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Exploring the Learning Needs of Occupational Therapy Students

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Abstract:

- ***Background:***

This descriptive phenomenological study listens closely to the lived experiences of occupational therapy (OT) students to better understand their learning needs and strengthen clinical readiness. We define learning needs as the gap between current student competencies and the professional standards required for real-world practice.

- ***Methods:***

Thematic analysis of in-depth, semi-structured interviews with ten seventh-semester OT students identified five principal themes: personal well-being, academic workload, clinical preparedness, faculty and peer support, and priorities for systemic enhancement.

- ***Results:***

Findings show that student needs are deeply holistic. Beyond the classroom, learners navigate stress, time pressures, and self-doubt that quietly shape their confidence. Academically, they describe overlapping deadlines, dense lectures, and a strong preference for interactive, case-driven learning. The most pressing challenge lies in clinical preparation: limited lab resources, uneven specialty training, and genuine anxiety about making mistakes or falling short of supervisor expectations.

- ***Conclusions:***

These insights call for better curriculum synchronization, investment in realistic simulation training, structured soft-skills development, and mentorship that supports both academic and emotional well-being. Ultimately, this research advocates for an OT education model that truly centres the learner.

Keywords*: Learning Needs; Occupational Therapy; Phenomenology; Clinical Readiness; Curriculum Design.*

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I. INTRODUCTION

Professional education in the health sector, particularly occupational therapy (OT), plays a vital role in shaping competent practitioners who can respond effectively to diverse client needs across evolving healthcare contexts. OT is fundamentally a client-centred profession that promotes health and well-being through meaningful participation in daily occupations. Within this educational landscape, the OT curriculum must seamlessly bridge theoretical knowledge and hands-on practice, equipping students with clinical reasoning, technical proficiency, and reflective practice. The quality of this preparation depends heavily on a clear understanding of students' actual learning needs. In this context, we define learning needs as the gap between what students currently know or can do and the competencies required by the profession [1].

Understanding these needs is especially critical in OT education given the profession's dynamic nature, rapidly shifting clinical environments, and growing complexity of public health challenges. Overlooking or misreading student needs can produce graduates who are underprepared for real-world practice, ultimately compromising client care. This inquiry draws on two complementary frameworks: social constructivism and transformative learning. Social constructivism posits that knowledge is not passively received but actively built through social interaction in

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authentic settings, such as clinical placements [2]. It suggests that students' learning needs emerge from their engagement with faculty, peers, and clients within communities of practice. Transformative learning theory, meanwhile, emphasises that deep learning often requires a shift in perspective, particularly as students transition from lay understanding to reflective, professional clinical reasoning [3]. This framework calls for a holistic educational approach that acknowledges emotional, cognitive, and even spiritual dimensions of learning.

Recent literature indicates a growing emphasis on adaptive and proactive competencies in OT education. Broadly, student learning needs fall into two domains: technical-cognitive skills and psychological-emotional challenges. Research consistently highlights difficulties in bridging theory and practice. For example, field educators have noted deficits in students' ability to select and apply appropriate theoretical frameworks in ambiguous clinical situations [4, 5]. Others have recommended structured scaffolding to strengthen clinical reasoning during fieldwork [6].

At the same time, technological advances and shifting healthcare models demand new competencies. Reviews emphasizt the need to integrate digital health literacy and socially responsive practices into OT curricula [7, 8]. Studies also show that case-based and interactive learning methods significantly improve analytical skills and student engagement, suggesting that learners are asking for more immersive, application-focused pedagogy [9].

The second domain—emotional and psychological burden—is often under-represented in quantitative research. OT students face heavy academic demands alongside pressure to meet professional standards. Recent studies link concurrent coursework, research responsibilities, and clinical placements to heightened risks of burnout and psychological distress [10, 11]. Clinical performance anxiety and fear of malpractice are particularly common, often hindering effective learning and skill application [12]. Additionally, many students experience imposter syndrome as they navigate professional identity formation, a challenge compounded by limited public understanding of the OT role [13].

While existing research identifies skill deficits and documents the prevalence of emotional strain, most studies rely on quantitative surveys and institution-driven assessments [1]. These approaches often miss the depth, nuance, and personal meaning students attach to their learning experiences. Quantitative tools can measure outcomes, but they rarely capture the lived processes behind those outcomThis gap highlights the need for qualitative, participant-centred research that explores how occupational therapy (OT) students interpret and navigate their learning needs in everyday academic and clinical settings.ife.

