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## International Service Learning: Occupational Therapists' Perceptions Of Their Experiences In Guatemala

Jason C. Lawson

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INTERNATIONAL SERVICE LEARNING: OCCUPATIONAL THERAPISTS'  
PERCEPTIONS OF THEIR EXPERIENCES IN GUATEMALA

by

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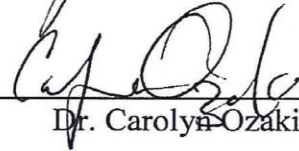
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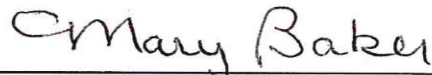
This dissertation, submitted by Jason C. Lawson in partial fulfillment of the requirements for the Degree of Doctor of Philosophy from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.



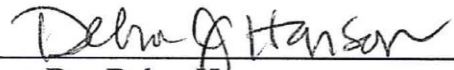
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October 19, 2015  
Date

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## ABSTRACT

The purpose of this qualitative research study was to explore the perspectives of occupational therapy practitioners who engaged in international service learning (ISL) as occupational therapy students. This study included transcribed interviews and observations from nine practicing occupational therapists who all graduated from the same occupational therapy program and participated in a two-week long ISL project in Guatemala.

Case study approaches were utilized to identify the specific phenomenon being studied, and phenomenological methods were utilized to analyze the interviews and observational data into codes, categories, themes and an assertion. Following were the three themes supported by the data collected:

1. Participants reported encountering many new experiences during their international service learning (ISL) projects and voiced a variety of emotions experienced.
2. Participants built relationships with those they served while experiencing the Guatemalan culture, which further contributed to a deeper level of understanding about the Guatemalan culture.
3. All participants reported that their ISL experiences allowed them to practice occupational therapy skills and interventions. Their ISL challenged them to become more creative and resourceful, which is needed in most of their current practice settings.

These three themes culminated into one assertion. The Guatemalan ISL project provided to participants of this study: greater appreciation of what they have in their current lives; a deeper level of cultural understanding which advanced the participants' ability to provide culturally competent care; and opportunity to practice occupational therapy skills with fewer resources resulted in greater creativity when implementing interventions. In conclusion, the results of this study supported that the participants provided culturally competent care during their ISL experiences and in their current practice settings.

Faculty who are interested in beginning international service learning (ISL) experiences for their specific programs should expand their search for literature in a variety of journals to become informed of the aspects that comprise successful ISL programs. Recommendations for future research were to conduct additional qualitative research studies to gain perspectives of practicing occupational therapists who completed ISL from a variety of programs in order to gain insight to how and what ways their past ISL experiences contributed to their current lives. Furthermore, completing quantitative studies that measure these potential benefits would further strengthen the ISL literature.

# **CHAPTER I**

## **INTRODUCTION**

### **Context of the Problem**

In the United States (U.S.), there are people of different ages, ethnicities, and beliefs all living together. In the past, many people considered the U.S. a “melting pot,” where new immigrants would be integrated into America (Bisin & Verdier, 2000). These immigrants were exposed to many other people with differing views and beliefs. Over the course of time, the U.S. population has grown and continues to become more diverse. Therefore, it is becoming increasingly important to develop an appreciation and respect for people whose culture is different from our own.

According to the United States Census Bureau (2011), the U.S. population is becoming considerably more ethnically and racially diverse. In fact, the U.S. grew 9.7% from the year 2000 to 2010. More than half of this growth was related to the increase of the Hispanic population. Similarly, the Asian population increased by 43% and became the fastest growing minority group in the U.S. All other minority groups (e.g., African American, American Indian and Alaskan Native, Native Hawaiian and other Pacific Islanders) increased in size from the year 2000 to 2010. With this exponential growth, the White population’s proportion to the total population decreased 4%. Related to these statistics, the United States Census Bureau (2012) projects Hispanic and Asian races will continue doubling in size, causing the U.S. to become a majority-minority nation for the first time by the year 2034.



## **Cultural Diversity in Health Care**

With the ongoing increase in racial and cultural diversity, all clinical practice areas in health care, such as schools and universities, public health, doctor's offices, and clinics are observing different cultures every day (Spector, 2004). In health care alone, it is estimated that a health care practitioner will treat one out of four individuals with a different cultural background (Wright, 2008). Most of the definitions of culture can be assimilated into experiences, values, beliefs, ideals, judgments, and attitudes that shape individuals (Crabtree, Royeen, & Benton, 2006). People are born into culture; therefore, it can be attributed to their ethnic background. Furthermore, as individuals grow they adhere to that culture's norms (Spector, 2004).

Not only is culture ideological, but it is also material, social, linguistic, and relational (Crabtree et al., 2006). Therefore, one's cultural background impacts a patient's access and response to health care services as well as the patient's beliefs about illness. Health care practitioners' cultural background also impacts how they practice within the health care system. Therefore, these practitioners need to be aware of and respect their client's beliefs, in order to provide culturally competent care.

One must understand culture in order to become culturally competent and to provide culturally competent care (Crabtree et al., 2006; Spector, 2004). Throughout the literature, several definitions of cultural competence exist (Wittman & Velde, 2002). Crabtree et al. (2006) described cultural competence as the self-examination of one's own culture, values, beliefs, and experiences with people from different ethnic groups and cultures. Also, one must apply relevant cultural concepts in everyday practice with patients of different cultural backgrounds. Cross, Bazron, Dennis, and Isaacs (1989)

indicated that achieving cultural competence and providing culturally competent care requires that individuals move through the following continuum of stages: Cultural destructiveness, cultural incapacity, cultural blindness, cultural pre-competence, cultural competence, and cultural proficiency.

The cultural destructiveness stage occurs when people are intentionally denied access to their cultural practices. The second stage, cultural incapacity, is characterized by organizations or individuals who do not intentionally seek to deny individuals access to their cultural beliefs, but are unable to provide the individuals access to their cultural practices. The third stage, cultural blindness, occurs when cultural differences are not acknowledged, because it is believed that all people are the same, and subsequently are treated the same as the dominant culture. During the fourth stage, or pre-competence phase, a realization occurs that the agency or individual has a weakness in treating an individual of another culture and attempts to improve the level of care. At the fifth stage, the competence stage, identifying and accepting cultural differences occurs and cultural knowledge and resources are attained. Lastly, the sixth stage, or the proficiency stage is characterized by acknowledging different cultures and encouraging cultural competency in others. In order for proficiency to occur, professional development for healthcare workers on providing culturally competent care is given a high priority (Cross et al., 1989).

The need for providing culturally competent health care services is attracting increased attention from those who monitor the quality of health care, patient outcomes, and patient satisfaction. The Office of Minority Health (2001) developed the National Standards for Culturally and Linguistically Appropriate Services in Health Care that must

be met by health care related agencies. These standards are based on key laws, regulations, and contracts currently used by federal and state agencies. Accreditation and credentialing agencies such as the Joint Commission on Accreditation of Health Care Organizations, the National Committee on Quality Assurance, and the American Medical Association, assess and compare providers who claim to provide culturally competent services and assure quality care for diverse populations (Spector, 2004). Furthermore, all health care providers must “promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with patients and each other in a culturally diverse work environment” (Office of Minority Health, 2001, p. 7).

Providing culturally appropriate health care requires providers to be sensitive to the patients’ needs, meaning they must possess a basic knowledge about the health traditions and beliefs about the diverse culture group. Health care providers must also apply background knowledge about the diverse patient by providing culturally appropriate care. Ultimately, the health care provider, such as an occupational therapist, strives to attend to the context of the patient’s situation, which demonstrates providing culturally competent care (Spector, 2004).

### **Occupational Therapy Practice**

Occupational therapists are health care providers who work with clients on achieving occupational participation. They begin their service delivery by evaluating their client’s history, experiences, patterns of living, interests, values, and needs. They also evaluate a client’s problems or barriers that limit his or her ability to engage in meaningful occupation (American Occupational Therapy Association, 2014). Once the therapist and client decide what outcomes are warranted, the occupational therapist

develops an intervention plan to achieve the desired outcomes. The intervention plan consists of meaningful occupations that promote health, well-being, and participation in life. It is through the use of meaningful occupation in appropriate environments and cultural contexts that outcomes are achieved (American Occupational Therapy Association, 2014). The client's cultural context includes customs, beliefs, activity patterns, behavioral standards, and expectations accepted by the individual's society. The cultural context influences the client's identity and occupational choices (American Occupational Therapy Association, 2014).

Since culture influences a client's identity and the occupations they engage in, an occupational therapist is ethically bound to provide culturally competent services to their clients. Being a culturally competent therapist entails actively developing and practicing appropriate and sensitive strategies when interacting with individuals of different cultures (American Occupational Therapy Association, 1995). Cultural competence for an occupational therapist requires having self-awareness, knowledge and skills about one's own culture as well as another's culture in order to make sound, ethical, and culturally appropriate decisions (Crabtree et al., 2006). When devising intervention plans, it is the occupational therapist's responsibility to implement culturally appropriate occupations during the intervention phase of one's treatment in order to reach the client's outcomes.

### **Cultural Competence in Occupational Therapy Education**

Achieving cultural competence is not accomplished overnight, as it evolves and develops over time (American Occupational Therapy Association, 2011). In fact, cultural competence only occurs when specific learning experiences are designed, supervised, and implemented to acquire appropriate attitudes, knowledge, and skills surrounding culture

(Wittman & Velde, 2002). An occupational therapy student must be exposed to a curriculum that offers cultural learning experiences in order to acquire cultural competence as an entry-level therapist. Specifically, exposing students to new cultures are active ways to learn and develop cultural sensitivity that leads to cultural competence (Carillo, Green, & Betancourt, 1999; Chang, Chen, Huang, & Yuan, 2012). One method that provides students exposure to different cultures is international service learning (ISL). In fact, support for ISL in healthcare programs is growing in order to increase students' cultural competence (Anderson & Iken, 2009; Berry, 1990; Green, Comer, Elliott, & Neubrandner, 2008; Saenz & Holcomb, 2009).

### **International Service Learning**

Bringle and Hatcher (2011) defined ISL as a structured academic experience in another country where students participate in a service activity, engage in cross-cultural dialogue with others, and reflect on their experience to gain further understanding of course content, culture, and an enhanced sense of being a citizen. Students often live with local people and immerse themselves in a culture that is different from their own. ISL facilitates learning by providing experience, reflection, and a commitment to serve others (Bringle & Hatcher, 2011). Furthermore, ISL transforms classroom lessons from abstract concepts into real life examples, issues, and concepts that may help prepare students to meet the diverse needs of their future clients (Grusky, 2000).

Since the U.S. is becoming more diverse, there is concern about whether our healthcare graduates are culturally competent enough to respond to these changing demographics (Green et al., 2008; Wilcox & Taylor-Thompson, 2012). In order to increase students' cultural competence, there is a growing support for ISL among various

healthcare programs. In fact, most of the literature in the physical therapy and nursing fields are exploring their students' perceptions regarding their ISL experiences and finding that students are reporting an increase in cultural awareness, as well as personal and professional skills related to their fields of study (Dockter, 2004; Green et al., 2011; Hayward & Charrette, 2012; Wilcox & Taylor-Thompson, 2012). However, in the occupational therapy field, there is a limited amount of research indicating whether ISL prepares occupational therapy students for meeting the demands of their profession. In order to understand if students are meeting these professional demands, Green et al. (2008), recommended waiting an unspecified length of time following the students' experiences in order to glean long-term effects of their ISL programs. Similarly, multiple studies recommended exploring the long-term effects of ISL experiences (Anderson & Iken, 2009; Green et al., 2008; Main, Garrett-Wright & Kerby, 2013). Therefore, practicing occupational therapists who experienced ISL as students have the potential to describe the effects their ISL had on their professional and personal lives. However, no such studies exist in the occupational therapy literature.

### **Researcher's Interest in International Service Learning**

As an occupational therapist who recently transitioned from practice to academia, I have reflected on significant learning experiences I had as a student. One of those experiences was completing an international service learning (ISL) experience in Guatemala with other occupational therapy students and faculty. Following this experience, I began practicing occupational therapy in a rural location in the upper Midwest. During my time as a practicing clinician, I was often exposed to challenging and unique situations that were not always presented in textbooks. During these

challenging times, I would often reflect on my experience in Guatemala, where we had to think on our feet and be exceptionally creative, using limited resources. Facing these situations in Guatemala gave me courage and the clinical reasoning needed to problem solve through the unique challenges I faced as a practitioner. I often wondered if ISL contributed to other practitioners' personal and professional lives, as it did mine. If so, what occurred during their international service learning experiences that impacted these individuals' personal and professional lives? By enrolling in a Ph.D. program, I had the opportunity to explore the literature and completed a pilot study on this topic. Although completing an ISL experience was important for my own personal and professional growth, occupational therapists' voices have not yet been heard surrounding the topic of ISL.

