

Understanding Cultural Influences on Physical Therapy Practice in China: Foundations for a Culturally Responsive Care Model

Cheng Shiliang, Ferdinand C. Somido

University of Perpetual Help System Laguna

DOI: <https://doi.org/10.51244/IJRSI.2026.1308000280>

Received: 06 September 2026; Accepted: 11 September 2026; Published: 21 September 2026

ABSTRACT

Effective physical therapy extends beyond clinical proficiency and technical skills; it also requires healthcare professionals to possess strong communication abilities and a deep understanding of the cultural backgrounds of the individuals they serve. In China, where healthcare is delivered to a diverse population characterized by regional traditions, ethnic diversity, linguistic variations, and differing health beliefs, cultural awareness has become an essential component of patient-centered rehabilitation. Cultural values, personal beliefs, and implicit biases can significantly influence the therapeutic relationship, affecting both the quality of care provided by physical therapists and patients' perceptions, acceptance, and adherence to treatment interventions.

According to Cross (2022), culture encompasses the shared beliefs, values, customs, behaviors, and practices that distinguish a particular group or society. Within the Chinese healthcare context, cultural influences extend beyond ethnicity and include factors such as language, religion, age, socioeconomic status, educational attainment, gender roles, and traditional health beliefs. These elements shape patients' perceptions of illness, expectations of healthcare providers, and willingness to participate in rehabilitation programs. When healthcare professionals fail to recognize or respond appropriately to these cultural influences, misunderstandings may arise, potentially affecting treatment effectiveness, patient satisfaction, and overall clinical outcomes. Consequently, the development of cultural competence has become an indispensable attribute for physical therapists and other healthcare practitioners.

Cultural competence involves more than acknowledging cultural differences; it requires healthcare providers to develop the knowledge, attitudes, and skills necessary to deliver equitable, respectful, and individualized care. It also entails recognizing one's own biases and understanding how these may influence clinical judgment and professional interactions. Continuous education, self-reflection, and practical experience are essential in cultivating cultural competence among rehabilitation professionals. In line with China's ongoing healthcare reforms, which emphasize equitable access, patient-centered care, and high-quality rehabilitation services, healthcare institutions are increasingly encouraged to strengthen culturally responsive practices to meet the diverse needs of the population.

As physical therapy continues to evolve as an autonomous profession in China, the integration of cultural competence into clinical practice has become increasingly important in promoting inclusive and equitable healthcare delivery. A culturally responsive approach enables physical therapists to establish meaningful therapeutic relationships, facilitate effective communication, and develop individualized treatment plans that respect patients' cultural values and preferences. Such an approach not only contributes to improved rehabilitation outcomes but also enhances patient trust, treatment adherence, and overall satisfaction with healthcare services.

The present study seeks to contribute to the growing body of knowledge on the influence of cultural factors in physical therapy practice within the Chinese healthcare system. Specifically, it aims to develop a culturally responsive model of care that can serve as a practical framework for physical therapists in delivering patient-centered rehabilitation services. Although numerous studies across various healthcare disciplines have emphasized the importance of cultural competence and recommended its integration into professional education

and clinical practice, empirical research focusing specifically on culturally responsive physical therapy models in China remains limited. This gap underscores the need for further investigation.

The researcher therefore considers this study timely and significant in addressing the cultural dimensions of physical therapy practice in China. The proposed culturally responsive model is expected to assist physical therapists in improving communication, clinical decision-making, and treatment planning while recognizing the diverse cultural characteristics of their patients. Likewise, patients are anticipated to benefit from rehabilitation services that are more respectful of their cultural beliefs, values, and expectations, thereby promoting greater participation in therapy and improved health outcomes. At the institutional level, the findings may contribute to enhanced patient satisfaction, reduced disparities in rehabilitation services, and the promotion of a more inclusive healthcare environment. Ultimately, this study seeks to advance culturally responsive rehabilitation practice in China by emphasizing the fundamental role of culture in influencing health behaviors, therapeutic relationships, and the overall effectiveness of physical therapy interventions

Keywords: Cultural Competence, Physical Therapy, Culturally Responsive Care, Patient-Centered Care, Rehabilitation

INTRODUCTION

High-quality physical therapy extends beyond clinical expertise and technical proficiency. Effective rehabilitation requires strong communication skills and cultural competence to ensure patient-centered care. Cultural beliefs, values, language, religion, gender roles, and socioeconomic background significantly influence patients' health behaviors, treatment expectations, and rehabilitation outcomes. As emphasized by Cross (2022), culture shapes individuals' perceptions of health and healthcare, making cultural competence an essential attribute for healthcare professionals. Failure to recognize cultural differences may result in communication barriers, reduced treatment adherence, lower patient satisfaction, and less favorable clinical outcomes.

