

Speaking the Same Language? A Comparative Study of Student and Educator Reflections on Intercultural Communication in Physiotherapy Education

Stefanowicz-Kocot Anna

University of Applied Sciences in Tarnow, Poland

<https://doi.org/10.52340/idw.2025.84>

Abstract: As physiotherapy becomes an increasingly globalized profession, the need to equip future practitioners with intercultural communication skills is critical. This study investigates how physiotherapy students and educators from five European countries perceive the development of intercultural communication competence through participation in the MOV-E project hybrid training program. The findings reveal a shared recognition of the importance of culturally responsive communication in clinical practice, but also notable differences in how students and educators assess the challenges. Students reported increased confidence in engaging with diverse patients, especially in scenarios involving disability, gender, and social norms. Educators highlighted more explicit integration of intercultural goals and greater scaffolding in hybrid delivery settings. Both groups identified non-verbal communication, empathy, and strategies for simplifying complex information as key areas of growth. However, gaps emerged in handling linguistic barriers and using interpreters effectively. The study underscores the value of structured, reflective learning to develop intercultural competence in physiotherapy and calls for more inclusive pedagogical designs that align student and teacher expectations across cultural contexts.

Keywords: *intercultural communication, physiotherapy education, cultural competence, hybrid learning, reflective practice*

1. Introduction

As healthcare systems across Europe become more culturally and linguistically diverse, the ability of physiotherapists to communicate effectively across cultural boundaries is no longer optional—it is essential. Effective communication in physiotherapy is not limited to technical instruction or clinical explanation; it also involves building rapport, demonstrating empathy, and understanding how social norms, beliefs, and language differences influence patient behaviour. Intercultural communication competence not only facilitates accurate assessment and treatment but also helps build trust, improve adherence to rehabilitation plans, and reduce the risk of misunderstandings that can compromise patient outcomes (Betancourt et al., 2005; Gallagher & Polanin, 2015).

In response to these challenges, physiotherapy education must evolve to prepare students for intercultural encounters. Traditional curricula, which often emphasize biomedical knowledge and manual skills, may not adequately address the subtleties of cultural sensitivity and communication in diverse patient interactions. To bridge this gap, initiatives such as the MOV-E project have emerged (MOV-E, 2023). This Erasmus+ Strategic partnership consortium developed a distance/hybrid, scenario-based course designed to integrate professional training with intercultural competence development, focusing on authentic, ethically complex, and culturally informed patient cases.

While the need for intercultural communication skills is widely recognized, less is known about how such competencies are effectively taught—and how students and educators perceive their development. This study responds to that gap by examining reflections and evaluations from both learners and instructors who participated in the MOV-E course. Through a mixed-methods design, the research explores the outcomes of culture-sensitive communication training in physiotherapy education, offering insights into its successes, limitations, and future directions.

1.1 Background

The growing cultural and linguistic diversity of patient populations across Europe further amplifies the need for physiotherapists to develop skills in culturally sensitive communication. Migration, international mobility, and demographic shifts have led to more frequent encounters between healthcare

providers and patients with different languages, beliefs, and health practices (European Commission, 2021). In physiotherapy, where treatment often involves direct physical contact and ongoing interaction, the risks associated with cultural miscommunication can be particularly acute (Ahlsen and Nilsen, 2022). Research shows that when physiotherapists lack cultural awareness or misinterpret culturally embedded nonverbal cues, patients may feel discomfort, confusion, or mistrust, ultimately affecting therapeutic rapport and outcomes (Sue et al., 2009).

In response to these challenges, educational institutions have begun integrating intercultural competence training into healthcare curricula. Culturally competent care—defined as the ability to understand, respect, and effectively respond to patients' cultural and communication needs—is increasingly recognized as a foundational element of professional development in physiotherapy and other health professions (Campinha-Bacote, 2002; World Physiotherapy, 2020). Training programs that include experiential learning, case-based scenarios, and reflective practice have shown promise in helping students develop greater empathy, flexibility, and awareness in multicultural clinical contexts (Kaihlanen et al., 2019).

