



Original Article

Navigating New Horizons: A Phenomenological Study of the Lived Experiences of Foreign-Trained Physical Therapists in their Novice Years

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Abstract

This study explored the lived experiences of novice foreign-trained physical therapists (FTPTs) to understand their challenges and coping strategies during early career integration. A mixed-methods phenomenological approach was used, with data collected via a Google Forms survey from 25 FTPTs (1-5 years of experience) from Asia and America. The survey covered personal factors (professional identity, sense of belonging) and socioeconomic factors (challenges, adaptation, job satisfaction, well-being, facilitators, and barriers). Most respondents (76%) reported cultural isolation, homesickness, lack of mentoring, and prejudice. Key challenges included language and cultural barriers, difficulties in obtaining licensure and navigating the registration process, and adapting curricula. Support from family, friends, and colleagues was crucial for coping. Despite these obstacles, FTPTs successfully integrated into their careers and demonstrated personal and professional growth. The findings highlight significant challenges faced by novice FTPTs. There is a need for improved support systems, including enhanced licensure processes and curriculum alignment. Mentorship and social support are vital to facilitate their adaptation and success, ultimately improving the quality-of-care delivery.

Keywords: lived experiences, foreign-trained physical therapists, phenomenological study, mixed methods, Asia, America, challenges, barriers, coping strategies

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Introduction

Migration to another country occurs for various reasons, including economic, environmental, and social factors (European Parliament, 2020). Challenges arise especially when seeking employment overseas, and professionals may experience emotional distress when they are separated from their loved ones for extended periods (Castanaga, 2016). Migrating to another country may cause either a positive or a negative impact on workers. In one study entitled “The Lived Experiences of the Repatriated Overseas Filipino Nurses from Libya,” a better understanding of how Overseas Filipino Workers (OFW) live in Libya and choose to join the program, specifically, the repatriation program, after encountering negative experiences related to the situation, employment, and personal factors. On the other hand, one study on the lived experience of new physical therapy graduates by Donahue (2021) found that, despite the challenges faced by physical therapists, they have sought to maintain employment, enjoy their practice settings, and maintain a sense of purpose. The study also revealed the establishment of relationships among patients, which contributed to the positive clinical outcomes achieved by the physical therapists in their setting.

At the annual convention, the demographics of foreign-educated physical therapists were examined based on survey findings, and the majority of respondents were from the Philippines and India (Cornwall, 2015). The survey results indicated respondents' reasons for coming to the United States (US), such as improved physical therapy practice, better working conditions, better educational opportunities, and others. It also said that foreign-trained physical therapists found it difficult to understand the US healthcare system during their first year of employment, but no specific explanations were provided. According to Newstead et al. (2023), clinical instructors (CI) during their novice year faced challenges while demonstrating skills in fostering student reflection. The researchers mentioned a struggle with student autonomy and balancing clinical instructors' obligations with patient care. These difficulties caused individuals to feel anxious and inferior, a state that may be rectified with training over time.

Generally, novice experience is the first stage of professional practice, where individuals begin acquiring the basics of clinical and professional skills. Novice PTs often face regular checks during this time and are sometimes challenged as they transition from student to independent practice. Dreyfus (1987) asserts that novices need structured guidelines because they lack experience and strictly follow them.

Physical therapists make up a substantial percentage of the worldwide migratory health care community; their experiences and challenges include maladjustment, prejudice, and exploration. Most physical therapists working in Saudi Arabia have excellent working experiences; nevertheless, it also highlights some negative aspects and problems they have experienced (Alghadir, 2020). Physical therapy has been recognized as the leading branch of the healthcare profession (Philippine Statistics Authority, 2019). A survey conducted by the Philippine National Statistics Authority in 2019 recorded 2.2 million Overseas Filipino Workers (OFWs), of whom 8.5% were working professionals, including health professionals. This shows that, despite the known difficulties, they would still pursue working abroad.

According to Kelly and Wendland (2021), cultural differences and personal prejudices may affect how a medical practitioner cares for their patients. According to their results, self-reflection and self-evaluation will enable a physical therapist or other medical practitioner to discover their own strengths and

flaws. The working environment influences work engagement and mental health among occupational therapists and physical therapists, a crucial issue since it can affect the quality of patient care and overall healthcare services (Torp & Bergheim, 2022). According to Limaye, T. (2023), some countries, such as the United States, have stringent requirements for physical therapists who want to work in a medical setting, including credential evaluation, state board approval, and licensure examination, as well as the Healthcare Worker's Certificate (HCWC), to obtain a work visa. According to the World Confederation for Physical Therapy (WCPT, 2011), Australia and Canada, among other nations, require accreditation of qualifications by an entity other than the regulating authority. One of the challenges that people who wish to work overseas face is the set of regulations and permissions required for physical therapists and other medical practitioners. In this study, the researchers aimed to identify the lived experiences of foreign-trained physical therapists during their novice years. This is also fundamental to developing strategies that can overcome challenges and build coping mechanisms, leading to their success in adapting to their new environment in their early years.

The goal of the study is to explore and understand the lived experiences of foreign-trained physical therapists during their initial years of practice in another country, with an emphasis on the challenges/barriers and coping strategies they have developed to adapt to their new setting, specifically, their working environment, which has an influence on their professional integration and well-being. This study highlighted various barriers and coping mechanisms used by physical therapists to gain insight into the personal and socioeconomic challenges they faced during their novice years of practice. Specifically, the study focuses on identifying and describing the challenges encountered by foreign-trained physical therapists during their novice years, exploring the coping mechanisms and strategies they employ to navigate these challenges, investigating the impact of these experiences on their professional identity development and sense of belonging, examining the relationship between their experiences, challenges, and coping mechanisms in relation to their overall job satisfaction and well-being, and identifying potential facilitators and barriers that influence their successful integration and professional growth.

This study was critical for physical therapists and other medical professionals to understand the various experiences, whether favorable or unfavorable, because it may help them take precautions when visiting a different area. Although the researchers found some beneficial findings, the study, which captures participants' real-life experiences and provides an in-depth understanding of their knowledge, may lack the breadth of information that larger studies offer. In this instance, the researchers conducted a study of foreign-trained physical therapists in their early years, providing insights and solutions regarding the adaptations they have developed. Specifically, the study seeks to answer the following questions: What challenges and barriers do foreign-trained physical therapists experience during their initial practice in other countries? What lived experiences do foreign-trained physical therapists encounter during this period? How do physical therapists working in a foreign country navigate the unique challenges of adapting to a new cultural and professional environment, and how do these challenges impact their professional integration, well-being, and overall success?

Methodology

Research Design

The researchers used a descriptive phenomenological method in this mixed-methods qualitative and quantitative study. The descriptive phenomenological method aims to comprehend and characterize the universal core of a phenomenon (Ho, 2022); it explores a human's lived experiences to acquire deeper insights into how those experiences are understood. In this study, the researchers investigated physical therapists' lived experiences regarding personal and socioeconomic factors during their novice years. This was accomplished by conducting interviews or descriptive surveys to collect the data required for the study.

