

**Occupational therapy practice education: A perspective from international students in the UK.**

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# Occupational Therapy Practice Education: A Perspective from International Students in the UK

## ABSTRACT

*Background:* Numbers of international students enrolling on occupational therapy (OT) courses in Western institutions have increased. Previous examination of these students' experience of practice education is limited.

*Objective:* To explore the opportunities and challenges experienced by international students in OT practice education.

*Methods:* This study adopted a phenomenological approach, recruiting six individuals from three UK universities. Data from semi-structured interviews was given thematic analysis for result interpretation.

*Results:* Participants identified learning OT in the workplace, working in a multidisciplinary team and personal and professional development as practice education opportunities. Language difficulties, differences in communication styles, multiple cultural differences and unfamiliarity with the National Health Service (NHS) were the main challenges. Good practice educators and supportive team members were the main contributors to positive placement experiences.

*Conclusions:* Participants gained knowledge and skills from practice education that existing healthcare literature suggests they are expected to attain. Several challenges were highlighted regarding participation in practice education. The findings reveal a need to enhance practice educators' skills in supervising international students. Universities are recommended to invest time and resources in supporting the learning needs of these students.

*Significance:* This the first study presenting international students views on OT pre-registration practice placements in the UK.

**Keywords:** Healthcare placement, international students, occupational therapy placement, practice education

## 1. Introduction

The number of international students enrolling in healthcare courses in Western institutions over the past decade has increased [1]. In countries like China, Thailand, Malaysia and Saudi Arabia, occupational therapy (OT) is a newly developing profession with limited opportunities for students to enrol on entry-level programmes that meet the WFOT minimum standards within their own countries [2]. These shortages of places may stimulate overseas applications to United Kingdom (UK) universities, as well as the aspirations of enrolling at a world class university and opportunities to follow an international career on qualifying [3].

Practice education is a core component of OT education [4]. To meet the WFOT Minimum Standards for the Education of Occupational Therapists [a], all pre-registration OT programmes in the UK combine both academic study and at least 1000 hours of practical work in their curricula. The WFOT standards also identify that students should experience placements in a range of practical areas and work with clients with different age groups. These enable students to experience professional behaviour, practice clinical skills in the workplace and gradually develop their professional reasoning, verbal and non-verbal communication skills when working with a range of clients [5, 6, 7].

The transition to studying in a foreign context is not easily negotiated [8], with linguistic and cultural issues identified as the greatest challenges for international healthcare education [9 – 11]. These challenges could affect students' performance and place them at risk of achieving poor placement outcomes [12].

International students often present with ongoing difficulties in written and spoken languages and have communication difficulties when interacting with patients and staff [13, 14]. Morgan [15] discussed the reciprocal nature of understanding between patients and students. Engagement in conversation can be affected by accents, phrases used and pace of speech of both international students and patients. Such issues are exacerbated when patients' accents are experienced as challenging [16], when using colloquial phrases or slang, and during telephone communication where students are unable to use and interpret non-verbal cues [15, 17]. English as a Second Language (ESL) students are particularly challenged by the use of both professional medical languages alongside colloquial language [18]. Non-verbal communication can be a challenge for international students who may need to replace their own non-verbal communication styles with those of the host culture [19, 20].

While the practice of occupational therapy is highly influenced by cultural factors [21], international students are likely to struggle with adapting to new cultures within the practical environment. Hamilton and Woodward-Kron [22] proposed three cultures that international students must embrace: the dominant national culture, the academic culture of the institution and the culture of practice placement. While the philosophy of the National Health Service (NHS) promotes a client-centred form of healthcare which is expressed in the norms, roles and behaviours adopted, international students may have experienced a different healthcare context at home [22, 23]. They may also possess different educational needs and learning styles from the domestic students. For instance, students from Confucian-based education contexts might be regarded as silent or passive learners in the UK as they are not used to questioning or actively expressing or articulating their own thoughts [24, 25]. They may be misunderstood by placement educators as lacking the initiative or interest to learn [10].

In light of the barriers experienced by international students on practice placement, researchers have investigated how these students can be supported. Colling and Liu [26] identified the criticality of a good orientation to placement and having faculty mentors with whom students can discuss difficulties regarding their placement. Yu et al. [27] concluded that occupational therapy curricula should develop students' interpersonal skills to better prepare them for practice placements. Others have recommended the provision of intensive classes related to English conversational language and technical terminology, buddy systems and seminars about the culture and customs of the host country [26, 28].

