



**THE TRANSITIONAL EXPERIENCES OF SOUTH AFRICAN MEDICAL
STUDENTS RETURNING FROM CUBA**

by

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PHILOSOPHIAE DOCTOR

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at the

UNIVERSITY OF PRETORIA

Supervisor: Dr. MAU. Mohlakwana

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DEDICATION

I dedicate this study to my mother Tetswane, my brother Mahlatse and my sister Kgaugelo for their encouragement and support. To my husband, Dr. Petrus Letaba and my children Tshepo and Tshepiso for their love, outstanding support and the sacrifices they made to enable the completion of this study.

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ABSTRACT

The opportunity of studying abroad has many benefits related to long-term career and personal growth. A few months ago, South African medical students who were on the Nelson Mandela Fidel Castro Medical Collaboration (NMFCMC) programme returned home to complete their qualification at local medical institutions for eighteen months. The overall aim of the programme is to alleviate the critical shortage of the medical workforce in the South African rural settings. As returnees, students find it difficult to adjust to South African clinical settings to complete their qualification. It is common for returnees to experience adjustment problems and potential identity crisis, and these affect their academic performance. Their failure to do well in this programme results in the prolongation of their training. Their challenges include adjusting to the academic and social context in South Africa, as they go through re-entry shock. In addition, students must unlearn Spanish as a language of instruction at the Cuban facilities. With little knowledge of the extent of the students' prior academic experiences in Cuba, local academics often find it difficult to help students reintegrate.

The literature explains how such students find it difficult to cope without adequate support for readjustment. Twenty-two medical students from three South African medical institutions participated in this study. This interpretive qualitative study was guided by Schlossberg transition theory, which is embedded in a virtual metaphor approach, allowing participants to take photographs and write narratives about themselves, and then take part in one-on-one interviews. This study was aimed at understanding how South African medical students experience and manage transition upon returning from Cuba, by answering the following four research questions: How do South African medical students perceive their experience in Cuba in relation to their re-entry process? What kind of challenges do South African medical students experience on their return from Cuba? What kind of support do South African medical students receive to enhance transition on their return from Cuba? What coping strategies do South African medical students adopt on their return from Cuba?

The findings revealed that students are faced with transition challenges related to language, social and academic integration. Receiving local institutions are found to be ill-prepared for the students' return. Students have double language-switching from English to Spanish and back to English. Students find it difficult to integrate socially and academically because of the treatment they receive from locally trained students and academic staff. There is consistency between the study findings and literature in that students receive insufficient support and hence struggle to cope and manage the transition. Based on the findings, the study recommends that institutions adopt facilitated collaborative learning between the locally trained students and Cuban trained students which will assist in the promotion of social development and lead to a better language and academic integration for the returning students. Other recommendations include pre-departure orientation for students and the inclusion of learning support materials from the medical institutions.



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LIST OF KEY WORDS

Adaptation

Adjustment

Culture shock

Expectations

Experiences

Integration

Re-adaptation

Readjustment

Re-entry

Reintegration

Returnees

Reverse culture shock

Study abroad

Transition



LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
DoH	Department of Health
ELAM	Latin American School of Medicine
FAL	First Additional Language
FET	Further Education and Training
HASA	Hospital Association of South Africa
HIV	Human Immunodeficiency Virus
HOD	Head of department
NHI	National Health Insurance
NMFCMC	Nelson Mandela Fidel Castro Medical Collaboration
NSFAS	National Student Financial Aid Scheme
OECD	Organisation for Economic Co-operation and Development
PHC	Primary Health Care
RSA	Republic of South Africa
TB	Tuberculosis
UK	United Kingdom
USA	United States of America



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CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

“In a sense, it is the coming back, the return, which gives meaning to the going forth. We really don’t know where we’ve been until we come back to where we were – only where we were may not be as it was because of who we’ve become, which, after all is why we left.” – Bernard from “Northern Exposure”, upon returning from Africa

Studying abroad is an opportunity to experience the world first-hand (Alandejani, 2013). This experience is both rewarding and challenging, and it impacts the students not only socially, but academically as well (Alghamdi and Otte, 2016). Students returning from studying abroad find it challenging to adjust to their home environment after returning home (Roberts, 2012; Wang, 2016; Baxter, 2018). In the process, their academic development suffers. Notably, such an experience must be transferred into informed growth, problem solving skills, ideas and contextual development of study programs (Alandejani, 2013). In addition to the benefits of studying abroad, students experience challenges (Roberts, 2012; Wang, 2016; Baxter, 2018) based on two sets of assumptions, namely: skills transfer and guaranteed learning assumptions. It might happen that skills acquired abroad could not be relevant locally, and that students might not get support to maximise the potential of the international learning experience. These identified assumptions suggest that international scholarship programs should be designed for the purpose of skills transfer at home and that students are offered enough support to cope when returning home (Baxter, 2018).

Students also deal with cultural differences and the foreign language presented to them by a different unfamiliar environment (Sicat, 2011). All these make the transition of students from one environment to another difficult and students need academic, psychological and social support from the institutions, community including friends and family to help with their transition. Jarrett and Ellis (2020) emphasise that students support is not only for the wellbeing of the students, but for the reputation of the host and the home country as well. Scholars explain how transitional experiences of this

nature are complex and differ amongst individuals based on the support they receive on their re-entry.

There is ample evidence that students incur benefits from studying abroad. Students studying abroad are exposed to new academic cultures and pedagogical practices (Souders, 2009; Baxter, 2018). When students study on an international level, there are fundamental changes that play a role in their social lives. These students are more marketable than those who studied locally in that employers highly value international learning and offer many benefits after graduation (Baxter, 2018). Arouca (2013) and Jarrett and Ellis (2020) support the notion that students who study abroad increase their marketability by bringing more resources to local institutions and communities.

History has taught us that the South African education system was characterised by socio-economic inequalities between ethnic groups, gender and language that resulted in unjust policies of the apartheid system (Bhorat & Kanbur, 2006; Leibbrandt, Woolard & Woolard, 2007; Msila, 2007; Ramdass, 2009; Mouton, Louw & Strydom, 2013; Spaull, 2013; Ndimande, 2016). Although the new democracy in South Africa has brought new changes which saw a radical transformation in the education sector (Msila, 2007), some scholars still do not see the education system doing well (Legodi, 2001; Motala, 2005; Weber, 2008). One of the major changes is the students' population at South African universities which recorded an estimated 70% of them being blacks (Tjønneland, 2017). These students faced challenges in securing financial assistance to study abroad. There is a massification of students receiving funding to study abroad. Despite these challenges, there was a determination to a South African child to follow a career in medicine. While the former South African first black president, Nelson Mandela, stated that "education is the most powerful weapon that you can use to change the world", the former Cuban president and revolutionary leader Fidel Castro, focused his interests on the health care and regarded it as a fundamental right.

Scholars such as Meleis (2010) understand that transition involves fluidity and movement and therefore it is not linear. Movement, in this study, refers to South African students leaving South Africa to study medicine in Cuba and thereafter return to South Africa to complete their medical studies. Meanwhile, students who go to study abroad are often confused about their feelings on their return home during a period of transition. On the other hand, the transitional experiences of these returnees are described by Williams, (1991), Gaw, (2000) & Hadis, (2005), as reverse culture shock and re-entry shock, or re-adaptation (Zhu & Gao, 2016). All these concepts point towards an understanding of the student (self) regarding the newly found environment 'the paradox called home' (Ikonen, 2007; Zhu & Gao, 2016). In this regard, South African medical students returning from Cuba also experience difficulties in redefining their sense of self the moment they return from Cuba, thus creating uncertainty within themselves, creating a lack of self-confidence.

It was during the mid-1990s when South Africa and Cuba entered into the Health Cooperation Agreement in the Field of Public Health, which allowed Cuban doctors to work in South Africa (Bateman, 2013; Motala & Van Wyk, 2016; Motala & Van Wyk, 2019; Sui, Reddy, Nyembezi, Naidoo, Chalkidou, Squires & Ebrahim, 2019). This agreement saw Cuban doctors coming to work in South Africa, specifically in black rural areas, informal settlements and urban townships (Bàez, 2004). The agreement was revised during 1996 such that South Africa began sending aspirant doctors to train in Cuba in the Nelson Mandela Fidel Castro Medical Collaboration (NMFCMC) programme. In 2018, the programme produced 732 doctors who are employed in various public hospitals around the country (Department of Health, DoH, 2019).

Information from the Department of Health (2019) revealed that there were 1928 students in Cuba and about 650 of them returned in July 2019 to start with their 18 months reintegration programme in the nine South African medical institutions (DoH, 2019). Although the programme has demonstrated some palpable success (Bàez, 2004), it has been criticised in the media and some sections of the medical sector citing

that the Cuban system does not prepare students for the South African context (Mills et al, 2011; Bateman, 2013; Sui et al, 2019).

Nevertheless, South Africa is still experiencing a high shortage of medical doctors in the country despite having nine medical institutions. The NMFCMC programme is regarded as an intervention strategy that is aimed at increasing the output of local doctors and further re-orientate the returnees to attend to the local disease profile (Bateman, 2013; SA News, 2019). As a matter of fact, Cuba puts more emphasis on community-based primary care, prevention and active participation of citizens (Bateman, 2013; Xie, 2014). The active participation of citizens helps to lower the demand of healthcare professionals. This is because members of the communities are actively involved in the diagnosis and identification of health problems and health priorities respectively. Together with government representatives they can develop strategies that address their health diagnosis priorities (Xie, 2014).

The NMFCMC programme not only increases the output of medical doctors but also strengthens primary healthcare (PHC) and the successful implementation of the National Health Insurance (NHI) in South Africa (Bateman, 2013; DoH, 2019; SA News, 2019). The NHI, as a health financing system, is aimed to provide quality and affordable health services to all South Africans irrespective of their socio-economic status. This means that the beneficiaries of the NMFCMC programme, once qualified, are expected to provide health services to all South African citizens at any health facility free of charge. South Africa produces 1300 doctors from eight medical institutions in the local program annually, while Cuba graduates 11000 annually from its 25 medical institutions (Bateman, 2013). This study focuses on the experiences and management of the students when they return from Cuba to South Africa to finalise their medical studies.

South African medical students must be competent to perform C-sections, administer safe anaesthetic, treat fractures and complex diseases such as TB and HIV (Bateman, 2013). Furthermore, these medical students must learn to use medical terminology in

English when they return home. One of the challenges they experience is that the failure rate of the Cuban trained students is high while others indicate that the resources spent on the NMFCCM programme could be used within the country more effectively (Bateman, 2013; Motala & Van Wyk, 2016). Students trained in Cuba need more support intervention for them to function optimally in the South African medical system. This study finds that one of the reasons for the failure rate is that the transition process is not well managed, and students find it difficult to acclimatise to their local circumstances on their return.

Managing transition is crucial in ensuring a smooth and effective process for the individuals involved. For transition to be successful and less painful, it must be managed effectively and efficiently by selecting suitable methods needed for the situation (Ayele, 2011). Goleman (1998) attests that successful adjustment in an institution depends on both the academic and non-academic elements. While some individuals adjust and readjust relatively well to new environments, for some the transition brings with it a lot of stress and emotional maladjustment (Beyers & Goossens, 2003). Transition, therefore, involves change. During this change process, most individuals need support, for example academic or non-academic support from the academic staff, friends and family. Suddenly, these students begin to realise that coming home is more painful than leaving as Ikonen (2007) attests that re-entry shock is usually unexpected and that the unfamiliarity of home is unanticipated.

Though studying abroad exposes students to a different world, students choose to study abroad for various reasons. One of the conspicuous reasons is that students believe they will be more marketable than those who studied in their original country. This is supported by Mello (2013:410) who identified the following reasons for students to study in foreign countries: “geography, language, historical connections, fees, the cost of living is lower than in developed countries and employability”. These identified aspects strengthen their resolve to study abroad by giving them opportunities of having a significant cross-cultural experience that will enhance foreign language skills (Souders,

2009). For example, students on the NMFCMC programme had to learn Spanish while in Cuba because all their classes are presented in Spanish. Overall, students studying in a foreign country bring different experiences when they return to their original country, the most common being having some independence by living and travel on your own, connecting with people from other places, continuously learning and adapting.

Re-entry affects individuals affectively (individuals' feelings); behaviourally (individuals' behaviour) and cognitively (individuals' thinking). Individuals experience the dimensions differently (Shougee, 1999; Thomas, 2009; Favero, 2016). During a re-entry process, returnees must adjust in their host country, whereas on their return home, they experience another adjustment period referred to as reverse culture shock (Shougee, 1999). While adjustment difficulties are said to be anticipated during the study abroad, they are rarely anticipated during the re-entry process (Thomas, 2009). Alamri (2017) attests that the re-entry process is usually challenging as compared to moving to the host country first. In this study, returnees refer to South African medical students who studied medicine in Cuba for six years and returned home.

The international literature on returnees is boundless. Zhu and Gao (2016), studied the pace of re-adaptation of Chinese students to their original home environment. Their findings were that returnees experienced inadaptation upon their return home and have shown various inadaptation symptoms; that is a lack of adaptation to the new environment. However, only a few of the returnees managed to deal with the challenge of inadaptation, and the rest adopted the 'let it be' attitude (Zhu & Gao, 2016). This is possibly due to their view of inadaptation as being a self-curable process or that it is beyond their realisation, meaning that they will just readapt with time (Zhu & Gao, 2016). Further studies on inadaptation were done by Butcher, McCrath and Stock (2008) on Asian students returning from New Zealand. The authors understand that returnees under preparedness for their reintegration into their home country is a challenge which exposes how ill-prepared students were for their return home. Some

students in this study, just like those in New Zealand, were also unable to cope with their reintegration process.

Ikonen (2007), Chien and Kot (2012) and Gao (2015) studied returnees' experiences on their return from studying abroad. Some of the main findings include returnees' expectation of more time needed to understand how to adapt to culture shock and feelings of confusion. While it is true that returnees go through these experiences, Motala and Van Wyk (2016) brought a different dimension to it by studying how South African medical students who studied in Cuba experienced perceptions of training and competencies in clinical settings at a South African medical institution. Their findings revealed that students reported an inability to perform clinical skills and this led to a high failure rate. Another study by Donda, Hift and Singaram (2016) on South African-Cuban medical students revealed that problems of students' identity contribute to their academic challenges. The authors indicate that the difference in curriculum between South Africa and Cuba, affects how the students view themselves as medical students and how others view them. Typically, academic challenges arise from class lecture attendance. South African-Cuban medical students experience challenges related to curriculum and language adjustment upon returning home (Donda et al, 2016). The high failure rate of South African-Cuban medical students could be beyond 'classroom' teaching and learning.

1.2 PROBLEM STATEMENT

South African medical students studying in Cuba are faced with re-entry challenges upon their return home. Firstly, while in Cuba, students were taught in a language (Spanish) which is different from the one they are being taught back home (English), and secondly, there is mismatch between the Cuban medical and the South African medical curriculum. The language-switch can be problematic to students as Groters (2013) indicates that communication process is essential in helping students readjust in their home country if the language at the host country is different from their own. Also,

Ali and Shaharudin (2015) report that being brought up abroad and having to return home and readjusting to the home country can be problematic especially when the education system in the host country may be different from the home education system. This is an indication that there are challenges based on transitional relationships about the context in which the returnees find themselves. These factors and other factors could be having impact on students' reintegration back home. Although this is a government initiative, the onus is left with the receiving medical institutions on how students will be accommodated and supported throughout their final stay at the institutions. Under the circumstances returning students are expected to perform well academically together with the local students, but, this is not the case.

Although several studies have reported challenges relating to how students returning from their studies abroad have readapted to new environments, referred to as their original homes (Arthur, 2003; Ikonen, 2007), there is lack of evidence on how the transition is being managed. Many factors affect students' re-entry process and are varied. It is therefore difficult to isolate these factors from one another (Butcher, 2004). Furthermore, the issue of dehumanising pedagogy is a problem for both the academic staff and students' success and for the academic and social resiliency of the students (Salazar, 2013). Dehumanising pedagogy does not build on the sociocultural realities of students' lives and does not see students as being critically engaged active participants in the construction of their new knowledge. Humanising pedagogy is described as a counter practice to dehumanising pedagogy. Humanising pedagogy not only transmits academic knowledge to students, but also promotes the overall well-being of the students (Salazar, 2013).

This study assumes that students returning from Cuba find it difficult to transition to the South African context because of the challenges experienced upon their return from Cuba. It is against this background that this study finds the transitional challenges experienced by South African medical students returning from Cuba to be problematic and invokes interest in exploring how they would transition to becoming dedicated

students providing a service to the people of this country. Understanding students' transitional experiences will help to inform medical institutions on developing policies and programmes aimed at supporting returning students to reintegrate effectively. The government as well as families and friends will have a clear understanding of students' experiences and develop strategies to help the students. Moreover, students themselves will develop their own strategies on how to cope with the transition.

1.3 PURPOSE OF THE STUDY

The purpose of this study was to explore how South African medical students returning from Cuba experience and manage challenges that affect their transition in their home country. Local medical institutions are faced with challenges on how to deal with returnees, hence the study contributes to the knowledge base on students' transition.

1.4 RATIONALE FOR THE STUDY

During the researcher's experience as an educator in a rural secondary school offering both Mathematics and Physical Sciences at the Further Education and Training (FET) band, that is Grade 10-12, she witnessed how some of the matriculants ended up studying medicine in Cuba. The Hospital Association of South Africa (HASA) (2015) reports that the students come from disadvantaged family backgrounds with very good matric results, but they are unable to enrol at South African medical institutions due to the high entry requirements (HASA, 2015). Scholars such as Barbosa (2016) confirm that many young South African students have opted to follow careers in the medical sciences. It has been reported that some of South African students studying in Cuba do not focus on their studies, and thus engage in wayward behaviour. Upon returning home, students have reported a high failure rate with some of them dropping out from their studies. Reports from what the researcher read in the media and hear from some of my former learners have motivated my interests in exploring and understanding how South African medical students experience and manage the transition process on their

return from Cuba. This study presented an exhaustive review of other related studies and their future developments.

Scholars such as Christofi and Thompson (2007), Pritchard (2011) and Roberts (2012) report extensively on international students studying abroad and returning home. They report that students experience reverse culture shock on their return to their homes. There exists a gap in literature in that students study and complete their studies abroad, then return home to seek employment, and so how they manage their transition back home is a call for research. What is unique about this study is the fact that the South African medical students who studied in Cuba were trained in Spanish, the Cuban official language. Upon their return to South Africa, they must learn clinical skills in English and sit for their final examination before they could receive their medical degree. There is a need to focus on the experiences of South African students who studied abroad and returned home. This research identified a gap that needed to be explored and made recommendations to help students during the transition process. The findings will inform further studies on this topic and help medical institutions prepare better for the returning students.

1.5 RESEARCH QUESTIONS

The primary research question is:

- How do South African medical students from Cuba experience transition when they return to South Africa?

The sub-questions are:

- How do South African medical students perceive their experience in Cuba in relation to their re-entry process?
- What kind of challenges do South African medical students experience on their return from Cuba?

- What kind of support do South African medical students receive to enhance transition on their return from Cuba?
- What coping strategies do South African medical students adopt on their return from Cuba?

1.6 THEORETICAL FRAMEWORK

It is understood that society has constructed some unrealistic expectations from individuals in accordance to what stage they are in life. Many individuals go through life transition and the problem is how they perceive and cope with the transition. Nancy K Schlossberg, an expert in adult development and adult transition, has studied life transition of all kinds. Schlossberg believed a need existed to develop a framework that would facilitate an understanding of adults in transition and direct them to the help they needed to cope with the 'ordinary and extraordinary process of living' (Evans, Forney, Guido, Patton, Renn, 2010:213). While the theory is often categorised as an adult development theory, many scholars, including the researcher, have found the theory to be relevant to any individual in transition. Schlosberg (2011) described three types of transition as anticipated, unanticipated and non-events. By anticipated transition is meant there is an expectation that can be planned, for example, graduating at a university and starting a new career. Unanticipated transitions are not predicted, for example, sudden death in a family. Non-events transitions are expected but do not occur, an example includes failure to be admitted to a medical institution. The theory helped the researcher to understand how South African students experience transition when they return home from Cuba. It is anticipated that during the transition process, different students will experience different types of transitions either similarly or differently. This theory is relevant to the study as it accommodates all aspects of transition that the students will encounter and experience when they return from Cuba.

The theory by Schlossberg explains the following factors (known as the 4Ss) to highlight the students' coping ability during their readjustment: situation, self, support and

strategies. The situation in which the students find themselves impacts on their transition (Schlossberg, 2011). To explain it further, Roberts (2012) is of the view that the situation embraces all the surrounding factors of transition that can help a student to cope. In relation to the situation, this study paid attention to the previous experiences that students had with similar transitions, the amount of control that the individual has on the transition, and the new role that the individual is taking on (Christofi & Thompson, 2007). Schlossberg (2011) explains self to mean the personal and demographic characteristics of a student. Factors such as age, gender, health status and socio-economic status of the students can have an impact on how South African medical students view life. Self also refers to psychological resources like self-efficacy and self-concept that impact on the student, as a returnee, need for support and view of own circumstances (Pendleton, 2007). The psychological outlook will determine the returnees' ability to cope with new culture shocks as a transition process. These include ego development, outlook, commitment and values. South African medical students' psychological resources determine how they view the world.

Schlossberg's theory states that the type of support that individuals need for them to cope during the transition process comes from institutions, family, friends and the community (Schlossberg, 2011). Returnees face many challenges in trying to fit in with the new environment called 'home'. In returning home, returnees expect to experience similar lifestyles and environments they were once attached to (Cooper, 2014). Miller (2016) is of the opinion that students returning home have in common the false expectations about their home country and this makes their transition difficult. The concept of strategies is tricky to explain and Schlossberg (2011) tries to simplify this by explaining it as an activity which occurs when individuals prevent or respond to stress. How students are going to adapt to the new environment after returning home is important. If students have information on some common difficulties and challenges that they might experience when returning home, it will help them feel that they are not alone in their struggles. Knowing and understanding the meaning of the experiences students are going through will help to alleviate some of the stresses associated with the

transition process (Roberts, 2012). This study explored how South African students returning from Cuba cope with and manage the transition process by readapting to their home environment.

1.7 CONCEPTUAL FRAMEWORK

The focus of the study was on students' transition from Cuba (host country) to South Africa (home country). Several factors are relevant to understand students' transitional experiences from the host country to the home country. These factors include returnees, re-entry, culture shock, and reverse culture shock, which are discussed in detail below. All these factors form the basis of this study. In order to understand returnees' re-entry experiences in the home country, South Africa, the researcher had to first understand their experiences in Cuba in relation to the re-entry experiences. This was done to briefly understand how returnees experienced culture shock; how they were received in Cuba as compared to South Africa; and their brief challenges and success about studying in Cuba. The students experienced transition characterized by feelings of mixed emotions on their return home. The model below illustrates the path and experiences of South African medical students when they transition from Cuba to South Africa.

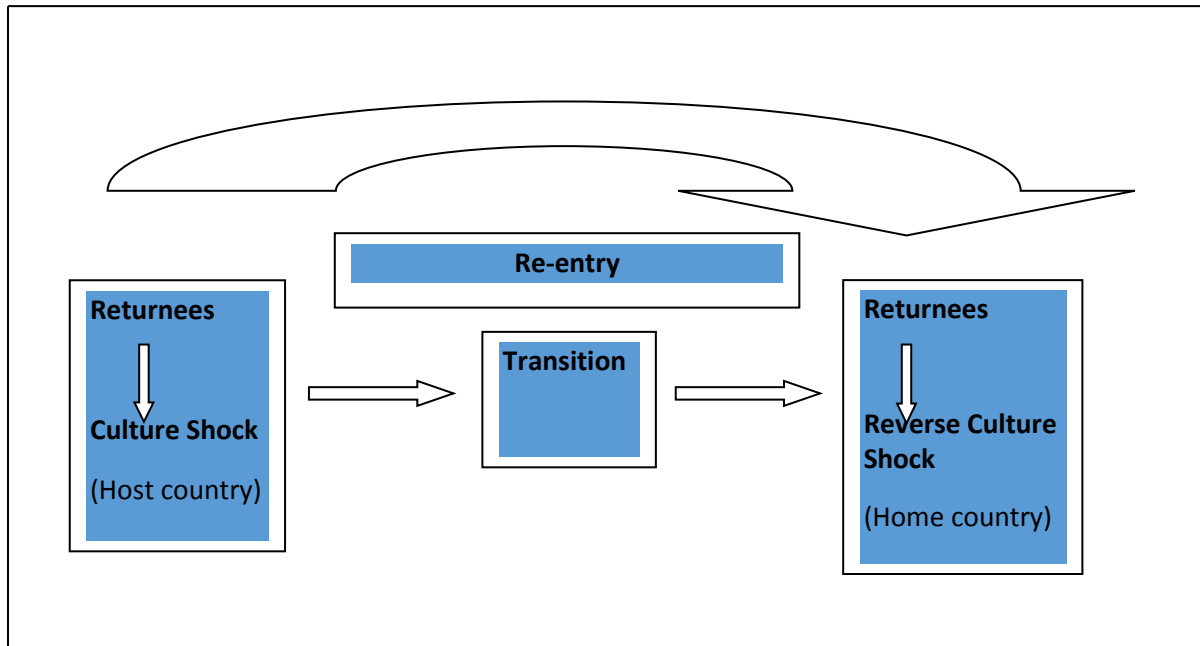


Figure 1.1: Framework for students transition from Cuba to South Africa

Returnees

Returnees refer to students who have studied abroad, lived in a host country for a period, then returned to their home country (William, 1991; Favero, 2016). Based on this study, returnees are South African medical students returning from Cuba, which was their host country, and then coming home to South Africa. The current study focused on a sample of such students who went to study in Cuba for six years. Returnees should be applauded for their brave efforts to relinquish their homes to go and learn about new cultures elsewhere. Their experiences abroad bring new knowledge and skills to the home country and could determine how they will readapt and readjust back home (Ai & Wang, 2017). When returnees leave their homes to the host country, they are being well prepared for the host country (Miller, 2016). Such preparations are non-existent when returnees return home, and thus, the under preparedness makes returnees' re-entry a challenge (Arouca, 2013; Miller, 2016). They return home with mixed emotions about what to expect upon their return home. In this study, returnees not only bring mixed

emotion about returning home, they also need to connect with others through social actions; integrate their experiences into academic and professional life; and embody the global knowledge experienced from abroad (College of Saint Benedict (CSB), 2016). Returnees must be realistic about the cultural, social and psychological aspects when they return home because these are often unanticipated, and this experience is called reverse culture shock.

Culture shock

In Adler's (1975) view, culture shock refers to as a set of mixed emotions when one loses own cultural behaviour and reinforce to a new culture. Westwood, Lawrence and Paul (1986) define culture shock as the effects of individuals when they are immersed in a culture that is not their own. In an effort to delve into the effects of culture shock, Ward, Bochner and Furnham (2001) categorise it as: a strain caused by the effort needed to make some psychological adaptations; a sense of feeling and withdrawal from friends, professionals and status; rejecting or being rejected by members of a new culture; confusion in the roles, roles expectations and values; anxiety, surprise and disgust after being experienced to cultural differences; and feelings of being important due to being unable to cope in the new environment. The concept of culture shock is relevant to this study because it focuses on students returning from studying abroad, and students experience reverse culture shock as they attempt to return to the social structure that they were part of. In the first stage, students experience culture shock when they leave for Cuba. This is the initial introduction to an unfamiliar environment in the host country. Returnees become immersed in the new culture and eventually adapt to life in the host country.