### **Purpose of the Study**

The purpose of this study was to explore the perspectives of occupational therapy practitioners who engaged in experiential learning, specifically international service learning (ISL), as occupational therapy students. Hearing the voices of practicing occupational therapists who experienced ISL as students has the potential to help educators understand the effects that experiential learning programs of ISL had on students' future professional and personal lives. Such information would also help university administrators, faculty, students, and potential participating communities determine if providing similar ISL experiences would be beneficial.

### **Research Question**

The research question for this study was: "How and in what ways do past ISL experiences influence occupational therapists' present personal and professional lives?"

Since occupational therapists are now practicing in the field, they may hold different views of their ISL experience related to their specific areas of practice.

### **Delimitations of the Study**

1. All participants were graduates of an entry-level, Masters of Science in Occupational Therapy Program from a Midwestern University, where the approximate enrollment of the institution is 3,000 students.
2. Participants engaged in an ISL experience in Guatemala lasting 10 to 14 days, while completing their occupational therapy coursework.
3. Participants were currently practicing occupational therapy as registered practitioners.
4. Participants had been practicing occupational therapy from one to seven years.
5. The number of participants for this study (beyond the three participants in the pilot study) were six, for a total sample size of nine.
6. The majority of participants were female, as the field of occupational therapy is predominately female.

### **Theoretical Framework**

Experiential learning is a philosophy of education based on the work of John Dewey. Dewey (1938) stated, “all genuine education comes about through experience” (p. 13). While experience is an essential component of learning, Dewey (1938) also stated,

The belief that all genuine education comes about through experience does not mean that all experiences are genuinely or equally educative. Experience and



education cannot be directly equated to each other. For some experiences are mis-educative. Any experience is mis-educative that has the effect of arresting or distorting the growth of further experience. An experience may be such as to engender callousness; it may produce lack of sensitivity and of responsiveness. Then the possibilities of having richer experience in the future are restricted (pp. 25-26).

Dewey (1938) also proposed two interrelated principles that make experiences educative. The first is the principle of continuity. Continuity occurs when several past experiences build upon one another and contribute to the growth and development of individuals. Furthermore, continuity is longitudinal and occurs over a lifetime. Therefore, individuals must connect several of their past experiences to the present experience at hand and anticipate future implications by adapting their behavior when faced with a related experience. The second principle, the principle of interaction, occurs when objective information (i.e., words, books, equipment, tone of voice, the environment, and social situations) and one's prior beliefs and attitudes are factored into the sole experience. Here, individuals bring their past beliefs with them, which assists them in interpreting the objective information they are facing in their current experience. Continuity and interaction occur simultaneously during an experience and influence the educational value of the experience.

Kolb (1984) expanded on Dewey's experiential learning theory by adding that it is a holistic perspective on learning that requires experience, perception, cognition and behavior. Kolb (1984) defined learning as a continuous process, where knowledge is created through the transformation of experience. Learning is a major process in human

adaptation and occurs in all human settings and life stages. The primary focus of experiential learning is to engage students in the learning process and give feedback on their effectiveness.

Kolb (1984) determined that learners are not blank slates; rather, they are individuals bringing experiences with them. Their prior experiences may conflict with acquired information, causing students to re-learn what they thought they knew to be true. Therefore, educators must assist in the introduction of new ideas in order for students to modify their prior knowledge. Doing so may cause internal conflicts; however, the learning process will be facilitated when the person resolves these conflicts.

Experiential learning theory model portrays four modes that students utilize in order to learn from their experience (Kolb, 1984). First, the concrete experience requires students to involve themselves fully without bias in the new experience. Second, the student must have reflective observation skills to acquire multiple perspectives about their experience. Third, students must be able to utilize abstract conceptualization, where they are creating concepts from their observations in order to logically make their own theories. Last, students implement active experimentation by utilizing their theories to make decisions and solve problems (Kolb, 1984).

International service learning (ISL) is rooted in experiential learning theory as engaging in ISL exposes students to structured, real-world experiences from which they can learn. Students learn by connecting their past coursework to their international experience, and anticipate future implications for their profession. Unfortunately, students may not be able to anticipate every future implication related to their lack of clinical experience. Therefore, it is up to faculty to promote student insight through

reflection and providing feedback for their professional development. Furthermore, ISL is related to experiential learning theory as ISL often creates internal conflict for students by exposing them to new and different scenarios to which they are not accustomed. This conflict challenges students to re-learn what they know about the world (Green et al., 2008).

### **Conceptual Framework**

International service learning (ISL) is often implemented in health care programs, including occupational therapy programs, in order to increase a student's cultural competence in preparation for their future career (Anderson & Iken, 2009; Berry, 1990; Green et al., 2008; Saenz & Holcomb, 2009). Health care practitioners are required to understand their client's culture, as one's culture impacts a client's belief about their illness and how their illness should be treated (Crabtree et al., 2006). Therefore, health care programs strive to produce graduates who possess basic knowledge about traditions and beliefs of various diverse culture groups in order to provide culturally competent care to the ever changing, diverse clients who seek medical care (Spector, 2004). Becoming culturally competent and providing culturally appropriate health care requires that students become exposed to multiple learning experiences designed to increase knowledge and skills surrounding culture. Cross et al. (1989) identified five essential elements for providing culturally competent care:

- (a) acknowledgement of cultural differences and awareness of their effect on helping others;
- (b) recognizing one's own culture;
- (c) understanding the effects of communication differences;
- (d) appreciating that cross-cultural interventions are more likely to occur when therapists understand the meaning of the client's

behavior within his or her cultural context; and (e) recognizing how to attain knowledge about specific cultures for use in treatment and interventions. (p. 5)

Therefore, health care students must continue learning about culture through a variety of experiences in order to evolve into culturally competent health care providers (Wittman & Velde, 2002).

Subsequently, I aimed to hear the views that practicing occupational therapists had regarding their ISL experiences. I hoped that they would retrospectively be able to identify further implications that engaging in ISL had on their personal and professional lives. Asking occupational therapy practitioners about their ISL experiences had the potential to yield differing opinions than students, since they have real-life experiences as practitioners. Furthermore, occupational therapy practitioners have had longer amounts of time to reflect on their ISL experiences and incorporate concepts they learned into their current practice and way of life. Thus, the current study is framed through an experiential learning and cultural competence lens.

### **Organization of the Study**

Chapter I included the background and need or significance of studying the topic of international service learning (ISL), along with the purpose of the study, and research question. The theoretical framework of experiential learning theory and a conceptual framework of cultural competence provided a framework for this qualitative study. Additionally, the researcher's interest in the topic of ISL and the delimitations were also included in this chapter.

Chapter II is a review of the literature surrounding the topic of ISL. I initiated the search for literature into the occupational therapy field and expanded into the physical

therapy and nursing fields, since the field of occupational therapy had few studies on ISL. I also included studies on ISL from multiple perspectives to broaden my view on the topic.

Chapter III contains a description of the qualitative methods and procedures I utilized while conducting the study. Participant selection and how their anonymity was protected, guiding research questions, and methods used for data collection are also included. Finally, a description of validity and reliability measures that were utilized throughout the study are provided in this chapter.

Chapter IV is a presentation of the data with respect to the literature. Narratives from the participants are utilized to give the reader information about the participants' backgrounds, beliefs and perceptions about how completing experiential learning, in the form of ISL, has contributed to their personal and professional lives.

In Chapter V, a summary, conclusions, recommendations for utilizing ISL programs, and recommendations for future research related to ISL are provided.

## **CHAPTER II**

### **REVIEW OF THE LITERATURE**

The purpose of this study was to explore the perspectives of occupational therapy practitioners who engaged in experiential learning, specifically international service learning (ISL), as occupational therapy students. The literature surrounding ISL is expanding in all health care related fields, but continues to be sparse in the field of occupational therapy. The interdisciplinary literature focuses on the short-term benefits ISL offers students, from the students' perspectives. However, once students have graduated, there have been few researchers who follow up with practitioners despite literature supporting several benefits of completing ISL programs. According to Kolb (1984), experiences build upon past experiences, which is how we accumulate knowledge. Therefore, hearing the voices of experienced practitioners who completed their ISL as students may yield new and insightful ways that past ISL has contributed to their personal and professional lives. The content of this chapter defines and identifies major components of ISL, which include student benefits and considerations for utilizing ISL in higher education, and specifically explores the literature in the related health care fields of physical therapy, nursing, and occupational therapy.

#### **International Service Learning**

International service learning (ISL) is conceptualized from three domains: service-learning, study abroad, and international education. Service-learning is a course-based, credit-bearing educational experience where students complete a service activity

that meets a local community's need. Students reflect on the experience in order to gain understanding of course content, facilitate an enhanced sense of civic responsibility, and further develop personal values (Bringle & Hatcher, 2009). In contrast, study abroad programs involve students traveling to host countries in order to learn about their chosen field of study or complete regular courses provided by the host university (The Forum on Education Abroad, 2011). International education also involves students traveling to host countries; however, students learn specific skills associated with the international world that relates to their field of study (Toh, 1993). Therefore, borrowing elements and strengths from each domain creates a separate pedagogy unique to ISL (Bringle & Hatcher, 2011).

One of the elements that make ISL different from service-learning, study abroad, and international education is the structured level of reflection required from students. Reflection is meant for students to critically analyze what they learn from their experience and should be guided and structured by faculty (Whitney & Clayton, 2011). Reflection is a process specifically structured to help the student analyze the experience. "Critical reflection pushes us to step outside of the old and familiar and to reframe our questions and our conclusions in innovative and more effective terms" (Eyler, Giles, & Schmiede, 1996, p. 13). Holding discussion groups, completing journals and assigned writing have all been promoted as tools to help students reflect on their experiences (Eyler et al., 1996). Eyler (2002) suggested that students write or discuss prior assumptions they have about the experience, what issues they plan on addressing, and any goals they may have for their experience. Bringing these points to their consciousness allows them to identify ways the new experiences challenge their current

ways of thinking. According to Kolb's (1984) experiential learning theory, the learning process occurs when the student resolves these challenges to their ways of thinking, and thus new knowledge is formed that they can apply to their future experiences.

Another unique trait of ISL is that the service component is purposely chosen to contribute to course objectives. Grusky (2000) initially defined ISL as an organized excursion taken by students and faculty to different countries while working with local agencies that serve the community. Bringle and Hatcher (2011) added that reflection and choosing course specific service opportunities needed to be present in today's ISL to promote a deeper level of learning. Bringle and Hatcher (2011) further defined ISL as,

A structured academic experience in another country in which students (a) participate in an organized service activity that addresses identified community needs; (b) learn from direct interaction and cross-cultural dialogue with others; and (c) reflect on the experience in such a way as to gain further understanding of course content, a deeper understanding of global and intercultural issues, a broader appreciation of the host country and the discipline, and an enhanced sense of their own responsibilities as citizens, locally and globally. (p. 19)

Since September 11, 2001, there has been a greater movement to internationalize higher education to create a more globally conscious world (De Wit, 2002; Martin & Nakayama, 2004; Pechak & Thompson, 2009). Several higher education institutions added international programs in order to prepare students to compete in an increasingly global economy. Similarly, agencies such as Innovations in Civic Participation have been prompting higher education to produce more active citizens. ISL has been an obvious



solution to prepare students to be active citizens in a more global community (Plater, 2011).

### **Benefits of ISL**

As a result of utilizing ISL, institutions are finding that students are becoming more competent working among intercultural agencies and increasing their awareness of the global economy (Crabtree, 2008; Kiely, 2011). At a program level, students are showing promise with increasing their knowledge about their profession, using leadership skills, utilizing effective communication, increasing their confidence, and having a greater understanding of other cultures, poverty, and social justice (Crabtree, 2008; Grusky, 2000; Tonkin, 2004). In fact, several programs in liberal arts, humanities, and health professions have added ISL in order for students to gain the potential benefits that ISL has to offer.

Because of these potential benefits, international service learning (ISL) has been increasing in popularity among students as well. Oftentimes, students choose to complete ISL in order to fulfill a yearning for travel, adventure, romance, and to satisfy their cultural curiosity; express a sentiment to help others; broaden their world view; prepare for their future career; or better develop a foreign language (Grusky, 2000). Furthermore, completing an ISL experience assists students with developing their personal identities, expanding their personal values, increasing critical thinking, increasing cultural sensitivity, and encouraging social responsibility (Berry, 1990).