Creating a positive practice environment enables students to learn about and reduce language and cultural barriers. This occurs when staff exhibit positive attitudes, minimised ethnic stereotyping and motivation to interact with culturally and linguistically diverse students [11, 29, 30]. An accepting and non-judgmental clinical learning environment raises students' motivation and enhances their professional growth [31]. A consistent practice environment allows students to establish better relations with staff [30]. Existing studies have

also stressed the critical role of practice educators on students' learning during placement [28, 32]. '*Kind facilitators made students feel confident, comfortable and more able to learn*' [30, p.185]. Additionally, the appreciation of students in placement motivates them to overcome their difficulties [33].

The importance of peer interaction among students during placement education was identified by Daniels [34]. The author recommended both universities and placement providers maximise the opportunities for peer support and collaboration during the placement experience. The sharing and mutual support between international students who have the same learning challenges helps decrease feelings of isolation and reinforce their sense of personal competence and hope [28].

Whilst some survival strategies have been discussed, existing healthcare literature still reports participants' frustration with the limited support on cross-cultural practice placement [6, 35]. Yu et al. [2] pointed out that effectiveness of most existing approaches to support international students have still not been formally evaluated.

Despite a growing interest in international practice placement education among students, universities and governments [36], there is a dearth of literature which specifically examines the allied healthcare students' experiences in practice placement [15]. Existing works were mostly qualitative studies within the Australian context and based upon the experiences of students in one institution [11]. Many were conducted by university staff members from an institutional perspective, which may not best represent students' experience on placement.

Some occupational therapy literature focuses on local students' participation in international practice placements [37], but Yu et al. [2] provides the only peer-reviewed article that examines the learning of international students on practice placement. To address this gap the present study focuses on the perceptions and lived experiences of practice placement from a sample of international OT students enrolled on UK OT courses. The study primarily aims to explore the opportunities and challenges experienced by this student group in practice education. It also aims to examine how these students can be supported to facilitate high-quality learning experience.

## **2. Methods**

### ***Design***

This study used a phenomenological approach to uncover the first-hand experiences of practice education from a group of international students enrolling on pre-registration OT programmes in the UK. The involvement of the researcher in this study was limited to extracting participants' subjective experiences and listening to and reporting their perspectives [38].

A small sample of six participants was proposed to allow semi-structured interviews to collect data in-depth and comprehensive data for analysis. As English was not the first language for some participants, face-to-face interviewing was chosen to enable respondents to easily clarify answers or ask for clarification of the interview questions [39].

### ***Participants***

Purposive sampling was chosen to recruit participants who met the pre-defined inclusion criteria. The inclusion criteria were international students enrolled on pre-registration OT programmes in the UK, who had successfully completed at least one practice placement by the time of interview and had not lived in the UK prior to their studies. Those excluded from this study were not willing or confident to conduct a face-to-face interview in English. Over a one-month period, six participants were recruited from four different OT pre-registration programmes (Table 1).

### ***Procedure***

At the start of the recruitment process, the researcher approached the course leaders of OT pre-registration programmes of seven higher education institutions (HEI) by email. The course leaders were asked to forward an outline of the study and invitation to international students enrolled on their pre-registration OT programmes. All participants were asked to complete a demographic questionnaire and provide written consent for taking part in the research and for recording the interview. Confidentiality was clearly explained to each interviewee.

Interviews were all based on an interview guide developed from the review of existing literature on allied healthcare practice placement education [15, 37]. The entire interview was audio-recorded with a digital tape recorder. Participants were debriefed informally after the interview. The interviews largely ranged from 30 to 45 minutes. However, one interview was of a shorter duration lasting 15 minutes only. This was attributed to the direct and succinct communication style of that respondent. The researcher is confident that data saturation was achieved as no new information was found from further data.

### ***Data analysis***

Interviews were transcribed verbatim. The data was then analysed using Thematic Analysis (TA) to identify, analyse and report patterns within data [40] (Fig.4). Although the researcher encountered additional challenges when doing transcription as English is not his first language, he decided to transcribe and analyse the data to enhance reflection of the interviews and immersion into the data [41].

At the beginning, the researcher repeatedly read the entire dataset and examined for any meaningful patterns. Any ideas or thoughts of the researcher were noted as these could influence the data interpretation [42]. The chunks of meaningful data were then highlighted to generate codes to describe important features in the transcripts. Similar codes were grouped together and collated to generate potential themes.

