

Culturally safe physiotherapy care: how this looks and feels for Aboriginal and Torres Strait Islander peoples

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ABSTRACT

Background. Understanding the experiences of Aboriginal and Torres Strait Islander peoples as healthcare recipients is essential for delivering culturally safe physiotherapy care; however, the literature inadequately explores these experiences. This study aimed to explore the experiences of Aboriginal and Torres Strait Islander peoples who have engaged with physiotherapists and understand their perspectives on how physiotherapists can provide culturally safe care in the community. **Methods.** Semi-structured interviews were conducted with adult (aged >18 years) self-identified Aboriginal and Torres Strait Islander peoples ($n = 12$) who had received physiotherapy care within a community setting within the previous 3 months. A First Nations methodology approach alongside reflexive thematic analysis was used to interpret the data. **Results.** Four themes were generated: (1) building trust through yarning; (2) acknowledging and respecting culture; (3) creating a culturally safe environment; and (4) the importance of professional training. **Conclusions.** Aboriginal and Torres Strait Islander peoples have expressed that physiotherapists can establish trust with their patients by dedicating time to develop a therapeutic relationship and by demonstrating respect for their culture. It is essential for physiotherapists to carefully consider the physical environment in which they deliver care to ensure it is welcoming and culturally safe for Aboriginal and Torres Strait Islander peoples. Physiotherapists should undertake professional development to immerse themselves in First Nations culture and history through connecting with community. This study offers insights into the lived experiences of Aboriginal and Torres Strait Islander peoples receiving care in the community and provides recommendations that may assist physiotherapists, alongside other community-based health professionals, to provide culturally safe care.

Keywords: Aboriginal and Torres Strait Islander peoples, cultural safety, First Nations Australians, Indigenous health, patient experiences, physiotherapy, primary health care, qualitative.

Introduction

Aboriginal and Torres Strait Islander peoples have a rich connection to their culture. There are many distinct Aboriginal and Torres Strait Islander clans and language groups, each with their own unique beliefs, customs, culture, and laws that healthcare providers must respect and value when providing care ([The Australian Institute of Aboriginal and Torres Strait Islander Studies 2024](#)). In addition to respecting First Nations culture, healthcare professionals in Australia are required to recognise the impact of colonisation and systemic racism while acknowledging their own individual biases and assumptions to provide care that addresses the unique needs of Aboriginal and Torres Strait Islander peoples, their families, and communities ([Australian Health Practitioner Regulation Authority 2022](#)). There is growing recognition at an individual health professional level, organisational and systemic level that cultural safety is required to achieve equitable healthcare and health outcomes ([Curtis *et al.* 2019](#)). There is no universal definition of cultural safety; however, the [Australian Health Practitioner Regulation Authority \(2022\)](#), which is the regulator for most registered health professions in Australia, defines culturally safe practice as:

The ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible, and responsive healthcare free of racism.

The 'Cultural Safety in Health Care for Indigenous Australians: Monitoring Framework' consolidates available data to evaluate progress towards achieving cultural safety in health care for Aboriginal and Torres Strait Islander peoples (Australian Institute of Health and Welfare 2023). However, the Framework highlights the scarcity of data from Aboriginal and Torres Strait Islander healthcare users about their specific experiences with the health care they receive. The available data, which primarily examines the experiences of care provided in hospital settings by doctors, nurses, and medical services, highlights systemic issues. Several studies have reported that Aboriginal and Torres Strait Islander peoples continue to experience high rates of discrimination and racism when receiving health care, ultimately highlighting that the patient experience for Aboriginal and Torres Strait Islander peoples is not culturally safe (Henry *et al.* 2004; Larson *et al.* 2007; Blair *et al.* 2017). Notably, the data currently available lacks specific exploration of Aboriginal and Torres Strait Islander peoples' experiences of community, allied health and physiotherapy care (Jones *et al.* 2020; Australian Institute of Health and Welfare 2023).

