

The experiences of community partners on working with occupational therapy students during work-integrated learning in Gauteng, South Africa

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Background. Work-integrated learning (WIL) is an essential part of the occupational therapy (OT) degree; it expands students' knowledge and skills, and adds value to the community through the provision of primary healthcare (PHC) services. It has been noted that there is a lack of feedback from community partners working with students in the communities. Feedback from community partners is integral as it serves as a guide for training institutions and students.

Objectives. To explore the experiences, and opportunities for change and growth from the community partners in Gauteng, South Africa, regarding OT final-year students during their WIL in PHC settings.

Method. A descriptive qualitative study was conducted with participants ($n=14$) recruited through the purposive sampling method. Open-ended interviews were used for data collection conducted with community partners who had worked with final-year OT students. Data were analysed using a hybrid approach. Trustworthiness and rigour of the study were ensured through reflexivity, credibility, confirmability and transferability.

Results. The study revealed three themes as per the Kawa model representing experiences of community partners when working with OT students: (i) barriers (rocks); (ii) facilitators (driftwood); and (iii) opportunities for change and growth (spaces).

Conclusion. This study provided insight into aspects that may be built on for further curriculum development for OT students' WIL. Consultation with community partners is essential to ensure optimal service provision for the population with whom students work. Further studies are recommended to enhance the experiential learning paradigm in PHC settings.

Keywords. Work-integrated learning, occupational therapy.

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Occupational therapy (OT) is aimed at providing community-centred care, which supports active collaboration with stakeholders to establish strong therapeutic relationships.^[1] Community strengths, interests, values, beliefs and knowledge form the cornerstones in planning, decision-making, monitoring and evaluation of intervention.^[1] Community work-integrated learning (WIL) plays an essential role in the provision of primary health care (PHC) services in both rural and urban settings. The success and value of WIL in the community are dependent on the community partners' feedback, based on their experiences with final-year OT students. However, the literature demonstrates that current research is overwhelmed by the accounts of students and supervisors; limited research is available in which community partners are provided with the space to voice their experiences.

In conjunction with theoretical assessments, OT students are required to complete WIL in different fields of practice, including community WIL. WIL serves as the link between theoretical knowledge and practice,^[2] which in turn contributes to the development of competent and professional therapists who understand their roles in the community.^[3,4] OT students aim to enable social change and reduce health disparities through participation in meaningful occupations and the formation of partnerships.^[5,6]

Feedback, through stakeholder collaborations, plays a crucial role in determining the success and relevance of OT interventions in the community.^[3-7] Insufficient feedback may impede professional development and the effectiveness of interventions provided by students.^[3] By providing feedback, community partners are empowered and actively engage in the intervention processes.^[7,8] Furthermore, OT interventions are more effective when community partners understand the purpose and role of OT within the community, as well as formulating realistic expectations of OT students.^[5,7,8] Shields *et al.*^[7] reported the occurrence of bi-directional learning, allowing professional development of all stakeholders and students. Cameron *et al.*^[5] highlighted the colossal impact language barriers have on the communication between students and community partners. This language discordance results in health disparities for the population served.^[9] Students are generally English proficient, whereas the communities may not be, resulting in dependence on translators or severe limitations in communication.^[5] Moreover, cultural differences contribute to the challenges experienced with the quality and accuracy of student assessments and interventions for the community.^[5]

To enhance OT student interventions and stakeholders' collaborations, the following recommendations were brought forward: to extend and

have more frequent placements, and to improve communication with, and training of, community partners to ensure the continuance of implemented projects.^[5,7,8]

The Kawa model was used as a theoretical framework for this study. The model was developed using the Eastern view of harmony, and identifies the influencing factors through the metaphor of a river (Fig. 1).^[10-12] Within the model, the 'self' can be viewed as a community. Harmony is depicted through the 'flow' of a river and is influenced by various factors. Barriers are identified as rocks that obstruct the flow of the river.^[10] In contrast, facilitators are identified as 'driftwood' and/or 'spaces' that enhance the flow. The spaces between the rocks and the driftwood are referred to as opportunities that enhance the flow of the river, and can be seen as recommendations from the community. The social and physical contexts influencing the community are represented by the riverbanks and walls.^[10,11]

Owing to the limited research on the experiences of community partners with OT students in SA, the researchers aimed to explore the experiences of community partners on working with OT students' during WIL in PHC settings in Gauteng, SA, and opportunities for change and growth.

