



## Botswana medical students education in Norway

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# Abstract

## Introduction

35 students have been participating in the program of educating Botswana medical students in Norway from 1995 until present date. The purpose of this study has been to clarify the goal of the program and to find to what degree the program has been a success focusing on numbers of students having graduated, how many having returned home working as doctors, and the student's experiences during their time of study.

## Method

11 of the Botswana medical students were participating in the study. It was done a brief effort of a qualitative analytical approach, and the narrative interviews were analysed having the phenomenological hermeneutical approach in mind. There was also cooperation with people in the universities connected to the program.

## Result

26 of the students have managed to graduate, but only 5 are proven to be back in Botswana. 8 students have quit and 1 is still studying. The students have met different difficulties during their time of study, like problems with language learning, integration and general cultural differences between the two countries. Periods with low life satisfaction are reported from most of the students, and 75 % of the students state that they wouldn't have done it over again.

## Conclusion

Many students manage to finish their medical education in Norway, even though it has been challenging. The success of the program can turn out to be high, measured in numbers, if more students return in the years to come, but from a student perspective there have been too many barriers to climb for it to be categorized as successful.

## Introduction

To get enough health workers in low-income countries, there are two main issues: The education of health workers, and then preventing them from emigrating to high income countries. Many low-income countries do not have institutions to train their own health workers, and have to send their students abroad for education. This is especially a problem when it comes to medical doctors. Botswana is one of many African countries that depend on foreign health workers. In 1988 14 % of doctors in the country were from Botswana, while in 2006 only 10 % (1).

Norway has been a partner in the development of the Botswana health service since 1975. The assistance can be considered to have taken place in two distinct phases. Phase 1, from 1975 to 1996, and the smaller phase 2, which started in 1996 and was to finish in 2012. A part of phase 2 was the training in Norway of Botswana doctors. The students were admitted to the faculties of medicine in Bergen and Tromsø. In 2011 NORAD made an evaluation of the whole Norwegian Health Support to Botswana, the final report submitted June 27<sup>th</sup> 2011 (1).

Regarding the medical doctor training program the report states that the initial target was to train 50 doctors in Norway 1995-2012, but it was reduced to be 35. Of the 35 students who started medical training in Norway, 7 had left the program, 13 had successfully graduated and 15 was still studying when the evaluation was done in June 2011. Even though the students signed an agreement before leaving for Norway, an agreement on returning to Botswana after graduation, it was proven that at that time in 2011 there were only 3 who had returned back working as doctors, and the other 10 graduates whereabouts were unknown. Because of this, the report further states that the program has not been successfully based on the objectives to be increasing the number of Botswana doctors in the Botswana health sector. But if the remaining students will be able to graduate and return to work in Botswana, the success of the program will improve. It is also said to be beneficial to find the missing students and figure out why they have not returned, this to make improvements for occasions in the future (1).

Being an exchange student brings both new exiting experiences and some tough challenges. In a country like Norway, which is not an English speaking country, the Botswana students have met the challenge of learning the Norwegian language. Cultural distances, interaction of

factors like knowledge/familiarity of Western culture and mother tongue and/or proficiency in English or another European language, seems to be the best predictor in second – language proficiency (2). According to hermeneutic principles, some “preunderstanding” will facilitate communication (3), this because its reasonable to assume that the more one has in common with the target language group, the easier it will be to learn the language (2, 3). Also when it comes to adjust to another countries culture, the geographical origin of the international student makes a difference. Students from non-Western countries in western countries tend to have the greatest adaption difficulties (4). Speaking the host language at home thus appears to facilitate cultural adjustment (5).

Students from Africa reported low life satisfaction compared to other international students in a study made among international students at the university of Bergen (6). Students from developing countries do also experience more difficulties then students from Western Europe when it comes too academic progress, teaching and tutoring, homesickness and language in the UK (7), and all over are exchange students troubled more with tiredness, loneliness and syndromes like anxiety, depression and somatic complaints (8). It is reported many difficulties for students abroad linked with forming and maintaining friendships, and getting to know people in depth (9). While students living in an individualistic society like Norway don’t find it important with many friends, this seems to be an important factor for students coming from developing countries who have a more collectivistic society (6). Contact with certain host national individuals is positively correlated with academic success and lowered probability of dropping out of academic programs for international students (10). In a study made in the US, it appears that professional factors typically form the strongest arguments to stay in the United States, while personal and societal factors often speak strongly in favor of returning to the home country (11).