To address this gap, we adopted a descriptive phenomenological approach [14, 15]. Phenomenology is well-suited to uncover the essence and meaning of lived experience rather than seeking causal explanations. Through in-depth, semi-structured interviews and a deliberate suspension of researcher assumptions (*epoché*), we aimed to capture students' authentic perspectives. The study's purpose is to provide a rich, descriptive exploration of OT students' learning needs and experiences, with particular attention to cognitive, practical, and psychosocial dimensions.

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II. METHODS STUDY DESIGN

We employed a qualitative phenomenological design to explore the learning needs of OT students. This approach moves beyond documenting surface-level events to uncover the essential structures of students' experiences, such as what makes clinical practice challenging or which curricular elements feel lacking. The findings are intended to inform student-centered curricular interventions [15, 16]. Phenomenology aligns closely with the core values of occupational therapy, which prioritize holistic understanding and recognize human experience as a legitimate source of knowledge [17, 18].

➢ *Participants*

We recruited participants using purposive sampling, a strategy that allows researchers to select information-rich cases capable of providing detailed insights into the phenomenon under study [19]. Health education research commonly employs this approach to engage students with adequate academic and clinical exposure, enabling them to articulate their learning needs clearly [20]. Ten seventh-semester students (aged 21–23) participated. All had completed both theoretical coursework and clinical placements, providing a balanced perspective on classroom and field-based learning. We provided detailed information about the study, obtained written informed consent, and emphasized that participation was voluntary. The institutional ethics committee approved the study (Table 1 outlines participant demographics).

Table 1 Participants Characteristic

Respondent	Gender	Age/yr
1	Female	21
2	Female	21
3	Female	22
4	Female	22
5	Female	22
6	Female	21
7	Male	22
8	Male	22
9	Male	22
10	Male	23

➢ *Data Collection*

Data were gathered through semi-structured, in-depth interviews lasting 60–90 minutes each. Before beginning, we established rapport, reviewed consent procedures, and secured permission to audio-record each session [21]. Interviews opened with broad, open-ended prompts inviting participants to reflect on their overall experiences studying OT. Throughout the conversations, we used probing questions to encourage depth and meaning, moving beyond simple "yes" or "no" responses. Questions were designed to capture both the textual dimensions (what students experienced) and structural dimensions (how contextual factors shaped those experiences) [14]. We avoided rigid technical terminology, allowing students to describe their learning needs in their words.

All recordings were transcribed verbatim. To ensure credibility and trustworthiness, we conducted member

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checking by sharing summarised transcripts with participants for verification, ensuring our interpretations aligned with their intended meanings [22].

➢ *Data Analysis*

We analysed the data using thematic analysis, a flexible method for identifying, organising, and reporting patterns within qualitative datasets [23]. While phenomenology seeks to describe the essence of lived experience, thematic analysis provides a practical framework for structuring those descriptions. The process began with repeated reading of transcripts to achieve familiarity with the data [21]. We then generated initial codes by identifying meaningful phrases or sentences that reflected students' learning needs. Related codes were grouped into broader themes, which were iteratively reviewed against the full dataset to ensure accuracy and representativeness [14]. Finally, we defined and narratively reported each theme, supporting our interpretations with direct participant quotes.

III. RESULTS

Thematic analysis revealed five overarching themes: (1) Balance of Student Well-Being and Personal Support, (2) Academic Load and Curriculum Relevance, (3) Practicum Quality and Clinical Readiness Gaps, (4) Quality of Support from Lecturers and Peers, and (5) Priorities for an Ideal Learning and Support System. Each theme contains several subthemes, as summarized in Table2.