Methods

Study design

A qualitative descriptive study was conducted using face-to-face, individual semi-structured interviews.

Sampling, instrument and data collection

The purposive sampling method was used to select participants. Participants ($n=14$) were staff working in PHC settings where students from the University of Pretoria are placed for their community WIL. The participants gave informed consent after a meeting at each site to explain the purpose of the research.

Reviewed literature and the five phases of Kallio *et al.*^[13] were used to design the interview guide. The open-ended questions for the interview guide were in English and structured according to the Kawa model by addressing the barriers, facilitators, and opportunities for change and growth. Five authors conducted the individual interviews. Power differential was addressed through providing adequate information during participant recruitment and ensuring confidentiality and anonymity. Interviews were conducted in English; however, Pedi and Zulu were also used where needed and translated later into English during the transcription process by two of the authors who are proficient in Pedi and Zulu. Interviews lasted approximately 15 - 20 minutes and were audio-recorded.

Data analysis

A hybrid approach^[14] to data analysis was applied combining the six steps of Braun and Clarke's thematic analysis. Additionally, a deductive approach using the Kawa model was used to organise the coded data into themes. Audio recordings were first manually transcribed into verbatim text by the

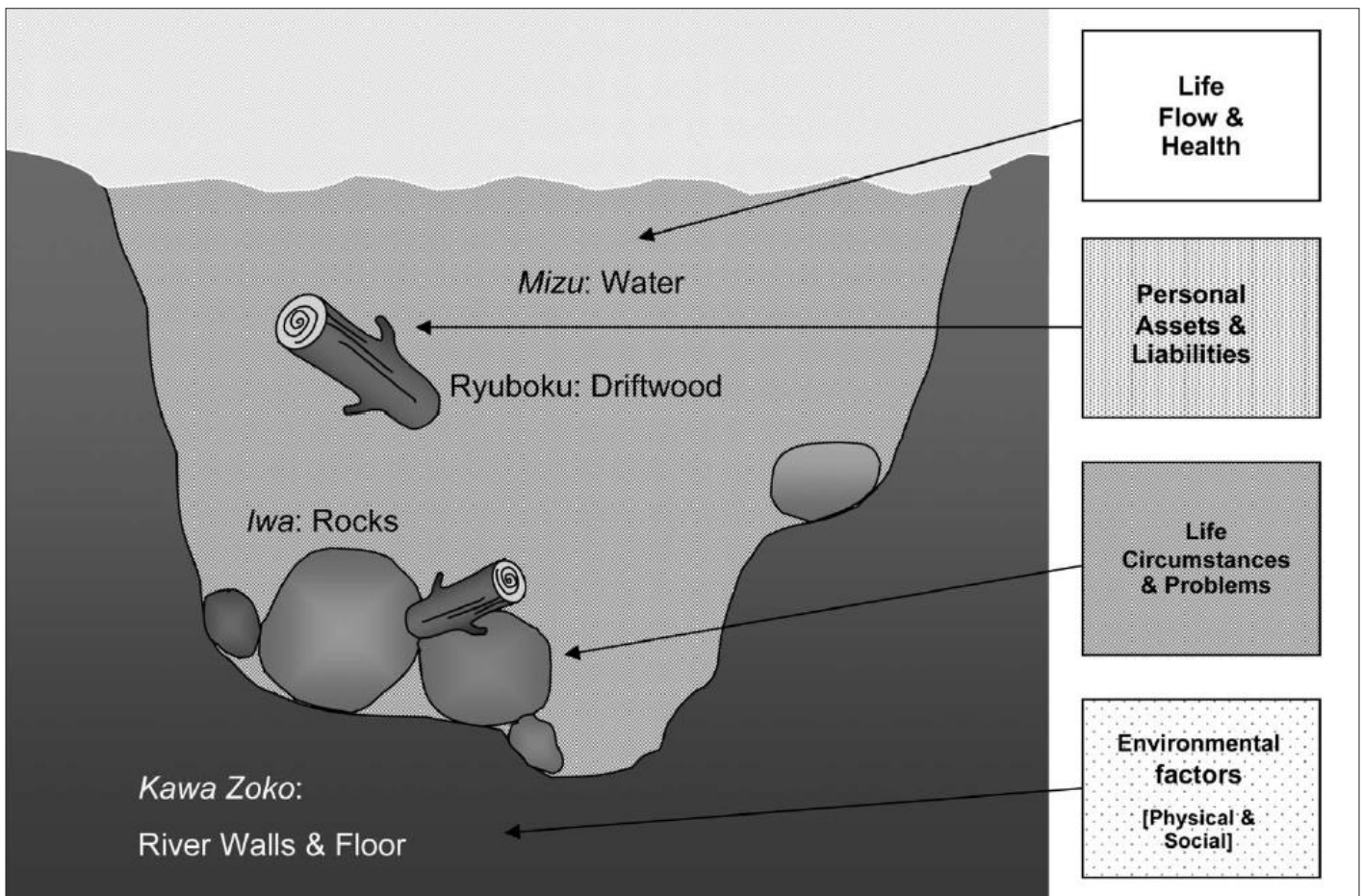


Fig. 1. Components of the Kawa model written in Japanese and then translated to English.^[12]

researchers. The transcripts were then read and re-read to select governing themes; the data were then grouped, and relationships between themes were identified to classify into subthemes.^[15] The relevance of each theme to the totality of the data was assessed according to the objectives of the study and the components of the Kawa model. Rigour and trustworthiness were established. A dense description of the population which can be applied to other PHC settings in SA established transferability. Reflexivity required the researchers to reflect on personal biases when interpreting the findings. Dependability was ensured by qualified supervisors who were involved with the data collection and researchers providing feedback on the transcripts, methodology, and results to ensure credibility. Confirmability was achieved through researchers cross-checking the transcription and coding.^[16,17]

Ethical considerations

