

## ORIGINAL ARTICLE



# Team Experiential Learning Through Community Services Delivery at Private Drug Rehabilitation Centres by University Students: Focus Group Discussion

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## ABSTRACT

**Introduction:** Substance abuse problem necessitates comprehensive community responsibility including university students to assist with the recovery of the marginalised population. This study aimed to investigate perception and experiences addressing team experiential learning as well as barriers to learning perceived by university students who provided community services at private drug rehabilitation centres.

**Materials and methods:** Six focus group discussions were conducted with graduated and undergraduate pharmacy students who provided community services in private drug rehabilitation centres. A guide was used to explore students' experiences, challenges encountered, and perceived learnings. Data were extracted from interview transcripts, sorted, and coded using Atlas.ti® version 9 and subjected to thematic analysis.

**Results:** The themes identified according to the scope of learning experience were (1) contribution of knowledge, (2) positive interaction, (3) application of interprofessional learning, and (4) appreciation of team experiential practice. Themes emerged under the scope of gaps and barriers were (1) initial negative perception, (2) communication barriers, (3) technical problems and (4) difficulties in coping with behaviours. For perceived learnings, themes identified were (1) enhanced confidence and skills, (2) contact with reality, and (3) increased empathy.

**Conclusion:** Team experiential learning in community service for marginalised population provided students with opportunities to directly contribute to the community and improved their learning.

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# JOP

## Introduction

Substance use disorder is a chronic brain illness that requires improved access to health care services and education (McLellan *et al.*, 2000). The empowerment of the affected population is important towards preventing new drug users and sustaining the recovery of former drug users. The dynamics of substance use problems in Malaysia over the past decades were partly attributable to drug relapse, community rejection, peer pressure and familial issues (Mustapha *et al.*, 2023; Chie, 2016).

University students are valuable resources to be involved in providing services for the marginalised population of recovering drug users. Students from different disciplines can provide inter-disciplinary collaboration, specific communication, and care in addressing substance abuse. However, teamwork is frequently faced with resistance, and students may face difficulties in developing the skills necessary for collaboration. Teamwork has enabled students to synthesise knowledge, assess their accomplishment in the task, and encourage innovation and the creation of a support system (Brusa, 2019). To increase students' competency, experiential education method which involves close interaction between students and patients in clinical and public healthcare settings is crucial (Legal, 2019).

Students' engagement in experiential learning in the community allows the discovery of actual issues. These encourage them to create solutions to the problems (Ssekamatte *et al.*, 2022). Community engagement as a team enables them to learn from each other. The concepts of team experiential learning are different from individual experiential learning. Learning within teams is important because they are the fundamental learning unit in modern organisations (Boak, 2016). This aligns with the Kolb Team Learning Experience theory where it addresses all six aspects of team development which include purpose, membership, role leadership, context, process, and action through a structured written simulation. After completing it, the team generally possesses an understanding of team functions, specific experience related to its own team's functions, awareness of learning and progress facilitated by the learning cycle modes (Kayes, Kayes & Kolb, 2005).

The interprofessional team is focused on communication, mutual respect, interaction, and participation which involves a community of health professionals (Chatalalsingh & Reeves, 2014). It has been demonstrated that interprofessional team-based treatment enhanced patient outcomes, system effectiveness, and value (Sakr, 2022). Students' learning experience in the setting of drug rehabilitation centre is worth exploring because drug addiction problem is complex that calls for rich understanding. The struggle of this marginalised group to sustain their recovery from drug addiction is indirectly

affected by the interprofessional team who provides the treatment services. This study aimed to explore perceptions and experiences addressing team experiential learning among university students who provided community services at private drug rehabilitation centres, including the gaps and barriers perceived by university students and the impact on their learning.