In China, the importance of cultural competence has increased alongside rapid healthcare reforms, demographic changes, and the expansion of rehabilitation services. As a culturally diverse nation with 56 officially recognized ethnic groups and considerable regional differences in language, traditions, and health beliefs, China presents unique challenges for physical therapists in delivering equitable and patient-centered rehabilitation services. Consequently, physical therapy education and professional practice are expected to prepare practitioners with the knowledge, skills, and attitudes necessary to provide culturally appropriate care.

Cultural competence extends beyond awareness of ethnic diversity and encompasses an understanding of language, religion, age, family dynamics, socioeconomic status, educational background, and other social determinants of health. Healthcare professionals who possess cultural competence are better equipped to establish therapeutic relationships, communicate effectively, and develop individualized rehabilitation plans that respect patients' cultural values while promoting evidence-based practice. Integrating cultural sensitivity into patient-centered care strengthens treatment adherence, enhances patient satisfaction, and contributes to improved rehabilitation outcomes.

Despite the growing recognition of cultural competence in healthcare, studies focusing specifically on culturally responsive physical therapy practice within the Chinese healthcare system remain limited. Previous research has demonstrated that cultural beliefs and values significantly influence health behaviors, rehabilitation participation, and treatment outcomes, highlighting the need for culturally appropriate interventions. However, the development of culturally responsive models of care for physical therapy in China has received limited scholarly attention.

Recognizing this gap, the present study investigates the cultural factors influencing physical therapy practice in China and proposes a culturally responsive model of care to guide rehabilitation professionals in delivering equitable, patient-centered, and culturally sensitive services. The proposed model is expected to enhance communication, clinical decision-making, treatment adherence, patient satisfaction, and rehabilitation outcomes

while contributing to the advancement of culturally competent physical therapy practice within the Chinese healthcare system

METHODS

This study employed a descriptive-developmental research design to examine the cultural factors influencing physical therapy practice in China and to develop a culturally responsive model of care. The descriptive component was used to determine the existing cultural factors, current practices, and challenges encountered by physical therapists, while the developmental aspect focused on formulating a culturally responsive model based on the study findings.

The respondents consisted of 118 licensed physical therapists selected through stratified random sampling from a total population of 167 practitioners employed in seven hospitals in China. The sample size was determined using Slovin's formula with a 0.05 margin of error to ensure adequate representation of the target population.

Data were collected using a researcher-developed questionnaire consisting of three sections: (1) cultural factors influencing physical therapy practice, including cultural attitudes toward healthcare, gender roles, and religious beliefs; (2) the extent of implementation of existing physical therapy practices; and (3) the challenges encountered in delivering culturally responsive physical therapy services. The instrument was developed based on an extensive review of related literature and the researcher's professional observations and experiences. Content validity was established through expert evaluation, while a pilot test was conducted to determine the instrument's reliability. The questionnaire demonstrated excellent internal consistency with a Cronbach's alpha coefficient of 0.925, indicating that the instrument was reliable for data collection.

Data gathering was conducted through an online survey using Google Forms, supplemented by focus group discussions (FGDs) and semi-structured interviews to validate and enrich the quantitative findings. Ethical considerations, including voluntary participation, informed consent, anonymity, and confidentiality of responses, were strictly observed throughout the research process.

The collected data were analyzed using descriptive statistical techniques, including frequency, percentage, and weighted mean, to determine the respondents' profiles, assess the cultural factors influencing physical therapy practice, evaluate the extent of implementation of existing practices, and identify the challenges encountered in the delivery of physical therapy services. The results served as the basis for the development of a Culturally Responsive Model of Care for Physical Therapy Practice in China..

RESULTS

The study examined the cultural factors influencing physical therapy practice, the extent of implementation of existing practices, and the challenges encountered by physical therapists in China. Findings served as the basis for the development of a culturally responsive model of care.

Cultural Factors Influencing Physical Therapy Practice

Table 1 presents the respondents' profile with respect to the cultural factors influencing physical therapy practice.