Ethical approval was obtained from the University of Pretoria Faculty of Health Sciences Research Ethics Committee (ref. no. 649/2022). The study was based on voluntary participation and signed informed consent forms were obtained from the participants before data collection commenced. The participants' personal information was kept confidential and codes (e.g. P1) were allocated to the participants.

Results

Demographic information about the participants is presented in Table 1, followed by a discussion of the experiences of the community partners on working with occupational therapy students during community WIL.

The Kawa model was used to identify and categorise the themes from the data, as depicted in Fig. 2. These were barriers (rocks) and facilitating factors (driftwood) experienced by the participants, and opportunities for change and growth (spaces) that were made.

Theme 1. Barriers experienced by participants – rocks

Participants experienced several challenges working with OT students which hindered effective client-centred interventions.

Lack of OT knowledge

Participants had little understanding regarding the role of OTs 'Your role as OT students. Eish, I don't know.' (P10) In addition, participants lack an

understanding of the potential value of the services provided. Participants were familiar with the activities of OT students; however, they lacked understanding and knowledge of the purpose and meaning of the activities: 'It would keep them busy...' (P9) or 'The students keep them busy with things.' (P2)

Language and culture

African languages are most commonly spoken by community members and students mostly communicate in English '... it was challenging ... the students speak English and our kids struggle to speak English ... the language was the problem.' (P12) This results in miscommunication or misinterpretation of community needs. Furthermore, the cultural and language barriers affect the inclusiveness, effectiveness, and meaning behind OT intervention '... there was no one to translate.' (P12)

Lack of resources

Prevalent aspects were a lack of finances to access allied health services and therapeutic resources, as well as limited allocated time for students to spend in the community. Participants reported that therapy resources are only accessible for community members during the visiting times of OT students: 'The OT students bring resources to the old age home and use it; then they take the resources with them when they leave.' (P14) Participants also emphasised that too much time passes between visits from OT students and that the frequency of visits from OT students to the PHC settings is insufficient: '... the visits are not enough because time is limited.' (P12)

Theme 2. Facilitating factors experienced by stakeholders – driftwood

Community partners found various factors to be beneficial when working with OT students.