The quantitative approach to this study comprises items from the researchers' developed questionnaire, administered via Google Forms. Using a 4-point Likert scale, respondents were able to respond to different statements based on their level of agreement and difficulty, which can be found in some areas of the form under the personal and socioeconomic factor, and those statements can be answered by Strongly Disagree, Disagree, Agree, Strongly Disagree, or Extremely Difficult, Difficult, Easy, Extremely Easy. The qualitative portion of the questionnaire includes questions about lived experiences related to personal and socioeconomic aspects, collected through written interviews. This allowed the researchers to identify barriers and challenges and learn about their coping techniques.

The researchers in this study conducted semi-structured interviews via Google Forms to gather in-depth insights into physical therapists' life experiences during their novice years. Since the respondents came from another country, the time difference was a barrier to conducting a verbal interview. The researchers developed semi-structured interview questions, including both structured and unstructured formats, which are often used as exploratory tools (George, 2022). This was to enable researchers to gather results effectively, such as identifying patterns, while also allowing respondents to answer questions flexibly and expound on their lived experiences, and to proofread their answers freely before submitting. The positive and negative experiences, such as their challenges and their coping strategies, answered by the physical therapists throughout their novice years of practice, will also be considered. Furthermore, the researchers used email and social media platforms, such as Messenger and Facebook, to verify the foreign-trained respondents.

Participants

The researchers employed purposive and snowball sampling, both forms of non-probability sampling, to specifically select subjects and gather data on foreign-trained physical therapists. According to Palinkas et al. (2015), purposeful sampling is widely used in qualitative research to identify and select information-rich situations related to the phenomena of interest. Snowball sampling, also known as chain-referral sampling, helped the researchers locate hard-to-reach populations. Specifically, the researchers used an exponential, non-discriminative snowball sampling method, a geometric chain sampling process that begins with the first participant and continues with additional referrals until the sample size is sufficient (Simkus, 2023). The semi-structured interview questionnaires were administered via Google Forms and used open-ended questions to gather data relevant to the study and to allow participants to freely express their thoughts and experiences during their novice years. Creswell (2013) suggests that a reasonable

sample size for a phenomenological study may range from 3 to 25 participants. Following these guidelines, the researchers recruited 25 participants who had been trained abroad to gather additional insights into their experiences as physical therapists during their novice years.

Inclusion Criteria

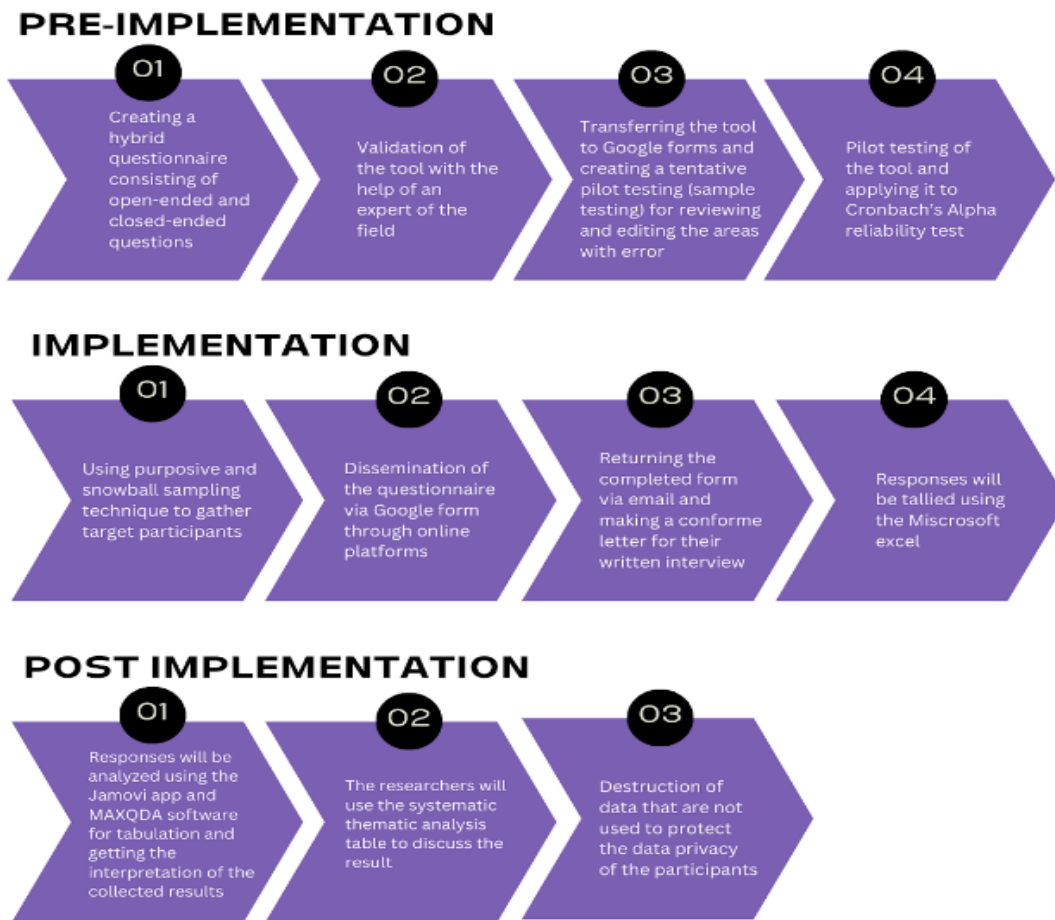
- Participants must be licensed physical therapists.
- Participants must be foreign-trained physical therapists regardless of citizenship and nationality.
- Participants must be working within Asia or the United States.
- Participants must have 1-5 years of working experience as a physical therapist abroad.
- Participants must be able to read and answer in the English language.
- Participants must be willing to participate in the study.

Instrumentation

The tools used in this study were a combination of open- and closed-ended interviews administered via online survey forms, particularly Google Forms. A semi-structured interview was conducted to gain a thorough understanding of the subject's perceptions and sentiments regarding the assigned topic or category. The study questions were divided into categories based on several aspects, such as personal and socio-economic factors. The first component includes respondents' basic information, followed by background information on their professional setting and length of employment as physical therapists. The third portion includes the personal factors composed of the closed-ended questions, a 4-point Likert scale that was utilized in this section, which is a psychometric response approach that can be answered as (1) Strongly Agree; (2) Agree; (4) Disagree; or (5) Strongly Disagree, and a set of open-ended questions. And the last component includes a set of closed-ended and open-ended questions on socioeconomic factors. The Likert scale was used in the following sections to assess respondents' level of agreement and the difficulty they had with the statements presented. The sections consist of the following categories:

- Professional Identity and Sense of Belonging
- Challenges and Adaptation
- Job Satisfaction and Well-Being
- Facilitators & Barriers to Integration

Data gathering



Pre-implementation

The research used a hybrid questionnaire that combines both open-ended and closed-ended items. The questionnaire was divided into five sections: the first section consists of the informed consent form; the second and third sections provide the demographic profile and background information regarding their workplace. The fourth section comprises the personal factors, and the last section includes socioeconomic factors. The researcher's research tool was evaluated and validated by experts in the field, namely, physical therapists. Following validation of the questionnaire, the researchers conducted a pilot test to assess how it would be migrated to Google Forms. After completing the tentative pilot testing or sample testing, the researchers waited for the ERB protocol number to be issued before beginning the pilot testing of 10 participants to determine its efficacy. Participants who responded then completed the questionnaire, and the researchers requested feedback on the instrument. After collecting data from the pilot testing, the researchers used a dummy table to generate skeletal tables and charts that demonstrate how the results will be presented. The questionnaire was also revised as needed, and the final tool was sent to the participants who met the inclusion requirements. Lastly, the researchers created two separate links with the same content to separate pilot-test participants from those who answered the questionnaire during actual testing.