Table 2 Emerged Themes and Sub-Themes

Theme	Sub-Theme
1. Balance of Student Welfare and Personal Support (Welfare & Support)	1. Pressure and Stress Management 2. Personal & Family issues 3. Readiness Factors 4. The need for Social Support
2. Academic Load and Curriculum Relevance	1. Overlapping Assignment Load 2. Relevance and Updating of Material 3. Difficulty Understanding Dense Materials 4. Need For Case Studies or Practice Examples
3. Practicum Quality & Clinical Readiness Gaps	1. Limited Laboratory Facilities 2. Inadequate Practical Training 3. Clinical Anxiety and Fear of Malpractice 4. Adaptation Challenges in the Field
4. Quality of Support and Role of Lecturers/Colleagues	1. Constructive Feedback 2. Quality of materials and Lecturer Motivation 3. Emotional Support from lecturers. 4. Support from Fellow Students
5. Priority Improvement of Ideal Learning and Support Systems	1. Enhanced Hands-On Practice 2. Diversified Learning Methods 3. Improved Facilities and Infrastructure 4. Developing Soft Skills and Self-Confidence 5. Comprehensive Ideal Support

A. Balance of Student Welfare and Personal Support

This theme captures the non-academic factors that significantly shape students' readiness and performance, particularly mental health and social support networks.

➢ *Pressure and Stress Management*

Many students reported feeling overwhelmed by both academic and personal demands, which often resulted in physical and mental exhaustion. One participant remarked, "I'm just stressed because there are so many things on my mind" (R1). Poor time management frequently exacerbated this stress, leaving students with a sense of being perpetually behind. Several participants mentioned experiencing burnout, with one stating, "I often feel burnt out because I'm too physically and mentally exhausted" (R4). Additionally, students indicated that the constant pressure to meet academic deadlines, achieve satisfactory academic performance, and balance extracurricular, family, and social responsibilities frequently created a sense of ongoing anxiety.

Many expressed that they had limited opportunities for rest and recovery, which adversely affected their concentration, motivation, and overall well-being. Some participants noted that extended periods of stress diminished their productivity and made it increasingly difficult to manage daily tasks effectively, resulting in a cycle where stress further hindered their ability to cope with academic demands. These findings suggest that academic burnout is not solely a consequence of workload intensity but also reflects difficulties in maintaining a healthy balance between educational responsibilities and personal life commitments.

➢ *Personal and Family Issues*

Students living away from home, particularly those from different islands, faced additional emotional challenges. Homesickness and family issues significantly impacted their academic performance. One student noted, "Family problems. My house is outside the island, and my parents' relationship isn't very satisfactory. Because I'm far away, I can't be there for them…" (R7). The distance intensified these emotional strains. Many students expressed feelings of loneliness and helplessness when dealing with family-related

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concerns from afar. Their inability to provide direct support to family members during difficult times often resulted in feelings of guilt, worry, and emotional distress. These challenges sometimes distracted students from their academic responsibilities, diminished their focus on coursework, and negatively affected their overall emotional well-being. The findings highlight the unique psychosocial challenges that students encounter as they attempt to manage academic life while maintaining emotional connections to families located far from their place of study.

- *Readiness Factors*

Personal habits, particularly irregular sleep patterns, significantly affect learning readiness. Frequently staying up late can lead to daytime drowsiness and reduced focus. One student remarked, "Sleeping late makes learning less effective because I'm constantly distracted by fatigue" (R1). Furthermore, low self-confidence can hinder classroom engagement and preparedness for clinical practice. Several students indicated that unhealthy daily routines, such as inadequate rest and poor self-management, contributed to difficulties in maintaining consistent academic performance.

Fatigue often interferes with their ability to concentrate during lectures, participate actively in discussions, and retain new information. As a result, some students may feel hesitant to ask questions, express their opinions, or perform clinical tasks independently. These findings suggest that both lifestyle habits and psychological factors significantly influence students' learning experiences, academic engagement, and readiness for professional practice.

- *The Need for Social Support*

Several students reported feeling a lack of adequate support from family or peers, which left them to navigate challenges on their own. Entering an unfamiliar field like occupational therapy (OT) without clear guidance contributed to their sense of isolation. One participant shared, "The stress, the burden of not knowing what occupational therapy really is, and the lack of support around me mean I really need others to lean on" (R3).

Students conveyed that the absence of a strong support system often hindered their ability to cope effectively with both academic and personal challenges. Without encouragement, mentorship, or opportunities to discuss their concerns, many felt uncertain about their academic choices and future professional roles. This lack of social and emotional support sometimes diminished motivation, heightened stress levels, and weakened their sense of belonging within the educational environment. These findings highlight the importance of fostering supportive relationships among students, faculty, and families to enhance resilience, confidence, and successful adaptation to occupational therapy education.

