

Physiotherapy

Also relevant for Occupational Therapy, Speech Therapy

Course: Physiotherapy

Group of courses: Medicine and Health

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Course objectives:

Students are aware of the category of gender as an important factor in physiotherapy, both in theory and practice. Not only are they familiar with scientific explanatory contexts (e.g. in medicine), they also have knowledge of basic principles of social sciences (gender). They are familiar with important empirical women's, men's and gender studies in general and with gender research related to their discipline. Students understand the category of gender with regard to the following five aspects concerning the future development of their discipline and profession:

1. the process of professionalising a (traditionally female-dominated) profession
2. quality assurance in therapy, rehabilitation and prevention
3. perception of the various needs of patients/clients in their living environment and resulting consequences for professional action
4. a critical – gender-sensitive – reflection of research results
5. integration of a gender perspective into research projects.

Teaching content/subject-specific gender studies content:

The relevance of the category of gender in physiotherapy education (studies) should be specified in teaching and research as follows:

1. gender distribution and the interpretation of segregation, e.g. specific fields of action, specific career paths, working conditions, securing a sufficient supply of skilled professionals, etc.
2. history of the profession and resultant current questions, e.g. concerning professionalisation, a science practice construct, social recognition, etc.
3. theory development including social categories in physiotherapy studies and resultant consequences for the practice (consequences for transfer)
4. gender-sensitive quality assurance and evidence-based practice (EBP)
5. a critical discussion of target groups, user orientation and requirements for gender-sensitive care
6. communication and interprofessionality as well as cooperation in the health sector

The profession of physiotherapist has a long tradition as a "women's profession". In the 20th century, it has developed as a so-called health profession complementary to the new challenges of the traditionally male-dominated field of medicine. This is essential for the current phase of professionalisation. Does academisation mean a gender neutralisation of the profession or does it retain its immanent (female) gender?

Physiotherapy studies, which have been established in Germany, are currently facing the challenge to integrate significant social dimensions into physiotherapy models and practice. Here, diversity sensitivity (e.g. gender) is of particular importance, since a critical reflection hardly takes place in German-speaking countries. Despite the above-mentioned aspects in practice and theory, physiotherapy seems to be somewhat gender-ignorant.

The dimensions of biological and social gender can be implemented into teaching in various ways, e.g. but looking at gender in

- theoretical professional concepts

- the application of such concepts in therapeutic practice
- clinical reasoning processes (clinical evidence)
- communication between patients and therapists
- in reference to cooperation in the health sector
- health care research (physiotherapy as a remedy)
- prevention and rehabilitation
- clinical research
- basic research (musculature, training, relaxation)
- application concepts and patient education
- health orientation and individual and collective physical activity resources
- disease management, e.g. in cases of chronic diseases
- gender bias in physiotherapy and health research

The following questions are exemplary for a gender-sensitive research approach: Who are the authors of the study? How is the relevance of the question explained? Which subject group was involved? What special features must be defined for male and female participants? What cumulation of opportunities/resources and which risks/barriers exist for men and women?

Using the gender-sensitive categories suggested by Eichler (1999), students have to be trained to critically evaluate studies and to develop their own research designs in a gender-sensitive way. It is important to take into account whether, e.g. androcentrism, gender insensitivity, gender dichotomy or a double standard of evaluation exist (for further details, see the guidelines in Fuchs et al., 2002).

Integration of gender studies content into the curriculum:

Gender issues are cross-cutting issues. An introduction to gender issues should therefore be implemented into the curriculum. Further content should be integrated as follows:

1. History and development (professionalisation) of physiotherapy, e.g. as a traditional women's occupation or career paths of men and women;
2. theories and models of physiotherapy – integration of social categories;
3. clinical reasoning and evidence-based physiotherapy (e.g. gender-based stigmatisation, interpretation of EBP);
4. communication/conflict management/cooperation (e.g. hierarchy, power and status groups in the health sector, factors of successful communication and cooperation);
5. self-reflection – experiences as a patient and as a professional (e.g. in practical study phases, physical activity biographies in the context of gender), body images and the construction of the body and physicality;
6. research methodology and interpretation of studies (gender bias);
7. health and social policy and health studies (e.g. workforce, securing a sufficient supply of skilled professionals in the health sector, health care debate);
8. public health, rehabilitation and prevention (references and opportunities for gender-sensitive physiotherapy, aspects of patient-oriented approaches).

Degree Stage:

Aspects of all eight areas listed above should be integral parts of the curriculum at Bachelor's level.

Specialisations and more in-depth studies, especially with regard to areas 5. to 8., are recommendable for the Master's phase.

Basic Literature/Recommended Reading:

- Ahlsen Brigitte; Nyheim Solbrække, Kari (2018): Using narrative perspectives in the clinical setting of physiotherapy. Why and how. In: Gibson Barbara E.; Nicolls David A, Setchell Jenny; Groven Karen Synne: Manipulating practices. A critical physiotherapy reader. <https://press.nordicopenaccess.no/index.php/noasp/catalog/book/29> (24.01.2018).
- Altgeld Thomas (Hrsg.) (2004): Männergesundheit. Neue Herausforderungen für Gesundheitsförderung und Prävention. Weinheim/München.
- Fuchs Judith; Marschewski, Kris; Marschewski-Schneider, Ulrike (2002): Zu mehr Gleichberechtigung zwischen den Geschlechtern: Erkennen und Vermeiden von Gender Bias in der Gesundheitsforschung. Berlin.
- Höppner Heidi; Richter, Robert (2018): Theorie und Modelle der Physiotherapie. Bern/Göttingen: Hogefeld Verlag.
- Höppner Heidi (2010): Die Bedeutung von Geschlecht in der Physiotherapie. In: Zalpour Christoff (Hrsg.) Fachlexikon Physiotherapie. Heidelberg: Springer - Verlag.
- Kuhlmann Ellen; Kolik, Petra (2005): Gender und Public Health. Grundlegende Orientierungen für Forschung, Praxis und Politik. Weinheim/München.
- Kuhlmann Ellen; Annandale, Ellen (2012): Gender an Health Research. In: Saks, Mike and Alsop, Judith Researching Health. Qualitative, quantitative and mixed methods. London: SAGE.
- Jahn Inge (2005): Die Berücksichtigung der Geschlechterperspektive. Neue Chancen für Qualitätsverbesserung in Epidemiologie und Gesundheitsforschung. In: Bundesgesundheitsblatt Gesundheitsforschung - Gesundheitsschutz 3.
- Probst Annette (2010): Die soziale Konstruktion von Geschlecht in den Gesundheitsfachberufen: eine qualitative Studie über die Bedeutung von Geschlecht für das Arbeitshandeln von Physiotherapeuten und Physiotherapeutinnen. Dissertation Universität Hannover <http://edok01.tib.uni-hannover.de/edoks/e01dh10/629671230.pdf> (17.01.2018).