### **Considerations for Implementing ISL**

Despite the potential benefits for students who engage in ISL, it does not appeal to every student. Students typically pay tuition for the course, along with transportation,

lodging, and meals. Therefore, the costs associated with ISL can be difficult for students to endure. Reisch (2011) added that students may face being exposed to a wider variety of health conditions and become overwhelmed with the unfamiliar conditions in the developing country. In relation to these student considerations, Pechak and Thompson (2009) investigated the perceived barriers of incorporating ISL in physical therapy curricula. Physical therapy students most frequently cited barriers of not having the funds and not having time to complete an ISL experience.

Reisch (2011) identified other considerations for faculty and students who participate in ISL. For instance, faculty and students may feel an ethical duty to provide assistance to less fortunate communities. However, the students and faculty may hold greater resources than the host community, which can result in a power imbalance. Host communities may benefit from health care students providing health care that may not otherwise be available. However, recipients of health care may become dependent upon the students and faculty who provide care. Furthermore, they may refuse to receive care offered in their communities because they see the students as superior. The problem occurs when the students and faculty leave the country and there is no one to follow up.

An additional consideration for faculty who implement ISL is the added responsibility given to the faculty during an ISL experience. It is the supervising faculty's responsibility that students remain safe and healthy, and the responsibility of the academic program to ensure there is adequate faculty to supervise the number of students involved (Bringle & Hatcher, 2011). Even though faculty have added responsibilities when implementing ISL, academic programs offer limited opportunities for faculty development surrounding the topic of ISL. Furthermore, studies show great variability

among ISL locations, how much time is spent on service, the duration of the entire experience, the duration of student orientation prior to their participation, and opportunities for student support following their return. This lack of cohesive knowledge surrounding ISL may cause potential faculty to avoid including it in their curricula (Anderson & Iken, 2008; Dockter, 2004; Green et al., 2011; Humbert, Burket, Deveney, & Kennedy, 2012; Main et al., 2013; Wilcox & Taylor-Thompson, 2012).

In contrast to faculty who may avoid including ISL in their curricula, Audette and Roush (2012) studied faculty within physical therapy programs who were most likely to utilize ISL. They found that older physical therapy educators were more likely to utilize ISL, based on having greater confidence in their teaching, latitude within their programs, and added flexibility to explore and develop ISL programs. Also, other authors reported that faculty feel energized and have a more positive outlook on their course content when implementing ISL experiences (Crabtree, 1998; Grusky, 2000).

Other considerations of ISL expand beyond the students, academic programs, and faculty who participate in such programs. Subsequently, researchers have paid little attention to the participating communities (Humbert et al., 2012). Crabtree (1998) identified considerations that affect participating communities in ISL that are rarely noticed in the wake of several positive outcomes for participating students and academic programs. One consideration is that service-learning projects increase the visibility and access to future resources for local communities. Crabtree (2013) also identified that community members of the participating communities may be disrupted from their roles, experience conflicts with the students, and create disappointment or a sense of loss at the end of the program. Essentially, researchers from various educational backgrounds,

including health care, recommended studying the implications their ISL programs had on participating communities (Crabtree, 1998; Crabtree, 2013; Grusky, 2000; Humbert et al., 2012).

### **International Service Learning in Health Care**

Related to the increase in diversity within the U.S., health care programs have been tasked with preparing students to meet the cultural demands of their future clients (Spector, 2004). As a result, international service learning (ISL) has increased in popularity, specifically among health care fields. Several authors reported that students who engage in ISL show an increase in knowledge and confidence about their profession and demonstrate greater understanding of those who come from different cultures (Crabtree, 2008; Grusky, 2000; Tonkin, 2004). Therefore, most researchers who study ISL recognize that each ISL program is extremely different, and identify that further studies need to be completed in order to successfully implement ISL as a pedagogy.

### **Physical Therapy**

The majority of physical therapy ISL studies identified best practices of implementing ISL programs. Pechak and Thompson (2010) conducted an exploratory study to identify and analyze commonalities that existed among established ISL programs within physical therapy education. A total of 14 faculty involved with ISL in physical therapy education were interviewed via telephone in order to identify commonalities among ISL programs, and to develop a conceptual model of optimal ISL programs within physical therapy programs. Researchers noticed that the programs varied greatly from one another, as two programs focused on service; one program focused on international clinical education; and one program changed its focus from service and learning to only

service after one year. Thus, researchers concluded that the data they collected demonstrated how imprecise and continually changing ISL can be in practice. Despite the differences among ISL programs, researchers recognized that each ISL program followed similar phases when being established. These phases included a developmental phase, which involved identifying the early steps in developing the ISL foundation. The second phase was the design phase, when faculty designed the program and placed it into the curriculum. The third phase was the implementation phase, when faculty took part in the program at an international site. Overlapping with the implementation phase, the evaluation phase included assessing the learning outcomes related to the student, department and university, as well as assessing community outcomes. Lastly, the enhancement phase was meant to improve the program, which entailed changing components of the program as needed. In conclusion, the researchers identified that these ISL programs were created in isolation, where faculty rarely had opportunity to learn from other's successes and mistakes.

Also contributing to the literature on finding best practices for implementing ISL in physical therapy programs, Hayward and Charrette (2012) constructed an innovative model that consisted of a two-semester capstone course designed to specifically integrate culturally-competent care with an international experience. The researchers completed a mixed-methods study to evaluate the model. Researchers analyzed reflective papers utilizing the Professionalism in Physical Therapy Core Values (PPTCV) survey as well as the Cross Cultural Adaptability Inventory (CCAI) using a pre-test, post-test design. The study spanned a period of two academic years with two separate trips to Ecuador. Researchers found statistically significant increases on the students' post-test scores on

the PPTVC survey. Furthermore, 14 out of 28 students achieved a higher post-test score in the area of emotional resilience within the CCAI. Based on these results, researchers recommended continuing to study the effects ISL has on specifically achieving cultural competency.

Dockter (2004) contributed to the physical therapy ISL literature and ISL best practices by researching one program of 25 physical therapy students who completed ISL in Guatemala. She implemented a pre and post-test survey design utilizing the Civic Attitudes and Skills Questionnaire (CASQ) that measures students' attitudes on civic action, interpersonal problem-solving skills, political awareness, leadership skills, social justice, and diversity. Despite the small sample size, statistical significance was noted on the post-test scores following the ISL on social justice. Other areas of the CASQ also showed an increase in post-test scores.

Most of the research reported throughout the physical therapy ISL literature was conducted to identify best practices of implementing ISL programs within physical therapy curricula. Studies were quantitative in nature and researchers utilized small sample sizes, which limited statistical significance. Although there was concern with small sample sizes in several of the studies, the researchers concluded that ISL programs were valuable for preparing their students to meet the demands of the physical therapy profession.

## **Nursing**

Researchers in the field of nursing describe specific programs that focus on student outcomes in order to contribute to best practices of ISL. The nursing ISL literature has a growing number of qualitative studies that describe the various locations

of ISL within their programs. Aspects studied included length of preparatory courses, the length of time abroad, and information about the location served. Main et al. (2013) reviewed the journals of undergraduate and graduate nursing students who traveled to Belize for a multidisciplinary ISL. Each student nurse took a two-day preparation course prior to traveling. These students spent eight days in Belize with other faculty and students from Dentistry, Public Health, and Women's Studies. They worked collaboratively with each other and the community to address many of its medical needs. Upon return, the student nurses' journals were analyzed and eight themes emerged. The themes included: (a) there was a variety of expectations and emotions that surrounded the students' experiences; (b) there was a development of reciprocal relationships with the community abroad; (c) students valued interdisciplinary collaboration; (d) students acquired knowledge that would impact their future nursing practice; (e) students voiced growing personally; (f) most students planned to continue doing service work in the future; (g) there was a recognition in themselves of being a part of a larger social network with a shared responsibility for social problems; and (h) students saw the need to implement change within their ISL project.

Another qualitative study, conducted by Wilcox and Taylor-Thompson (2012), also explored student nurses' journals from a one week-long excursion to Jamaica. A total of 42 nurses went on this medical mission trip between the years 2005-2010. Little information about the specific types of service was reported; however, researchers did share that students engaged in a pre-course prior to their experience that reviewed basic information about the geography, healthcare system, health beliefs, living facilities, food preparation, and communication differences of Jamaica. The study analyzed 42 students'

journals and identified five main themes. The themes were as follows: (a) student groups experienced clinical settings differently; (b) students' interpersonal interactions evolved as they interacted with each other, faculty, and the people of Jamaica; (c) students participated in worship services spiritually with Jamaicans; (d) students completing international travel had limited experience dealing with customs; and (e) students encountered cultural and environmental differences in various situations.

Similar to other nursing programs, Green et al. (2011) investigated the value ISL had on their student nurses and medical student participants. The researchers completed a mixed-methods study interviewing four nursing students. Themes emerged that consisted of: (a) all students expressed the importance of stepping outside their comfort zone in order to gain an expanded world view; (b) all students reported feeling connected with someone of a different cultural background; (c) all students mentioned their awe of the sense of community they experienced; and (d) all students described valuable lessons learned from working with limited resources. For the quantitative portion of their study, the researchers administered a 26-item Cultural Competence Assessment (CCA) tool as a pre-test and as a post-test. A total of seven participants completed both tests. The portion of the CCA that measures cultural awareness and sensitivity (CAS) had a mean pre-test score of 6.39, and a mean post-test score of 6.40, a .02 percent increase. The portion of the CCA that measures cultural competence behavior (CCB) had a mean pre-test score of 4.74, and a mean post-test score of 5.34, a 12.66 percent increase. Researchers concluded that the sample size was too small to show statistical significance; however, the themes generated from the qualitative portion of their study showed promise for utilizing ISL to increase cultural competence.



In contrast to the nursing articles that gain the perspective of nursing students, Evanson and Zust (2006) analyzed data from six practicing Registered Nurses who completed ISL in Guatemala two-years prior in order to describe the effects ISL had on nursing students' later personal and professional lives. Data collection included analyzing individual written narratives and participation in a focus group. They reported the following three themes: (a) practitioners voiced coming to understand cultural awareness, global perspective, and their lasting connections to their peers and community served; (b) practitioners felt unsettled whether or not they actually helped people; and (c) all nurses identified a need to be advocates for change, since they gained awareness of how many people in the world needed help. In conclusion, the researchers indicated that an undergraduate ISL has the potential to affect later professional and personal lives of those who participate.

Within the ISL nursing literature, cases about individual ISL programs are explored. Most of these articles are qualitative and focus on the students' perceptions about their ISL experiences. Each nursing study contributes to the best practices of ISL as these studies identify the length of student orientation prior to completing the ISL, the ISL location, and the length of time abroad. Furthermore, the results of the ISL nursing studies present student outcomes for each ISL program. However, none of the nursing studies identified student needs or supports upon their return.

### **Occupational Therapy**

Unlike other health care fields, the occupational therapy profession has the fewest studies on international service learning (ISL). The literature that is present is similar to the nursing studies that explore students' perspectives about their specific ISL

experiences. Also similar to other professions utilizing ISL, the results of the occupational therapy ISL studies show promise for helping students become competent professionals. For example, Humbert et al. (2012) explored the perspectives occupational therapy students had regarding their international, cross-cultural learning and service experiences. These researchers interviewed nine occupational therapy students from three different academic institutions. The location of international service was different for each participant, and the length of the ISL ranged from one week to four months. Three themes emerged from the data, which were: (a) students felt a sense of connectedness, as they formed relationships and bonded at an emotional level with those whom they worked; (b) students became aware of cultural differences and became more understanding toward the different cultures; and (c) students recognized that cross-cultural experiences are complex, dynamic, multi-faceted, and intricate.

Similarly, Anderson and Iken (2008) also explored perspectives occupational therapy students had regarding their ISL; however, the students were from one occupational therapy program. Researchers analyzed specific course documents, completed a focus group with seven of the students who engaged in the ISL following their return, and completed field notes from students' presentations about their ISL. Four themes emerged from the data: (a) students felt connectedness amongst themselves and those with whom they worked; (b) students reported an increase in professional confidence; (c) students reported a greater sense of cultural sensitivity; and (e) students developed a sense of civic responsibility evidenced by voicing future plans to complete more local and international service.

The occupational therapy field had the fewest studies regarding ISL. The studies that were available were qualitative and focused on the students' perceptions about their ISL experiences. Each study shared specific information about the location of ISL programs, the length of time abroad, and student outcomes; however, each study did not mention whether student supports were provided upon their return.

### **Summary**

In summary, the definition of international service learning (ISL) has changed over the years to add critical reflection and choosing course specific service opportunities in order to promote a deeper level of learning. As a result of this change, studies have shown great variability among ISL locations, how much time is spent on service, the duration of the entire experience, and the duration of student orientation prior to their participation. Furthermore, the ISL literature is often spread throughout various disciplines that utilize ISL programs, which makes becoming informed and utilizing best practices of ISL challenging.