Finding concrete articles about medical students from developing countries and their experiences studying in a western country has been difficult, though it seems that it is done little research in this area.

### **About the project**

The aim of the project is to find the goal of the program educating the Botswana medical students and how it worked out. How many manage to finish and how many has returned to Botswana working as doctors? How has it been for the students participating in this program?

How did they face the language, the study program, integration in the Norwegian society and the choice of what to do after graduation? In the end, the project hope to find an answer to if it was success; both looking at the outcome compared to the goal, and from the students perspective.

### **About the program**

The students came in groups of 1-5 people almost each year from 1995 – 2005. The first year all of them lived in Bergen during Norwegian language course. The second year they were separated into two groups for studying medicine, one at the University of Bergen and one at the University of Tromsø. The study program in Bergen last for 6-6,5 year, the students starts with clinics at 4<sup>th</sup> year and they have 5 – 6 small exams each year with grades A – F. At the University of Tromsø they study for 6 years. The students start with clinics from second year and they have one exam each year, where they get passed or failed (up until year 2000 the students had their second, 3rd and 4<sup>th</sup> year exam after the 4<sup>th</sup> year). After finishing medical school, the students could sign up for internship in Norway, were they draw a number in order to choose a place in Norway for their internship based on their number. The rules for internship changed in 2013, now the students have to apply to hospitals for internship like applying for a normal job.

## Methods

### Participants and setting

Eleven Botswana students (6 males and 5 females) studying medicine in Norway were participating. The interviews were made both in Botswana and Norway, and the participants were former students who had graduated and were working in Botswana or Norway, former students who had quit and students still studying in Norway. The interviews were done in the period march 2013 – march 2014. Altogether there were 35 possible candidates who had been a part of the program to get their medical education in Norway. From this group the students were selected from accessibility and willingness to participate, and they were contacted by phone or face-to-face.

There were also made conversations with contact persons at the universities in Bergen and Tromsø, to get a picture of how the program had worked out and numbers of students who had rolled in and out of the program at different stages.

### Data collection and analysis

The goal was to obtain as much information as possible in a broad setting, so narrative interviews were conducted. The students were asked a simple question connected to different themes during their period of study. Follow-up questions were asked in order to acquire a deeper understanding when something remained unclear. The individual interviews were done face – to –face, conducted in different spots where it suited the participant to meet, and at a couple occasions done by phone. They lasted 50 – 90 minutes and were recorded and transcribed verbatim. At a couple of incidences when the recorder was out of function, the material was written by hand and rewritten immediately after.

It is a brief effort to make a qualitative analytical approach, but first of all, this is a history about young African people going abroad for studying and their experiences during this period. The interviews were analyzed having the phenomenological hermeneutical approach in mind (12). All the interviews were first read as whole, to get an overall impression. Then they were separated in to meaningful units consisting of a part of a sentence, a whole sentence, and often several sentences. This was put into groups with different themes, e.g. “learning language”, “social life” etc. Each theme was read true several times to find the essence of it that represented the majority of the students. This was compared with the earlier

understanding from reading the interviews as a whole, to see if the initial understanding was to be confirmed or disconfirmed.

### **Ethical consideration**

All the information collected is considered confidential and is reported anonymously. Each respondent gave permission for the conversation to be recorded/written; the recording to be deleted after the study has been published. All participants gave their consent to be a part of the study verbally, with the understanding that they had the option to withdraw at any given time.

### **Validity and reliability**

Most of the interviews have been done face – to – face using a recorder. But a couple of interviews have been done over the phone, and some interviews have been done without the recorder, just by writing down everything said. When doing it over the phone, the interviewer couldn't get the same connection with the person being interviewed, and this might lead to less honesty and less information given. When interviews are written instead of recorded, this might lead to some information getting lost. Even though almost everything was written during the interview and then rewritten straight after, some words or small sentences might have been lost.

