



Service learning in developing countries: Student outcomes including personal successes, seeing the world in new ways, and developing as health professionals



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ABSTRACT

Background: Service learning in developing countries (SLID) can develop students' skills such as team-work, cultural responsiveness, ethical practice, and professional skills. However most research has been done in a single country, does not include multiple professions, involves small sample sizes, and only includes service learning at a single time point.

Purpose: This research explores physiotherapy, occupational therapy and speech pathology student outcomes from interprofessional service learning in Vietnam and Timor Leste over three years.

Method: Post-placement questionnaires ($n = 30$) were analysed thematically.

Findings: 'Personal successes', 'seeing the world in new ways', and 'developing as health professionals' were identified as student outcomes. These outcomes arose from new experiences and relationships.

Discussion and conclusions: Interprofessional education can occur in SLID placements. Transformative learning might occur for students on SLID placements and SLID placement outcomes align with requirements for graduating health professionals, supporting the legitimacy of SLID as a formal aspect of professional education programs.

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1. Introduction

Service learning is a 'real-world' training method that differs from traditional practical training because it combines academic goals with community service objectives.^{1,2} It involves a two-way exchange whereby students develop contextualised knowledge and skills and at the same time, learning experiences aim to benefit the community.^{3–6} Different to volunteer work, service learning educational goals are clearly defined and deliberate.^{7–9} This research focuses on service learning in tertiary health professional clinical education.

Domestic service learning commonly exists in many fields including health, business and education.^{10–13} Recently, there has

been growth in international service learning in developing countries.^{14–17} In health, this may be due to limited domestic placements and increasing student numbers, a drive to offer enriched learning experiences in an increasingly competitive tertiary education market, or increasing student interest in studying abroad.¹⁶

In service learning in developing countries (coined 'SLID' in this article¹), students from industrialised countries visit developing countries and engage in practice-based learning. For the purposes of this research, developing countries are considered to be those where people are disadvantaged in terms of living standards, health, income and education when compared to people living in developed countries according to the Human Development Index (HDI).¹⁸ This integrates measures of health, education and standard of living to evaluate the development status of a country, with countries within the bottom three quartiles considered developing.¹⁸

¹ SLID: Service Learning in Developing Countries.

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Beyond the two-way exchange of student learning and community benefit, SLID may also strengthen health workforces in industrialised countries by fostering students' skills in team work,^{19,20} collaborative decision making,^{19,20} cultural responsiveness,^{20–22} and concern for populations and communities.^{2,23}

Perhaps due to the potential benefits to students and the industrialised countries' health workforces, most SLID research focuses on learning outcomes and learning processes.^{24–26} An analysis of open ended survey responses by 35 medical and pharmacy students who engaged in SLID across multiple developing countries indicated that students gained cultural awareness, exposure to varied health care settings, an increased desire to help disadvantaged people, improved clinical skills, opportunities working with experienced staff, and language skills.¹⁵ However, the study only considered medicine and pharmacy and not wider health professions.

Long²⁷ and Murray²⁸ conducted similar qualitative studies regarding outcomes for nursing students only. They included 16 and six students in Swaziland and Belize respectively. Murray²⁸ analysed retrospective interview responses and Long²⁷ analysed daily reflections written during the 14 days in Belize. Both researchers identified increased cultural understanding and awareness. Additionally, Long²⁷ noted improved self-awareness and self-confidence.

Studies that did include students from a range of health professions have identified that SLID students developed skills for working collaboratively with other professions, cultural sensitivity, ethical awareness, leadership, satisfaction, and self-discovery. Pechak, Gonzalez, Summers, and Capshaw²⁹ considered SLID experiences of four students (physiotherapy, occupational therapy and speech pathology) for eight days in Guatemala. They analysed pre-, during- and post-travel reflections, findings reported improvements in collaborative practice, satisfaction and self-discovery. Kaddoura, Puri, and Dominick³⁰ thematically analysed semi-structured interviews regarding the experiences of one dental and eight nursing students in Morocco. They found students gained skills in interdisciplinary teamwork, communication, ethical awareness, leadership and cultural sensitivity. Depth of the findings and transferability remains limited due to small sample sizes and only one international location being considered in each study. These studies highlight the need for further research with inter-professional SLID programs to fully understand the outcomes for students.

