Article

Journal of International Students
Volume 16, Issue 16 (2026), pp. 243-264
ISSN: 2162-3104 (Print), 2166-3750 (Online)
jistudents.org
https://doi.org/10.32674/c4v9xq58

Culture, Language, and Professional Identity: A Narrative Inquiry of an Indonesian Medical Student's Clinical Exchange in Taiwan

Dinnisa Haura Zhafira Hidayat
Faculty of Medicine, Department of Medicine, Syarif Hidayatullah State Islamic University Jakarta, Indonesia
https://orcid.org/0000-0002-9577-7183

ABSTRACT: *International medical electives provide unique learning experiences, but little research has been conducted on South-to-South exchange experiences using narrative inquiry or the impact of reflection on professional identity development. This study explores an Indonesian medical student's experiences in terms of cultural differences, language barriers, and professional relations during a one-month exchange at a Taiwanese hospital's dermatology department. Using narrative inquiry as a self-study qualitative methodology, the author employed daily journal writing and reflective practice on, in, and for action, with thematic analysis focusing on temporality, sociality, and place. Three themes emerged: (1) cultural adaptation highlighting the paradox of Taiwanese social warmth toward visitors coexisting with social distance experienced by long-term international students; (2) professional identity shaped by observation of excellent clinical practice; and (3) language functioning as both a barrier and a bridge. This study contributes valuable insights into intra-Asian medical exchanges and reflective practices among Indonesian medical students.*

Keywords: Indonesia, intercultural clinical education, medical student exchange, narrative inquiry, professional identity formation, reflective practice, Taiwan

Received: March 3, 2026 | **Revised**: June 3, 2026 | **Accepted:** April 15, 2026

How to Cite (APA): Hidayat, D. H. Z. (2026). Culture, language, and professional identity: A narrative inquiry of an Indonesian medical student's clinical exchange in Taiwan. *Journal of International Students*, *16*(16), 243-264. https://doi.org/10.32674/c4v9xq58

INTRODUCTION

With the increasing interconnection between different countries around the world, international exchange programs have become important in medical education. These programs allow students to experience different healthcare settings and learn more about their culture and practices (Lizarraga et al., 2025). For medical professionals, participation in international electives can accelerate professional growth through exposure to foreign settings, which require adaptation and reflection (Hayashi et al., 2020; Storz, 2022).

Recent narrative inquiries published in the Journal of International Students have examined Nigerian students' educational experiences in China, identifying themes of language barriers, coping mechanisms, and postsojourn reflection (Umennadi et al., 2025). Additionally, reflective practice has proven to be a valuable tool in professional development regardless of discipline (Dewey, 1997; Schön, 2017). Professional contemplation has not been fully explored in the Indonesian education system, where culture often discourages the introspection necessary for reflective practice (Zulfikar, 2019).

As one of four students selected to participate in the Student Mobility Exchange Program conducted by my institution and the Far Eastern Memorial Hospital, I undertook the exchange program between November 2 and November 28, 2025. I was a student observer in the Department of Dermatology at Far Eastern Memorial Hospital (FEMH) located in New Taipei City, Taiwan.

Research Questions

The research questions this study seeks to answer include the following:

1. What influence do clinical practices and interactions between doctors and patients in Taiwan have on the educational journey of international medical observers?
2. How can one manage the challenges of culture shock, language difference, and hierarchy in a foreign hospital environment?
3. What role does cross-cultural exchange play in shaping my professional identity as a future doctor?

This paper contributes to the growing literature on international medical electives by offering perspectives on the experience of an Indonesian medical student undertaking electives abroad in Taiwan. It highlights the underexplored topic of South-to-South clinical exchanges. The findings challenge existing theoretical frameworks and extend the current understanding of international student adaptation in medical education contexts.

LITERATURE REVIEW

International Medical Electives and Professional Identity Formation

Professional identity formation (PIF) in medicine refers to the journey that medical students take to become doctors by "coming to think, act, and feel like physicians" (Barnhoorn et al., 2022, p. 2). International electives expedite the development of professional identity because students have to adapt to new settings, acquire additional skills, and be introspective about themselves (Johnston et al., 2023).

A significant gap exists in the literature concerning international electives. While the concept is recognized and valued for its transformational qualities, the literature takes a high-to-low income countries approach in almost all cases (Hayashi et al., 2020; Storz, 2022). Very few studies look into South–South or intra-Asian exchange programs, and even fewer explore the formation of professional identity through narrative research (Daniels et al., 2020; Huang et al., 2025). It is especially important to consider the new scholarly works that analyze the formation of professional identity via international education exchange programs from Global South regions and nations, which have become increasingly prominent in global development and education (Maniar & Kumar, 2022; Thies & Falk, 2023). This study addresses this research gap by focusing on the experiences of Indonesian students in Taiwan, a context of cultural proximity and a language barrier.

From the Asian perspective, Samarasekera et al. (2024) reported that the rapid growth in medical education within Asia has opened up possibilities for intra-Asian exchange among students. Using narrative inquiry, Umennadi et al. (2025) analyzed the experiences of Nigerian students who were educated in China and examined issues such as language difficulties, coping methods, and the aftermath of the sojourn after they returned from China. The results of their study revealed that *feeling out of place* and *difficulty blending* are core issues that are highly relevant to this study, which focuses on the cultural adjustment of students within a Taiwanese clinical environment.

Reflective Practice in Professional Development

Donald Schön (2017) extended Dewey's concept, positing three types of reflection that are particularly useful for understanding learning from experience. Reflection-on-action involves looking back at past experiences to identify what occurs and how it might inform future practice. Reflection-in-action refers to real-time consciousness of ongoing practices, enabling learners to adjust their behavior as situations unfold (Artioli et al., 2021). Reflection-for-action (or anticipatory reflection) involves thinking ahead about how lessons learned might shape future practice.

As Zulfikar (2019) observed in the Indonesian context, reflective practice has received limited attention because cultural norms that may inhibit critical self-

examination. This study addresses this issue by adopting Schön's approach to reflective practice.