B. Academic Load and Curriculum Relevance

This theme reflects students' evaluations of coursework volume, material relevance, and instructional delivery.

- *Overlapping Assignment Load*

Students emphasized that the issue was not solely the amount of work but rather the lack of coordination across courses. Large projects frequently included overlapping assignments, which required completion within tight deadlines. This disorganization created significant stress and negatively impacted the quality of work. The burden intensified in Semester 6, when regular coursework coincided with thesis data collection. As one student noted, "Semester 6 feels heavier because it's all about data collection" (R3). These vertical and horizontal misalignments forced students to excessively divide their attention.

Specifically, students described Semester 6 as the most challenging period of their academic journey due to the simultaneous demands of completing course assignments, attending classes, fulfilling academic requirements, and conducting thesis-related activities. The intensive data collection process required considerable time, energy, and coordination, often leaving students with few opportunities for rest and reflection. Many participants reported feeling pressured to meet multiple deadlines simultaneously, leading to increased stress, fatigue, and diminished academic satisfaction. These findings indicate that concentrating significant academic requirements within a single semester may greatly contribute to students' perceived workload and elevate their risk of academic burnout.

- *Relevance and Updating of Material*

Students acknowledged the swift changes occurring in healthcare and technology, emphasizing the necessity of more current curriculum content. One student suggested that "materials on campus be updated year after year" (R1). They were not requesting an increase in content volume, but rather a focus on materials that accurately reflect contemporary practice and bridge the gap between classroom learning and real-world application. Additionally, students expressed a desire for learning resources that include recent advancements in occupational therapy, evidence-based practice, digital health technologies, and emerging trends in healthcare delivery. They felt that regularly updated content would enhance their professional readiness and help them better grasp the realities of modern clinical practice.

Participants also pointed out that exposure to current case examples, modern assessment tools, and innovative intervention strategies would make their learning experience more relevant and meaningful. These insights indicate that curriculum renewal is critical to guaranteeing that educational programs remain responsive to the evolving demands of the healthcare profession and workplace environment.

- *Difficulty Understanding Dense Material*

When instructors presented complex topics in rapid, lecture-heavy formats without allowing sufficient time for reflection or integration, many students felt overwhelmed. One student remarked, "I often discover it difficult to understand dense material" (R2). Compressed independent study time forces students to resort to cramming, leading to superficial understanding and increased stress. This study points out the importance of pacing strategies that promote spaced repetition and deeper cognitive processing.

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Students also indicated that the fast-paced delivery of information often restricted their opportunities to ask questions, review key concepts, and connect new knowledge with previously learned material. Consequently, some learners found it challenging to retain information over time and felt less confident applying theoretical concepts in practical or clinical situations. Participants suggested that incorporating structured review sessions, interactive discussions, and opportunities for gradual knowledge consolidation could improve comprehension and alleviate cognitive overload. These findings emphasize the importance of designing learning experiences that balance content coverage with adequate time for reflection, practice, and meaningful learning.

- *Need for Case Examples or Practice*

Students consistently expressed a desire to pair theoretical instruction with real-world case studies, simulations, and hands-on examples. They found these methods to be more engaging and easier to understand. One participant stated, "I understand better when we discuss material using client cases, practical examples, and step-by-step problem solving" (R2). Case-based learning effectively transforms abstract concepts into actionable professional skills. Additionally, students reported that authentic learning experiences enhanced their understanding of how theoretical concepts are applied in clinical practice. Exposure to realistic scenarios fostered critical thinking, clinical reasoning, and decision-making skills essential for future professional roles. Furthermore, participants felt that incorporating case discussions and simulations into regular coursework boosted their confidence in applying knowledge to complex client situations and improved their preparedness for fieldwork and clinical placements.

C. Practicum Quality and Clinical Readiness Gaps

This theme highlights the discrepancies between training received on campus and the requirements of actual clinical settings.