Strong et al.²⁰ evaluated outcomes of a five-week SLID clinical placement in Vietnam for medicine, occupational therapy, physiotherapy, and speech pathology students. Eight students (two from each profession) were interviewed before and after placement. Thematic analysis identified students faced challenges in an inter-cultural context and strengthened their skills to adapt to emotionally challenging experiences, show respect, overcome language barriers, and work in a context of poverty. Students also reported developing knowledge of other professions, confidence in their own professional roles, and strategies for effective team functioning. In a separate mixed-methods publication regarding the same SLID placement, Eley et al.³¹ compared pre-post scores on the Cross-Cultural Adaptability Inventory (CCAI)³² CCAI provides an overall indication of general cross-cultural adaptability and results indicated that students' scores improved. While these studies do consider interprofessional SLID experiences, the findings are limited by geographical specificity to Vietnam.

In addition, from semi-structured interviews, Eley et al.³¹ concluded that when SLID includes interprofessional practice, students develop interprofessional skills. The World Health Organisation (WHO) recognizes interprofessional education and

practice as important in lessening the impacts of the international health workforce shortage of 4.3 million health workers in both industrialised and developing countries.³³ WHO also acknowledges it as an evidence based method of achieving effective collaborative practice in order to improve health and strengthen health systems.³³ Therefore, developing interprofessional skills through service learning projects such as that described by Eley et al.³¹ is integral to addressing global and local systemic health challenges. Little research specifically explores the development of interprofessional skills through SLID.

Table 1 summarises student outcomes from SLID that have been identified in previous research. Limitations of previous research include that it has been predominantly done in a single country^{20,27–31,34,35} often does not include a range of professions^{27,28} sample sizes are small, ranging from 2 to 16 participants,^{20,27–31,34} and it usually includes a single incidence of service learning at a single time point.^{15,20,27–31,34,35} No previous research has considered student outcomes from service learning across multiple countries, with multiple professions, over several years. Considering three years of student experiences, this research aims to explore student outcomes in response to inter-cultural, inter-professional service learning experiences in Vietnam and Timor Leste by physiotherapy, occupational therapy and speech pathology students.

2. Material and methods

Physiotherapy, occupational therapy and speech pathology students in the School of Health and Rehabilitation Sciences at The University of Queensland (UQ), Australia have participated in interprofessional SLID placements in Vietnam since 2011 and Timor Leste since 2014. Students worked in interprofessional teams of three professions for four weeks and participated in diverse activities with an overall focus on sustainable community outcomes. This research aims to understand the outcomes for students after engaging in these service learning experiences. The UQ Medical Research Ethics Committee granted approval for this qualitative thematic analysis project.

Data collection and analysis were informed by an interpretive description approach³⁶ whereby expert accounts are analysed by researchers who also have practice experience, to investigate complex experiences. In this research, students were seen as experts regarding the student SLID experience. All researchers held dual roles, thus practice and research perspectives shaped research processes.³⁷ All researchers had also been administrators, coordinators or educators in SLID. Accordingly, findings hold greater legitimacy due to strong links to practice.³⁷

2.1. Participants

Thirty (six male and 24 female) out of the 44 students who were invited to engage in the research consented to participation and completed the post-placement questionnaire over 3 years (2014–2016). Of the participating students, 26.67% (n = 8) studied physiotherapy, 36.67% (n = 11) studied occupational therapy, and 36.66% (n = 11) studied speech pathology. Regarding location of SLID placements, 36.67% (n = 11) were in Vietnam and 63.33% (n = 19) in Timor Leste. All students were in their final year of study in their respective professions.

2.2. Questionnaire

The purpose-designed post-placement questionnaire was completed up to one month following completion of the placement and included qualitative and quantitative questions. This study

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