## Materials and methods

### Study design

This was a qualitative study employing a phenomenological approach to explore the experience of students who provided community service at private drug rehabilitation centres. The research question aligned well with this approach because it could grasp the essence of social phenomena hence allowing us to gain students' perception on insight, experience and difficulties (Ataro, 2020). This qualitative research utilised online focus group discussion (FGD) method. The interactional, synergistic aspect of the focus group enabled members to clarify or improve their discussion contributions considering issues raised by other participants, that could be undeveloped from an in-depth interview (Powell & Single, 1996). The FGDs were conducted using an online platform via Zoom to ensure flexibility, convenience, and anonymity. A fully virtual focus group facilitation had been reported to have a low dropout rate, low operational cost, and low time investment over conventional techniques (Halliday, 2021).

This study was reported based on the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (Tong *et al.*, 2007). Data were collected between November and December 2022 via semi-structured FGDs. Ethical approval was granted by the International Islamic University Malaysia (IIUM) Research Ethics Committee (ID No. IREC 2022-148). All participants provided written informed consent.

### Participant recruitment

The participants were recruited using purposive sampling. Students who were involved with community service activities at the Drug Intervention Community (DIC) were invited to participate in this research. A total of 67 students who were eligible to participate were approached by email. The eligibility criteria for participants were IIUM graduating and undergraduate students who provided community services at DIC between January and April 2022. The potential participants confirmed their schedules to ensure they were available for the FGDs. The participant information sheet and informed consent form were sent via email to participants who confirmed their availability. Those who consented were divided into a group of four to six, irrespective of service type, in six heterogeneous FGDs.

The heterogeneous FGDs in this study referred to the

mix of students who provided different services. Heterogeneous (dissimilar) teams frequently produce more original ideas, and research on learning style variety showed that diverse teams outperform homogeneous teams in terms of performance (Kayes, Kayes & Kolb, 2005). The sessions were notified from 10 to 14 days in advance to enable participants to plan their schedule.

### ***Interview topic guide and procedure***

The semi-structured interviews of FGDs were led by the first author who was a final year pharmacy student at IIUM, using an FGD guide that was developed through the collaboration of the authors based on Tate et al. (2009). The moderator was trained by a professional and experienced moderator for FGD. The first two sessions were attended by two senior moderators and the necessary improvements were suggested and made. The list of questions focused on individual experiences of being a participant, including any challenges or learnings of their services contribution; gaps and barriers in interaction; and their perception. The question domains are provided in Table 1.

The duration of FGDs ranged from 76 to 94 minutes. All participants preferred to speak in Malay and the interviews were recorded, transcribed verbatim, and translated into English. The transcripts were compared and checked by two other researchers to ensure accurate interpretation. Field notes were also taken with the help of an assistant moderator, and participant names were kept confidential for privacy reasons. The transcripts were returned to the participants through email for comment or correction.

### ***Data analysis***

Data analysis was conducted using qualitative research software for qualitative study Atlas.ti® version 9. A thematic analysis was done using an inductive approach. The data were analysed by using qualitative themes identified in the FGDs. The meanings of accounts were identified, and a list of codes was constructed for major themes following repeated and close reading of the FGD transcripts. Three researchers independently constructed, compared, and cross checked to produce a final list theme codes. The coding decisions were agreed upon and the coded data were aggregated into code files. The summary of the data was done by manually scrutinising and generalising the data sets as they were relatively small. All participants were coded as Participant 1 until Participant 27 for data analysis and reporting.

### **Results**

A total of 27 students consented to this study and participated in six FGDs. Each group comprised of four to six participants (Table 2). Data saturation occurred after the fifth meeting, from which no new information on the

concept was gained during data analysis. All data were used in the analysis. The themes that emerged were by the scope of the themes: learning experience, students' gaps or barriers and perceived learning. Each theme was explained based on the relevant concepts and related quotes. The coding tree is provided in Figure 1.

### ***Student's experience***

There were four themes identified which were the contribution of knowledge, positive interaction, application of interprofessional learning (IPL) and appreciation of team experiential practice. [Table S1](#) presented the summary of students' responses.

#### ***Contribution of knowledge***

The students shared their contributions for the respective services covering spiritual and general knowledge sharing. These included knowledge of Quranic recitation, home medication review, academic lessons, social service, data management and smoking cessation. Despite feeling nervous during their first encounter, they managed to contribute what they had to offer throughout the services.

