

Original article

The Experience of exchange studies in Physical Therapy between Sweden and India – A qualitative study

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ABSTRACT:

Background: The world population and migration are continuously growing, and is leading to an increased cultural diversity in many countries. Simultaneously there is an increase in non-communicable diseases connected to economic development, and poor health associated with socioeconomic inequity. Many people living in areas with low socioeconomic status have a variety in cultural background. This contributes to increased need for cultural competence. Being culturally competent can be described as having the ability to function effectively when interacting with people of different ethnic, religious or social background, understanding differences in behaviour, beliefs and values. International student educational exchange is a mutual exchange of students between educational centres. The number of exchanges during the last decade has increased. Exchange studies have shown to be an enriching and personal changing experience. Experiencing physiotherapy practice between different countries can lead to new knowledge.

Aim: To explore the impact of exchange studies in Physical Therapy between Sweden and India, and what influence it has on personal development and professional practice.

Methods: Semi-structured interview study, analyzed with qualitative content analysis.

Results: Three main categories were formed, "Personal development", "Cultural interaction" and "Professional experiences". The latter had two subcategories, "Physical therapy practice" and "Professional development".

Conclusion: Findings suggest that exchange studies is a way of gaining both personal and professional development, this was seen in Swedish and Indian students however in different ways. Influence on cultural competence is an area for further research.

Keywords: Cultural competency, International educational exchange, Physical therapists, Personal development, Professional competence.

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Introduction:

The world population is continuously growing, and possibilities to travel across the globe are increasing. Increased globalisation, immigration and emigration leads to an increased cultural diversity in many countries. Choosing to relocate internationally can have different reasons and purposes like studies or work, change in family constellations, or refugees that flee from conflict or economic hardship. The number of foreign-born people living in Sweden is steadily increasing and in 2018 they made up 19.1 % of the total population¹. Simultaneously we can observe a big yearly increase of the population numbers in India². Diabetes, metabolic and cardiovascular diseases are some of the most rapidly increasing non-communicable diseases in India. They are linked to the economic growth and increased welfare³⁻⁵. Simultaneously there are challenges with poverty and low socioeconomic status connected to poor health and healthcare and higher demand in both Sweden and India^{6,7}. This contributes to an increased need for knowledge and understanding to treat patients from different cultural and religious backgrounds with a different view on health. To make healthcare more equitable and individually adapted, it's important that health professionals have an increased understanding of cultural differences, a cultural competence.⁸ Cultural competence can be described as having the ability to be professional when interacting with groups of people, understanding differences in behaviour, beliefs, values, communication, thoughts, action, as well as ethnic, religious or social group differences.⁸ The process of enhancing cultural competence is to become more aware of one's own culture, beliefs and acquiring knowledge about other cultures. This can be achieved through encountering and socially interacting with people of other cultural background.⁹ Taking part in exchange studies is one of several ways of increasing cultural competency.¹⁰ Universities and educational centres offer exchange programmes and the yearly number of exchanges has during the last decades increased.¹¹ Exchange studies are a mutual exchange of students between educational programmes. Students perform part of their education abroad and upon arrival home collect corresponding credit points to reach graduation in the home country. Within the curriculum of the physical therapy programmes in Sweden and India there is a goal of internationalisation, to promote advancement and sharing of knowledge in the physical therapy profession.^{12,13} Physical therapy is a worldwide

profession and its practice can differ between countries. Sweden has a long tradition of physical therapy stemming back to the nineteenth century with Pehr Henrik Ling as the founder of modern gymnastics, the precursor to the modern physical therapy.¹⁴

Physical therapy is a younger profession in India, and the first physical therapy school was established in 1953.¹⁵

Physical therapists are working actively to increase awareness of the benefits of physical therapy towards policy makers, other healthcare professions and the general population.¹⁶ The typical workplace for physical therapists in both India and Sweden are hospitals, community rehabilitation centres and extended primary health care centres.^{17,18} India has many government and non-government organizations-sponsored projects involving physical therapists, aiming to promote health in rural areas where the need for healthcare is higher.^{6,19} The bachelor physical therapy education in India is 4.5 year including six months mandatory internship²⁰. In Sweden it is 3 years.²¹

In exchange programme, except the education in itself, students get to spend time in another country with the possibility of encountering new cultural and social experiences. Experiencing differences in professional practice can result in new knowledge, practicing in another culture can lead to new insights of professional identity.²² The experiences can vary in part because of personal factors, as well as environmental or cultural factors. According to one study, nurses who took part in exchange studies experienced an increased self-confidence and understanding when interacting with patients of a different cultural background.²³ Most of the literature found on exchange studies focused on other healthcare professionals than physical therapists. There is a knowledge gap regarding physical therapists in this area. It is mainly students from industrial countries visiting developing countries that are being studied. It would thus be interesting to view the experiences and explore what students from both Sweden and India gain from taking part in the exchange.