Implementation

During implementation, the final tool was sent to the participants who met the inclusion requirements. The researchers employed purposive and snowball sampling strategies to recruit 25 participants from online platforms, such as social media, or by requesting referrals from people who know a subject relevant to the study. The 25 participants completed the final research instrument developed by the researchers and validated by experts in the field. To ensure that participants from the pilot testing would be included as subjects in the actual testing, the researchers monitored the verified emails submitted by participants and excluded those from the pilot testing. The researchers collected responses via Google Forms, which included various factors related to their experiences, to obtain results more quickly and in a more convenient manner for physical therapists working abroad. These responses were collected and analyzed to determine the study's outcome and answer the researchers' queries. The researchers returned the responses to the participants via email to confirm and request their final answers for the written interview. After finalization, the responses were collected and tabulated in Microsoft Excel or in the format automatically generated by Google Forms. The researchers used a descriptive thematic analysis table. This method was used to thoroughly identify themes in the collected data (Naeem, 2023).

Data Management and Analysis

The information obtained from respondents was examined using descriptive statistics and thematic analysis. Dawadi (2020) defined thematic analysis as a qualitative research tool for methodically organizing and analyzing large data sets. This sort of analysis entailed identifying patterns in data by reading and transcribing it and organizing it using the thematic analysis table, resulting in insightful and reliable findings. The table comprises the superordinate, subordinate, tally, and actual responses of the respondents. While descriptive statistics comprises a percentage frequency distribution, it was critical to quantify and represent data to establish conclusions and compare outcomes. In addition, Cronbach's alpha was used to measure the tool's reliability for quantitative questions. This instrument helped clarify and address the researchers' questions about the phenomenon.

Results

I. Demographic Profile

Table 1.

Demographic Profile of the Respondents

Demographic Profile	Sample Size (n=25)	Percentage
Age of Respondents		
26-30	4	16%
31-35	4	16%
36-40	1	4%
41-45	5	20%
46-50	7	28%
51-55	4	16%
Sex of Respondents		
Female	21	84%
Male	4	16%

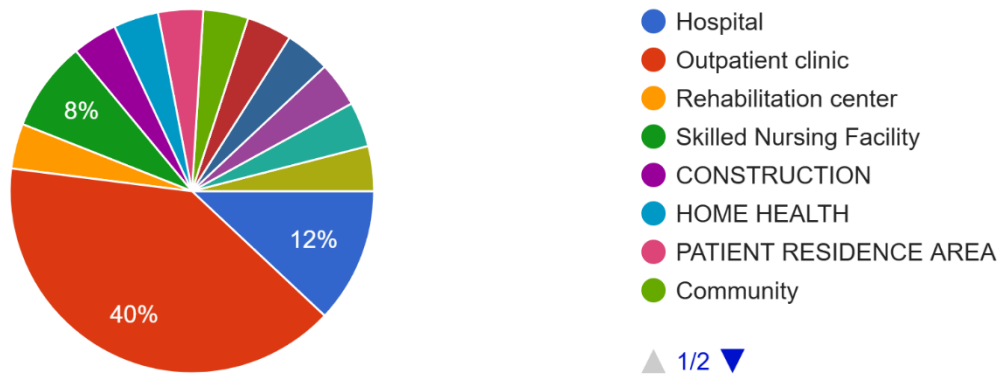
The table above shows the demographic profile of respondents who answered the survey. Out of twenty-five (25) respondents, four (4) respondents are in the age range of 26-30 years old, while another four (4) are in the bracket of 31-35 years old, and four (4) are in the age range of 51-55 years old. Only one (1) person aged 36-40 years old answered. Five (5) of the respondents are in the age range of 41-45 years old. Furthermore, seven (7) of the respondents are between 46 and 50 years old. Additionally, most of the foreign-trained physical therapy respondents are female, which were twenty-one (21) respondents, and four (4) males.

II. Background Information

Most respondents shown in the survey came from the Philippines, with twenty-two (22) respondents (88%), and only three (3) respondents, with 12% total, came from the United States, showing that most Filipinos migrated to other countries to have an extensive practice in the physical therapy field. While the responses from the current place of employment showed that twenty-one (21) of the respondents are currently working in America. According to Kalleberg and Marsden (2019), “Americans tend to place greater importance on jobs that provide security, high income, and opportunities for advancement”, this shows that a lot of people tend to migrate and choose other country, specifically, America as a majority of the participants who answered since there are a lot of opportunities and better jobs and services provided and offered to people which may help them to have professional growth and receiving a higher income that will help provide for their families. Only four (4) respondents are currently working in Asia. Most respondents (21) have been in practice for 3–5 years, while four (4) have 1–3 years of experience. This suggests that some respondents have only recently begun practicing in a foreign country.

Figure 1

Current Practice Setting

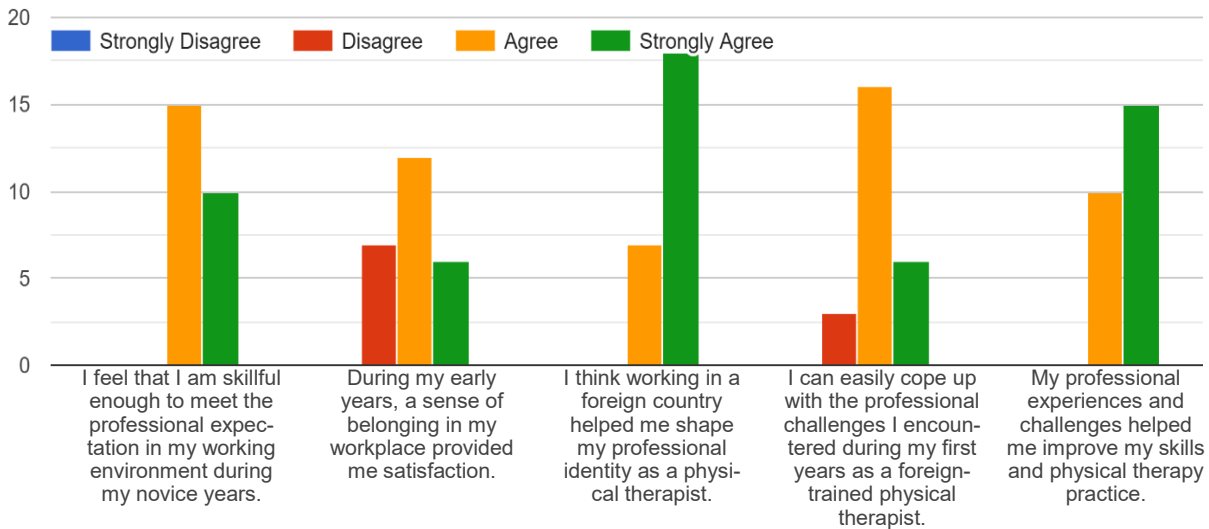


Among the twenty-five (25) respondents, ten (10) are currently practicing in the outpatient clinic, and three (3) reported being in the hospital. Only two (2) participants said that they are in a skilled nursing facility. While the other participants were equally distributed, with one (1) participant who answered that they were practicing in the rehabilitation center, construction, home health, patient residence area, community, and intermediate care facility.