Re-entry and re-adaptation

Numerous scholars from around the world have conducted research on re-entry or readjustment (Zhu and Gao, 2016). The authors explain how Chinese returnees took

the idea of readjustment for granted because of the thought of returning home. This experience came to light the moment the returnees started to settle back home and find employment. Re-entry refers to the process of returning home and assimilating back into previous routines after experiencing a different culture and recovering from the reverse culture shock after spending a given period abroad (Shougee, 1999; Thomas, 2009; Favero, 2016; Alamri, 2017).

The traditional thought of returning home involves several factors. Not only is it important to focus on emotional changes, but also new experiences in academic and professional life (CSB, 2019). Re-entry is also time to reminisce about experiences one has gained while studying abroad. Other scholars define re-entry as a transitional process on their return home after spending time studying abroad (Arthur, 2003; Gray & Savicki, 2015; Favero, 2016). Again, Zhu and Gao (2016) refer to re-entry as the cross-cultural experience, meaning a return to one's own culture after having studied abroad. The process starts when returnees are still in the host country until they have adjusted and adapted to life at home. Reintegrating into once-familiar environment after spending time abroad poses challenges to individuals involved (Miller, 2016), and more need to be done to help returnees during this process.

Transition

The term transition is viewed in various ways, thus creating challenges in the way in which it relates to its adoption. The 'how' and 'why' of the term transition are often inadequately addressed. As Colley (2007) acknowledges, it might be impossible to come up with a single definition of the term transition. A study by Gale and Parker (2014), suggest that, within the higher education field, there are three broad conceptualisations of transition, namely, transition as induction; transition as development; and transition as becoming. Transition as induction requires that institutions become responsible to enable students' returnees to make necessary academic and social adjustment to university life (this forms the crux of the current

study). Transition as development is viewed as a shift from one state of understanding, development and maturity, to another stage. Transition is easier if the people affected regard returning home to be similar to and differs from going abroad. Transition is mainly managed if it is to be resolved mentally (CSB, 2016). Lastly transition as becoming means that given the complexities of everyday life, transition should not be viewed as a period of crisis (Gale & Parker, 2014).

Walker and Avant (2011) define transition as a process that involves change, the need for individual perception and change. Percy and Allard (2003) describe transition as a complex process through which individuals experience a change in their lives. On the other hand, Tønseth (2018) associates transitions with the time of change that interchanges with periods of stability. It is viewed as challenging for students' academic and emotional adjustment driven by teacher-students relationship (Engels, Pakarinen, Lerkkanen & Verschuenen, 2019). Schlossberg (2011) defines transition as any event or non-event that eventually leads to changes in our beliefs, relationships and roles. The process may be viewed as a movement from the known to the unknown and as a series of related transformations. Since an increased number of students will continue to go and study abroad, their transitional experiences require additional attention (Zhang, 2016).

Reverse culture shock

Researchers such as Arouca, (2013) and Cooper (2014) understand reverse culture shock to reflect a set of emotional reactions that occur as a result of re-adapting to one's own culture. Reverse culture shock is about returnees' experience of shock by being re-introduced to their once-familiar home environment. This stage is characterised by individuals facing difficulties in readjusting to once-home environment after spending a period in a different culture (Cooper, 2014). Returnees must be open minded about their return home, because they will find a lot of unfamiliar environment they need to adjust to. These adjustments also relate to academic programs. In this regard,

reference is made to medical students returning home from Cuba and experience changes in the way they learn. These changes are informed by the requirement to complete their medical qualification at the local medical institutions.

Students experience reverse culture shock which is compounded by their feelings of alienation by the local sixth year medical students, they get confused by the foreign (Spanish) language they have to unlearn, and become dismayed at mismatched expectations (Arouca, 2013; Miller, 2016). This current study adopts Gaw's (2000) definition of reverse culture shock as a process of readjusting and assimilating into ones' own culture after having lived in a different cultural environment for a substantial period. Culture shock and reverse culture shock can be differentiated by the fact that, when individuals move to a new environment, they expect cultural differences and adjustment in the new environment. However, such expectations do not seem to exist during home return (Christofi & Thompson, 2007). Thus, although there are some exceptions, returnees experience similar feelings as they do in the host country. South African medical students returning home from studying in Cuba experience reverse culture shock upon their return home.

The above discussion shows that there is an interrelationship between the five concepts and between the concepts and their link to the study. South African medical students are referred to as returnees as they studied abroad in Cuba for six years and returned home thereafter. Upon their arrival in Cuba students experienced culture shock as they were trying to adjust and adapt to the Cuban culture. Students went through the re-entry process as they try to fit back in their home country. Students experienced reverse culture shock as they had to readjust and readapt at home. The experiences of students' returnees need not to be ignored, but attended to, in order to help them during the transition process.

1.8 TRUSTWORTHINESS IN QUALITATIVE RESEARCH

Creswell (2009) advises researchers on the use of numerous methods to increase trustworthiness in qualitative research. Shenton (2004) reported on strategies used to ensure trustworthiness in qualitative research as credibility, transferability, dependability and confirmability. Credibility corresponds with internal validity. It is one of the factors applied to ensure trustworthiness (Lincoln & Guba, 1985). Devault (2019) argues that triangulation and member checking establish credibility in qualitative research. In this study, to ensure credibility, triangulation was carried out to analyse data sources by examining evidence gathered to build a coherent justification for themes. Triangulation involves the use of different techniques of collecting data. Data was collected through photographs with their narratives and then followed by one-to-one interviews. It was difficult to do member checks as participants had tight schedules which made it impossible to visit them time and again and so prolonged engagement was followed. This implies that the researcher spent lengthy time with the participants in order to gain a better understanding of their behaviours, social relationships and values (Given, 2008).

Transferability corresponds with external validity or generalisability. It deals with the degree at which other researchers can apply the study findings to other similar situations and contexts (Shenton, 2004:69). The author attests that in order to assess this, similar studies must be conducted in a different environment using the same methods. In this study, purposive sampling was employed as participants are directly related to the research question (Devault, 2019). Dependability addresses the issue of reliability (Shenton, 2004; Gunawan, 2015). The researcher employed techniques to show that if the study is repeated with the same methods, same participants in the same context, the findings will be similar to address issues of reliability (Shenton, 2004). Such techniques include sampling and the methods of data collection. Confirmability largely deals with the issue of presentation (Gunawan, 2015). Other researchers must be able to replicate the findings of a study to show that the findings are not of conscious

or unconscious bias from the researcher (Devault, 2019). In this case, triangulation plays an important role to promote confirmability, thus reducing the researcher's bias. (Shenton, 2004). In this study, trustworthiness was achieved by employing multiple data collection instruments, photographs with their narratives and interviews. This as Bignante (2010) depicted, was done to triangulate the data.

1.9 LIMITATIONS OF THE STUDY

Based on the nature of the study, data was collected through photographs which were used to narrate a story and then followed by interviews. Depending on the availability and accessibility of all participants in the same South African medical institutions, photographs and interviews were captured and conducted at different times and places. This means that the researcher had to travel to different places on different dates. The study was conducted with students returning from Cuba and so evidence about students' transition could not be collected from the lecturers who are the operational managers of the transition. Their responses could have given a clear indication to address policy regarding Cuban returnees. Another limitation is that the researcher could not do member checking because the participants are not always available due to their tight schedules. They spend most of their times in hospitals. There are nine medical institutions in South Africa and participants in this study come from three institutions. Only twenty-two participants from the three medical institutions participated in this study, therefore, the findings cannot be generalised to other areas but can only be used to improve knowledge on student returnees and to help address issues related to their challenges.

1.10 SIGNIFICANCE OF THE STUDY

This study will add more knowledge to the existing body of knowledge about returnees in the South African context. The study will assist institutions of higher learning in strengthening their policies that are meant to help manage students' transition process

and those on sustainable development to ensure that students stay in their country of origin after returning from their studies abroad. The study recommendations could be used to other situations where the government is involved in sending students to study abroad. Apart from institutions of higher learning, students, their families and the community will benefit from this study about the importance of managing the transition process. By understanding the challenges experienced by returnees, these groups will be in a better position to offer emotional and psychological support to returnees.

1.11 ETHICAL CONSIDERATIONS

Research involves human beings and data is collected from human beings, thus there might be some ethical issues arising from the research. Creswell (2014) advises that the researchers must protect their participants by developing a relationship of trust with them to promote the integrity of the research. Maree et al. (2007) also argue that the researcher throughout the research process must abide by the ethical guidelines. The ethical considerations, in this study, were strictly followed. Firstly, ethics approval was obtained from the University of Pretoria's Ethics Committee before the process of data collection could begin. A copy of the original ethical clearance certificate as issued by the Faculty's Ethics Committee is included. Informed consent was obtained from the medical institutions and the participants involved. The participants were informed about the processes and purpose of the study as outlined in the data collection section and that participation is voluntary. They were informed about their rights to withdraw from the study at any time if they wished to do so, that their real names will be kept confidential throughout the study including data collection and reporting, and that they will not be exposed to any form of psychological and physical harm.

1.12 CONCLUSION

This opening chapter introduces the background and context of the study by laying a foundation on the management of the returnees when they transition into finalising their

medical studies in South Africa after returning from Cuba. The concept of transition is clearly defined from different literature. The research problem, rationale, research questions and objectives of the study are clearly articulated in this chapter. Furthermore, this chapter presented briefly to explain how the theoretical framework guided the study. Issues of credibility and trustworthiness, ethical considerations, limitations of the study are also briefly explained in this chapter. The next chapter presents the review of the literature on students' transition by first examining their experiences and challenges in the host country and secondly when they return to their home country.

CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

This chapter presents a review of the current literature on students who studied abroad and have returned to complete their studies to work in their original countries. They are experiencing a transition in their study life. This group of returnees are South African medical students who form part of the NMFCMC programme allowing them to study medicine in Cuba. The current study provides a brief overview of the details of this agreement, relevant legislation related to students studying abroad, the transitional experiences entailed, and contextual relations between South African and Cuban education system. There appears to be minimum research conducted on South African medical students returning from studies in Cuba. The chapter explores the transition process of returnee students. The focus is mainly on South African medical students who went to study medicine in Cuba and have returned to South Africa for their 18 months of South African medical training before they qualify as medical doctors. Furthermore, this chapter delves into the support students may have received during re-adaptation. There are strategies that the students use to cope with the circumstances during the transition process. All these explanations have a foundation in Schlossberg's transition theory, which encapsulates four fundamental aspects, namely, situation, self, support and strategies. The chapter concludes by discussing the South African and Cuban medical education systems and discussing strategies on how to manage the transition process of returnees.

2.2 STUDENTS' DECISION TO STUDY ABROAD

Studying abroad can be a very fascinating or challenging experience for the individuals involved. This view is explained by identifying the number of international students studying abroad that increases annually (Phang, 2013; Alghamdi, 2016). Phang has found that many countries are highly involved in recruiting international students

(Phang, 2013), with South Africa also receiving international students and sending their own students to study abroad. Moreover, the decision for students to study abroad depends mainly on the 'push' factors and the 'pull' factors between the home country and the host country (Mazzarol & Souters, 2002; Phang, 2013). According to Mazzarol and Souters' (2002) understanding, 'push' factors are those factors that trigger students' decisions to study abroad and 'pull' factors are those factors that attract students to the host country. In other words, the 'push' factors operate within the home country whereas the 'pull' factors operate within the host country.

The current study assumes that 'push' factors experienced by medical students in South Africa were prompted by socio economic and academic factors, whereas pull factors emanate from the financial incentives and the Cuban education system. A study by Mazzarol and Soutar (2002) found that admission challenges to higher education institutions in many countries have been the push factor for students studying abroad. South Africa is one of the countries where students experienced selection challenges at medical institutions at a time when they made applications to study locally for their medical degree. This experience resulted in them opting to study abroad, that is, in Cuba. Tamas (2014) points out that the decision to study abroad can change one's life, so it is very important for the individual to carefully analyse the advantages and disadvantages of studying abroad.

Given the growing competition between international institutions in receiving students, a strategic issue faced by many institutions is how to improve international students' study experiences (Li, Chen & Duanmu, 2010). International students play a significant role in the financial capitals of higher institutions by paying their educational costs themselves (Alghamdi, 2016). It is, therefore, vital for international institutions to offer the best educational experience to these students so that they do not lose their competitive advantages (Lebcir, Wells and Bond, 2008). Institutions in the United States of America (USA), United Kingdom (UK), Australia, Canada and New Zealand attract the most international students because of their academic language, although there are students

who still choose to study in a country where English is not their native language. Countries such as Cuba offer their curriculum through their official language, Spanish.

Literature reports extensively on students studying abroad, more specifically on their reasons behind that. Studying abroad provides students with opportunities of exploring different cultures, developing a better understanding of diversity, creating opportunities to learn and accumulate new knowledge and bring it to their countries (Warner, 2009; Alandejani, 2013; Welsh, 2015; Zhang, 2016). This study introduces an unfamiliar concept 'culture shock', which refers to a difficulty in adjusting to the new home environment. The researcher will refer to it when the returning students experience it during their integration with their peers at home. This experience poses new challenges to the students when they discover that things are not as they expected. Students who study abroad experience the world first-hand (Warner, 2009). There are other reasons students choose to study abroad such as the need to discover the new world themselves, make lifelong memories in the new environment because of the unaffordability at local institutions (Gray & Savicki, 2014).

Students on the NMFCMC programme come from disadvantaged family backgrounds and so they are unable to pay fees at their local institutions of higher learning, hence, they opt to study abroad. Not only do students choose to study abroad, but some countries send their students to study abroad to acquire certain skills and knowledge so that they can use them back in their countries (Alghamdi, 2016). South African students studying in Cuba are expected to bring knowledge and skills required for the implementation of the National Health Insurance (NHI). NHI is based on the difference in medical systems between South Africa and Cuba. South Africa is practising curative medicine whereas Cuba is practising preventative medicine in which every citizen receives proper medical care. Tamas (2014) summarised the inter-country students' transition in terms of the three life domains, namely, family, occupation and education.

- Family transition

Students' transition can be influenced by the family. Families and friends are some of the important structures in a person's life. Research has found that students who have studied and have experienced better life abroad are likely to influence their family members and friends to go study at such institutions (Mazzarol & Soutar, 2002). Some students are attracted to countries where there are family members who have relocated a while ago, and in this case, students find it easier to adjust to the new country (Rasool, Botha & Bisschoff, 2012). Mazzarol and Soutar (2002) refer to this as social link, which relates to whether the student has family or friends already staying abroad. If a family relocates, chances are the children will also relocate and stay with parents. Thus, family transition is considered as a pull factor, rather than a push factor. Parents always want to be close to their children so that they can monitor their growth, educational development and social wellbeing (Tamas, 2014). In this regard parents will be able to offer support to their children during the transition process. There is no evidence in literature to support that students on the NMFCMC programme have friends and family in Cuba who influenced their decision to go and study in Cuba.

- Occupational transition

After students have completed their qualifications in their home country, they may decide to find a job in a different country. This decision affects the choice of the destination and reasons for the decisions differ from person to person. During this process, careful planning and preparation are crucial for students who plan to start work abroad after completing their qualifications in their home country. Studies indicate that medical doctors are also recruited in countries which is not their own (Joubert, 2009). South African medical doctors are found to be on the list of people who choose to work abroad, even though South Africa falls short of medical doctors (Bateman, 2013; Motala & Van Wyk, 2016; Donda et al, 2016). In Joubert (2009) studies on South African doctors' choice to work abroad, one important finding is that South African doctors are

respected for the high standard of training that they receive locally. The findings reveal that these doctors chose countries such as UK, USA, New Zealand, Canada and Australia.

South African doctors relocate because of amongst others, high crime rates, high infections of HIV/AIDS, financial reasons, working conditions, better job opportunities, extended duty hours, South African income tax system and better education for their children. On the contrary, students on the NMFCMC programme are obliged to come and work in the rural communities after completing their medical studies. These are the same communities with high HIV/AIDS infections, high crime rates and bad working conditions where locally trained doctors are reluctant to work in. The following are some of the pull factors for studying abroad (Brearley, 2004; Reardon, George & Enigbokan, 2015): high paying salary; international experience boosts Curriculum Vitae for potential employers; experience of life abroad; and establish contacts that open opportunities for other graduates, friends and family.

- Educational transition

Students choose to study abroad for various reasons and their choice of institution differs from student to student. As Alandejani (2003) explains, studying abroad offers students opportunities to learn ways of increasing their knowledge. Some of the factors influencing students' decisions to study abroad include cost issues, career prospects, international experience, safety, quality of life, student satisfaction, opportunity to learn another language, and geographic proximity of the host country (Mazzarol & Soutar, 2002; Phang, 2013; Tamas, 2014). Students will eventually relocate if they find that studying abroad comes with scholarships which they fail to acquire locally. Most of the students acquire scholarship to study abroad rather than in their own country and many students can never miss this opportunity. Furthermore, students might find that local institutions do not offer courses that match their career ambitions. This experience is a major decision that can change the lives of students for the better and change their

future for the best. Students on the NMFCMC programme took the scholarship opportunity to pursue their medical career.

2.3 CHALLENGES EXPERIENCED BY STUDENTS STUDYING ABROAD

While the experience of studying abroad is a stimulating adventure for many students, it is overwhelming and stressful for others (Thurber & Walton, 2012). Students move away from their homes from time to time and this movement can have different effects as students adapt differently to new environments (Woosely & Miller, 2009). Students studying abroad face challenges related to academic and language adjustment and psychological challenges. All these factors affect how students manage their lives on their own. The expectations that students bring when they study abroad affect how they cope in the new environment. Students with unrealistic expectations experience the most difficulties in adapting to the new environment (Al-Mahrooqi, Denman & Ateeq, 2015). This is because students did not have a real awareness of the nature of the transition that they will go through.

2.3.1 Academic and language challenges of students studying abroad

There is an increase in the number of South African students who went to study abroad during the past eight years. Reports indicate that most of the South African students choose to study in the United States (US), United Kingdom (UK), Australia, Cuba, India, Canada, Brazil, Germany, Mauritius and Saudi Arabia. The number of South African students who went to study in the US has increased from 1 159 in 2012, 1 659 in 2014 to 1 779 in 2015 as compared to 173 (2012), 199 (2014) and 203 (2015) who went to Saudi Arabia (Macha & Kadakia, 2017). The US, the UK and Australia are reported to be the top destinations for South African students. Most South African students choose English-speaking host countries to study (Macha & Kadakia, 2017). English is the primary language used in parliamentary and state discourse in South Africa. Learners from primary schools take English as Home language (HL) or First Additional Language

(FAL), so most of South Africans have basics of speaking and writing in English. This is an advantage when students decide to study in an English-speaking host country. While English is the preferred language, students in this study faced challenges of studying in Spanish. They had to spend the first year of their medical studies learning Spanish. It posed as a challenge to the students on their return from Cuba. On arrival in South Africa, these medical students were bound to unlearn medical terms from Spanish to English.

Although nothing is being reported about South African students' language and academic challenges in Cuba, one might assume that students experience less challenges based on the number that return annually compared to those who repeat modules when back at home. Apart from South African students who went to study in Cuba, another group of students is studying medicine in Russia by means of a scholarship. Gerber (2018) reported on the serious challenges experienced by South African students in Russia, especially the 53 medical students from Mpumalanga who were studying at the Astrakhan State Medical University. Students were reported to be experiencing challenges with the university management, funding and financial challenges and are relying on Wikipedia and YouTube for their studies (Gerber, 2018). There are numerous challenges which are negatively affecting students during their studies. These challenges impact negatively on their readjustment process in the host country and eventually their academic performance.

Adjusting to a new academic environment could impact the transition process of international students which will then affect their academic performance. Literature reports more on academic performance of students while studying abroad in the host country (Andrade, 2006; Li et al, 2010; Kong, Powers, Starr & Williams, 2012; Martirosyan, Hwang & Wanjohi, 2015). A study by Hung (2006) on international students revealed two essential problems that the students faced, namely, incompetence in academic language and unfamiliarity with the new learning environment. Consequently, lack of language competency may have negative impact on

academic performance which could in turn affect students' transition in the new environment (Zhang, 2016). Furthermore, Andrade (2006) reported on the factors that influence the academic challenges and adjustment faced by international students. The findings indicate that adjustment is primarily attributable to English language proficiency and culture. First year international students are faced with challenges of not understanding lecturers' vocabulary and the speed at which the lessons are presented. This exhibited more stress and anxiety as the students found it difficult to adjust to the new environment. As a result, their academic performance was negatively affected (Andrade, 2006).

Lebcir et al. (2008) attest that language skills have an impact on international students' academic performance. These include the four language skills as reading, listening, writing and speaking. International students who do not receive language literacy and learning experiences pose much threat. Fortunately, South African medical students receive Spanish language lessons in their first year of study before they start with the Cuban medical curriculum. This is important as many students do not have Spanish language background from their home countries. Although nothing is being reported about South African students' language and academic challenges in Cuba, one might assume that students experience less challenges based on the number that return annually compared to those who repeat modules when they are back at home.

Martirosyan, Hwang and Wanjohi (2015) investigated how English proficiency affects the academic performance of international students. Their findings revealed that international students, particularly those whose native language is not English, studying in an English-medium institution face challenges related to academic performance. It also reported that psychological and social adjustment could be influenced by language proficiency which has an impact on academic performance (Martirosyan, Hwang and Wanjohi, 2015). International students isolate themselves from local students because of their low self-confidence in terms of language skills (Trice, 2007). Poor language proficiency makes social adjustment for international students difficult, so language

proficiency is not directly related to academic performance but to factors in the psychological and social domain (Trice, 2007). Understanding the language of teaching and learning is very important as it can affect students' academic performance.

2.3.2 Psychological challenges facing students studying abroad

Some of the psychological challenges that international students experience are linked to anxiety, isolation, anger, depression and stress. While in the host country, international students become immersed in the new life of the host country. A study by Rajapaska and Dundes (2002) on the adjustment of international students reveals that while in the host country, international students felt lonelier and more homesick than the local students. Such students struggle to build a social network with other local students, and the difficulties with language, anxiety and lack of confidence prevented them from actively participating in social life (Andrade, 2006). Students who are settled and well connected with other local and international students and participate in extra-curricular activities have a better chance of adjusting easily. Their adjustment is determined by how well they integrate socially with fellow students and lecturers (Rienties et al, 2012). Students on the NMFCMC programme found it difficult to adjust to the Cuban culture and language and this made it difficult to integrate socially while in Cuba. These students resorted by hanging up with their local peers as they left South Africa (Donda et al, 2016).

Students experience homesickness which is the distress resulted from being separated from the family (Tseng & Newton 2002; Thurber & Walton, 2012). By virtue of Cuba being an international country, South African medical students in Cuba are bound to experience homesickness as they spend a long time away from home and their families, and as such this experience might affect their psychological wellbeing. In addition, such students experience difficulties related to adaptation to a new learning system, language adjustment, socio-cultural problems and psychological problems like isolation and discrimination. Secuban (2012) studied the adjustment of students who left their

homes to study at tertiary institutions. The author found that students who leave their home for tertiary studies experience homesickness after facing the new environment. Thurber and Walton (2012) associate homesickness with the distress caused by separation from home, which is related to adjustment difficulties in a new environment (Stroebe, Schut & Nauta, 2015). These challenges may contribute towards students' physical and psychological health, therefore continuous connection and support from the family are crucial to students during this period of adaptation (Secuban, 2012).

Scholars such as Al-Mahrooqi (2015) emphasise the cause of the stress associated with problems of being lonely and away from family and friends. The above fact is supported by Adams and his colleague Proctor (2010) whose explanation about students' feelings of isolation and loneliness being caused by the difficulty of separation from family and increased interpersonal conflicts which are known world-wide. The fact that students need a period of adjustment to familiarise themselves with all the changes the new environment brings (Arouca, 2013), should not be underestimated. Students' adaptation to a new environment relies on their ability to make a quick adjustment to the environment that requires greater autonomy and responsibility (Brinkworth et al, 2009). This involves the ability of an individual to select proper processes to deal with the situation and at the same time maintaining a healthy attitude towards that environment (Ayele, 2011).

A study on Chinese students studying in the USA reported that students were not comfortable when engaging in group discussions and critical argumentations in the class (Durkin, 2011), and the fact that Chinese students are viewed as high achievers with good work ethics, they were likely to be overlooked on their psychological stress and transitional challenges (Zhang, 2016). Salami (2011) attests that the most important determinants of a successful transition to a new environment include participation in different social activities such as sports and by making new friends. Different social and sporting activities bring people from different cultural backgrounds together. Some of the medical students in the current study have, hopefully, managed

to socialise with the local people in Cuba with the aim of adjusting to the local environment. Those who were able to adjust easily would have enabled their transition to be smooth, as attested by Farris (2010). Such social adjustments and transition behaviour forms part of the enablers for the academic process to unfold. The author adds that students who isolate themselves from others during their first time in a new environment usually face a difficult academic adjustment process. Without friends and support structures, students will not be able to share their experiences and challenges and they eventually become withdrawn.

Although this study focussed on global transition, some scholars have researched on regional and local perspectives on transition. Radinger-Peer and Pflitch (2017) investigated on the role of higher education institutions in regional transition paths towards sustainability. Their findings revealed that higher education institutions do not contribute to the regional transition, but that the impact is dependent on leadership from the institution management. This implies that higher institutions are not engaged in regional transition holistically, but only individual members are (Radinger-Peer and Pflitch, 2017). A study by Tom (2015) on the experiences of first year students at a university revealed that students struggled to adjust academically and socially at the university. The study reported insufficient support from the university personnel as one of the reasons students struggled to adjust. The finding is of significant value to this study on the kind of support students receive to enhance transition on their return from Cuba.

2.4 HISTORICAL RELATIONS BETWEEN SOUTH AFRICA AND CUBA

The history between South Africa and Cuba dates to the 1970s when the previous government considered Cuba an enemy of the Republic of South Africa (RSA). The relations between the two countries were forged by a common struggle against apartheid and colonialism (SA Government, 2016). South Africa and Cuba have since been working together in the liberation struggle against apartheid (Roelofse-Campbell,

2001) to an extent that a close friendship started developing between the late former president Nelson Mandela and Fidel Castro (Hammet, 2007). The liberation struggle between the two countries gave rise to a South African movement receiving financial, military and political support from Cuba (Wits University, 2016). In 1994, the two countries established formal diplomatic relations and established resident embassies in Pretoria and Havana the following year. Ever since these relations were formalised, South Africa has honoured Cuban authorities on two occasions, namely, Order of the Companions of OR Tambo and the National Heritage Council Ubuntu award (SA Government, 2016). As a result of these diplomatic activities, two presidents from South Africa, namely, President Mandela and Thabo Mbeki were also honoured during their visits to Cuba.

Cuba has offered disaster relief to many countries during emergencies; therefore, it is renowned for providing medical assistance to international countries affected by natural disasters (Feinsilver, 2005; De Vos, De Ceukelaire, Bonet & Van der Stuyft, 2007). Cuba's emergency experts in the medical profession have responded quickly and numerous to countries that were attacked by earthquakes, hurricanes, intense rains, volcanic eruptions, dengue epidemics and tsunamis. Countries that benefited from the collaboration include America, the Middle East, North Africa, Asia, Europe and South Africa. South Africa started importing Cuban doctors after it has suffered a post-apartheid brain drain, and in 1998 about 400 Cuban doctors were already practising in townships and rural areas (Feinsilver, 2005). At the moment about 200 medical experts from Cuba are in South Africa to lend a hand in Covid-19 disease management.