1.2 The MOV-E Project

The MOV-E Project (Development of Intercultural Communication Skills in Physiotherapy Practice through an E-learning Course on Movement Analysis and Therapy (MOV-E, 2023)) is an Erasmus+ Key Action 2 (KA2) Strategic Partnership in Higher Education initiative aimed at modernizing and internationalizing physiotherapy education across Europe. The project was developed in response to the increasing demand for physiotherapy graduates who are both clinically competent and capable of navigating the linguistic and cultural complexities of modern healthcare settings. A core goal of the project is to enhance the quality and relevance of physiotherapy training by developing innovative, multilingual, and interculturally informed teaching resources that promote both professional and transversal competencies (European Commission, 2020).

One of the main outputs of the MOV-E Project is a digital learning platform that offers a hybrid or fully self-directed course model based on 15 interactive scenario-based modules. These modules, co-designed by physiotherapy educators and clinical practitioners from five partner countries—Poland, Finland, Spain, Hungary, and Turkey—simulate real-life patient interactions across a variety of cultural, linguistic, and clinical contexts. Each scenario presents learners with a professional challenge that requires not only technical physiotherapy knowledge, but also critical soft skills, such as communication, empathy, and cross-cultural awareness (MOV-E, 2023).

A distinctive feature of the MOV-E scenarios is their explicit integration of cultural and communicative dimensions into clinical decision-making. For example, students are challenged to interact with patients who may have different understandings of health, illness, gender roles, or personal expression. Scenarios include working with visually impaired individuals, elderly patients from rural backgrounds, pregnant women with psychosocial concerns, or young athletes coping with emotional distress. These cases are designed not only to teach best practices in physiotherapy but also to raise students' awareness of cultural sensitivity, ethical responsibility, and language adaptation (MOV-E, 2023). The MOV-E course supports the development of both professional and transversal competencies, responding to broader EU goals of inclusive, learner-centred, and socially responsive higher education (European Commission, 2017; World Physiotherapy, 2020).

1.3 Study aim and research questions

As physiotherapy education increasingly embraces digital and international learning formats, there is a growing need to evaluate not only technical skill acquisition but also the development of **intercultural communication competence** among students. Therefore, this study aims to explore how **students and educators** engaged in the MOV-E course perceive the development of **culture-sensitive communication** skills within physiotherapy education. While prior studies have emphasized the importance of integrating intercultural competencies into health curricula (Kaihlanen et al., 2019; Campinha-Bacote, 2002), less is known about how these competencies are fostered through blended and internationalized learning models, or how they are experienced by learners and instructors from diverse educational and cultural backgrounds.

The study draws on **mixed methods**, combining quantitative questionnaire responses and qualitative reflections from participants in five countries. Its goal is to generate insights that can inform future course improvements and guide the design of culturally inclusive physiotherapy education across Europe.

The study addresses the following **research questions**:

1. **How do students perceive their development of intercultural communication skills** after completing the MOV-E course?
2. **How do educators evaluate student progress** in learning culture-sensitive communication?
3. **What gaps or challenges remain** in the teaching and learning of intercultural communication in physiotherapy education, as perceived by both students and educators?

By answering these questions, the study contributes to broader discourse on **internationalization of higher education, health communication, and the pedagogical design of professional education in multicultural contexts** (European Commission, 2017; World Physiotherapy, 2020).

2. Methods

2.1 Study design

This study employed a mixed-methods research design, combining quantitative and qualitative data to gain a comprehensive understanding of how intercultural communication skills are perceived and developed through the MOV-E course. The integration of both data types aimed to capture the measurable aspects of learners' self-reported development, as well as the depth and complexity of personal and professional experiences with culture-sensitive communication.