The physiotherapy profession is Australia's second-largest allied health profession, with approximately 44,000 practising therapists (Physiotherapy Board of Australia 2024). Physiotherapists provide a broad range of services within their scope of practice, such as preventative health strategies, management of musculoskeletal conditions, cancer care, cardiorespiratory, and chronic disease management (Allied Health Professions Australia 2024). The health gap experienced by Aboriginal and Torres Strait Islander peoples is made up of a significant proportion of preventable chronic health conditions, which physiotherapists are trained and considered to have the expertise to manage (Bolton and Andrews 2018). Physiotherapists are placed in an important position in managing many health conditions that are ubiquitous within Aboriginal and Torres Strait Islander peoples' health (Alford *et al.* 2014). Understanding First Nations perspectives is critical for identifying specific needs, barriers, and culturally appropriate interventions, ensuring that physiotherapy services are genuinely inclusive, effective, and culturally safe for Aboriginal and Torres Strait Islander peoples. Furthermore, exploring experiences of care in the community, where most physiotherapists practice, is crucial due to the cultural, social and geographical factors that influence healthcare access and outcomes for Aboriginal and Torres Strait Islander peoples.

This study explores the experiences and perspectives of Aboriginal and Torres Strait Islander peoples who have received physiotherapy care in the community. Furthermore, it highlights what culturally safe physiotherapy care may look and feel like for Aboriginal and Torres Strait Islander peoples and provides suggestions for physiotherapists and other health professionals providing care in the community to consider in their practice.

Methods

Study design

The lead author, an Aboriginal physiotherapist and academic with clinical experience working within Community Controlled Health Services (CCHS), conceptualised the research project design utilising a First Nations methodological approach. First Nations methodology involves the process of undertaking research and practices from a First Nations worldview, encompassing the perspectives, beliefs, and values through the lived experiences as the central axis (Walter and Suina 2019).

The community-controlled health sector and CCHS play a vital role in the primary health care of Aboriginal and Torres Strait Islander peoples (Australian Health InfoNet, n.d.). Collaboration and co-design with a CCHS was essential to the study design to ensure that the methods were informed by the experiences and cultural insights of services committed to supporting Aboriginal and Torres Strait Islander peoples. Thus, the project was presented to an Aboriginal and Torres Strait Islander CCHS in February 2023. To support the study's aims, a working party was then created that met monthly from November 2023 to June 2024. The working party included eight health professionals with backgrounds in physiotherapy, occupational therapy, podiatry, dentistry, and allied health assistance, with clinical, academic, and research roles. Three working party members identified as Aboriginal and Torres Strait Islander peoples.

It was established that a qualitative research design involving semi-structured interviews completed by the lead researcher would facilitate the lead researcher in building a relationship with the participants to support sharing their rich experiential data. The First Nations methodological approach guided the lead researcher's reflexivity alongside elements of an inductive reflexive thematic approach to analysis (Braun and Clarke 2021).

Participants

Inclusion criteria for the study were as follows: participant self-identified as Aboriginal and/or Torres Strait Islander; sought and received physiotherapy care for any condition within a community setting within the preceding 3 months and aged over 18 years.

Data collection

The lead researcher developed a semi-structured interview guide following a literature review (Table 1). The interview guide was reviewed by the research team, who have expertise in qualitative research, and by an independent Aboriginal academic, who reviewed the questions for cultural appropriateness. The interview guide was then reviewed by the CCHS working party before finalisation. One pilot interview was

Table 1. Excerpt from interview guide.

Interview questions
How would you describe your experience of seeing a physiotherapist? (a) If positive, what were the key aspects that made this a positive experience for you? (b) If negative, what were the key aspects that made this a negative experience for you?
Did you feel your physiotherapist respected your culture? (a) If yes, how did they do this? <i>Prompts:</i> What did they do? What did this look like to you? What did this feel like for you? (b) If no, what did they do or not do? <i>Prompts:</i> What did this look like to you? What did this feel like for you?

completed with an individual who met the inclusion criteria, and minor adjustments were made to interview question wording and structure based on feedback. Data from the pilot interview were not included in the analysis.

A recruitment flyer was created by the lead researcher and reviewed by the CCHS for display in CCHS clinics in Southeast Queensland and digital distribution to professional contacts of the research team. The flyer utilised the following wording 'Have you recently seen a physio?'. The flyer contained written information regarding the study, key contacts of the project team, study information, and a QR code designed through Qualtrics (Qualtrics, LLC.) to capture expressions of interest from potential participants. Eligible participants who completed an interview for the study received a A\$50 gift card for their time.