The purpose of this literature review was to identify components of ISL; explore benefits and considerations for utilizing ISL, and to become familiar with the interdisciplinary literature that surrounds ISL in related health care fields. Throughout the interdisciplinary ISL literature, most researchers identified that further research needs to be accomplished in order to identify best practices of utilizing ISL as pedagogy. Identifying and utilizing best practices of ISL has the potential to promote positive outcomes for all participants, as opposed to only affecting student outcomes.

In relation to positive student outcomes, most of the interdisciplinary ISL literature focuses on the students' perspectives about their ISL experiences. However,

students lack professional knowledge and experience to identify what aspects of ISL supported their personal and professional development. Having students acquire experiences in their field following their ISL experiences would allow opportunity for deep reflection to occur on exactly how their past ISL contributed to their personal and professional lives. After all, according to Kolb's (1984) experiential learning theory, deep levels of reflection about past experiences is how we learn and apply knowledge to future situations. Furthermore, multiple authors across the healthcare disciplines stated that more research is needed to identify long-term effects of utilizing ISL. Therefore, collecting data from practicing clinicians who engaged in ISL as students would help describe the long-term effects of their ISL programs and how it contributed to their personal and professional lives. This study sought to contribute and further the existing literature regarding this topic.

### **CHAPTER III**

#### **METHODS AND PROCEDURES**

The purpose of this study was to explore the perspectives occupational therapy practitioners had about experiential learning, specifically their international service learning (ISL), as occupational therapy students. The study began with the research question: “How and in what ways do past ISL experiences influence occupational therapists’ present personal and professional lives?” I examined what occupational therapists experienced during their ISL and how it contributed to their personal and professional growth. A qualitative, phenomenological study allowed the occupational therapists’ voices to be heard regarding their ISL experiences. Furthermore, I chose to use a phenomenological research method, because it allowed me to focus on the lived experiences from the perspectives of occupational therapists. Since the therapists all graduated from the same program and completed their ISL in Guatemala, in collaboration with the God’s Child Project, this research inquiry will also be considered a case study.

This chapter contains an in-depth description of the qualitative methods and procedures utilized to conduct this study. Also included in this chapter is an epoche, unique to Moustakas (1984) phenomenological method to identify and account for biases ensuring validity and trustworthiness; a description of the setting that was studied; how the participants were selected; and how their anonymity was protected. Finally, a description of the methods utilized for data collection and analysis of this study is provided.

## **Design of the Study**

Case studies are common ways to complete qualitative inquiry (Stake, 2008). A case study is a form of qualitative research that is utilized to develop an in-depth understanding of the particular case being studied (Yin, 2009). Willig (2008) clarified that a case study is not characterized by particular methods used to collect and analyze data; rather, the focus is on the particular case being investigated. Furthermore, Stake (2008) dismisses a case study as a formal research method, stating that it can guide the researcher in choosing what to study. Case studies require the researcher to have experiential knowledge of the particular case in order to acknowledge the influences of social, political and other contexts relevant to the case. Case studies gain credibility by triangulating descriptions and interpretations continuously throughout the study (Stake, 2008). Since the participants of this study all completed their ISL in Guatemala through the same occupational therapy program, this study would be characterized as a case study. More specifically, an intrinsic case study focuses on the specific case that is of interest to the researcher (Stake, 2008). Since ISL in Guatemala holds meaning and value to me, I am intrinsically motivated to study this case to further explore and understand the phenomenon that occurred with the participants.

In addition to utilizing a case study inquiry to identify the particular case I chose to study, I also implemented a phenomenological research method to derive and analyze the data. According to Creswell (2013), a phenomenological study describes the lived experience of a particular phenomenon through the eyes of the subject. A phenomenological approach involves comprehensive descriptions of the experience that portray the essence of the experience (Moustakas, 1994). Phenomenological researchers

aim to describe the experience that all participants have in common by identifying what they experienced and how they experienced it. Spiegelberg (1960) described phenomenological analysis as completing an open description of events, investigating the essences or commonalities of what was experienced, and completing a phenomenological reduction. Phenomenological reduction is used to bracket prior knowledge about the phenomenon to come to an unbiased description about the experience (Kvale, 1996). Moustakas (1994) added that setting aside prejudgments regarding the studied phenomenon, enables the study to be free of preconceptions or beliefs about the phenomenon, allowing the researcher to be open, receptive, and naïve when hearing the participants describe their experiences. This approach is accomplished by having the researcher complete an epoche, or a reflection of self-dialogue, meant for the researcher to identify how he or she comes to know information being studied. This reflection also allows the researcher to identify any prejudices or biases that might impact the research process (Moustakas, 1994). Completing an epoche allows the researcher to bracket out the biases as much as possible, allowing the participants' voices to be heard regarding what the experience meant for them. For this study, I specifically chose to utilize Moustakas' (1984) epoche method because I experienced an international service learning (ISL) project in Guatemala and found it helpful in my own personal and professional life. Therefore, I recognized my bias toward viewing ISL as a positive experience.

## **Procedures**

### **Epoche**

I am a doctoral student at a Midwestern university seeking a degree in Higher Education. In addition, I am a registered and licensed occupational therapist who transitioned from practice to teaching at a university in an occupational therapy program in 2011. Subsequently, I began to reflect upon my student experiences that prepared me to work in my profession. One of these experiences was completing international service learning (ISL) in Guatemala.

During my ISL, I went to Guatemala for two weeks with other occupational therapy students and faculty from my university. We stayed with host families, which allowed us to immerse ourselves in the Guatemalan culture by experiencing their language, home life, and eating their food. Our service project included going to an orphanage and screening the children's overall development. There were two staff members who cared for close to 100 children. The staff appeared to be under the age of 18 years themselves, and overwhelmed trying to keep the children's needs met. In response to the needs of the staff and children, we created games and activities with few resources to occupy the children's time, allowing them to experience the occupation of play, and taking some of the responsibility from the overworked staff members. I will never forget the smiles on the children's faces and how appreciative the staff were for our assistance. That was the first time in my life I felt like I made a difference in others' lives, even though it may have been short-lived, due to the duration of our stay.

Looking back at my past work experiences, I was grateful I went to Guatemala. I worked in a rural part of the upper Midwest creating interventions with limited resources.



Even though most of my clients were from English speaking families, some of them were unable to communicate with me directly related to their disability. Therefore, like in Guatemala, I had to use nonverbal communication with facial expressions, hand gestures, and tactile cueing. The experience in Guatemala also opened up my mind to accepting ways of life that were different from my own. Many people in Guatemala had very few physical belongings and many went without healthcare, which is sometimes taken for granted in the United States. Despite their lack of belongings, the people appeared happy, hardworking, and used what means they had to live the best way they could.

Practicing in a rural setting in the upper Midwest, not everyone had access to technology or had the means to afford belongings or attend healthcare services. The experience in Guatemala made me sensitive, open minded, and even creative in helping my clients live the best lives they could live.

Coincidentally, most of the literature regarding ISL comes from the perspectives of students. As a student finishing my ISL, I did not know that practicing nonverbal communication would be important for my future practice. I also did not realize that people in the United States experience poverty and may not have access to various types of medical care or belongings. Therefore, I became interested in hearing the voices of other practicing occupational therapists who experienced ISL as students. Their perceptions had not yet been explored in the literature and might provide valuable insight for occupational therapy education.

## Validity

### Researcher Bias

Since I also experienced international service learning (ISL) in Guatemala, and graduated from the same occupational therapy program as my participants, I recognize this study has biases. After all, Kolb (1984) stated that individuals refer to past experiences to understand current experiences. Therefore, I am likely to refer to my past ISL experience to understand my participants' ISL experiences. Also, Maxwell (2013) stated that it is impossible to remove a researcher's bias from a study as the researcher's values might further guide the research. However, the researcher should understand how their biases impact the study and take precautions to avoid any negative consequences. Rather than attempt to remove researcher biases, Maxwell (2013) suggested it is better to understand how the researcher's values and expectations might influence and impact the study, either positively or negatively, and then take precautions to avoid any negative consequences. For this phenomenological study, identifying and being open about my potential biases allowed me to consciously set those aside in order to hear the research participants describe their experience of the phenomenon (Moustakas, 1994).

**Review of the literature.** One bias I recognized is that I am an alumnus of the occupational therapy program whose ISL was studied. As previously mentioned, I was an occupational therapy student who participated in a Guatemala ISL experience in 2003. This experience was positive and eye-opening for me. As a researcher using phenomenology, I attempted to prevent assumptions that everyone's experience was positive or eye-opening. I accomplished this by completing a literature review prior to and during the course of the study in order to become aware of other programs, critiques,

experiences, and perceptions about ISL. I also used open-ended questions to prevent leading any participant from telling his or her story in any other way. Furthermore, I did not share with any participant that I engaged in a Guatemala ISL experience until after the interview was completed.

**Limiting participation.** Another bias is that I currently work within the occupational therapy program whose ISL was being studied. I dedicated a substantial amount of time trying to make this program better by assessing course feedback. I currently feel as though we have a respectable and prestigious program. Therefore, I take pride in our graduates and the experiences we provide to our students. Knowing that I am biased toward our ISL experience and our students, I purposely did not participate with students in the ISL experience since I was employed at that institution. Not participating has allowed me to prevent interviewing graduates or former students who were under my supervision, further allowing me to hear their story about their experience for the first time.

**Preventing assumptions.** Because I am an occupational therapist (just as all of the participants were), another bias related to this study is that we utilize a common spoken language within the profession with clients in our areas of practice. This commonality placed me in a position to have prior knowledge about the participants' roles and expectations in their practice settings. Preventing my assumptions about the participants' practice settings from occurring, I would occasionally remind the participants to explain specific terms, or to explain a concept as though they were not talking with another occupational therapist. This tactic allowed their stories to truly be heard.

**Member checking.** Another way I attempted to minimize further bias was through utilizing member checking throughout the interview and research process. Member checking is soliciting feedback from participants about the data and any conclusions made about the participants' responses (Maxwell, 2013). According to Maxwell (2013), member checking is:

the single most important way of ruling out the possibility of misinterpreting the meaning of what participants say and do and the perspective they have on what is going on, as well as being an important way of identifying your own biases and misunderstandings of what you observed. (pp. 126-127)

I completed member checking by asking follow-up questions and paraphrasing participant responses back to the interviewee during the interview. This practice allowed participants a chance to correct any responses I may have misinterpreted or add clarifying information to their responses. I also shared interview transcripts and the themes with the participants to ensure I was analyzing their ideas accurately.

### **Research Setting**

The private, Midwestern University where the participants matriculated currently has an overall enrollment of approximately 3,000 students. The mission states that the university "exists to serve the religious, academic and cultural needs of the people in this region and beyond," (Midwestern University, 2011). In 1994, the leaders of the university saw that occupational therapy positions were not getting filled in the region's healthcare facilities. Since the university was already offering majors in nursing, respiratory therapy and physical therapy, the leaders of the institution decided to apply for a bachelor's degree to be offered in occupational therapy. This situation was an opportunity for

growth and expansion of the university, as well as a way to potentially fill occupational therapy positions to meet the needs of the region. The occupational therapy program was granted “developing program status” on August 14, 1997 by the Accreditation Council for Occupational Therapy Education (ACOTE) and accepted the first class of 20 students to begin coursework in January of 1997 (Midwestern University, 2011).

Effective January 1, 2007, a Master’s or Doctoral degree would be required for entry into the occupational therapy profession per regulations of ACOTE (American Occupational Therapy Association, 2015). The university started work on this process immediately and had its first Master’s students graduate in December 2002. Also in 2002, the university’s occupational and physical therapy departments partnered with the God’s Child Project. The God’s Child Project was established in 1983 by Patrick Atkinson (God’s Child Project, 1983). Its purpose was to offer a way for poor families and children in Guatemala to break free from poverty. The program “addresses present and future needs by providing food, shelter, clothing, education, medical care, structure, guidance and support...” (God’s Child Project, 1983, p. 32).

In the spring semester 2002, seven graduate third-year physical therapy students and eight graduate third-year occupational therapy students enrolled in a one-credit course to prepare for their work in Guatemala. Various teaching and learning strategies were utilized, including required readings and discussions with God’s Child Project’s founder, Patrick Atkinson. Students further engaged in discussions with former ISL participants and citizens of Guatemala, and also conducted research on the existing health and educational services in Guatemala. Students also completed fundraising in order to fund their trip and to attain various types of healthcare supplies to bring on their visit. In

May 2002, the physical therapy students embarked on their 10-day excursion to Guatemala. In November 2002, the occupational therapy students embarked on their 10-day excursion to Guatemala, as well. While in Guatemala, students performed occupational therapy services at a malnutrition center for pediatrics, an orphanage, a nursing home, and a hospital setting. Over the years, students have had other service opportunities to provide their occupational therapy skills in a wheelchair seating and positioning clinic, homeless shelter, food and clothing drive, as well as building homes for the residents of Guatemala. Students are asked to maintain journals, and guidelines are set by the faculty member(s). Upon return from Guatemala, students reflect on their experience and give a presentation to university faculty and students in order to provide closure of the experience and recruit future student participants. Course evaluations have been positive, and the anecdotal evidence suggests that students find the experience helpful.