The quantitative component consisted of questionnaires administered to students and educators who participated in the MOV-E training across five countries. The questionnaires included closed-ended items using Likert-type scales. The structure and formulation of questions were informed by prior studies on intercultural competence assessment in healthcare education (Gallagher & Polanin, 2015; Schim et al., 2007). To complement and contextualize the numerical data, the qualitative component invited participants to respond to open-ended questions. Reflective data were analyzed thematically to identify key patterns and divergences (Braun & Clarke, 2006).

Using a mixed-methods approach allowed for triangulation of data and strengthened the validity of the findings. This design is especially suited to complex educational settings where learning outcomes include affective and interpersonal dimensions not easily captured through quantitative measures alone (Creswell & Plano Clark, 2018). It also aligns with the constructivist pedagogical foundations of the MOV-E course, which encourages learners to reflect critically on their own values, biases, and communication practices in intercultural contexts.

2.2 Participants

The study involved participants from five countries—Poland, Spain, Finland, Hungary, and Turkey. They were physiotherapy students and educators who were engaged in the **MOV-E** course either as learners (students) or as instructors/facilitators (educators). Participants were recruited between May and June 2025, following the completion or delivery of selected modules from the MOV-E course, either in a **hybrid or self-study** format.

A total of **148 physiotherapy students** participated in the study. All were enrolled in undergraduate or integrated master's level physiotherapy programs at institutions involved in the MOV-E partnership. Students were required to have completed at least 10 of the 15 available course scenarios and to have engaged with content related to **intercultural communication, patient interaction, and ethical clinical practice**. The mean age of the student participants was 22.4 years ($SD = 2.1$), with a gender distribution of 69% female and 31% male. 12 students who were Erasmus+ exchange students at the partner institutions realised the course in English. They all reported a minimum English proficiency of **B2 or higher** on the Common European Framework of Reference for Languages (CEFR). The remaining 136 students realised the course in their native languages (47 in Polish, 23 in Hungarian, 11 in Finnish, 6 in Spanish and 49 in Turkish). Participation was voluntary, and informed consent was obtained from all student respondents.

In addition, **12 physiotherapy educators** participated in the study. These individuals were involved in implementing the MOV-E course as instructors, supervisors, or academic coordinators within the hybrid teaching model. Their roles included guiding students through in-class discussion of course scenarios, facilitating reflective learning, and acknowledging student progress on the basis of the completion of the final exam. Educators had an average of 12.3 years of experience in physiotherapy education and/or clinical instruction. All held at least a master's degree in physiotherapy or a related health discipline, and many were active practitioners. Similar to students, educators who facilitated the course for the students who realised it in English reported CEFR B2 or higher proficiency in English, and most had prior experience working in international or multicultural educational settings.

A **purposive sampling** strategy was employed to ensure participation from a diverse and

representative range of institutions and instructional formats within the MOV-E consortium. All partner institutions adhered to national regulations on research involving human subjects. Participation was **anonymous**, and data were collected through secure online forms compliant with **GDPR** data protection guidelines. This diverse, multinational sample allowed for cross-country comparison of perceptions and experiences related to intercultural communication in physiotherapy education and ensured that findings would be relevant across various European educational and clinical contexts.

2.3 Instruments

To investigate participants' perceptions of intercultural communication training within the **MOV-E** course, two complementary sets of research instruments were developed: a **quantitative questionnaire** and a set of **qualitative reflection prompts**. Separate but parallel versions of the instruments were designed for **students** and **educators**, ensuring alignment with their respective learning and teaching experiences.

The structured questionnaires consisted of **5 closed-ended items** using a **6-point Likert scale** (0 = strongly disagree, 5 = strongly agree), designed to measure perceptions of intercultural communication competence, the relevance of course scenarios, confidence in applying culture-sensitive strategies, and perceived areas for improvement. **Student questionnaire** items addressed perceived growth in areas such as: awareness of cultural and linguistic diversity, use of gender-sensitive and empathetic language, communication with patients with impairments or low health literacy, adaptation of non-verbal cues in intercultural contexts, overall usefulness of the MOV-E course in developing professional communication skills. **Educator questionnaire** items were the following: observations of student progress in intercultural competence, effectiveness of course materials and hybrid delivery format, clarity of intercultural learning objectives, challenges in facilitating reflective learning on cultural issues, suggestions for course improvement. The items were developed based on existing validated instruments measuring cultural competence in health professions education (Schim et al., 2007; Gallagher & Polanin, 2015) and were adapted to the pedagogical context of the MOV-E platform.