The students participating in the study are chosen by accessibility and willingness. It has also been important to try to get a certain amount of students from the different groups of the students; both from university of Tromsø and Bergen, both working in Botswana and Norway, both those who graduated and those who quit etc. It seems like this has worked out fine having students from all the groups, but you can always question that if more of those still staying in Norway had been interviewed, they may bring more positive information than those who have moved back just after graduation or those quitting, and the other way around. Hopefully the samples gathered in this study give a correct picture of the students' experiences.

## Working process

Because of the writer's leave of absence from studying in a period, the process of work has been going on since autumn 2011. It can be separated into different phases: the stage of planning and the stage of implementation.

Stage of planning: During autumn 2011 and spring 2012 several weeks were used to plan the study when writing the description of the project. It was done relevant search for literature, interviews with supervisors of the program at the universities and several meetings with teaching supervisors both in Tromsø and Oslo.

Stage of implementation: In March 2013 the writer and one of the supervisors went on a field trip to Botswana. This lasted for 1 month, and during the time there, 1 week was used for staying in a hospital getting to know the Botswana health system, and three weeks were used for travelling around interviewing the students who had studied in Norway. From April 2013 – March 2014 the rest of the interviews were done at different occasions. Analysing and writing the paper was done from March – June 2014.

## Results

### The goal of the program

Norway has been helping with the development of Botswana, especially in the health sector, way back to the 1970`s. Building an own university was an early issue. In 1982, the university of Botswana was a reality and in the 1990`s they wanted to start educating their own health personal. Eventually they started thinking about educating their own doctors, and the health ministry of Botswana established a committee of experts. Among all the representatives in the committee there were two representatives from the university of Tromsø. The committee made a study plan, not so different from the one used at the university of Tromsø, and it was meant for the education of doctors in Botswana to start as quickly as possible. The politicians thought they had to implement some changes before starting, among them building a bigger hospital. Norway and NORAD (The Norwegian agency for development cooperation) came with an offer: while they were waiting for the medical education to start in Botswana, they could have some student places for medical education reserved for Botswana students at Norwegian universities. This would give them an opportunity to educate some more doctors, while waiting for the university in Botswana to start their own medical education. It was meant as a short-term program. At this point they also discussed the possibility that the students wouldn't return to Botswana after graduation and instead stay in Norway, but the Ministry of Health in Botswana was convinced they would return. That's the culture in Botswana.

In 2009 the medical school was finished, and the first group of students was enrolled. They have also started some programs for specialization, like paediatrics, anaesthesia and family medicine, but some parts of all of the programs still has to be taken in a other country.

### Students enrolled in en program

35 students have come to Norway to get their medical education. The first student came in 1995, and then students came continuously until the last group came in 2005. Of all the students participating in the program, 26 have graduated, 8 have left the program and 1 is still studying at this point (table 1).

	<b>Finished</b>	<b>Quit</b>	<b>Still studying</b>	<b><i>Totally</i></b>
<b>Bergen</b>	18	3	0	<i>21</i>
<b>Tromsø</b>	8	4	1	<i>13</i>
<b>Only language course</b>	-	1	-	1
<b><i>Totally</i></b>	<i>26</i>	<i>8</i>	<i>1</i>	<i>35</i>

*Table 1: Students enrolled the program: graduating, quitting and still studying.*

The students have been arriving in groups of 1 – 5 students, and they all did their language course in Bergen for 1 year. After this course, they started their medical education at the university of Tromsø or at the university of Bergen. At this point 26 students have graduated out of 35 who were enrolled in the program. That means that 74 % of the Botswana students managed to finish medical school in Norway. If the remaining student also manages to graduate, this number will increase to be 77 %. Among the Norwegian students who study at the same universities in Norway, 85 % manage to graduate from the university of Tromsø (calculated from year 2009 – 2013). The numbers in Bergen has not been possible to find.

Of all the students graduating, 10 students finished at standard study time, while 12 students had 0,5 – 1,5 years delay. Only 4 students had more than 2 years delay.

They, who quit without finishing their education in Norway, stayed in average 5,75 years in Norway before leaving.