Table 1. Cultural Factors Influencing Physical Therapy Practice

Factors	Frequency	Percentage
Cultural Attitude Toward Health Care		
1.Historical	27	22.88
2.Religious	18	15.25
3.Economic	23	19.49
4.Social Contexts	50	42.37
Gender Roles		

1.Breadwinner	19	16.10
2.Stoic	3	2.54
3.Protector	9	7.63
4.Decision Maker	11	9.32
5.Fixer	5	4.24
6.Dominance	6	5.08
7.Emotional	6	5.08
8.Career	10	8.47
9. Leadership	4	3.39
10.Adventure	1	.85
11.Caregiver	7	5.93
12.Homemaker	6	5.08
13.Subservient	2	1.69
14.Emotional Support	1	.85
15.Appearance	1	.85
16.Nurturer	2	1.69
17.Peacekeeper	0	-
18. Patient Listener	8	6.78
19.Multitasker	15	12.71
18. Natural	2	1.69
Religious Factors		
1.Islam	37	31.36
2.Christian	77	65.25
3.Hindu	3	2.54
4.Buddhist	0	-
5.Agnostic	1	.85

The findings indicate that **social context (42.37%)** was the most influential cultural attitude affecting physical therapy practice, followed by **historical (22.88%)**, **economic (19.49%)**, and **religious (15.25%)** factors. Regarding gender roles, respondents most frequently identified **breadwinner (16.10%)** and **multitasker (12.71%)** as dominant societal expectations. Most respondents identified themselves as **Christian (65.25%)**, followed by **Islam (31.36%)**, while only a few belonged to other religious affiliations.

Extent of Implementation of Existing Physical Therapy Practices

Table 2 summarizes the respondents' assessment of the implementation of culturally responsive physical therapy practices.

Table 2. Extent of Implementation of Existing Practices in Physical Therapy

Indicators	WM	VI	Rank
1. Integrate cultural attitudes towards healthcare into treatment plans	3.55	GI	1
2. Recognize and accommodate of gender roles in therapy approaches	3.54	GI	2
3. Consider religious beliefs in the design and delivery of therapy interventions	3.52	GI	3
4. Integrate cultural context and traditions in promoting physical, psychological, and social well-being	3.50	GI	4.5
5. Adapt assessment and treatment methods to align with diverse cultural backgrounds	3.50	GI	4.5
6. Address cultural and lifestyle influences on mobility and functional abilities	3.42	GI	7
7. Promote effective communication with patients from diverse cultural backgrounds	3.44	GI	6

8. Provide education and tailored programs aligned with cultural values and beliefs for patients and their families	3.39	GI	8
9. Recognize of cultural taboos and sensitivities in therapy sessions	3.16	MI	10
10. Incorporate cultural and traditional healing where appropriate	2.79	MI	14
11. Integrate cultural rituals and practices in the therapy environment	2.69	MI	15
12. Promote collaboration with community leaders and cultural advisors to enhance therapy outcomes	2.85	MI	12
13. Adapt treatment to consider patients' socioeconomic and community influences	3.07	MI	11
14. Incorporate of traditional alternative practices alongside modern physical therapy techniques	2.86	MI	13
15. Develop culturally sensitive and inclusive therapy spaces and materials	3.36	GI	9
Average Weighted Mean	3.24	MI	

Legend: GI – Greatly Implemented; MI – Moderately Implemented

Overall, the implementation of culturally responsive physical therapy practices was **moderately implemented** (AWM = 3.24). The highest-rated practices included **integrating cultural attitudes into treatment planning** (WM = 3.55), **recognizing gender roles** (WM = 3.54), and **considering religious beliefs in therapy interventions** (WM = 3.52). Conversely, integrating cultural rituals, traditional healing, and alternative practices received the lowest ratings, indicating opportunities for strengthening culturally responsive rehabilitation practices.

Challenges in the Delivery of Physical Therapy

Table 3 presents the challenges encountered by physical therapists in delivering culturally responsive physical therapy services.