To complement the closed-ended items and provide deeper insights, participants were invited to answer **open-ended reflection questions** about personal experiences or observations related to intercultural communication in physiotherapy education. **Student reflections** focused on real or simulated patient interactions that challenged their assumptions, prompted empathy, or revealed cultural differences affecting communication. **Educator reflections** encouraged description of teaching practices, student engagement with intercultural themes, and institutional or curricular challenges in promoting cultural sensitivity. The qualitative items were designed to elicit rich, context-specific data aligned with the reflective and experiential learning goals of the MOV-E course (Moon, 2004). Responses were later analyzed thematically (see Section 2.5) to identify patterns in how participants experienced and interpreted the development of intercultural communication competence.

All instruments were **piloted** with a small group of students and educators (N = 10) from two institutions prior to full deployment, to check for clarity, linguistic accessibility, and contextual appropriateness. As English was not the only language of instruction, the translated versions were also piloted with groups of 10 students and educators to ensure consistent data quality across the participated countries. However, instructions in English were simplified and piloted to ensure they were suitable for respondents with **CEFR B2** proficiency.

2.4 Data collection and procedure

The questionnaires were delivered using a secure **online survey platform** (GoogleForms), optimized for accessibility and compatible with both desktop and mobile devices. Students and educators received personalized links and were instructed to complete the survey within two weeks. Reminders were sent midway through the response window to increase participation rates. Questionnaires took approximately **5–10 minutes** to complete. All responses were anonymous; identifying data were not collected. Upon closure of the survey window, all responses were exported from the online platform and stored securely in **encrypted, password-protected files**. Quantitative and qualitative datasets were stored separately but linked through pseudonymous identifiers to facilitate integrated interpretation during analysis. This multi-stage data collection procedure ensured reliability, cross-country comparability, and ethical handling of participant input, while allowing for flexibility across diverse instructional settings and delivery formats of the MOV-E course.

2.5 Data analysis

The data analysis followed a **convergent mixed-methods approach** (Creswell & Plano Clark, 2018), in which quantitative and qualitative data were analyzed separately and then compared during the

interpretation phase to identify points of convergence, divergence, and complementarity.

Quantitative data from the student and educator questionnaires were exported from the online survey platform into **SPSS (Version 29)** for statistical analysis. Prior to analysis, all responses were screened for completeness and consistency. Cases with more than 20% missing data were excluded from further analysis. The following procedures were conducted: **descriptive statistics** (means, standard deviations, frequency distributions) were calculated for all Likert-scale items to summarize participant perceptions across thematic areas (e.g., cultural awareness, non-verbal communication, course relevance; **internal consistency reliability** for the scale items was assessed using **Cronbach's alpha**, with a threshold of 0.70 indicating acceptable reliability. Although the sample size limited the use of complex inferential statistics, these basic analyses provided a robust overview of trends and group-level patterns in student and educator responses.

The qualitative analysis followed the following steps: translation (the project partners translated the qualitative comments into English to enable an analysis by the author of the article), **familiarization** (responses were read and re-read by two members of the research team to gain an overall understanding of the data), **coding** (initial codes were generated inductively, capturing key concepts, experiences, and challenges mentioned by participants), **theme development** (codes were grouped into broader themes (increased empathy, communication barriers, awareness of cultural norms, hybrid learning challenges), **review and refinement** (themes were reviewed collaboratively, compared across respondent groups (students vs. educators), and refined to ensure coherence and distinction), **illustration** (representative quotations were selected to illustrate each theme and provide depth to the quantitative findings). NVivo software (Version 14) was used to support data organization, coding, and retrieval. Coding was conducted in English. Intercoder reliability was enhanced through peer debriefing and iterative discussion among the project partners' team. After separate analyses, the quantitative and qualitative findings were integrated to form a holistic understanding of the research questions. This involved comparing patterns of numerical data (e.g., self-reported increases in communication confidence) with thematic insights from narratives and open-ended responses (e.g., specific patient scenarios that influenced student growth).