The very first sign of the cooperation between South Africa and Cuba was in 1993 when two Cuban doctors established a primary health care system in Botshabelo, the Free State province of South Africa (Hammett, 2007). The close relation between the two countries was characterised by the signing of the initial cooperation agreement in 1995 under the then Health Minister Nkosazana Dlamini Zuma. This agreement was aimed at increasing the capacity of Cuban doctors to work in the rural communities in South

Africa. South Africa is not the only country which has formalised relations with Cuba. Countries such as Venezuela, Bolivia and Haiti have done so with oil exchanges between them (Feinsilver, 2005). So far Cuba has been successful in providing health care and offering disaster relief to countries that have had emergencies. One of the notable agreements with other countries is that of Cuba and the Latin American School of Medicine (ELAM) which assisted poor communities with health-related shortages.

2.4.1 The establishment of Nelson Mandela Fidel Castro Medical Collaboration programme

South Africa and Cuba entered into the Health Cooperation Agreement in the Field of Public Health. The agreement allowed Cuban doctors to work in South Africa (Bateman, 2013; Motala & Van Wyk, 2016; Motala & Van Wyk, 2019; Sui et al, 2019). The main aim of the agreement was to address the shortage of doctors and the shortcomings regarding disease management in the South African public health sector. As a matter of fact, in 1996 the agreement was revised such that South African students are trained in Cuba. Following the NMFCMC training of medical students, the expectation is that these students must come and work in the South African rural areas where locally trained doctors resist going (Bateman, 2013). The South African medical students studying in Cuba are mainly from low socio-economic backgrounds whose financial situation is dire. As stated in HASA (2015), many black South African students did not fulfil the entry requirements to the medical institutions due to South Africa's unequal education system. The high entry criteria excluded students from historically disadvantaged families from gaining access to study medicine at South Africa's medical institutions (HASA, 2015). South Africa is suffering a brain drain and skills shortage, resulting in fewer than usual medical doctors graduating, and so increasing amounts of student fees put financial constraints on students studying at tertiary institutions (Ramdas & Kruger, 2009).

A panel of discussion on the benefits of the NMFCMC programme held at University of the Witwatersrand reported that at the time of the discussion, there were 300 South African students studying in Cuba, 508 students had qualified and started practising as medical doctors and 55 students were expected to graduate at the university in 2016 (Wits University, 2016). In July 2018, another group of South African medical students have returned from Cuba to start their 18 months training at South African medical institutions. The programme allows South African medical students to study in Cuba for the first six years then come back to complete the degree at a South African medical institution. In the process, students must be supported to readjust to the South African context.

Gerber (2018) reported on Parliament's concern about South African medical students in Cuba. After a delegation from Parliament was sent to Cuba in September 2018, it was reported that there were 1 951 South African students in Cuba, 651 students already graduated and about 712 students were completing their final year in South Africa. One of the delegates' findings was that although students appreciate the opportunity to study medicine with financial assistance in Cuba, they also raised the challenges encountered while in Cuba. Some of the challenges raised include insufficient stipends, transport and different levels of support from different South African provinces (Gerber, 2018). It is against this background that this study finds a gap in the way students are supported and mentored, as well as how the process of transition is being managed during this 18-month phase of their study and readjustment at the South African medical institutions. This study aims to investigate how these medical students manage their transition, and these include how they were supported during the transition phase and their coping strategies to their home environment.

2.5 THE PROCESS OF RE-ENTRY AND RETURNING HOME

Re-entry is a powerful experience for returnees as it has the potential to allow for personal growth, provide mobility for social actions and enhance skills for professional

growth (CSB, 2016). The process begins when students leave the host country and continues until they readapt to life at home (Arthur, 2003). Re-entry can be emotional and tiring as students return home with international knowledge and skills acquired from abroad (Favero, 2016). While it is evident that South African medical students studied in Cuba return home with valuable knowledge and skills required in South Africa, it must also be acknowledged that students experience the re-entry process from the time they leave Cuba until they have readjusted back home and as such these students must be assisted throughout the process.

Scholars such as Weber (2009:14) discussed the following as socio-psychological symptoms of re-entry: cultural adjustment (identity problems, adjustment to personal work and daily routines); social adjustment (feelings of social isolation, frustrations and superiority); language adjustment (adopting of a language that people at home may misinterpret it); educational adjustment (absence of professional education programmes and support groups); professional adjustment (the inability to share with others what has transpired, high expectations and resistance to change by colleges); national or political adjustment (changes in political conditions); financial adjustment (the inability to take care of oneself financially). These re-entry adjustment issues need to be addressed at re-entry, as they form an ongoing process that can last for a few months to many years depending on the people experiencing it. Pierce (2017) is in support of the idea that due to difficulties to reach returnees and limited research on best practices in the field of study abroad, re-entry is less developed as compared to pre-departure preparations. Although the researcher agrees that more attention is given to pre-departure preparations than re-entry, it is not difficult to reach students returning from Cuba. These students are placed at some of the nine medical institutions around the country, and each institution has a database of the students that they received.

Returning home can be an exciting experience for students as they will be reuniting with friends and family, and everything that they have been longing to see (Ikonen, 2007; CSB, 2016). It can also be a challenging and frustrating process as students might

experience mixed emotions about reuniting with family and friends and at the same time experience a sense of loss about leaving the host country to readapt in the home country (Arthur, 2003). The re-entry process impacts on students affectively, behaviourally and cognitively (Thomas, 2009). The affective components are most concerned with students' psychological wellbeing as students experience some form of stress when they attempt to deal with the emotions and feelings of loss and change that accompany the transition from the host culture to the home culture. Lietaert, Broekaert and Derluin (2016) explain return migration as a multi-phased complex process which is sometimes experienced as a more difficult experience than the initial migration. The authors emphasise that returnees' experiences on returning home are influenced by how they manage their re-adaptation in different life domains (Lietaert et al, 2016).

Student returnees find it difficult to unlearn behaviours, skills and knowledge that were relevant in the host country, and learn the behaviour, skills and knowledge relevant to the home culture (Thomas, 2009). Based on the above, cultural behaviour brings confusion between returning students and those at home and as such students feel like strangers in their home country. As far as the cognitive components are concerned, these have been classified with students' expectations and self-identity (Favero, 2016). Students returning home have false expectations that they will experience fewer or no problems than when they arrived in the host country. During re-entry, students experience identity crisis and dissonance because both the returning students and those at home have changed while the students were abroad (Thomas, 2009). While the students try to find and locate themselves within the community of friends and families, on the other hand, the friends and families also try to understand and accommodate the new different person who has just joined them. This creates confusion between the returning students and the friends and families. Thus, the impact of re-entry is not only felt by returning students but also by those who remained behind such as friends and families.

Gullahorn and Gullahorn (1963) created the W-Curve Hypothesis Model to indicate the five different stages that students go through during their re-entry process. The W-Curve model is an extension of the former U-Curve Adjustment Model. The model has been scrutinised by several researchers citing that it is over generalised as different returnees will experience the transition process differently (Ward et al, 2001; Butcher, 2004; Berardo, 2006). The three stages of the U-Curve Adjustment Model are: honeymoon; culture shock and adjustment. The W-Curve Hypothesis Model proposes that students go through an additional stage during their re-entry and includes the five stages as, the honeymoon stage which is the excitement of returning home; culture shock which is the difficulty of navigating through a new setting and withdrawal from friends and family; initial adjustment is when students adapt to their home environment; mental isolation is the belief that individuals do not understand their previous experiences abroad; and acceptance and integration which is the ability of students to feel at home again. The W-Curve Hypothesis Model takes into consideration the reintegration at home environment, which is the focus of this study. Feelings of loneliness, disorientation and frustrations are common among returning students (Thomas, 2009).

2.6 STUDENTS' EXPERIENCES DURING THE TRANSITION PROCESS AT HOME

The transitional process is said to be unstable or in disequilibrium due to its inconsistency level. During this process, disequilibrium is best understood by Piaget's equilibration theory of cognitive structure, which is understood to refer to individuals who experience diversity and innovation in a new environment. This includes their ability to understand and interpret the changes in their experiences (Piaget, 1985). South African medical students experienced diversity as they studied differently from the local students, in a different environment. Their experiences include Spanish language, Cuban medical curriculum, and culture, which required them to change upon returning home. The researcher concurs with Menzies and Baron (2014) that the learning process indicates a progression from one's familiar environment or situation to the unknown.

When the participants in the current study left home to study in Cuba, they were exposed to a new learning environment which required them to adjust, particularly to an unfamiliar culture. On their return home, these medical students linked transition to the establishment of personal identity, a greater understanding of their worldview and experiences, and a great range of emotions (Gray, 2014). Menzies and Baron (2014) add that transition involves the adoption of new cultural, social and cognitive challenges. Although there are major life transitions that can be challenging or exciting, we all go through transitions in our lives. The transition process may have a different effect from one individual to another as people experience transition differently, either positively or negatively (Woosley & Miller, 2009).

Schlossberg (2011) has found transition to be best described by the individual experiencing it, hence students returning home from studying abroad experience transition differently. The author describes the following characteristics of transition that affect adaptation: role change, affect, source, timing, onset, duration and degree of stress (Schlossberg, 2011:8). Returnees are bound to experience role change which is linked to new responsibilities that they must carry during transition. Role change and new responsibilities can have impact on students' transition. The duration and the degree of stress that individuals experience depend on the previous experience with similar transitions. Returnees who have experienced transition before are likely to experience better than those who never experienced it. Nevertheless, returnees experience a change for each phase in response to both old and new responsibilities.

As people undergo the transition process, moving from one familiar environment to an unfamiliar environment, they experience isolation and withdrawal as they will be separating from their family and friends. During this process, they enter a new environment in which they will have to establish new relationships with people they are not familiar with. In addition, they get involved in social activities in order to make the transition process as smooth as possible. Tinto (1975) developed the theoretical model of dropout. The model argues that when students move into college, based on their

individual characteristics such as family background, prior experiences and commitments, students' integration into the academic and social life of the institution which lead to high commitment in the college is directly related to their continuous stay at the institution. This implies that students who integrate easily to the academic and social structures of the institution have better chances to increase their level of commitment and will stay at the college. Those with a low level of commitment are more likely to drop out. In terms of family background, Tinto (1975) argues that students from lower status families display a higher rate of drop out than those from high status families. Again, students with good prior academic results have higher chances of succeeding at the college than those with bad prior academic results. Students returning from Cuba should be applauded for their commitment to their studies despite their socio-economic status and re-entry challenges. In general students' socio-economic status, prior experiences and the level of commitment can affect how students integrate into a new environment.

2.6.1 Students' expectations upon returning home

Students' unknown expectations are also regarded as challenges which students face when returning home from studying abroad. The expectations and realities of students and their relation to transition at home have been a focus of research (Christofi and Thompson, 2007; Thomas, 2009; Favero, 2016). Researchers have reported on the role that students' expectations play during their readjustment in a new environment (Thomas, 2009; Favero, 2016). Thomas (2009) intimate that when students return home from studying abroad, they do not expect to find changes, and because things seem not to have changed, they become frustrated (Howell, 2002; Thompson & Christofi, 2006; Thomas, 2009). Martin, Bradford and Rohrllich (1995) who developed the Expectancy Value Model about students' expectations and their effect on the re-entry process concluded that if students' expectations are met, this will lead to a successful transition, and if the expectations are not met, it can lead to an unsuccessful transition.

Martin and Harrell (2004) and Favero (2016) supported the finding that if students' expectations are fulfilled then the readjustment process becomes easy for them and if the expectations are unfulfilled readjustment becomes difficult. Groter (2013) reported that when students return home from studying abroad, they expect to find things the way they were before leaving, they expect to find that friends and families are interested in hearing their study abroad experiences and when these do not happen they become disillusioned. This implies that when students return home, they idealise the transition process as normal.

Christofi and Thompson (2007) investigated several students returning home after studying abroad for three years. These returning students reported having idealised perceptions of how their homes will be like upon their return. Their idealisation was different from reality and they were disappointed about it. This led to what students referred to as internal conflicts in which they found themselves sitting between the two countries, and this made their transition difficult. Another study by Gaw (2000) reported that when students return home, they have expectations similar to the time when they were moving into the host country. They expect to find no difficulties, expecting to find people to have not changed and the culture to be the same as when they left. Their expectations are based on what and how they have been communicating with friends and family at home that everything is still the same (Gaw, 2000). Whether expectations are met or not, the reality is that nothing remains unchanged and returnees will always find that things are not the same as when they left. They themselves would have changed, and the people at home and the situation would also have changed.

2.6.2 Experiences of reverse culture shock

Culture shock effects occur when what is being anticipated does not happen (Westwood et al, 1986). In the case of South African medical students returning from Cuba, this current study aims to determine how these students experience transition upon their return. Furnham (2012) indicates that individuals will always travel abroad for different

purposes and that their movement can be categorised into how long they travel for, how far they travel, their motives for movement, and the nature of the host country relations. Once these individuals are in the host country, they need to adapt to a different culture in order to function effectively for what they are there for.

While in Cuba, South African medical students had to adapt to the Cuban culture. This included learning a new language in order to be able to participate academically and socially. Students' classes are presented in Spanish and majority of people speak Spanish. Furnham (2012) attests that when in the host country, people reject their own culture and embrace the new culture. Individuals seek new life and want to be accepted. In general, people reject their newly adopted culture and exaggerate their own culture (chauvinism). In this regard their own culture gains salience while the new culture loses salience, meaning it becomes less meaningful to them. Although this type of mind-set is found to be rare, it is also found to be leading to racism. People in the host country can be marginally hovering between the two cultures. Individuals are found to be in a situation of not knowing who they are, and they end up being mentally confused. Synthesising both cultures by mediation implies that individuals try integrating between the two cultures. Individuals grow personally, society exhibits a higher level of agreement amongst themselves and cultural preservations (Furnham, 2012:10).

International students experience culture differently depending on their personality. To some students, adjustment takes more time than others. Although both local and international students adjust to the academic programme of the institutions, the transition process is more complex for international students than local students as they experience adjustment challenges related to language problems, social isolation, financial problems, homesickness and differences in social customs (Arthur, 2003). This transition process is complicated by managing the returnees' home-coming transition. Arthur (2003) indicates that the experience of staying and studying in a country that is not your own results in huge sacrifices to the values and beliefs of that culture, whereas to others this experience evokes feelings of stress about going home.

Just as international students experience culture shock when they arrive in the host country, returnees experience reverse culture shock when they return to their home country. China is reported to have a high number of students studying abroad, with Australia as their preferred destination. In 2014 alone, a total of 459 800 went to study abroad and 364 800 returned (Hao, Wen & Welch, 2016). Hao et al. (2016) reported that reverse culture shock and cultural adjustment are found to be the main problems for returnees. Upon their return to China, returnees reported a loss of familiar emotions and cultural symbols. Chang (2010) investigated the experiences of Chinese mothers' interaction with their children after they returned from studying abroad for some years. The author found that the mothers were not certain about how to interact with their children who have since transformed culturally. The author then suggests that a more open and direct communication need to be conducive during the re-entry process.

What differentiates between culture shock and reverse culture shock is the expectations of students on their arrival and their return in the host country (Gaw, 2000). This is because when moving into a new environment, students already expect to enter a new culture, meeting new unfamiliar people, a different language, they enter a new environment with expectations, and this minimises the effects of culture shock. This is an anticipated event in which students already have expectations on what to encounter when they arrive in the host country. The symptoms of reverse culture shock differ from one individual to another and so some may take up to a year to adjust whereas some may take less time (Ikonen, 2007). Alamri (2017) studied about re-entry and cultural reintegration of Saudi women who went to study in the western country and returned home. The study focussed on how Saudi women adapted the skills and communication learnt from the host culture and to the home culture. These women were on a programme named King Abdullah Scholarship initiated in 2006, with more than 50 000 women studying abroad. Out of hundreds who return home every year, 12 women students were sampled and interviewed. The author examined the pre-entry characteristics of Saudi women, their intercultural transformation and communication competence. The results revealed that all students experienced challenges of

readapting and reintegrating both cultures. They experienced stress and frustrations towards their re-adaptation challenges. Students indicated great changes in personalities whereby they became aware of their changes. As they were aware of the difficulties that they might encounter upon their return home, their degree of self-awareness made them prepare their re-entry with a different perspective than when they were going abroad.

Returnees always end up being caught between two different cultures, the home culture and the host country culture. The reality is that returnees will return home to find that what they left is not the same and they have changed. Hence, reverse culture shock is more challenging and painful than the initial culture shock in the host country (Wang, 2003; Ikonen, 2007; Mathews, 2014). The model below illustrates the four stages of reverse culture shock as experienced by returnees.

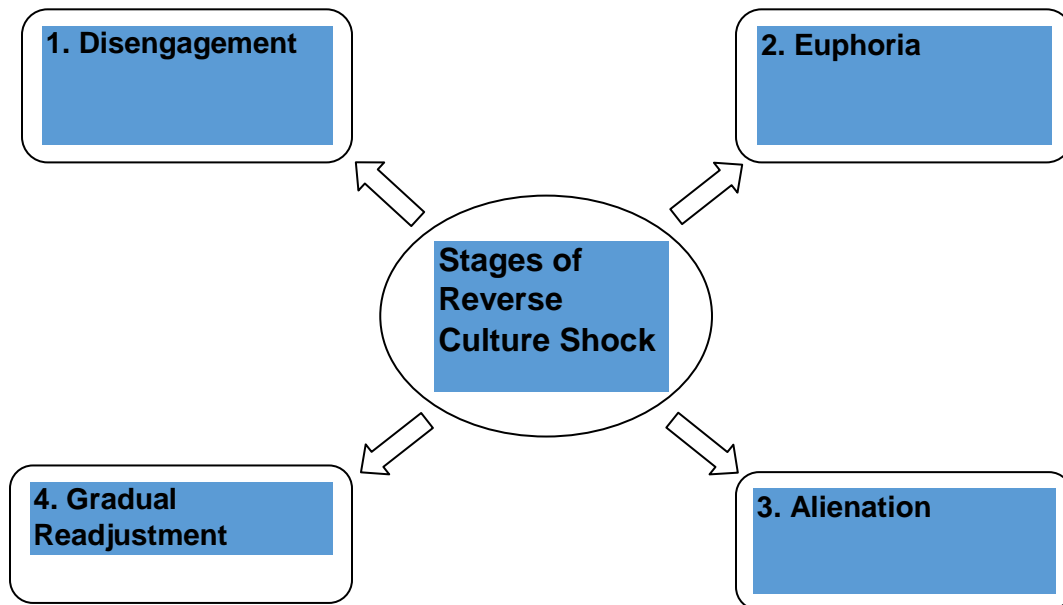


Figure 2.1: The four stages of reverse culture shock

The four stages of reverse culture shock are summarised below.

The first stage of disengagement occurs when returnees are still in the host country. They start thinking about moving back home, leaving the life and friends that they already established in the host country. This stage is accompanied by excitement and fear at the same time. Returnees are excited about going to meet with friends and family who they left behind and worried about leaving the new friends and life who they were close to (Students Abroad.com, 2012). Returnees disengage themselves from life and people in the host country while at the same time trying to think about life at home. The second stage of reverse culture shock happens when returnees have arrived home. It starts with the returnees being excited and delighted about being at home and at the same time friends and family at home are excited to have their child back home. Both parties share their stories about life and experience abroad as well as life at home. This communication lasts for a few weeks and eventually, people at home become bored with stories about life abroad. Returnees also become bored and frustrated listening to what has been happening at home. Everyone just suddenly loses interest in what happened to anyone. This stage can cause frustrations to everyone, returnees and people at home (Students Abroad.com, 2012).

After the euphoria stage, returnees start feeling being isolated from the family, friends and community. This stage is coupled with feelings of alienation, loneliness, frustrations, anger, resentment and disorientation. Returnees may feel like aliens in their own country. They feel irritated by others and become impatient with their own ability to do what they can do well, and as fast as they are hoped to do. They end up feeling and becoming helpless on their own. The last stage, gradual readjustment, allows returnees to slowly readjust to life at home wherein they take their experiences and put them into the context of their home. The renewal of bonds with old and new friends and family at home is catalysed by the homesickness that was experienced while still abroad. In case the language of communication at home is different from the host country, it is at this stage that conversation skills start to improve. This last stage suggest that returnees must be supported in any way during the transition process to minimise the stress associated with reverse culture shock (Students Abroad.com, 2012).

2.6.3 Students' academic and social situations upon returning home

The academic and social situations refer to the situation in which the students find themselves in upon returning home. Gaw (2000) reported some common problems that returnees experience when they return home. Some of these problems include cultural identity, academic problems, anxiety, alienation, anger, depression, and social withdrawal. In Souders' (2009) thinking, students who study abroad experience challenges related to returning home after their educational experience abroad. Other scholars also reported on international students faced with differing situations of an academic nature, social and language issues, or even discrimination (Alghamdi, 2016). Ikonen (2007) attests that our principles set us a framework for our conduct and communication. Communication is thus an important tool when an individual is moving from one country to another country especially if the languages in the two countries are different.

For one to understand and adapt to a new culture, one needs to be able to communicate with the people in the new culture. A study by Alamri (2017) on re-entry and cultural integration indicates that communication plays a valuable role during the adaptation process when international students interact with others to understand themselves and their relationships. Communication can have a positive impact by minimising the stress associated with the adjustment process of students. A study by Hao, Yan, Guo, and Wang (2017) report on Chinese returnees' motivation, their post-return status and the impact of their return. Their findings were based on culture and interaction and pressures and challenges. Returnees experienced a great deal of pressure in trying to readapt to their home country.

Research has proved that a highly pressured environment and re-adaptation upon return were found to be the main sources of stress. Scholars such as Hao et al. (2017) reported that although it takes times to build new connections with the people you left home for a period, interactions with family members is very important. Hao et al. (2017)

concluded that returnees should also keep a social connection with the people abroad as this can be useful in their work. An investigation by Sussman (2000) revealed the existence of the socio-psychological process that underlies cultural transition. The author reported on the high level of distress experienced by students during re-entry as well as a complex process involving changes in one's perception about own identity and one's perceptions of others. Hence, when returnees return home, they become more affected by their cultural identity as well as their national identity, and they need to readapt and readjust (Ai & Wang, 2017).

It is normal that the degree of transition that students experience when they go to a different country will differ from their return home, hence the degree of transition will differ as experienced by each individual (Gaw, 2000). When going abroad, students can expect and predict challenges and differences that they might encounter there (Ikonen, 2007), which helps to mentally prepare them for the adjustment process (CSB, 2016). When returnees return to their original country after being away for a long period, they will want to be known and recognised to boost their sense of who they are rather than reconstructing the self (Warin & Muldoon, 2009). Returnees may experience transition differently, either positively or negatively (Woosley & Miller, 2009).

Although literature reported much on the negative experiences and perceptions of returnees, Lietaert et al. (2016) reported the lived experiences of returnees from Belgium to Armenia. The study was based on Cassarino's theory of preparedness. Their findings were that returnees had a clear view of the possible situation of their home country while they were still in the host country, and this influenced their wellbeing positively, hence their return process was easily managed. The returnees indicated that the evaluation of their return experience depended more on the post-return process and their wellbeing. The results of the study showed the importance of the support of returnees before leaving the host country and during the readjustment process in the home country.

2.7 STUDENT'S SUPPORT DURING THE TRANSITION PROCESS

Most higher education institutions have in place policies to help international students adapt in the host country, but less attention is given to students when they return home (Pritchard, 2011). The reason could be because most returnees complete their studies abroad and only return home to start a new job. Not all students return home to complete their studies before settling for a job, as with the case of medical students returning from Cuba, who are required to complete their medical degree at a local medical institution after six years of studying in Cuba. It is very important for higher institutions to have policies aimed at supporting students returning from studying abroad to cope with challenges associated with the transition process. A study by Locks, Hurtado, Bowman and Oseguera (2008) emphasise the importance of higher institutions having resources that support students and programmes aimed at facilitating meaningful social reintegration of returning students. Systems of planned transition involving liaison between the host country and the receiving country are also very important (Briggs et al, 2012).

Returnees should be offered ongoing support for as long as they need it during the re-entry transition period. There is no time frame as to when and for how long should the support be offered. The support received by returnees on their return home will make them feel satisfied that it will help them cope with the transition process (Turnbull, 2010). Support can come in various forms, for example, academic, financial, emotional or psychological. While some will need all possible forms of support, others will only need support in one or two aspects, and in this case, returnees will adjust more easily. Offering support to returnees could help them to readapt to the home country and as such ease the re-entry transition process.

Ai and Wang (2017) found that although some universities recruit academic returnees, they are not ready to receive them. The findings are that universities do not offer supportive conditions to academic returnees. Findings by Lietaert et al. (2017) suggest

the need for support from the time returnees leave the host country and after returning home. The authors explain that support of returnees should be available for a long period, for as long as it is needed by returnees. Cooper (2014) adds that over-preparation of returnees for the re-entry process is crucial. In his study on returnees, Wang (2003) points out that universities have poor service for returnees when they come back. He further suggests that universities should build a healthy organisational environment that would enable returnees to utilise their talents and cultural capital for the benefit of the universities. NAFSA's (Association of International Educators) guide to Education Abroad for Advisors and Administrators suggests that the re-entry programmes be designed in such a way that they help returnees in their readjustment to the home culture and university life; help returnees learn to utilise the skills that they learnt from their experience abroad; facilitate returnees' opportunities to bring their experience from abroad into their own lives at home, be it academically, personally and professionally; and assist returnees to find ways that they may use to market themselves in future.

As much as support is needed to help returnees readjust to life at home, it is also in their best interest to ensure that they mentally, emotionally and psychologically prepare themselves for the transition process. They need to meaningfully connect with others through social actions and civic engagements. They need to integrate their new experiences into their academic life and professional life, and, they need to find ways to continue exemplify the global understanding that they experienced while abroad (CSB, 2016). Tseng and Newton (2002) suggested methods that can help students to adapt to the new country as increasing language proficiency, improve social and cultural communications, seek help, build personal relationships, build professional relationships with faculty members, expand their view of the world and let go of negative issues. The researcher believes the same methods can be used to help students returning to their country after studying abroad. Returnees need to prepare their re-entry process at home before they leave the host country in order to make the re-entry process easier.

The following are suggested as tips to help returnees as they prepare to return home (CSB, 2016).

Anticipation is very useful at the stage of mental preparation for the adjustment process. Using their previous experience in the host country, returnees can anticipate what they will come across during the transition back home. They should think of similarities and differences when they went abroad and when they return home. By comparing the leaving and returning experiences, the transition process is made easier.

It is essential to allow enough time to adjust in a new environment with new culture which requires time, the re-entry process will also take time. Returnees must give themselves time to relax and reflect upon what is going around them. This will help to ease the transition process.

It is better for returnees to understand that what is familiar will seem different from staying in a different culture for a prolonged period. Nevertheless, returnees will be immersed in a different culture when they return home. Their experience is that they will change and so too would the people they have left at home. Some things will seem strange and unsettling as well.