Intercultural Communication and Adaptation in Healthcare Settings

Challenges and opportunities arise in international medicine because of linguistic differences (Sheikh et al., 2022). Students should be capable of addressing these barriers and still be able to maintain professional relations with their patients and colleagues (Kwame & Petrucka, 2021).

According to Rabiei-Kashanaki et al. (2025) and Tang et al. (2024), the level of cultural distance strongly influences the process of adaptation, with increased levels of cultural distance necessitating greater effort toward engagement. Irayanti et al. (2025) explored the difficulties associated with culture shock and explained how important empathy and cultural sensitivity are when dealing with such challenges; this is supported by the findings of Octavina et al. (2025), who argued that self-growth occurs because of challenges. Leong et al. (2025) reported that foreign medical students in Taiwan have much to gain from structured orientation programs and assigned mentors.

In addition to clinical experiences, research on international students has identified the role of linguistic constraints, social support networks, and cultural distance in adaptation in a range of learning environments (Bayati et al., 2025; Olajide Owoyomi, 2025). Important findings from the student literature include the following: cultural distance impacts adaptation difficulty, but conational and host-national social support systems mitigate the effects of acculturative stress (Tang et al., 2024); linguistic barriers, although difficult to overcome, can drive individuals to develop coping mechanisms that increase cultural knowledge (Rabiei-Kashanaki et al., 2025).

METHOD

Research Design

The qualitative research design in this study is suitable for examining the way people construct meaning in terms of lived experiences. In contrast to the quantitative research design, which looks for generalizable causal relationships, qualitative research focuses on meaning-making; hence, it is well suited for understanding how Indonesian medical students' cultural differences, language barriers, and professional relationships in a one-month clinical exchange in Taiwan.

This study utilizes narrative inquiry through a self-study approach. According to Clandinin & Connelly (2000), narrative inquiry operates on the assumption that individuals interpret their lived experiences through storytelling. On the other hand, self-study is a methodology that requires an assessment of how personal experiences influence the process of analyzing narratives (Zulfikar, 2019). As

such, the self-study approach means that the researcher is both an observer and the observed.

Restorying is among the main methods used in narrative inquiry and involves the construction of stories from field texts (journals, observations, photographs), with attention to three essential lenses: temporality (time), sociality (relationships and social context), and place (the physical setting and environment) (Clandinin & Connelly, 2000).

The relationships among narrative inquiry, self-study, and reflective practice can be viewed hierarchically (Schön, 2017). Narrative inquiry represents the most fundamental philosophical approach because experience must be viewed through the lens of storytelling. This involves restorying, which occurs through time, society, and space. More recent literature has further explored the concepts of restorying and reflexive self-study in narrative inquiry, especially in relation to international exchange programs and educational studies (Craig, 2026; Kamali & Anderson, 2025; Martin, 2025). Self-study is an element of reflexivity within narrative inquiry, in which the researcher must investigate the influence of their identity on their observations.

Although scholarly personal narratives (Nash, 2015) could also fit this study, narrative inquiry with self-study was selected for its structured commonplaces, requirements of reflexivity, and integration within Schön's framework.

Researcher positionality

As both the author and a participant in this study, I find myself in a particular position that requires me to remain reflexive. As a visibly marked Muslim woman who wears the hijab, as someone educated in Indonesia regarding the medical field and as a *visitor* and not a *resident* in the place where the study takes place, I found myself reflecting on many observations, interactions, and interpretations that have occurred during this exchange. These reflections, recorded in my journaling, allowed me to analyze rather than simply practice my own cultural assumptions.

Context and Setting

Far Eastern Memorial Hospital (FEMH) is among the leading tertiary referral hospitals located in the Banqiao District of New Taipei City in Taiwan. FEMH accommodates a diverse group of patients and engages in active international collaborative work, which makes the institution suitable for a student exchange program. The Department of Dermatology, in which I took up my rotation, addresses a large number of outpatients on a daily basis and conducts different types of treatments, such as cryotherapy, phototherapy, excisions, and skin surgeries.

Participants

Although this story revolves mainly around my personal experience, there are other people mentioned in the field texts. In accordance with ethical standards of narrative inquiry, the names of these persons have been changed to pseudonyms.

Table 1: Participants referred to the narrative

Name (Pseudonym)	Role	Nationality/Background
Dinnisa (Author)	Medical student observer	Indonesia
Salma	Fellow exchange student	Indonesia
Putra	Fellow exchange student	Indonesia
Fajar	Fellow exchange student	Indonesia
Dr. Lin	Attending dermatologist	Taiwan
Dr. Wang	Department director	Taiwan
Dr. Ho	Attending dermatologist	Taiwan
Dr. Xi	Attending dermatologist	Taiwan
Dr. Lo	Family medicine resident rotating in dermatology	Taiwan
Nurse Ting	Dermatology specialist nurse	Taiwan
Nurse Wen	Dermatology specialist nurse	Taiwan
Miss Sari	International coordinator	Indonesia-Taiwan
Mindy	Ph.D. student (symposium)	International
Brian	PGY student	Taiwan
Avery	Brian's acquaintance	Taiwan

Data collection

Methods used to collect data involved the use of various techniques in line with narrative and self-study research (Clandinin & Connelly, 2000). The field texts were created by keeping daily journals where I would make my observations, interactions, reflections, and emotional responses during the exchange period (November 2–28, 2025), using both the English language and the Indonesian language. Reflective notes would be made after some time when there were no activities that allowed for contemplation on different emerging themes through reflection on, in, and for action (Schön, 2017). Photographs taken in hospitals and clinics, procedures (with approval), social events, and culturally significant locations would be used as a way of remembering. Conversational artifacts included notes from informal conversations with healthcare professionals.

Data Analysis

The analysis adopted narrative inquiry procedures outlined by Clandinin and Connelly (2000) and was enhanced by Kim (2016), who used Schön's (2017) framework of reflective practice as a lens for analysis. Instead of using reflective practice as the last step in the analysis, the framework guided each step throughout the process.