III. Personal Factor

Figure 2

Personal Factors



In the first item, fifteen (15) participants agreed that they are skillful enough to meet the professional expectations in their working environment during their novice years, while the remaining ten (10) strongly agreed with the statement. In the second part of the statement, twelve (12) of them agreed that a sense of belongingness in their workplace satisfies them during their early years, while seven (7) of the participants are not satisfied with the sense of belongingness in their workplace. However, six (6) participants answered strongly satisfied with the said statement. The third part of the statement is about how a foreign-trained physical therapist thinks of helping them shape their professional identity in a foreign country, in which eighteen (18) participants answered strongly, and the remaining seven (7) also agreed with the statement. The fourth statement gathered sixteen (16) participants who agreed that they can easily cope with the professional challenges they encountered during their first years as a foreign-trained physical therapist. The six (6) participants strongly agreed with the fourth statement; however, three (3) of them disagreed. In the last statement, fifteen (15) participants strongly agreed that their professional experience and challenges helped them improve their skills and practices, and ten (10) participants agreed. These showed that most respondents working in a foreign country presented positive behavior in their workplaces and were able to contribute to their professional growth and identity.

Table 2

Personal Identity and Sense of Belonging

Superordinate Themes	Subordinate Themes	Tally	Actual Responses
How Experience Shaped Professional Identity	• Skills	7	<p><i>“I’ve learned different skills; provided services to different populations and different cultures; and expanded my knowledge in different fields including documentation.” -R24</i></p> <p><i>“My experiences helped me to understand and adapt to different situations.” -R14</i></p>
	• Adaptation	4	
Factors that Hindered Sense of Belonging and Professional Identity	• Language/Communication barrier	11	<i>“Language barrier is a big factor.” -R5</i>
	• Cultural differences	7	<i>“Cultural differences; common practices; way of life” -R14</i>

Table 2 presents the personal identity and sense of belonging, with a superordinate theme that categorized how experience shaped professional identity and factors that hindered sense of belonging and professional identity. In the first theme, the subordinate theme includes skills and adaptation, with the highest tally of 7 for skills. R24 shared that *“I’ve learned different skills; provided services to different populations and different cultures; and expanded my knowledge in different fields, including documentation.”* We can infer from the statement that most of them have learned various skills that have supported their professional growth and enabled them to apply them in their healthcare services. While R14 shared about the adaptation with an actual response of *“My experiences helped me to understand and adapt to different situations.”* In this statement, we can argue that adaptation is also crucial for professionals to work efficiently, especially since most of them involve learning new experiences and skills and adapting to the culture of the healthcare system in which they work.

The factors that hindered a sense of belonging and professional identity showed that many foreign-trained physical therapists encountered a language barrier, with R5 saying, *“language barrier is a big factor.”* In this statement, we can imply that learning and having an adjustment to language is essential to be able to get along with other healthcare workers, as well as the people who embody the health facility, as language can connect people by means of understanding one’s idea and breaking down barriers that foster togetherness among people (Wei, 2023).

Cultural differences are among the factors that hindered the sense of belonging and professional identity among 7 respondents. R14 shared that *“cultural differences, common practices, and way of life”* are the other factors that may contribute to their challenges during their training in their novice years. In healthcare settings, professionals tend to meet new and diverse people of different races. With this, some interventions and plans of care during rehabilitation depend on patients’ cultures and practices, and, for this reason, healthcare professionals may formulate alternative approaches to address these challenges.

IV. Socioeconomic Factor

Figure 3

Socioeconomic Factor

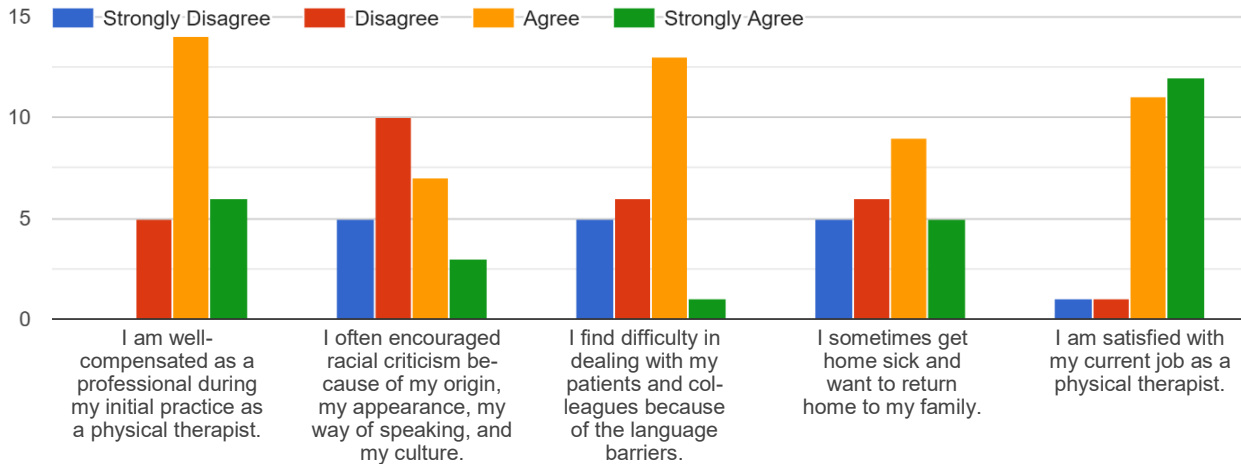


Figure 3 shows the rate and level of agreement in socioeconomic factors. In the first statement, regarding compensation, fourteen (14) participants agreed and six (6) strongly agreed that they were well compensated, while five (5) answered "disagree," indicating some dissatisfaction. When asked about financial difficulties in the second statement, ten (10) participants disagreed, and five (5) strongly disagreed, suggesting that financial struggles are not a major issue for them. However, seven (7) agreed, and three (3) strongly agreed, suggesting that some still encounter financial challenges. Regarding the third statement, thirteen (13) agreed that maintaining financial stability is difficult, while six (6) disagreed and five (5) strongly disagreed, indicating that experiences vary. Furthermore, only one (1) participant strongly agreed, revealing that financial concerns are not uniform among respondents. The fourth statement shows the data of the respondents, and nine (9) of them agreed when it comes to financial obligations, while six (6) disagreed, and five (5) strongly agreed. Lastly, five (5) strongly disagreed with the statement, suggesting mixed confidence in financial management. The fifth statement in terms of overall satisfaction with their socioeconomic condition revealed that eleven (11) agreed and twelve (12) strongly agreed, showing general contentment. However, one (1) disagreed, and one (1) strongly disagreed, indicating a small number of people who remain dissatisfied.