Cultural catching up upon their return means that returnees will experience unfamiliar changes in language, social, economic, entertainment, political and other unfamiliar topics. Other things could have emerged while they were abroad, for example, new cultural activities, educational programmes and other events that were not there before. Returnees might need to learn their own culture again just as they learnt the new culture in the host country.

Returnees seek support networks to strengthen their adjustment experiences to their home country. This will result in them experiencing the process of transition differently. Returnees may seek support from friends, family, community and even institutions that have support programmes for returnees. There could be people who experienced the same type of transitions to guide them to cope with the transition process. Institutions such as academic faculties, international development staff, exchange students'

programmes and international students' offices may help support returnees during their transition process. Monnapula-Mapesela (2015) attests that the abrupt change of environment and the unpreparedness of students continue to haunt institutions and challenge them to increase support for the re-entry process.

2.8 MANAGING THE TRANSITION PROCESS OF RETURNEES

The four functions of management namely, planning, organising, leading and controlling are not limited to employees within an organisation (Schraeder, Self, Jordan, & Portis, 2014), as it appears in this study. During the planning phase identification and setting of goals or objectives is essential. This phase requires that South African medical institutions have in place plans on how they are going to receive, accommodate and help students returning from Cuba. Organising as a function of management involves development and allocation of resources to support the achievement of the goals or objectives. Leading in leadership is associated with being motivational and influential. Institutional academic staff play a crucial role in supporting and motivating students' returnees. A good relationship between academic staff and students is very important to help with the transition process. Controlling is a function of management which involves monitoring of progress towards the set goals or objectives (Schraeder et al, 2014; Conkright, 2015). The South African government together with the medical institutions have the responsibility to monitor students' progress and address challenges that students encounter during the transition process. In general, when management is involved, the four core functions should be considered.

Student transition from one country to another is a very complex process and if not effectively managed it can have unpleasant effects on the individuals involved, in this case, returning students. The process itself is associated with a lot of uncertainties, not knowing what to expect, or experience what was not expected. Returnees may develop fear and anxiety which affect their transition process. It is, therefore, of utmost importance that institutions understand the expectations of returnees and be able to

manage them and make sure returnees integrate fully into the new environment, which is home. If the transition process is not properly managed, it will have a negative effect on the academic and social life of returnees. Students feel isolated and insecure when they enter a new environment and they have more chances of being frustrated (Baloyi, 2012). Although some students enter their home country with little or no knowledge of what to expect, they usually have unrealistic expectations, and this makes the transition process difficult (Murangi, 2017). Briggs, Clark and Hall (2012) affirm that the mismatch between students' aspirations and the reality of their returning home causes difficulty in readapting to their home country.

When students arrive at the host country for the first time, they need to reorganise the way they think about themselves, as students and as social beings (Briggs et al, 2012). Arouca (2013) attests that when students arrive at the host country, they become aggressive towards the host country, criticising the country and its people. After some time, they acquire knowledge and adapt to the new culture and language, and eventually, they start to adjust to the new behaviours in the new environment. The whole experience is repeated when returnees return to their home country. Returnees should try to form a positive relationship with other local students and staff to facilitate the transition in the home country. It is during this stage that returnees need to develop a sense of self-identity and learn to act independently with others. Students, institutions and families should develop coping strategies that will help manage the transition of students in their home country.

2.9 THEORETICAL FRAMEWORK

This section describes and discusses the theoretical framework that was selected to investigate how South African medical students experience transition when returning from Cuba. The theoretical framework is an important aspect of the research process as it is the foundation from which all knowledge is constructed (Grant & Osanloo, 2014). The current study used Schlossberg's theory as a lens through which the findings are

premised. This theory served as a structure and support for the rationale, problem statement, significance and research questions in this study (Grant & Osanloo, 2014:12). Schlossberg's theory provided a critical analysis of the findings in this research.

2.9.1 Schlossberg transition theory

Schlossberg transition theory forms a perspective on which this study is based, and it serves as its departure point. The main aim of this study is to explore the experiences of South African medical students during their transition from Cuba back to South Africa. More specifically this study aims to establish how the students manage their transition in South Africa after spending six years in Cuba. Schlossberg realises that as people move through in life, they continuously go through change and transition that result in new behaviours, a new network of relationships, as well as new self-perceptions (Goodman, Schlossberg and Anderson, 2006). Schlossberg's transition theory represents a framework in which adults experience transition and changes. This framework helps locate where individuals are in transition, identify possible resources to help individuals cope and establish coping strategies to be used.

Some of the previous studies by Goodman et al, (2006:33) refer to transition as any event or non-event whose outcomes brings about different routines, relationships, roles and assumptions Transition starts with the ending, letting go of the old ways such as roles, relationships and the view of self (Bauer & Gregory, 2014). This first stage is followed by what is called the 'neutral zone', psychological realignment, which makes room for the old to go and creates a realisation that the new is not comfortable yet. Finally, it is a stage of new beginnings in which there is launching into new ways of being and doing things. Medical students in the current study will experience new beginnings when they arrive in South Africa. Their transitional process will obviously differ from student to student. Tønseth (2018) argues that we all go through some form of transition in our lives one way or another, for example, leaving high school to go to

college or university, graduating, changing jobs, getting married or divorced, or having kids.

Although Schlossberg transition theory is usually regarded as an adult development theory from the field of psychology, the theory is also relevance to education, and can also be applied to students' transition from an academic environment. Students, like adults, experience transition and as such there is a need to help them in identifying resources to cope with the transition. Goodman et al. (2006) explain that to understand how transition affects the individual, one needs to consider three factors: the type of transition, the context and the impact that the transition has on the individual. These students will be allocated to various medical institutions on their return, and therefore, their contexts will differ. Life changes can be predictable as well as unpredictable (Tønseth, 2018). Chickering and Schlossberg (1995) used this theory to explain how college students experience the transition. They identified three phases of educational transition as moving in, moving through and moving out. When moving in into a new situation, individuals should acquaint themselves with the expectations, norms and the rules of the new situation. For returnees, moving in refers to returnees' move into their home country, away from the host country. This includes moving into a new study environment which is more likely to have a different schedule from what they had in the host country. During the moving through stage, returnees find and make new friends as a support system. They might experience that classes are faster and even harder than the previous ones. The moving out stage is the ending of transition characterised by the ability of returnees to finally graduate and start looking for jobs. Individuals should, therefore, have a balanced life between different activities of their lives when they move through the transition period.

Powers (2010) applied Schlossberg theory to investigate how non-traditional male dropouts described their perceptions of their situation, self, support, and strategies while moving in, moving through, and moving out of the college. The author found that participants being family oriented, time constraints, job related constrains and financial

concerns were reported as personal related problems. Issues such as institutional support, faculty interaction, lack of follow-up from the institution when students did not return, and unknown expectations were reported as institutional related problems. Similar to Chickering and Schlossberg (1995) analogy of moving in, moving through and moving out, Shougee (1999) relates the experiences of studying abroad with the three phases as *before*, *during* and *after*. *Before*, refers to setting the stage for studying abroad. Prior experience and interests influence students' decision to study abroad. The main reason students choose to study abroad is their desire to experience a new culture and language of the host country (Shougee, 1999). Students with prior experience are less affected by the anticipation of disrupting relationships. *During*, refers to the experiences in the host country in which students struggle to adjust and eventually become homesick (Shougee, 1999). *After*, refers to the re-entry experience in one's home country which is a difficult process as students do not expect it to be (Shougee, 1999). Students experience personal, social and cultural re-entry challenges. The challenges that students experience during their study abroad and re-entry differ from individual to individual and hence the coping strategies may not be similar in every students' experience. Schlossberg identified three types of transition that students can experience as anticipated, unanticipated and non-events. These are discussed below.

Anticipated transitions

This type of transition occurs predictably and can be expected, for example, marriage, being admitted to college or university or graduating and a career move are anticipated and planned for. Since the transition is normative, the individuals involved can predict and plan for the occurrence. Adjustment difficulties are said to be anticipated during study abroad, they are rarely anticipated during the re-entry process (Thomas, 2009). South African medical students returning from Cuba may experience this type of transition as they are aware and expected to return home after a certain period abroad. Although this transition is planned, challenges related to adjustment were not predicted. Bauer and Gregory (2014) indicate that when transition is expected, it is less likely to

cause crisis or harm than if it is unexpected. However, it is found that the degree of transition differs from individuals. Some experience culture shock rather than reverse culture shock whereas with others it is the other way around.

Unanticipated transitions

Unanticipated transitions are neither predicted nor expected but do happen, such examples include illness, unexpected death in the family or job loss. These types of transition are likely to be very stressful as they involve a disruption of the normal routines and inability of the individual to plan for the event, they are not expected. Although they are stressful, they have the potential for stimulating learning and development greater than anticipated transitions (Bauer & Gregory, 2014). As students return home from Cuba, they might experience reverse culture shock during their re-adaptation process which is unanticipated.

Non-events

Non-events are those that are predicted and expected but never happen. Bauer and Gregory (2014) add that these events are also delayed and may alter life's expectations. Such events include failure to be admitted to a medical school, not getting married, not getting promoted or even experiencing a miscarriage. Goodman et al. (2006) attest that realising that an event will not occur, it might change the way in which individuals respond to the transition. Reports indicate that some students who returned from Cuba do not complete their studies in minimum time (Motala et al, 2016), they end up repeating a year or so. All these factors result in their roles, relationships, and routines being altered some way or another. South African medical students may experience one, a combination of two or all the three types when transitioning from Cuba to South Africa.

The Schlossberg transition theory dwells much on the transition from high school to a permanent job, parenting to the local community college and on transition from community college to a full-time university experience (Estrella, 2006). In this study, 'moving in' refers to when students leave their home country South Africa to Cuba, another country. Not only do students go to another country, but they also go to an institution of higher learning in a foreign country which is very different from the high school they attended back home. That is a big transition. Once in the new country students will have to find new friends, support systems, balance university work and social life and adjust and adapt to a new life in a new country. This is the 'moving through' phase. During the 'moving out' phase students are expected to return to their home country where they will have to spend 18 months in a South African medical institution before they graduate as medical doctors. At this stage students will have to readapt and readjust to the South African environment. The context of transition refers to the individuals' relationship with the transition and the setting within which transition takes place (Goodman et al, 2006). This setting includes working and personal relationships. The impact that transition has on the individual depends on how transition changes ones' daily life. During transition, individuals are disburbed by their roles. They start by separating from the past, then establish new relationships, roles and assumptions (Goodman et al, 2006). The Schlossberg transition theory shows that in order to understand the meaning that transition has on the individual, the context and the impact of transition must be considered. During this phase, individuals need to find strategies to help them cope with the transition process. The individual's effectiveness of coping with transition depends on the availability of resources (Strella, 2006; Meyer, 2010). Schlossberg identified four major factors known as the 4S system that influence individual's ability to cope and manage the transition: situation, self, support and strategy (Goodman et al, 2006).

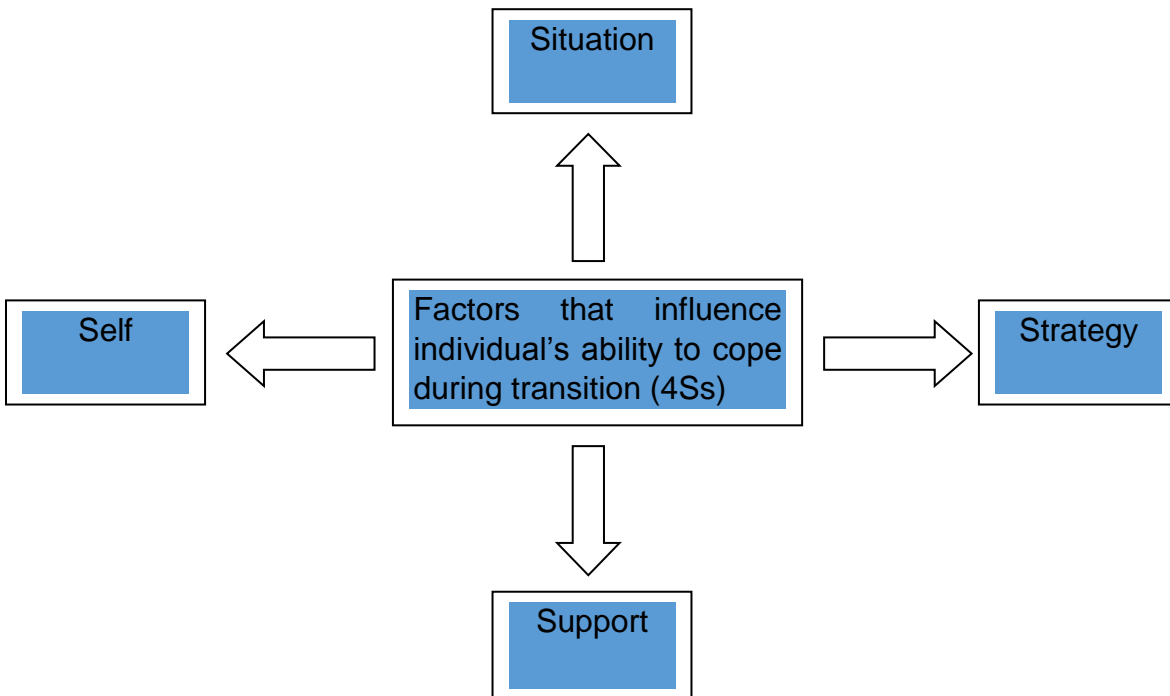


Figure 2.2: Schlossberg's 4Ss transition model

Situation

While Schlossberg (2011) refers to situation as the impact that the transition has on the students, to Roberts (2012), situation means all the surrounding factors of transition that can help a student to cope. Mention has been made of how different people experience transition in various ways and its effect on the result. This experience can be triggered by the timing of transition, which means if it is on time or off time according to one's clock; duration of transition, that is whether it is permanent or temporary. Other factors include the amount of control the individual has on the transition, the new roles that the individual is taking, the previous experience the individual has with similar transition, other sources of stress the individual is experiencing and how the individual is assessing the transition (Schlossberg, 2011). Christofi and Thompson (2007) attest that the previous experience with similar transition can determine how successfully an individual will cope with the present transition. Individuals should consider if the

transition is positive, negative, expected, unexpected, desired or dreaded. They also need to consider the stage that they are in, whether they are at the beginning, middle or end of transition (moving in, moving through or moving out). When students understand the kind of transition they are in, it can help them determine the coping strategies they need to employ to deal with the situation. South African medical students returning from Cuba experience transition upon returning home. Their previous experience in Cuba could determine their re-entry process back home.

Self

The self looks at the individuals' assets and liabilities (Pendelton, 2007). It refers to the kind of strengths and weaknesses that the individual brings to the situation. Is the individual optimistic and does s/he believe that there are options? The self is characterised by personal and demographic characteristics as well as psychological characteristics (Schlossberg, 2011). The personal and the demographic characteristics affect how individuals view life and these include socio-economic status, age, gender, stage of health, stage of life and ethnicity. Different people may experience a similar transition, but the approach might be different depending on their maturity level or their reference frame. The psychological characteristics include their ego development, personal values, resiliency and spirituality. The movement of personality and identity is referred to as development of self (Adler, 1976).

Students studying abroad develop the ability to exercise self-control, self-direction, self-confidence and self-resilience (Shougee, 1999). This development of self helps students develop good communication skills, skills to interact with others socially and critical thinking. South African medical students from Cuba bring with them different experiences that make them the individuals whose experiences include their previous educational history, new roles and assumptions. They bring with them multiple identities but at the end share common characteristics of experiencing the readjustment process.

Support offered to students during re-entry

Not everyone reaches the stage of feeling at home at the same time, for others it can take long to fall back into the routine and feel home again (Shougee, 1999). Schlossberg (1984) explains social support as an emotional or palpable assistance that an individual receives when faced with a stressful situation. Students returning home experience higher levels of reverse culture shock than when they arrive in a host country (Mooradian, 2004; Thompson & Chistofi, 2006; Cooper, 2014;). They face many challenges in trying to fit in with the new environment which is their home. In returning home, they expect to experience similar lifestyles and environments they were once attached to in the host country (Cooper, 2014). These students, therefore, require support from all possible spheres in order to transition easily in their home country.

The type of support that individuals receive has an impact on their ability to adapt to the transition process. Social support assists individuals by providing the means of reducing the stress associated with the transition. Support should provide guidance on handling the stressful situation (Schlossberg, 1984). This kind of support comes from family, friends, intimate relationships, community and learning institutions. Roberts (2012) points out that most institutions of higher learning have some sort of re-entry programme, although it is not uniform or not being developed as it should be. As students come back from Cuba with different identities and as they experience transition differently, the type of support that they require differs from each individual, and as such it is vital that when offering support, one needs to understand the type, impact and context of transition that the individual is experiencing.

Strategies that students adopt in order to cope during re-entry

Also referred to as coping responses, strategy refers to the way in which individuals cope and respond with the transition. Strategies can modify the situation or control the meaning of the problem and can help in managing the stress associated with transition

(Goodman et al, 2006). Literature highlights the coping strategies that individuals employ during the adjustment and readjustment period and that the coping strategies can hinder or facilitate the adjustment process (Adler, 1981; Christofi & Thompson, 2007; Thomas, 2009). Goodman et al. (2006) agree that individuals cope well when they use multiple strategies and stay flexible. Individuals need to use several coping strategies if available. In this way, individuals can cope artistically by changing the situation or managing responses to stress. Thomas (2009) reports on the four possible behavioural coping strategies namely, marginalisation separation, assimilation and integration. Marginalisation refers to a situation where students reject the home culture and the host culture; separation means the home culture is upheld and the host culture is excluded; assimilation refers to relations with the host culture which are upheld as compared to relations with the home culture are placed on hold; and lastly integration is about both cultures which are maintained without any compromise. The above-mentioned strategies have an impact on students' adjustment level psychologically, socially and academically (Thomas, 2009).

Pearlin and Schooler (1978) refer to coping as behaviours that protect individuals from being harmed psychologically by social problems they experience in life, as behaviours that mediate the impact that societies have on their people. They believe that coping responses fall into the three categories: responses that change the situation by altering and eliminating the source of strain; responses that control the meaning of the strainful experience by neutralising the threats to avoid stresses; and responses that control the stress by selective ignoring (Pearlin & Schooler, 1978:6). Storti (2001) advises on the importance of identifying any loose ends while still in the host country in order to ease the re-entry transition. According to Roberts (2010), knowing and understanding the meaning of the experiences that students are going through will help to alleviate some of the stresses associated with the transition process.

In analysing students' experiences during the transition period, one would agree that Schlossberg's transition theory explains the process of coping with any event or non-

event that is expected or unexpected. This theory is appropriate to answer the research questions as outlined:

- How do South African medical students perceive their experience in Cuba in relation to their re-entry process? (self)
- What kind of challenges do South African medical students experience on their return from Cuba? (situation)
- What kind of support do South African medical students receive to enhance transition on their return from Cuba? (support)
- What coping strategies do South African medical students adopt on their return from Cuba? (strategies)

Throughout this study, the researcher will establish how the four factors (4Ss) identified by Schlossberg influence the readjustment of South African medical students returning from Cuba to their home country after staying abroad for a long period. South African medical students returning from Cuba are bound to have experienced some or all these forms of transitions. The anticipation of being admitted to study medicine in Cuba suggests an anticipated transition. Upon arrival in South Africa, students were bound to experience reverse culture shock, as discussed in the literature above. Their readjustment process could have been easy for some and challenging difficult for others.

2.10 CONCLUSION

In this chapter, a detailed review of the literature on returnees is presented; students who went to study abroad and returned home will be exposed to differing sorts of experiences. The literature laid a foundation for students who studied abroad and returned to their home countries with the aim of reporting on South African medical students who returned from Cuba and are going through the transition process. It also

laid the foundation of the Schlossberg transition theory as a theoretical framework that guides the study.

Sources consulted primarily concentrated on the following aspects: students' decision to study abroad based on the 'push' and the 'pull' factors; experiences of students studying abroad; experiences of students on their transition back home and the management of the transition process. The history between South Africa and Cuba was clarified in this chapter to understand how South African medical students experience transition upon returning from Cuba. The chapter also presented in detail the theoretical framework that guided this study. Schlossberg's transition theory was deemed appropriate and the research questions were derived from it. It provided framework to facilitate students' understanding during transition and will assist them to identify resources that could help to create coping strategies during transition.

A large and growing body of literature has investigated the challenges that returnees faced in their home countries and the need of support for those returnees. Although literature reports much on students who completed their studies abroad and returned home to seek employment, not much is reported about experiences of students who studied abroad and returned home to complete studies at their home institutions, and how they manage the transition. This study is specifically focused on South African medical students returning from Cuba to complete their qualifications. Furthermore, the study aimed at understanding how they experienced transition back at home.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

Research is a planned, systematic process that the researcher follows to collect, analyse and interpret data to have a clear understanding of the research topic under investigation Mertler (2015). The researcher has a specific plan to conduct research in a systematic way by collecting data through photographs and one-on-one interviews. The focus of this study is to have an in-depth understanding of how South African medical students returning from Cuba after spending six years of studies to the South African medical institutions. The study has adopted a qualitative approach, using an interpretivist paradigm in order to make sense of what the participants are saying. The chapter includes details of the research approach, research design, methods of data collection including sample and site selection, as well as data analysis. NVivo, a computer software used to analyse qualitative data. Furthermore, this chapter describes measures that were taken to ensure the credibility as well as the trustworthiness of the results as well as the ethical considerations to be observed in order to flag the most important aspects of anonymity and consent of the participants.

3.2 RESEARCH APPROACH

This study utilised a qualitative research approach to better understand the transitional experiences of South African medical students returning from Cuba. Based on Creswell's (2014) description, qualitative research explores and establishes an understanding of meaning ascribed by individuals or groups to a social or human problem. One of the main focal areas of qualitative approach is premised on the experiences of individuals (Harwel, 2011, Bryman, 2001) and these experiences must be interpreted meaningfully to make sense of the social world. Qualitative research is a study of daily lives of different people and the community in their natural setting (Denzin & Lincoln, 2003), hence qualitative research is naturalistic. The current study will

determine how medical students returning from Cuba make sense of their daily lives at institutions allocated to them upon arrival in South Africa. In the qualitative research approach, the researcher facilitates the interview questions and allows participants to tell their unique and individual stories (Favero, 2016). These unique life stories encompass their adaptation, social and academic support and coping strategies at the time when they will be encountering their South African peers. In this way the researcher becomes an active listener in order to collect viable information from the participants, as McMillan and Schumacher (2014) attest that in the qualitative research approach, the researcher receives information directly from the participants. Denzin and Lincoln (2003) emphasise that qualitative research explores and discovers issues about the problem at hand and helps the researcher to better understand people and their cultural and social context (Myers, 2009).

For qualitative researchers to be familiar with participants' perspective of events, beliefs or practices from their point of view (Pellissier, 2010), they must ensure that they work as closely as possible with the participants being studied as information is collected based on the lived experiences of the individuals (Creswell, 1994). Qualitative research is concerned with the subjective assessment of attitudes, behaviours and opinions (Kothari, 2004). The researcher was interested in obtaining in-depth information of how the medical students transition to the South African medical institutions. Participants shared their lived experiences by telling stories on how they experienced the transition process. Qualitative data was collected through photographs with narratives followed by one-on-one interviews with same participants.

3.3 RESEARCH PARADIGM

While scholars such as Cohen, Manion and Morrison, (2011) ; Hiles, (1999) reveal that research paradigm is meant to pursue knowledge and a system of beliefs, values or principles, it involves making meaningful construction of real issues with assumptions that different researchers work within different paradigms. Different paradigms contain

the ontological and epistemological views that differ and so the ontological and epistemological views consist of differing assumptions of knowledge and reality which underpin an approach (Scotland, 2012). Thus, paradigms are assumptions adopted towards truth, reality, knowledge and how knowledge is to be used (Hiles, 1999). In Scotland's view (2012), this knowledge and reality are always constructed into and out of the interaction existing between humans and their world, they are then established and transferred into a social context. That means that the social world can only be understood from the standpoint of participants.

Guba and Lincoln (1994) outline three areas that all paradigms must be concerned with. Ontological assumption is concerned with what exists, what constitutes reality, the nature of reality, and what can be known about it. The ontological assumption in this study is that reality about South African medical students returning from Cuba presents itself differently in that students are faced with multiple transition challenges upon their return. The researcher assumed that returnees experienced challenges which needed to be explored. Epistemological assumption is concerned with the search for human knowledge which can offer some truth about our knowledge claims. The truth about our knowledge claims can be found from the students. Thus, the epistemological assumptions are concerned with how knowledge is being constructed, assimilated and transferred. The amount of data collected presented multiple realities about students' transition. Furthermore, the human knowledge was generated by interpreting and analysing data in the study. The epistemological assumption is therefore based on the interpretive paradigm in order to understand the subjective world of the transitional experiences of medical students returning from Cuba (Cohen et al, 2007), how South African medical students returning from Cuba experience and manage transition.

This study is located within an interpretive paradigm, with an aim of understanding the world as it is explained by the participant. Qualitative research involves sharing of beliefs about nature and reality, hence it is interpretive (DiCicco-Bloom & Crabtree, 2006). An understanding of interpretivist paradigm is embedded at the philosophical

level with a researchers' own view (Yanow, 2006). Guba and Lincoln (1994) are of the idea that interpretivist theorists believe that reality is subjective and socially constructed. With interpretivism, the researcher tends to gain a deeper understanding of the phenomenon (Pham, 2018) transition. Interpretivists adapt the relativist ontology in which a single phenomenon might have several interpretations (Pham, 2018). The researcher was open-minded about the interpretation of the above-mentioned phenomenon, with an intention of understanding how the participants are affected by its realities.

3.4 RESEARCH DESIGN

The knowledge by McMillan and Schumacher (2014) is important in understanding what research design is and the strategy or a plan that explains the conditions and procedures followed to collect and analyse data. The choice of the design depends on the nature of the research which is modelled by research aims (Walliman, 2011), and each type of research design has a series of methods used to collect and analyse the generated data. The current research is aimed at exploring experiences of South African medical returnees from Cuba during their transitional period. The generation of this data calls for a narrative research design which is inquiry-based. In this research design the researcher studies the lives of individuals by asking them to tell stories about their lives (Creswell, 2014). In addition, Creswell (2006) elucidates that narrative research is best at capturing stories of life experiences of a small number of individuals or a single life. This study aims at understanding the lived experiences by stories told by the participants. Hence, Clandinin and Connelly (2000) augment that narrative research helps in understanding experiences, stories lived and told.

3.5 RESEARCH METHODS

Research methods are techniques that are used to do research. Such techniques provide the researcher with ways to collect, sort and analyse information in order to

come up with a conclusion (Walliman, 2011; Goundar, 2013). Scholars such as Cohen et al, (2007). refer to a series of methods used in research to collect information which will be used as a basis to infer and interpret the explanation and predict the outcomes To consolidate the above-mentioned information, Myers (2009) interprets research methods to be a strategy of inquiry which moves from an underlying assumption to research design and data collection. This includes steps taken in identifying participants, sampling selection from the entire population, data collection and all steps taken to prepare data analysis. Thus, research methods aim at findings solutions to research problems (Goundar, 2013).