Six steps were involved, each consciously influenced by one or more reflection modes described by Schön (2017):

Stage 1 (Immersion - Preparation for Reflection on Action): All field texts (daily journals, reflections, photographs, and conversation) were read three times within two weeks. Each time, I identified instances where reflection was made on action, reflection for action, and reflection in action.

Step 2 (Initial Coding – Reflection-on-action): Manually coding my written journals, I identified 147 distinct meaning units and applied descriptive codes (e.g., *hospitality gesture*, *language frustration*, *mentoring moment*, and *clinical teaching*). In addition, I recorded whether it was reflective-in-action ("I switched into problem-solving mode"), reflective-on-action ("Reflecting on the situation now, I realize"), and reflective-for-action ("This situation will inform my communication style").

Step 3 (Theme Selection - Combining Reflection and Thematic Analysis): The codes were sorted into theme candidates on the basis of their frequency (being present in more than 10 journals) and the emotional content of the codes. Eight themes became candidates for further analysis. To ensure that the selected themes fit into the Schön model of reflection, the presence of all types of reflections was examined.

Step 4 (Excerpt Selection – Prioritizing reflective richness): For each final theme, excerpts were chosen on the basis of three criteria: (a) Typicality (capturing the essence of the theme), (b) Variation (including exceptions), and (c) Reflective Richness (extracts that show Schön's modes of reflection in action). In cases where several extracts supported the same point, those containing reflective terms such as "I realized," "I adjusted," and "I will carry" were preferred to purely descriptive extracts.

Step 5 (Saturation–Reflective completeness): Saturation was identified as reflective completeness, that is, when new journal reflections did not introduce any additional forms of reflection. Saturation was attained on November 28, when three reflections introduced no additional reflective forms beyond those previously discovered, such as reflection for action regarding future practice.

Step 6 (Restorying and Reflective Analysis—Applying all three modes): The restorying process was carried out according to the three themes that emerged from the experience through the application of Clandinin and Connelly's (2000) three commonplaces (temporality, sociality, and place). Schön's reflective practice theory was used to reflect on the experience by engaging in reflection-on-action (entire-month experience), reflection-in-action (journaling), and reflection-for-action (postreturn reflections).

Data Analysis Ethical Considerations

Ethics associated with self-study research and narrative inquiry research have been addressed by Clandinin and Connelly (2000) and elaborated on by Zulfikar (2019), who emphasize anonymity, informed consent, and researcher reflexivity. All individuals mentioned have been anonymized. Verbal informed consent was obtained from all healthcare professionals. Verbal consent was appropriate given FEMH's observer policy and Taiwanese clinical culture.

RESULTS

The three main themes that were derived through the narrative approach included the following: (1) cultural adjustment and the paradox of Taiwanese social warmth; (2) professional identity formation through observation and participation; and (3) language as both a barrier and bridge in clinical learning.

To assist the reader in distinguishing the different types of narratives, the three themes above were structured to include descriptions of events without labels (description), *reflection-in/on/for-action* sections denoted by labels (reflection), and interpretations incorporated in the Discussion (analysis).

Theme 1: Cultural Adjustment and the Paradox of Social Warmth

When I introduced myself to Nurse Ting in the dermatology clinic room, she responded saying, "My English is not very good". However, she had been expecting me and provided a written guide and explained it using memorized English.

Midway during our clinic period, Dr. Lin invited me to coffee. At some point during the evening, Nurse Wen gave me a heat pad because I felt cold. Dr. Lo, who is the resident in family medicine, took us out to the night market and paid for our dinner.

However, on the day when the International Conference on Advanced Biomedical Sciences (ICABS) 2025 took place at China Medical University, Taichung, there was a comment from Mindy, a Ph.D. student, about Taiwanese people who changed everything:

> As exchange students, all Taiwanese people are friendly to you. However, from my experience being an international student here, Taiwanese people are individualistic and unfriendly toward foreign students. International

students become friends with their fellow foreigners, whereas local students make no effort to socialize, especially after work hours, apart from talking about their work.

Reflection-in-action: As the communication faltered with Nurse Ting, I consciously moved into problem-solving mode by turning to Google Translate, concentrating on her nonverbal signals and interpreting her friendly body language. Afterward, during the clinic hours at Dr. Lin's place, I realized the dilemma of asking questions despite realizing that there was no room for them within the conversation flow; I therefore decided to watch in silence. It was at this moment that I became acutely aware of what is described in the literature on international students as the *guest vs. belonging* paradox (Umennadi et al., 2025): short-term visitors receive hospitality, while long-term residents encounter the full complexity of host social patterns. Both realities coexist.

Reflection-on-action: Theorizing this paradox, three concepts are relevant. First, belongingness (Umennadi et al., 2025) is a continuum, whereby short-term participants, such as myself, feel *hospitality belonging*, which involves a form of warmth to the visitor, whereas long-term residents strive for *relational belonging*, which is an aspect of true in-group belonging. Second, hospitality scripts in many Asian cultures do not require friendliness toward visitors, as their focus is primarily on providing them with comfort. Third, role-based inclusion (Bayati et al., 2025) suggests that the clear specification of roles (*exchange student* observers) provides provisional recognition, whereas unclear roles (*international students in search of friends*) produce varying reactions socially.

Reflection-for-action: Questions often lack simple answers. Both scenarios may exist, as the Taiwanese population can be friendly toward tourists while at the same time being reserved for more permanent residents. Such paradoxes of intercultural experiences are valuable by themselves and demonstrate the importance of embracing contradictory knowledge to achieve true cultural comprehension. Such lessons about Taiwanese social openness were valuable and helped me understand how important it is to acknowledge multiple realities in any culture to see its full picture. As I return to Indonesia, I carry out this lesson: my own future patients and colleagues will experience me differently depending on their relationship duration, role clarity, and visible identities. The kindness I received was genuine, and so was Mindy's observation. Learning to embrace both is the work of intercultural understanding.