Informed written and verbal consent was obtained prior to the lead researcher conducting individual interviews via methods that were most convenient for the participant, including Zoom (Zoom Video Communications, Inc.), telephone, or in-person. Interviews ranged from 28 to 86 min (mean = 46.5 min) and were recorded and transcribed verbatim. The lead researcher aimed to take time to build rapport and connect with the participants during the interviews to support information sharing. Interviews were conducted between February 2024 and May 2024, with analysis of data undertaken by the research team on a continual basis. The research team met regularly to discuss their interpretations and solidify the themes. Following 12 interviews, the research team concluded that an appropriate sample size was achieved based on the data captured and no new themes emerging.

Data analysis

The lead researcher (CN) acknowledges the unique lens as an Aboriginal researcher and drew upon a First Nations methodology framework (Walter and Suina 2019) to support the data analysis. This framework involved the lead researcher

engaging in practices from a First Nations worldview and integrating their own unique perspectives, beliefs, and values when immersing themselves in the data (Walter and Suina 2019).

The lead researcher reviewed the transcribed interview data multiple times for data familiarisation prior to thematic analysis (Braun and Clarke 2019). The lead researcher ensured significant time was taken to explore and understand the participants' unique lived experiences and knowledges before forming initial concepts and codes. To further promote reflexivity, the lead researcher shared their initial findings, reflections and potential codes with the research team, who also shared their independent analyses, which supported the identification of any potential biases generated by the research team. The codes were then reviewed and grouped to create overarching themes.

Ethics approval

The study was approved by The University of Queensland – Institutional Human Research Ethics, approval number 2023/HE000090. All participants provided written and verbal consent to participate in this study.

Results

Participants

A total of 12 participants were included in the study. Participants ranged from age 35 to 85 years (mean = 55 years). Eleven (91%) participants resided in Queensland, and 14 different mobs or language groups were represented across Australia. Participants received physiotherapy care across two different practice settings in the community: private practice and Community Controlled Health Services (CCHS) in varying regions and states across Australia. Participants received care for a range of physiotherapy interventions: musculoskeletal ($n = 9$ or 75%), pain management ($n = 3$ or 25%), occupational health ($n = 1$ or 8%), and/or neurological ($n = 1$ or 8%). Participant demographic data can be found in Table 2.

During data familiarisation, 16 codes were produced (Table 3), which the research team interpreted and developed into four themes: (1) building trust through yarning; (2) acknowledging and respecting culture; (3) creating a culturally safe environment; and (4) the importance of professional training.

Theme 1: Building trust through yarning

Participants discussed that the physiotherapists' communication style and skills were key to feeling culturally safe when receiving care. Participants placed emphasis on the

Table 2. Participant demographic data.

Participant	Gender	Age range (years)	Self-identified mob/language group ^A	Location of physiotherapy care	Type of practice setting	Type of physiotherapy care
P1	Male	35–44	Biripi	NSW	Private practice	Musculoskeletal
P2	Female	35–44	Nunukul	Qld	CCHS	Occupational health
P3	Male	45–54	Turrbal	Qld	CCHS	Musculoskeletal
P4	Male	55–64	Waka Waka	Qld	CCHS	Musculoskeletal
P5	Non-binary	35–44	Bundjalung-Yugambah	Qld and ACT	Private practice and CCHS	Musculoskeletal and pain management
P6	Female	45–54	Stolen Generation	Qld	CCHS	Musculoskeletal
P7	Female	65–74	Bundjalung	Qld and ACT	Private practice and CCHS	Musculoskeletal
P8	Female	35–44	Narangga	Qld	CCHS	Musculoskeletal
P9	Female	85–94	Migunberri and Mununjali	Qld	CCHS	Pain management
P10	Female	55–64	Kalkadoon/Kalkatunga	Qld	Private practice and CCHS	Musculoskeletal and pain management
P11	Female	55–64	Worimi	Qld	CCHS	Neurological
P12	Female	55–64	Geawegal, Awabakal, Dharug and Wiradyuri	Qld	Private practice and CCHS	Musculoskeletal

ACT, Australian Capital Territory; NSW, New South Wales; Qld, Queensland.

^AMob and language groups are represented in the [The Australian Institute of Aboriginal and Torres Strait Islander Studies \(2024\) Map of Indigenous Australia \(Horton 1996\)](#). However, this map is not intended to be exact and only shows the general locations of larger groups; thus, not all groups may be represented.

Table 3. Generated codes and themes.