3.5.1 Population and sampling

This study aims to collect rich and unique data which will add new knowledge to the existing knowledge about returnees' transition. Data to answer the research questions is obtained from the study population. Taherdoost (2016) defines population as the whole set of cases from which the sample is drawn. In most cases, the population is very enormous that it becomes impossible to collect information from everyone. This can take lot of time, which is not possible for most researchers, so a sample is selected from the population. Field (2005) and Alvi (2016) define sample as a smaller part of the population that can be used to determine the realities about the population for investigative purpose. How small or large the sample should be is a question that many researchers ask themselves. It is, therefore, vital that researchers select a sample that will yield relevant information to answer the research question. This study selected a sample of South African medical students returning from Cuba after studying there for six years. The students are returning from Cuba in the year 2018. Soon thereafter, they are placed at South African medical institutions to complete their qualification. It is during these eighteen months that they will experience a change of learning environment that may impact on their success. They must integrate with local medical students and do clinical visits at hospitals.

Kumar (2011) attests that the accuracy of the findings in research depends largely on the way the sample is selected. The author adds that a sample should be selected in a manner that it represents the study population and should provide a true reflection of the sampling population that is being studied with a substantially high degree of probability (Kumar, 2011). When selecting a sample, the researcher should take note of the avoidance of bias and attain the maximum precision for a given outlay of resources. In addition, the researcher should select a sample that shares similarities related to the research question (DiCicco-Bloom & Crabtree, 2006). Taherdoost (2016:19) suggests the following six steps to follow when conducting sampling.

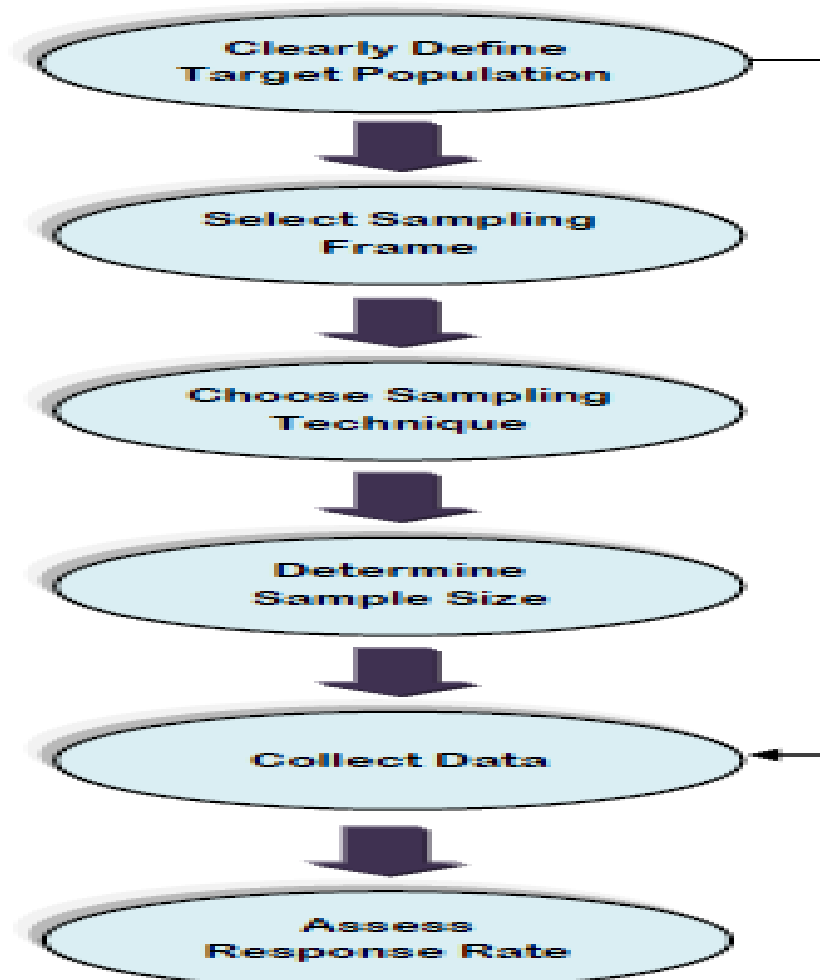


Figure 3.1: Steps to follow to conduct sampling

Source: Taherdoost (2016)

The first step, Clearly Defining Target Population, requires the researcher to clearly define the target population, as the larger group from which the smaller sample will be drawn. The second step, Selecting Sampling Frame, is the list of actual cases from which the sample will be drawn, and it must be representative of the population. The third step is Choosing Sampling Technique. As sampling can be used to make inference about population or make a generalisation in relation to existing theory, researchers must understand the type of sampling technique that they choose. The fourth step, Determining Sample Size. The absolute or complete size of the selected sample relative of the complexity of the population is what matters in determining the sample size. It must be noted that a larger sample reduces sampling error but at a slower rate. According to Creswell (2013) the sample size clearly depends on the preferred design of the researcher. The fifth step is Collecting Data. This step is conducted once all four of the listed steps have been established and the researcher is ready to start with data collection. The sixth and last step taken to conduct sampling is the Assess Response Rate. Taherdoost (2016:26) defines response rate as the number of cases agreeing to take part in a study. The response rate is never 100 percent because in some cases participants refuse to respond, are unable to respond, relocate or the researcher is unable to contact the participants. The author attest that employing the right sampling technique and generating a larger sample in some instances help to reduce sample bias (Taherdoost, 2016).

3.5.2 Sampling and participants' selection for the study

This is a qualitative study and adopted the non-probability sampling method as the researcher was able to include or exclude other participants purposively. The study did not include students who dropped out of their studies and those who are already working as medical doctors. The main participants in this study were South African medical students who would have spent at least six years studying medicine in Cuba through the NMFCMC programme. The students should have returned to South Africa

and are in their final 18 months of reintegration at South African medical institutions. The students should have experienced transition during the data collection period.

The selection of South African medical students returning from Cuba as participants for this study was done purposively as (Neuman, 2000; Maree, 2011; Alvi, 2016) attest that the researcher must select participants that meet the defined criteria and are particularly informative about the phenomena under investigation. The sample must share similarities that relate to the research question (DiCicco-Bloom & Crabtree, 2006), in order to provide valuable and relevant information. In other words, participants share similarities in the sense that although they are placed at different medical institutions, they are all returnees from Cuba reintegrating into the South African context, they can share their re-entry experiences and how they manage the transition. The selection of actual participants from the total population was to eliminate all possible participants that will not form part of the study.

In this study the population included all South African medical students who went to study medicine in Cuba and have returned to South Africa to complete their medical degree. These students would have spent six years studying medicine in Cuba according to the NMFCMC agreement. The total number of South African medical students who studied in Cuba is excessive, so not all students will give relevant information to answer the research question and careful consideration was followed when selecting the sample. In this study only participants who returned from Cuba and are knowledgeable about the topic under investigation form part of the study. Hence, the type of sampling determines the relevancy of participants who will yield relevant information.

South African medical institutions are the research sites for this study. These institutions accept and train South African medical students returning from Cuba during their 18 months reintegration, and so the selection was done purposively. In addition, the medical institutions were selected based on their historical background, that is, a

combination of former black dominant and former white dominant institutions. This was done to obtain data which is representative of the sample required for this study. Lieblich et al. (1998) explain that although most narrative research use small sample as compared to the size of the sample used in other research, the amount of data collected is huge. A total of 22 participants from three medical institutions participated in the study. The researcher believed that the total number of participants was enough to provide relevant information about the study. In selecting participants for the study, issues related to gender were not considered as critical because the study only focused on students' experiences during transition. A study comparing the difference in responses from males and females might be important at a later stage. The selection of participants and research sites is crucial to the overall findings of research (Phrasisombath, 2009).

In order to put the study into context, on the 7th July 2018, a total of 260 South African medical students returned from Cuba to start their 18 months of finalising their medical qualification and reintegrate into the South African medical system at a South African medical institution. These students are part of the 2 885 South African medical students who studied medicine in Cuba since the programme began in 1996. At the time of collecting data, 98 students were in their final year at South African medical institutions and approximately 590 have qualified as medical doctors. Participants were selected from the students who returned in July 2018 and were placed at different medical institutions. Participants sampling was achieved with the assistance of the medical institutions where participants were enrolled.

3.6 DATA COLLECTION METHODS

The methods of data collection depend on the type of study. This is a qualitative study that aimed at understanding how South African medical students returning from Cuba experience and manage their transition back home. The study strongly emphasises on lived experiences of the participants. As indicated in the previous section, after

permission to collect data was granted from the University of Pretoria, the very first step was to seek permission from the sampled South African medical institutions. Letters requesting for permission were sent to these institutions and thereafter meetings with the participants at the different institutions were arranged. During this first meeting, only those who agreed to participate were given consent letters to sign.

For the purposes of this study, the visual metaphor approach of collecting data was adopted, as used by Elliot et al. (2016). This visual metaphor method, also known as photo-elicitation interview, involves the use of relevant photographs as interview prompts (Van Meerdervoort, 2016). The use of photographs to collect data is unique in the education field, as it is commonly used in sociology (Bridger, 2013). Banks (2001) attests that this method may act as memory triggers for the participants thus allowing them to talk more freely. Two types of photo-elicitation are identified by Van Meerdervoort (2007) as researcher-generated photo-elicitation (native image making technique) and participant-generated photo-elicitation. In researcher-generated photo-elicitation the researcher takes photographs used during the interview, and in participant-generated photo-elicitation participants take the photographs used during the interview. This study adopted the participant-generated photo-elicitation and photographs were taken by the participants. This method is not aimed at replacing the traditional interview form of collecting data, rather to represent a “useful tool both to triangulate between different information sources and to bring different insights to the research” (Bignante, 2010:3). Participants wrote narratives about the chosen photographs which were followed by one-on-one interviews. Data was collected at the selected South African medical institutions where participants experienced their re-entry transition process.

3.6.1 Photographs

Photographs, as a tool for data collection, are widely used in qualitative research. A thick rich description of the subjective experiences of participants is generated. This

study followed the study by Elliot et al. (2016) in which cameras are given to participants to capture photographs for their experiences. After explaining issues related to ethical considerations and the use of cameras to participants in this study, participants requested that they use their own cell phones instead of cameras to capture photographs that represent their transition experience at the medical institutions. The technicalities of the cameras to be used were not discussed as participants preferred to use their cell phones which they could easily operate.

3.6.2 Narratives

Each participant took few photographs that described their transition experiences. Participants had more than one photograph to describe their experiences and so from the photographs taken, participants were required to select one photograph that best represented their lived experiences of the transition process. Participants were requested to write narratives about the photographs that they felt best depicted their transition process. These narratives were transcribed by the researcher in order to give a perspective of what the participants were referring to in the explanation of their experiences.

3.6.3 Interviews

Interviews as data collection tools have been used widely in research. Rule and John (2011:64) prescribe the following steps that the researcher should follow when conducting an interview: the researcher should create a relaxed and calm environment for the interview; explain to the participants what the nature and the purpose of the research is; allow participants to seek clarity about the study and ensure that they are willing to continue before the interview can start; inform the participants about the ethical obligations; implement a casual conversation style to help build trust; start with the least demanding questions that are controversial; listen to the participants carefully by not interrupting them; and respect participants before, during and after the interview.

Although data collected from photographs is believed to generate in-depth understanding of the personal meaning of the experiences of participants (Elliot et al, 2016), interviews help in clarifying what cannot be understood by the researcher about the photographs. In addition, the chosen photograph by the participants might not provide some of the information that the researcher wants to know about. The questions in the interview protocol were developed within the framework of Schlossberg's transition theory. The questions were developed to answer the primary and the sub-questions of the research as presented in the first chapter. The primary research question is: How do South African medical students from Cuba experience transition when they return to South Africa? The combination of photographs, narratives and interviews is done to allow participants to have an opportunity to make meanings of the photographs. Although photographs are reported to be more telling than words, photographs alone might not have intrinsic meaning (Schulze, 2009).

3.7 DATA ANALYSIS

The researcher requires enough time to process collected data. As an ongoing process, data collection and data analysis were done concurrently (Creswell, 2012). Analysing a narrative study involves analysing stories from the participants, then 'restorying' them into a sensible framework (Creswell, 2006). Data was collected from conversations and an audiotape was used. Data analysis involved the following steps: transcribe the audio-recordings into text, code them according to similar themes, find similar patterns and sort the data to address the main research question. The different emerged codes from the transcriptions make it important for the researcher to ensure the use of codes (Henning et al, 2004). The audio-recordings from participants were transcribed into text and data was categorised accordingly. The writing of the narrative was done as part of the critical dialogue that the participants generated on their photographs. Both verbatim interviews and photographic data were employed complementarily. A computer software program NVivo, was used to analyse the data.

3.7.1 Analysis of the photographs

The photographs were analysed for content and meaning. Only the photographs that best represent how the students experienced transition as chosen by participants were analysed. By requesting participants to describe their chosen photographs, the researcher was able to establish how participants experienced their transition process. The photographs not only tell a story about the experiences of the participants but also served as evidence of their personal experience during the transition process. All the photographs were arranged in categories identified from the interview transcripts. When the content of the photographs was analysed, the main themes in the experiences of students were identified.

3.7.2 Analysis of the interviews

The interviews were transcribed verbatim and analysed. The transcripts revealed how the South African medical students from Cuba experienced transition in their home country. In addition, the transcripts should reveal if there was anything that they wanted to capture on the photographs but could not. Transcription is a time-consuming process which should be done immediately after the interviews while data is still fresh. The recorded data was therefore transcribed immediately to avoid omitting the context and even the mood that was presented during the interview. All the important details of the interview were captured during transcription. In analysing the interviews, the transcribed data was organised into categories as guided by the theoretical framework discussed in Chapter 2.

3.8 TRUSTWORTHINESS

Creswell (2009) posits that the use of various approaches in qualitative research is done to increase credibility and trustworthiness of data. While credibility refers to the measure applied in ensuring the trustworthiness of data, it is of relevance for the

accountability of all the steps in the research process. From the standpoint of this research, a field journal was kept throughout research process. Keeping a journal helps to reflect on new ideas, thoughts and any challenges encountered along the way and make alterations and modifications where possible. To ensure trustworthiness, Shenton (2004) reported on the following strategies to be followed: Credibility, Transferability, Dependability and Confirmability. Triangulation and member checking establish credibility in qualitative research (Devault, 2019). Triangulation uses multiple data collection instruments in a research. These include interviews, questionnaires, document analysis, photographs, and so forth. In this study, collection of data starts with participants using their cell phones to capture photographs that depict their experiences during the transition process in South Africa. They then wrote narrative about the selected photograph. This process was followed by one-on-one interview with participants. The use of photographs and interviews was done to triangulate the data in the research. Bignante (2010:3) depicts that photo-elicitation interviews are done to represent a “useful tool...to triangulate between different information sources”. It was difficult to do member checking as participants were not always available and so, instead prolonged engagement was employed whereby extended time was spent during interviews with participants to better understand their behaviours and social interactions (Given, 2008). In addition, the transcripts were re-checked to ensure that they do not contain obvious mistakes that could have been made during transcription (Creswell, 2014).

Transferability refers to the degree to which the findings of a study can be applied to other similar situations (Shenton, 2004:69). To achieve this, similar studies must be conducted in a different setting but employing the same methods. This study was conducted with 22 participants from three out of nine medical institutions in South Africa. Although it was impossible to do the study with all students who returned from Cuba at all the nine institutions due to financial constraints and the fact that not all returning students will be willing to participate, the findings of this study can be applied to other similar situations with similar challenges. Dependability addresses the issue of

reliability of data. This means that if the same study is repeated with the same participants and same techniques employed, the findings will be similar (Shenton, 2004; Gunawan, 2015). To achieve this, the processes involved should be reported in detail to allow future researchers to repeat the study. The processes include participants' sampling, data collection and data analysis. The findings of similar studies correspond to the findings of this study as reported in Chapter 2 of the review of the literature, except the fact that other studies do not report on the management of transition by returnees which was the case in this study. Confirmability addresses issues of presentation (Gunawan, 2015). It means other researchers must be able to reproduce the findings of the same study to show that the findings are not cognisant of bias from the researcher (Devault, 2019). In this study, the findings were reported as they emerged. The researcher did not tamper with the findings based on the previous experience. In this case the recordings and transcriptions are kept safely and can be produced if needed.

3.9 ETHICAL CONSIDERATIONS

The application of appropriate ethical principles in a research is pivotal for the protection of human subjects (Mohd Arifin, 2018). In order to develop a trust with participants and promote the integrity of the research, researchers must protect their participants (Creswell, 2014). It is of utmost importance that in any research, the researcher adheres to research ethics especially when engaging human participants. In this study, ethical considerations start with the researcher applying for and being granted permission to collect data from the University's Faculty of Education Ethics Committee. Researchers are not allowed to start collecting data until permission is granted by the Ethics committee. As this study involved participants who are students from Faculty of Health Sciences in all the medical institutions, permission was also obtained from the Faculty of Health Sciences of the institutions where the students were placed.

After receiving permission from the medical institutions, the researcher requested that they assist in recruiting participants for the study. The institutions advised that the process of recruiting participants must be done after permission from the institutions was granted. This was done with the help of the student representative from each institution who contacted the participants and upon their agreement, the researcher was given their contacts from the student representatives. Due to their tight schedule, participants were met at different times and places depending on their availability. During the first meeting, all ethical issues were explained to the participants. Only participants who agreed to participate in the study were given letters of consent to acknowledge their willingness to participate and to consciously agree to their role. The letter of consent was read to the participants and they were also given time to read it for themselves. Informed consent was given voluntarily after participants understood what was required from them. By issuing informed consent, the researcher wanted to show respect to the participants after a lengthy explanation. It was clearly stated and explained that their participation is voluntarily meaning that they can withdraw from participating at any stage during the research process without any consequences.

Other important aspects of ethical considerations included anonymity, confidentiality and privacy. These aspects of ethical considerations were clearly stated that their names and the names of the institutions in which they are enrolled will be kept anonymous and will not be provided in any publication or any public presentation. The anonymity and confidentiality of all participants and institutions were preserved in all steps during data collection, data analysis and report of the findings (Mohd Arifin, 2018). In addition, the privacy and confidentiality of the interview places were carefully managed throughout the research by ensuring that participants avoid capturing photographs which reveal any information about the institutions. It was also stated that no risks were anticipated by participating in the study.

3.10 LIMITATIONS OF THE STUDY

The study findings can be grossly affected if its limitations are not well managed. Although about 260 students returned from Cuba in July 2018, only 22 of them took part in the study. These participants come from different South African medical institutions and different provinces. The study was limited to the students who returned from Cuba and were in their final year at South African medical institutions. The study excluded students who returned before 2018 and those who were already working as medical doctors who could share their transitional experiences when they returned from Cuba. Participants were selected from different medical institutions. The study focused on students who were on the NMFCMC programme and returned to South Africa, so the views on transition were obtained from returning students only, the local students and staff did not take part in the study. Another limitation is that due to the tight schedule of participants, the researcher could not do member checking but instead, spent extended time with participants. It is because of the number of participants who participated in the study that the findings cannot be generalised but only be used to add knowledge on returnees. Furthermore, the study could be improved by first understanding students' needs comprehensively and applying different methodological approach such as quantitative or mixed method in future research. The findings can also be used to help address issues related to students' challenges during the transition process.

3.11 CONCLUSION

This chapter explained in detail the research design and methods followed in the study. These include the research approach, research paradigm and data collection techniques. The choice of qualitative approach was clarified. The chapter outlined the processes and procedures followed for participants' selection and research site. The different types of sampling and the choice of sampling method for this study were explained in detail to understand why a specific sampling method, which is purposive sampling, was preferred. A lengthy exposition of the strategies for data collection and

analysis were given. Issues pertaining to the trustworthiness of the study were detailed in this chapter and followed by ethical considerations and limitations of the study.

The next chapter deals with the analysis of data from both photographs and one-on-one interviews. The audio recordings from the interviews were transcribed before the process of data analysis could take place.

CHAPTER 4: PRESENTATION OF RESEARCH FINDINGS AND DATA ANALYSIS

4.1 INTRODUCTION

The previous chapter discussed the research methodologies and design. In this chapter, the researcher presents the findings gathered through a qualitative study on the transitional experiences of South African medical students returning from Cuba. The researcher focused on Schlossberg's transition theory about the 4S system, namely, situation, self, support and strategies. Participants' responses on their experiences formed the core of this chapter. Their experiences range from adapting to the Cuban environment to returning home and readapting to the South African environment. Schlossberg's transition theory provides a framework for understanding how South African medical students returning from Cuba experienced and managed their transition. An explanation was made available on how the metaphor approach makes use of photographs as data collection. Participants took photographs that described their transition experiences upon returning to South Africa from studying medicine in Cuba for six years. From the photographs taken, they had to choose one photograph that best depicts how they experienced transition back in South Africa. Participants then wrote narratives about the chosen photographs, which were followed by one-on-one interviews with the researcher. This study aims at understanding how South African medical students returning from Cuba experience and manage their transition back home and as such the selection of participants had to be purposive.

4.2 DATA CAPTURING

All the participants spent six years in Cuba studying medicine and have now returned home in South Africa to complete their final 18 months reintegration in a South African medical institution. Twenty-two participants from the three South African medical institutions participated in the study. Purposive selection of participants was done in order to answer the main research question:

How do South African medical students returning from Cuba experience transition?

This chapter thus consists of two sections: Firstly, analysis of the photographs and their narratives and secondly, analysis of the one-on-one interviews. Negro, Sorm and Steen (2017) intimate that although the description of a meaning of a visual may seem to be easy, it is difficult because from one's perspective it is usually ambiguous. This means that a picture alone may be interpreted in different ways. Hence after taking the photographs, participants had to write narratives about the chosen photographs to explain how they experienced transition upon returning to South Africa. Furthermore, the interviews were conducted in order to obtain more information and gain a better understanding of the transitional experiences of South African medical students who studied in Cuba and have returned to South Africa to complete their 18 months reintegration programme before they could be awarded their medical degree qualification. Both narratives and interviews were transcribed.

To protect the identity and privacy of participants and their institutions, pseudonyms are used instead of their real names. For example, A1 for participant 1 from university A or C3 for participant 3 from university C, and so forth. The researcher has invited more participants to make room for those participants who may withdraw along the way during the data collection process. At the time of collecting data, the participants' ages ranged between 25 and 27 years. After completing their matric, participants obtained funding and left South Africa to study medicine in Cuba. Some of the participants were enrolled for a year at a South African tertiary institution before leaving for Cuba. The average age of a matric learner in South Africa is 17 or 18 years. It should be noted that the study does not necessarily compare the experiences of participants at different South African medical institutions or how different South African medical institutions support their students during the re-entry process, rather to understand their re-entry experiences upon return from Cuba and to obtain a representative data.

4.3 ANALYSIS OF THE PHOTOGRAPHS AND NARRATIVES

One of the main functions of the photographs was to serve as a data collection technique where participants captured photographs that described their transition experiences on their return in South Africa. The participants were requested to choose one photograph from the ones taken that best depicts their transitional experiences. It was evident that the researcher's aim was to have a clear understanding of the meaning of the photographs from the participant's' angle. This approach prompted the participants to write a narrative to explain how they experienced transition back in South Africa. An expectation was that the photographs should indicate the challenges that participants experienced, the support that they received and the coping strategies that they adopted to enhance their transition. Below is a presentation of the photographs and their narratives, followed by emerging themes together with their discussions.

Participant A1



Narrative: The participant chose the photograph of a stethoscope, a medical device used by doctors to listen to the sounds, especially the heartbeat or blood flow in patients. The reason for choosing this photograph is that it constantly reminds her of

how demanding the medical degree is. She indicated that the price one must pay for this instrument is far greater than she initially thought. She further explained that upon her return in South Africa she felt the pressure with the amount of work they were faced with as compared to the locally trained students. She said: “we are facing many challenges here, but the biggest challenge was the discrimination from the university”. When they are called Cuban students in South Africa as if they are foreigners in their own country, which really hurts the most.

Participant A2



Narrative: Participant A2 presented the photograph of a brain with an unsolved puzzle. The participant explained that while in South Africa, his transition experience was not as smooth as he expected. He narrated that all he wanted was to come back home after all the hatred and bad treatment he received in Cuba. They were labelled as foreigners in Cuba. Arriving home was challenging as he realised that the adaptation experience in South Africa was the toughest. He felt as if he was studying medicine for the first time in South Africa. He mentioned that he lost balance, control and even interest in medicine because of the pressure that he found himself in. The issue of language is still a

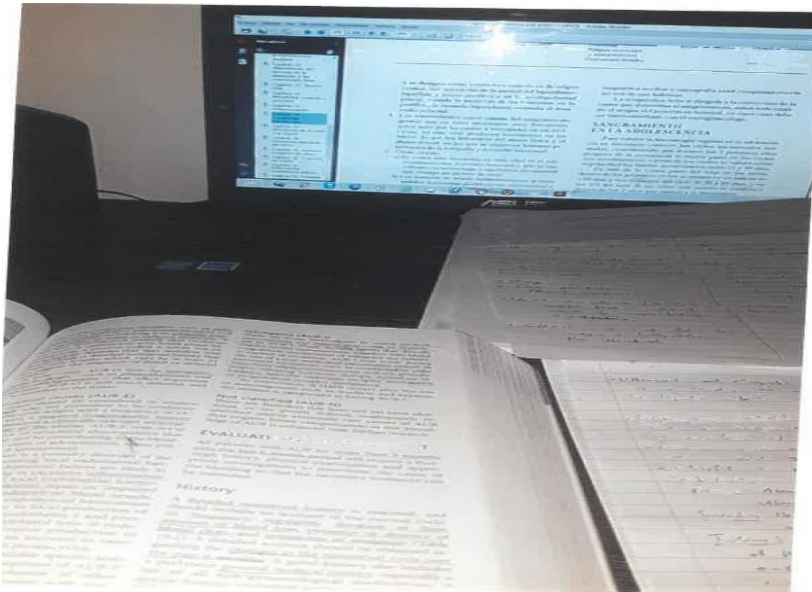
problem for South African medical students who studied in Cuba. The participant indicated that when they are asked questions, they need to first translate the question into Spanish in order to understand it and back to English in order to respond. He explained that this process itself takes time and they (doctors and professors) end up asking “are you from Cuba? You guys from Cuba you don’t know medicine”. He mentioned the fact that when they were in Cuba they were referred to as Africans and now that they are back home they are being referred to as Cubans and this makes them feel like foreigners in their own country. The participant in his narrative continued to indicate that it was difficult for him when doing hospital rounds that there were times when he was asked to draw blood from a patient and that was difficult because he had never drawn blood in Cuba. And they said, “You are in your fifth year and you cannot draw up blood”. He sat down and tried to put more effort into his study in order to do better but realised that it was not working. He felt there was a piece in his mind that was damaged or missing; he felt incapable of learning, or incompetent. Hence the puzzle in the brain. He eventually decided to get professional help from a clinical psychologist.

Participant A3



Narrative: This photograph was taken in a hospital while doing hospital rounds. The participant narrated that in the beginning, all went well because they were introduced to the skills. It was part of the orientation process which did not last long before they immediately started with big blocks of seven weeks each. He began to feel the difference in the medical studies between South Africa and Cuba due to the difference in the health system. He indicated that being responsible for two to five patients, being hands-on, and assisting in the theatre is difficult. In Cuba, all those activities were done by specialists. In South Africa, students are expected to do most of the work themselves. He further explains that because they studied in Spanish and now in English, it affects the way they experience transition. He feels very tired after coming back from the hospitals knowing that he still needs to study.