After graduation, most of the students have stayed in Norway for internship, even though they signed a contract to return back home straight after. It has until year 2013 been easy for students and doctors in the EUS region to sign up for internship in Norway, get a number and pick a hospital to work in. After this period of internship, many of the Botswana students have chosen to stay in Norway for working and specializing (table 2)

	<b>Working as doctors</b>
<b>Norway</b>	18
<b>Botswana</b>	5
<b>Uncertain</b>	3
<b><i>Totally</i></b>	<i>26</i>

*Table 2: Where students live/work after graduating in Norway*

## The student interviews

The students tell that it wasn't their choice to study in Norway. After finishing high school they enrol in basic programs at the university of Botswana, where they study basics of mathematics, biology, physics and chemistry for two years. Those students with good results can apply for other courses like medicine or engineering.

*The choice to come to Norway was made by officials in Botswana, but we wrote down our preferences. At that time they sent students to many countries in the world. The most popular were South Africa, Australia, Ireland, Caribbean, and Czech republic, countries where they speak English. Norway was my last choice.*

*...It was a number of countries to go to, you were just placed in one country. The ministry had a list, and chose for you.*

When they got the messages that they were picked out to study medicine in Norway, the students were happy for the opportunity to study medicine, but most of them were a little bit skeptical to study in Norway because of the language.

*I got a letter: "You are placed in Norway for medical school". I didn't think of it like a negative thing.*

*I didn't want to study in Norway, cause I found it hard to master language.*

*It wasn't a big deal, until I realized you didn't speak English here.*

Everybody felt this was an opportunity for life, and that they didn't have an option to turn it down.

*Some time things are not as free. If you get an opportunity in life, you take it or you live it. I was thinking about it, but it was a good opportunity to study medicine and to be a doctor. The government paid everything for you. It was an opportunity worth taking.*

*Norway was my last choice. But we all had the impression that if we did not accept their choice, we would be cut out and lose the chance to study abroad.*

*...I didn't feel I had a choice to say no, cause we didn't now if we would get an offer another time.*

*...We just had to go, and then figure it out there. It wouldn't have made a difference if we got briefing before we left, because you still would go and then try to solve the difficulties when you arrived there. If somebody said it would be hard, you would think you make it anyway.*

The student had mixed experience with the information given before they started studying in Norway. Some of the students didn't know that when they went to Norway, they had to learn Norwegian and study in Norwegian. They thought it would be in English. Some students knew before they left.

*...When I landed in Norway I thought that the lectures were in English, exams in English, but when you talked to the patients you had to know the language. So then it was not a big thing. If you just need the language to talk to patient. So that's what I knew before I landed in Norway. When we came, I learned that we had to learn the language first, everything was going to be in Norwegian, we had to write the Norwegian language and speak the Norwegian language. It was like a shock.*

*...I knew it would be lectures in Norwegian, and that we could do some of the exams in English. I just thought "Ok, will see how it goes". Many others who took medicine in other countries.*

After arriving in Norway, the students started their language course. Most of them felt that they didn't learn enough medical terms or enough Norwegian generally to understand lectures or communicate with patients after the course was over. It was a huge transition from studying subjects like physics and chemistry in their home country.

*Did not really feel we knew enough Norwegian when we started to study medicine. We knew enough Norwegian just to come along, but not enough to study a challenging course like medicine.*

*The Norwegian course was kind of boring. We already had two years at university with basic physics, biology and chemistry. It was hard work and we were used to always reading. Then we started language course, were we just learned "Hei, hvordan går det?". It was boring, we were used to work harder. It was relaxing, and we could have done more. The course could have been better, felt like a kids program.*

*It was not enough for understanding lectures or the patients we met. We should have learned more medicine the Norwegian way, cause when you met a patient you didn't understand that "katarakt" meant a whole other ting, or that "grønn stær" actually wasn't a bird. It took a while to figure it out.*

From the very beginning the students had different thoughts about learning the Norwegian language. Some found it interesting to learn a new language, while others found it hard and they knew that language was not their strong side even before they started.