### ***Trustworthiness***

As an MSc project, the whole research process was overseen by the researcher's supervisor to ensure its credibility. To enhance the trustworthiness, the researcher moved back and forth between phases of analysis [42]. Member checking was administered to explore the credibility of results [38]. During the checking process, each participant was given parts of their transcripts

and analysed data. All confirmed that the researcher's interpretations and assumptions were consistent with their intended meaning of the topic.

The researcher was an international student studying occupational therapy in the UK and had completed three practice placements by the time of conducting interviews. It is recognised his background and expectations could influence the theming process [42]. Bracketing, a process in which the researcher creates distance from their formerly held assumptions, was adhered to during the analysis process to mitigate any preconceptions towards the participants [43, 44]. For instance, the researcher engaged in a process of reflexivity by keeping a reflexive journal throughout the research process to help monitor any personal views and raise awareness of potential bias [45].

### ***Ethical considerations***

A formal ethical approval was granted from the Dissertation Management Group of Sheffield Hallam University prior to the research process. The entire study was undertaken in accordance with the standards of good practice as laid down in the Declaration of Helsinki.

### **3. Results**

Following Thematic Analysis, four key themes were generated: Learning Opportunities in Practice Placement; Challenges and Difficulties; Critical Elements of a Good Practice Experience and Calling for Extra Support to Future International Students. Table 4 depicts the categories derived from the initial coding, and how they relate to the final themes. Direct quotes from our participants (Pseudonym) were cited to support the themes.

#### ***Theme 1: Learning Opportunities in Practice Placement***

Participants all agreed that practice placement is complementary to classroom learning. It helps bridge the gap between academia and practice contexts which allows students to apply the theories and concepts learnt from university into a real working environment.

*'It's like seeing the OT Process like what I should do in assessment, what kind of interventions are best.'* (Cherry)

*"Looking at gaps as well between what we study in... the module versus what happen actually in the working world"* (Doris)

Alongside learning the practical knowledge and skills including time management and task prioritisation in the real working environment; participants reflected that they gained a better understanding of the roles of different members within the multidisciplinary team (MDT). Some also indicated that they learnt how to communicate and liaise with different professionals, service users and their carers, and work as part of a team. Practice education also fosters reflective practice. Most participants suggested that working in a foreign context enables them to develop cultural sensitivity and a non-judgmental attitude towards their clients.

## ***Theme 2: Challenges and Difficulties***

Participants highlighted some common challenges on placement. Not surprisingly, there were significant and numerous spoken language difficulties reported by all participants even though some of them spoke English natively. These included accents and use of local slang, different meanings for words, interpretation and lack of awareness of the nuances of meaning in British native language usage. For those ESL students, having a placement in English was reported as the greatest challenge that affected their confidence to speak to others including concern about their own accents.

*'There was a lot of slang... I just can't understand that accent. I got took some time to get used to ... especially like working class like type of Northern accent' (Natalie)*

*'I guess the trickiest part was just the.. having to do it in another language. Having another language, is not my first language (Tina)*

There were also multiple difficulties related to written language. Some participants were concerned about their grammatical ability whilst others reported difficulty in understanding medical terminology and adapting to the writing styles of medical notes in practice. Legibility could also be an issue with handwritten clinical notes.

*'When writing notes, I do feel like it was harder for me maybe than people from this country. Just because of the grammar but I just requested assistance from my educator to read it' (Tina)*

*'Technical terms and Occupational Therapy terminology is different in hospitals in Canada that I have been in versus here' (Natalie)*

*'When I tried to read...different people's handwriting, it's very difficult for me' (Ada)*

Apart from the language barriers, individuals reported significant difficulties associated with multiple cultural differences. Those from East Asian countries found it difficult to adapt themselves to the British style of communication, which inhibited them in developing rapport with clients and colleagues. Natalie described her Hong Kong interpersonal communication as:

*'Very direct, very succinct whereas here people like to talk on and on and on (laughing) ... Basically, in our culture it is a waste of time to talk about things that don't have a purpose whereas here people actually like that because it helps to build the rapport. Here people love talking about themselves but ... in Chinese culture that's not a great thing. It can be seen as very self-centred'*

Adapting to the self-directed way of learning on placement is another cultural challenge emphasised by the East Asian participants as they are used to a didactic style of teaching. These differences of expectation could give the impression of passivity in learning, with a potentially negative impact on how educators evaluate students' performances on placement.