Theme 2: Professional Identity Formation through Observation and Participation

While Theme 1 highlighted the paradoxical nature of social warmth and acceptance, Theme 2 discussed professional identity development in the process of engaging directly with clinicians and their work. Unlike cultural adaptation in general, the development of professional identity in a clinical encounter involves

learning by observing experts at work, active involvement, even marginal participation, and negotiating professional relations through hierarchies. This theme explores professional identity formation through four types of engagement: watching clinical excellence, participating peripherally in surgery, negotiating professional relations, and comparing healthcare systems.

The development of my professional identity as a future doctor came through many forms of engagement. First, the demonstration of excellence in the clinic gave me insight into patient-oriented care. For instance, when Dr. Lin saw patients, she used every encounter as a teachable moment. Dr. Lin explained this to patients:

> This skin area may be affected by friction, possibly because of a lot of sweating, wearing clothes too tightly, material not breathable... If you do yoga for long periods, this area will remain damp. At that point, applying medicine will not solve the problem. This is about things you need to prevent yourself. Try to avoid eating sweets, high-calorie foods, peanuts, nuts, and fried foods. Additionally, hot and humid indoor environments should be avoided.

When I asked how dermoscopy detects benign skin disease, Dr. Xi drew a cross-section of skin: “The color of a lesion appears on the basis of its depth. Deeper lesions appear bluish or grayish. More superficial lesions appear black or brown." He demonstrated a switch from nonpolarized to polarized light on his own hand—with nonpolarized light, I could see fine wrinkles; with polarized light, the focus shifted to the lesion features. "People think dermoscopy is just a magnifying glass, but it is more than that."

Professor Wang's teaching reinforced that the best mentors check for understanding. In his clinic, I saw pityriasis rubra pilaris for the first time. Initially, I thought it was erythroderma because the lesions appeared as total body erythema. Professor Wang pointed to islands of normal skin: "There are islands that are not erythematous." During the clinic, he glanced at my notebook and asked, "Did you obtain the diagnosis? Okay, correct." Throughout his clinic, I recorded numerous cases, such as psoriasis, lichen simplex chronicus, onychomycosis, and various dermatitides, and my window into learning through visual observation.

Beyond observation, legitimate peripheral participation in clinical procedures provided hands-on learning. On November 10, Dr. Ho invited me to assist in surgery: "There's a patient who has a rather large tumor at 16:30—you will help me out. You will be my assistant." I felt such joy.

By 16:30, Dr. Ho had already begun operating on his patient. I dressed in a surgical gown, helped retract the wound margins, and cut the sutures while the wound was closed.

After one week, I participated with Dr. Ho for another round of cyst removal surgery. After requesting to take photos, he thought for a moment and replied, "Not this time." However, after tumor removal, he voluntarily used my phone: "I will take the photos." While I inserted collagen strips, he photographed. This process is an example of Lave and Wenger's (1991) idea of legitimate peripheral participation. I was allowed to participate in assisting (legitimate participation);

however, I still played a peripheral role, as I could retract skin margins, cut suture threads, and insert collagen strips but not take photos freely or collaborate on research projects.

Through comparative analysis, differences between mentors' approaches can be seen. For instance, Dr. Lin mentored through educating patients, Dr. Xi mentored through dermoscopy, Prof. Wang mentored by assessing my comprehension of topics, and Dr. Ho mentored by facilitating surgical access but not research activities.

The interactions within my professional relationships played a role in identity creation. Dr. Lo, a resident in family medicine, became an informal mentor from our first encounter when he checked on my schedule to invite me along for observation. On November 14, he took the time to guide us around the Banqiao Nanya market and even paid for our meals. "Since you guys are still students, I should pay."

In seeking Dr. Wang's opinion on working together on research, her answer, "Yes, we can," changed my role from observer to prospective collaborator. She recommended acral melanoma as an area to consider and noted that while case reports must have ethical approval, reviews were probably easier. Not all the relationships led to collaboration. Dr. Ho's admission that he dislikes research but has numerous publications provided a novel point of view. While some coworkers shared my interests, some did not. The skill, I realized, is recognizing the difference and investing accordingly.

Comparing healthcare systems led me to contemplate my future practices in Indonesia. In addition to individual practitioners, the overall healthcare system also helped in the construction of my professional identity because it showed me what could be done in an environment with adequate support in place. Electronic health records, streamlined processes, and patient self-service machines were some indications that a healthcare system was efficient and effective. On one occasion, Putra and I went to the hospital gym located on the fifth floor, where healthcare employees worked out in their scrubs—an indication that there was an emphasis on the work-life balance in this hospital that I had never seen before in hospitals in Indonesia.

Reflection-in-action: During Dr. Xi's demonstration of dermoscopy, I found myself leaning in, completely absorbed and fascinated. The switch from nonpolarized to polarized light felt like magic—this was why I had come to Taiwan: to learn to see differently. Dr. Ho's signals in the process, reading his mind and acting on my instincts. When he at first said no to photography but eventually relented, it was clear to me that we were making a kind of compromise, respecting each other's boundaries while finding common ground. When I approached Dr. Wang about research, her enthusiastic response taught me that sometimes the perfect moment does not exist; one must seize the imperfect one.

Reflection-on-action: Reflecting on the experience, I realize how each of the clinicians demonstrated specific aspects of exemplary medical practice. For example, the manner in which Dr. Lin approached education illustrated for me the

concept of patient-centered healthcare, i.e., empowering her patients by explaining various issues to them in a way they could understand. Rather than providing a mere definition of a disease and treatment, she explained ways in which a patient can prevent the recurrence of a disease and other relevant facts. On the other hand, the willingness of Dr. Xi to explain everything I wanted to know regarding dermoscopy in response to my single question taught me something important regarding the level of dedication shown by Taiwanese clinicians toward students who show genuine interest. Specifically, it was remarkable how he related his enthusiasm toward the topic of my symposium to the fact that he is researching similar topics. The teaching method of Professor Wang helped me understand what expertise means. Not only did he diagnose but he also taught me to see those areas of healthy skin among the pityriasis rubra pilaris. A simple look at my notes to ensure that I had taken the right notes meant that much to me as mentorship in its purest form. There was no performance of teaching going on here—only a sincere interest in ensuring that a student is doing well.