Since the inception of the experience in 2002, the occupational therapy department has had four separate faculty members supervise their students in Guatemala. The numbers of students who volunteer to embark on the experience ranged from year to year with the smallest group consisting of four students in 2004, and the largest group consisting of 23 students in 2014. In 2008, the occupational therapy department changed the November departure to August in an effort to recruit more students to embark on the journey, as November was often between their fieldwork experiences. Student feedback suggested it was too difficult to give up 10 days between their fieldworks, because those 10 days were often spent traveling across the country getting to their next fieldwork site. There did not seem to be an influx of student participants from the change; therefore, the

experience was offered to the second-year occupational therapy students in 2012. Even though they had not experienced the entire curriculum, faculty were hopeful they would be able to recall their experiences in Guatemala while learning the rest of the curriculum. This decision was based on Kolb's (1984) experiential learning theory, which stated that people bring their experiences with them and apply them when learning new material. Therefore, in theory, students would be able to apply what they learned in Guatemala to new information they learned in the curriculum.

### **Participant Selection**

Participants were selected by asking the occupational therapy department for alumni who engaged in the Guatemala international service learning (ISL) experience. A list of 106 alumni was produced with their years of matriculation ranging between the years of 2002 to 2014. Once a list of participants was received, I Facebook messaged 20 practitioners who had one to seven years of practical experience. I felt that it was important to wait until they had at least one year of practice experience, as Tryssenaar and Perkins (2001) identified that the first year of practice is marked with transitions, trepidation, and becoming familiar with the reality of the profession. Similarly, Hodgetts et al. (2007) identified that occupational therapy graduates took between six months to two years to feel clinically competent. Therefore, asking practicing therapists who had less than one year of practical experience may not have yielded true representation of their practice settings. On the other hand, I chose to stay within seven years from the time participants experienced their ISL, as I did not want any of the participants to remember that I was an alumnus who completed the Guatemala ISL 10 years prior. Additionally, several studies claimed that completing ISL has life-long effects (Carillo et al., 1999;

Chang et al., 2012; Bently, 2007; Grusky, 2000); therefore, seven years post experience still allowed the participants the ability to recall their past ISL experiences.

Out of the 20 Facebook messages sent, nine practicing occupational therapists responded who worked in a variety of settings and states. Times were set to meet face to face in a quiet location or via Skype if participants were unable to meet in person. Three of the nine interviews were conducted via Skype, because these participants resided out of state.

Permission to conduct this study was obtained from the Institutional Review Board at the University of North Dakota. Protection of the human participants was assured by several methods. Individuals who participated in the study were informed of the purpose of the research, how long they would be involved in the study, and any risks or benefits from participating (see Appendix A, Informed Consent Form).

### **Data Collection and Analysis**

Numerous approaches may be used when conducting qualitative research (e.g., narrative, biography, phenomenology, ethnography, case study, and grounded theory) (Creswell, 2012, 2013; Glesne, 2011; Maxwell, 2013). This study utilized a phenomenological research method to better understand what practicing occupational therapists experienced on their international service learning (ISL) project completed as students. According to Moustakas (1994), phenomenology allows the researcher to investigate people and their experiences. Knowledge is gained through understanding the perceptions of the participants and arriving at essences of their experiences. Husserl (1931) initially described an essence as what is common or universal that makes the experience what it is. Without the essence, the experience would not exist or be the same.



Interviews were primarily used to gather data. Participants were asked to meet with the researcher at a mutually agreed upon location. Prior to the interviews, the participants were provided an informed consent outlining the purpose of the research, the time commitment requested to be in the study, and identifying risks or benefits from being in the study. Options for participating or withdrawing without consequence were also discussed. The participants who provided written consent were interviewed. Interviews were audio recorded for accuracy, and participants were aware they were being recorded. Interviews were semi-structured in that predetermined questions guided the researcher, yet allowed follow-up questions to be asked in order to learn more about the participants' ISL experiences. The interview guide that outlines the semi-structured interview format can be found in Appendix B.

Interviews were transcribed verbatim. Transcription structured the data into text and allowed the beginning stages of analysis to occur by creating an overview of the interview (Kvale, 1996). There are multiple ways to analyze phenomenological data informed by different philosophical viewpoints (Roulston, 2010). One viewpoint is through social constructivism. Social constructivism is rooted in the beliefs of John Dewey (1933) and experiential learning theory, where learners actively build upon prior knowledge to construct new knowledge by interacting in their environment. Emphasizing experience and interpretation of the experience, phenomenology allows the researcher to describe the lived experiences of individuals who experience a central phenomenon (Creswell, 2013). Therefore, thematic analysis was utilized to create codes, categories, and themes in order to describe the participants' experiences. According to Glesne (2011), thematic analysis is the most commonly used qualitative means to analyze data.

Responses of the participants were coded and then clustered into categories. These categories allowed me to determine similarities, differences, patterns and eventually themes (Seidman, 2006). The themes that emerged created a description of the experience (Creswell, 2013). In Chapter IV, the codes, categories, themes and assertion that emerged from this study will be discussed and supported with participant narration and similar findings from the literature.

### **Summary**

The purpose of Chapter III was to describe the methods and procedures utilized throughout the study. I included a description of the phenomenological methods that were implemented in the study, how I accounted for my research bias, a description of the setting and how participants were selected, and how the data was collected and analyzed.

In Chapter IV, the data collected and analyzed from this study will be presented and related to the literature. A table will be utilized to identify the characteristics of the nine individuals who participated in my study and their perspectives about how their past ISL experiences contributed to their personal and professional lives.

## **CHAPTER IV**

### **PRESENTATION OF THE DATA WITH RESPECT TO THE LITERATURE**

The purpose of this qualitative study was to explore the perspectives of occupational therapy practitioners who engaged in experiential learning, specifically international service learning (ISL), as occupational therapy students. I sought to identify how and in what ways past ISL experiences influence occupational therapists' present personal and professional lives. In this chapter, a table will be utilized to identify the characteristics of the nine individuals who participated in my study. The data collected and analyzed from this study will also be presented and related to the literature.

#### **Participants**

The participants consisted of nine practicing occupational therapists, all graduates of the same occupational therapy program and each participated in a two-week long ISL project in Guatemala. The participants currently practice occupational therapy in a wide variety of practice settings, including skilled nursing facilities, rehabilitation units, outpatient adult and pediatrics, school systems, home healthcare and private practice. Eight of the participants were female and six were practicing in the state of North Dakota. Participant interviews were numbered to ensure confidentiality. Provided in Table 1 is a summary of each participant's gender, year they completed their ISL experience, their years practicing occupational therapy, the current state where they practice occupational therapy, and their current practice setting(s).

Table 1. Participants Interviewed.

Participant	Sex	Year of ISL	Years in Practice	Practicing State	Current Practice Area(s)
1	F	2008	6	ND	Skilled Nursing Facility
2	F	2008	6	ND	Skilled Nursing Facility
3	F	2007	7	IA	Private Practice & Outpatient-pediatrics
4	F	2010	4	ND	Home Health & Acute Rehabilitation
5	F	2012	1	OR	Skilled Nursing Facility & Outpatient-adults
6	M	2012	1	MT	Skilled Nursing Facility & Outpatient-pediatrics
7	F	2007	7	ND	Adult Rehabilitation
8	F	2010	4	ND	School Systems & Outpatient-pediatrics
9	F	2009	5	ND	Skilled Nursing Facility

### Data Collection and Analysis

An interview format was used to generate data. Participants were recorded and the recordings were transcribed verbatim. The participant's nonverbal communication was recorded in field notes and added to the transcribed interviews. Each recording was reviewed several times, and each transcript was read and re-read for accuracy. ATLAS.ti qualitative software was utilized to highlight significant phrases, which were coded. Figure 1 illustrates how the codes were condensed into categories, the categories formed relationships that contributed to three major themes, and the three themes culminated into one assertion.

Codes	Categories	Themes	Assertion
Anxiety Appreciative Unsure Emotional Empathy Guilty Happy Making a difference Safety	Feelings and Emotions	Participants reported encountering many new experiences during their ISL projects and voiced a variety of emotions they felt during their experiences. When thinking about their past ISL experiences, all of the participants reported feeling grateful and appreciative of what they have in their current lives.	The Guatemalan ISL project provided to participants of this study:  greater appreciation of what they have in their current lives;  a deeper level of cultural understanding, which advanced the participants' ability to provide culturally competent care;  and opportunities to practice occupational therapy skills with fewer resources, which resulted in greater creativity when implementing interventions.
Communication barrier Culture Differences New Environment Location Schedule	New Experiences		
Connections Making a difference Memories Team work Values	Relationships	Participants built relationships with those they served while experiencing the Guatemalan culture, which further contributed to a deeper level of understanding about the Guatemalan culture. Several participants described the importance of understanding and not judging their current clients' lives.	
Cultural differences Empathy Open-minded Therapeutic use of self	Understanding		
Communication Lack of resources Resourceful Think on their feet Flexibility	Creativity	All participants reported that their ISL experiences allowed them to practice occupational therapy skills and interventions. Their ISL challenged them to become more creative and resourceful, which is needed in most of their current practice settings.	
Busy Client centered Confidence Diversity Locations Occupational participation Professional application	Occupational Therapy		

Figure 1. Data Analysis.

### **Theme One: New Experiences Create a Variety of Emotions**

Participants reported encountering many new experiences during their ISL projects and voiced a variety of emotions they felt during these experiences. The following theme describes the range of emotions participants felt when traveling to an unfamiliar place, completing manual labor for people less fortunate than themselves, witnessing different health care policies, facing and overcoming clinically challenging cases, and relating their own life with the lives of the Guatemalan people.

Some of the participants shared that they had never traveled outside of the country before, and several shared that they were anxious about their safety prior to their trip. The following description describes how one participant explained how he/she felt prior to his/her experience. “I was so worried about our safety and how safe it was going to be.” Another participant added, “...you have to be careful [when traveling internationally] and you just never know what could happen anywhere I mean that’s with going anywhere traveling so you always ... have that in the back of your mind as far as safety.”

Several of the participants also commented that they had never participated in manual labor until they built a house for a Guatemalan family. Providing a home, although simple and modest compared to what the participants lived in at home, the participants felt like they were making a difference in the families’ lives, which was emotional for some. One participant explained,

...that concrete was hard work [mixing it by hand], but when you put so much work into something and see the end result and realize in three days you put a house together for a family. I even remember a window that swung open and

latched, and the little girl liked to swing the window open and look through. She was so excited; I wanted to cry and probably did. Yeah, it was cool.

Another participant explained his/her feelings when presenting a Guatemalan family with a house that he/she helped build.

I remember feeling two separate things. I remember feeling very excited for them and I was happy that they could have this place now, but I also remember feeling almost guilty in the fact that the things that we so often take for granted, like having a house with water and lights. It really made you more appreciative for what you do have after seeing that.

Several of the participants also discussed other service locations that provided them with exposure to different health care policies, and how that made them feel. One participant shared his/her experience in a Guatemalan nursing home:

At the time I was floored when I went there [Guatemalan nursing home]. They were different [than the U.S. nursing homes]; I remember they had dirt floors. I remember the adaptive equipment, as they called it, was very, very dirty, old and things we would never ever recommend here, they were using there. I feel like I was judgmental now looking back, I was almost appalled with what they were using. I remember seeing residents tied up to poles. I remember thinking that was crazy!

Another participant shared his/her feelings after his/her experience in a Guatemalan nursing home:

I just felt bad for the people, because once you get to that point, it seemed hopeless. Like there was just nothing more to these people's lives. Um, just

because they probably worked so hard their whole lives, and worked for you know, their families. And I didn't see any visitors, or anything. So, it was just, it was sad. It was sad I guess. Hard. Just different.

Another participant shared about his/her experience in a wheelchair seating and positioning clinic and how emotional that was because of the challenge that was successfully overcome:

I bet we probably spent five or six hours working on that one wheelchair so it was one of those things where we got done and they [the client and his family] were so grateful, and they were crying and we were crying...you know you forgot about how long you'd been working on it and you were just so excited for them, because they were so excited. The brother had been carrying him [the client] around quite a bit whenever he could, because the wheelchair just wasn't working [prior to receiving the wheelchair from the wheelchair seating and positioning clinic]. It was just one thing you felt so good about doing.