*Everybody learns language differently. Some people learn the same thing in one year as others learn in three years. I wasn't good in Norwegian. My strong side was subjects like chemistry, biology. I wasn't that interested in language, not the best in English either. So I decided to learn 10 new words each day. If I saw a word I didn't know, I wrote it down and learned it. I had to make myself like the language, cause I was not good at it.*

*My challenge was the language. Some people take language better than others. This one guy was all alone in his class, and he learned Norwegian fast. He had to speak Norwegian!*

*In the end it wasn't the language you used in normal life, like street language, that was the problem; I managed that very well. It was the terminology in Norwegian that was hard and how to write things during the exam. I was so nervous every time.*

*I take language easy. People should have good language skills. They should know that they can learn language. It was easy for me. I might have photographic memory. Maybe a language test before leaving would be a good idea. I think so. Reading Norwegian is easiest. It got easier after 5<sup>th</sup> year....*

Understanding the teaching, all from lectures to going on rounds, has been challenging for the students. In class they have been communicating with other students in English when necessary, but the different dialects, among other things, has often made it hard to understand the lectures.

*It was hard to understand the lectures in Norwegian. When we finished the language course we could understand a little, but it was difficult. The dialect in Bergen is very different from other dialects so it was very difficult to understand clearly.*

*...And when we arrived Tromsø, we had to find new words in the new dialect. Sometimes it felt like a whole new language.*

*It was really hard to go on rounds, my worst experience true all, until my language knowledge increased. I could not understand the patients, and my language was poor. So all those rounds, I only learned something the last year. I was just there to get a mark on the paper, cause it was obligatory, you had to be there. You don't understand what the people say. Not a good experience. Those things people should be aware of when they come.*

Both in Bergen and in Tromsø the students were placed in students homes were a lot of international students stayed. Some of them moved to other places, but most of them stayed there during their entire study time.

*Ugly! Didn't like it. But it was good student environment. We played a lot outside and it was good. We had the chose to move to another place, but I was afraid of not getting new friends and a good environment. It was mostly exchange students who lived there. One Norwegian girl from my class stayed for a while, but then she moved to a better place.*

*...it was fine the first year, but too many international students came and went. They didn't stay long and didn't care about to keep it clean. So I moved and it was nice.*

*It was ok. The standard was not that high, not like expected, but it was ok for me. Stayed there all the time I was studying. They tried to get us to move to another place, but we didn't really want to move.*

*It was a lot of exchange students living there; it was a more international environment. Was a very nice place.*

Generally about studying medicine in Norway, the students found it hard the first years because of the language. It was hard to understand the lectures, and they put a lot of effort into learning both medicine and the Norwegian language. But they could write their exams in English in the beginning. Those who have been in Tromsø have found the study model with just one exam each year quite hard to master, and most of the students agree on that the study model in Bergen is friendlier.

*When you study in Norway you have like double up. Medicine is hard to study, and then you have to learn a new language at the same time. Maybe not everybody finds it easy to learn new languages, and then it gets even harder.*

*I needed to understand the lectures. That was how I learned things well. But it was hard to understand.*

*It is easy to loose your motivation here. You read and read, and when exam doesn't give you a chance to show what you know - you feel demotivated.*

*Those in Bergen feel better, cause they fail one course, not a whole year.*

All the students felt that the culture difference between Norway and Botswana was big, and that this has been one of the huge challenges.

*It is a big culture difference. People here in Norway are more distant, they keep you in an arm length. Like in the*

*bus, nobody talks to each other, but in Botswana you end up with being busy the whole trip talking to the one next to you, you want it or not.*

*To get to know people was one of the hardest things. I think the culture is so different from the culture we come from. I came from Africa, and I travelled to many different European countries, and I realised that people are different. It was very challenging. It took a long time....*

*Norway and Norwegians are very different from our culture. Some times it can be depressing. It is not easy to get friends, and if you get friends they may even continue to be sceptic. It is part of how the Norwegians are. They are shy people, they are not very open minded, so it can be challenging cause you don't have many people around you. You are very far away from home...*

*You cannot force integration. And you cannot just blame the Norwegians either. It is a different culture, and people have different character on how to adjust to these changes.*

Getting to know the Norwegian students has not been easy for any of the Botswana students. It has been easier to become friends with students from Botswana and other exchange students. Those Norwegians with background/specific interest in Africa (vacation, lived there) were more interested in getting to know them, than regular Norwegian students.