3. Results and discussion

This section presents the results of the quantitative analysis of student and educator responses to the Likert-scale items from the questionnaires. The findings are grouped by respondent group and organized thematically to align with the study's core research questions.

A total of **148 students** completed the questionnaire. The internal consistency of the 5-item scale was acceptable (**Cronbach's $\alpha = .81$**), suggesting a reliable measure of perceived intercultural communication development. **87%** of students agreed or strongly agreed that the course increased their awareness of cultural and linguistic differences in physiotherapy contexts ($M = 4.28$, $SD = 0.67$). **82%** reported improved understanding of gender-sensitive and respectful communication ($M = 4.12$, $SD = 0.74$). **79%** felt more confident interacting with patients who have impairments (e.g., visual disability or cognitive decline), with an average score of $M = 4.05$ ($SD = 0.81$). **91%** of respondents agreed that the course improved their ability to use non-verbal cues and demonstrate empathy ($M = 4.35$, $SD = 0.60$), the majority (84%) found the intercultural scenarios helpful in preparing for real-life patient interactions ($M = 4.22$, $SD = 0.65$).

The educator questionnaire was completed by **12 physiotherapy instructors** from the five participating countries. Reliability for the 5-item scale was strong (mean of **Cronbach's α in 6 languages = .86**), suggesting consistent perceptions across items. Educators largely agreed that students demonstrated improved intercultural communication skills by the end of the course ($M = 4.10$, $SD = 0.68$), especially in areas such as **non-verbal sensitivity** and **empathic listening**. **86%** agreed that the MOV-E scenarios effectively addressed cultural aspects of patient care ($M = 4.18$, $SD = 0.63$), with high ratings for clarity and realism of the case narratives. The **hybrid model**—which combined digital scenarios with classroom discussion—was considered an effective delivery format by **73%** of respondents ($M = 3.95$, $SD = 0.82$). While most educators observed active student engagement, **41%** reported difficulties in encouraging deeper reflection without structured facilitation ($M = 3.62$, $SD = 0.88$), particularly in the **fully self-directed format**. These findings offer preliminary evidence that the MOV-E course is effective in promoting cultural awareness and communication competence among physiotherapy students. However, they also highlight areas requiring emphasis or pedagogical support—insights that are

further elaborated in the qualitative findings (Section 3.2).

Thematic analysis of the qualitative data revealed key insights into how students and educators experienced the development and teaching of intercultural communication within the MOV-E course. The open-ended questions being optional, a total of **47 students** and **9 educators** responded to open-ended questions. The answers were provided in native languages, and promptly translated by the project team members to English, before being submitted for analysis. The analysis yielded several **core themes**, presented below by respondent group, with illustrative quotes.

Four primary themes emerged from the student data: **increased cultural awareness, empathy and non-verbal communication, communication challenges, and ongoing learning needs.**

Students frequently described moments in which they became aware of cultural assumptions, particularly in relation to gender, disability, and age, e.g.: “I hadn’t thought before about how a male physiotherapist might make a female patient feel during an exercise session. The scenario from the Turkish context made me rethink how to offer choices and create comfort.” (*Student, Poland*). Scenarios involving elderly or socially marginalized patients encouraged students to reflect on how family expectations or rural health beliefs can affect care. Many students commented on the importance of adapting tone, posture, and body language to communicate respect and attentiveness, e.g. “In the case of the blind patient, I learned how small gestures, like guiding someone’s hand or using descriptive words, can completely change how they experience the session.”, (*Student, Finland*). This theme was particularly strong in narratives referencing **Lesson 9**, which focused explicitly on **non-verbal empathy**. Some students described struggling with simplifying explanations or managing emotionally sensitive topics, such as pain or prognosis, e.g.: “I knew what I wanted to say, but I wasn’t sure how to say it in a way that wouldn’t scare the patient or sound too clinical.” (*Student, Spain*). Several participants mentioned uncertainty about when or how to use **interpreters**, especially in the absence of formal guidance within the course. Although most reflections were positive, students consistently expressed a desire for **more real-time feedback** and roleplay opportunities, e.g. “I wish we had more time to practice these conversations with peers or actors. Watching scenarios was helpful, but speaking is harder than watching.” (*Student, Hungary*)