Codes	Theme
– Showing genuine interest in me as a person	Building trust through yarning
– Building relationships	
– Conversations leading to comfortability	
– Respectful communication and asking permission	Acknowledging and respecting culture
– Asking the question (about mob/culture/First Nations)	
– Understand culture	
– Learning about mob	
– Respecting culture and traditions	Creating a culturally safe environment
– Values and perspectives respected	
– Making the space personal	
– Cultural representation	
– Seeking a safe environment	
– Immersion learning and spending time with mob	Importance of professional training
– Learn about the impacts of colonisation	
– Education at university and beyond	
– More than cultural training	

physiotherapist taking the time to ‘yarn’ (P4; P8) and expressed that in situations where they had not felt culturally safe, the physiotherapist made them feel like they were ‘just another number’ (P5; P11) and felt rushed during the consultation.

They need to take the time to properly yarn, work into the conversation and get a balance of talk and business. (P4)

They gave me exercises to do, and I didn’t do them because I didn’t care, I didn’t have a relationship with the person, and it just felt transactional. (P8)

Participants discussed that the physiotherapist taking the time to engage in ‘open conversation’ (P1), ‘building an initial relationship’ (P5) and showing ‘genuine interest in their life’ (P8; P12) increased their trust and overall safety felt during their care.

When I have conversations about who I am, it makes me feel better and more open. When people know about the way you are and what you are, it makes you feel a lot more comfortable. (P3)

Participants highlighted that if the physiotherapist did not take the time to yarn and build a relationship, they were less likely to return for further care or complete prescribed care. Participants expressed that being ‘empowered to have a voice’ (P10) in relation to their care needs supported them in building trust with their physiotherapist. Participants discussed that to do this, physiotherapists needed to ‘actually listen’ (P12) to what the participants had to say and understand their unique perspectives so that they could ‘walk the journey’ (P10) with them.

Have an open conversation and reach out to say: I understand that you may be hesitant to come to your appointments because you may have had a bad experience before, but we are happy to be guided and directed by you

in this journey, and we are happy to support you in any way that we can. (P1)

Participants highlighted the unique ‘hands-on’ nature of physiotherapy care and shared that in positive interactions with physiotherapists, the therapist demonstrated ‘respectful communication’ (P11; P12) and consent around providing hands-on treatment. Participants discussed that asking permission prior to the physiotherapist placing their hands on their body showed a level of respect and increased their level of comfort.

Theme 2: Acknowledging and respecting culture

Participants emphasised the importance of physiotherapists acknowledging and respecting their culture. However, most participants shared that their physiotherapist did not ask where their mob was from, which was described by some as ‘disheartening’ (P1) and ‘lacking cultural awareness’ (P5).

They never asked my cultural background, I think most of them just get you in, say you’re here for this problem, and let’s get you in and out. (P2)

Participants discussed that asking the initial question, ‘Where are you from?’ opened the door for further conversations about the participants’ cultural needs.

It’s important for them to at least understand that the person is aboriginal by asking the question and then asking a simple follow-up question: Is there anything around your culture that we can help support you through this journey? The question does not take much time or effort. (P1)

Participants also highlighted that understanding where their mob was from meant that they felt their physiotherapist would be more open to understanding the potential trauma from previous experiences (P2; P10) and express more empathy and compassion for the journey that person had been on to get to where they were today (P1; P4; P10).

If they ask me where my mob is from, they can then learn a little more about mob and it helps them understand the patient and being able to understand their journey and walk with them. (P10)

Participants described positive ways in which physiotherapists demonstrated respect for their culture, such as by showing awareness of cultural concepts such as ‘men’s and women’s business’ (P3; P4; P10; P11) and demonstrating cultural boundaries, such as showing respect for elders within the community (P2; P4; P12). Participants discussed that although in most of their experiences, their culture was acknowledged and respected, there were occasions when advising their physiotherapist that they were of First Nations

decent, they were met with ‘hesitancy’ (P1) or ‘racist remarks’ (P5) due to preconceived ideas around how this may impact their care.

If you don’t have any respect for someone’s culture, you don’t have any respect for that person as a whole, if you show respect and take the time to understand their culture, you’ll gain more from them as you will understand their boundaries and limitations. (P11)

Theme 3: Creating a culturally safe environment

Participants discussed the importance of feeling ‘culturally safe’ (P1) within the physical environment when receiving physiotherapy care. Participants highlighted that many environments looked very ‘medical’ (P3) and ‘inherently white’ (P5) and that they did not feel safe or welcomed. Participants wanted to feel safe within a space and know they could bring their own ‘values and perspectives into the space and that these would be respected’ (P1). To achieve this, participants highlighted that seeing their culture reflected in the space by way of Indigenous art, artefacts, or the Aboriginal and Torres Strait Islander flags (P3; P4; P5; P10; P11; P12) helped identify that the space would be welcoming to Aboriginal and Torres Strait Islander peoples.

