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## International Service Learning: Occupational Therapists' Perceptions of Their Experiences in Guatemala

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## International Service Learning: Occupational Therapists' Perceptions of Their Experiences in Guatemala

### Abstract

The U.S. is fast becoming more culturally diverse, creating a greater need for entry-level occupational therapists to be culturally competent. In order to increase students' cultural competence, there is a growing support for international service learning (ISL). The purpose of this qualitative research study was to explore the perspectives of occupational therapy practitioners who engaged in ISL as occupational therapy students. Interviews were conducted with nine practicing occupational therapists, all of whom graduated from the same occupational therapy program in the U.S. and participated in an ISL experience in Guatemala. Phenomenological methods were used to analyze the transcribed interviews for codes, categories, and themes. The three themes that emerged were: Participants reported encountering many new experiences that led to experiencing a variety of emotions, their experiences in the Guatemalan culture further contributed to a deeper level of understanding about culture, and all of the participants reported that their ISL experiences allowed them to practice occupational therapy skills and interventions with limited resources, which facilitated creativity and resourcefulness. The findings of this study support that completing ISL as students contributes to occupational therapists' personal and professional lives and offers a glimpse of potential long-term effects of completing an ISL experience.

### Keywords

International Service Learning, Occupational Therapist, Guatemala

### Credentials Display

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According to the United States Census Bureau (2011), the U.S. population is becoming considerably more racially and culturally diverse. In fact, the population of all minority groups increased between the years 2000 and 2010. In contrast to the minority population growth, the White population decreased by 4%. Related to these statistics, the United States Census Bureau (2012) projects the US to become a majority-minority nation for the first time by the year 2034. With the ongoing increase in racial and cultural diversity, all clinical practice areas in health care, including occupational therapy, are observing clients from different cultures every day. In fact, it is estimated that one out of four individuals that a health care practitioner treats will be from a different cultural background (Wright, 2008). Therefore, occupational therapy educators must expose students to different cultures in order to promote their cultural competence as entry-level practitioners.

### **Background**

Most definitions describe culture as the experiences, values, beliefs, ideals, judgments, and attitudes that shape individuals (Crabtree, Royeen, & Benton, 2006). A patient's cultural background impacts his or her access and response to health care services as well as the patient's beliefs about illness. Therefore, in order to provide culturally competent care, occupational therapy practitioners must be aware of and respect their clients' beliefs. Being a culturally competent occupational therapy practitioner entails actively developing and practicing appropriate and sensitive strategies when interacting with individuals of different cultures

(American Occupational Therapy Association [AOTA], 1995). Cultural competence for an occupational therapist requires having self-awareness; skills; and knowledge 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, the occupational therapist's responsibility is to implement culturally appropriate interventions during treatment in order to reach the client's outcomes.

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

Cultural competence cannot be achieved overnight; rather, it is a process that evolves and develops over time (AOTA, 2011). Therefore, an occupational therapy student must be exposed to a curriculum that offers a variety of cultural learning experiences in order to acquire cultural competence as an entry-level therapist (AOTA, 2011). Specifically, exposing students to new cultures is an active way to develop an awareness and understanding of different cultures, which leads to cultural competence (Bentley & Ellison, 2007; Chang, Chen, Huang, & Yuan, 2012). One way to expose students to different cultures is through international service learning (ISL).

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 experiences 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.

Participation in ISL facilitates learning by providing experience and reflection and encouraging a commitment to serve others (Bringle & Hatcher, 2011). Furthermore, an ISL experience transforms classroom lessons from abstract concepts into real-life examples, issues, and concepts that may increase a student's cultural competency skills in order to meet the diverse needs of his or her future clients (Oberle, 2014).

Since the U.S. is becoming more culturally diverse, there is concern about whether health care graduates are culturally competent enough to respond to these changing demographics (Green, Comer, Elliott, & Neubrandner, 2011; Wilcox & Taylor-Thompson, 2012). In order to increase students' cultural competence, various health care programs are supporting ISL (Anderson & Iken, 2009; Hayward, Li, Venere, & Pallais, 2015; Wilcox & Taylor-Thompson, 2012). In fact, most of the ISL literature in a variety of health care fields explores students' perceptions regarding their ISL experiences. Researchers have found that students are reporting an appreciation of different cultures and an increase in personal and professional skills related to their fields of study (Anderson & Iken, 2009; Green et al., 2011; Hayward et al., 2015; Oberle, 2014; Wilcox & Taylor-Thompson, 2012). Anderson and Iken (2009) completed focus groups with occupational therapy students who engaged in a 12-day ISL experience in Guatemala. Data analysis resulted in four major themes: Students valued the human interactions that occurred during their ISL experience, students reported an increase

in confidence with their professional skills, students voiced a respect for cultural diversity, and students developed a sense of civic duty by sharing intentions for completing future service projects. Oberle (2014) completed a pre and posttest of occupational therapy students to determine if completing an ISL experience led to a measurable increase in cultural competence. The study concluded that the students who engaged in an ISL experience had a significant improvement in their cultural competency skills.