- *Limited Laboratory Facilities*

Students expressed that the classroom and laboratory equipment required upgrades to enhance effective skill development. They also stated that improved facilities would boost their confidence before entering clinical placements. Several participants remarked that having access to modern and well-maintained equipment would allow for more opportunities for repeated practice and skill mastery. They felt that learning in an environment that closely resembles actual clinical settings would better prepare them for their professional responsibilities and interactions with clients. Students highlighted that enhanced facilities could improve the overall quality of learning by fostering a more engaging, realistic, and supportive educational experience.

- *Inadequate Practical Training*

Campus resources were perceived as insufficient, particularly in specialized areas such as orthopaedics and adult physical rehabilitation. Students indicated a need for more structured practice sessions to fill gaps in their training. One student commented, "I need more practice, especially in orthopaedics and adult physical rehab" (R3). Students believed that limited exposure to these specialty areas diminished their confidence in conducting assessments and interventions during clinical training. They stressed the importance of having more opportunities to practice practical skills under supervision before working with real clients in fieldwork settings. Participants also recommended that greater access to specialized equipment, clinical demonstrations, and simulation-based learning activities could enhance their competence and preparedness for professional practice.

- *Clinical Anxiety and Fear of Malpractice*

Many students reported feeling significant anxiety about the potential for making clinical errors. One student expressed, "I'm afraid the techniques I apply will be wrong and could lead to malpractice" (R1). Others voiced concerns about their ability to communicate effectively with clients (R4). These apprehensions emphasize the necessity of comprehensive, low-stakes practice environments that can enhance procedural confidence. Students indicated that uncertainty regarding their clinical competence often resulted in self-doubt when conducting assessments, selecting interventions, or making clinical decisions.

Many worried that their lack of experience could adversely impact client outcomes, which further heightened their anxiety ahead of clinical placements. Participants stressed the need for opportunities for guided practice, constructive feedback, and supervised simulations to help them build greater confidence and mitigate fears related to clinical responsibilities. Such experiences may ease the transition from classroom learning to real-world practice by allowing students to make mistakes, learn from them, and refine their skills in a safe and supportive environment.

- *Adaptation Challenges in the Field*

In clinical settings, students encountered difficulties in adapting to fast-paced workflows, selecting suitable theoretical frameworks for complex cases, and managing ambiguous situations that deviated from textbook scenarios. Many felt psychological pressure due to a fear of disappointing their field supervisors. One student articulated this concern, stating, "I fear failing to meet therapists' expectations in the field and being unsure how to apply what I've learned" (R7). This statement highlights both the disconnect between theory and practice and the pressure to demonstrate professional competence. Students also reported feeling overwhelmed when tasked with making clinical judgments in unfamiliar situations with little guidance. The complexity and unpredictability of real-world cases frequently challenged their confidence and their ability to apply theoretical knowledge in practice. These experiences underscore the necessity of providing gradual exposure to clinical decision-making, mentorship, and reflective learning opportunities to facilitate students' transition into professional practice.

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D. Quality of Support and Role of Lecturers/Colleagues

This theme highlights the crucial importance of academic and social support in fostering student development.

➢ *Constructive Feedback*

Students praised the quality of lecturer feedback, describing it as clear, actionable, and highly beneficial. One student remarked, "The feedback provided was very substantial and easy to understand" (R5). This effective feedback enabled students to quickly identify areas for improvement and view assessments as part of an ongoing learning process. Additionally, several students reported that constructive feedback boosted their motivation to enhance their academic and clinical skills. Timely and specific comments helped them better comprehend their strengths and weaknesses, allowing for meaningful adjustments to their learning strategies. These findings suggest that high-quality feedback not only supports academic achievement but also fosters self-reflection, confidence, and continuous professional development.

➢ *Quality of Materials and Lecturer Motivation*

Lecturers received widespread recognition for delivering up-to-date and relevant content while maintaining high energy levels in the classroom. Students valued the encouragement to engage with current literature and real-world case studies. One participant remarked, "Lecturers push us to stay updated through discussions, literature-based assignments, and relevant case studies" (R6). This enthusiasm fostered a dynamic learning environment and nurtured habits of lifelong learning. Students also appreciated lecturers' efforts to connect theoretical concepts with contemporary developments in healthcare and occupational therapy practice. By integrating recent research findings, emerging clinical trends, and practical examples into their teaching, lecturers enabled students to grasp the relevance of course content to their future professional roles. Participants noted that this approach heightened their interest in learning and motivated them to independently seek evidence-based information beyond classroom requirements.