Participants also had the opportunity to work with children in orphanages and malnutrition centers, which were new experiences for all participants. The following participant shared how working with the children in Guatemala was touching. "...seeing the children laugh and giggle when they were having fun and telling them [Guatemalan children] stories, I don't know, it just kind of touched my heart." Another participant discussed how the first baby she ever fed was in Guatemala, and now that she is a mother, she experiences stronger emotions when reflecting on her past ISL experience.

At the time I thought it was sad of course [working with orphans and malnourished children]; I didn't have a lot of experience with babies. The first



baby I fed was in Guatemala. Now that I am a mom, it is much different. It breaks my heart a little bit more knowing what my daughter is having love wise and opportunity wise, versus these little [Guatemalan] babies. What they are born into... it saddens me more so now. I would want to take them all with me and give them love.

Despite experiencing a variety of emotions surrounding their ISL experiences, every participant recommended that occupational therapy students complete ISL projects. Several of the participants commented that their ISL experience changed them for the better and impacted their personal lives by helping them appreciate what they have. One participant stated, "Personally, I receive a sense of self-satisfaction I provided a positive impact on others in the world. I learn to take less for granted and realize I can help those less fortunate than I am." Another participant similarly shared:

I think everybody realized you should just be more grateful for what you have. I know that everybody in our group has been, obviously to a point, very fortunate. Everybody born in America has a chance to do something and be somebody. I think, most everybody in our group maybe realized, just basically how fortunate we were.

Another participant shared how the Guatemalan people lived with few material items, yet still appeared happy. This was a new concept for this participant.

They [Guatemalan people] didn't have a lot of material items, yet they were some of the happiest people I have met. That was eye opening for me. It made me realize how trivial buying that new car or new pair of shoes really is. What's

really important is having a great family, enough food to eat and a warm place to sleep every night.

When thinking about their past ISL experiences, some of the participants shared that completing their ISL helped them be more outgoing and confident in their personal lives. One participant stated, “I think [completing an ISL project] helped me just to grow as a person, like, I think just to be more confident and to go outside my comfort zone.”

Another participant similarly added,

What would have seemed probably scary before was pretty minute compared to the grandiosity of going to Guatemala. Like I am not afraid to go. Like if someone challenged me to do something, I am not afraid to try it because I have already traveled internationally.

In summary, participants voiced feeling a wide array of emotions prior to and during their ISL experience. Some participants reported feeling excited and others reported feeling nervous in anticipation of traveling to Guatemala. While serving those in need, participants reported feeling a sense of gratification for helping, where others reported feeling sad for what the Guatemalan people were facing and guilty for having more material items back home. Despite the array of emotions felt by the participants, they were recognizing their own culture and the cultural differences that were present between themselves and the Guatemalan people, which are essential elements for providing culturally competent care (Cross et al., 1989).

Finding that participants experienced a variety of emotions related to their ISL experience was similar to the literature. Main et al. (2013) also identified that nursing students voiced a variety of emotions during their ISL to Belize. Similar emotions

experienced by the nursing students included excitement and anxiety in preparation for traveling, as well as the desire to make a difference in others' lives.

When participants of this study thought about their past ISL in Guatemala, they reported a greater sense of confidence, which helped them personally and professionally. Anderson and Iken (2009) also found that occupational therapy students specifically identified an increase in confidence following their ISL, and Evanson and Zust (2006) also concluded that ISL impacted nursing students' future professional and personal lives.

### **Theme Two: Cultural Immersion Led to Greater Understanding**

Participants immersed themselves in the Guatemalan culture, which allowed them to form relationships with each other and with the Guatemalan people with whom they served. The following theme describes how the relationships were formed with each other and the Guatemalan people. The theme also describes how participants increased their understanding of interpersonal relationships with their peers and host families, the Guatemalan culture, health care policies, and how culture was embedded in their current practice.

One participant explained how the ISL experience made his/her peers closer by sharing the same experience.

We had a pretty small group, but I think it brought us a little bit close together. I think it [ISL experience] just gave us something different, and I really genuinely think that it changed the whole group. It really was a cool experience to watch that [change], because you could actually see it [group dynamics] change and you could see people working together.

Another participant shared how living with the host family, experiencing local foods, and the Guatemalan way of life helped form a relationship with the host family.

...the families we stayed with were amazing. They cooked us food and they were there to support us in any way that they could. They were phenomenal and the little kids that they had were adorable. That was great to have them welcome us into their home. Our house mama would kill all of the bugs for me. I hate bugs.

Several of the participants shared how the Guatemalan culture was different; however, they appreciated and embraced the difference. In fact, experiencing the Guatemalan culture allowed the participants to understand that people could still be happy with less material items. One participant shared,

Now that I have been to Guatemala, I feel personal possessions don't equal happiness. I feel when I was down in Guatemala the people seemed much happier with less work, less personal possessions and felt they engaged in more family time and activities of enjoyment.

Another participant similarly added:

It was neat, you don't need much to live. I mean that's what you really felt like, you don't need much to live in. They're [Guatemalan people] so much happier. They're not like driven, like work, work, work, work to pay your bills (I mean, people work down there), but they're just much happier. And their sense of time... you get there when you get there, like there's no, oh nine o'clock we are meeting today. To them they would have got here when they got here. But it is not so scheduled, you just go with the flow down there.

One of the cultural differences that participants observed and reported was the level of poverty the Guatemalan people faced. Many participants shared stories about the people they provided services for, and although different from how individuals are served in the U.S., participants voiced an understanding for the choices the Guatemalan people made. One participant shared:

...it is different down there but even they're doing the best that they can do with what they have. You can't be judgmental or anything because they are providing to their best ability what their kids need. At the infant orphanage, their mom was young and still trying to get her life together and she is going to come back and pick up her kids. So not all of them are orphans, they have just been dropped off there to get care, because their family couldn't provide the care. A lot of the girls down there [Guatemala] get pregnant very young, they are like in their teens and it is just, how do you provide for somebody when you don't have anything? I think keeping an open mindset and knowing they are doing the best they can do. They do care about the person, they just don't know how to help them.

Another participant shared her understanding about the fall-risk policies at a Guatemalan nursing home, despite being different from U.S. nursing home policies.

...for a safety precaution they would tie them [nursing home residents] to a column or pole so they would stay in their wheelchair. If I was working in the same situation, and I was working with someone who was a fall risk, what would I do? We [in the U.S.] have alarms on our wheelchairs and one-on-one supervision, so we accommodate them [residents] here [in the U.S.], but in that

situation, what do you do to prevent injury? They tied them to a pole. They did what they had to do.

Several of the participants shared how experiencing another culture during their ISL allowed them to have a greater awareness of different cultures in their current practice and the importance of being open minded. One participant stated, "...just knowing their [current clients] story and being able to relate and be open minded to how their culture is." Another participant shared how ISL provided greater confidence when working with people from different cultures in his/her current practice.

My service learning experience allowed me to expand my skills and build my confidence in my abilities to work with individuals and families of different cultures with different languages. The number of ethnic groups are growing in the pediatric therapy population and it is crucial to be willing to work with them as collaboratively and respectfully as possible.

Similarly, another participant shared how the ISL experience increased cultural sensitivity and how that has carried over into this therapist's current practice.

Since Guatemala, I am more sensitive to people's culture. I am a better listener, which is needed in any culture difference. So many people in outpatient come in and we always joke in outpatient how half our job is psych therapy. We sit and we talk and listen. You can pull so much information by just talking to them, so when you aren't familiar with their background or where they come from and what is important to them, you have to ask questions. So by being in that environment [Guatemala] that is so unfamiliar to you, you have to ask questions and listen to apply what they are saying to anything therapeutic. Now as an occupational

therapist: yes, I find myself listening a lot and finding out what is important to that particular person and being client-centered.

In summary, participants reported feeling closer to one another and closer to the Guatemalan people they served during their ISL experience. In relation to the literature, Evanson and Züst (2006) also reported that nursing practitioners reported forming lasting connections with the peers with whom they traveled, as well as the community served. Similarly, Humbert et al. (2012) also reported that occupational therapy students voiced a sense of connectedness as they formed relationships and bonded with those whom they worked. When looking back at their experience, the participants of this study valued forming relationships with the Guatemalan people, because they truly understood the culture while living there. Cross et al. (1989) identified the importance of understanding the meaning of a client's behavior in relation to their cultural context. This understanding of the behavior in relation to the cultural context increases the likeliness of applying cross-cultural interventions that are necessary in order to provide culturally competent care. Furthermore, while practicing occupational therapy, the participants of this study reported greater cultural awareness and cultural understanding. Similar to the literature, several studies also found that participants who experienced ISL became more understanding of different cultures (Anderson & Iken, 2008; Humbert et al., 2012; Green et al., 2011).

### **Theme Three: ISL Experience Enhanced Creativity and Resourcefulness**

Every participant described how they had to work with limited resources in Guatemala, whether it was due to the poverty the Guatemalan people faced or not speaking the Guatemalan language and having direct access to a translator. These

limitations encouraged the participants to be creative, while utilizing what limited resources they could find. The following theme describes how participants utilized limited resources while completing manual labor, occupational therapy interventions, and experiencing the language barrier when a translator was not present. The theme also describes how working with limited resources has impacted their professional skills in their current practice settings.

One participant described building a house with limited tools. “Building a house with just a screwdriver and hammer is challenging! We didn’t have electricity, we had screwdrivers and hammers, but they [Guatemalan people] probably do this all the time.” Another participant described utilizing various therapeutic media that he/she was able to bring on the trip and how these media were utilized for interventions.

Some of my memories from there [Guatemalan nursing home] were that we had brought theraband, and we had taught them to tie it to their wheelchairs and do different exercises on their wheelchairs. We also brought bubbles with and one lady didn’t understand what we were doing (because of the language barrier), and she put the wand in her mouth... but we got it figured out. We also took some balloons and we did parachute exercises while singing *Head Shoulders Knees and Toes* in Spanish, so we sang that with them and it made them laugh and smile.

Many participants also shared how they creatively adapted to the language barrier, while working with the Guatemalan people, when not having access to a translator. One participant stated, “You have to rely on facial expressions, gestures and other things, other than language. You just want to get through to them...”. Similarly, another participant added:



...a smile is universal, because I would just laugh and smile with them, but I had no clue what they were saying, and they didn't know what I was saying. So we would just smile, and it is just amazing what you can figure out.

Experiencing the language barrier in Guatemala also helped the participants understand the importance of rapport building with their current clientele. One participant shared:

I felt my ISL experience helped me with building a trusting relationship with my [current] clients. First impressions make a lasting impression and being able to make a positive impression with individuals is something I feel I have carried over into my practice. I felt like working at the nursing home [in Guatemala] is where I learned how important patient rapport is, because to those individual we were strangers that couldn't speak their language and we were asking them to participate in exercises and other therapeutic activities that they had never done before. With the language barrier you learn how important facial expressions and gestures are when building rapport. Just by smiling at the individuals, we built rapport and they, in turn, trusted us enough to participate. That experience has helped many times while practicing occupational therapy.

Other participants shared how working with limited resources during their ISL experience helped prepare them to be more flexible in their current practice. One participant stated:

...going to a completely different country with a language barrier, not knowing what we are going to do has prepared me to take whatever comes at me.

Especially working now in a rural setting, I get such a variety [of clients] and to

know that if I don't know the answer at the time, it is okay to look it up and research it and work through it.

Similarly, another participant described how his/her current practice setting also had limited resources, and related to working with limited resources during the ISL experience; one could be creative with the materials that are available.

It is not all about the equipment you have, because when I started [working as an OT] at the place I am at now, there was hardly any equipment there. You kind of make do with what you have, and you can be pretty inventive and make things work. That is what I really took away from Guatemala, because if you go to a big place [facility in the U.S.] that has everything you can imagine, it is easy to just rely on the equipment there and have people do stuff. But when you are somewhere that there is less equipment, you have to be more inventive to help them [clients] get better and rely on your own skills more.

In summary, the participants described several instances of working with limited resources in Guatemala, including an inability to speak the Guatemalan language.

Participants shared that working with limited resources allowed them to think creatively when treating individuals in Guatemala. Most of the participants reported that working with limited resources during their Guatemalan ISL project helped them be more flexible and creative in their current practice settings. Several of the participants also shared that, on occasion, their current clients did not speak English or did not understand verbal communication as a result of their condition (e.g., autism, dementia, hearing impaired). Using creative, nonverbal communication in Guatemala helped prepare participants for these occasions. The results of this study support the findings of other researchers. For

example, understanding the effects of communication differences, and recognizing how to attain knowledge, or being resourceful in order to provide appropriate interventions provides therapists additional essential elements in providing culturally competent care (Cross et al., 1989). Furthermore, Green et al. (2011) also reported nursing and medical students reported learning valuable lessons while working with limited resources. Valuable lessons included being flexible, and innovative when working with limited resources. Puri, Kaddoura, and Dominick (2013) also found that dental hygienist students who participated in an ISL experience in Morocco increased non-verbal communication when working with clients who spoke a different language.