Although the literature supports that completing an ISL experience prepares occupational therapy students for meeting the demands of their profession, multiple researchers recommend exploring the long-term effects of ISL experiences to determine the effects on students' future lives (Anderson & Iken, 2009; Green et al., 2011; Main, Garrett-Wright & Kerby, 2013). Practicing occupational therapists who completed ISL as students have the experience to describe the effects it had on their personal and professional lives.

### **Purpose of the Study**

The purpose of this study was to explore the perspectives of occupational therapy practitioners who engaged in 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 long-term effects that ISL has on practitioners and to identify whether completing an ISL experience promotes cultural competence among practicing occupational therapists. Such information would also help university administrators, faculty, students, and potential

participating communities to determine if providing similar ISL experiences would be beneficial. The current study was guided by the research question “How and in what ways do past ISL experiences influence occupational therapists’ present personal and professional lives?” Since the occupational therapists are now practicing in the field, they may hold different views of their ISL experiences related to their specific areas of practice.

## Method

### Study Design

This study used a phenomenological research method to understand better what practicing occupational therapists experienced while completing an ISL experience 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 the essences of their experiences.

### Participants

Permission to conduct this study was obtained from the Institutional Review Board at the University of North Dakota. The 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. The participants consisted of nine practicing occupational therapists, all graduates of the same occupational therapy program. Each participated in an optional and voluntary 2-week long ISL project in Guatemala. Informed consent was attained from the participants prior to conducting the interviews. At the time of the interviews, the participants were currently practicing occupational therapy in a variety of practice settings, including skilled nursing facilities, rehabilitation units, outpatient adult and pediatrics, school systems, home health care, and private practice. All of the participants were Caucasian. Eight of the nine participants were female, and six were practicing in the state of North Dakota. Table 1 is a summary of the participants’ genders, the year they completed the 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

**Procedure and Data Analysis**

Semi-structured interviews were digitally recorded and transcribed verbatim to ensure accuracy. Each recording was reviewed several times, and each transcript was read and reread for accuracy. ATLAS.ti qualitative software was used to highlight significant phrases, which were

subsequently coded. Thematic analysis was used to create codes, categories, and themes in order to describe the participants’ experiences (Glesne, 2011). Figure 1 illustrates how the codes were condensed into categories. The categories formed relationships that contributed to three major themes.

Codes	Categories	Themes
Anxiety Appreciative Unsure Emotional Empathy Guilty Happy Making a difference Safety	Feelings and Emotions	Participants reported encountering many new experiences during their ISL 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.
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 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 with limited resources. 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.

**Results**

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

The participants reported encountering many new experiences during their ISL and voiced a variety of emotions that they felt during these

experiences. The following theme describes the range of emotions the participants felt when traveling to an unfamiliar place, witnessing different health care policies, facing and overcoming clinically challenging cases, and

relating their own life with the lives of the Guatemalan people.

Seven of the participants shared that they had never traveled outside of the country before their ISL experience, and four shared that they were anxious about their safety prior to their trip. The following describes how one participant felt prior to the 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.”

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

At the time I was floored when I went there [Guatemalan nursing home]. They were different [from the US 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 the 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 the experience of working 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.

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

The participants immersed themselves in the Guatemalan culture by living with host families, shopping in local markets, participating in local community events, and eating local foods. The participants conducted pro-bono occupational

therapy services at a pediatric malnutrition center, an orphanage, a nursing home, a hospital, and a wheelchair seating and positioning clinic. The participants 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. Experiencing how the Guatemalan people lived while providing services for the Guatemalan people allowed the participants to form relationships with those whom they served. The following theme describes how the participants increased their understanding of the Guatemalan culture, health care policies, and how culture was embedded in their current practice.

All of the participants shared how the Guatemalan culture was different; however, they appreciated and embraced the difference. In fact, one of the cultural differences that the participants observed and reported was the level of poverty the Guatemalan people faced. All of the participants shared stories about the people for whom they provided services, and although the processes were different from how individuals are served in the US, the 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 an understanding about the fall-risk policies at a Guatemalan nursing home, despite being different from U.S. skilled nursing facility 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 US] have alarms on our wheelchairs and one-on-one supervision, so we accommodate them [residents] here [in the US], but in that situation, what do you do to prevent injury? They tied them to a pole. They did what they had to do.

Eight of the participants shared how experiencing another culture during their ISL experience allowed them to have a greater awareness of different cultures in their current practice. One participant stated how ISL provided a sense of greater confidence when working with people from different cultures in a current practice setting.