➢ *Emotional Support from Lecturers*

Faculty provided crucial emotional support to many students, especially during high-stress periods like thesis proposal development and other challenging academic milestones. One student remarked, "Lecturers also provide emotional support, especially when facing difficult times like writing a thesis proposal" (R6). Participants characterized lecturers as approachable mentors who guided them academically, listened to their concerns, offered encouragement, and helped them manage feelings of anxiety and self-doubt. This supportive relationship fostered a sense of psychological safety, which enabled students to seek help when encountering challenges. As a result, students experienced a reduced emotional burden, greater resilience in coping with academic pressures, and increased confidence in their ability to successfully complete program requirements. Such mentorship highlights the essential role of faculty in promoting both students' academic success and overall well-being.

➢ *Peer Support*

Collaboration among classmates was highly valuable throughout the educational journey. Students frequently shared experiences, assisted one another with challenging topics, and studied together in preparation for examinations. One participant remarked, "My classmates are very supportive. We share experiences, help each other when stuck, and encourage one another" (R4). In addition to enhancing academic understanding, these peer interactions cultivated a sense of belonging and shared responsibility for learning. Students indicated that discussing course materials with classmates helped clarify complex concepts, exposed them to diverse perspectives, and strengthened their problem-solving skills. Furthermore, students emphasized that peer networks acted as a crucial source of emotional support, offering motivation, reassurance, and encouragement during times of academic stress.

E. Priorities for Improving the Ideal Learning and Support System

This theme outlines students' recommendations for improving institutional practices.

- *Enhanced Hands-On Practice*

Students expressed a strong desire for more direct practice on campus, especially with standardized or virtual patients. They believed that engaging in realistic clinical simulations would help alleviate anxiety and enhance both communication skills and technical proficiency before entering field placements. Several participants pointed out that simulation-based learning provides a safe environment for students to practice assessment, intervention planning, clinical reasoning, and therapeutic interactions without the risk of causing harm to real clients. Participants felt that repeated exposure to realistic scenarios would increase confidence, improve decision-making skills, and bridge the gap between theory and practice. Additionally, students believed that receiving structured feedback during simulation exercises would help them identify areas for growth and better prepare them for the complex demands of real-world clinical practice.

- *Diversified Learning Methods*

Many students expressed a desire for the learning process to include more interactive and participatory strategies to combat boredom during activities. They felt that lecture-dominated methods made students passive, resulting in diminished engagement in critical thinking and limiting opportunities for discussion and the exchange of ideas with peers. Furthermore, students believed that interactive learning environments provided more opportunities to develop communication skills, such as articulating ideas, constructing arguments, posing questions, and providing feedback to classmates. These skills are crucial for success in both academic and professional settings.

- *Improved Facilities and Infrastructure*

Students emphasized the importance of dependable classroom technology, updated laboratory equipment—particularly for recreational therapy—and improved access to subscription-based academic journals. They also pointed

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out essential aspects like shaded parking, which contribute to everyday comfort and well-being. These findings suggest that both academic and non-academic resources are vital elements of a supportive learning environment. Students believe that modern facilities and learning materials will enhance teaching quality and better prepare them for their future careers. Specifically, advanced laboratory equipment can assist in developing practical skills, while access to scientific literature can strengthen critical thinking and evidence-based decision-making. Furthermore, the focus on everyday conveniences indicates that students understand the significance of a pleasant, well-maintained campus atmosphere for promoting motivation, engagement, and overall satisfaction with their educational experiences.

- *Soft Skills and Self-Confidence Development*

Several participants indicated that confidence is crucial not only for academic presentations but also for effective interactions with clients, families, supervisors, and interdisciplinary team members during clinical placements. They observed that feelings of self-doubt can restrict participation in discussions, diminish the willingness to ask questions, and obstruct decision-making in practice settings. Consequently, students expressed that structured opportunities to cultivate communication and leadership skills through workshops, simulations, mentoring programs, and public speaking activities would better equip them to be competent, professional, and prepared for the demands of future occupational therapy practice.

- *Comprehensive Ideal Support*

Students called for a balanced approach that integrates academic rigor with emotional well-being. One participant articulated this expectation clearly: “I hope lecturers and the institution can provide balanced academic and emotional support” (R10). This holistic perspective reflects a desire for mentorship that nurtures both professional competence and psychological resilience.