#### ***Positive interaction***

Most participants have expressed their worries and nervousness about meeting the residents at DIC. Contrary to their expectation, they generally received warm responses from the clients and residents. They were respected and able to interact properly with the residents.

#### ***Application of IPL***

Some students were able to experience IPL and managed to recognise its importance and benefits. Students who did not experience IPL also acknowledged that its application is important, and they were looking forward to it in the future programme. Majority also highlighted that IPL would be necessary only in certain services which require respective expertise.

#### ***Appreciation of team experiential practice***

All students were aware of the benefits and drawbacks of working in a team. They discussed the positive and negative values which affect their service provision. They did not deny the significance of working in a team. Most of them were satisfied with their team members in terms of grouping size, communication, and work delegation. Although several pointed out the presence of uncooperative members in the group, they provided suggestions for future improvement.

#### ***Barriers and gaps***

The most frequently mentioned barriers and gaps were initial negative perception, difficulties in coping with behaviours, communication barriers and technical problems ([Table S2](#)).

Table 1: Domain in Focus Group Discussion Guide

No.	Domain in Focus Group Discussion Guide
1.	Demographic data
2.	Student's experience, challenges and learning perceived during the provision of the community services.
3.	Students' gaps or barriers in the interaction and communication with Drug Intervention Community (DIC) residents and among team members.
4.	Student's perceptions on the effectiveness of the team experiential learning in providing services to marginalised population.
5.	Student's opinion to improve the integration of multidisciplinary approach in community service to the people affected with drug abuse setting.

Table 2: Demographic characteristics of participants

Characteristics	Number, n=27
<b>Age (years)</b>	
20-25	27
<b>Gender</b>	
Male	8
Female	19
<b>Kulliyyah/Faculty</b>	
Pharmacy	23
Science	3
Allied Health Science	1
<b>Education</b>	
First year	1
Second year	0
Third year	2

Characteristics	Number, n=27
Fourth year	18
Graduated	6
<b>Elective drug abuse course</b>	
Yes	14
No	13
<b>Type of services provided</b>	
Smoking Cessation Education & Carbon Monoxide Screening to Male Adults' Shelter homes (Casa Villa)	4
Data Management Workshop with DIC	5
Smoking Prevention Among Children and Adolescents at Children Shelter Home (Casa Harapan)	6
Home Medication Review Services at Women's Shelter Home (Casa Femina)	2
Weekly Quranic Recitation Class (Casa Femina)	4
Home Medication Review Services at shelter for palliative care (Casa Palliativo)	3
Social Services at Female Drop-in Centre (Persona Grata Wanita)	2
Children's Activities at Children Shelter Homes (Casa Harapan)	1

