighted issues related to ergonomics, education, mental health, and nutritional counselling. “I think it's, education, you know how to better take care of your body and some health and dietary restrictions or, you know, recommendations”, “general ergonomics or you sleep or sleeping angles or if you want to use any other aids or any other kind of external equipment to do your exercises or improve your sleep”.

### 7.1.4 Relevance

It was observed that all participants confirmed, valued, and supported the relevance of physiotherapy services in the healthcare industry. “Yes, I think it's very important is very important, I would say”, “..it's an excellent profession and I respect physiotherapists and I think they do very important work and…”. Others believe the work of a physiotherapist is not given the attention and appreciation it deserves. “I think physiotherapy is one of the.. it's just my opinion, but I think physiotherapy nowadays when it comes to health care is one of the under underrated professions in”, “So I think the physiotherapy has a better role to play in our health than even a medical doctor”. These assertions

emanate from participants’ level of education, job type (healthcare), narratives from third parties with physiotherapy experience, or personal physiotherapy treatment outcomes. “I will, of course, recommend them to do physiotherapy because if they have some pain, I think it's better to have physiotherapy than using some kind of painkiller or drugs.”, “Yes, I think it's very important because I know at least three people that they have been to the doctor and they get better only with doing physiotherapy and not medicine or other stuff like just doing therapy.”

### 7.2 Physiotherapy Experience

2 of the participants reviewed their physiotherapy experience from Finland and their home country and 7 had experiences just in Finland. While some had one or multiple sessions with the same therapist others had multiple sessions with different therapists. It was also noted that all participants had received therapy sessions only from Finnish physiotherapists. These experiences have been analyzed to project the immigrant’s perceptions from 4 different dimensions discussed below.

#### 7.2.1 Physiotherapy Diagnosis and Expectations

The interview analysis revealed that all nine participants with physiotherapy experiences in Finland had injuries or pain related to musculoskeletal skeletal disorders. “Because at that time I had this lower back pain”, “And in Finland I also had a knee injury to the same basketball, and I had surgery”, and “my metatarsal bone on my right. But it's so painful”. Since many participants were employed, most of the pain and injuries were work-related with few cases from sports/exercise and other hobbies.

Eight participants had the conception of immediate pain relief and proper functioning of the injured body part from the physiotherapy session, while just one was aware it takes time for proper healing to be accomplished. “My expectation was that I was going to get relieved from the pains that I was

suffering from", "You know, like a what kind of posture can help to a relieve the pain and it can go away".

### 7.2.2 Professionalism

On the question of how professional the physiotherapist had been towards immigrants; 8 participants were convinced Finnish physiotherapists are very professional in the way they perform their duties. No incident of professional malpractice or ill-treatment has been recorded during this study. "OH, they're good. OH yeah, there are accommodating", "She was polite, basically polite as any professional, but not much interaction, let's say", "I think that my relationship with them has always been the best". One participant however had a contrary view to this, suggesting there could be room for improvement. "OK, so based on experience, uh, I have to be honest, they need to improve their relationship with the patient".

### 7.2.3 Treatment Satisfaction

"I was satisfied if I could add something. There was a significant improvement on my uh situation", "I am fit, and I am happy because there is nothing like when you are very healthy person". Six of the participants got positive outcomes from the treatment and were satisfied while three were not able to recover from their pain/injury and expressed varying degrees of dissatisfaction. "I was like, so disappointed with those printings and I was frustrated because my bag was still hurting and I was thinking like, OK, I will take Panadol so it will go". 1 participant thought it was a waste of time and vowed not to visit a physiotherapist again even with a doctor's referral. "No, I was not happy. And, when the doctor sends me to the physiotherapy, I will not go", "Like OH I have to go there so my employer so they will give me the sick leave. Ah, yes, it's hard to say, but I'm being completely honest with you".

It was also noted that patient education, referrals to other professionals, and exercise demonstration were the most impressive aspects of treatment. "The best was the knowledge that I gained from them free of charge because we

didn't”, “Luckily, she's kind enough to say to me that if it's not doing well, I should go to the specialist, it’s the best thing that happened in my pain”.

### 7.2.4 Challenges and Solutions

The challenges highlighted in this study range from the implementation process to time management, communication, and cultural diversity. This is in line with the challenges found in literature, for example, the systematic review study by Suphanchaimat et al., 2015.