### **Assertion**

The participants of this study shared multiple new experiences they faced during their Guatemalan international service learning (ISL) project. With each new experience, participants shared a variety of emotions they felt in relation to these experiences. When describing the feelings and emotions they felt during their ISL experiences, participants all shared how the experience made them appreciate what they have in their current lives, such as supportive and loving family and friends, opportunities for education, food, shelter, and clothing.

Participants also discussed becoming closer with their peers, and especially to the Guatemalan people. The participants lived among the Guatemalan people experiencing their culture and witnessing how they lived their lives. As a result, the participants voiced an understanding of the Guatemalan culture and their way of life. As a result of understanding how people from different cultures live, the participants voiced the

importance of trying to understand the lives of their current clients in order to provide the best possible interventions.

Finally, participants practiced their occupational therapy skills in Guatemala while utilizing limited resources related to the poverty the Guatemalan people face. This enabled the participants to create effective interventions by utilizing what resources they could find. As a result of working with limited resources in Guatemala, participants voiced becoming more creative and resourceful when implementing interventions in their current practice setting.

All three themes provided evidence that the participants, now practicing occupational therapists, provided culturally competent care during their ISL experiences and in their current practice settings. Across the three themes, the participants shared how they acknowledged cultural differences and how these differences affected others; recognized their own culture; understood the effects of communication differences; appreciated that cross-cultural interventions occurred when they understood the client's cultural context; and recognized how they attained knowledge about specific cultures for individualized treatment (Cross et al., 1989).

As a result of the analysis of this study, the codes condensed into categories. The categories formed relationships, which became the themes. Finally, the three main themes of this study culminated into one final assertion. The Guatemalan ISL project provided to participants of this study: greater appreciation of what they have in their current lives; a deeper level of cultural understanding, which advanced the participants' ability to provide culturally competent care; and opportunities to practice occupational therapy skills with fewer resources, which resulted in greater creativity when implementing interventions.

## Discussion

Although this study captured the voices of occupational therapy practitioners who engaged in Guatemalan ISL projects, the results of this study supported similar findings from other studies that explored the perspectives of students in various health care disciplines who experienced ISL. The participants of this study who engaged in ISL experiences as occupational therapy students were able to relate their past ISL experiences to their present lives. This is synonymous with Kolb's (1984) experiential learning theory, where individuals bring their experiences with them. Therefore, the participants of this study were able to describe their past ISL experiences and relate these experiences to their current personal and professional lives. Furthermore, according to Kolb (1984), in order to learn from past experiences, students must implement active experimentation by implementing what they have learned from their past experiences. The practicing occupational therapists in this study have had time to experiment with and implement what they learned from their past ISL into their current practice settings.

**Participant recommendations.** As a result of the participants' past ISL experiences and current practice experiences, occupational therapists have the potential to provide feedback on improving the current Guatemalan ISL project. Few of the participants offered that if they could change something about their ISL program, they would have included studying more of the Spanish language prior to traveling, in order to increase independent communication with the Guatemalan people. Most of the participants mentioned they would not change anything about the experience. When comparing the Guatemala ISL case with cases from other ISL programs in the literature, one significant difference is evident. None of the case studies in the literature mention

whether there are student needs or supports for students upon return from their ISL project. In the Guatemala ISL case that was studied, students who engaged in the Guatemalan ISL experience prepared a presentation where they shared their experiences and what they learned with university faculty and other students. This final project allowed the students to reflect on what they learned and summarize their experience to others, which also provided closure for their ISL experience.

Student supports have been important in other cross-cultural learning opportunities upon a student's return home. In the field of study abroad, it has been shown to be difficult for students to readjust to their home culture upon their return, resulting in reverse culture shock (Miller-Perrin & Thompson, 2014; Young, 2014). Young (2014) identified that reverse culture shock is more severe than the initial culture shock experienced when facing a different culture, because students assume they will easily adjust back home. Kohls (1984) also identified that students have a support system when they travel abroad to help them settle into their new community, but this support is not accessible back home.

Techniques for handling reverse culture shock include bridging the experience abroad and back home (Young, 2014). These techniques include sharing information and learning experiences with others who have and have not experienced study abroad (Hess, 1994). According to the National Association for Foreign Student Advisors (2015) a successful reentry program should begin preparing students for reentry before they travel abroad, remind students about reentry before they leave the host country, have an informal gathering when students return to school in order to network and form peer relationships, invite students to speak about their experiences, and encourage students to

mentor incoming international students. Across the study abroad literature, researchers concluded that students who study abroad need assistance in reflecting and making sense out of their experiences (Hess, 1994; Kohls, 1984; Miller-Perrin & Thompson, 2014; Young, 2014).

### **Summary**

Chapter IV was a presentation of the analyzed results utilizing the specific methods conducted in this study. Literature was referenced and related to the results. A table was utilized to describe each of the nine individuals who participated in the study, along with their perceived experiences and beliefs regarding the three major themes that emerged from the data that culminated into one assertion. In Chapter V, a summary, conclusions, recommendations for utilizing ISL programs, and recommendations for future research related to ISL are provided.

## **CHAPTER V**

### **SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS**

#### **Summary**

The purpose of this qualitative study was to explore the perspectives of occupational therapy practitioners who engaged in experiential learning, specifically international service learning (ISL), as occupational therapy students. Experiential learning theory described by Kolb (1984), and cultural competence described by Cross et al. (1989) were utilized to frame this study. An overview of the background and need for this study was provided in Chapter I. In Chapter II, the literature was discussed surrounding the topic of ISL in a variety of healthcare fields (i.e., nursing, physical therapy, and occupational therapy). In Chapter III, case study approaches were utilized to identify the specific case of the Guatemalan ISL experience from the same occupational therapy program in the Upper Midwest. Phenomenological methods were also utilized to interview the nine participants of a Guatemalan ISL program. Audio recordings were transcribed verbatim and then analyzed for codes, categories, themes and an assertion. Chapter IV was a presentation of the analyzed results, utilizing the specific methods conducted in this study. Three major themes emerged from the data analysis and were supported with participant narratives and similar findings from the literature that culminated into one assertion. In this chapter, a summary, conclusions, recommendations for implementing ISL programs, and recommendations for future research related to ISL are provided.



## **Overview of the Methodology**

This phenomenological case study consisted of interviews with nine practicing occupational therapists who all graduated from the same occupational therapy program, and each participated in a two-week long ISL project in Guatemala. The participants currently practice occupational therapy in a wide variety of practice settings. Most of the participants were female and were practicing in the state of North Dakota. Interviews were recorded and transcribed verbatim. Observations of the interviews were also recorded in field notes, and the interviews and observations became the data that was analyzed. Thematic analysis was utilized to create codes, categories, themes, and an assertion in order to describe the participants' experiences (Glesne, 2011). In the following four sections, the three themes and the assertion that emerged are summarized.

### **Theme One: New Experiences Create a Variety of Emotions**

Theme One stated that participants encountered many new experiences during their international service learning (ISL) projects and voiced a variety of emotions they felt during their experiences. When thinking about their past ISL experiences, all of the participants reported feeling grateful and appreciative of what they have in their current lives. Many of the emotions described by the participants included excitement and anxiety in anticipation of traveling somewhere new. These reported feelings are consistent with Grusky (2000), who stated that students often choose to complete ISL to fulfill a yearning for travel and adventure. Once participants arrived in Guatemala and witnessed the poverty, several of the participants shared that they felt guilty for having supportive family, friends, and belongings in their lives back home. Kirby and Write (2013) found similar findings with nursing students who traveled to Belize. Several of the

nursing students reported feelings of guilt when faced with the level of poverty in the country where they completed services.

The participants of this study provided service to the Guatemalan people by conducting pro-bono occupational therapy services at a pediatric malnutrition center, an orphanage, a nursing home, a hospital, and a wheelchair seating and positioning clinic. Students also completed Guatemalan community service projects in a homeless shelter, participated in a food and clothing drive, and built homes for the residents of Guatemala. Despite many participants sharing they felt guilty for having more material items and more opportunities back home, they also reported a sense of pride and satisfaction for helping those in need. This finding is similar to Kirby and Write's (2013) study of nursing students who traveled to Belize and reported feeling satisfied that they were making a difference in people's lives.

### **Theme Two: Cultural Immersion Led to Greater Understanding**

Theme Two stated that participants built relationships with those they served while experiencing the Guatemalan culture, which further contributed to a deeper level of understanding about the Guatemalan culture. Several participants described the importance of understanding and not judging their current clients' lives. Participants became immersed in the Guatemalan culture, which was different than their own culture. Living their lives as the Guatemalan people and providing services to those in need, allowed the participants the ability to witness challenges that the Guatemalan people faced. Witnessing these challenges allowed the participants to feel empathy toward the Guatemalan people. As a result of completing the Guatemalan ISL project, participants increased their understanding of interpersonal relationships with their peers and the host

families, the Guatemalan culture, health care policies, and how culture was embedded in their current practice settings.

Subsequently, most of the participants reported working with clients of different cultural backgrounds in their current practice settings. When thinking about their past ISL in Guatemala, participants shared how important it was to not judge their current clients' lives, as the participants admitted that they may not fully understand what their clients are going through at the time of their evaluation or treatment. Participants also attributed learning from their past ISL regarding how important being open and accepting of other cultures is in order to provide quality care to their clients. Similar to the literature, several authors of ISL research found that participants reported feeling connected to the community in which they served (Humbert et al., 2012; Evanson & Zust, 2006). Furthermore, several other authors also reported that participants of ISL projects became more understanding of cultures other than their own (Anderson & Iken, 2008; Humbert et al., 2012; Green et al., 2011).

### **Theme Three: ISL Experience Enhanced Creativity and Resourcefulness**

Theme Three stated that the participants reported their ISL experiences allowed them to practice occupational therapy skills and interventions. Their ISL challenged them to become more creative and resourceful, which they reported is needed in most of their current practice settings. Several of the participants shared that practicing occupational therapy in Guatemala was challenging, because of the lack of resources. Participants gave several examples of the Guatemalan facilities having fewer resources than most U.S. facilities. Participants also shared that the inability to speak the local language and having no/little availability of an interpreter was challenging. Practicing occupational therapy

skills with few resources allowed the participants to creatively utilize what they could think of, or could find.

Subsequently, most of the participants shared that working with limited resources in Guatemala helped them be more creative and resourceful when implementing interventions with limited resources in their current practice settings. Several of the participants gave examples of utilizing nonverbal body language, similar to that utilized in Guatemala, when working with individuals who did not speak English, or who did not understand English secondary to their condition. Several other participants shared examples of fabricating or modifying splints, adaptive equipment, or wheelchairs for their current clients as they also did not have access to specific types of equipment in their current practice settings. Similar to the literature, Puri et al. (2013) also found that dental hygienist students who participated in an ISL experience in Morocco increased non-verbal communication when working with clients who spoke a different language. Also, Green et al. (2011) stated that nursing and medical students learned valuable lessons while working with limited resources.

### **Assertion**

All three themes provided evidence that the participants of this study provided culturally competent care (Cross et al., 1989) during their ISL experiences and in their current practice settings. The participants shared how they acknowledged cultural differences and how these differences affected others; recognized their own culture; understood the effects of communication differences; appreciated that cross-cultural interventions occurred when they understood the client's cultural context; and recognized how they attained knowledge about specific cultures for individualized treatment.

Therefore, the three themes culminated into one final assertion: The Guatemalan ISL project provided to participants of this study: greater appreciation of what they have in their current lives; a deeper level of cultural understanding, which advanced the participants' ability to provide culturally competent care; and opportunities to practice occupational therapy skills with fewer resources, which resulted in greater creativity when implementing interventions.

### **Limitations**

The purpose of this study was to explore the perspectives of occupational therapy practitioners who engaged in experiential learning, specifically international service learning (ISL), as occupational therapy students. I sought to examine how and in what ways past ISL experiences influence current personal and professional lives of occupational therapists, as this has not yet been heard in the literature. The participants were a criterion sample of practicing occupational therapists who were graduates of the same Midwestern occupational therapy program and who completed an ISL project in Guatemala. A total of nine individuals, eight female and one male, volunteered to participate in this study. For a phenomenological study, a sample size of nine is adequate; however, the findings of this study represent a relatively small portion of the overall sample of occupational therapists who engaged in ISL experiences. Therefore, the findings of this study cannot represent all occupational therapists who engaged in other ISL experiences.