The things that make me feel safe are the people but also the artifacts that might be in the room, so if there is Indigenous artifacts in the room, it would make me and mob feel more comfortable, it says that in this space I feel safe. (P12)

Things I look for when I walk through the door in a new space is where is the acknowledgment of the traditional people, or our flags, as it acknowledges that we are respected in that space. (P10)

Participants then highlighted that feeling safe within the physical environment would improve their ability to feel comfortable and ‘take in what is being said’ (P5) by the physiotherapist. Furthermore, if the physiotherapist wore clothing that incorporated Indigenous art, participants highlighted that this would further support them in feeling safe and being able to talk more openly about their culture and community.

I want to see some things that were reflective back of me, some aspect of my culture, it would make me feel safer like I could talk about something to do with my culture or community. (P5)

Theme 4: Importance of professional training

Participants highlighted that physiotherapists needed to ‘learn more about mob before they actually practice’ (P6).

Many participants discussed that the best way for physiotherapists to learn more about the cultural needs of Aboriginal and Torres Strait Islander peoples was to 'spend time in the community' (P7) and 'immerse themselves within mob and community' (P12). Immersive experiences would allow physiotherapists to engage in meaningful 'conversations with the mob' (P5) and learn to build rapport and 'validate someone's experiences' (P10) through conversation.

Immerse in some form of culture so they are also comfortable with us, which makes us comfortable with them. (P5)

In addition to immersive experiences, participants discussed the importance of physiotherapists learning about the culture and history of Aboriginal and Torres Strait Islander peoples and that this onus was on the individual through continuing professional development, the practice setting in which they worked, and their training as physiotherapists, referred to by one participant as 'Western education' (P5).

The onus is on the individual, the healthcare practice they work in, their undergraduate education pathways, or their continuing professional development to learn more about culture. (P1)

Participants highlighted that 'cultural competency' (P10; P12) was not often delivered meaningfully, so physiotherapists were best to take a 'critical approach' (P1) to understanding why Aboriginal and Torres Strait Islander peoples experienced poorer health outcomes due to the impacts of colonisation and why those impacts may affect their engagement in physiotherapy care.

An element of it is understanding our history, training around how we actually close the gap on our health disadvantage, understanding the self-determination perspective as opposed to the deficit perspective, need to understand the privilege that they have and the lack of privilege for Aboriginal and Torres Strait Islander people. (P12)

Discussion

Understanding the patient experience is essential for enhancing healthcare quality and safety. However, significant differences in values and beliefs about health and well-being exist between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander populations (Jones *et al.* 2020). Quantitative methods to collect data regarding patient experience, such as surveys, have the potential to dilute the rich and nuanced information about the patient's experience, and thus, there is growing recognition of the need to capture more nuanced experiential data (Australian Commission on Safety and Quality in Health Care 2017; Jones *et al.* 2020). These data become even more

critical to capture and understand in the context of First Nations health care, where significant health disparities exist between Aboriginal and Torres Strait Islander peoples and the non-Aboriginal and Torres Strait Islander population (Australian Institute of Health and Welfare 2024).

Through qualitative semi-structured interviews, this study shared the voices and experiences of Aboriginal and Torres Strait Islander peoples who have received physiotherapy care within a community setting. The results of this study are uniquely positioned within a small set of studies that utilise data collection methods that incorporate Aboriginal and Torres Strait Islander peoples' patient experiences through the utilisation of First Nations methodology and a co-design approach with an Aboriginal and Torres Strait Islander CCHS. Although this study focussed on physiotherapy care, the findings provide valuable and tangible recommendations relevant to all health professionals providing care to Aboriginal and Torres Strait Islander peoples in the community. The findings emphasise the importance of communication, respect for cultural identity, creating culturally safe environments, and the role of professional training in providing culturally safe care.