Client-centred intervention

A holistic and meaningful OT intervention was provided considering various aspects within the community and was not set on one thing. 'There's a lot that the students can address. They are not fixed on one thing.' (P7) Participants found OT interventions to be relevant to the needs of the community and that the needs analysis conducted allowed the students to

Table 1. Demographic information of the participants

PHC setting	Participant number	Participant position/profession
Early childhood development centres	P1	Grade R teacher
	P4	Principal
	P5	Grade R teacher
	P12	Principal
	P13	Grade R teacher
	P14	Grade R teacher
	Homeless shelter for men	P5
P6		Social worker
P7		Head social worker
P8		Social worker
Old-age home	P2	Nurse
	P3	Manager
	P9	Nurse
	P10	Nurse
	P11	Receptionist

implement interventions according to these identified areas of concern. *'The students plan their sessions according to the research that they did before starting.'* (P7)

Collaboration

Participants benefited from working together with OT students by gaining knowledge and skills. *'If you teach me, I can teach the child ... the child can teach his mother ...'* (P12)

'The clients don't open up to us easily ... they [the clients] become more inclined to talk to new people like the students. So, it has helped us too.' (P7)

Student characteristics

Students' positive attitudes and being approachable were characteristics that assisted in building relationships with community partners. *'The students are so welcoming and they have a smile on their faces. It is easy for us to talk to them and to tell them what we need. They are so passionate about their job.'* (P9) Other significant characteristics included being flexible, having enduring skills such as problem solving, time management, creativity, trustworthiness, setting realistic goals, and delivering OT services promptly: *'the students are always on time'* (P6); *'the students do not promise you something that they won't deliver ... they are very responsible and you can rely on them.'* (P3)

Positive impact

Stakeholders gained valuable knowledge and skills from OT students such as problem solving, communication, programme development and financial management. It improved the quality of life of the community members, by equipping them with the necessary skills and knowledge that relieve stress, encourage participation, and improve motivation.

'I think it is to uplift the community and to make sure that the community members acquire skills to manage their problems better and ensure that when they go back to the community, they ... accept them.' (P7)

Theme 3. Opportunities for change and growth from participants – spaces

Opportunities for growth and change from stakeholders were identified.

Comprehensive needs analysis

When conducting a needs analysis, OT students need to further consider influencing factors to guide their intervention. This includes the consideration of an interprofessional collaborative approach, *'the OT students and physios should come together every week.'* (P9), available physical space and structuring, client's schedules and available time and transport, all groups functioning, clients' needs, and language (student/member limitations in other languages, deaf) *'... the OT students should*