*I think Norwegian people are quite nice, but they don't see the need to know you. I am a little bit shy, and it gives problems with communication.*

*We did get to know other students also, not just only the Botswana students. We had interaction, but we didn't get well integrated. It was easier to be with other Botswana students, they all lived in the same student hostel.*

*I had Norwegian friends, but also a lot of exchange students. It is not that easy to get to know the Norwegians, but along 3-4 years it became ok. Different culture makes it not easy.*

*People in other countries are more open, not closed up, as Norwegians are.*

A part of the problem with getting integrated has been due to the Norwegian language.

*I think I got to know people, but it hasn't been any close relationships, friendships, to be honest. From 4<sup>th</sup> year, when I was more comfortable with the language, then some people started to become more open. 4<sup>th</sup>-6<sup>th</sup> year I had some people who I did schoolwork with. I think it started to feel comfortable closer to the end, when I was finishing.*

*Life became somewhat easier when I got the grasp of the Norwegian language; I realized very early that it was the key to both excel in school and integrating in the Norwegian society.*

The students have had many tough times while living in Norway. The feeling of not mastering anything in normal life like school, language or social life over years has made strong impressions.

*It was so good at home, but I lost my confidence in Norway. I feel like I lost myself there, I never became the same person after, and not only in a good way.*

*The shock was the worst part. You can imagine if a person from Finnmark, the north part of Norway, went to Botswana. And this person was expected to learn a new language, study for at least 7 years, get used to the new weather and all the sun, and travel there with a bunch of strange people. It's a shock!*

*It's a good opportunity. The way the university is doing it, it's a good initiative. But for those who are doing it, it's a struggle.*

Many of the students have experienced the feeling of failing.

*I couldn't imagine quitting like an option. Didn't know what was going to happen, but I wanted to study another place. Thought they were going to take us out if we didn't do well. Wanted to leave, but wanted another chance. But it was no guaranty that you would get one if you quit. Feels like do or die. You better make it or what else will you do?*

*...at that point I was tired of medicine. Didn't get it. I had tried so hard, but was never able to finish anything. I didn't want to do it anymore...*

*The good environment in the class made you forget that it was hard. I had someone to study with, was invited for parties, and was invited to sit with during lectures. It was cool guys who cared.*

*It all went down when I failed and started in a new class. Then it became more like "who is that? Speaks weird". So I stayed more home to read, didn't bother to go to class. I never got used to the new class. After a while you started thinking: "Damn, I am not to fail like this. I used to do so well". I lost my love for medicine. It was hard to not get integrated with new classmates.*

*Those six years was so hard, so hard. Those guys who failed, it was not like I was better than them, it was just that they didn't make it. Now they are at home, and maybe they are doing some other studies. If they had been in other countries they had been doctors now.*

A majority of the students experienced sadness, loneliness and depression during their stay.

*I felt depressed during my stay in Norway. I felt isolated, and not really a part of the society. I was foreign. We lived in a student home where it just were foreign students, not at a place where Norwegian students lived. The Norwegian is not that interested in getting to know you. They have their own things.*

*I made good friends, and we also did things together after school, like parties, watching greys anatomy on tv etc. I think we were lucky, cause not everybody had it like that. But it was cold and dark. You could easily get depressed, especially in the winter.*

*I liked the weather, the four seasons, and I really appreciated the nature. The bad things were school. It was tough, and when I never felt I mastered it, I got depressed.*

*I was depressed after the 2th year, when I failed. I didn't want to do anything, and after a while I started to get somatic symptoms of the depression. I went to the doctor, and he told me it was because of the depression. I didn't believe him then. I was really sick for a while, and couldn't study.*

*I was depressed in winter here; you might not be that in other countries. But I had a strategy for getting through it. Working with good colleges and getting integrated helped.*

All of the students say they want to go back home to Botswana and work there. Those who have chosen to stay in Norway after studies, stay because of internship and because they get the opportunity to specialize before returning back home. Reasons to leave back home is that they're homesick and miss family, friends and their own country.