Aboriginal and Torres Strait Islander peoples receiving physiotherapy care in the community emphasised the importance of their health professional engaging in effective communication, particularly through yarning, a culturally appropriate yet informal conversational method that allows people to connect, exchange information and share stories (Bessarab and Ng'andu 2010). Yarning helps build trust and rapport, making patients feel valued and understood (Lin *et al.* 2016). Health professionals who take the time to engage in genuine conversations and show interest in their patients are more likely to establish strong therapeutic relationships, which are crucial for patient adherence to treatment plans and overall satisfaction with care. Respectful communication and asking permission before treatment involving physical touch with the patient, such as hands-on physiotherapy care, were also highlighted as a critical aspect of culturally safe care that health professionals should adopt when providing care to Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander peoples stressed the importance of their health professional acknowledging and respecting their culture when providing care. Simple gestures, such as asking about a patient's mob, can open the door to deeper conversations about cultural needs and histories. This practice fosters a sense of respect and enhances the therapeutic alliance by demonstrating and understanding the patient's cultural context. When a strong therapeutic alliance is established, the health professional is seen as less of an authority figure and more as a facilitator (Søndenå *et al.* 2020), which in the field of physiotherapy, has been associated with improved outcomes (Ferreira *et al.* 2013; Fuentes *et al.* 2014; Kinney *et al.* 2020). This consideration is pertinent for all health professionals to understand, given the historical context of adverse healthcare experiences among

Aboriginal and Torres Strait Islander peoples, resulting in a mistrust of health practitioners (Shahid *et al.* 2009).

Aboriginal and Torres Strait Islander peoples discussed the importance of their physiotherapist creating a welcoming and safe environment for Aboriginal and Torres Strait Islander patients to receive their care. Community healthcare environments offer the flexibility and opportunity to create less 'medical' looking spaces compared to hospital settings. Aboriginal and Torres Strait Islander peoples expressed that environments that displayed First Nations artworks or flags were more likely to be recognised by Aboriginal and Torres Strait Islander peoples as a space where they could express their cultural beliefs and values and feel safe. Community healthcare environments, and the health professionals that work within the space, should consider the physical design, layout and appearance to create a welcoming space for Aboriginal and Torres Strait Islander peoples to receive care in a culturally safe manner (Davy *et al.* 2016). Creating a culturally safe space, however, goes beyond just the physical environment; health professionals must also demonstrate respect and value for the unique beliefs and values of Aboriginal and Torres Strait Islander peoples while understanding their own biases and attitudes (Durey and Thompson 2012).

Lastly, Aboriginal and Torres Strait Islander peoples highlighted the need for physiotherapists to immerse in First Nations cultures and communities. This immersion allows for a deeper understanding of cultural nuances and enhances the health professionals' ability to offer culturally safe care. Moreover, education at the pre-professional level and ongoing education for practising professionals about the history and culture of Aboriginal and Torres Strait Islander peoples is essential for healthcare professionals to develop a critical understanding of the social determinants of health and wellbeing and the impacts of colonisation. This is supported by the work of Yunkaporta (2009), who highlighted that training and education regarding First Nation Australians' perspectives on culture and history does not come from content but through knowledge transmission, storytelling and ways of knowing.

Limitations

Although rich data from the participants' experiences was gained throughout this study, it is important to recognise that these experiences may not represent the experiences of all Aboriginal and Torres Strait Islander peoples, particularly due to a large representation of participants (91%) residing in Queensland. Furthermore, the collaboration with the local CCHS and recruitment methods may have resulted in a larger proportion of participants who had received at least one instance of care within this CCHS, which may impact the generalisability of the results. A more diverse demographic group of participants from a range of areas within Australia may have provided additional insights into the experiences

of Aboriginal and Torres Strait Islander peoples receiving physiotherapy care, along with the inclusion of other community-based health professions, which could be considered in future work.

Conclusion

This study explored the unique experiences of Aboriginal and Torres Strait Islander peoples who have received physiotherapy care in the community and offered valuable insights into what factors may support patients to feel culturally safe. This study found that Aboriginal and Torres Strait Islander peoples build trust with their physiotherapists in the community when they take the time to connect through yarning and build a strong therapeutic relationship. To provide culturally safe care, it is imperative for physiotherapists to acknowledge and respect their patients' culture and create a physical environment that is safe and welcoming for Aboriginal and Torres Strait Islander peoples. By prioritising understanding of First Nations culture, through immersion in their local community and understanding the ongoing impacts of colonisation, physiotherapists can work towards creating culturally safe and inclusive physiotherapy care for Aboriginal and Torres Strait Islander peoples. These findings are relevant to the physiotherapy profession and have broader applicability across other health professions seeking to enhance their ability to provide culturally safe care.

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