Table 3. Challenges in the Delivery of Physical Therapy

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Support from the physicians and policy makers	3.14	Agree	9
2. Scope of evidence-based practice	3.32	Strongly Agree	6
3. Limited direct access	3.19	Agree	10
4. Healthcare policy and reimbursement	3.26	Strongly Agree	7
5. Availability of physical therapy resources and infrastructure	3.20	Agree	8
6. Technological advancement	3.12	Agree	11
7. Interprofessional collaboration	3.45	Strongly Agree	2
8. Patients' adherence and compliance	3.39	Strongly Agree	4
9. Cultural and linguistic diversity	3.42	Strongly Agree	3
10. Advocacy and public awareness	3.33	Strongly Agree	5
11. Ethical and legal considerations	3.46	Strongly Agree	1
Overall Weighted Mean	3.30	Strongly Agree	

The respondents **strongly agreed** that they encountered challenges in providing physical therapy services (Overall WM = 3.30). The most significant challenges were **ethical and legal considerations** (WM = 3.46), **interprofessional collaboration** (WM = 3.45), and **cultural and linguistic diversity** (WM = 3.42). Other notable concerns included patient adherence, advocacy and public awareness, evidence-based practice, healthcare policy, and reimbursement. These findings underscore the need to strengthen culturally competent practice, improve collaboration among healthcare professionals, and enhance institutional support for physical therapy services.

Proposed Culturally Responsive Model of Care

Based on the findings, a **Culturally Responsive Model of Care for Physical Therapy Practice in China** was developed. The model is founded on four sequential components: **Comprehend, Acknowledge, Recognize, and Empower (CARE)**. It is designed to assist physical therapists in integrating cultural competence into communication, clinical assessment, treatment planning, and patient engagement. The model emphasizes patient-centered care, respect for cultural diversity, ethical practice, and equitable rehabilitation services, providing a practical framework for improving physical therapy practice and rehabilitation outcomes within the Chinese healthcare system.

DISCUSSION

The present study examined the cultural factors influencing physical therapy practice in China and utilized the findings as the basis for developing a culturally responsive model of care. The results underscore the growing importance of integrating cultural competence into rehabilitation practice to improve patient-centered care, strengthen therapeutic relationships, and enhance treatment outcomes within the Chinese healthcare system.

The findings revealed that social context emerged as the most influential cultural factor affecting physical therapy practice. This indicates that patients' cultural values, family dynamics, social expectations, and community influences significantly shape their perceptions of health, illness, and rehabilitation. Such findings reinforce the argument of McKivigan (2021) that physical therapists should recognize the influence of socioeconomic conditions, family structures, and cultural beliefs when designing rehabilitation interventions. Understanding these contextual factors enables therapists to develop individualized treatment plans that are culturally appropriate and responsive to patients' needs.

In terms of gender roles, the study found that the most commonly identified roles were breadwinner and multitasker, reflecting prevailing social expectations that continue to influence healthcare participation and rehabilitation behaviors. These findings suggest that physical therapists should remain sensitive to gender-related responsibilities that may affect patients' treatment adherence, appointment attendance, and rehabilitation priorities. Similar observations have been reported by Warin and Adrian (2018), who emphasized that evolving gender roles require healthcare professionals to adopt inclusive and equitable approaches to care.

Regarding religious affiliation, the majority of respondents identified as Christian, followed by Islam, indicating that religious beliefs remain important considerations in clinical interactions. Although rehabilitation interventions should remain evidence-based, acknowledging patients' spiritual beliefs may strengthen therapeutic rapport, increase trust, and support holistic care. This finding supports the work of Boden et al. (2018), who recognized that religious beliefs influence individuals' identities, behaviors, coping mechanisms, and health-related decisions.

The study further demonstrated that the implementation of culturally responsive physical therapy practices was generally moderate, with an overall weighted mean of 3.24. Among the highest-rated practices were integrating cultural attitudes into treatment planning, recognizing gender roles, and considering religious beliefs during rehabilitation. These results suggest that Chinese physical therapists recognize the value of cultural competence but have not yet fully integrated culturally responsive practices into routine clinical care. Lower ratings for incorporating traditional healing practices and collaborating with community leaders indicate areas requiring further professional development and institutional support. The findings align with Canales and Bowers (2021), who emphasized that cultural awareness and respect for cultural diversity are essential components of culturally competent healthcare practice.