Figure 4

Challenges and Level of Adaptation During Initial Practice

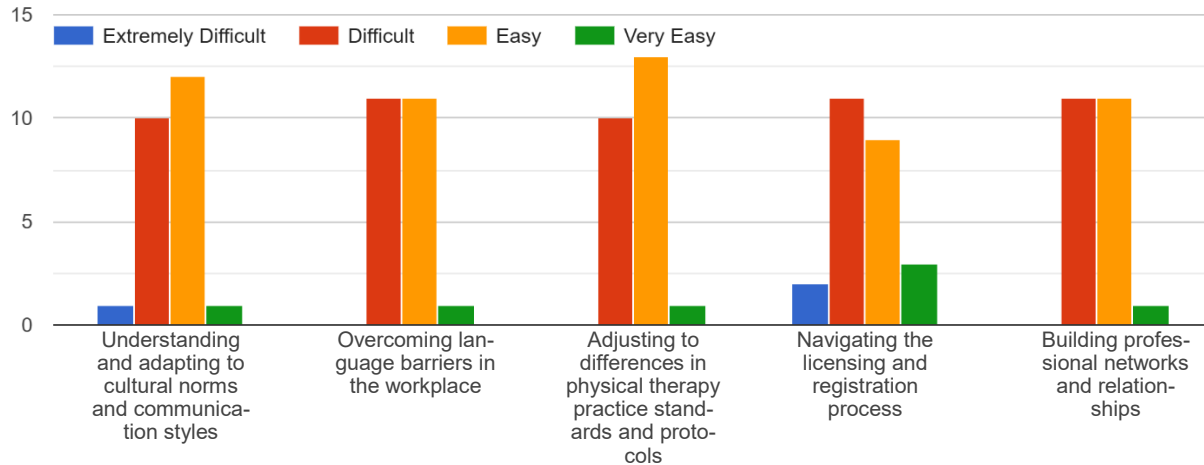


Figure 4 shows the rate and levels of difficulty experienced by foreign-trained physical therapists during their initial practice. The first statement showed that ten (10) participants found it difficult to understand workplace expectations, while thirteen (13) found it easy. Meanwhile, one (1) participant found it extremely difficult, and only one (1) found it very easy, suggesting that while many struggled initially, some found it manageable. Second statement: “overcoming cultural and professional barriers.” Eleven (11) participants found it difficult, and eleven (11) found it easy, showing an even split between those who struggled and those who adapted well. Additionally, three (3) participants find it very easy, demonstrating that adaptation differs among individuals. The third statement revealed that ten (10) participants found it difficult to adjust to a new environment, while fourteen (14) found it easy. Only one (1) participant found it very easy, revealing that while adaptation was challenging for some, most participants were able to adjust. In the fourth statement in terms of navigating workplace dynamics and relationships, eleven (11) participants found it difficult, while nine (9) found it easy. Two (2) participants found it extremely difficult, and three (3) found it very easy, indicating that the workplace integration was more challenging for many but possible for others. Lastly, on the fifth statement, “building professional confidence”, eleven (11) participants found it difficult, while eleven (11) found it easy. Only three (3) find it very easy, implying that building confidence was difficult for some but possible for others.

Figure 5

Challenges Encountered

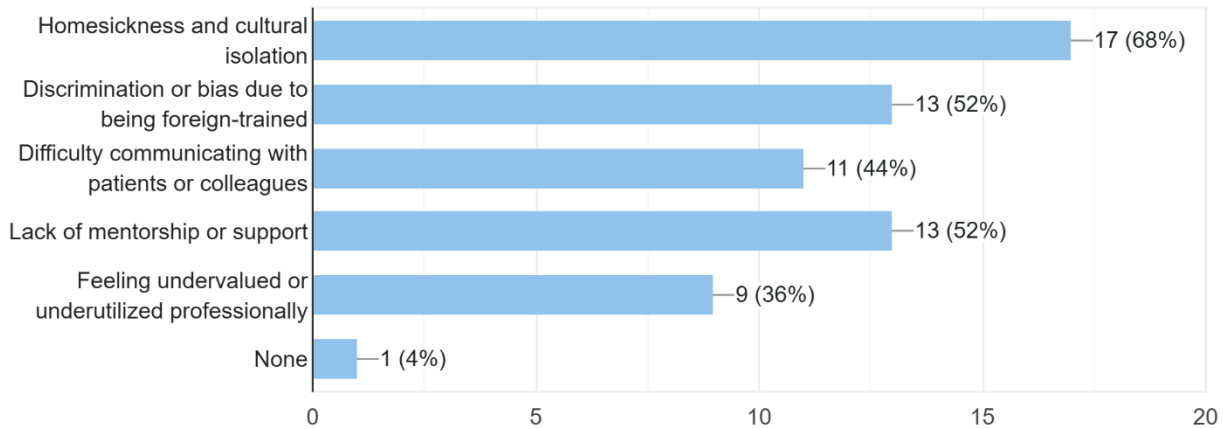


Figure 5 shows the following challenges encountered during the initial practice. The first statement revealed that seventeen (17) respondents have experienced homesickness and cultural isolation, while eight (8) participants were not affected. This shows that homesickness and cultural isolation are very common issues. The second statement reveals that thirteen (13) respondents have experienced discrimination or bias due to being foreign trained, and twelve (12) were not affected, indicating that most of the respondents experienced discrimination or bias due to being foreign and persisting in working. The third statement revealed that eleven (11) respondents have had trouble communicating with patients or colleagues. While fourteen (14) of them were not affected, this suggests that most do not seem to have problems with communication; there are still those who find it difficult but persist. The fourth statement revealed that thirteen (13) respondents said they had a lack of mentorship or support, while twelve (12) were not affected. This shows that there is insufficient support and mentorship among the respondents, while some of them can continue their practice without any help. The fifth statement revealed that nine (9) respondents said they felt undervalued or underutilized professionally, while sixteen (16) were not affected. This shows that most respondents do not feel undervalued or underutilized professionally, but it is still an issue, as some still experience it while working abroad. Lastly, only one (1) said that he/she did not encounter these challenges.