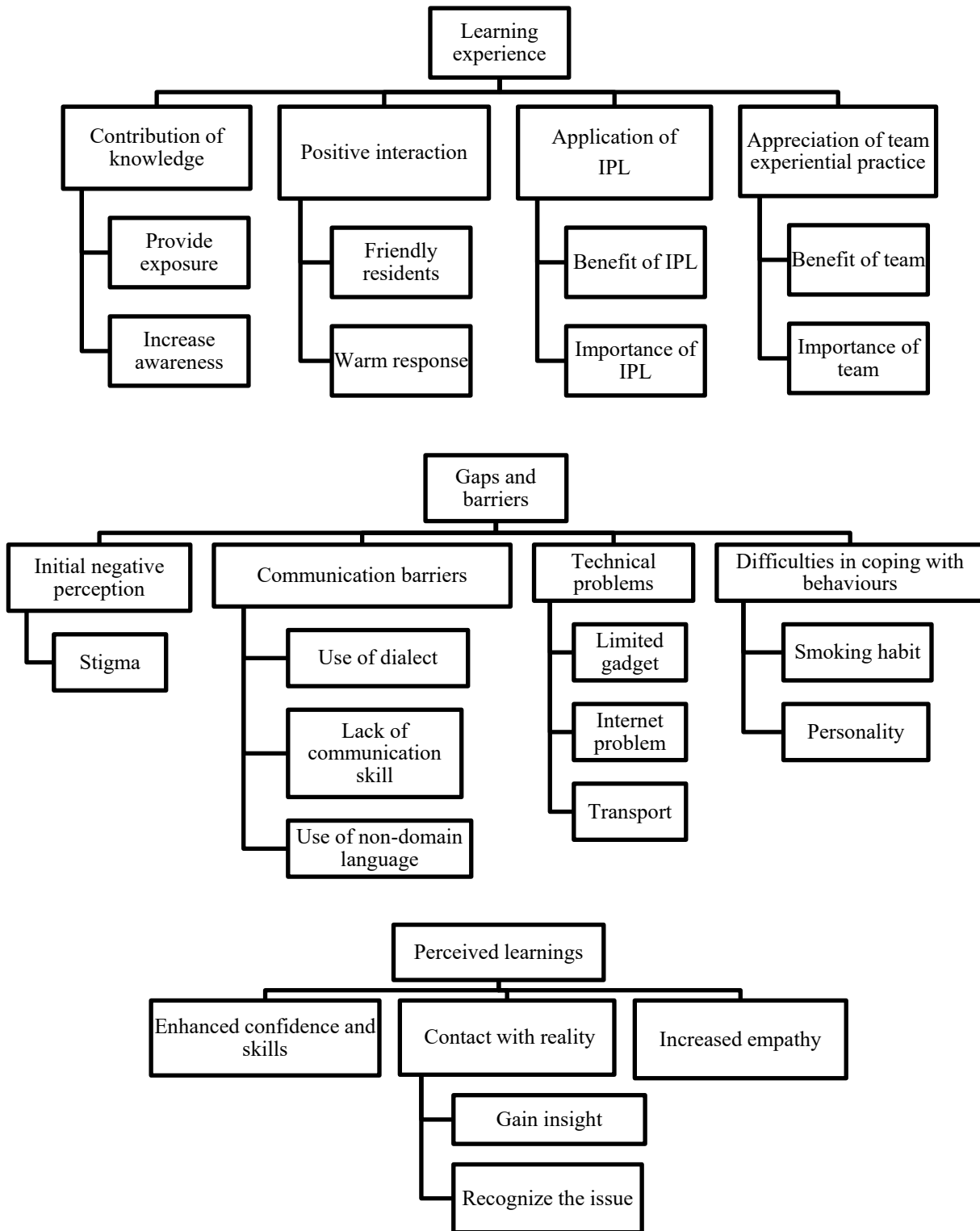


Figure 1: Coding tree diagram of focus group discussion coding.

### *Initial negative perception*

Students admitted to having an initial stigma towards this population. They revealed on hesitancy and fear in regard to human immunodeficiency virus, expected aggressive behaviour and negative personality. However, students were able to adapt with the unfamiliar environment. They stated that the stigma progressively subsided through more interaction with the population. They managed to self-reflect their attitude for improvement.

### *Difficulties in coping with behaviours*

Students stated about the residents' behaviour which impeded their service contribution. These include lack of attention, personality issues, and smoking habits in which they initially felt uncomfortable and conflicted. Some of them acknowledged that they faced difficulties due to their lack of knowledge and understanding of the related behaviours.

### *Communication barriers*

The students elaborated about not having a common language comprehension between patients and providers that affected the communication. One student stated about the usage of dialect in the communication with the resident. Some also highlighted the gap in communication due to diverse audiences. They realised that communication barriers could result in poor service outcomes.

### *Technical problems*

Technical problem was frequently mentioned during the discussion, especially among participants who provided the service at Casa Harapan through an online platform. They stated that they did not anticipate this challenge before the program, reflecting their high expectation towards the services. Communication barriers also happened from the technical problems.

### *Learnings perceived*

Themes that emerged under learnings perceived include contact with reality, enhanced confidence and skills, and increased empathy (Table S3).