*'The self-learning thing I found very difficult... we need to know how to identify what you need to learn ... I have been learning...living in Asia for almost 20 years. We are more used to the spoon-feed[ing] method whereby I give you "ABC" as a task you complete all and then you are fine well. I didn't know that supervision was supposed to*

*be led by a student. I always thought that it would be a senior telling the student what to do. Until halfway to a placement, she wrote on my grading saying that I don't lead supervision well' (Yancy)*

Cultural differences such as attitudes to those deemed more senior also caused difficulties.

*'In Asia ...for example someone who's older than you, you have to be more respectful as well. I'm quite respectful to whoever [is] elderly than me but when I come here I have to drop things like calling my lecturers or my educators by their names itself without saying Miss or Sir' (Yancy)*

*'There was an old man who was using ... the kitchen trolley as one of the furniture in his house and it... has caused some risk and dangers as well but then I was struggling in myself like should I tell him or should I just stay quiet' (Cherry)*

The client-centred nature of occupational therapy practice is very culturally related. Individuals who were unfamiliar with the British culture struggled to provide services which are sensitive to the needs of the culture and diversity of individual patients. Some were particularly concerned in maintaining culturally appropriate physical contact with clients.

*'Unlike other professions, we have to know about one's backgrounds, not just the diagnosis. So like the belief... if people they are from different countries, they may have hmmm different routines in their daily tasks' (Ada)*

*'We tend to say hello with a hug and a kiss on the cheek or physical contact is allowed as long as it's not offensive. But here you can't do that. So at the beginning was hard for me but I manage to understand and then to learn and to respect that' (Tina)*

Having no prior knowledge of healthcare in the UK participants reported they lacked awareness of British organisational culture. This was something that they had to figure out on their own including the NHS values, relevant policies, procedures and boundaries.

*'It took quite a long time to get used to the policy and systems here. I am at a disadvantage because I don't know about the NHS and social services' (Yancy)*

Although it could be demanding to overcome all these challenges on placement, this experience was not necessarily viewed as negative. Natalie said,

*'I quite enjoy the challenge of learning [a] new culture. I think that's one of the reasons why I came to the UK because I wanted that challenge. Use it as a good thing because it's... a conversation starter'*

One subject who had prior experience of studying overseas believed that the challenges she encountered on placement were manageable but that she needed resilience to manage them.

### ***Theme 3: Critical Elements of a Good Practice Experience***

All participants indicated that having good practice educators was a determinant of a good placement. A good educator should have qualities that enable students to feel comfortable to learn. These include being supportive, being passionate in teaching, sharing their expectations with students and having understanding towards students' own cultures and difficulties.



*'It's all about educators. ... If it is a very horrible placement, but I have a very good educator who leads and teaches me well, then I think I can survive... I think they must be really really understanding in terms of where you are from and not just assume that you are probably living the same experience as the local students and be very mindful and considerate about international students ... My first-year educator did ask me like: is there anything that I have to take note of regarding your culture?' (Yancy)*

*'She knows that my first language isn't English... and she understands the cultural part as well. Whenever I come to a difficult situation, she would guide me through' (Cherry)*

Nevertheless, some respondents had encountered educators expecting them to be the same as home students and not taking into account the differences in terms of experience and culture. Some believed that such differences could have a negative impact on how educators evaluate their performance on placement.

*'One educator, she seemed to assume... that all people would... have the same lifestyle as in the UK. So it was quite difficult... to let the educator know how the difference was affecting... my development in the placement' (Ada)*

Having supportive team members was also reported as important for learning on placement.

*'A good placement is ... a place where you feel welcomed. You feel a part of the team. You are able to ask questions and not feel intimidated or feel put down by any question you have or suggestions' (Doris)*

*'They do welcome you like shadowing them for a day and just to explore a bit more about their roles in that placement setting. And they do explain quite a lot to you and help you gain better understanding' (Cherry)*

#### **Theme 4: Calling for Extra Support Future International Students**

International students possess different learning needs in practice education compared to home students. In common practice every student should have a placement liaison tutor whom they can feedback whenever they need help on placement. Nevertheless, all participants felt that this alone was not adequate to address their own learning needs. Some insisted that the universities should have offered additional support to international students to meet their specific learning needs on practice placements in accordance with the higher tuition fees they paid.

*'We have to pay £12,000 a year... a lot of people asked me why I am paying so much just to attend two classes a week and the only extra thing that I get compared to a local home school student is the international student centre in the building who set up my visa... For international students right I think they have to educate us a bit more about the culture and how the NHS system runs or like how healthcare in general runs in this country... You could just pull me out one extra day or something and explain to me more about it' (Yancy)*

A number of survival strategies were recommended by our participants to impart future international students to enhance their learning in practice experiences such as adopting a positive and motivated attitude, active questioning and asking for help sooner than later.