All these observations led to the emergence of tacit knowledge regarding what constitutes good doctoring, which consists of being meticulous, efficient, patient-centered, and committed to teaching regardless of language or cultural differences. In theorizing these observations, each physician embodied a unique aspect of professional identity through modeling, namely, patient-centered teaching (Dr. Lin), generosity in sharing technical expertise (Dr. Xi), diagnostic skills (Professor Wang), and negotiation of participation (Dr. Ho). Therefore, the development of professional identity does not involve adopting a single model but rather involves integrating multiple experiences, each representing a unique aspect of being a doctor (Barnhoorn et al., 2022).

Reflection-for-action: My accumulated experiences provided some seeds for future application. Dr. Ho's willingness to engage me in this process, even though I was simply an observer, is one such seed that I would like to plant in my future. Through the discussion sessions following each interview, during which we discussed issues of healthcare economics, motives behind medical practices, and other things relating to life in Taiwan, I realized that it is not just through observation that the process of constructing a professional identity takes place but also through conversation. Dr. Ho's unwillingness to collaborate and willingness to teach made me understand that rejection and acceptance are two sides of the same coin.

The responsiveness of Dr. Wang has shown me something about mentoring in academia: Senior academics can open doors for junior academics simply by being responsive and saying “yes” to invitations. It will influence my approach when faced with similar circumstances in the future, such as junior researchers approaching me with ideas for research. Seeing the way Taiwan's healthcare system functions opened my eyes to what is achievable: from electronic health records to effective workflow processes and from patient self-service technology to a hospital gym where hospital employees exercise in their uniforms. Should I have any say over the culture of Indonesian hospitals in the future, I would make

sure to push for the well-being of medical staff because healthy physicians deliver higher-quality services.

Theme 3: Language as a Barrier and Bridge

Language played a role in every aspect of my experience.

The lack of proficiency in language manifested itself during my first day. When Nurse Ting said, "My English is not very good," our exchange devolved into pointing, gesturing, and Google Translate. I could not understand the patients' history when accompanying Dr. Lin in her clinic. I took down the diagnosis on the basis of the observed lesions instead of hearing the patients' descriptions during Professor Wang's clinic visit. This is a good example of what Kwame & Petrucka (2021) refer to as "multimodal compensation". As communication through the medium of verbal language becomes less effective, the other media become more prominent.

However, language connects people. In our first attempt, Nurse Ting gave us a written manual and an English language script she could remember. That was a much stronger sign of welcome than any amount of conversation. By grabbing our hands and pointing at Google Translate, we were able to establish a common goal of communicating, thus developing rapport. Dr. Lo's fluent English enabled deeper mentorship conversations. Brian and Avery, our PGY friends, created space for cultural exchange over dinner.

Nonverbal communication proved equally important. During Dr. Xi's demonstration of the dermoscopy, the visual lesson needed no translation. During surgery, I learned to read Dr. Ho's subtle cues—anticipating rather than simply responding. A doctor's touch communicates as much as any verbal explanation. These observations taught me that clinical communication is always multimodal; language is only one channel among many.

However, the reality of Taiwan for me was filtered through language in ways that were beyond my ability to alter. I came to know the English speakers, Dr. Lo, Brian, Avery, and formed bonds with them. However, I always knew what I was losing out on—the nurses whose job descriptions I would never fully comprehend owing to their inability to express themselves in English, the patients whose personal history I was unable to grasp, the conversations between Taiwanese coworkers I could never follow. I realized that a linguistic disadvantage does not equate to relationship distance. My most profound connections were made despite the presence of significant language barriers.

Reflection-in-action: When Nurse Ting did not understand me in our initial exchanges, despite knowing English, I was aware of my feeling of not being understood. However, I made the conscious decision to think in a problem-solving mode and took out my phone, opened Google Translate, and paid attention to her body language rather than her verbal responses. My recognition in the moment that connection could take place via other means besides words was my first lesson in cross-cultural clinical communication. While observing the demonstration performed by Dr. Xi was a practice in verbal and visual

communication. Observing Dr. Ho performing the operations, I learned how to read his body language—the subtle shift to indicate that he wanted more or less tension on the instruments I was retracting. Learning this through physical observation, as opposed to any form of verbal instruction, felt much different to me. Finally, when a photo of the distanced menu board was taken and the wanted items were circled while food was ordered, “good, good" by the local seller was sufficient.

Reflection-on-action: Now that the experience has passed, I realize that language was both a filter and an amplifier for me in the exchange. The language acted as a filter that blocked my access to patient history, complex conversation, and the full potential of communication in the informal collegial environment. I could not take part in conversations with patients, could not comprehend their stories, and could not fully engage with the nuances of the communication involved in medical practices in Taiwan. However, language also served to amplify other channels of communication that required closer attention to gestures, observations of processes, and other aspects of communication that were accessible to me in the absence of speech. Nurse Ting's written instructions conveyed the message much more effectively than any fluent dialog could convey. The common experience of communicating via Google Translate was communication of its own sort. I realized that communication is multichannel; if one avenue is closed, others are available.

Reflection-for-action: All of these encounters will affect my future interactions with people and colleagues who do not share my language. The handwriting of nurse Ting left me with an important question: As a doctor-to-be in Indonesia, how can I create such situations for future learners or patients whose language is different from mine? Her act of anticipating the requirements of others, preparing things that cross the barrier of language, and communicating her concern in actions became my inspiration. Nonverbal awareness skills, such as being able to listen to tone, observe gestures, interpret facial expressions, and perform clinical touches, will be useful even when language is no longer an issue. The humility that I gained by realizing my limitations, realizing that there are things I do not understand, and recognizing that I may never be able to verbally communicate with certain people, I hope, will make me a more patient and attentive listener.