### *Contact with reality*

Students were able to gain a deeper understanding about the residents who struggled with substance use. They managed to acknowledge the reality of the situation which was not as they had expected. The realisation was gained through the interaction with the residents. Most of the students were able to incorporate this learning with their self-awareness and personal growth.

### *Enhanced confidence and skills*

Most participants initially found that communicating and interacting with the residents were difficult due to their lack of exposure and familiarity. They realised that consistent involvement in real practice could help them to overcome their fear and improve their self-confidence. They agreed that they became more confident throughout the services provided.

### *Increased empathy*

The students acknowledged that the residents confronted difficulties to survive in the society. They managed to put themselves in the residents' place through a better understanding about trying to have a restart in their lives. Students' feeling of compassion helped them to reduce their stigma towards this population which is important as future healthcare providers.

## **Discussions**

The three scopes covered in this study were learning experience, gaps and barriers as well as perceived learnings to explore team experiential learning among university students. This study discovered four major themes under learning experience which were contribution of knowledge, positive interaction, application of IPL, and appreciation of team experiential practice. Students' ability and willingness to provide exposure and action to increase awareness were in line with studies that emphasised on the need for this contribution (Ramli et al., 2009; Bratberg, 2019). Team experiential practice was helpful when students confronted new challenges through shared knowledge (Boak, 2016; Muzyk, 2020). The variety of benefits gained from teamwork efforts such as shared learning, expertise and motivation reflect the effectiveness of incorporating team practice in educational experiences. Majority of students highlighted that IPL serves as an added value and the need would depend on the setting. This perception mirrors the findings that stated the results of IPL could be influenced by the type of experience provided (Hudson et al., 2016).

Under the scope of gaps and barriers, the themes were initial negative perception, communication barriers, technical problems, and difficulties in coping with behaviours. Some students regardless of prior education on substance expressed the presence of stigma during their initial encounter with the population which led to hesitancy to interact. This was quite inconsistent with Stein (2003) who noted that those with education on substance abuse exhibited more favourable attitudes and behaviours in comparison to those who have not received any training. Nevertheless, the findings were aligned with a previous study which highlighted the stigma associated with illicit drug use (Tommasello, 2004). This suggests that university students rarely get the opportunities to interact with this marginalised population. The hesitation and fear

to approach them are usually caused by the lack of experience, contact and knowledge about this population.

The language barriers in communication were highlighted on the clients' incapability to understand non-domain language (English), students' accent proficiency and students' competence in interacting with diverse age participants. Students expressing their weaknesses can be regarded as self-knowledge which is commonly thought to be the initial stage of personal growth. The ability to effectively interact, communicate, and work with people from diverse cultural backgrounds is crucial for effective services. One of the best ways to teach cultural competency is through service learning (Trotter & Dunnivan-Mitchell, 2019). Difficulties in coping with behaviours have also been reported as one of the barriers (Galvani, 2007; Reid et. al., 2008).

It is understandable to anticipate technical problems especially when any programmes are conducted virtually via online platforms (Tallent-Runnels et al., 2006). The problems mentioned comprised of limited gadgets, internet problems, and difficulties for interaction and engagement. This further supports that maintaining a learner's belongingness was challenging due to technology (Baasanjav, 2013).

There were three themes that emerged under the perceived learning scope. These were enhanced confidence and skills, contact with reality, and increased empathy. Students have a restricted capacity to evaluate their learning (Dunning, Heath & Suls, 2004). Not many were able to point out self-reflection of their own personal weakness or lack of knowledge or skills in addressing the challenges. However, students perceived themselves as more confident after doing the community service, consistent with a report by Hendry et al. (2016). Although continuous exposure is one of the factors for the improved confidence level, it is undeniable that confidence level is closely related to the knowledge and skills of students (Zieber & Sedgewick, 2018).