Educator reflections centered on four themes: **observed student growth, scenario relevance, pedagogical challenges, and recommendations for curriculum development.** Some noted that students became more attentive to communication strategies as the course progressed, particularly after structured debriefing, e.g.: “By the third or fourth scenario, students were asking deeper questions—not just about treatment but about how the patient might feel, or how to ask permission for touch.” (*Educator, Poland*). Several educators praised the cultural realism and flexibility of the course materials, e.g.: “The variety of patient cases allowed us to bring in local examples and contrast them. It helped students see that culture isn’t only about nationality.” (*Educator, Hungary*). Some also highlighted that the **blended format** encouraged more open discussion than purely online formats. Despite positive engagement, educators found that some students struggled to engage critically with cultural topics without clear prompts or facilitation, e.g.: “In the self-study groups, reflection was more superficial. Students needed guidance to connect the scenarios to deeper cultural themes.” (*Educator, Turkey*). Some educators called for **supplementary resources** on specific topics such as **working with interpreters, navigating family dynamics, and explaining treatment to patients with low health literacy**, e.g.: “We need more tools to help adapt language—not just for international patients, but also for patients who may not understand medical terminology.” (*Educator, Poland*).

When it comes to challenges, both students and educators identified **communication through interpreters** and **simplification of complex clinical language** as areas where students struggled or needed more support. Some students and one educator also noted the lack of explicit instruction on **addressing cultural beliefs about illness, gender, or family involvement** in decision-making. This indicates a potential area for further curriculum enhancement.

This study explored how physiotherapy students and educators from five European

countries perceive the development of intercultural communication skills through participation in the **MOV-E** course. The findings confirm that the course was largely effective in raising awareness of cultural diversity in clinical contexts and fostering essential communication skills. However, important gaps remain in terms of applied competence, especially in high-stakes or linguistically complex situations. Both student and educator responses affirm the relevance of intercultural communication as a **core competency** in physiotherapy. This aligns with international policy frameworks that emphasize culturally responsive care as fundamental to safe, ethical, and effective practice (World Physiotherapy, 2020; Campinha-Bacote, 2002). The high value placed on realistic scenarios suggests that **experiential learning approaches**—such as patient simulations and roleplay—are particularly effective in enabling learners to visualize and reflect on cultural variables in treatment planning and patient interaction (Kaihlanen et al., 2019). The MOV-E course's success in embedding cultural elements into clinical reasoning cases represents a promising model for other health professions. Scenarios that included diverse patient characteristics—such as visual impairment, language barriers, or culturally influenced gender roles—enabled students to connect cultural awareness directly to therapeutic decision-making, a strength supported by previous findings in medical and nursing education (Gallagher & Polanin, 2015).

While students reported increased confidence in their ability to communicate with patients from diverse backgrounds, educators noted a potential **overestimation of competence**, particularly when communication required complex adaptations—such as using interpreters or simplifying clinical language for patients with low health literacy. This highlights a common challenge in intercultural competence development: the gap between **awareness** and **action** (Betancourt et al., 2005). Developing practical skills for navigating language asymmetry, implicit bias, and socio-cultural expectations requires **more than exposure** to cultural concepts. It involves deliberate practice, guided reflection, and opportunities to make mistakes in safe learning environments (Schim et al., 2007). The findings suggest that additional **instructional scaffolding**, including targeted modules on interpreter use and teach-back strategies, could further support student progression from knowledge to effective practice.