Most participants did not appreciate the fact that the physiotherapist was looking up information directly from the internet in their presence. “She's looking on the Internet. So, like searching for that kind of like what?”. Secondly, it was reported that printed copies of exercises were handed to them without demonstration or instructions. “No, it was not so active like maybe once that she just say me. Stand up. Put your feet. Your fingers like this. And then she was touching. OH yeah, yes you have here some situation and OK I will print you some exercises That was it, yes” . Instead participants value it more when the exercises are being practiced together with the physiotherapist, “I would prefer that the physiotherapist could do those exercises with me together than just telling me to go home and do that”.

Participants also had the impression that the time allocated for a physiotherapy session was short and not managed well. More than half of the time is reported to be used in talking. “No, the time was so short there, like I had a so much back pain and she just took 10 to 15 minutes and she printed…”, “most of the time we consumed in talking or like yeah, like we just need to send the videos, it’s like every minute counts, So I think this the main problem in here”. More practical things and less talking during sessions were suggested as the proper way of managing time,

The main concern in communication reported is the language barrier. While few were satisfied with the physiotherapists’ English language level, most of the participants believe Finnish-speaking physiotherapists need to step up their English language for proper engagement with immigrant clients. “Some

of them I cannot talk to them in English. You cannot express what you feel", "Sometimes you have, you want to book an appointment with the specialist or to the physiotherapist who is doing a great job. But the problem is that he or she cannot speak English", "I think it was quite OK, just the language barrier was there a little bit". However non-native English speakers who were able to speak Finnish found it challenging to express their feelings in a foreign language "Even when I speak Finnish I don't feel confident enough to talk in Finish about my health. I don't know the right word".

One participant mentioned some of the terminology used by the physiotherapist during the session was beyond his/her comprehension. "I was not, uh, used or I didn't hear the terminologies., it was my first time, I didn't know what flexion is or what you know this kind of stuff. So, there were many terms that he used, which I didn't know".

The challenges from cultural diversity according to this study are complicated and dynamic as reported in other studies. Some participants think that the lack of touch, engagement/interaction, and empathy are common characteristics of Finnish physiotherapists hindering the effectiveness of treatment. "But as I say, they are very passive. In my country It's more, it's more active and it's more like an interactive with your, with the physiotherapy he does or she does things to you", "The physiotherapy need to touch it because that is why it's calling physiotherapy, because it's medical thing in my culture yes", "even though is like a job that you are doing only, it needs to have like that kind of engagement, get a little bit concerned about how we are going to do it and encourage the person to do it".

However, others believe that caution should be taken and permission should always be requested when it comes to touching. "..concerned, especially with when the client is has this cultural differences like they don't want to be touched by like this by this person on especially on their body because..".

# 8 CONCLUSION

This study aimed to investigate the developing countries' immigrants' perception of physiotherapy. The intention is to provide relevant information that may be used by physiotherapists and other professionals to improve the quality of care provided to this minority group of people.

Analysis of data revealed two emergent themes “awareness” and “physiotherapy experiences” which have been reported under other sub-themes. The majority of the participants believe that there is a low level of awareness about physiotherapy in the immigrant community in Finland. Knowledge of physiotherapy was limited to work-related pains/ injuries within the musculoskeletal system. Most of the participants indicated that physiotherapy services can be obtained only through a doctor’s referral. Although with the low level of awareness reported, it was interesting to find out that all participants perceived the role of a physiotherapist as vital and relevant in a healthcare setting.

All participants with physiotherapy experience in Finland believed physiotherapists in Finland have demonstrated high levels of professionalism with a healthy physiotherapist-client relationship. From their experiences, most participants believed that patient education, the teaching of therapeutic exercises, and the expression of good professionalism were the best aspects of physiotherapy. Treatment outcomes strongly affected the picture of physiotherapy in the eyes of an immigrant.

The challenges highlighted in this study range from the implementation process to time management, communication, and cultural diversity. This is in line with the challenges found in literature, for example, the systematic review study by Suphanchaimat et al., 2015.

The participants think the time allocated for a physiotherapy session is short and not managed well with much talking and less practical things being done. Cultural differences about touching were reported as lacking by some participants, while others thought it should be treated with caution. The

majority of participants viewed the language barrier as problematic for proper communication and suggested the need for Finnish-speaking physiotherapists to step up their English language level to ensure proper interactions during therapy sessions.