Our study revealed that students' contact with reality regarding the negative perception surrounding an illness or rehabilitation treatment could prevent affected individuals from seeking treatment in a timely manner. This is similar to the findings reported by Rusdi et al. (2008). Moreover, students commented on the presence of stigma among healthcare workers. Many researchers have reported high rates of negative attitudes among social workers towards those who abuse substances. Van Boekel et al., (2013), Mattila et al., (2022) and Ford (2011) reported that health professionals perceived violence, manipulation, and lack of motivation as obstacles that hinder the provision of healthcare to these patients. This realisation led to a deeper understanding of the emotions involved in learning and can help students to become more aware of their feelings, actions, and values.

Another perceived learning was increased empathy. Items involving empathy received a more positive response given the value-based and principles of social work practice (Galvani & Hughes, 2010; Mohd Taufek et al., 2021). Additionally, attitudes towards substance abuse can be positively influenced using simulations and listening to the experiences of those who have recovered (Stein, 2003). Students were able to instil an understanding towards this population by trying to engage with their feelings.

Enabling small groups of students to engage in discussions about their experiences can facilitate the integration of reflective thinking, contributing to their ongoing professional growth and the development of problem-solving (Beck, Thomas & Janer, 1996). It enhanced the benefits of early and ongoing experiential education by fostering active learning (Turner, 2018). It was depicted in this FGD, that students were inclined to engage in discussions about their practical experiences within small groups due to the personal relevance of these experiences (Gordon et. al., 2010). It does not only allow students to naturally acknowledge the learning exposure gained from community service, but the mutual interaction from the FGD also naturally offered an additional benefit of enhanced self-esteem through the process of expressing and articulating their opinions (Anwar, 2016).

While most prior research discussed IPL in experiential learning, our results expanded the studies on team experiential learning. It provided better opportunities for IPL in learning new skills and knowledge from other disciplines. It enables pharmacy students to teach and learn from other students' experiences including non-pharmacy students. The findings of this study will be used to guide the development or improvement of current curricular design of how to ensure an effective learning experience for university students when doing community service towards marginalised populations. It may also open more opportunities for future expansion of impactful collaboration to obtain more comprehensive evidence and strengthen community action by overcoming the barriers in the management of drug problems. The positive impact of team experiential learning among university students could also influence policy changes to encourage more collaboration between educational organisations and private drug rehabilitation centres while providing more resources or incentives. The major limitation of this study was its limited sample size and the homogeneity in the demographics of the participants. The distribution of the sample was skewed in favour of Kulliyah/Faculty of Pharmacy, so it might not reflect the actual setting among university students. Further research with a more diverse group of participants will be necessary to establish the generalisability of the results. There is a chance that the interview responses were biased as the interviewer and participants had prior knowledge of each other, but the



interviewer was not involved in the community services. There was no evaluation or assessment to reduce the risk of biased outcomes.

Future studies may consider data triangulation to ensure the validity and reliability of data. For example, multiple focus groups, interviews and surveys can be used to gather data from different groups of people. Further studies are required to evaluate the effectiveness of team experiential learning in community service in improving the design of volunteering programmes and curriculum.

### Conclusion

In conclusion, team experiential learning in community service exposed university students to valuable insights addressing marginalised populations. The study identified positive learning experiences, knowledge sharing and interprofessional learning. Gaps and barriers, including initial negative perceptions and communication challenges, prompted students to address their limitations. The findings emphasise the importance of community involvement in raising students' awareness towards sensitive issues. Through small group discussions, students could actively reflect on their experiences, fostering personal and professional growth while enhancing problem-solving skills.

### Authors Contributions

AAMF & NHMT designed the study and collected data. AAMF, NHMT & NSAR analysed the data. NIMN, IER, CSZ & CJT supervised, reviewed and edited the writing. All authors have read and reviewed the manuscript.

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### Ethical Approval Statement

This study was approved by the Ethics Committee of International Islamic University Malaysia (IIUM) (ID No.: IREC 2022-148, 21 September 2022).

### Informed Consent Statement

Informed consent was obtained from all subjects involved in the study.

### Conflict of Interest

The authors declare no conflict of interest.

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