*Those who stay in Norway after graduation, stay because it is easier to specialise in Norway. It is a lot faster. But they will come back to Botswana after specialising. They miss family and friends, and are not well integrated in Norway.*

*....I thought about staying in Norway for academic reason, because Norway had a lot more to offer academically. But the social life won over the academics, and I went back home.*

*All want to go back home to Botswana, but it is not good enough programs for post-graduated. I think 1-2 couples will stay in the end, but the rest will move back home.*

*If there had been good programs after studies, both internship and specialising, I would have gone back immediately after I finished. That's count for most of the students. Of course if you go back to do your internship, you have to go out again to do your specialising...*

*I think 99 % will go back home, unless they change their mind on the way. I think. So long as they know that we*

*are coming home, it's not a problem. I don't want to go home now, to just have to go away again for specialising. After being so long away from home, I just want to go back home and stay there. And then I don't want to go anywhere again!*

There is also a common agreement from the students that getting a specialization in Norway before returning to Botswana is the best thing to do career wise.

*Returning straight from university without any knowledge of medicine in Botswana would have been almost impossible. I feel the need to have a specialty before returning. To specialize in Botswana is also a challenge as they just have started with the program and there are so many who are on the list of specialization. They don't offer all the courses either and we still have to go abroad to finish the program, South Africa is an alternative, but it's difficult to get in, as they prefer people who studied there. Getting a Norwegian specialty would hopefully, give me the professional power needed to work as a doctor in Botswana.*

*...So the only thing that most of us was thinking about was that we don't have the same opportunity home as here, and if you want to specialise it might take you a lot longer time to get there. If you are planning to go back home and you want to reduce your time staying outside the country as much as possible, it is better to sacrifice and do everything here were you already in the system and you know the language. So I thought I try to finish everything here, and go back when I am done.*

When the students were asked about what should have been done differently, they gave much the same answer. Those most repeated were that all students should have stayed in Bergen and that the students from the beginning should be able to choose to go to Norway instead of just being placed there by the government. Also more tutoring when they had problems and being able to use English in all exams were mentioned. Language is repeated as something that has been problematic.

*3 problems? Language, tutoring and system. Program in Bergen is much friendlier than that in Tromsø, mainly because of the way the exams are. All students should have been in Bergen.*

*I think the basic of everything for me is the language. If you are not good in the language it won't help a lot with the system, if it is a lot of exams or just one a year. I think everyone who came here; they came as very bright students. So I don't think they failed because they are not bright, they failed because of the language. But they are bright, that's why they qualified in the first place. So mostly it is the language.*

*...we should have been able to always write in English, it is easier to talk Norwegian than write it, less grammar.*

*They who went to Tromsø should have been able to go back to Bergen. And when the students apply in Botswana, they should be able to chose were to go, not just put in Norway. Then those who are really motivated can go there.*

Would they have done it over again? 75 % of the students answered no.

*... I regretted it most of the time. It was a culture shock, it was raining and the weather was cold all of the time. I had little social life and school was not enjoyable. The language was hard and it was not very social. I would not have done it over again.*

*No. I would have studied at an English speaking university. Would then have had an easier time in medical school. I would have had a social life, could have enjoyed it. Not just use all my effort to manage both medical school and the Norwegian language.*

*If I could have stayed in Bergen I would, but not in Tromsø. It wasn't a bad study environment or anything, but it was tough with the language and the program in Tromsø is not good with those exams.*

*...if I new how this would be, and I didn't get another option to study medicine, I would have chosen another career, if I knew what I know. It's not worth it.*

*Difficult question. Very difficult. I think I would have done it over again. It has been also an interesting experience, so I think I would have done it over again. Good experience.*

## Discussion

In the NORAD evaluation from 2012 they state that so far, the program has not been effective in increasing the number of Botswana medical doctors working in the public sector in Botswana, with only 3 students having returned back home at that point. They also state that if the remaining students graduate and return home, the success of the program will improve (1). The situation at this stage is that 26 Botswana doctors have graduated in Norway over an 18-year period. Originally they were 35 who started, and if the remaining student also succeeds in graduating, 77 % of those who started have made it through the program. This is not a bad result, compared to the number of Norwegian medical students graduating at the same universities. As expected the majority of the students are still living in Norway, working in the Norwegian health sector, while 5 students have been proven to be back in Botswana working as doctors there.