Figure 6

Coping Mechanisms

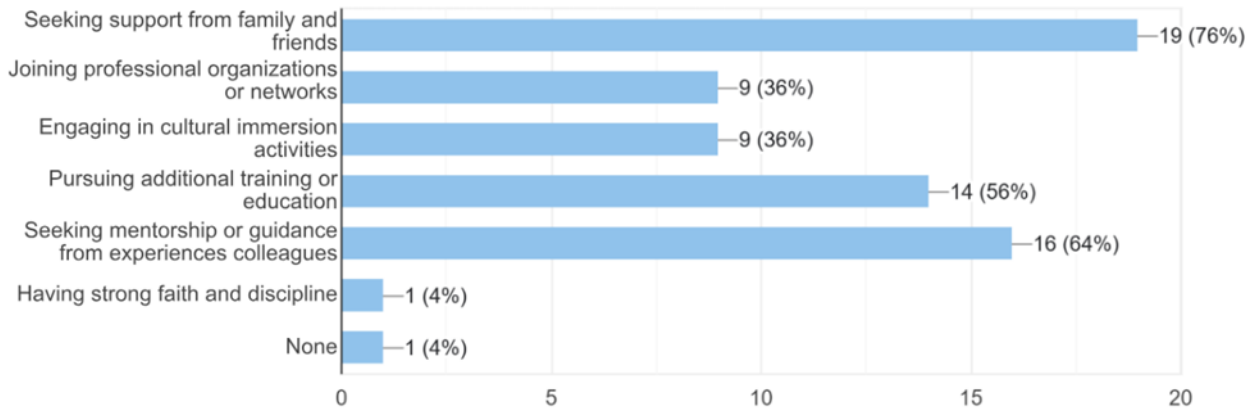


Figure 6 shows the coping mechanisms respondents used to overcome challenges. First statement revealed that nineteen (19) respondents sought support from family and friends, emphasizing their crucial role in emotional support in managing homesickness, cultural isolation, and workplace struggles, while six (6) respondents did not rely on this method, showing that not everyone found personal relationships essential for coping. The second statement revealed that sixteen (16) respondents sought mentorship or professional guidance, indicating the importance of having experienced individuals to give advice and encouragement and support. However, nine (9) respondents did not seek mentorship, suggesting that some individuals were either independent in their approach and practice or had limited access to mentorship opportunities.

Furthermore, the third statement revealed that fourteen (14) respondents pursued additional training or education to enhance their knowledge and skills in patient care and to boost their confidence, showing that continuous learning is a primary key factor in professional growth and development. On the other hand, eleven (11) respondents did not rely on this approach, possibly due to time constraints, financial limitations, or confidence in their skills. The fourth statement revealed that nine (9) respondents joined professional organizations, and another nine (9) respondents are engaged in cultural immersion, demonstrating that networking and adapting to new cultural environments are effective ways to navigate workplace challenges. However, sixteen (16) respondents did not participate in these activities and programs, indicating that they may have relied on other coping mechanisms or did not feel the need to immerse themselves further. The fifth statement revealed that only one (1) respondent relied on personal faith and discipline, revealing resilience in overcoming difficulties. Meanwhile, twenty-four (24) respondents did not choose this as a coping mechanism, implying that faith alone and discipline was not enough as a strategy and form of resilience for most individuals but also requires external support such as from their family, friends, and colleagues as well as other professional connections to cope with their challenges. Finally, the sixth statement revealed that one (1) respondent reported not using any specific coping mechanisms, while the majority, twenty-four (24) respondents, reported engaging in at least one strategy to overcome these challenges.

Table 3

Cultural Differences with Greatest Impact on Practice

Superordinate Themes	Subordinate Themes	Tally	Actual Responses
Greatest Impact	• Religious beliefs	7	<i>“Religious beliefs and holidays” -R3</i> <i>“Nothing really. I was able to adjust quickly. The main thing that challenged me is the language barrier because of the very deep Texan twang, combined with Black Amer-</i>
	• Language Barrier	11	

Table 3 presents the superordinate theme with the greatest impact on physical therapists' practice regarding cultural differences. This impact has given rise to subordinate themes of religious beliefs and the language barrier. According to the tallied data, most participants have identified a language barrier as the greatest impact on their practice. R18 shared that in terms of the cultural differences, *“Nothing really. I was able to adjust quickly. The main thing that challenged me is the language barrier because of the very deep Texan twang, combined with Black American slang/lingo.”* in which we can imply that in its cultural setting, the participant was able to adapt easily and cope up with the adjustments made to be able to continue practicing the profession. However, due to the language barrier, the participant could not understand or communicate with some people, especially those who use slang or other languages. Regarding religious beliefs, R3 responded that *“Religious beliefs and holidays”* were the cultural differences that posed challenges during their practice.

Figure 7

Job Satisfaction and Well-being

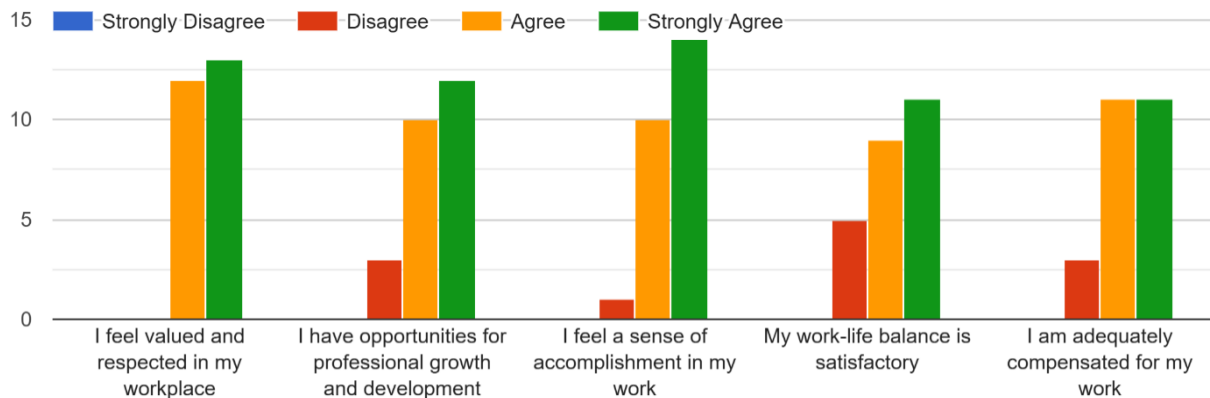


Figure 7 shows the rate and level of agreement of foreign-trained physical therapists in their job satisfaction and well-being. In the first statement, *“I feel valued and respected in my workplace”*, twelve (12) participants agreed to it, while thirteen (13) participants strongly agreed. This shows that most of

them felt appreciated and valued in their working environment. In the second statement, three (3) disagreed, while ten (10) participants agreed, and twelve (12) strongly agreed that the majority perceived professional growth opportunities in their work environment. The third statement showed that only one (1) participant disagreed. This implies that he did not find it fulfilling and rewarding. Ten (10) participants agreed, while fourteen (14) strongly agreed that they feel a sense of accomplishment in their work. This implies that most participants find their work fulfilling and rewarding. In the fourth statement, five (5) participants disagreed, eight (8) agreed, and twelve (12) strongly agreed that their work-life balance is satisfactory. This suggests that while most participants felt satisfied with their work-life balance, some struggled in this area. Lastly, the fifth statement, “I am adequately compensated for my work”, revealed that three (3) disagreed, eleven (11) participants agreed, and eleven (11) strongly agreed on it. This shows that while the majority felt satisfied with the compensation for their work, a small group felt unfairly compensated, and some believed their compensation was insufficient.