These finding underscores students' awareness of the strong link between academic achievement and emotional well-being throughout their educational experience. Participants highlighted that while maintaining high academic standards is critical to establishing professional competence, these standards should be complemented by a supportive learning environment that acknowledges the emotional challenges associated with rigorous coursework and clinical training. Students expressed that lecturers who provide encouragement, empathy, constructive feedback, and accessible mentorship could help reduce stress, boost motivation, and foster a greater sense of belonging. This comprehensive support was considered vital not only for academic success but also for cultivating the resilience, adaptability, and professional confidence necessary for future practice in occupational therapy.

IV. DISCUSSION

➢ *Student Well-Being and Personal Support*

Our findings highlight significant concerns regarding the mental health of health profession students. Recent phenomenological studies [11] indicate that cognitive overload and poor time management are prevalent indicators of burnout. Students’ descriptions of mental exhaustion are consistent with existing literature that identifies emotional fatigue and academic cynicism as critical dimensions of burnout [24]. Interventions aimed at enhancing self-regulation and coping strategies tend to be more effective in promoting student well-being compared to those that merely concentrate on reducing workload. Personal and family challenges, particularly for students studying far from home, significantly contribute to psychological stress. Research shows that family-related stress often correlates more strongly with academic decline and distress than coursework alone [25]. Institutions must recognize that students’ familial roles and emotional connections continue to influence their well-being, even when they are physically distant. Sleep disturbances and low self-esteem further impede students' readiness to learn. Disrupted sleep patterns can adversely affect executive functioning and attention [26], while low self-efficacy often results in procrastination and avoidance behaviors [27]. Building confidence through structured, low-stakes practice and opportunities for incremental success is essential to enhance clinical preparedness. Finally, the perceived lack of social support underscores the importance of early professional orientation and peer mentoring. Implementing structured onboarding, ensuring faculty accessibility, and fostering collaborative peer networks can help mitigate the role ambiguity that students entering new programs frequently encounter.

➢ *Academic Load and Curriculum Relevance*

Poor assignment coordination has emerged as a significant stressor for students. Overlapping deadlines and misaligned course demands compel students to divide their focus, which diminishes both the depth of learning and the quality of their work [10]. The vertical overload experienced during thesis data collection is indicative of research findings that suggest concurrent coursework and fieldwork substantially heighten the risk of burnout [29]. Implementing a modular curriculum or establishing dedicated research semesters could help alleviate this pressure. Students’ requests for updated materials highlight an increasing recognition of the skills gap that exists between static curricula and the evolving realities of clinical practice. A dynamic curriculum design, which consistently incorporates emerging evidence and industry standards, is essential for ensuring that graduates remain competitive [30]. In addition, dense lecture delivery without sufficient processing time contributes to cognitive overload and shallow retention of information [31]. Strategies such as spaced repetition, microlearning, and reflective pauses could facilitate deeper integration of knowledge. The strong preference for case-based learning is supported by evidence indicating that applied, contextualized instruction enhances analytical skills, engagement, and preparedness for clinical decision-making [9, 32]. Transitioning from a focus on memorization to a

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problem-solving approach in pedagogy better equips students for real-world practice.

➢ *Practicum Quality and Clinical Readiness Gaps*

Laboratory limitations and insufficient specialty training negatively affect clinical self-efficacy. Research shows that access to adequate, functional equipment and opportunities for deliberate practice are closely linked to confidence prior to fieldwork [33]. In fields that require precision, such as orthopedics, repeated rehearsal of skills is crucial for developing competency [34]. Clinical performance anxiety and the fear of malpractice are well-recognized obstacles to effective learning [12]. These anxieties often arise from a disconnect between theoretical knowledge and its safe, supervised application. Simulation-based training that includes structured feedback can significantly alleviate uncertainty and enhance procedural confidence [35]. Additionally, communication-related anxieties underscore the importance of role-playing and standardized patient exercises [36]. Challenges in adapting to clinical settings highlight the ongoing theory-practice gap. Students often find it difficult to engage in clinical reasoning, especially when it comes to choosing appropriate frameworks for complex cases [6]. Providing scaffolding for clinical decision-making during placements, along with supervision that promotes a growth mindset and views mistakes as learning opportunities, can facilitate a smoother transition from classroom learning to clinical practice [13].