International students were also encouraged to share their cultural differences to educators and clients.

*'That was a positive thing for service users because they asked me where I was from because of my accent... they tried to talk about my country and they also wanted to learn Spanish so it yeah it was a good way to make them open with me. Just to not be afraid of sharing the cultural differences and if something happens, just to say I am so sorry 'cos I am used to this but I will learn the way you do it. So not be afraid to ask for support. And just feel okay with the fact you're not from this country that could be a positive way' (Tina)*

The creation of a nationwide peer network could provide international students with networking opportunities, which could possibly promote their learning as well as their well-being.

*'It would be really cool if there was some sort of system to link different international students from different OT programmes to share our experiences. You know getting support from each other is not easy 'cos I think I have classmates and we talked about those things like local students don't get it like the differences right here. Sometimes you feel really alone and frustrated. And to have that support of other students even across the UK would be really nice, like even some online thing' (Natalie)*

#### **4. Discussion**

The current study is the first to present the views of international students who undertake practice placements as part of their OT pre-registration courses in the UK. Consistent with former research [2], our participants have chosen to study Occupational Therapy abroad primarily because of a lack of training opportunities in their home countries. They have chosen the UK for OT training as the country is renowned for its world class teaching and universal healthcare system [3].

##### ***Practice Placement as a Core Component of OT Training***

With the importance of practice experience in healthcare education being highlighted [a, 7, 46], participants recognised the value of practice education in their journey to becoming a qualified Occupational Therapist. Results show that participants have acquired the knowledge and skills that they are expected to gain as identified in prior studies [5, 6]. They all reported having developed and consolidated their knowledge of the OT Process and the assessment tools and interventions used in a range of practical areas. In line with Kirke et al.'s study [47], the findings agree that practice placement is complementary to classroom learning by creating an essential learning environment for students to apply theoretical concepts and conceptual models to practice under the guidance of practice educators.

Through experiencing a real working environment, participants became more familiar with the roles of different members within the MDT and learnt to communicate sensitively and liaise with other health professionals, clients and carers. These findings accord with Simonelis

et al. [6] wherein practice placement enabled students to develop their communication skills through working with a range of people.

Alongside the practical knowledge and skills required for professional tasks, present findings reveal that practice education has enhanced participants' personal and professional development. Simonelis et al. [6] suggested the participation in a foreign placement would enable students to develop a greater cultural awareness and appreciation while learning not to impose one's own values on others. Our results find that participants have increased their cultural sensitivity and developed a non-judgmental attitude towards their clients. While working in a foreign country, individuals often actively engaged in a reflection process to adapt their learning and working styles appropriate to the British context. This supports Barker et al.'s findings that participation in overseas placements helps foster self-reflection on practices [48]. Adding to the existing literature, most of our respondents stressed the significance of developing skills in time management and task prioritisation in order to keep their academic work on track alongside practice placement

### ***Challenges Encountered on Placement***

While researchers have identified linguistic and cultural difficulties as major challenges for international healthcare education [9, 11], the present findings indicate that all individuals (including those for whom English is a native language) encountered language difficulties on placement to some extent. For ESL students, having placements in English was reported as the greatest challenge as this affected their confidence to interact with others. This is in accordance with Larkin and Watchorn's findings that international students from non-English speaking backgrounds often presented with ongoing difficulties in languages when communicating with patients and staff [14].

Consistent with previous studies [15, 16], participants found that their verbal communication problems were exacerbated when clients' accents and slang were experienced as challenging. This concurs with Morgan's findings that both international students and patients have trouble in understanding and transmitting information to each other in practice environments [15]. Our study adds that language issues are not merely encountered by ESL students. Natalie, who spoke Canadian English, reported difficulty in understanding the Northern British accent. In line with Morgan's findings [15], some individuals lacked the awareness of the nuances of British English. Consequently their engagement with patients as detrimentally affected by the unsuitable uses of words or phrases. Another issue reported by participants that has not been discussed in former literature is the different meanings for words. Yancy suggested that 'bungalow' was referred to as a single-storey house in the UK yet in Malaysia it meant a very big house with multiple floors. These differences in the meaning of words could cause the misinterpretation and misunderstanding of service user communication.