### **Conclusions**

Experiencing ISL in Guatemala allowed the participants of this study to fulfill a yearning for travel and adventure; express their sentiment to help others; broaden their

world view; and prepare for their future careers as occupational therapists (Grusky, 2000). All nine participants voiced that their Guatemalan ISL was a positive experience that helped them personally and professionally, which is similar to findings in the literature (Anderson & Iken, 2009; Evanson & Zust, 2006). Furthermore, each participant recommended that every occupational therapy student complete an ISL experience in order to prepare them for their profession and to become a better person.

Being immersed in the Guatemalan culture provided an opportunity for the participants to experience another way of life that was reportedly different than what they were used to experiencing. Participants embraced the cultural difference, and in turn, were left with a greater understanding of the Guatemalan culture. As a result of their ISL experiences, the participants verbalized a deeper understanding and appreciation of the Guatemalan culture while learning professional, occupational therapy skills (Bringle & Hatcher, 2011). Subsequently, all participants related a learning experience that occurred during their Guatemalan ISL project to their professional roles as occupational therapists. Furthermore, every participant also reported the Guatemalan ISL experience still helps them appreciate what they have in their current lives.

### **Recommendations for Utilizing ISL**

Utilizing international service learning (ISL) programs in higher education has been increasing in popularity and has been shown to benefit the participants in many ways, both personally and professionally. The participants of this study demonstrated promise with increasing their knowledge about the occupational therapy profession, utilizing effective communication, increasing their confidence, and having a greater understanding of other cultures, which is similar to the ISL literature (Crabtree, 2008;

Grusky, 2000; Tonkin, 2004). Therefore, the following recommendations for utilizing ISL programs will be made for program administrators, faculty, and students.

### **Program Administrators**

Research has shown that ISL programs show variability among the ISL locations, how much time is spent on service, the duration of the entire experience, and the duration of student orientation prior to their participation. Furthermore, the literature on ISL is spread throughout various education journals, as well as in specific journals related to the discipline implementing ISL. Accordingly, becoming informed about the best practices of implementing and utilizing ISL as pedagogy is challenging. Therefore, I recommend that interdisciplinary program administrators that utilize ISL have conversations about the strengths, weaknesses, and opportunities their ISL is offering to all of their participants (i.e., students, faculty, and participating communities). Program administrators also have the ability to promote student support services for the students' return home in order to assist students in coping with reverse culture shock. I also recommend that program administrators encourage the assessment of ISL programs in order to identify whether they contribute to program and institutional outcomes.

### **Faculty**

Faculty who are interested in beginning ISL experiences for their specific courses should expand their search for literature in a variety of education and multidisciplinary journals in order to become informed about the aspects that comprise successful ISL programs. Expanding their search for literature should include the inter-related ISL fields of service learning, international education, and study abroad. Each of these fields offers additional research and recommendations that may apply to ISL.

I recommend that faculty build course outcomes specific to the ISL experience that contribute to the program and institutional outcomes. Frequent assessment and modification of the ISL program would further facilitate the students learning and provide opportunities for accommodating any needs the participating community may experience.

Educating students about culture shock and reverse culture shock, and the services that are available to help these issues should occur prior to, during, and after their ISL experience in order to increase awareness for students who experience such phenomena. Finally, I recommend that faculty provide ample opportunities for students to reflect upon and make sense of their learning from their ISL program before, during, and after their experience.

### **Students**

Every participant of this study recommended that students complete ISL experiences in order to become better occupational therapists and better people. I recommend that students who are interested in engaging in ISL experiences seek out prior participants and faculty who have engaged in the ISL program to hear first-hand of the experience. Students should research the location where they are traveling to, and actively engage in any orientation course that is being offered prior to traveling. I recommend that students actively engage in reflective assignments provided by the faculty prior to, during, and after their ISL experience in order to attain a deeper level of learning and to make sense of what they experienced. I also recommend that returning students advocate for themselves and seek student support services if needed in order to cope with reverse culture shock.



## **Recommendations for Further Research**

### **Long-Term Effects**

This study is unique, as it explored the thoughts of practicing occupational therapy clinicians, as opposed to students. It also offers a glimpse of the long-term effects international service learning (ISL) projects provide participants. Additional research should be completed in order to further identify long-term effects of ISL projects and advance the knowledge about their efficacy.

### **Personal and Professional Lives**

Additional qualitative research to gain perspectives of practicing occupational therapists who completed ISL from a variety of programs would further gain insight to how and what ways their past ISL experiences contributed to their current personal and professional lives. The participants of this study verbalized feeling more confident in implementing their occupational therapy skills following their ISL experience. Therefore, I recommend additional research be completed in order to identify how ISL contributes to the growth and development of technical skills.

In addition, the results of this study show evidence that completing ISL in Guatemala increased a participant's appreciation for what they had in their current lives, increased understanding of different cultures, and enhanced creativity and resourcefulness when implementing interventions. Completing specific quantitative studies that aim to measure these potential benefits would further strengthen the ISL literature.

## **Occupational Therapy Education**

The participants of this study shared that their ISL program was a positive learning experience, where they had the opportunity to practice administering occupational therapy interventions to those in need. Hodgetts et al. (2007) identified that fieldwork and courses that provide technical skills and intervention strategies increased occupational therapy student satisfaction with their programs. Therefore, I recommend studying whether ISL experiences have an effect on students' overall satisfaction with their education.

## **Student Supports**

Most of the participants of this study mentioned how they would not change anything about their ISL experience. The Guatemalan international service learning (ISL) case that was studied had a student presentation upon the students' return in order to share information to other faculty and students about their ISL experience. Study abroad literature suggests that students benefit from sharing their experiences with others upon their return in order to cope with reverse culture shock (Miller-Perrin & Thompson, 2014; Young, 2014). There is an apparent gap in the ISL literature, as reverse culture shock or reentry programs are not discussed as they are in study abroad literature. Therefore, additional research in identifying if reverse culture shock occurs during ISL, and if so, if reentry programs or student services assist students in coping with this phenomenon would be advantageous.

## **APPENDICES**

**APPENDIX A**  
**INFORMED CONSENT FORM**

1

**THE UNIVERSITY OF NORTH DAKOTA  
CONSENT TO PARTICIPATE IN RESEARCH**

**TITLE:** *Exploration of Occupational Therapists' International Service Learning Experiences*

**PROJECT DIRECTOR:** *Jason Lawson*

**PHONE #** *701-260-7473*

**DEPARTMENT:** *Teaching and Learning*

**STATEMENT OF RESEARCH**

A person who is to participate in the research must give his or her informed consent to such participation. This consent must be based on an understanding of the nature and risks of the research. This document provides information that is important for this understanding. Research projects include only subjects who choose to take part. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

**WHAT IS THE PURPOSE OF THIS STUDY?**

You are invited to be in a research study about your international service learning experience you participated in when you were an occupational therapy student. The purpose of this research study is to understand your perspectives about your experience.

**HOW MANY PEOPLE WILL PARTICIPATE?**

Approximately 6-20 occupational therapists will take part in this study.

**HOW LONG WILL I BE IN THIS STUDY?**

If you decide to participate in this study, you may be interviewed about your knowledge, experiences, or opinions regarding your international service learning project. These interviews typically last thirty (30) minutes to an hour.

You will be asked if voice recordings can be made of your interview. Such recordings will be used only for writing down exactly what you say. You also may be asked if photographs can be taken of any items you share or talk about. Such photographs will be used to help make your experience clear to the researcher. Your name will remain secret. Tapes and photographs will be stored in a locked cabinet after use. Being recorded and photographing your items is voluntary. You may still participate without being recorded or items being photographed.

Approval Date:	JAN 7 2015
Expiration Date:	JAN 6 2016
University of North Dakota IRB	

Date: \_\_\_\_\_  
Subject Initials: \_\_\_\_\_

**WHAT WILL HAPPEN DURING THIS STUDY?**

Once you decide to participate, we will decide on a quiet and private location to meet. You will be asked a series of questions regarding your international service learning experience you completed as an occupational therapy student. You will also be asked to show me any items or photographs you acquired during your experience and to talk about them. You may also be asked if photographs can be taken of your items so they can be remembered by the researcher at a later time.

After our interview, everything you talked about will be recorded, and you will be contacted through email asking you to review our conversation. From this record, it will be made certain that it is accurate. Once you have given your approval, common themes will be identified for those who have been interviewed. This could take anywhere from one to three years depending on whether this data is used for a dissertation or a journal article; however, no identifying information will be included. You are free to skip any questions that you do not want to answer during the interview. You are also free to not share any items you acquired on your international service learning experience.

**WHAT ARE THE RISKS OF THE STUDY?**

The risks involved with this study include the possibility of a loss of confidentiality. Though many steps are taken to ensure secrecy, the identity of participants might accidentally become known. This may cause embarrassment or discomfort. Some questions asked about your experiences might cause worry, embarrassment, discomfort, or sadness. You may choose not to answer such questions. If you would like to talk to someone about your feelings about this study, you are encouraged to contact FirstLink for listening and support. You can reach them by dialing 211, or 701-235-7335. Other referrals to counseling will be available should you choose, but no money is available from the study to pay for such services. Another drawback for you is the amount of time spent in interviews or answering questions.

**WHAT ARE THE BENEFITS OF THIS STUDY?**

No direct benefit is guaranteed to you from participating in this study. Your participation in this research, however, may benefit other people in the future by helping us learn about international service learning experiences.

**WILL IT COST ME ANYTHING TO BE IN THIS STUDY?**

You will not have any costs for being in this research study.

**WILL I BE PAID FOR PARTICIPATING?**

Approval Date:	JAN 7 2015
Expiration Date:	JAN 6 2016
University of North Dakota IRB	

Date: \_\_\_\_\_  
Subject Initials: \_\_\_\_\_

You will not be paid for being in this research study.

#### **WHO IS FUNDING THE STUDY?**

The University of North Dakota and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.

#### **CONFIDENTIALITY**

The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, you will not be identified. Your study record may be reviewed by Government agencies, the UND Research Development and Compliance office, and the University of North Dakota Institutional Review Board.

Any information that is obtained in this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of using a made up name instead of your own. Interviews, notes, and any photo or audio recordings will be stored in a locked cabinet when not in use. You have the right to review/edit the recordings at your request. Only the researcher or the researcher's instructor/advisor may listen to these recordings or view any photos taken for educational purposes. Any information from the data that could identify you will be removed. A paid typist may transcribe any recordings; this person will sign a confidentiality agreement. If a written report or article is published about this study, the study results will be described in a summarized manner, so that you cannot be identified.

#### **IS THIS STUDY VOLUNTARY?**

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota.

#### **CONTACTS AND QUESTIONS?**

The researcher conducting this study is *Jason Lawson*. You may ask any questions you have now. If you later have questions, concerns, or complaints about the research please contact me at **701-260-7473** or my advisor, Myrna Olson at 701-777-3188.

If you have questions regarding your rights as a research subject, you may contact The University of North Dakota Institutional Review Board at (701) 777-4279.

Approval Date:	JAN 7 2015
Expiration Date:	JAN 6 2016
University of North Dakota IRB	

Date: \_\_\_\_\_  
Subject Initials: \_\_\_\_\_

- You may also call this number about any problems, complaints, or concerns you have about this research study.
- You may also call this number if you cannot reach research staff, or you wish to talk with someone who is independent of the research team.
- General information about being a research subject can be found by clicking “Information for Research Participants” on the web site:  
<http://und.edu/research/resources/human-subjects/research-participants.cfm>

**I give consent to be audiotaped during this study.**

**Please initial:**      \_\_\_ Yes      \_\_\_ No

**I give consent for me or my items to be photographed during this study.**

**Please initial:**      \_\_\_ Yes      \_\_\_ No

**I give consent for my quotes to be used in the research; however I will not be identified.**

**Please initial:**      \_\_\_ Yes      \_\_\_ No

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Subjects Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

I have discussed the above points with the subject or, where appropriate, with the subject’s legally authorized representative.

\_\_\_\_\_  
Signature of Person Who Obtained Consent

\_\_\_\_\_  
Date

Approval Date:	JAN 7 2015
Expiration Date:	JAN 6 2016
University of North Dakota IRB	

Date: \_\_\_\_\_  
Subject Initials: \_\_\_\_\_

## **APPENDIX B**

### **INTERVIEW GUIDE**

What is your current role as an occupational therapist? What were your roles as an occupational therapist in other settings where you were employed?

You were selected to answer questions based on the international service learning experience that you completed as an occupational therapy student. Explain when you completed it in your program? (i.e., year two student, graduate student). How many years ago did you complete the experience?

Talk about where you went, how you got there, what you were feeling in anticipation of this experience?

Explain what a typical day was like when you were there. (Possibly show items.) What were your roles? What were the challenges? How are those roles similar and different from your experiences as an occupational therapist?

Can you describe an experience in your current practice where you applied what you learned from your international service learning experience?

Looking back at the experience, what would you have done differently? What advice would you give an occupational therapy student contemplating going on an international service learning experience? What would you tell him/her?



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