In the discussion, the above reflection and description are discussed on the basis of the literature. In this section, the results from this study are combined with theory to gain greater insight into the experiences of international students in clinical exchanges.

DISCUSSION

Summary of Key Findings

The paradox of Taiwanese social warmth showed that cross-cultural experiences cannot be easily described. This result corresponds to the analysis conducted by Xiao & Li (2024) about social relations in Taiwan, where collectivism and individualism are blended in the community and at work. On the other hand, building on Xiao & Li's findings, I hypothesize that temporality determines belongingness because transient travelers are labeled as *guests* who deserve hospitality, whereas prolonged residents experience the entire extent of ingroup and outgroup relationships (Umennadi et al., 2025).

The finding that professional identity formation occurs through multiple forms of engagement—observation, legitimate peripheral participation, and the negotiation of professional relationships—broadens knowledge about professional identity development by emphasizing the importance of interpersonal connections and boundary work in the formation of medical students' professional identities and the ability to "think, act, and feel like physicians" (Barnhoorn et al., 2022, p. 2).

Language as a barrier and bridge showed that communicating in such settings was more difficult than just speaking the language (Olajide Owoyomi, 2025). As language barriers made it difficult for me to understand the history of patients and have deeper clinical discussions, they also improved my awareness of nonverbal communication. Rabiei-Kashanaki et al. (2025) highlight the need for linguistic proficiency and cultural humility for successful intercultural communication. In my view, if linguistic proficiency is lacking, cultural humility and greater sensitivity to nonverbal cues may be substituted to some extent. This demonstrates how *learning through limitation* works: the very limitation that hampered my ability to comprehend patient history allowed me to observe clinical communication beyond words.

Theoretical Implications

The study contributes theoretically in several ways. First, the study highlights the significance of employing the theory of reflection on, in, and for action in medical education. Second, the study expands the body of knowledge about intercultural adaptation through a focus on temporality and role clarity. Current theories are concerned with cultural distance and the adaptive strategies of individuals, whereas little attention is given to the impact of time spent in a foreign environment and role clarity on communication patterns. From my personal experience, I concluded that people who temporarily stay in an unfamiliar country experience only the hospitable aspects of society, while permanent residents become involved in more complex communication patterns.

Third, *learning through limitation* becomes a theory-building opportunity: Language limitations, usually seen as hindrances, can aid the focus on nonverbal communication and procedures. *Learning through limitation* refers to a situation

in which limited access to one form of communication, such as verbal language, aids in focusing on and learning through other forms of communication, such as nonverbal communication, procedural learning, and spatial orchestration. This concept builds on the deficit-based approach that Bayati et al. (2025) provided for understanding linguistic barriers to show that language limitations act as a teaching tool in settings where seeing and doing are possible even when language use is not.

Extending Existing JIS Scholarship

Building on previous research on international students within JIS, this study questions two widely held assumptions. First, Umennadi et al. (2025) observed the 'difficulty blending' of Nigerian students for 4–7 years in China, which revealed that temporary visitors face only hospitable experiences and not exclusion—implying that time matters significantly in issues related to belonging. The novelty of this study lies in demonstrating that international students' adaptation depends not only on the cultural distance between home and host countries but also on the duration of stay and role clarity. Second, instead of regarding linguistic barriers as hurdles that need social networking for help, as was done by Bayati et al. (2025), *learning from limitations* highlights the ways in which linguistic constraints can simultaneously improve learners' focus on nonverbal and procedural forms of learning.

Suengkamolpisut et al. (2026) reported that Thai undergraduate students acquired intercultural competence and leadership identity during a two-week mixed international program, an experience similar to what I experienced in developing my professional identity in Taiwan within four weeks. Both of these experiences indicate that short-term stays abroad, together with reflective practices, help acquire intercultural competencies, thus questioning the notion that longer stays are always needed for this purpose.

After the theoretical significance of this research is examined, its practical applications should be explored. The results provide tangible advice for both hosting organizations and international trainees alike. The insights are grounded directly in the narrative evidence presented above.

Practical Implications

Three direct recommendations for host institutions arise from the findings in this study. The first recommendation comes from the handwritten guide and memorized English script used by Nurse Ting (Findings, Theme 3). Institutions should motivate employees to develop simple orientation documents in translation, even if they are not proficient in English. This proved far more effective than any fluent discussion. Second, on the basis of Dr. Lo's informal mentoring (Theme 2), assigning residents and other trainees to be informal guides rather than formal mentors may facilitate social integration for foreign students without compromising the time constraints of clinicians. Third, following the social warmth paradox (Theme 1), the institution hosting the exchange program

should clearly differentiate between hospitality and belonging. The domestic staff can be informed that there is such a thing as a *hospitality dip*, which means that the exchange students may feel less welcome as residents than guests.

Four insights can be drawn for international trainees from this study. First, following the insight of learning despite limitations (Theme 3), pay close attention to nonverbal communication when language is not effective. More information was gained by observing Dr. Ho's hands than by comprehending each word said. Second, in accordance with the comparison of mentoring approaches (Theme 2), a variety of mentors are included. Patient education was taught by Dr. Lin, dermoscopy by Dr. Xi, surgery by Dr. Ho, and research by Dr. Wang. No one person could give all the knowledge. Last, from the Google Translate moments (Theme 3), learn to use technology as an enabler, not as a replacement. The laughter that was shared when the results of the translations were surprising made people feel connected as much as proper translation. Fourth, drawing on Mindy's insights into the experience of long-term international students (Theme 1), we expect that belonging will be nonlinear. This warmth felt during week one may differ from that during week four.

Limitations

Limitations of this research include the study's limited sample size, which makes its results less generalizable, since the experience of one Indonesian medical student in one dermatology department in Taiwan cannot be representative of all international clinical exchange experiences. The author's dual position as both researcher and participant could lead to bias, although reflexive procedures were conducted. A short observation period (1 month) is too limited to show any patterns of adaptation or the long-term effects of the experience. Only one department was observed at one particular hospital, which does not necessarily reflect the entire clinical culture in Taiwan. The study relies on self-reported data, which may be subject to memory limitations and selective recall.