The present findings also support Shakya and Horsfall's research that ESL students struggled in expressing themselves in writing because of vocabulary limitations and poor written English grammar [28]. Consistent with Miguel et al.'s findings [19], our participants struggled to understand the complex medical terminology and abbreviation written in clinical notes. Natalie, who used to work as a therapist assistant in Canada, suggested that writing styles

and the use of terminology in clinical records varied greatly among different countries. Individuals therefore had to adapt their writing styles to that of the host country. Our study suggests that reading handwritten clinical notes could be an obvious challenge for some individuals due to the poor legibility of the handwriting.

Effective communication contributes to positive health outcomes for patients [19]. The HCPC [49] states that registered Occupational Therapists must have the capacity to effectively and appropriately communicate both verbally and non-verbally to service users and colleagues. In practice placement, students have to master both professional languages to explain medical information and everyday colloquial language to establish rapport with staff and patients. The present study put forward Malthus et al.'s findings that international students, including those who speak English natively, are challenged by the two distinct ways of interaction in the practice environment [18].

With the majority of OTs in the Western world being white, middle class women, the profession may tend to observe society from within a restricted social profile [39, 50]. While most participants of this study are from a non-Western background, they were challenged by multiple cultural differences associated with the practice environment and the host country. In line with Yang et al.'s pilot study [21], the criticality of the cultural component in OT was highlighted by our participants. As well as the clinical diagnosis, one has to consider the backgrounds, beliefs, values and routines of their clients in order to effectively address their needs and empower their cultural identity and wellbeing. As mentioned in previous nursing studies [10, 30, 51], our respondents felt stressed about adapting to a new culture and the new work environment as they held different cultural and social norms and expectations from the UK.

International students have to immerse themselves in the academic culture of the HEI in addition to the dominant national culture. The present findings show that individuals who come from a Confucian-based context exhibited a greater degree of cultural shock on placement, which is largely attributed to their inherent communication and learning styles. These individuals were used to a spoon-feeding style of teaching. They experienced difficulties in adapting to the self-directed way of learning on placement and they struggled to identify their own learning objectives. The results are in accordance with the education literature wherein students from Confucian-based education contexts are described as silent or passive learners as they were not used to actively expressing their own thoughts [24, 25].

The different styles of communication could create a barrier for participants to interact and develop rapport with their clients. Individuals who are from Hong Kong tended to be more direct and succinct in speech and they reported difficulties in adapting to the British style of communication. They were not used to making small talk or 'chit chatting' at work, while in the UK this is an essential way to establish rapport with others. The results verify previous findings that international students' inherent styles of communication could hinder their attempts to establish therapeutic relationships with patients [19, 52]. Our study also concurs with Miguel et al.'s research in which Asian students often struggled with making small talk with patients with the aim of establishing rapport, collecting health information and explaining simple procedures [30]. This could result in negative emotions like feeling embarrassed, scared

and afraid. Our Asian participants also revealed that their communication styles were impacted by the strong hierarchy in their cultures. This was of particular relevance to Yancy and Cherry who felt uneasy to challenge authority and those deemed to be more senior. This scenario can relate to Liew's explanation that Asian countries generally accepted hierarchy and power as an integral part of the society where juniors and subordinates tended to refrain from freely expressing their opinions and emotions, particularly negative ones like disagreements, doubts and anger [53].

The present study has disclosed participants' concerns in maintaining an appropriate physical contact with clients since the non-verbal communication methods within their inherent cultures differ from the British culture. As previously mentioned by Hamilton et al [22], international students were very conscious of using their non-verbal skills subtly and worried this could evoke negative non-verbal interpretations from patients.

Our study shows that all participants had no prior knowledge about the NHS. Finding themselves in a different healthcare context to that of their home country [23], they had to figure out the NHS systems, including its relevant policies and procedures, by themselves. One individual believed that she was at a disadvantage on placement as she had no prior knowledge of the health and social care system in the UK. This suggests that the students were inadequately orientated to the healthcare context within the host country.

Although participants had to cope with the challenges discussed, the process was not necessarily negative. One individual suggested that she embraced learning while solving real-world challenges (challenge-based learning). Also, one believed that the experiences of studying abroad enabled her to develop resilience to changes. This can link to previous studies that international practice education helps foster open-mindedness, promote creative problem-solving skills and think towards more adaptive and flexible patterns [54, 55].