Table 4

Impact of Experiences on Overall Well-being (Physical, Mental, Emotional, and Social)

Superordinate Themes	Subordinate Themes	Tally	Actual Responses
Overall Well-being	● Challenging	4	<i>“Emotionally challenging because I have to blend in the new environment while fighting homesickness but in totality it made me a well rounded person ready to deal in all traits of challenges be it professionally or personally.” -R1</i>
	● Strong	3	
	● Independent	3	
	● Confident	3	
			<i>“I could say all those experiences made me strong as a whole.” -R7</i>
			<i>“It has taught me to become more responsible, adapt to new things, and become more independent.” -R16</i>
			<i>“It helps me be confident in my skills. Foreign-trained are book smart which helps navigate the challenges in any work setting. If you know how things happen, you make better judgement on treatment and be able to expertly justify it to your patients/family.” -R25</i>

In the table above, R1 said “[It is] emotionally challenging because I have to blend in the new environment while fighting homesickness but in totality it made me a well-rounded person ready to deal [with] all traits of challenges be it professionally or personally” suggesting that working away from your country of origin causes you emotional distress and can affect in your practice; however, it also makes you a well-rounded person being able to make wise decisions on your own as well as being able to persist new challenges. R7 stated, “I could say all those experiences made me strong as a whole,” highlighting growth and development in adapting to a new work environment, which made them more confident, knowledgeable, and successful in their overall profession. R16 added, “It has taught me to become more responsible, adapt to new things, and become more independent,” indicating that those experiences help them to grow and learn new things, becoming more competent and independent. According to Nursalam et al. (2020), adaptability and resilience when confronted with new challenges or cultural settings became significant. It

highlights how they develop effective coping strategies and discover intrinsic benefits in their jobs, such as the satisfaction of helping patients. Having physical therapists (PTs) in the healthcare system is becoming more recognized as important for better patient outcomes, and R25 stated, “It helps me be confident in my skills. Foreign-trained individuals are book-smart, which helps them navigate the challenges of any work setting. If you know how things happen, you make better judgments on treatment and are able to expertly justify it to your patients/family.”

V. Facilitators & Barriers to Integration

Figure 8

Barriers

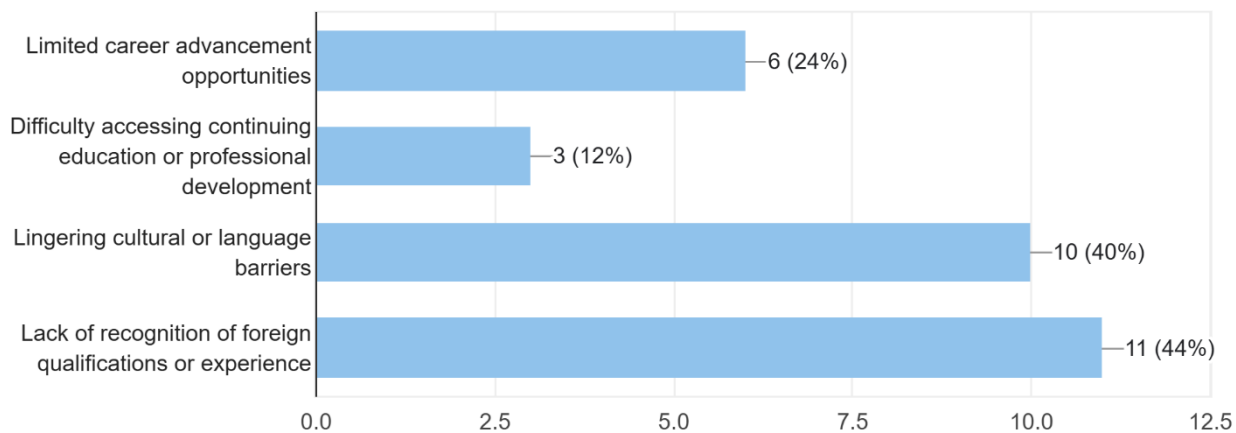


Figure 8 shows the barriers and challenges that continue to hinder the growth and integration of foreign-trained physical therapists. The first statement revealed that six (6) respondents reported experiencing limited career advancement opportunities, while nineteen (19) respondents did not find this a challenge, implying that although most respondents do not struggle with career progression, a notable portion still face difficulties in advancing professionally. The second statement revealed that three (3) respondents have experienced strain in continuing their education or professional development, while twenty-two respondents do not experience this barrier. This suggests that most respondents can have access to additional education and training, but a small group still finds it difficult to persist in professional development. The third statement revealed that ten (10) respondents encounter lingering cultural or language barriers, while fifteen (15) respondents are not concerned by this issue. This shows that cultural adaptation and language proficiency remain concerns for those individuals, potentially hindering their ability to fully integrate into their professional environment. The fourth statement revealed that eleven (11) respondents encountered issues lacking recognition of their foreign qualifications or experience and practice, while fourteen (14) respondents answered that they did not encounter this issue. This suggests that most respondents are still experiencing obstacles in having their foreign credentials recognized, which may limit their career opportunities and successful integration.

Table 5

Process of Obtaining a License

Superordinate Themes	Subordinate Themes	Tally	Actual Responses
Process of Obtaining a License	• <i>Requirements</i>	7	<p>“We only need the basic requirements. as long as you pass the NPTE and state jurisprudence exam, you are good to go.” -R19</p> <p>“It is extremely difficult. Especially that APTA has been changing their requirements every year. Some states require DPT already before you can even take NPTE. Since our curriculum in MCU that time is not sufficiently qualified for FCCPT ECR requirements, me and my husband still have to take A LOT of extra subjects from PRI. Taking the NPTE will require a lot of patience and time. Requirements for every state are different as well. Doesn’t mean you are licensed in Missouri, you can practice in other states already but still have to go through reciprocity.” -R2</p> <p>“The licensure process itself is already tedious enough due to numerous requirements needed by different agencies such as the examining and credentialing organizations as well as the state board.” -R16</p> <p>“They had to check the credentials whether I need to take classes before taking the exam. Then once approved, I just had to take and pass NPTE to have a license.” -R10</p>
	• <i>Difficult</i>	3	
	• <i>Tedious</i>	7	
	• <i>Exam</i>	9	

Table 5 presents and describes how to obtain licensure to practice in their current working environment. According to R19, “We only need the basic requirements. [A]s long as you pass the NPTE and state jurisprudence exam, you are good to go.” implying that you need to pass the NPTE (National Physical Therapy Examination) and having to pass the state jurisprudence examination in order to integrate to your current working environment, supported by R10 “They had to check the credentials whether I need to take classes before taking the exam. Then once approved, I just had to take and pass NPTE (National Physical Therapy Examination) to have a license”, however in order to take the NPTE (National Physical Therapy Examination), there are a lot of requirements as stated by R2, “It is extremely difficult, especially that APTA (American Physical Therapy Association), has been changing their requirements every year. Some states require a DPT (Doctor of Physical Therapy) before you can even take the NPTE (National Physical Therapy Examination), stating that you have to gather the requirements first and pass the NPTE (National Physical Therapy Examination) before you are able to continue your profession in that state.