Participant A4



Narrative: This participant presented a photograph of a laptop with text in Spanish, a textbook written in English and a notebook for writing in. The participant indicated that the fact that they are learning two languages increased their workload. She mentioned that she constantly has to use language translator whenever she is studying to help her understand the work. Even though she could not think of a photograph to describe her

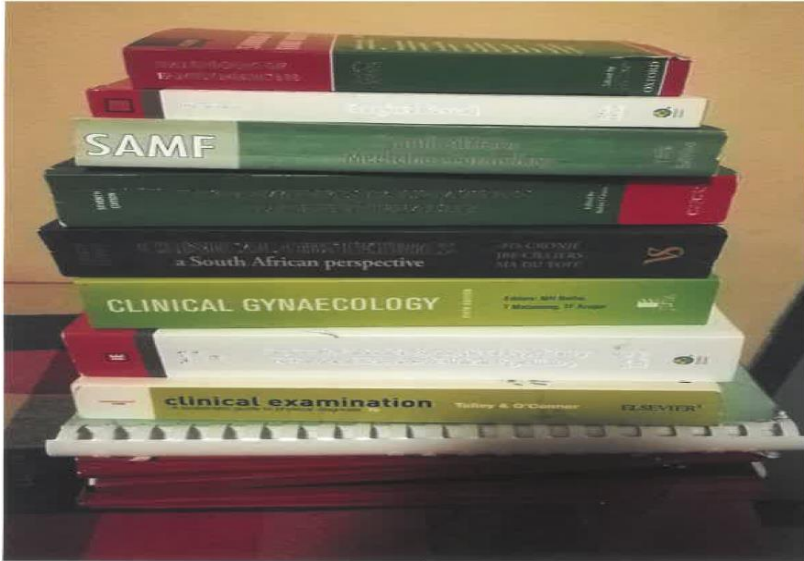
experiences she mentioned that being told that they do not know medicine, makes them feel incompetent and looked down upon.

Participant A5



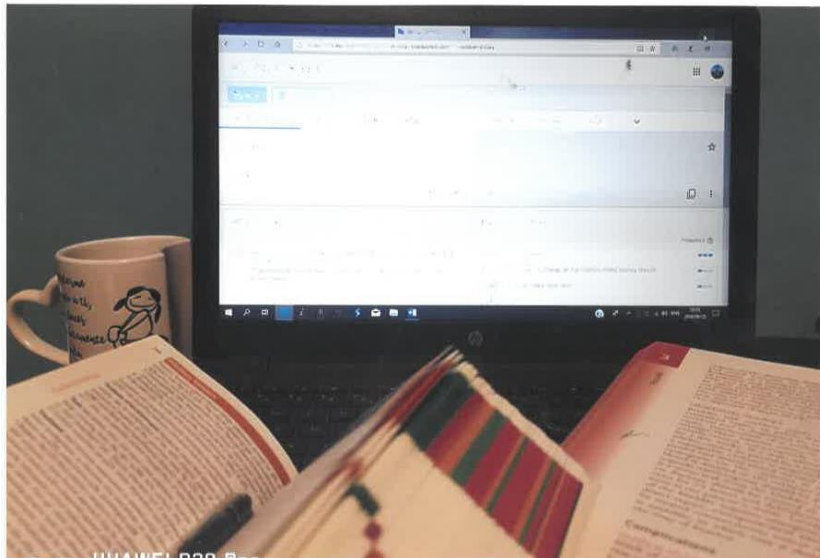
Narrative: The participant chose this photograph of medical equipment which is being used during surgery. She explained that the photograph reminds her of the difficult nature of the medical career and that she never thought it would take a lot of sacrifice to achieve it. She elaborated by explaining that her transition was very difficult because she was labelled a foreigner while in Cuba and still called a foreigner in her homeland. She indicated that it killed the little confidence she still had and at times she got depressed. She also indicated that South Africa lacks humanity. She strongly feels that the country should focus on improving the health system.

Participant B1



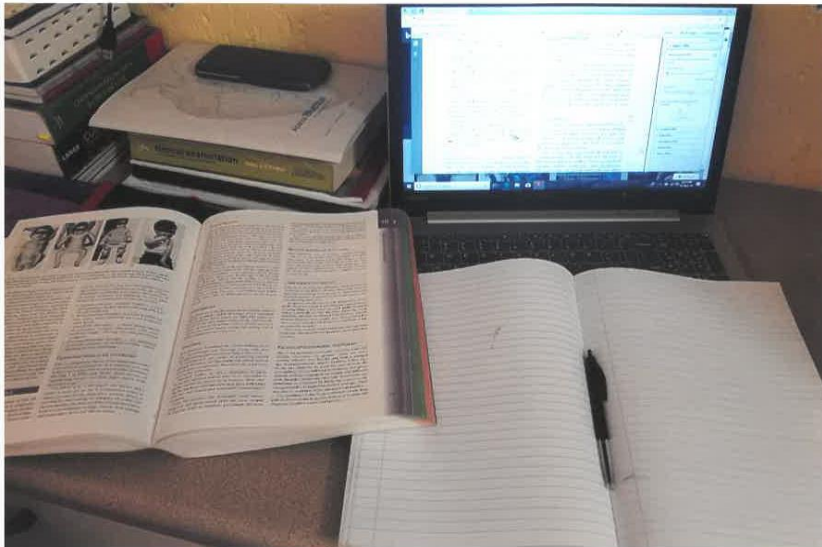
Narrative: The participant took a photograph of medical books. Furthermore, she indicated that it was difficult for her to acquire the necessary skills and knowledge for her career. For her a combination of work and studying during a short period is unsurmountable, hence many books in the photograph.

Participant B2



Narrative: This participant, just like Participant A4, chose a photograph of a laptop explaining that she is using a Spanish to English translator which indicates the extra work she must do every time, be in class, in the wards and when she is studying. The photograph also shows a cup of coffee which explains why she needs extra energy to keep her going as the workload is too much for her. She also mentioned that due to the strikes that happen at the institutions, they end up being left behind and this adds more work to what they already had.

Participant B3



Narrative: A laptop, textbooks and an exercise book with a pen are an indication of the load of work she is experiencing. Every time the participant starts a new module/block she feels blank as if everything is new to her. Most of the things they see here in South Africa were not experienced in Cuba. An empty book indicates how she must start all over again to write notes whereas the locally trained students always have previous notes to refer to. She only has Spanish notes, its time consuming to translate between English and Spanish. Making new notes also takes time, a block is just six weeks long and there is extra work for them as Cuban trained students, which is one of the challenges she is facing.

Participant B4



Narrative: The participant chose this photograph of people yelling at each other, saying this is how he constantly feels. South African trained students are constantly shouting and letting everyone know that the Cuban trained students are clueless when it comes to medicine. He also mentioned that locally trained doctors who are supposed to guide and support them are making life difficult for them (students). He feels doctors are critical of them just because they studied in Cuba.



Participant B5



Narrative: This participant reported that they undergo a lot of stress and end up being depressed. They manage their stress by having to stay on antidepressants just to cope. While others resort to alcohol, most of them don't drink because they want to, it is just a way to medicate their pain and fears. He hopes that such behaviours will be perceived as a cry for help instead of making them worse by passing judgment on those who abuse substances. He indicated that the work is just too much making it hard to cope. They get frustrated because they cannot seem to handle it well and everything goes out of balance, especially when they are being undermined by those who are supposed to. Their families are far away to offer support. They feel incompetent and are afraid of failure in the medical profession.



Participant B6



Narrative: The participant presented a photograph of medical books where she explained that having to sum up and translate everything that she has learnt for six years from Spanish to English in just 18 months is a lot of work and nerve-wracking. To her every day is a struggle during ward rounds and tutorials, especially when she must explain medical terms.



Participant B7



Narrative: The participant described that the picture of a watch symbolises that there is little time for transitional process adapt to the academic, psychological and social disturbances caused by leaving the country for six years. A lot of work is to be covered in a short space of time which they find difficult.



Participant C1



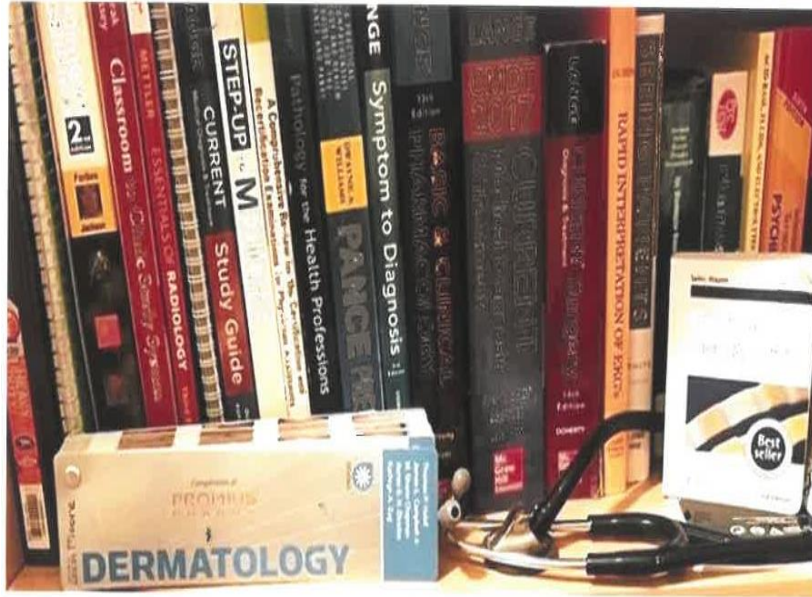
Narrative: The participant indicated how badly the thought of wanting this degree scares her. She has been battered and broken down by the very same people who are supposed to build her up, but indicated that regardless of the experiences, she will choose this profession repeatedly. She specified that it is not about the title but about the change they bring to the country. The profession according to her needs people who are humanitarians and fully understand that they are change agents. She added, “Si alguien solo sabe de la medicina, Tampoco de la medicina sabe”, which means if someone only knows about medicine, even that medicine they claim to know, they know nothing of it.

Participant C2



Narrative: The participant presented a photograph of a dark building and its surrounding. He explained that the dark photograph is an indication that they were trained in a different health system in Cuba. Upon returning to South Africa they found themselves in another health system and without proper or enough guidance on how to get through. In the end much is expected from them. The workload caused a lot of pressure and is frustrating. The participant showed that they had to a lot of effort, no matter how difficult the situation is.

Participant C3



Narrative: This participant brought a photograph of medical books together with medical equipment. She narrated that coming back from Cuba to complete their medical degree in South Africa made her realise the amount of work she is faced with. She indicated that she must double the study effort within the little time that is left. She spends all day at the hospital, comes back late, very tired and still knowing that she must study. She does not see much difference between Cuba and home except the language and workload.

Participant C4

Narrative: This participant brought two photographs to explain his transitional experience in South Africa. The photographs are not included in order to protect the identity of the individuals photographed. The first photograph displays students studying in a group around a table, while the other is a depiction of a student sleeping with his head on the books holding a pen in his hand. The participant explained that the challenge encountered when coming to South Africa for reintegration is spending more time studying, trying to understand the system that differs from the one in Cuba. The participant indicated that people think that they are the most loved by the South African

government and so that stirred up hatred, and this makes their academic lives difficult. The second photograph symbolises that after all these challenges they end up being physically and emotionally drained and broken down.

Participant C6



Narrative: The participant presented a picture of an unborn child. This picture is a constant reminder of what she went through. As a young female in a foreign country with no family around to share the challenges faced, is a challenge itself. The participant indicated that although there is no child around, the experience has left a scar that will always be in her mind and heart, and this affects her transition.

Participant C7



Narrative: The participant elucidated that by returning to South Africa they are degraded, undermined, discriminated against, made to look like fools, embarrassed and ashamed by other doctors. He says this is the saddest and most difficult challenge they face. He indicates that these are the same colleagues who will work with them one day. It makes him feel like an outsider, a foreigner in his own country. In addition, this will continue to happen even after completing their studies. He says, “Seemingly the norm is we should abuse one another in our profession”. In Cuba, he says, they ask questions to teach you, whereas in South Africa they ask questions to prove you don’t know anything and seemingly the state is wasting money on them and the programme.

It must be noted that due to ethical considerations and as explained in the consent letters to participants, photographs which reveal the identity of participants could not be disseminated in this thesis but only their narratives are reported. The findings from the photographs and narratives reveal multiple factors including academic, psychological and social factors. From the photographs and narratives, the following key themes emerged and are discussed below:

- Pressure of having a lot of work to study
- Challenges emanating from studying in Spanish and English
- Experiences of being discriminated against
- Lack of support from the institution

A brief explanation of the above listed themes is explained below:

Pressure of having a lot of work to study

Students experienced academic workload upon returning from Cuba. The above matter is depicted in the photographs of medical books presented by participants (B1, B6, C3), and photograph (A3) in this study where the participant is resting on the table after returning from the hospital. According to the participants, their workload is double that of the locally trained students. It is because of this that they find themselves very exhausted at the end of the day and still feeling pressurised. According to the participants, a lot of time is spent on studying and doing hospital rounds, therefore they cannot handle the pressure of work. They still need time to prepare for the next day. A study by Petersen et al. (2009) and Harley et al. (2007) reported that academic overload can have a negative effect such as stress on the adjustment and performance of students undergoing transition, particularly in a foreign country. The authors believe that the same stress can be experienced by students who are going through transition from an institution of higher learning in a foreign country to another institution of higher learning in the home country. The implication is that students must develop time management which allows them to revise work that was covered in their absence. The South African curriculum advantages local students and disadvantages students returning from Cuba.

Challenges emanating from studying in Spanish and English

The results revealed that language is a challenge for someone who studied for six years in a foreign language. The effect of this experience is that at times they spend time trying to translate notes from English to Spanish and back to English. Lebcir et al, (2008) and Martirosyan (2015) attest that English language skills is one of the factors that affect the academic performance of international students, hence language proficiency plays a crucial role for students in completing their studies (Li et al, 2010). Google translator is very helpful to the participants during the language translation, though they may not have sufficient funding for data used. As shown in some of the photographs A2, A4, B2 and B3, participants have laptops trying to do double translations from English to Spanish and back to English. This process alone consumes a lot of their study time. Students are expected to master the English language skills for them to complete and obtain their medical degree.

Experiences of being discriminated against

Some participants experienced discrimination while in Cuba and after returning home. Participant A2 narrated that all he wanted was to come back home after the hatred and bad treatment they received in Cuba. While in Cuba, participants were treated and referred to as foreigners, and this made them feel unwelcome, hence they felt bad treatment and hatred. Discrimination experienced at home comes from fellow South African trained medical students as well as from staff members. Students are constantly being reminded of how they do not know medicine just by studying in Cuba. They are regarded as students who know nothing about medicine even though they are in their final year of study. Participant C7 narrated that the students from Cuba are treated differently in that they are being discriminated against. Discrimination to the students means they are not being supported. Participants added that they feel like foreigners in their own country and this makes their transition difficult. This statement is supported by A2 who explained that whenever they took a little longer to respond to a question during

lectures, they are being asked if they are coming from Cuba. This finding implies that students who studied in Cuba, together with their medical qualifications are being undervalued in South Africa. The discrimination itself is a symbol of judgement from their fellow South Africans. This kind of treatment brings new insight in this study as it has never been reported in the previous studies.

Lack of support from the institution

The knowledge of participants experiencing less support during their transition in South Africa is disturbing. Their narratives indicate that they were faced with challenges that could negatively affect their academic performance. Arouca (2013) and Tom (2015) emphasise on the importance of support programmes such as workshops to mitigate the students' difficulties of adjustment related to the behaviour of the academic staff. Participants felt that the treatment they received from the doctors undermined their cognitive ability. One of the participants narrated that locally trained students are constantly yelling and reminding them that they know nothing about medicine. This treatment, which is also coming from local doctors, shows that participants are not receiving support from the staff and locally trained students. Institutions should develop re-entry programmes that are designed in such a way that they help returnees in their readjustment to the home culture and university life. Returnees need to learn to utilise the skills that they learnt from their experience abroad rather than undervaluing their qualifications. Tseng and Newton (2002) believe that the same methods used to help students to adapt in the host country can be used to help students returning to their country after studying abroad.

4.4 ANALYSIS OF THE INTERVIEWS

Data collected from the participants through interviews are discussed below. One-on-one interviews were conducted with participants following the submission and analysis of the students' narratives. The purpose of the interviews was to allow participants to

express the details about their transitional experiences upon returning from Cuba. An analysis of the interviews brought about four broad themes which were identified to address the following study objectives:

- To establish how South African medical students perceive their experience in Cuba in relation to their re-entry process;
- To explore the challenges that South African medical students experience on their return from Cuba;
- To assess the support that South African medical students receive to enhance transition on their return from Cuba;
- To establish the coping strategies that South African medical students adopt on their return from Cuba.

The results from interviews were analysed in the context of Schlossberg's transition theory and the literature. The theory provides a framework on how South African medical students returning from Cuba experience transition. The Schlossberg transition theory focuses on the four major factors (the 4Ss) that influence how individuals cope with transition. The 4Ss can be applied to respond to the questions about what is happening, to whom it is happening, what kind of help can be offered, and how the person copes during transition (Byrd, 2017). This study concurs with the argument that every person is unique, therefore different people experience transition differently. It is important to note that in order to understand the meaning of transition that one is experiencing, one should understand the type of transition, the context of transition and the impact that the transition has on the individual. To ensure the confidentiality of the participants, the letter numbers A1, B1, C1, and so forth have been used throughout the analysis to respect anonymity of the participants and their institutions. Table 4.1 below shows the research questions and emerging themes.

Table 4.1: Research questions and emerging themes

Research question	Themes
How do South African medical students perceive their experience in Cuba in relation to their re-entry process?	<ul style="list-style-type: none"> Students choosing to study in Cuba Experiences of studying in Cuba Amount of control the individual has Valuable lessons learnt in Cuba Feeling of coming home Re-entry experience in South Africa
What kind of challenges do South African medical students experience on their return from Cuba?	<ul style="list-style-type: none"> Expectations upon returning home Language and social integration Academic integration Loneliness and isolation Role change Financial challenges
What kind of support do South African medical students receive to enhance transition on their return from Cuba?	<ul style="list-style-type: none"> Placement at the institution Institutional and Social support Government support
What coping strategies do South African medical students adopt on their return from Cuba?	<ul style="list-style-type: none"> Language adjustment Social adjustment Educational adjustment

4.4.1 Findings related to research sub-question 1

How do South African medical students perceive their experience in Cuba in relation to their re-entry process?

This section presents the findings on participants' experiences in Cuba and how these relate to their re-entry in South Africa. Studying abroad and returning home is a new experience for the participants, in particular, South African medical students who studied in Cuba. These students have never been exposed to life abroad, the use of foreign language, and generally the adoption of new culture. Their experience in Cuba can positively or negatively affect their re-entry in South Africa. The students shared their transitional experiences by relating how they were received at the host country, accommodated and interacting with people they do not know. These experiences include their difficulties in adjusting or adapting in Cuba. At first, attention was paid to the students' understanding of their vision to study in Cuba. The findings support Mazzarol & Souters' (2002) claim that students' decision to study abroad depends on the "push" factors which operate within the home country or 'pull' factors which operate within the host country. The 'push' factors identified are personal interest, admission challenges and scholarship opportunity. Most of the participants in the current study have either experienced admission or scholarship challenges or both as their reason to opt to study in Cuba. The implication of this finding is that there is a correlation between admission challenges and scholarship opportunities, in that students who could not be admitted at local medical institutions got an opportunity to go to Cuba with the assistance of government scholarship.

Students' experiences in Cuba brought a new perspective about their expectations. Unlike in South Africa, or other international countries, Cuba is a country with minimum resources. Although students were well received and accommodated in Cuba, their biggest challenge was communication, which plays a crucial role for students as it can affect their transition in a new environment (Zhang, 2016). Students found it difficult to

make new friends in Cuba because of the language barrier. Another challenge was residential overcrowding where a maximum of twelve students had to share a room. This experience deprived students of their right to privacy though some of them regarded it as an opportunity to make new friends and learn to associate with other students. Homesickness and an amount of control students had, were also reported as challenges in Cuba. Students' experiences of returning home revealed that students were confused with their initial entry when they found that institutions were not ready for them. Such an experience relates to reverse culture shock. In general, students' perceptions about their experience in Cuba in relation to their re-entry process suggest that Cuba was better prepared to host the students than it was the case in South Africa. This is evident in that students were well received in Cuba and accommodated than they were in South Africa.

Students' choice of studying in Cuba

Participants had various reasons for studying medicine in Cuba. Mello (2013) attests that students choose to study in a foreign country due to factors such as language, employability, geography, historical connections, fees and cost of living which is lower than in the developing countries. Experiencing a new culture and learning a new language are reported to be the primary reason for students choosing to study abroad (Shougee, 1999). In this study, participants explained their reasons for choosing to study in Cuba as follows:

- Student's personal interest

Alandejani (2013) pointed out that students want to experience the world first-hand, as supported by these participants:

I got interested in 2009, I was still doing my matric. Unfortunately, I could not apply in 2009 because I was currently doing matric and the programme in Cuba starts in August,

so I was going early December, therefore, since 2009 I wanted so badly to go to Cuba.
(A2)

Because I researched a lot about Cuba and their medical system and I was interested in that, and I love medicine. (A5)

Participants in this study are black South African students coming from low socio-economic backgrounds whose parents cannot afford to pay their study fees at higher institutions of learning. Some of the participants have never experienced life outside their village or hometown, except those who have family members in the cities. The experience of studying abroad became an opportunity to see the world outside South Africa. It also helped students to create memories and make new friends in the new country. This is regarded as a personal and academic benefit.

- Admission challenges at local institutions

Massification of higher education is one of the challenges facing the education system. With many students in South Africa qualifying to study at institutions of higher learning after passing matric, issues of inequalities continue to exist among black students (Badat, 2010), which deprive students access to higher education. Exclusion from higher education is based on race and class (Badat, 2010; Leibowitz and Bozalek, 2014), with black students coming from low socio-economic background families being at more risk of becoming dropouts. This argument is supported by Letseka and Maile (2008) that high university fees disadvantage students to access higher education, and this automatically shut out the poor black child. Participants indicated that it was not easy to get admission at a South African medical institution.

It was difficult to get accepted into a medical institution in South Africa. It was difficult to get through. (A1)

When asked what made it to be difficult to be accepted, the participant responded:

Well, the explanation I got was that there was too much competition. I don't know if it makes sense like many of us qualified, so the selection was a bit hectic. (A1)

This reason for admission challenges was experienced by most participants who shared their experiences by responding that:

Well, one of my main reasons was because I could not be admitted in South African university, so I had to actually work after matric but afterwards since I applied for a bursary when I was in matric, that bursary responded with opportunities from Cuba then that's when I got admitted in a Cuban university. (B6)

I have always wanted to study medicine but then when I passed matric I applied because I could not get admission anywhere so I ended up studying nursing, and then later I heard about the Cuba scholarship so I just decided to go there because I didn't like what I was studying. (C3)

This finding indicates that the challenge of admission is affecting many students and those who do not get the opportunity to go to Cuba end up registering for a programme that they were not interested in.

- Funding as a means of studying at a university

Most of the participants enrolled for the Cuban medicine studies because of access to funding. The inequalities and poor socio-economic circumstances in South Africa make tertiary studies unaffordable, especially for the lower income earners. Obtaining a bursary or study loan from other financial institutions may be the best option for most ambitious students. The South Africa government has introduced a new funding model called NSFAS (National Student Financial Aid Scheme). This funding model is aimed at

enabling access to students from low socio-economic backgrounds. Inadequate funding is one of the reasons for the high rate of drop-out among black students and unless there is a high commitment of funding to black students, equity of access to higher education for these students will continue to be compromised (Badat, 2010). Mello (2013) supported the fact that the lack of financial resources is one of the reasons students use to advance their choice to study in a foreign country. If they cannot secure a bursary from anywhere, a scholarship is something that they cannot resist. A study by Lebcir et al. (2008) indicated that students studying abroad contribute to the receiving institution's financial capitals by paying full tuition fees. The NMFCMC programme pays for the students' transport, a flight to and from Cuba, tuition fees, accommodation and even meals. This kind of support continues until students return to South Africa for their 18 months reintegration at a South African medical institution. South African students returning from Cuba report that the programme being a scholarship came as an opportunity to them. Participant A2 shared his view:

The advantage of the fact that it is a scholarship in Cuba where the government pays everything and in South Africa, our parents sometimes need to pay if you do not get a bursary or financial support. (A2)

His sentiment was shared by other participants:

I took that way because it was more of a bursary, just like any other scholarship. (A3)

It was an opportunity I thought I should take given the fact that I was raised from a poor background, I could not go to school on my own, my family could not take me to school so I saw this opportunity and took it. So, in a way I would say medicine chose me as a result of the situations I was in. (C2)

Another participant indicated that because of financial strain at home he took what he called a gap year and luckily a good opportunity came by as his ambition was to study medicine.

Well, going to Cuba and study medicine was like a decision for me. It was an opportunity that came because I was actually one of the students who was taking a gap year, so when they told me about this Cuba scholarship it was an opportunity because I always wanted to do medicine, but because of family issues you end up forgetting about your dreams. (C7)

Although one of the application criteria for the programme is that applicants should not be enrolled at any institution of higher learning, some participants indicated that when they left for Cuba, they were already registered for other degrees at the local institutions. The participants indicated that it was due to the challenge of financial resources that they had to consider opting for the scholarship.

Studying medicine was more like an experience. I left doing my second-year engineering, at that time I did not get a bursary and my parents could not pay for me, so I saw an opportunity and decided to go, and it was going to ease the burden. (B4)

It is evident from the participants' responses that many come from poor family backgrounds and could not afford to pay for their tertiary studies. They took advantage of the scholarship which covers all academic and accommodation needs. Studying through a scholarship is an advantage for South African black students from a low socioeconomic status. These students, because of their financial circumstances, are unable to pay their tuition fees and most of them become dropouts. Insufficient funding is regarded as one of the primary factors that leads to students' dropout (Moodley & Singh, 2015). Students who fully depend on the National Financial Aid Scheme (NSFAS) are forced to work in order to augment their financial resources and as a result, they split their time into work and studies (Letseka & Maile. 2008), with Moeketsi

and Mgutshini (2014) adding that many factors affecting students' success or failure have not changed over time. Therefore, having financial stability enables students to focus on their academic studies without worrying about tuition fees.

Experiences of studying in Cuba

Schlossberg (2011) elaborates on how a previous experience with a similar transition can determine the effectiveness of an individual to cope with the present transition. Accordingly, individuals who experienced a similar transition in the past have a higher chance of managing and coping with the current transition. Similarly, Petersen, Louw and Dumont (2009) report that students experiencing high levels of stress often find it difficult to manage their academic and social demands which are associated with negative adjustment. In addressing this issue, participants were asked to share their experiences on the entry process in Cuba as compared to their re-entry back in South Africa.

- Hospitality provided on arrival in Cuba

To understand the students' experiences upon arrival in Cuba, most participants indicated that they were warmly welcome. They indicated that Cubans are hospitable and willing to teach them. Another form of experience is the fact that their arrival was well planned as they mentioned that upon their arrival, it was clear that the Cubans were expecting them, and that Cubans were well organised.

In Cuba, everything was organised. When we got there, we knew where we were going to stay. We received a warm welcome from the Cubans and there was someone who was helping because he knows English. He went to fetch us at the airport and when we got there, he was helping us. We did not have to worry about anything. (B2)

I think in terms of my experience I would say Cubans were better prepared in accepting us. (A4)

Other participants indicated that although the welcome was good, the same level of hospitality could not be maintained because Cuba itself does not have enough infrastructural resources compared to South Africa.