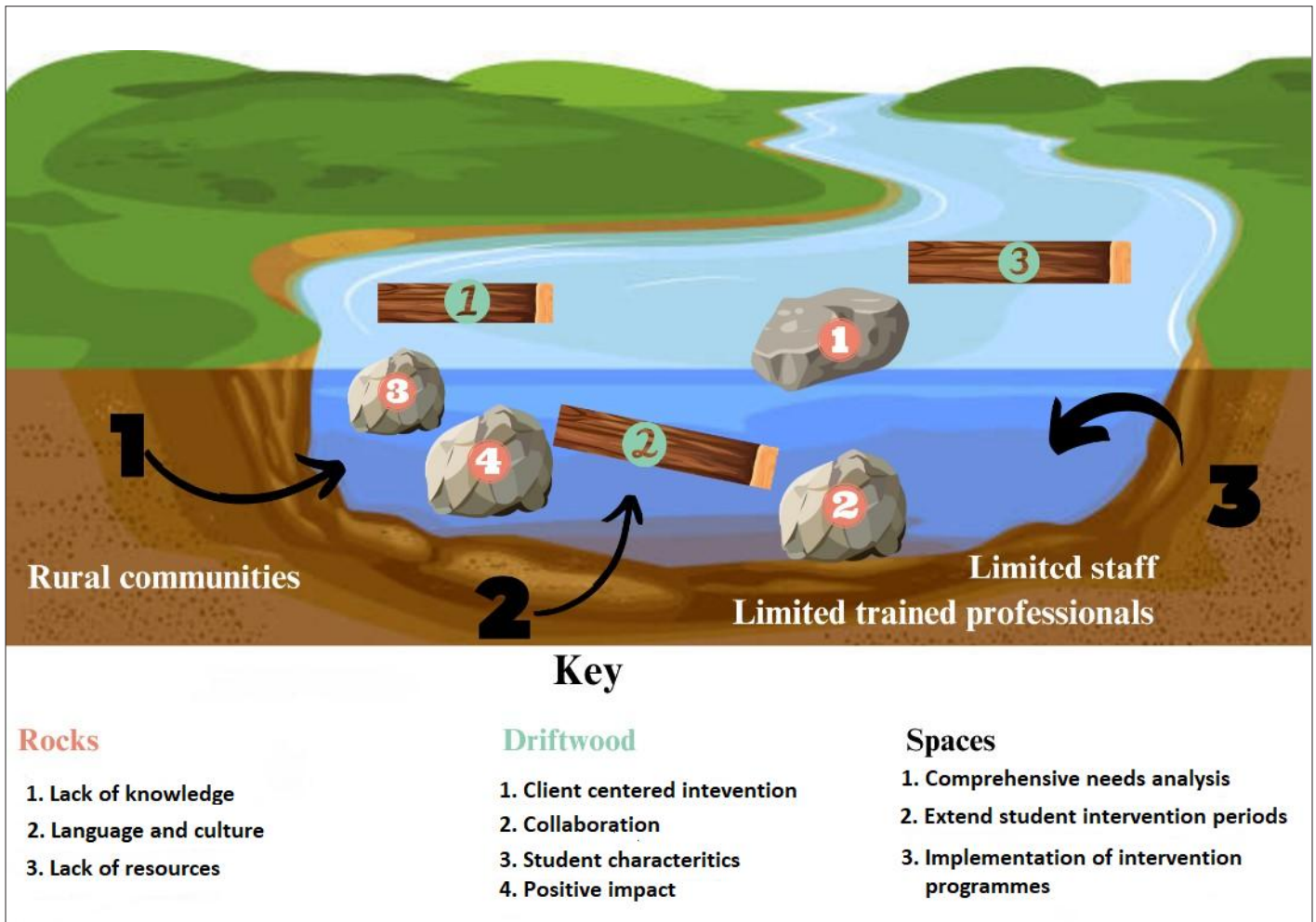


Fig. 2. Kawa model: visual representation of the results.

Table 2. Themes and subthemes that evolved from the data

Theme	Subtheme
Barriers experienced by participants (rocks)	Lack of OT knowledge
	Language and culture
	Lack of resources
Facilitating factors experienced by participants (driftwood)	Client-centred intervention
	Collaboration
	Student characteristics
	Positive impact
Opportunities for change and growth (spaces)	Comprehensive needs analysis
	Extend student intervention periods
	Implementation of intervention programmes

schedule their time, because lunch is at 11 and the OT students only finish past eleven sometimes. (P11)

Extend student intervention periods

To aid the effectiveness and sustainability of the services provided, community partners recommended longer periods and more frequent OT interventions from the students, ‘... for the OT students to visit more days,’ (P12), ‘... increase the amount of OT classes ... at least they can come for three classes.’ (P13)

Implementation of intervention programme

Lastly, stakeholders emphasised the need for interdisciplinary collaborations and improved communications between them and the students, ‘Give me an overall report of what the students do from day one to the last day...’ (P7)

Discussion

As depicted in theme 1, both the results and available research concur that OT interventions are more efficient when local stakeholders comprehend the role and significance of OT within the community.^[3-8] The majority of stakeholders misunderstood or had a misperception of what OT is and its scope of practice, resulting in unrealistic expectations of students. The general understanding was that OT merely occupies community members’ time. As reported by Naidoo and van Wyk,^[18] a successful OT experience requires clear guidelines, expectations, and an understanding of relevant roles in the implementation of intervention programmes. Furthermore, the lack thereof has the potential to affect interprofessional communication, collaboration, and feedback received.^[5,7,18] Language and cultural barriers may also influence the community partners’ understanding of OT.^[5,18] Most OT students communicate in English whereas community members and stakeholders do not.^[5] African languages (Zulu and Pedi) are predominantly spoken in the communities; consequently, messages conveyed can be lost which in turn affects client-centeredness, effectiveness, and relevance of interventions, the quality of students’ needs analysis, and community partners’ knowledge and understanding of OT.^[7] Furthermore, it is common for students to struggle adapting to a foreign environment, thereby influencing their understanding of diverse contexts.^[5,18] Lack of resources was a factor considered to be impeding the harmony of the communities. Such resources included the finances to access allied health services, restricted allocated time of student placements within the communities, and therapeutic resources. As highlighted in relevant literature, resource limitations within communities not only hinder students’ experiences during their WIL placements but also compromise the success and

sustainability of the projects they aim to implement.^[6,7,18] Participants acknowledged that the planning of allocated therapeutic resources by OT students during WIL could improve, as well as the prioritisation of the time allocated by the university to optimise the impact of the intervention. The results correlate with Vermeulen *et al.*’s opinion^[4] that the purpose of WIL is to learn to identify and utilise appropriate and relevant resources within the community (Fig. 2).