Table 6

Recommendations for Improving Support and Integration of Foreign-trained Physical Therapists

Superordinate Themes	Subordinate Themes	Tally	Actual Responses
Recommendations	• Support	5	<p>“Schools have to implement various supports for students who have plans on practicing in different countries other than their origin. Like licensure processes, reviews, and more detailed competent curricula.” -R1</p> <p>“Cultural training, extra education on insurance, understanding, regulations, payments, reimbursement for patients to understand how these affect your decision making. In the Philippines, we should train PT to have good clinical judgments independently, like deciding treatments and impairment rather than depending on doctors.” -R20</p> <p>“Must have a governing body or association that can assist therapists in obtaining licenses or teach the path to work in another country” -R4</p>
	• Education	8	
	• License	3	

Table 6 presents the recommendations of the foreign-trained physical therapists for improving the support and integration of foreign-trained physical therapists. It is important to know the strategies for navigating your new work environment. R20 stated, “Cultural training, extra education on insurance, understanding, regulations, payments, reimbursement for patients to understand how these affect your decision making. In the Philippines, we should train PT to have good clinical judgments independently, like deciding treatments and impairment, rather than depending on doctors,” implying that proper education and well-known knowledge of how things work in the system make PT more independent and will further increase success in integrating. According to Redoble (2019), it is necessary to recognize key factors that support successful practices in inclusive education. These include comprehensive training in inclusive strategies, strong backing from educational bodies, and efficient cross-disciplinary cooperation. Physical therapists highlighted the significance of ongoing professional development in improving their abilities and understanding of inclusive education. Support from institutions, like enough resources and a cooperative culture, R1 stated, “Schools have to implement various supports for students who have plans on practicing in different countries other than their origin. Like licensure processes, reviews, and more detailed competent curriculum”, referring to the fact that not only what knowledge you have in your own country is enough to help you to navigate, but learning and immersing yourself to learn more about foreign practice and cultural competence will help you navigate and adapt to your new working environment. Also, R4 stated that “[It] must have a governing body or association that can assist therapist in obtaining licenses or teach the path to work in another country”, indicating that to be able to advance in PT career and work to a healthcare facility in other country or state, a support from the government is essential as to helping or guiding the professionals to their path of obtaining licenses and process of registration by building an extensive learning about the process to propagate a more improved system.

Discussion

The experiences of foreign-trained physical therapists are shaped by a balance of growth opportunities and persistent structural and personal challenges, highlighting several important considerations for practice, policy, and support systems.

First, the findings suggest that international work exposure is a significant driver of professional development. With 60% of respondents reporting improved skills and career growth, it is evident that working abroad enhances competence, independence, and cultural awareness. However, the remaining 40% who struggled with their sense of belonging indicate that professional growth does not automatically translate to personal or social integration. This implies that healthcare institutions must address not only technical competency but also identity formation and inclusion in the workplace.

Second, the mixed responses regarding language proficiency and relationship-building (60% coping well vs. 40% struggling) highlight uneven adaptation experiences. This suggests that integration is highly individualized and context-dependent, requiring tailored support such as language training, cultural orientation, and interpersonal development programs rather than a generalized approach. According to Kelly (2021), different languages and cultural characteristics may broaden perspectives in the physical therapy field and impact patient care, potentially making it more effective, just as tailored support and training can contribute to higher-quality medical care.

Third, the high percentage (76%) of respondents experiencing cultural isolation, homesickness, lack of mentorship, and prejudice, and 52% reporting discrimination, points to significant systemic and organizational gaps. These figures imply that many foreign-trained professionals operate in environments that lack sufficient inclusivity and structured support. Without intervention, these conditions may negatively impact job satisfaction, retention, and quality of care.

Fourth, the widespread difficulty in licensure, registration, and credential recognition underscores systemic barriers within regulatory and educational frameworks. This implies a need for policy reform to streamline accreditation processes, align curricula internationally, and ensure fair recognition of foreign qualifications. Addressing these barriers is essential not only for workforce integration but also for optimizing healthcare delivery.

Fifth, the reliance on informal coping mechanisms such as support from family, friends, and colleagues suggests that formal institutional support systems are either lacking or insufficient. While these personal networks are effective to some extent, the data imply that structured mentorship programs, professional guidance, and organizational support are critical for sustainable adaptation and well-being.

Finally, the findings highlight that supportive and inclusive workplace environments are essential for successful professional integration. Access to mentorship, continuing education, and cultural competence training significantly enhances both job satisfaction and performance. This suggests that organizations investing in these areas are more likely to retain skilled professionals while promoting high-quality patient care. According to Kamau et al. (2022), “sociocultural strategies and models addressed social, cultural, and group dynamics.” This underscores the importance of addressing external barriers to professional growth by fostering inclusive practices and supportive workplace environments that enable broader participation and development. Overall, the data indicate that although foreign-trained physical therapists demonstrate resilience and achieve substantial professional growth, their success often occurs despite per-

sistent systemic, cultural, and institutional challenges. Therefore, comprehensive strategies ranging from policy reforms to workplace-level interventions are necessary to establish more inclusive, supportive, and efficient pathways for their integration.

Conclusion and Recommendations

Foreign-trained physical therapists experience a complex process of adjustment shaped by both personal and socioeconomic factors. Most respondents reported initial difficulties in adapting to new healthcare environments, particularly in establishing their professional identity and sense of belonging. However, these challenges contributed to increased confidence, independence, and enhanced clinical competence over time.

Significant findings indicate that key challenges during their early years include homesickness and lack of mentorship, while long-term barriers center on language and cultural differences. Additionally, difficulties in licensure, registration, and curriculum alignment highlight systemic issues that hinder smooth professional integration. Despite these obstacles, strong support systems, particularly from family and colleagues, serve as crucial coping mechanisms.

Overall, the data suggest that while foreign-trained professionals face different barriers, these experiences ultimately foster resilience and professional growth. The findings underscore the need for improved institutional support, mentorship programs, and policy reforms to facilitate smoother integration and ensure quality healthcare delivery.

For a more comprehensive understanding of the lived experiences of foreign-trained physical therapists, future researchers may employ Interpretive Phenomenological Analysis (IPA), which entails an in-depth investigation of their experiences and issues. The researchers employed a mixed-methods approach in their investigation, including written interviews via Google Forms. To gain a deeper understanding of their lived experiences, it is advised to conduct an in-depth interview through online meetings, unstructured interviews, or conversational meetings.

The government must focus on educational initiatives, including curriculum improvement, to promote learning and, consequently, deliver higher-quality health care. It will also make the curriculum competent, accredited, or globally recognized. The government or health-related organizations should focus on the health sector by providing physical therapists and other medical professionals with greater access to and assistance in obtaining professional permits, as well as more opportunities, such as training on expectations and the path to international migration. More advanced equipment must be made available by health institutes to support future health professionals' learning of various health technologies.

To help foreign-trained professionals establish a solid foundation, enhance integration, and promote a more inclusive and healthy professional community, healthcare systems must offer them greater support. The educational sector must integrate cross-cultural competence training and have an accessible learning platform for the physical therapists practicing around the world. The health sector must establish a support group for its healthcare employees to ensure quality and efficiency and to promote positive workplace relationships that will help physical therapists enhance their overall well-being.

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