The welcome when we got there was good. I just felt like it could have maintained the same level of hospitality, but the problem was that they do not have much. It was a problem also because we did not get the best residences because they do not have. (B1)

On my arrival, I wanted to come back. When we got to Cuba everything was different. The expectations were high because when they talked about Cuba, we thought it's exciting but when we got there, we found this country that lacks resources. (B4)

These findings reveal that the host country was well organised and prepared to host the students during their stay. Some participants felt that Cuba could not maintain their level of hospitality by offering them better residences but understood that the country itself does not have much to offer. Other participants had greater expectations about Cuba but were disappointed and wanted to come back home. This is an indication of culture shock experienced when one moves to a foreign country. Students become excited about moving abroad and because of the excitement, they end up being disappointed when their expectations are not met. Moving into a different environment requires one to enquire about the place beforehand. This includes checking issues such as the language spoken, culture, currency and lifestyle of the people in that country. Knowing and learning about the new environment before leaving helps to prepare one emotionally and psychologically.

- Social Integration

Social integration as seen by Severiens and Schmidt (2008), involves formal and non-formal integration. Formal integration revolves around collaborative work with peers on matters relating to learning, whereas the latter is characterised by involvement in social activities. Pogačar (2018) views integration as a two-way process between students and the host country. The author emphasises on the importance of the role of the host country during the integration process and believes that the first step to a successful integration is learning the language of the host country. Moving into a foreign country can add more stress if the language spoken is different from your own. Most of the participants shared their experiences of their integration in Cuba and indicated that language was the most challenging factor that hindered them from integrating well with others, especially the Cubans. The most challenging issue for students studying abroad is language, as it affects their academic performance and social and psychological adjustment.

That one was difficult because of the language barrier. The only people who could speak English were South Africans, other countries like Congo, Angola, Cuba do not speak English so it was difficult for us to express ourselves to others so for me personally I never had friends who are from other nationalities, it was just my classmates whom I used to get to talk to them but all in all, it was hard. (C3)

Obviously, when we got there, we did not know any Spanish word, we did not understand, so it was difficult to communicate with Cubans at first. (B1)

For other participants, it became difficult to learn Spanish. They had to keep their phones with them so that they can quickly Google what was said. Others relied on dictionaries for easy translation as the participants below responded. The use of technology is not always a bad thing to do.

It was very funny because sometimes I would go to the street, and you do not understand what these people are saying, especially in the first few weeks. You communicate in sign language so that you can understand. (A3)

Not only did the South African students find it difficult to communicate in Spanish, but the Cubans also did not understand English. That made communication even harder.

The problem for them was language. They did not understand English, we did not understand Spanish. (C5)

The language was frustrating, they will speak you won't even hear, because they cannot speak English; we cannot expect them to speak English, so it was a bit difficult. (B2)

Socially it was not easy for me. Because Cuba is a completely different place compared to South Africa, so for me first I did not know how the country works in terms of the social life and the living situation. When I got to Cuba, I was a very shy person and a quiet person. So, when I got to Cuba all I wanted to do was to focus on my studies. (A2)

Communication was a serious challenge to South African students on their arrival in Cuba. Students were unable to communicate with the Angolans, Congolese and Cubans because of language challenges. Cubans did not understand English and South Africans did not understand Spanish. This challenge made it difficult for students to interact and integrate socially. Other students struggled to integrate with their peers because of their personal characters of being unspoken. Being quiet and unsociable can worsen the situation. It also creates challenges related to adaptability. This finding is linked to Tinto's theory that insufficient interactions with other students is one of the social conditions affecting students' drop-out from college (Tinto, 1975).

- Sharing of accommodation

Chiguvi and Ndoma (2018) investigated the effects that the shortage of accommodation has on students' performance at tertiary institutions in Botswana. Their findings revealed that the lack of student accommodation encourages malingering and consequently poor concentration and focus on academic work. As a matter of fact, the increase in the number of students every year leads to a shortage of accommodation (Chukwu, 2001; Jennifer, 2011). Consequently, these shortages of accommodation and the cost of paying rent results in students sharing accommodation or even worse become truant. Students who share accommodation do it for two main reasons. The first one is to share the rental costs, and, secondly, to have a friend or support structure. Leaving home and going to study abroad and sharing a room with a total stranger could be a little unnerving. Living with roommates presents problems especially when the roommates are of different ethnic and cultural backgrounds (Salami, 2011). Considering the different personality or even religion that each person brings becomes a huge challenge to share a room as the participant below indicated.

They put twelve students in one room, eight students in one room, five students in one room and these people have different personalities, different backgrounds, and different religion. So, it becomes a problem, these ones go to church, these ones drinks and we are put in different years as well, when this one is writing, this one is done you know? It starts becoming territorial chaos, which makes it hard to study. (C2)

However, some participants view sharing a room as a deprivation of one's privacy but agree that it is also beneficial as students can use the opportunity to create a new circle of friends. Nel, Troskie-de Bruin and Bitzer (2009) attest that students staying in private university accommodation can form a specific support network.

When I was in third year, we were twelve in a room but in a way for your privacy, yes it was a problem but as time went by actually, I got to make new friends so it was not a problem anymore, it was more like making friends there, it is a small room. (C1)

Residential overcrowding was a challenge for students studying in Cuba. The number of students sharing a room deprived them of privacy. In addition, the different personalities and attitudes that each person brings can negatively affect others. While sharing a room can be problematic, others took it to their advantage by making new friends with the roommates. In general, there are advantages and disadvantages in sharing a room with a known person or friend and with a total stranger, depending on how individuals perceive the sharing of a room.

- Students' psychological wellbeing

Transition from home to study abroad can add stress and bring a lot of uncertainties to students. Psychological, social and ethical factors are classified as among the main methods of adaptation of foreign students (Latipov et al., 2017). Homesickness is one of the factors that makes students to not adapt easily in a new country as attested by Tom (2015) that homesickness can delay students' adjustment process. Marino et al. (2017) add that homesickness, communication problems and social support are some of the factors that make adjustment of students studying abroad difficult.

Participants shared their experiences that their psychological wellbeing was negatively affected as they became homesick while in Cuba. They added that it became even difficult as they were not able to call home as it was expensive. Participants depended fully on the scholarship as they indicated that there was no money coming from the parents. As social integration can influence homesickness, homesick students can lose their focus on making new friends in the foreign country (Tom, 2015), and if factors such as discrimination and social connectedness are not addressed and attended to, they could lead to poor student adjustment (Thomas, 2018). Participants who manage or try

to manage their psychological wellbeing often experience less stress in the new environment as they indicated that they helped by preparing themselves psychologically before leaving for Cuba and as such, they experienced less stress in adjusting to the new environment. Preparing oneself means knowing what to expect in the new environment. This is achieved by searching for information about the place on the internet or speaking to people who have visited the place before as it was done by other participants who found that their psychological wellbeing was not much affected.

Amount of control the individual has

Schlossberg (2011) reveals that the appraisal of an event or non-event is determined by the amount of control that an individual has on the situation. When assessing their situation, individuals must consider aspects of the transition that they can control (Anderson, Goodman & Schlossberg, 2012). The amount of control that students have over the situation can help in their transition process. While the participants were in Cuba, they had no control of what was happening in their lives. Being away from home, from friends and family can be very stressful. This study found that students' experiences in Cuba were not as smooth as expected. Some of the participants could not take it anymore and the thought of dropping out crossed their minds.

At times you just do not feel like going to class because you just want to be with your family, you feel like you just do not belong there. (A1)

There were times when I just felt like quitting. The first and second year I was fine. Then third year, fourth year I was like no, I was just getting tired, a little demotivated. (B5)

How individuals perceive their control over the situation needs to be given consideration (Gutnick, 2018). Overall, studies indicate that students become lost when they move from high school to tertiary (Christie, 2009; Briggs, Clark & Hall, 2012; Gutnick, 2018) and this becomes worse when the institution is in a foreign country. When that is

coupled with language and academic adjustment, students are challenged with how much control they have on themselves. This finding corresponds with that of other researchers that while in a new country, students become aware of how little control they have on what transpires around them during the transition (Shougee, 1999). There is a sense of loss in a participant's life as Schlossberg's (2011) second factor "Self" is linked with how individuals assess life, which considers demographic and personal characteristics as well as psychological resources. The age in Schlossberg transition theory is defined by their personal experience, their psychological and social age as this determines how individuals become aware of how much control they have over what happens around them (Anderson et al, 2012).

Valuable lessons learnt in Cuba

Individuals look at the different kinds of strengths and weakness that they bring to the situation. South African medical students in this study bring with them different experiences that they learnt in Cuba which makes them better individuals than they were before. All participants indicated that Cubans are humble, patient and supportive. Participants indicated that Cuba had taught them about humanity and patience, which is something they do not encounter in South Africa.

I have learnt to be humble and patient because being away from home you restrain yourself from certain things. (A1)

Cuba taught me that in life we do not only need money, it does not matter whether you are rich or poor, and you need to come to other peoples' level. (B1)

Cuba is a country that does not have enough resources, but they still get to make it. (A1)

Cubans are humble and patient people whose focus is on their health and the health system. Cuban doctors are known for being dedicated to their work, not focusing much on money or their salaries. They can utilise the little resources that they have for as long as they can, to save their patients.

Feelings of coming home

Coming back home was more of an achievement to some of the participants. It felt as though they had accomplished a mission.

I was excited. After having completed my studies in Cuba, it is an achievement and for my family as well. They were looking forward to me being home again. (C3)

I was excited because it has been a while since we have been away from home, and the fact that this is the moment that we have been looking forward to, coming back home for good. (B5)

I was very happy, you know being far away from home that point number one, so I was happy to unite with family and friends like I missed my culture, I missed my norms, I missed South Africa. (A3)

It is evident from the findings that students were longing to come home after being away from family and friends for six years. Students have been experiencing homesickness while in Cuba and this was just the opportunity that they were waiting for. Not everyone was excited about home coming as Schlossberg (2011) reports that different individuals will experience transition differently. The feeling of what to expect in South Africa made some of the participants nervous about coming back home.

I was just nervous because you know sometimes when you want to come back and then those who came back before you, are discriminating against you and those who studied in South Africa do not like those who studied in Cuba and stuff like that. (C7)

Other participants had mixed emotions, meaning ambivalence of being happy and sad at the same time. Staying abroad for six years is long enough for someone to start building friendships which will in future make it difficult to break. This becomes difficult when the person must leave and go back to the original country. The individual becomes happy about leaving to join the family and friends who were left behind for a long time. At the same time, the individual feels sad about leaving the new life that was built in the new country, which was a new home.

It was mixed emotions, I felt like I was leaving my friends because I made friends from everywhere and now, I come back home. I was excited because I was coming to see my family, but then our journey was only beginning because when we come back, a whole lot of problems erupt. (C1)

When you look at the bigger picture, I was happy in Cuba. When coming, having to return I was sad, I do not know, I think again I was scared. I felt like I am not ready for South Africa. (B2)

Most participants were looking forward to returning home after their long stay in Cuba. Although they made new friends in Cuba, their families are back home and for whatever situation they eventually had to come back. It is a requirement that students who are funded by the NMFCMC must return to South Africa to complete their qualification. They are expected to be reintegrated with the locally trained medical students for 18 months at a South African medical institution. After completion of the programme, students are then required to serve in the rural communities where locally trained doctors are reluctant to go (Bateman, 2013). It is because of this agreement that students had to come back and work at home. Cuba was regarded as a home away from home and this

could have been stirred by the hospitality that was provided to them. For other students, the mixed feelings were evoked by the fear of the unknown. They did not know what to expect or what they will be facing upon returning home.

Re-entry experience of students in South Africa

Students who studied abroad experience reverse culture shock differently. For different individuals, the process can start at different times and last for weeks, months and even a lifetime depending on how students manage their transition back in their original country (Groter, 2013). How individuals experience this reverse culture shock depends on their personal characteristics, the foreign country as well as the home environment. Welsh (2015) attests that students returning home after studying abroad experience anger, anxiety, depression, identity problems, social withdrawal and even conflicts of cultural values. Regarding the re-entry process, participants did not feel welcome upon arrival in Cuba.

I feel like we came back here and we are already viewed as inferiors like Cubans so I feel like we were not in that perspective because we were not well welcome they do not know what we have but already they are thinking that we are inferior we do not know anything. (B1)

During the 18 months reintegration process, students are expected to adjust academically, psychologically and socially into the South African medical system. As much as students are responsible for managing their own transition, it is also the responsibility of the medical institutions where students are enrolled to help them manage the transition process.

I felt like they were not ready for us in South Africa. They were not ready, and even before we came here, our government sometimes were failing us. Coming from Cuba to

here, the booking of the plane, we came late. We finished our exams and stayed in Cuba. (B2)

Then when we came back, when we got here they were not even sure what to do, so most of the things they had to hear from us that this one is not necessary, this is necessary, which is something I think, I think they could have done much better. (A4)

This was evident in what was experienced by the participants as chaos and confusion when they arrived at the institutions for registrations. From registrations to accommodation the institutions were not ready to accept the students, and this is how they share their experiences.

On the day of registrations, it was just chaos. We were told that no Cuban trained students stay there, as they were still fixing some things, then after two hours we were told that we do not appear on the system, so it was just a lot of confusion. And then accommodation, they did not have accommodation ready for us. I think it is something they sorted out at the last minute, and they said we were coming to stay there just for a week. They did not have a proper programme for us, so it was so frustrating. (B2)

Now coming back to South Africa. I think we were only welcomed by our families and people who are responsible for the programme. (A2)

Different individuals experience the re-entry process differently, there are those who had different experiences when it came to the re-entry process. The presence of government officials could have made the participants feel the way they did.

I felt very welcome because even government was there, so we had a big ceremony to celebrate, even the president was, there just that our plane was delayed, so he had to leave but the Minister of Health was at the airport with his people, so they welcomed us,

we had a good activity with them, celebrating with them. That was planned by the government, so we really felt special. (A3)

The process of returning home as experienced by South African medical students returning from Cuba indicate better re-entry in the host country than at home. The findings suggest that on returning home, students were faced with challenges of accommodation and registrations. Even though they were assured of their allocated medical institutions in South Africa, arriving there was not as expected. There were elements of reverse culture shock in what they were experiencing. Student registrations were reported as being chaotic and disorganised. Against all odds, the registration process took long, accommodation was not prepared and that all caused unpalatable confusion amongst the students. It is acknowledged that students' arrival was well celebrated at the airport with families and the government officials including the president and the Minister of Health.

4.4.2 Findings related to research sub-question 2

What kind of challenges do South African medical students experience on their return from Cuba?

Re-entry and readjustment of students are challenging processes that students experience after returning from studying abroad. Previous experience of students overseas is linked to their home adjustment as Gullahorn and Gullahorn (1963) are convinced that previous experience results in an easy transition when students return home, although in some cases students reported incident-free transition (Thomas, 2009). Reports by Schlossberg (2011) and Thomas (2009) focused on the previous experiences which elaborated on the similarities and the coping strategies during the transition process. Such experiences impact on the students' re-entry and readjustment progress. The critical variables include previous overseas experience and adjustment, duration of stay overseas, cultural distance and relationship with the host nationals.

The findings on this study reported on students' expectations about home country, language integration, academic and social integration as the main variables and how they impacted on students' readjustment behaviour. Overall, students had higher expectations about their home country readjustment, and were disappointed with the outcomes. As far as the findings regarding language, academic and social integration support are concerned, students in this study find it difficult to unlearn the Spanish language upon their return in South Africa. Language integration resulted in students not being able to express themselves in class and when performing hospital rounds. This affected their academic performance as they were viewed by lecturers and local students as students who do not know medicine. Students experienced language challenges when interacting socially with the locals. Furthermore, returning students are referred to as Cubans when they are at home and this makes them feel like foreigners in their own country. Although it was expected that students will experience language and academic challenges upon returning home, the kind of treatment received from the medical institutions were unexpected. Students experienced reverse culture shock upon returning home (Gaw, 2000; Ikonen, 2007), therefore, they were caught between two different cultures and academic programmes, hence they needed support. The themes below are discussed in relation to the challenges that South African medical students experienced on their return from Cuba.

Expectations upon returning to South Africa

Students' expectations can influence how they readjust in their home country. Those with high expectations that are not met can experience more challenges in readapting than those with low expectations. Groter (2013) concurs that students who went to study abroad and then return home expect to find things the way they were before their departure and that their friends and families will be willing to listen to their life experiences. The participant also added that students may be embittered by the lack of interest in those around them and what was happening while they were not around.

I have been told that this university understands Cuban medical students, they understand that we are from Cuba, you are a South African medical student you just got trained in Cuba and they understand that you got different challenges, so I had that mentality. But it is not always the case, and I think the discrimination part dominates more than the understanding part. (A1)

All I wanted was for everything to be organised, smooth transition. I am home so I do not have to be struggling. I think with the university that I am in they were unprepared to receive us and more so in a way for our adaptation they really did try before we started with everything. (C1)

Participants who had a chance of coming back home after every two years did not have high expectations. As the participant indicated that after the vacations, he was away for only ten months and hence he did not have high expectations when coming back.

I did not have high expectations, because before I came back it was ten months back, okay in the fourth year I came for vacations, then I left for ten months and after ten months I came for final. I knew that in ten months there was not much change, so there was nothing much I expected. (A3)

I really believe there were not many expectations except that things were going to be hard. (A4)

Schlossberg (2011) attests to the fact that individuals who experienced a similar transition are in a better position to cope with the current transition than those experiencing it for the first time. As a result of the previous disappointments that the participants experienced with the department, their expectations were not high because they did not want to be disappointed again. Participants had different expectations upon returning to South Africa. Some had high expectations whereas others had low expectations. Thomas (2009) reports that students who go to study abroad and return

home do not expect to find changes upon returning home, and as such, they become frustrated because things seem to have not changed as they expected (Howell, 2002; Thompson & Christofi, 2006; Thomas, 2009). Martin and Harrell (2004) Favero (2016) argue that if students' expectations are fulfilled then the readjustment process becomes easy for them and if the expectations are unfulfilled readjustment becomes difficult. In this study, students' expectations were fulfilled for some and not for others. Some participants shared that upon returning home, they found that there were many unexpected changes in their communities. All these changes made them realise that they were gone for long, and because of these factors their readjustment back home was difficult.

Language and social integration

The ability to integrate well with others depends on how one can communicate and socialise with others. Social integration is related to peer group relations, relations in terms of extracurricular activities, and the relationships that students have with the faculty while at a tertiary institution (Thomas, 2018). Social integration can, therefore, be regarded as the ability to relate to others. Integrating socially can be a problem if the individual is not a sociable person or the people whom you are trying to integrate with are not willing to accommodate others. While in Cuba, students developed strong friendships and support groups which they had to let go. Salami (2011) affirms that when moving to a new environment, students feel intimidated and overwhelmed, reducing their social experiences. Lack of social integration into a tertiary environment is one of the factors that results in student dropout (Tinto, 1975; Muldoon & MacDonald, 2010). It becomes harder when you find that people have already made their friends who speak a different language from your own, thus lack of social integration will lead to low commitment to the social system within the college (Tinto, 1975). Participants shared their experiences on language and social integration upon returning home.

During classes adapting from changing from Spanish to English is a challenge, it is not a problem but a challenge, we have to put more effort because we still need to remember things even terminology, even though medical terminology is not English is Latin but then when you get here you need to adapt to change from Spanish to English.
(B3)

It is a challenge because sometimes you'll feel stupid, thinking that people think that you don't have an idea of what they are talking about, especially when you are in hospital.
(A3)

For me it was the hardest way to integrate, it made me think about the issue of tribalism, people have made their circles, they made their group, it is hard to fit in. Now you are just wondering who is your friend, there is no friend, no one to talk to, no one to get you through things, no one to explain to you it is hard, having to ask, you have to ask for everything. (C2)

Other participants found it difficult to integrate socially due to the treatment they received from locally trained students. While participants were in Cuba they were referred to as South Africans or foreigners. But coming to their home country and being called foreigners again affects them, as participants shared that it was not easy to integrate socially with other students as they referred to them (participants) as Cubans.

Social integration was a problem due to the fact that other students referred to you as Cuban and now if I am referred to as Cuban and during the weekend I would like to go and meet strangers, I am not going to feel free, so social interaction was a problem.
(B3)

It is not easy to make new friends in a new environment. As a matter of fact, Molapisi (2009) attests that first-year tertiary students experience the effect of making new friends as being personally confirming. In this case, it was integration into the 18 months

completion of a medical qualification. Although participants believe that the integration process can take time, one must just continue being with those that you have been with all along, and at the same time trying to be accepted by the locals.

You just integrate with the people here, continue with the people you were with for six years also try to incorporate those you left before going to Cuba, but that is a process that does not happen overnight, people are busy with their lives you cannot always want to see them, it is a process and so far it's going well. (B7)

Some of the participants benefited from their own personal sociable characteristics. For the participants to find it easy to integrate socially, Salami (2010) confirms that participating in social activities and making new friends result in a successful transition at a tertiary institution. Being a sociable person can make the readjustment easy and worthwhile. To such people, coming back to their home country had not been difficult at all.

I am a social person so I can mix with whoever, whenever I feel like. To me socialising has never been a problem. (A3)

Social integration of students is crucial in helping students to adapt easily to the new environment. It is important to note that the social friendships and connections that students make, may have a positive or a negative influence on them, depending on the individual (Tom, 2015). Communication plays a crucial role during students' readjustment (Thomas, 2009). It is regarded as a passer-by towards social integration as it can facilitate or hinder social adjustment (Thomas, 2009). Language is not been regarded as a barrier per se, but a challenge in medical communication skill that participants encountered after returning home. In this study, participants found it difficult to unlearn the Spanish language and learn the new English medical terminology. Participants returned home after having learnt and acquired some behaviour, knowledge and skills that helped them adjust in the host country. Upon returning home

they must relearn those skills so that they can fit into the current social life at home. It is, therefore, the responsibility of students returning home to develop social integration skills by being involved with peers and in extra-curricular activities (Chrysikos, Ahmed & Ward, 2017).

Academic integration

Academic integration can be challenging and stressful for some students returning to their home country. The medical programme in Cuba is different from the South African programme, hence students need to reintegrate academically in South Africa. Upon arrival in South Africa, Cuban trained students join the fifth year locally trained students to complete their full medical degree. A successful transition requires that students adapt not only socially and psychologically, but academically as well (Bojuwoye, 2002). Sly (2016) reports that international students face challenges related to academic adjustment. On the other hand, Tinto (1975) relates students' academic competence with drop-out in that students with low academic performance and low commitment are likely to drop-out. In addressing the academic integration of participants, the following three sections are discussed: different academic programmes, students' workload, and treatment from the institution.

- Different academic programmes of both countries

There are nine medical institutions in South Africa. As their entry requirements differ, so is their medical programme. Each institution has its own programme which slightly differs from the others. Students who studied medicine in Cuba find it challenging to integrate into the South African medical programme as the systems are different. Cuba practises preventative medicine whereas South Africa practises curative medicine. When the students join the locally trained fifth year students, they find such that what is being covered is what was done the previous year with the locally trained students whereas, in Cuba, it was done two or three years back, which presents a challenge.

And the other disadvantage we had is that in Cuba the programme does not match here. The fifth-year group is the same. They were repeating what they studied last year. We are doing now what we did two years back, two or three years back. For them it is still fresh because they just did it last year and now, they are repeating, they even have notes and we do not have. (B1)

When I got here it was very challenging, I felt there was so much that I have not been studying that I had to catch up with. There were a lot of things that we did not know, it was a very huge challenge. (A1)

The findings reveal that the mismatch of the curriculum contributes to students' readjustment challenges. Students are being left behind and without support they are supposed to come up with strategies to catch up. Cuba does not expose its students to many practical experiences. They do not have a burden of diseases like South Africa. When the students return to South Africa, they are faced with challenges related to the practical part of the medical programme.

- Challenges related to students' workload

Students who move from high school to tertiary institution experience difficulties related to the academic demands of the institution (Somer & Dumont, 2011). They encounter difficulties from the amount of work that each course is presented to them and find that the teaching methodologies are different from what they experienced in high school (Tom, 2015). With the high workload, students are expected to manage their time wisely and make sure they submit their work on time. Students who studied in Cuba face challenges related to the types of diseases they are exposed to in Cuba and the ones in South Africa. Cuba is known for its low rate in HIV/AIDS and TB infections. Such infectious diseases are common in South Africa. Students are less or not exposed to those types of diseases while in Cuba. Coming back to South Africa they are expected to master the skills needed to deal with and treat patients with HIV/AIDS and TB and

students find this to be too much for them, as the participants shared the following experiences:

Another thing is the academic programme because the diseases that they focus on in South Africa were ignored in Cuba, for example, HIV/AIDS; in Cuba maybe one to two percent of the patients are HIV positive. In South Africa HIV/AIDS patients are many. The burden of diseases that we must focus on in South Africa is way more than in Cuba, that is the thing that increases the workload. (C5)

This participant indicates that given the time frame that they are supposed to learn everything in South Africa it becomes a challenge.

I think we have a common challenge or the overload of work I have highlighted, in Cuba is more of general basic knowledge of medicine since they are more specialised, but when you come here you are expected to know more, and again the time frame that we are having is making it even harder. (C6)

The finding suggests that students were faced with a challenge of workload associated with the burden of diseases in South Africa which were not experienced in Cuba, and a different medical system in South Africa. South Africa is a member of the global community with high but manageable HIV/AIDS infections. The medical system and approach differs from what the students studied in Cuba. Hence, students find it difficult to adapt after returning home.

- The relationship between the academic staff and the students

The report provided by Eiselen and Geyser (2003) asserts that students achieve better at tertiary institutions through active participation in class. Student-lecturer integration is very crucial in instilling confidence in the student. As a result, there must be a good working relationship between students and lecturers. Ideally, if students do not feel

comfortable in asking and responding to the questions during lectures, their response to examination questions will similarly be of unacceptable quality. Students' interaction with staff is believed to have a positive impact on students' retention (Chrysikos et al, 2017). The challenge of students being referred to as Cubans affect their academic performance. This problem seems not to be from students only, but also from the lecturers whom students refer to as professors and doctors.

It also got worse when we got to university. Instead of them calling us our colleagues because we are now back in our country, we were called Cubans in our own country. (A2)

The negative attitudes towards the students started before they (students) could even go to the hospitals. Another participant shared that the doctors told the university not to bring students to them.