Aligning with theme 2, client-centred OT intervention is a broad concept that may be applied to numerous community sectors because it is not limited to only one issue. A collaborative approach aids in identifying relevant community needs and intervention opportunities. This relationship is built on mutual respect and trust. According to Shields *et al.*^[7], successful collaborations focus on the socioeconomic determinants of the community; this leads to more notable results and aid in client-centred intervention that is beneficial to both parties.^[7] Additionally, including stakeholders during OT intervention facilitates motivation, ownership, education/training, and continuing mutual learning. Furthermore, student characteristics, such as being approachable and having a positive attitude, play a vital role in establishing a therapeutic relationship with community members. Soeker^[19] also found that a self-directed approach to learning, where students embraced responsibility during their WIL, resulted in a more favourable experience for both students and community members.

Students conducted community needs analysis as supported by the client-centred interventions implemented; however, further improvements can be made. Recommendations made include the need for more comprehensive needs analysis by students to further refine and enhance client-centeredness and the effectiveness of OT interventions. All levels of functioning, according to the Vona du Toit model of creative ability,^[17] should also be considered to ensure active engagement and meaningful participation from clients during sessions, as well as the needs of the community partners themselves. The literature, highlighting the experiences of students and their supervisors, calls attention to students’ lack of exposure and understanding of PHC settings that may contribute to challenges in constructing and linking their needs analysis findings to appropriate interventions.^[18] These challenges may be partly due to the majority of students coming from middle-class families.^[18] It was noted that students are novice therapists who have limited experience and their focus on attaining high marks directly influences their ability to clinically reason and conduct a comprehensive needs analysis; they lack initiative to implement new interventions.^[18,20] It is important to note that skills and understanding develop over time; hence, more and continuing exposure will allow them to acquire a variety of skills and knowledge to draw on in the future.^[18] The development and execution of

cultural competence training, community communication and coordination, thorough assessment, and strategic planning in WIL experiences for OT are needed.^[5,18]

Shields *et al.*^[7] agree that extended periods for student placements as well as more frequent placements would be beneficial for students, community members, and stakeholders. This would aid the development of a broader understanding and needs analysis of the community, its context, and available resources, which are essential for continuing care.^[18]

Lastly, stakeholders expressed the need for improved implementation of the intervention programmes through frequent feedback, making appropriate referrals, and follow-up of specific cases. Agreement on clear expectations can be improved through supervisors and stakeholders assisting and guiding students through the processes upon initial arrival at the placement.^[18-20]

Limitations

The language barriers between the interviewers and interviewees served as a limitation in this study. Furthermore, students served as the primary interviewers. However, it was noted that having an external person, such as a student familiar with the context, conducting the interviews may have conceivably produced comprehensive information.

Conclusion

Exploring the experiences of community partners regarding OT students' community WIL is essential to determine the success and effectiveness of student assessments and interventions. This novel study provides insight into the barriers, facilitators, and recommendations communicated by community partners working with OT students in PHC settings in Gauteng, SA. The findings can serve as a guide to areas that require improvement and aspects that can be built on for continuing development. Therefore, tertiary education institutions should frequently seek first-hand feedback from community partners to allow for continuing learning and improvement.

Declaration. This research was conducted in partial fulfilment of the requirements for the Bachelor of Occupational Therapy degree by the student authors. NP and SMT served as supervisors for the study.