The NORAD evaluation further states that it may be beneficial to undertake some research to try to locate the missing graduates to see where they are and why they have not yet returned to Botswana (1). Most of the graduated students who have not yet returned to Botswana have, as stated above, been proven to still be living in Norway, working in the Norwegian health sector. During interviews it has been clarified that students have a common understanding of why so many of them have chosen to stay in Norway after finishing their studies: to get a specialization as doctors. Having it still quite difficult to specialize in Botswana, the students have found it easier to just stay in Norway for specializing while they have the opportunity. Further on all of the students think that almost all of them will return back to Botswana after they have specialized, because they are missing friends, family and their own country's culture and climate. These are the same discoveries as Alberts & Hazen did, showing that professional factors form the strongest arguments to stay and personal and social factors speak strongly in favor of returning to the home country (11).

The students themselves came to be a part of the programme through being chosen by the government. Guided by desire to study medicine and the conviction that they would not get a second offer to study medicine if they said no, most of the students said yes to study in Norway, even if they had second thoughts because of the language.

Geographically speaking, Norway and Botswana are far away from each other. Botswana has been an English colony, and the country has adapted the English language and follows some of the western culture through sports, music, clothes etc. But even if they are quite familiar with the western culture, it seems like the geographical distance between the countries has been a challenge, like findings earlier suggest (4), all of the students have felt that the cultural distance has been big between the two countries and heavy to overcome. This has especially been proven by the fact that most of the students have found it hard to make close relationships with the Norwegian students and getting integrated in the Norwegian society during their time of study (9). Since most of the students have been living in an international environment at the student homes, they have been using much English and not the Norwegian language at home. The house arrangement with use of language can therefore not be said to facilitate cultural adjustment either (5).

Learning the language has been hard for many of the students. There are always individual differences in learning capacity and interests for a second language, but once more one can say that the cultural distance between Norway and Botswana has made it harder for the students, than if they had come from other western countries where one would have more in common with the target language group (2). Language problems are not just an obstacle for education, but also for making friends and getting integrated in the Norwegian society. So maybe one should attach more importance to evaluating how easy language learning will be for the students, before sending them for a long education across the world. Especially when the distance is so big, with earlier research showing that students from developing countries already have a harder time when it comes to academic progress, teaching and tutoring, homesickness and language than students from western countries studying in a western country (7).

Most of the students have been experiencing tough times during their period of study in Norway. Periods with low life satisfaction and the feeling of loneliness, sadness, homesickness and depression, have been common with most of the students, and suits with earlier findings (6, 8). Failing exams has for many of the students lowered their motivation and love for medicine. But the students cannot be said to give up easily, cause those 8 who quit their studies without graduating, stayed in Norway for 5,75 years in average before leaving.

It is important not to forget that in spite of problems with language, integration and low life satisfaction, 10 of the students finished their medical degree within standard time of study, and 12 of the students used only 0,5-1,5 extra years to finish. This must be an acceptable result when you think about the students studying a hard subject like medicine in a foreign language.

At the end 75 % of the students answer that they wouldn't have gone to medical school in Norway if they had known how tough it turned out to be. The idea that they could have got the same education in shorter time combined with having a better life quality is remarkable. Often mentioned by the students, as an important change that should have been made, is that the students should have had the opportunity to choose by themselves if going to Norway, not just being placed there. This might have made it easier both for motivation and language learning.

If the remaining graduates return back home to Botswana, the program can be said to be a success by the numbers, but from a student's perspective looking at problems related with culture, language and integration it can not be seen as a success. We may conclude that if all these factors had been made easier for the students, concerning culture and language being not so distant from their own, the outcome of a program like this could have been even better. This is something to take under consideration running programs like this in the future.

## Conclusion

26 out of 35 Botswana students have managed to graduate as doctors in Norway, many of them during an impressive normal time of study. Only 5 are proven to be back working as doctors in the Botswana health sector, but most of the students are expected to go back after taking their specialization in Norway. The students states that if the system in Botswana for internship and specialization had been better, most of them would have returned earlier.

During their time of study, the students have had many problems with culture, integration and language. There have been big cultural differences, and most of the students have been experiencing times with low life satisfaction. It's been difficult making close relationships and learning the language. The success of the program can turn out to be high, measured in numbers, if more students return back home in the years to come, but from a student perspective there have been too many barriers to climb for it to be categorized as successful. The numbers of students able to graduate could have been assumedly higher, if factors like culture and language had been friendlier. This and the programs available in their home country after graduation, are found to be important issues to evaluate before planning exchange programs like this in the future.

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