### ***The Key to Facilitate a Good Practice Experience***

With the critical role of practice educators in placement education stated in previous research [28, 32], participants all highlighted that having good educators was the determinant of a good placement. Some even stressed that a good educator enabled them to succeed in placement regardless of the settings they were placed in. A good educator was described by the participants as being supportive, mindful, considerate towards international students' own cultures and language difficulties and passionate in teaching. Our findings support Miguel et al.'s study that a kind and helpful educator made students feel confident, comfortable and more able to learn [30]. The importance for educators to share their expectations with students was also highlighted as this helps students to know what they are expected to achieve on placement. Nevertheless, Yu et al. [2] asserted that the need to accommodate international students' cultural and language diversities while maintaining clear expectations of students' practice education performance, would continue to represent a challenge for educators.

While the importance of practice educators on students' learning is stressed, our results show that some educators lack the understanding and skills to meet the learning needs of international students on practice placement and assumed they were the same as home students. One participant indicated that her inherent way of learning tended to be more passive compared

to that expected in UK culture. Unexpectedly, this was misunderstood by one of her educators as lacking the initiative or interest to learn and her performance on placement was being marked down. Such a scenario was also recorded in Edgecombe et al.'s research [10]. This warrants a need for developing practice educators' competency in supervising international students. The present findings also reveal participants' confusion when having multiple practice educators on placement. They believed that the consistency of the practice environment and hospital staff allowed them to establish a closer relationship with staff, as mentioned in prior study [30].

Previous studies concluded that a positive practice environment, in which staff exhibit positive attitudes and are motivated to interact with students, minimises language and cultural barriers and enables international students to learn effectively [11, 30]. Our research supports the above findings. Participants felt more motivated and confident to learn and to speak to other colleagues when they felt welcomed by the team.

### ***The Needs to Enhance the Practice Experiences of Future International Students***

Under the current political and economic climate, it is expected that higher education providers in the UK will continue recruiting more international students into their health-related courses. Given the growing concern over the extent to which UK universities are providing responsive levels of academic and personal support for international students [56], there has been little exploration of how international allied health students can be supported on practice placement. Our research has presented the ongoing linguistic and cultural challenges encountered by the participants which could markedly inhibit their learning on practice education. To improve the learning experience for this student group and to maintain the international competitiveness of British higher education, it is imperative for different stakeholders to invest time and resources to improve the learning experience for this student group.

Existing healthcare literature has introduced strategies such as buddy systems and oral communication skills programmes to support international students in practice education [19, 28]. However, none of our subjects had heard about those strategies. The only support they had on placement was being assigned a liaison tutor with whom they could contact whenever they needed help. All participants claimed that they had not got adequate support or preparation for practice education. This warrants a need for universities to support international students by offering support that are designed to meet their specific needs on practice placement. As suggested by our participants, it could be orientation classes to the healthcare system and the cultures of the UK. Similar concept was presented by Colling and Liu [26] that the introduction of intensive classes related to general conversational language, medical terminology and host country's culture, norms and customs helped facilitate the learning of international nursing students. Their idea was later implemented as an oral communication skills program in one Australian university and was proven effective in helping international students to develop their interpersonal skills with the host country context [19].

While the benefits of peer interaction during practice placement was stressed by Daniels [34], one participant proposed the creation of a peer network to connect international OT students from different institutions. This allows those who share similar challenges in training to share their survival strategies, to vent their frustrations and to seek peer support whenever

they need help. Coinciding with Shakva and Horsfalf's findings [28], our findings highlight the value of mutual support among international students as it helps decrease feelings of isolation and reinforce their sense of being understood. Nevertheless, this study has not examined how the network would be created and managed. Universities and placement providers are advised to recognise and maximise the opportunities for peer support and collaboration during placement.

### ***Implications***

The findings from this research add to both OT and allied healthcare literature pertaining to international practice placement education. The study identified several common challenges international OT students encountered on placement. Good practice educators are indicated as the determinant of a good practice experience. However, the study reveals that some practice educators lack the understanding of the learning needs of international students or the skills to acknowledge cultural differences. This warrants the needs to enhance educators' competencies in supervising this student group and supporting a welcoming, accepting, safe and non-judgmental practice education learning environment [57]. The findings here may be used to inform future OT educator training courses.

Universities are recommended to explore the practicality of implementing the strategies mentioned in this research or those highlighted in existing literature to meet the learning needs of international students for the practice component of their studies.

### ***Limitations***

The phenomenological method relies on the articulation skills of the participants who provide the information. Any conclusions drawn depended on the study participants. As some participants of this study had limitations in their oral proficiency in English, they may have struggled to express certain complicated thoughts or opinions during the interviews. To enhance the credibility of the results, the investigator conducted member checking with each participant.