4. Conclusion

This study examined how physiotherapy students and educators from five European countries perceived the development of intercultural communication skills through participation in the MOV-E course. Drawing on both quantitative and qualitative data, the findings demonstrate that the course effectively promoted cultural awareness, empathetic interaction, and non-verbal communication skills, all of which are essential for patient-centered physiotherapy practice in diverse clinical settings. Both students and educators valued the realism and relevance of the course scenarios, particularly those that addressed sensitive issues related to disability, gender, and social background. The data suggest that learners became more attuned to cultural variables in patient care and felt more confident communicating across differences. Educators, while generally supportive of the course's impact, emphasized the need for structured reflection and guided facilitation to help students critically engage with deeper cultural and ethical dimensions of care.

However, the study also highlighted important gaps in communication training—particularly in areas such as working with interpreters, simplifying clinical language for low-health-literacy populations, and managing culturally mediated expectations about illness, authority, and gender roles. These findings point to the need for expanded curriculum components and additional educator training to better support students in moving from awareness to applied intercultural competence. The MOV-E course serves as a stepping stone toward this goal, offering a scalable and adaptable framework for teaching culturally responsive communication in physiotherapy. Continued research and curriculum innovation will be essential to preparing the next generation of physiotherapists to meet the complex communicative demands of globalized healthcare.

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ანა სტეფანოვიჩ-კოცოლი, დოქტორი
ტარნოვის გამოყენებითი მეცნიერებების უნივერსიტეტი, პოლონეთი

აბსტრაქტი: რადგან ფიზიოთერაპია სულ უფრო გლობალიზებული პროფესია ხდება, მომავალი სპეციალისტების კულტურათაშორისი კომუნიკაციის უნარებით აღჭურვა კრიტიკულ აუცილებლობად მიიჩნევა. ეს კვლევა იკვლევს, თუ როგორ აფასებენ ფიზიოთერაპიის სტუდენტები და პედაგოგები ხუთი ევროპული ქვეყნიდან კულტურათაშორისი კომუნიკაციის კომპეტენციის განვითარებას MOV-E პროექტის ჰიბრიდული სასწავლო პროგრამის ფარგლებში მონაწილეობის შედეგად. შედეგები აჩვენებს, რომ ორივე ჯგუფი იზიარებს კლინიკურ პრაქტიკაში კულტურულად მგრძნობიარე კომუნიკაციის მნიშვნელობას, თუმცა სტუდენტებისა და პედაგოგების შეფასებებში არსებითად განსხვავებული ხედვები გამოიკვეთა. სტუდენტებმა განაცხადეს, რომ მათი თავდაჯერებულობა გაიზარდა სხვადასხვა სოციალური, სქესობრივი და შემ პირებთან ურთიერთობისას. პედაგოგებმა გამოკვეთეს კულტურათაშორისი მიზნების უფრო ძალით ინტეგრირების საჭიროება და ჰიბრიდულ სწავლების ფორმატში დამატებითი მხარდაჭერის მნიშვნელობა. ორივე ჯგუფმა აღნიშნა, რომ არავერბალური კომუნიკაცია, ემპათია და როგორი ინფორმაციის გამარტივების სტრატეგიები იყო განვითარების მნიშვნელოვანი სფეროები. მიუხედავად ამისა, გამოიკვეთა ხარვეზები ენობრივი ბარიერების გადალახვასა და თარჯიმნებთან უფექტიან მუშაობაში. კვლევა ხაზს უსვამს სტრუქტურირებული და რეფლექსიური სწავლის მნიშვნელობას კულტურათაშორისი კომპეტენციის განვითარებისათვის ფიზიოთერაპიაში და მოუწოდებს უფრო ინკლუზიური პედაგოგიური მიდგომების შემუშავებას, რომელიც სტუდენტებისა და მასწავლებლების მოლოდინებს შესაბამისობაში მოიყვანს სხვადასხვა კულტურულ კონტექსტში.