

Cross-Cultural Differences in Preference for Recovery of Mobility Among Spinal Cord Injury (SCI) Staff

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Abstract

Objective: To illustrate differential cultural biases for preferences of recovery in Spinal Cord Injury (SCI) rehabilitation professional personnel/staff.

Design: Direct observation of a constrained consensus-building process in two culturally independent panels.

Participants/methods: Five American SCI rehabilitation professionals (ARP) constituted the first panel, and five Italian SCI rehabilitation professionals (IRP) constituted the second panel. Consumer preference for walking was compared to the other motor functional domains of the Functional Independence Measure (FIM). Methods involved trading levels of independence (resources) across different items (features) utilizing a modification of the Feature-Resource Trade-off Game (FG) developed by Steinman¹. Concentric pie charts (CPC) illustrate preferences.

Results: IRP show preference for walking over wheelchair mobility in SCI whereas ARP demonstrates preference for wheelchair at highest level of independence over walking.

Conclusions: These preliminary results suggest that prioritizing of walking preference shows cross-cultural differences in SCI rehabilitation professional personnel/staff. Previous reports have shown differences between ARP and American consumers. Cultural differences may reflect differential values and/or health care policies.

Introduction

Objective documentation of cross cultural differences in consumer preference for recovery of mobility among SCI is of paramount importance as these differences may give some insights into differential cultural values and attitudes toward persons with disabilities. Steinman¹ utilizing a Feature-Resource Trade-off Game (FG) recently reported a discrepancy between American consumers with disabilities' ratings and American clinicians' ratings of preferences for recovery of general dimensions of disability. Patrick² using a modified version of the Features Trade-off Game (MFG) reports a discrepancy between American consumers and American SCI rehabilitation professional staff preferences for walking; greater preference by staff for wheelchair independence than acute SCI subjects who showed a greater preference for walking. Further inquiry of the SCI staff members suggested that their preference for wheelchair independence was based on their practical experience of having to discharge patients early due to the number of allowable rehabilitation days and reimbursement from third party payers. The purpose this study was to assess cross-cultural differences in preference for recovery of mobility among SCI staff in the United States and in Italy, a country where length of stay in rehabilitation facilities is dependent on achievement of highest level of independence.

Methods

In order to quantify cross-cultural differences, panels of SCI rehabilitation professionals from America and Italy were directly observed engaging in a constrained consensus building process using the MFG. The objective of the MFG is to establish the relative value of alternative functional status states. Resource trade-off is the imagined level of independence achieved among the features. The features being traded for this study were 14 modified FIM items (MFIM)- utilizing six items of self-care, two items of sphincter control, and six items of mobility (wheelchair, walking, stairs, chair, tub, and toilet transfer).

Results

At stage 4, after 56 moves both groups have moved bowel and bladder and bed transfer to either a level 6 or 7 (level 6 is with modified independence with a device; level 7 is complete independence). For both groups, toilet transfer is at a level 5 (moderate dependence with supervision); and bathing is at a level 4 (moderate dependence with minimal assistance), tub transfer and stairs remain at level 1 (complete dependence with total assistance). There are some minor differences in eating, grooming, dressing upper and lower extremities and toileting.

The game involves a continuous two-step process of building imagined recovery patterns until all seven stages are completed. Data were recorded during each stage of the game. Agreed preferences by each panel at each stage are illustrated by concentric pie charts (CPC).

Five ARP constituted the first panel (two Physical Therapists, one Social Worker, one Psychologist, one Rehabilitation Administrative Assistant); and five IRP (two Physical Therapists, one Psychologist, and two Physiatrists) constituted the second panel.

Of importance is the differential between assigned levels for the walking and wheelchair items: at stage 4 ARP advanced the wheelchair feature to level 6 (modified independence with a device--the highest level for the wheelchair feature) and the walking feature to level 4 (requiring minimal assistance of one); the IRP advanced the walking feature to a level 6 (modified independence with a device, e.g. cane, crutch, etc) and the wheelchair feature to a level of 4.



Figure 1 Concentric pie chart depicting Stage 4 for the American rehabilitation professionals

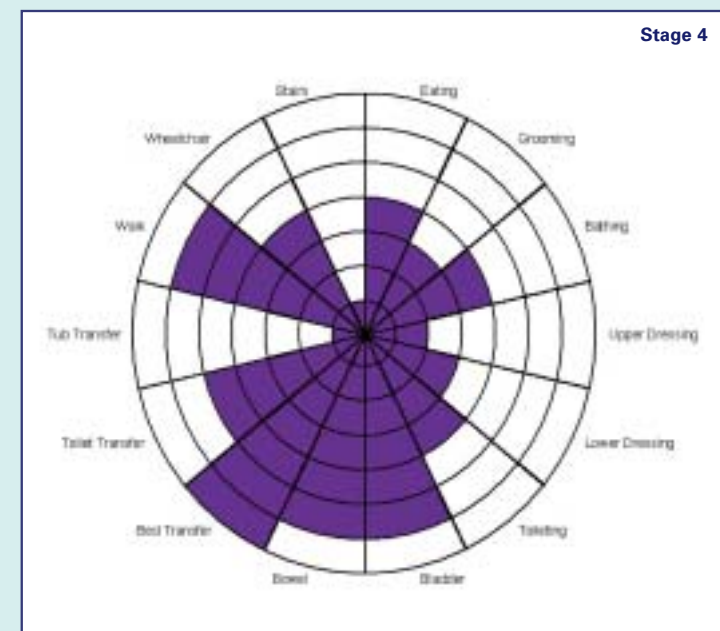


Figure 2 Concentric pie chart depicting Stage 4 for the Italian rehabilitation professionals

Discussion

Our results demonstrate a preference for walking independence compared to wheelchair independence among SCI IRP as compared to SCI ARP. The IRP preferences were similar to an American SCI consumer group one year post injury; whereas ARP differ². ARP ascribe these differences to third party requirements for discharge at minimal mobility independence (wheelchair), while IRP indicate that their system permits discharge after patients reach maximal mobility independence walking³.

These findings are preliminary and will need to be demonstrated in other samples and cultures.

Bibliography

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