The study sample was largely homogeneous. All subjects were female, which could have led to gender bias in the findings. Over half of the subjects were from East Asia (namely Hong Kong and Malaysia) and hence the results might not wholly represent international students from other countries. Additional research with a larger sample size and a greater mix of participants' cultural backgrounds is recommended to enhance the findings of this study. There has been little research about practice educators' perspectives of supervising international students on placement and further investigation is warranted in understanding their skills and knowledge in this area.

## **5. Conclusions**

This study has explored the perceptions and lived experiences of practice placement education from a group of international OT students in the UK. The findings show that they have gained the knowledge and skills from placement as identified in previous healthcare literature. The

study also highlights the common challenges experienced by this student group on placement. For those ESL students, language issues are regarded as the greatest challenge. Participants also identified ongoing difficulties associated with multiple cultural differences, including adapting their communication styles, learning styles and cultures to that of the local people. Having a good educator was described as the determinant of a good practice experience. However, the findings suggest that some practice educators are not mindful of the learning needs of international students. This indicates a need to enhance practice educators' competency in supervising international students.

While both the Government and universities in the UK have committed to improve the international competitiveness of the higher education offering [58], little has been explored into how international allied health students can be supported on practice education. This warrants the investment of time and resources by universities in supporting future international students to meet their learning needs in practice education, although further investigation into how this student group can be effectively supported is required. Clearly, this is a small-scale study and it is not possible to make generalisations based on such a small sample. However, the present study does present the lived experiences of a group of international OT students and provides valuable insights on how they can be supported to enhance their learning on practice education.

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## Appendix

*Figure 1 Phases of Thematic Analysis as laid out by Braun and Clark [40]*

**Table 1 Participant Demographics**

Participant (Pseudonym)	Gender	Age	Placement Completed (in the UK)	Country of Origin	Native Language (s)
Tina	F	28	4	Mexico	Spanish
Cherry	F	21	3	Hong Kong	Cantonese
Yancy	F	21	3	Malaysia	English and Mandarin
Doris	F	33	2	Saint Martin	English
Natalie	F	27	2	Hong Kong (Brought up in Canada)	English and Cantonese
Ada	F	26	3	Hong Kong	Cantonese

**Table 2 Demographic Questionnaire Items**

- Are you studying a pre-registration occupational therapy programme?
- Which year are you in?
- Had you lived in the UK before coming to study the above programme?
- How long have you lived in the UK so far?
- Country of Origin
- Age
- What is your native language?
- How many placement(s) have you completed by the time of the interview?
- Why have you chosen to study Occupational Therapy in the United Kingdom (UK)?

### ***Table 3 Interview Guide Questions***

Tell me

- Your experiences on practice placement
- What you have learnt on placement?
- How learning is like of having placements in a foreign country? Any examples?
- What did you find difficult on placement?
- How do you resolve/ deal with these challenges?
- Compared to home students, do you think that you were encountering additional challenges on placement. Can you elaborate your own experiences?
- Do you think those challenges impacted your success on placement?
- What makes a good placement?
- What do you think would have helped you to become more prepared or to have a successful placement? / would help you pass the placement?
- Have you got enough support on placement?
- What sort of support does your university offer when you are on practice placement? How?

**Table 4 Interview Analysis–Initial Codes, Subthemes and Themes**

Apply the OT Process into workplace	Apply theory and knowledge into practice	Theme 1 – Learning Opportunities in Practice Placement
Administrating different assessment tools		
Equipment prescription		
Learning to work in a multidisciplinary team	Personal and professional growth	
Skills development: e.g. time management, communication, non-judgemental attitude		
Spoken languages difficulties	Difficulties in English Language	Theme 2 – Challenges and Difficulties
Written languages difficulties		
Inherent cultures are way different from the British cultures	Multiple cultural differences	
No prior knowledge of the NHS and its culture		
A supportive educator allows students to feel comfortable to learn	Educators as the determinant of a good practice experience	Theme 3 – Critical Elements of a Good Practice Experience
Educators should have understanding towards students’ own cultures		
An inconsiderate educator could hugely affect one’s learning		
A good placement is where you feel welcomed by the team	Supportive team members	
Inadequate support from the university	Calling for Support from the University	Theme 4 – Calling for Extra Support to Future International Students
Peer network needed	Survival strategies for future students	
Adopting a positive and motivated attitude		