Aim: To explore the impact of exchange studies in Physical Therapy between Sweden and India, and what influence it has on personal development and professional practice.

Research design: A qualitative interview study design with open ended questions, using content analysis was used according to Graneheim & Lundman.²⁴

Selection Criteria: Inclusion criteria were physical therapists or teachers in physical therapy, who took

part in exchange studies for three months in Sweden or India. Due to limited amount of possible participants, convenient selection of the 7 participants was done from records of exchange studies between 2014 - 2017 at Karolinska

Institutet, Sweden. The participants were contacted through email. After interview, One participant was excluded as participant didn't meet the inclusion criteria.

Table: I Details of Participants nationality, gender and age

Participant No.	Nationality	Gender	Age
1	Sweden	Male	33
2	Sweden	Female	50
3	Sweden	Female	28
4	India	Female	28
5	India	Female	25
6	India	Female	26

Interview guide: Data was collected through semi-structured interviews. Based on previous research we identified areas of interest to explore.¹⁰ Open

ended and follow up questions were then constructed to explore three different areas, experiences, personal development and professional development.

	Table: II Interview guide
Main questions	Tell me about your experiences during your exchange studies.
	How was it to come home again?
	Did you bring anything home from your exchange? (e.g. knowledge, feelings, skills)
	Please describe how the exchange has influenced your professional practice.
	Please describe how the exchange has influenced your personal development.
Follow up questions	Interesting, can you tell me more?
	Is there something you wish to tell me that I haven't asked about?
	Do you think anything would have been different if you had not taken part in exchange studies?

Interview: Interviews with Indian participants were done in English and for Swedish participants in Swedish. All the interviews were recorded using the Voice Memo application on iPhone and Recorder application on iPad.

Data analysis: The interviews were transcribed using Audiopo. The interviews were transcribed word by word, with exception of background sounds and affirmative words used by the interviewer.

Content analysis: Data was analysed using qualitative content analysis.²⁴ The text of the transcribed interviews was divided into meaning units. Each meaning unit was processed through condensation with the core meaning preserved while reducing the amount of words in the sentence. Each condensed meaning unit was then labelled with a code, which described the core meaning. Codes were then grouped and formed into categories. An example of the structure of the analysis is shown in Table: III.

Table:III The structure of analysis

Meaning unit	Condensed meaning unit	Code	Category
and when you get into the school world there are some , social codes that take time to, to learn	get into school, social codes take time to learn	Take time to learn social codes	Cultural interaction

Ethical considerations:

The study obtained ethical clearance from Institutional Ethical Committee of Dr. APJ Abdul Kalam college of Physiotherapy,PIMS-DU(BPT/INT/2019/11).The Declaration of Helsinki, ethical principles for medical research involving human participants were respected during the process of this project. ²⁵ Participants were informed about the aim and method of the study verbally and in writing, and were free to withdraw their participation at any time. Before each interview all participants signed an informed written consent.

Results:

Personal development, Cultural interaction and Professional experiences were three categories formed based on the codes of the analysis.

Personal development: This category described development of personal traits like expressions of change in behaviour, mind-set (and) action towards tasks in life. Indian participants experienced personal development, from initial hesitation and nervousness about going abroad for the first time, spending three months away from family and friends to become more social and Self-confident.

"So going to Sweden taking an international scholarship was one of the good things what have happened to me up to now in my life" (Indian participant)

Swedish participants described the exchange as a positive experience. Being in India as a student instead of a tourist enabled deeper geographical and social experiences of the country. A growing interest in other cultures, traveling and inspiration to study global health was mentioned. Personal development was seen as self-awareness, with increased ability to handle situations with more ease and an increased sense of gratitude.

"Well, an increased sense of (..) being satisfied with your life, having a family and also been given this education at KI with all this knowledge that we have been given, also for free (..) an amazing feeling I think"(Swedish participant)

Cultural Interaction:

This category covered cultural and environmental experiences, interactions between people, social norms, hierarchical and equality issues. Indian students expressed that there is a better balance between work, studies and personal life in Sweden. It was interesting to see how commuters and cars followed the traffic rules, even with no traffic, cars were stopping for red signal. Internet facility was good and convenient. The Swedish community was friendly, people were polite, had a helping nature, and greet you.

The lectures were less monotone, students could eat, drink, have a laptop or mobile and could leave the classroom whenever they wanted. Even teachers were more free in this regard. Indian students found it odd, not greeting the teacher with title.

"For us teachers are next to God" (Indian participant)

Swedish participants expected to see a big cultural difference, as almost a chaotic impression at first. It took time to adapt and understand the accent, which was difficult initially. During the entire stay students' felt taken care of and welcome everywhere they went but sometimes it meant having a lack of personal space. The exchange led to new friendships that lasted beyond the duration of the exchange. Recognizing and adapting to new norms was challenging, it took time to understand social and cultural norms. A type of formal hierarchy was recognized, in how to address professors or act in class.