CONCLUSION

Three themes emerged from this experience. The first was that of cultural adjustment, where there is paradoxical warmth to short-term visitors despite social distance for long-term residents. Second, professional identity was acquired through various forms of engagement, including observation, legitimate peripheral participation, and professional relationship negotiation. Third, the language served as a barrier and a bridge, where learning through limitation resulted in improved nonverbal observation.

The following three brief contributions of this narrative inquiry to international student research are highly applicable to JIS readers. First, concerning south–south mobility, the paradox of social warmth shows that temporality is defined as belonging, where short-term visitors feel hospitality, but long-term settlers feel constant exclusion (Umennadi et al., 2025). Second,

viewing language as a multimodal form of learning, *learning by limitation* enables language problems to be seen as positive rather than negative, thus overcoming deficit theory models (Bayati et al., 2025). Third, in terms of experiences during short-term interactions in the clinical setting, consistent use of Schön's model demonstrates that four weeks of sojourn, combined with structured reflection, leads to improvement in intercultural competence (Suengkamolpisut et al., 2026).

From the perspective of JIS readers, the above contributions have significance in that they redefine our perception of international student adaptation such that belonging cannot be defined only by cultural distance and sojourn time; language can serve as both a barrier and an opportunity for learning, and short-term exchanges can result in intercultural development through reflective practices.

Most significantly, this exchange deepened my commitment to reflective practice. Dewey's (1997, p. 25) insight that "all genuine education comes about through experience" captures a central finding of this inquiry. Experience alone was insufficient; what transformed this month into genuine education was reflective work: daily journaling, questioning assumptions, and deliberately connecting observations to broader patterns. Schön's (2017) framework of reflection-on, in, and for action provided language for what I lived: looking back at daily events, adjusting in real-time to cultural cues, and anticipating how these experiences might inform future practice. With this reflective practice, I return with a transformed understanding of clinical practice, professional relationships, and cross-cultural engagement.

As I return to my home country, these lessons accompany me. The emphasis on efficiency and patient education I observed influenced how I approached clinical encounters. The memory of clinicians who made time for a foreign student shaped how I hope to treat future trainees. The questions I developed about clinical practice will guide continued learning. Most importantly, the habit of asking, "What happened? What did I learn? How might I do better? —Cultivated during this exchange, will accompany me throughout my medical career.

International medical exchanges transform participants not through dramatic revelations but through accumulated small moments: a gesture of preparedness, a shared coffee, a small kindness offered in cold weather, a research conversation seized between patients, and a meal shared across cultures. These moments, woven together and reflected upon, create new understandings of medicine, culture, and self. The round table in that empty cafeteria on my first morning now seems prophetic. A circle I had not yet learned how to enter, but one that, over four weeks, gradually revealed its contours through the kindness of strangers who became mentors, colleagues, and friends.

Acknowledgment

All academic content, citations, interpretations, analysis, and intellectual contributions were created and verified by the author. The final manuscript represents the author's original scholarly work. Furthermore, no artificial

intelligence (AI) was used for content creation in the preparation of this manuscript.

REFERENCES

Artioli, G., Deiana, L., De Vincenzo, F., Raucci, M., Amaducci, G., Bassi, M. C., Di Leo, S., Hayter, M., & Ghirotto, L. (2021). Health professionals and students' experiences of reflective writing in learning: A qualitative meta-synthesis. *BMC Medical Education*, *21*(1), 394. https://doi.org/10.1186/s12909-021-02831-4

Barnhoorn, P. C., Nierkens, V., Numans, M. E., Steinert, Y., Kramer, A. W., & van Mook, W. N. (2022). General practice residents' perspectives on their professional identity formation: a qualitative study. *BMJ Open*, *12*(7), e059691. https://doi.org/10.1136/bmjopen-2021-059691

Bayati, N., Denson, C., & Asunda, P. (2025). Examining barriers and facilitators of graduate international students in the U.S. *Journal of International Students*, *15*(5), 139–158. https://doi.org/10.32674/b6bgby16

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative Inquiry: Experience and Story in Qualitative Research*.

Craig, C. J. (2026). Becoming an international teacher educator: a narrative account of identity-in-the-making. *European Journal of Teacher Education*, 1–17. https://doi.org/10.1080/02619768.2026.2686793

Daniels, K., Thomson, E., Nawagi, F., & Flinkenflögel, M. (2020). Value and feasibility of South–South Medical Elective Exchanges in Africa. *BMC Medical Education*, *20*(1), 319. https://doi.org/10.1186/s12909-020-02224-z

Dewey. (1997). *Experience and education*. Experience and education.

Hayashi, M., Son, D., Nanishi, K., & Eto, M. (2020). Long-term contribution of international electives for medical students to professional identity formation: a qualitative study. *BMJ Open*, *10*(8), e039944. https://doi.org/10.1136/bmjopen-2020-039944

Huang, Z., Huang, A., & Yin, Z. (2025). Adaptive Journeys: Accelerating Cross-Cultural Adaptation Through Study Tours. *Behavioral Sciences*, *15*(7), 973. https://doi.org/10.3390/bs15070973

Irayanti, I., Sapriya, S., Suryadi, K., Komalasari, K., & Hastowohadi, H. (2025). A narrative inquiry of international students' experiences in Indonesia. *Journal of International Students*, *15*(2), 87–107. https://doi.org/10.32674/v6nmpj51

Johnston, J., McKenna, L., Malik, G., & Reisenhofer, S. (2023). Recognizing and Adapting to Cultural Differences: Influence of International Educational Programs on Future Nursing and Midwifery Practice. *Journal of Transcultural Nursing*, *34*(6), 423–430. https://doi.org/10.1177/10436596231198276

Kamali, J., & Anderson, J. (2025). Narrative self-observation: a new framework for teacher professional development and identity research. *European*

Journal of Teacher Education, 1–21. https://doi.org/10.1080/02619768.2025.2563113

Kim, J. H. (2016). *Understanding Narrative Inquiry: The Crafting and Analysis of Stories as Research*. Thousand Oaks.