About some of the varying levels of treatment dissatisfaction and challenges encountered by the immigrants in this study, they believe that the level of engagement, trust, and quality of physiotherapy services can be improved in the following ways. First by managing the limited time better. Secondly, the content of the sessions should be more about doing practical things (exercises, touching, massage, other technologies) than talking (education and interviewing). Finally, exercises should be demonstrated and practiced together with the clients rather than handing printed copies with instructions.

It was also reported that although the physiotherapists were very professional, it would make a great difference if they could be more open-minded, engaging/interactive, empathetic, and flexible. According to participants these are necessary to produce a more relaxed and conducive environment during the treatment sessions.

This study provides relevant information about physiotherapy in the eyes of immigrants from developing countries in Finland. It also exposes to some extent how the state of physiotherapy in developing countries and the host country's environment influence these perceptions. It confirms some of the general challenges faced in cross-cultural physiotherapy in literature and highlights new ones within the Finnish context. It also provides the immigrant's perceptions on possible solutions that might be useful in developing strategies to improve services and increase positive treatment outcomes.

Future research might be needed to find out the effects of the integration process on these perceptions by separating participants within a time frame about their stay in Finland. It would also be interesting to explore the physiotherapists' perceptions of clients from developing countries in Finland to get a comparative view.

# 9 DISCUSSION

The author was under the presumption that the state of physiotherapy in developing countries, cultural differences, physiotherapy experience, and other socio-economic factors surrounding the life of an immigrant could influence the way he/she perceives physiotherapy as part of the healthcare industry. Since these perceptions were also projected to affect treatment outcomes, the primary aim of this study was to investigate these perceptions and present relevant findings. These findings could then be explored by physiotherapists working with immigrants from developing countries to enhance personal skills/knowledge and possibly provide better services with more positive treatment outcomes.

The level of awareness has been demonstrated in the literature to play an important role in improving the quality of care and the development of physiotherapy as a profession (Haimanot 2022, WHO 2017, Bolarinde et al. 2020). The low level of awareness reported in this study is consistent with previous studies (Tamang & Dorji, 2020; World Physiotherapy, 2023; Haimanot, 2022; Bello et al., 2015; Frantz, 2007.) and it is a clear indication for physiotherapists and other government authorities in Finland to improve accessibility to information and physiotherapy services within the immigrant community. According to this study, most immigrants have gained access to physiotherapy services and information mainly through work-related doctor’s referrals. To be able to live in Finland for a long period most immigrants from developing countries need a residence/ work permit obtained mainly by gaining employment, hence 86% of participants were employed. Most of them are engaged in jobs that are physically demanding (elderly/disability care, nursing, housekeeping, construction, and other forms of cleaning). The nature of these jobs exposes certain body parts to repetitive movements that may eventually lead to pain and injuries centered around the musculoskeletal system. This is very common amongst the immigrant population as reported in this study and studies conducted by Koskinen, Castaneda, Rask, Koponen & Mölsä 2012. This might also explain why most participants believed that the work of a physiotherapist is basically to relieve pain and injuries resulting from

musculoskeletal disorders. However other studies have shown that this limitation on the scope of physiotherapy practice is common in the general population (Paul & Mullerpatan, 2015). With this low level of awareness, it was expected that participants would express some degree of doubt about the relevance of physiotherapy services in the healthcare industry. On the contrary, all 15 participants believed strongly that the role of a physiotherapist is vital and should be promoted. Although the participants stated that this perception originates from their physiotherapy experiences, feedback from friends and relatives with physiotherapy experience, or exposure (through education and workplace), the author thinks the integration process into Finnish society also plays a role. The participants have lived averagely for up to 4,5 years in Finland during which they have learned and experienced much about honesty as a unique cultural characteristic of the Finnish people. This might influence the level of trust and belief in some Finnish institutions.

The perceived quality of care has been reported to be greatly influenced by the nature of the relationship between the physiotherapist and the client (Reyes et al., 2020). This study has reported a healthy relationship between the physiotherapist and the participants with high levels of professionalism. This might have played a role in the level of client satisfaction registered in this study.