Professional Experiences:

This category contained two subcategories. "Physical therapy practice" described experiences of studies and clinical work. "Professional development" described how the clinical practice developed after the exchange programme.

Physical Therapy Practice:

Indian participants recognized the Swedish healthcare system as more inclusive. Patients had appointments on set times and the therapist never exceeded treatment time. It was unfamiliar seeing patients that were independent as compared to Indian patients, motivated, punctual, cooperative and had high awareness of the necessity for physical exercise. The patients were put in the centre of the treatment and included in all the decision making, giving feedback and setting up goals together with the physical therapist.

"He was there in the lift, we were talking to him, when we came to the physical therapy OPD ...he himself came inside and introduced himself that "I am your patient", and I was so shocked because if we see a stroke patient in India it is a scenario so far different" (Indian participant)

Swedish participants felt that Indian students are skilled in theoretical knowledge and manual therapy compared to Swedish students. In the clinic there was a frequent use of manual therapy, and active treatment such as active exercise was less common. Communication with patients was described as less formal. The exchange enabled experiencing large contrasts in psychosocial and socioeconomic backgrounds in the community.

"When we were at Orthopedic physiotherapy department, they did a lot of traction and other things and these are things we barely know anything about, it's something we aren't taught at all, which they were very good at" (Swedish participant)

Professional Development: Indian participants described improved patient communication, taking feedback from patient and including the patients in the decision process. After the exchange there was an increased open-mindedness towards new treatment options. Gaining an increased understanding of physical therapy through exposure of different international perspectives.

Swedish participants gained a widened view on treatment options, after seeing different ways of practicing physical therapy. Professional development was seen as an increased regard for cultural differences when communicating and treating patients. A previously preconceived thought, that physical therapy in the western countries was seen as the golden standard, reshaped during the exchange.

"If I wouldn't have done it (exchange) I think I would be more simplistic, boxed, having difficulty seeing the bigger picture, both clinical around a structure like pain but also around a person, with different social and cultural background" (Swedish participant)

Discussion:

In the category of personal development, participants experienced that exchange studies seemed to increase the global view of the students and their cultural competence and making them open minded towards cultural differences. Indian participants described becoming more self-confident and independent. A review of exchange studies of nurses by Kokko found similar results.¹⁰ In addition, another study got similar results, that Swedish physical therapy students became less scared to try new things in life, after participating in exchange studies in various countries.²⁶

In the *subcategory of physical therapy practice*, Swedish participants described that Indian families were often involved in the patients care. This was also observed in another study where nurses experienced families having a big role in caring for sick family members.¹⁰ The Swedish students found that passive treatments were more commonly administered rather than physical activity, which has been expressed in previous research.²⁶ Indian students found Swedish patients as independent, cooperative and were more aware about the need for physical activity.

In the *subcategory professional development*, Swedish participants expressed becoming more confident in their role as professionals and better prepared to treat patients with different cultural backgrounds. These findings have been observed in previous research and adds to the knowledge of the difference in expectations of treatments between cultures.^{22, 26,27}

There were similarities and differences in the results between Indian and Swedish participants. All participants mentioned that two way exchange is valuable and essential in exchanging knowledge which is similar to experience of Malagasy and Norwegian nursing students in past study.²³ Both groups improved their communication skills, previous research²⁶ have also shown increased communication skills after exchange studies. One difference at the Indian universities was that Swedish students recognized a formal hierarchy, while Indian students thought Swedish students and teachers were free in class. These differences are probably connected to behavioural differences

between cultures. One difference was that relatives of Indian patients were more involved in the care compared to(in) Sweden. This phenomenon was also seen in a previous nursing study¹⁰, and might relate to the more interdependent Indian family structure.²⁹

Methodological considerations: The methodology used in the present study has strengths and limitations. Credibility was maintained by keeping collection of data and the process of analysis, consistent with the aim of the study. The credibility was also enhanced by illustrating how meaning units were processed with codes and categories as shown in table III.²⁴

Dependability was the consistency of the method over time. Our supervisor also did an external audit of our data analysis, which increased the trustworthiness. Transferability of the results can only be applied to similar exchange programme in physical therapy. Due to less number of participants the results will show limitation. Another challenge and limitation was to keep to the aim when performing the interviews with open-ended questions.

Implications:

Developing cultural and professional competence as a physical therapist is important in our increasingly globalized world, to combat new challenges connected to socioeconomic status and non-communicable-diseases.

Suggestions for future research:

More studies are needed to share knowledge within the area of international exchange studies and to develop cultural competence to increase the ability to meet a broader population with different cultural background.

Conclusion:

Findings suggested that exchange studies is a way of gaining both personal and professional development, this was seen in both Indian and Swedish participants in different ways. This draws attention to further research in terms of physiotherapists and their experiences of exchange studies. The impact of cultural competence can also be of interest for further research.

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