Kwame, A., & Petrucka, P. M. (2021). A literature-based study of patient-centered care and communication in nurse–patient interactions: barriers, facilitators, and the way forward. *BMC Nursing*, *20*(1), 158. https://doi.org/10.1186/s12912-021-00684-2

Leong, J. R., Lim, A. Y. D., Ravindran, N., Wan, D. W. J., Rajalingam, V., Lua, J. K., Kwok, H. Y. F., Sheri, K., Fam, V. J. E., Govindasamy, R., Abdul Hamid, N. A. B., Dunn, M., & Krishna, L. K. R. (2025). A systematic scoping review of mentor training in medical education between 2000 and 2024. *BMC Medical Education*, *25*(1), 1110. https://doi.org/10.1186/s12909-025-07353-x

Lizarraga, K. J., Zizzi, C., Chunga, N., Quispe Moore, L. M., Risco, J., Valdovinos, B., Fernandez Macedo, V., Camargo Salazar, I., & Jozefowicz, R. (2025). Cross-cultural learning during an international exchange program in medical education: a qualitative study. *BMC Medical Education*, *25*(1), 1217. https://doi.org/10.1186/s12909-025-07763-x

Maniar, V., & Kumar, M. (2022). Education and Good Life in Twenty-first Century Global South. *Journal of Human Values*, *28*(1), 7–10. https://doi.org/10.1177/09716858211073545

Martin, A. (2025). Autoethnography: Narrative Research or Legacy Memoirs? *International Journal of Qualitative Methods*, *24*. https://doi.org/10.1177/16094069251364620

Nash, R. (2015). *Chapter four: Scholarly personal narrative as a way to connect the academy to the world*. Counterpoints.

Octavina, C., Khairunnisa, F., Lestari, T. P., Silvhiany, S., Mirizon, S., Ernalida, E., & Purnomo, M. E. (2025). Bridging cultures: Innovative adaptation strategies of Indonesian students navigating academic and social challenges in the United States. *EduLite: Journal of English Education, Literature and Culture*, *10*(1), 140. https://doi.org/10.30659/e.10.1.140-159

Olajide Owoyomi, F. (2025). English proficiency barriers in Brazil. *Journal of International Students*, *15*(12), 177–192. https://doi.org/10.32674/rzaxvh61

Rabiei-Kashanaki, M., Pourebrahimi, M., & Khodabakhshi-Koolaee, A. (2025). Motivations, opportunities, and challenges of Afghan immigrant students in Iranian universities. *Journal of International Students*, *15*(12), 21–38. https://doi.org/10.32674/pr0cax08

Samarasekera, D. D., Lee, S. S., Yeo, S. P., Chen, J., Findyartini, A., Greviana, N., Wiweko, B., Nadarajah, V. D., Thuraisingham, C., Yang, J.-H., & Sherman, L. (2024). The state of Continuing Professional Development in East and Southeast Asia among the medical practitioners. *The Asia Pacific Scholar*, *9*(3), 1–14. https://doi.org/10.29060/TAPS.2024-9-3/OA3045

Schön, D. A. (2017). *The reflective practitioner: How professionals think in action*.

Sheikh, A. M., Sajid, M. R., Bakshi, E. N., Khan, A. U., Wahed, M. M., Sohail, F., & Sethi, A. (2022). The Perceptions of Nonnative Medical Students Toward Language Barrier on Clinical Teaching and Learning: a Qualitative Study from Saudi Arabia. *Medical Science Educator*, *32*(4), 865–872. https://doi.org/10.1007/s40670-022-01579-w

Storz, M. A. (2022). International medical electives during and after the COVID-19 pandemic - current state and future scenarios: a narrative review. *Globalization and Health*, *18*(1), 44. https://doi.org/10.1186/s12992-022-00838-0

Suengkamolpisut, W., Singhatong, S., & Viriyamano, S. (2026). Intercultural competence and leadership identity in blended global learning. *Journal of International Students*, *16*(1), 1–22. https://doi.org/10.32674/sa3esk64

Tang, L., Zhang, C., & Cui, Y. (2024). Beyond borders: The effects of perceived cultural distance, cultural intelligence, cross-cultural adaptation on academic performance among international students of higher education. *International Journal of Intercultural Relations*, *103*, 102083. https://doi.org/10.1016/j.ijintrel.2024.102083

Thies, T., & Falk, S. (2023). Which Factors Drive Major Change and University Dropout? An Analysis on International Degree-Seeking Students at German Universities. *Journal of International Students*, *15*(1). https://doi.org/10.32674/jis.v15i1.5434

Umennadi, J., Ifekpolugo, C., & Egwuonwu, M. E. (2025). Exiting their comfort zone: Unpacking the educational experiences of Nigerian students in China. *Journal of International Students*, *15*(1), 107–128. https://doi.org/10.32674/79141f19

Xiao, R., & Li, S. (2024). The effect of positive intergroup contact on cooperation: the moderating role of individualism. *Frontiers in Psychology*, *15*. https://doi.org/10.3389/fpsyg.2024.1323710

Zulfikar, T. (2019). From an active learner to a reflective practitioner: Learning to become a professional Indonesian EFL Instructor. *The Qualitative Report*. https://doi.org/10.46743/2160-3715/2019.3693

Author bios

DINNISA HAURA ZHAFIRA HIDAYAT, B. MEd., is a medical professional student in the Department of Medicine at Syarif Hidayatullah State Islamic University, Jakarta, Indonesia. Her major research interests lie in academic literacy, medical research, and multiculturalism. As a former international student in Australia, she draws on both academic inquiry and lived experience in her work. Email: dinnisa.haura@gmail.com