My ISL 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 is 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 awareness of different cultures 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.

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

Every participant described working with limited resources in Guatemala, whether it was due to the poverty the Guatemalan people faced or not speaking the Guatemalan language and not having direct access to a translator. These limitations encouraged the participants to be creative while using what limited resources they could find. In this third theme, descriptions were provided regarding how the participants used limited resources while completing manual labor, occupational therapy interventions, and experiencing the language barrier when a translator was not present. This theme also includes descriptions of how working with limited resources has impacted their professional skills in their current practice settings.

Seven of the participants 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.

Four of the participants described how creatively adapting to the language barrier in Guatemala was beneficial in preparing them to

work in their current practice with clients who do not speak English or do not understand verbal communication as a result of their condition. One participant shared:

Working in pediatrics, I serve a lot of children on the spectrum who can't always communicate their wants and needs, or don't always understand what we want them to do. I use picture cues, pointing, and gestures, just like I did in Guatemala.

Another participant similarly shared:

I worked with a guy in rehab last week who could not hear very well. I was trying to use a loud voice and gestures, but he still had a hard time understanding what I was telling him and I didn't want the entire unit to hear me. I remembered using a notepad in Guatemala and drawing pictures of certain exercises to show them my instructions. So I ran to the nurses' station and picked up a pen and paper and drew my instructions for him. It worked pretty well.

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

individuals 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 when you are working somewhere that has less equipment, you have to be more inventive to help your clients get better and rely on your own skills more.

### **Discussion**

Most of the ISL literature throughout health care disciplines focuses on the students' perspectives of their experiences, which offers an immediate yet limited response to ISL programs. One purpose of this current study was to capture the voices of occupational therapy practitioners who engaged in Guatemalan ISL experiences as students in order to glean the long-term effects of their ISL experiences. Another purpose of this study was to determine how past ISL experiences contributed to the occupational therapists' current personal and professional lives. The results of this study supported similar findings from other studies of ISL that explored the perspectives of students in various health care disciplines who also experienced ISL.

When thinking about their past ISL experiences, all of the participants reported feeling grateful and appreciative of what they have in their current lives. Several of the participants shared that once they arrived in Guatemala and witnessed the poverty, they felt guilty for having supportive family and friends and for having belongings in their lives back home. Main et al. (2013) found similar findings with nursing students who completed ISL. 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 a variety of occupational therapy and non-occupational therapy services for the Guatemalan people. Despite many of the participants sharing that 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 the Main et al. (2013) study of nursing students who traveled to Belize and reported feeling satisfied that they were making a difference in people's lives.

During their ISL experiences, the participants of this study became immersed in the Guatemalan culture, which was different from their own culture. Living their lives among the Guatemalan people and providing services to those in need allowed the participants to witness the challenges that the Guatemalan people faced. Witnessing these challenges allowed the participants to feel empathy toward the Guatemalan people. When thinking about their past ISL experiences in Guatemala, the 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. The participants also attributed learning from their past ISL experiences regarding how important being open and accepting of other cultures is in order to provide quality care to their clients. Similar to a study completed by Humbert, Burket, Deveney, and Kennedy (2012), the researchers found that the participants reported feeling connected to the community in which they served. Furthermore, several authors also reported

that the participants of ISL became more understanding of cultures other than their own (Anderson & Iken, 2009; Green et al., 2011; Humbert et al., 2012; Oberle, 2014).

All of the participants shared that practicing occupational therapy in Guatemala was challenging because of the lack of resources. The participants gave several examples of the Guatemalan facilities having fewer resources than most U.S. facilities. The participants also shared that the inability to speak the local language and having little to no access to an interpreter was challenging.

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. Seven of the participants gave examples of using nonverbal body language, similar to that used in Guatemala, when working with individuals who did not speak English or who did not understand English secondary to their condition. Five of the 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, Kaddoura, and Dominick (2013) also found that dental hygienist students who participated in an ISL experience in Morocco increased their nonverbal communication skills 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.

## **Limitations and Suggestions for Future Research**

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. The results of this study show evidence that completing an ISL experience in Guatemala increased a participant's appreciation for what he or she had in life, increased an 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.

## **Conclusion**

All nine of the participants stated 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; Green et al., 2011; Hayward, et al., 2015; Wilcox & Taylor-Thompson, 2012; Oberle, 2014). Furthermore, each participant recommended that every occupational therapy student complete an ISL experience in order to prepare for the 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 from what they were used to experiencing. The participants embraced the cultural differences, 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 diverse cultures while practicing occupational therapy. Subsequently, all of the participants related a learning experience that occurred during their Guatemalan ISL to their professional roles as occupational therapists. Furthermore, all of the participants reported that the Guatemalan ISL experience still helps them appreciate what they have in their current lives.

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