According to this study, treatment outcome has an enormous influence on the immigrants' perceptions of physiotherapy. While those with positive outcomes believe that physiotherapy is an effective tool for pain relief and injury recovery, those with negative outcomes think that although physiotherapy is relevant in the healthcare industry, it is ineffective and a waste of time (resources). And so, it is just attended to because it was referred by a doctor or for getting sick leave from work. This might be insinuating that immigrants need more enlightenment on the possible treatment outcomes at the beginning of the therapeutic process. And that just as with other professionals in the healthcare unit, there are possibilities of treatment failures but it's not enough to lose interest and trust.

Findings from this study revealed that 3 main aspects of the physiotherapist's competencies were highly commended: patient education, professional behavior, and teaching/demonstration of the exercise plan. However, while practicing the exercises together with the client is much appreciated, the absence of it has been strongly criticized. This confirms teaching as one of the core competencies of a physiotherapist needed to enhance engagement with the therapeutic plan thereby increasing the prospects of getting more positive treatment outcomes also found in literature (Reyes et al., 2020).

Results obtained from this study suggest that proper communication is a vital tool in developing trust and improving engagement, especially in cross-cultural physiotherapy. This conforms with previous studies (Brady et al., 2016, Suphanchaimat et al., 2015, Capell, 2008; Sze-Mun Lee et al., 2009). Language barriers have been reported by participants as one of the major challenges facing therapy sessions. The questionable English language level of the physiotherapists in this study might be because all the physiotherapists encountered were Finnish. Also, more than 90% of clients in Finland are Finns or foreigners with a good command of the Finnish language, this might instigate a lack of motivation of Finnish physiotherapists to upgrade their English Language. Meanwhile, the fact that all the physiotherapists encountered by participants in this study are Finnish might indicate the lack of ethnic diversity in the physiotherapy profession in Finland.

Most participants believed that there was a lack of other non-verbal forms of communication, the sessions were reported to be too strict, rigid, and straight to the point with little or no body language. These attributes might be culturally instigated as they portray the typical cultural characteristics of Finns. Although it is challenging to digress from one's cultural values, the author supports the participants' recommendation for improving cultural flexibility.

The author believes that this study has produced important views and facts that might be useful to physiotherapists working with immigrants from developing countries. However, these findings may have some limitations in the following ways. Firstly, some of the findings that are significantly influenced by the socio-economic and cultural values in Finland might not apply to other

countries. secondly, the study did not consider the possibility of disparities in the perceptions resulting from the longevity of stay in Finland. Some participants had been in Finland for a few months while others had stayed over 14 years. According to Ullmann et al., 2011, immigrants with pre-departure, early, and late migratory statuses are handled with different approaches in assessing and providing healthcare services. Future studies of this nature should consider this. Finally, because of the small sample size as in most qualitative research, the findings might not necessarily be a representation of the entire immigrant population in Finland but give some perspectives on the perceptions and present clues for further research.

The author being a member of the immigrant community in Finland has been pondering on the reasons behind the attitudes and beliefs expressed towards physiotherapy by this community. This thesis provided the author with the opportunity to explore and gain both theoretical and practical knowledge on this subject. It has equipped the author with the basics needed to develop cultural competencies to be able to work effectively in a culturally diversified environment. The author believes strongly that have gained enough knowledge to be able to raise awareness within the immigrant community. Academically, the author has acquired a lot of knowledge and skills in carrying out qualitative research projects. Every step in the thesis project was a learning process, especially those challenging moments.

It was difficult to locate and convince immigrants from developing countries with physiotherapy experience to participate in the project. Most of the interviewees were non-native English language speakers and found it challenging to express their views on certain subjects accurately in the English language as demonstrated by their quotes. In the future, the emergence of an effective translating application to be used for the interviews would be good. The cultural differences in understanding timing made the interview scheduling difficult. There were many incidents of late arrivals, forgetting to show up, and cancellations. Finally, with little experience in qualitative research methods, the author had a hard time analyzing the data which required lots of patience and time consuming.

The author hopes the findings from this thesis will help physiotherapists understand better some of the immigrants' perceptions of physiotherapy and develop better ways of working with them. As we (physiotherapists) continue to seek ways of improving the quality of services we render to our clients through research, we should always remember to make sure our findings are reflected in the basic principles of modern-day practice; client-centeredness, evidence-based practice, and the holistic approach.

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