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1. Boyt Schell B, Gillen G. Willard and Spackman's Occupational Therapy. 13th ed. Philadelphia: Wolters Kluwer, 2019.
2. Roberts M, Hooper B, Wood W, King R. An international systematic mapping review of fieldwork education in occupational therapy. *Can J Occup Ther* 2015; 82(2):106-118. <https://doi.org/10.1177/0008417414552187>
3. De Beer M, Mårtensson L. Feedback on students' clinical reasoning skills during fieldwork education. *Aust Occup Ther J* 2015;62(4):255-264. <https://doi.org/10.1111/1440-1630.12208>
4. Vermeulen N, Bell T, Amod A, Cloete A, Johannes T, Williams K. Students' fieldwork experiences of using community entry skills within community development. *S Afr J Occup Ther* 2015;45(2):51-55. <http://dx.doi.org/10.17159/2310-3833/2015/V45N2A8>
5. Cameron D, Cockburn L, Nixon S, et al. Global partnerships for international fieldwork in occupational therapy: Reflection and innovation. *Occup Ther Int* 2013;20(2):88-96. <https://doi.org/10.1002/oti.1352>
6. Richards L, Galvaan R. Developing a socially transformative focus in occupational therapy: Insights from South African practice. *S Afr J Occup Ther* 2018;48(1):3-8. <http://dx.doi.org/10.17159/2310-3833/2017/vol48n1a2>
7. Shields M, Quilty J, Dharamsi S, Drynan D. International fieldwork placements in low- income countries: Exploring community perspectives. *Aust Occup Ther J* 2016;63(5):321-328. <https://doi.org/10.1111/1440-1630.12291>
8. Friedland J, Polatajko H, Gage M. Expanding the boundaries of occupational therapy practice through student fieldwork experiences: Description of a provincially-funded community development project. *Can J Occup Ther* 2001;68(5):301-309. <https://doi.org/10.1177/000841740106800506>
9. Zhao Y, Segalowitz N, Voloshyn A, Chamoux E, Ryder AG. Language barriers to healthcare for linguistic minorities: The case of second language-specific health communication anxiety. *J Health Commun* 2021;36(3):334-346. <https://doi.org/10.1080/10410236.2019.1692488>
10. Teoh JY, Iwama MK. The Kawa model made easy: A guide to applying the Kawa model in occupational therapy practice. *Kawamodel.com*. 2022. <http://kawamodel.com/download/KawaMadeEasy2015.pdf> (accessed 15 August 2023).
11. Blakely T, Potvin M-C, Iwama M. The Kawa model's value for level II occupational therapy fieldwork students. *J Occup Ther Educ* 2021;5(4):1-19. <https://doi.org/10.26681/jote.2021.050414>
12. Iwama MK, Thomson NA, Macdonald RM. The Kawa model: The power of culturally responsive occupational therapy. *Disability Rehab* 2009;31(14):1125-1135. <https://doi.org/10.1080/09638280902773711>
13. Kallio H, Pietilä AM, Johnson M, Kangasniemi M. Systematic methodological review: Developing a framework for a qualitative semi-structured interview guide. *J Adv Nurs* 2016;72(12):2954-2965. <https://doi.org/10.1111/jan.13031>
14. Swain J. A Hybrid Approach to Thematic Analysis in Qualitative Research: Using a Practical Example. London: Sage, 2018. <http://doi.org/10.4135/9781526435477>
15. Clarke V, Braun V. Thematic analysis. *J Posit Psychol* 2016;12(3):297-298. <https://doi.org/10.1080/17439760.2016.1262613>
16. Guba EG, Lincoln YS. Paradigmatic controversies, contradictions, and emerging confluences. In: Denzin NK, Lincoln YS, eds. *The Sage Handbook of Qualitative Research*. 3rd ed. Thousand Oaks, CA: Sage Publications, 2005: 97-128.
17. Thomas E, Magilvy J. Qualitative rigour or research validity in qualitative research. *J Spec Pediatr Nurs* 2011;16:151-155. <https://doi.org/10.1111/j.1744-6155.2011.00283.x>
18. Naidoo D, van Wyk J. Fieldwork practice for learning: Lessons from occupational therapy students and their supervisors. *Afr J Health Professions Educ* 2016;8(1):37-40. <https://doi.org/10.7196/AJHPE.2016.v8i1.536>
19. Soeker MS. Occupational therapy students' perceptions of the challenges they experience in adapting to a psychiatric fieldwork placement. *Educ Res J* 2014;4(6):65-73.
20. Casteleijn D, Holsten E. Chapter 4: Creative Ability - its emergence and manifestation. In: *The Vona Du Toit Model of Creative Ability*. Pretoria: Vona and Marie du Toit Foundation, 2019:108-145.

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