➢ *Quality of Support from Lecturers and Peers*

Constructive and actionable feedback has proven to be highly effective in guiding student improvement. Feedback that is focused on specific tasks and delivered in a timely manner fosters self-regulation and promotes continuous skill refinement [37, 38]. Instructors who exhibit enthusiasm, incorporate current literature, and model lifelong learning significantly enhance student motivation and engagement in the classroom [39, 40]. Emotional support during critical academic milestones, such as thesis writing, serves as a protective factor against burnout and bolsters academic self-efficacy [25]. Additionally, peer collaboration enhances cognitive efficiency and acts as a buffer against academic stress [41]. Together, the support from faculty and peers fosters a resilient, student-centered learning environment.

➢ *Priorities for an Ideal Learning System*

Students' recommendations advocate for a holistic educational model. Simulation-based clinical education is widely acknowledged as the most effective method for reducing performance anxiety and enhancing technical proficiency [35]. The early integration of clinical reasoning courses can help bridge the gap between theory and practice [6]. Interactive pedagogies, such as problem-based and team-based learning, encourage critical thinking and collaborative skills that are essential for contemporary healthcare practice [9]. Upgrading both physical and digital infrastructure—including laboratory equipment and access to journals—facilitates skill mastery and supports evidence-based practice [33, 40]. Additionally, structured soft-skills training can help address imposter syndrome and cultivate the psychological resilience necessary for success in clinical settings [13].

V. IMPLICATION IN OCCUPATIONAL THERAPY EDUCATION

This study offers several actionable implications for OT education. Curriculum design should shift from input-driven to learner-centred models, with improved horizontal and vertical synchronization to reduce cognitive overload. Clinical reasoning should be introduced earlier, and content must be regularly updated to reflect contemporary practice. Pedagogically, faculty should adopt interactive, case-based methods and pacing strategies that support deep learning. Institutions must invest in realistic simulation-based training and structured soft-skills development to mitigate clinical anxiety and build confidence. Support systems should recognize faculty as holistic mentors who provide both academic guidance and emotional validation, particularly during high-stress academic periods. Addressing these dimensions can improve student retention, well-being, and practice readiness.

VI. LIMITATIONS

While this study offers valuable insights into the learning experiences of occupational therapy (OT) students, several limitations should be noted. First, the qualitative phenomenological design emphasizes depth over breadth; therefore, findings derived from ten seventh-semester students cannot be statistically generalized to all OT programs. Second, the homogeneous sample restricts the perspectives of earlier-semester students, who may encounter different adaptation challenges. Third, the use of self-reported interview data may introduce recall bias or social desirability effects, although member checking was employed to reduce interpretive errors. Finally, conducting the study within a single institution implies that findings related to curriculum misalignment and facility constraints may be specific to that context. Future multi-site research could improve the transferability of these insights and validate them across various educational settings.

VII. CONCLUSION

This phenomenological study reveals that the learning needs of occupational therapy (OT) students are profoundly holistic, encompassing cognitive, practical, and psychosocial dimensions. The findings highlight five critical areas: personal well-being, academic workload, clinical preparedness, support systems, and systemic enhancements. Students experience significant stress due to overlapping academic deadlines, dense lectures, and the emotional strain of balancing personal challenges with the demands of a rigorous program. Crucially, a notable theory-practice gap exists; students report feelings of clinical anxiety, fear of malpractice, and insufficient specialized training resulting from limited laboratory facilities. To bridge this gap and build procedural confidence, there is a strong demand for interactive, case-based pedagogies and realistic simulation training. Additionally, students place a high value on constructive feedback, emotional mentorship from lecturers, and peer collaboration, highlighting the importance of psychological safety for effective learning. Ultimately, this

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research advocates for a paradigm shift toward a truly learner-centered OT education model. Institutions must synchronize curricula to prevent cognitive overload, invest in modern simulation infrastructure, and integrate structured soft skills development. By fostering a comprehensive support system that nurtures both clinical competence and emotional resilience, educational programs can effectively empower future OT graduates to navigate the complexities of modern healthcare practice and adequately prepare for real-world clinical environments.

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