The respondents also identified several significant challenges affecting the delivery of physical therapy services. The highest-ranked concerns included ethical and legal considerations, interprofessional collaboration, and cultural and linguistic diversity. These findings highlight the complexity of providing rehabilitation services within China's diverse healthcare environment. Ethical practice requires compliance with professional standards while respecting patients' cultural values and protecting their rights. Likewise, communication barriers

associated with linguistic and cultural diversity may affect treatment adherence, patient satisfaction, and rehabilitation outcomes. These findings support previous literature emphasizing that culturally competent communication is fundamental to patient-centered healthcare delivery.

The moderate implementation of culturally responsive practices, together with the identified challenges, demonstrates that cultural competence remains an evolving aspect of physical therapy practice in China. While healthcare professionals recognize its importance, greater institutional support, continuing professional education, and curriculum enhancement are necessary to strengthen culturally responsive rehabilitation services. Integrating cultural competence into physical therapy education and clinical practice may improve communication, reduce healthcare disparities, and promote more equitable rehabilitation outcomes across culturally diverse populations.

Based on these findings, the study developed the C.A.R.E. (Comprehend–Acknowledge–Respond–Empower) Model, a culturally responsive framework designed to guide physical therapists in delivering patient-centered rehabilitation. The model emphasizes understanding patients' cultural backgrounds, acknowledging individual differences, responding through culturally appropriate interventions, and empowering patients to actively participate in their rehabilitation. The proposed framework operationalizes the principles of cultural competence espoused by Purnell's Model and Campinha-Bacote's Cultural Competence Framework, providing a practical guide for enhancing rehabilitation practice within the Chinese healthcare context.

Overall, the findings demonstrate that cultural competence is an essential component of contemporary physical therapy practice in China. By strengthening culturally responsive care through education, policy development, and professional practice, healthcare institutions can improve patient satisfaction, enhance rehabilitation outcomes, and contribute to a more inclusive and equitable healthcare system. Furthermore, the proposed C.A.R.E. Model provides a foundation for future initiatives aimed at promoting culturally competent rehabilitation services and advancing patient-centered physical therapy practice throughout China.

REFERENCES

1. Campinha-Bacote, J. (2020). The process of cultural competence in the delivery of healthcare services. *Journal of Transcultural Nursing*.
2. Centers for Disease Control and Prevention. (2020). Cultural competence in health and human services. <https://npin.cdc.gov/pages/cultural-competence>
3. Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.
4. Cross, T. L. (2022). *Towards a culturally competent system of care*. Georgetown University Center for Child and Human Development.
5. Grandpierre, V., Milloy, V., Sikora, L., Fitzpatrick, E., Thomas, R., & Potter, B. (2018). Barriers and facilitators to cultural competence in rehabilitation services: A scoping review. *BMC Health Services Research*, 18(23), 1–14.
6. Hayward, L. M., & Li, L. (2015). Promoting and assessing cultural competence, professional identity, and advocacy in physical therapy students within a community of practice. *Journal of Physical Therapy Education*, 28(1), 23–26.
7. Hillard, M. J., Rathsack, C., Brannigan, P., & Sander, A. P. (2018). Exploring the cultural adaptability of entry-level physical therapist students during clinical education experiences. *Journal of Allied Health*, 37(3), 199–220.
8. Kraemer, T. J. (2021). Physical therapist students' perceptions regarding preparation for providing culturally congruent care: A qualitative case study. *Journal of Physical Therapy Education*, 15(1), 36–52.
9. Li, C., Abdulkerim, N., Jordan, C. A., & Son, G. E. (2020). Overcoming communication barriers to healthcare for culturally and linguistically diverse patients. *North American Journal of Medical Sciences*, 10(3), 103–109.
10. McKivigan, J. (2021). Cultural competence in physical therapy: A holistic approach to patient-centered rehabilitation. *Journal of Physical Therapy Practice*.

11. Palombaro, K. M., Dole, R. L., & Black, J. D. (2019). Curricular integration and measurement of cultural competency development among physical therapy students. *Journal of the Scholarship of Teaching and Learning*, 15(5), 82–96.
12. Panzarella, K. J. (2019). Beginning with the end in mind: Evaluating outcomes of cultural competence instruction in a Doctor of Physical Therapy program. *Disability and Rehabilitation*, 31(14), 1144–1152.
13. Purnell, L. (2018). *Guide to culturally competent health care* (4th ed.). F.A. Davis.
14. Stubbe, D. E. (2020). Practicing cultural competence and cultural humility in the care of diverse patients. *Focus*, 18(1), 49–51.
15. Tervalon, M., & Murray-García, J. (2021). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117–125.