When we arrived in Mafikeng, no one was ready for us. Other doctors said they told the university that they do not want students. (B2)

While it was obvious that students who trained in Cuba were lacking in certain skills, it became difficult when they were always being compared to the locally trained students who seemed to be doing better than the Cuban trained students. The following participant has this experience:

Discrimination, by some professors, comparing Cuban trained students and local students. Locally trained students are said to be better than Cuban trained students. Even here, we are in the sixth year, but you can hear someone saying even my fourth years can do this. That is a negative comparison. (C5)

Cuban medicine is being undervalued by our local professors who feel that the students are incompetent. When the students are being constantly reminded that they do not

know their work and they are going to fail, they will lose self-confidence. Such negative comments can affect their academic performance. Students often feel sad and helpless when they realise that they are not coping (Dyson & Renk, 2006). This participant shared the following information:

The attitude from them telling us that we do not know medicine because we have learnt medicine in Spanish is unacceptable. (A2)

There are professors who do not know that you are a Cuban trained student, they will afford you with the same respect as the locally trained student doctors until someone tells them and the attitude changes. I have experienced that. I introduced myself as a final year student and he even embraced me and said you are so brilliant, I like the way you do things. After a while, another professor came and he said these ones are the Cubans, and drastically that professor changed. (C2)

Some of the doctors were helpful, though, but there were doctors who will take their spare time to come and teach us. (C7)

The above-mentioned facts are a deliberation on the lack of collaboration and incoherence of people treatment, coupled with a lack of support by the lecturers towards students who are going through the transition process. Collaborative learning as a learning and teaching approach encourages teamwork in order to complete a task (Laal and Laal, 2012). In other words, collaborative learning promotes social interaction between students as they work together to share and listen to different ideas and perspectives amongst them, and in this way, it helps to promote emotional and social development (Laal & Laal, 2012; De Hei, Strijbos, Sjoer & Admiraal, 2015). Students not only share ideas amongst themselves but also become critical thinkers by engaging in collaborative learning (Laal & Laal, 2012). For collaborative learning to be effective, lecturers and students should work together and have a clear indication of the expectations and outcomes of their teamwork (Koh, Wang, Tan, Liu & Ee, 2009).

Participants in this study failed to integrate academically and socially with the locally trained students and professors due to the lack of collaborative learning. Professors, like teachers as the students' first point of contact, play a crucial role in nurturing students, especially during the first years (Karamat & Petrova, 2009). Even though participants are at their sixth year of study, they are new at the medical institutions and hence are regarded as first year students in terms of their duration at the institutions. Professors are being entrusted with such roles of the teachers as a content expert, motivator, mentor, facilitator, manager and leader (Karamat et al, 2009), and in this way, they will be able to manage collaborative learning effectively. Professors should encourage collaborative learning to help promote social interaction and peer learning between locally trained and Cuban trained students. By so doing, the transition process could positively be affected.

Loneliness and isolation

Proctor (2010) explains that students' difficulty to separate from the family can be the cause of their feelings of loneliness and isolation. In contrast, participants did not experience loneliness and isolation in a negative way, as they indicated that they like their own space or prefer their own company. Although participants might have been unaware, preferring own space is an indication that participants were unable to make new friends at home and in that way they were isolated. These in turn become a challenge.

Personally, I am that kind of a person who likes their space, so when I am alone I enjoy my own time most of the time because I usually spend time studying, so when I am out with people that's when I really need to be with people around. (C6)

I cannot really say I am lonely in that way because I am a person who when I find myself alone and nobody around, I enjoy my own company, I enjoy being alone. (A1)

Although most participants indicated that they do not experience isolation and loneliness in a negative way. The sociable participants who are always surrounded by people except when they are in their rooms have never had negative experiences of isolation and loneliness.

I am someone who likes socialising so, I hardly find myself alone so I would not have that much experience of being lonely. The only time I am alone is when I am in my room, but apart from that when I go out, I socialise a lot. (B3)

Feelings of loneliness and isolation can make the transition for students difficult (Adams and Proctor, 2010). If students struggle to make friends and spend most of their time alone during the transition period, this can affect them emotionally and psychologically and in turn affect their academic performance. This also poses a challenge for students returning to their home country from studying abroad. Sougee (1999) attests that students who feel less appreciated in their home country after returning from studying abroad experience the feeling of loneliness and isolation, hence this affects their transition process. These students start missing their life abroad and the friends that they made in the host country while at the same time they try to build new friendships in their home country. Students who miss the life abroad spend most of their time thinking about it rather than facing the reality of life at home, and this shifting of focus can lead to student isolation (Tom, 2015). Students preferred their own space and experienced less feeling of loneliness upon returning to South Africa. Others were always in the company of others at times when they were not doing hospital rounds or attending classes and as such experienced less loneliness and isolation. This finding itself suggests that students experienced loneliness and as such developed strategies to deal with it. In addition, their busy schedules leave them with less time for socialisation.



Role change and new changes

Schlossberg (1984) regards transition as any event that leads to changes in the roles with the setting of self, family or health. Transition requires a role change in some instances. Although some changes may bring feelings of happiness, some bring painful or sad feelings (Schlossberg, 1981). The author adds that individuals adapt easily if the change was their individual choice.

Based on the participants' view, role change is characterised by the treatment they are receiving from their families. Spending six years in a foreign country and coming back, a person has grown physically and mentally. Participants indicate that they can go out and come back without the parents worrying too much unlike when they were young, they are treated as adults. In addition to being treated as adults, participants' role change is characterised by the recognition of their existence by the parents and people at home. They are being included and involved in family decision making where their views and ideas are being taken into consideration as the participant explained below:

Well now they do recognise me, they do recognise my existence. Before I left, I was treated just like a child, but now they do value my views, my ideas whenever a decision is taken, I am being involved. I can say they treat me like an adult now. (A3)

Becoming an adult brings new responsibilities to students as they are expected to make input in family matters in which they were not exposed to before. When the students experience transition, this puts pressure on them as they find themselves in a new environment, home. Apart from the new responsibilities and treatment at home, participants experienced other role changes in their lives. They are already given their medical titles of doctors even before they are qualified. This kind of change gives them pressure because it means they will have to start living the life of a respectable medical doctor in their homes and the community. This role change challenges the participants to transform their lifestyles as expected by the community.

Already it seems you are a doctor, so they expect that kind of behaviour from you and the way you communicate with them is no longer the same. (C6)

Participants' self can be associated with how they view themselves as medical practitioners and their contribution to society. Participants want to implement what they learnt in Cuba, which is preventative medicine.

We have established groups whose objective is to make sure that South Africa gets the preventative taste of medicine, not the treatment, it is a non-profit organisation. We trained in Cuba; this is what we want to offer to South Africans. (B7)

Many locally trained doctors prefer to work in cities and urban areas where they can open their own practices. For this reason, people in poor socio-economic environments find it difficult to access medical care. This emanates from the fact that they must travel long distances to get medical help. Arriving at a hospital or clinic is also a problem as they must patiently wait in long queues for a doctor to attend to them. On completion, South African medical students who studied in Cuba are expected to serve rural communities. Participants are aware of their contract; therefore, they shared that they would like to work in such deprived environments where our locally trained doctors do not want to go.

Most doctors are not keen to work in the rural areas, so they go to cities, I am planning to go to rural areas because I know those people need us. (A3)

While all participants have a clear knowledge and understanding of what change they are going to bring to the South African health sector, some believe that they are just adding to the number of doctors needed in South Africa.

Role changes are some of the significant changes that students experience during transition. When students undergo transition, they experience change with respect to

the old and the new responsibilities, they must, therefore, learn how to manage the new roles as they encounter them (Austin & McDermott, 2003; Wolfe & Tucker, 2003; Pendleton, 2007). The findings support the idea that students are viewed differently from the time they left for Cuba because they have grown mentally and physically, they have matured. Their profession has also impacted on how their families and the communities view them, treating them as medical doctors already and this puts more pressure on them as they are expected to study hard to claim the profession. In this way, students' roles have changed from being young when they left for Cuba to be the young adults with new responsibilities that they now are. If the new roles are not well managed, they can affect the transition process (Pendleton, 2007).

Financial challenges

Issues of financial difficulties are amongst factors raised as a source of stress for students studying at tertiary institutions, which are as a result of the situation in the new environment (Bojuwoye, 2002; Tom, 2015). Students' financial difficulties can make them withdraw from studies (Letseka & Breier, 2008) and so financial support has an impact on whether they remain at the tertiary institutions (Tinto, 1975; Tom, 2015). Based on Sledge' (2012) argument that when students move from one environment to another, they experience that the cost of many things is higher than expected, the author indicates how students such financial assistance is usually does insufficient. Letseka and Breier (2008) found that poverty can pose a huge challenge to many children to acquire a better education. It becomes even more stressful for students studying at tertiary institutions. Although all students who register at tertiary institutions have the same goal of obtaining their degree, their financial status can be a thorn for others. reports that the transition process is difficult for students whose families are unable to assist financially, and some students end up dropping out of tertiary institutions, especially black students (Bojuwoye (2002; Badat, 2010). Participants in this study concur with Letseka and Breier findings that the scholarship does not cover all their needs. Considering the criteria that one must come from a disadvantaged family

background to receive a scholarship; it might not be possible for parents to help with what is needed.

Yes, financial challenges are a problem even if we got sponsorship. The financial assistance does not really cover everything but mainly it covers what you need at the moment to focus on studying, which is acceptable, so you still need that backup somehow from your family. (C6)

Here at home things are expensive, the money we are getting for food, I think it is enough but because we are in South Africa, there are so many things we as students want. I never asked for money from home. (B2)

Different individuals have different views and experience transition differently as Schlossberg (2011) depicts that every person is unique and different individuals manage the transition differently. This participant's view is that a person can never be satisfied with money, and considering where she is coming from, her parents could not have afforded to give her money every month.

When it comes to finances a person can never be satisfied, but for some of us, this is the best that could ever have happened to us. I know at home they would not be able to give me this amount of money every month. (A5)

Students experienced financial challenges because they are coming from families with low socio-economic status (Bojuwoye, 2002). These findings imply that students find it difficult to buy necessities due to a high rate of inflation in South Africa and the stipend that is being allocated to them is not enough to cover all their expenses. Their residential areas are not equipped with Wi-Fi so it becomes a challenge to work especially when they have to use the Internet. They cannot ask for financial assistance from their parents but must live within their means.

4.4.3 Findings related to research sub-question 3

What kind of support do South African medical students receive to enhance transition on their return from Cuba?

In the context of this study, support refers to help that students receive to enhance transition. Schlossberg (2011) indicates that support is crucial for individuals who undergo transition. Support for returning students is vital in ensuring a better transition process. Factually, it is the family, friends, community, as well as learning institutions that offer support to the students. Participants in this study are overwhelmed and ambivalent on what to expect regarding unlearning Spanish. In order to assess the support that South African medical students receive to enhance the transition on their return from Cuba, the following sub-themes emerged: placement at institutions; government support, institutional support and social support.

Placement at the institution

Moving into a new country or even your original country can be stressful especially if someone does not know what awaits them in the new place. In general, the participants indicated that their placement at the institutions was well managed and organised. Almost everyone indicated that they were given a list of the nine South African medical institutions and had to select the top five according to their level of priorities. This is what the participants had to say:

You are given five choices, you make a list of what you want, then if you are lucky you get your first choice and you go, in you are not lucky sometimes get the second choice. I was lucky I got the first choice. (A2)

Other participants also shared the same sentiment:

When we were still in Cuba, we were given five choices of universities to choose from. If you are lucky you get your first choice and if you are not lucky sometimes you get the second choice. I was lucky I got the first choice. It is closer to home. (A5)

When students apply to study at tertiary institutions, the onus is on them to apply on time, submit all supporting documents as required by the institutions and wait to hear about the outcomes of their applications. This finding suggests that students were not left on their own accord to secure places at the local medical institutions but were assisted with the placement while still in Cuba. Most of the students were placed at their first institution of choice, whereas some could not be appropriately placed due to institutional capacity.

Institutional support

Institutional support is very crucial in helping students to transition well at the institution. This is even more important for students returning from studying abroad. Tinto (1993) reports that it is the responsibility of tertiary institutions to create an environment where students feel valued, as part of the academic institution. Tinto (1993) further attests that the interaction between lecturers and students is a very important component of students' social adjustment. Institutional support in this study refers to the support from the university health department and lecturers, or professors and doctors as students refer them. Some participants in this study indicated that they feel the institutions have supported them during the orientation period when they were preparing them to start the following year with some basic knowledge, especially the practical part of medicine which they lack.

There was a week of orientation with the head of department (HOD), it was more of integration for us, what students from Cuba struggle with. (B4)

It has become evident that institutional support is not only given in the form of orientations, hence there was an understanding that the psychological effects that students will go through forms an essential part of academic adjustment needed. Furthermore, medical institutions arranged with hospitals where students will be attending their practical sessions to offer psychological assistance to students who need it. Maree (2015) posits that higher institutions of learning should offer students complimentary support programmes including emotional counselling, different life skills workshops and special events to facilitate peer interactions. In this way, students will be able to develop strategies to help manage their transition with ease.

Although participants felt that they were offered support as a form of orientation during their first few months upon arrival, they indicated that it was a different situation with the staff. Contrary to the above, participants indicated that the professors had a negative attitude towards Cuban trained students. Tinto (1993) posits that when students experience difficulties in adjustment to universities due to difficult lecturers, it becomes difficult for them (students) to acclimatise to the new environment, the university.

The consultants and other people are bad. The only people who are giving us support are the Cuban trained consultants, those who trained in Cuba because they understand what we went through, they do not try to re-educate us, they try to show that in Cuba we used to do this and that, here we need to do this. (B7)

The type of treatment and attitude by South African professors and doctors towards Cuban trained students can have a negative effect on students' transition. While the institutions tried their best to support students by offering orientation programmes, participants received support from Cuban-trained doctors who have similar experiences. Students from Cuba were allocated mentors to help them cope with their new situation. Mentors play an important role in improving and shaping the lives of individuals through mentoring programmes. Ismail and Jui (2014) posit that mentors can implement

appropriate communication and offer support which yields positive outcomes such as higher academic standards of their mentees.

Social support

Social support is palpable, emotional assistance that an individual receives when dealing with a stressful situation (Schlossberg, 1984). Such kind of support, in this case, is offered by family and friends. Friends and close family support can make the transition easily manageable for students returning from studying abroad.

- Family and friends support

In Schlossberg's (2011) view, support from the family is very important as it generally ensures a more successful transition. Nel et al. (2009) report that parents play a crucial role for students' successful adjustment during the transition process. This is regardless of the parents' level of education and qualification. Students who find it difficult to make new friends and feel isolated always turn to families for moral support. Even though families cannot be there for their children physically, they can offer emotional support by keeping in contact with their children, showing interest in their wellbeing and ensuring them that everything will be all right. A positive relationship between parents/guardians and their children can help them during their transition process. On the other hand, relying on family alone for support during students' transition is found to be insufficient, say (Tao, Dong, Pratt, Hunsberger and Pancer, 2000) as students require support from a range of network of family and friends (Schlossberg, 2011). Chickering and Schlossberg (1995) identified renegotiation of existing relationships with friends as one of the challenges that students encounter during their transition to a tertiary institution. Students returning home from studying abroad have an obligation to renegotiate their relationships with friends from whom they will need emotional support during their transition process (MacKie, 2001). Chickering *et al.* (1995) added that new friends play a crucial role in supporting students during the transition process. Participants had close

relationships with family, especially those whose parents were always there to offer support.

I think for me the support was mainly...Okay it depended on where I was lacking, socially and psychologically what I needed most was family, so coming back home was actually the main thing. (C6)

My family supported me very well and my other friends were like, even though they started before me, they provided there and there, where they could. They said the fact that I was able to cope in Cuba, I can do it here, so the support was very huge. (C4)

We back up each other, we are always there to help each other. (B3)

This finding suggests that lack of friends and family support can have a negative effect on students' psychological wellbeing during the transition period and this calls for intervention. In this study students' support from friends was limited as they found it difficult to make new friends, and only those friends that they returned with and few from the locally trained students did offer support.

Government support

It is the responsibility of the national department to see to the well-functioning of the NMFCMC programme. The role of the provincial health departments is to coordinate the sending off of students to Cuba. It is, therefore, the responsibility of the national as well as the provincial health departments to assist students when they are in Cuba and after returning to South Africa. Participants' experiences were ambivalent, with some participants saying that their provinces were not represented when officials came to visit them.

Other participants had different experiences from the health department. The participants indicated that when they complained about their living conditions while they were in a hospital, the department listened to their complaints and went to view the situation but did not support them. Listening is something, but lack of action is another thing.

They came and saw the situation and they said, “Okay we can see, we understand what you have been complaining about, we will speed things”. But nothing changed. (B2)

This finding reveals that while students reported their dissatisfaction about their living conditions to the health department, the department only made promises to assist the students but did not fulfil their promises. The finding further implies that students are partially supported after they are placed at the medical institutions. Medical students returning from Cuba require all forms of support to help them manage their situation. Literature emphasises more on the importance of higher institutions to provide ongoing support aimed at facilitating meaningful reintegration of returnees (Locks et al, 2008). In addition, as Briggs et al (2012) attest, there is a need for systems of planned transition which involves liaison between the host and the receiving country.

4.4.4 Findings related to research sub-question 4

What coping strategies do South African medical students adopt on their return from Cuba?

This section focusses on strategies that students adopt to enhance their transition. Coping strategies refer to strategies that individuals use to prevent or respond to stress (Pendleton, 2007). Schlossberg’s coping strategies are individuals’ response to the transition (Schlossberg, 2011) and are meant to minimise the stresses associated with the transition (Gutnick, 2018). Pearling and Schooler (1978) refer to coping as things that individuals do to avoid being harmed by life situations. They further identified three

major types of coping strategies which were discussed before as responses that attempt to modify the situation; the responses that control the meaning of the problem and responses that help to manage the situation. In addressing participants' coping strategies during their transition period, their strategies were discussed in terms of language adjustment, social adjustment and educational adjustment. Participants said the following about their coping strategies.

I read a lot, and I Google a lot. When I come across a new word I just type it in Google and how do you pronounce this, and then they usually come with audio tips on how you pronounce it, so other than that I read a lot. (A4)

The most important one is not to isolate yourself because no one cares about you, no one understand the journey, no one understand the struggle that we went through, and so you need not to isolate yourself because of them. (B7)

Just find a good intern who is willing to teach or a good medical officer who is willing to teach me. I just stick to them because for me you know like if I have to do six courses, I chose, I ask like “when are you on call doctor so I can do my course with you”, then I go with them. (C5)

Figure 4.1 below summarises the strategies participants used to cope with reintegration in South Africa, hence, to manage their transition.

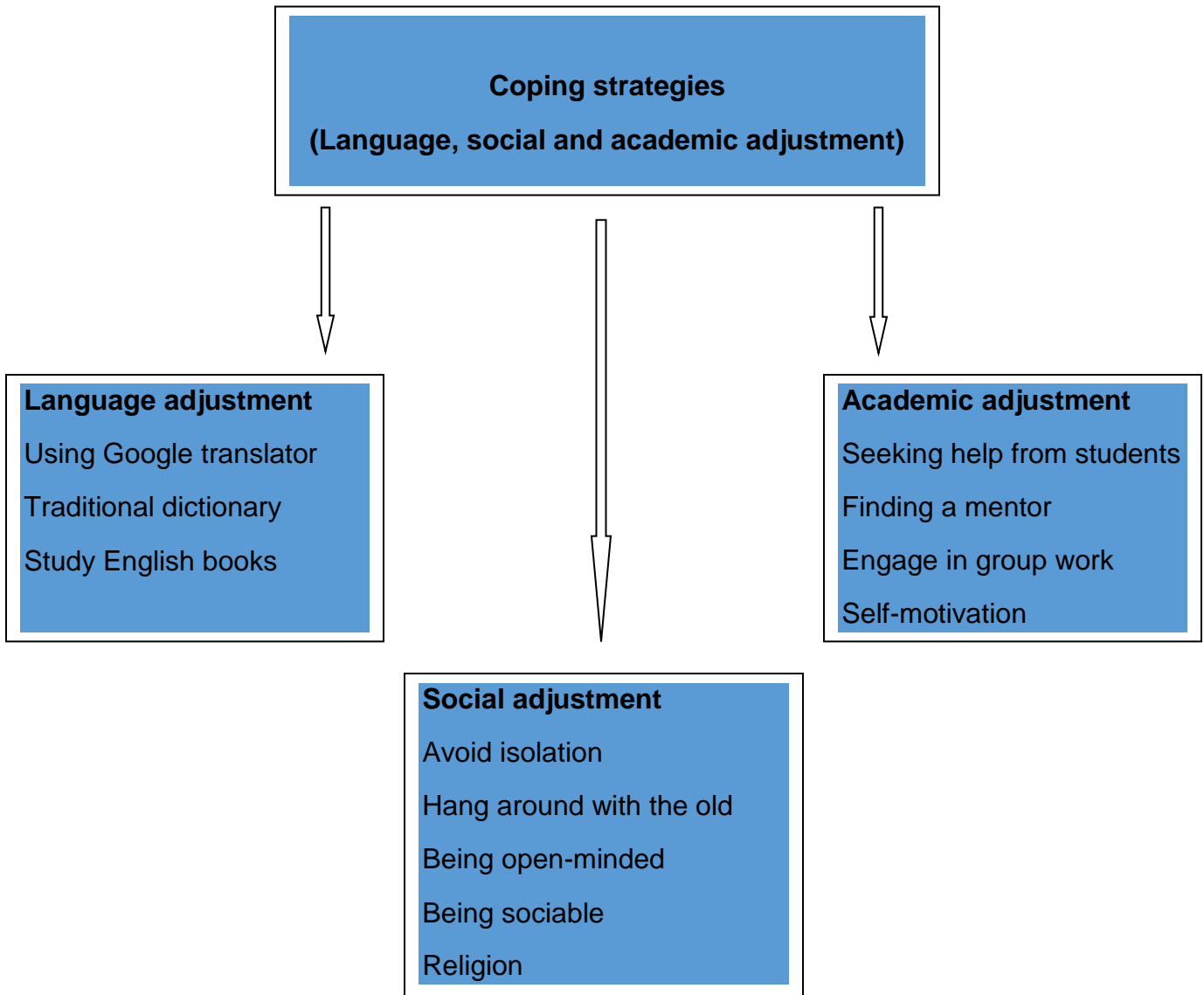


Figure 4.1: Strategies used by South African students to cope with the transition

It is important that institutions invest in resources meant to support and develop programmes which will facilitate the reintegration of returning students. The programmes should be available to assist and support students during their transition, and the programmes should cater for a variety of factors such as emotional and psychological, cultural, and social adjustment, including perceptions and persistence (Maree, 2015). To support the study findings, Engels, Pakarinen, Lerkkanen and

Verschueren (2019) revealed that student-teacher relationship is the driving force for students' academic and emotional adjustment during transition. This implies that a relationship between South African medical students and the lecturers should be strengthened to allow a smooth transition for students. On the other hand, McMillan (2013), realised that not all students are comfortable to approach a teacher or a lecturer, and so the author suggests that during transition, students need a roadmap and a guide, a mentor; someone who has travelled the same path before and is able to help prepare students for those paths. This study is of the view that a Cuban-trained doctor as a mentor should be assigned to returning students during the transition process. Cheng (2015) presented a summary on the environmental, social, financial and academic changes, and challenges experienced by students during transition. Students' challenges include homesickness, anxiety, isolation, feeling of not belonging, confusion as well as lack of confidence. In addition, the author reported on the strategies used to cope with the transition: developing new supportive relationships, seeking institutional support, time management, monitoring one's expenditure, being open and flexible, interacting with peers through students' clubs, and developing self-efficacy. The author also suggests that higher education institutions should address these changes for students to experience smooth and successful transitions.

4.5 THE MANAGEMENT OF RE-ENTRY AND REINTEGRATION OF STUDENTS RETURNING FROM CUBA

The experiences of medical students who studied in Cuba and returned to South Africa have depicted the intricacies associated with the transition process. It gives a broad picture of the plans made for their return, their re-entry process and reintegration within the South African medical institutions. Participants' responses showed that their re-entry and reintegration processes were not well managed by the government, institutions and hospital doctors. Although the government made sure that students returned home after completing their six years in Cuba, the government seems to have failed to communicate with local medical institutions on how students will be received and settled

within the medical institutions. While still in Cuba, students had the opportunity to choose the medical institution that they wanted to attend, depending on the availability of space. Lack of communication and monitoring on the part of government and institutions is a cause for concern. This is evident by the fact that participants indicated that there was confusion with issues such as registrations and accommodations.

Institution staff and doctors have an important role to play in managing students' re-entry and reintegration process, therefore, they are obliged to ensure that support is offered to students returning from Cuba throughout their transition process. This is to enable students to readjust to the new environment. Students' experiences indicate that the staff and doctors were not as welcoming as the treatment they received. It was different from the one given to locally trained students. Some doctors indicated that they were not ready to work with students returning from Cuba. Students' knowledge of medicine was undermined and being compared to locally trained students, and that made their reintegration difficult. Participants indicated that they received support from doctors who studied in Cuba because only those doctors understood what they were going through.

Even though there were students' representatives from every institution, students felt as if they are voiceless. In the current situation, it is important to have students' voices in the planning of their reintegration. No one understands what the returning students go through as Schlossberg (2011) indicates that transition is only transition if it is experienced by the person involved. It is important to have constant communication with students throughout and monitor their progress. Although students returning from Cuba experience challenges related to re-entry and reintegration, upon completion of their studies, they are already placed in hospitals where they are supposed to do their one-year internship. This is unlikely for locally trained students who need to find placement on their own. Due to shortages of doctors in rural communities, which is what the programme aims at, namely, to increase the number of doctors in rural communities,

students returning from Cuba have more chances of being placed in hospitals than the locally trained students.

Earlier in this chapter, the researcher focused on the analysis of the data which included photographs, narratives and interviews. This was done to understand how South African medical students experienced transition upon returning from Cuba. This study focused on how institutions help students manage the transition and what strategies students adopt to manage their own situation. The analysis of data was guided by Schlossberg's transition theory focusing on the 4S system: situation, self, support and strategies. Schlossberg (1981:7) attests that "how individuals adapt to a transition depends on how they perceive their balance of resources to deficits in terms of the transition, their sense of competency, their sense of well-being, and their sense of health". Furthermore, Schlossberg (2009) emphasises the importance of having a system of support structure during the transition period. Maree (2015) maintains that institutions of higher learning should offer support programmes to students going through the transition process.

The management of students' transition relies on the principle of management as categorised into planning, organising, leading and controlling. Lack of planning in this context relates to how South African medical institutions failed to prepare for the arrival and accommodation of students on time which caused anxiety and confusion amongst students. Organising is a function of management. It involves developing and allocating materials for returnees. The medical institutions failed to provide students with study materials and programmes meant to assist them during the transition process. Leading is an important activity that the academic staff is responsible for. It incorporates the motivation and support to students. Students explained that the academic staff undermined students who studied in Cuba. Controlling requires existing planning and objectives to happen and so it was not implemented because there was no planning.

4.6 CONCLUSION

Transition is a process that each person completes differently, and everyone has a different outcome. How successfully individuals accomplish this transition process is dependent upon the 4S system as situation, self, support and the use of the coping strategies. Scholars have argued that the individual's effectiveness of coping with transition depends on the availability of resources. This balance of resources and obligations explain why different people experience the same type of transition differently and why an individual responds to the transition differently at different times. One of the key findings emerging from literature on transition is that institutions need to change their practice to accommodate students from diverse groups. The finding is similar to the finding of this study in that students returning from Cuba experienced numerous challenges. Firstly, students studied in a language which is different from their own, and secondly the Cuban medical curriculum is different from the South African, and so these students are diverse. Management of the students' experiences is important as it helps them cope with the work-related circumstances of finalising their qualifications in South Africa.

CHAPTER 5: SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

In the previous chapter, a detailed analysis of the data that was collected from the participants was presented in the form of photographs together with narratives. One-on-one interviews were conducted with the same participants afterwards. In the process of collecting data, the themes that emerged were presented and summarised in table 4.1 in the previous chapter 4. The themes were derived from the collected data and they correlate with the research questions. Table 4.1 reflects participants' transitional experiences upon returning from Cuba. Participants are South African medical students who studied in Cuba for six years and then returned to South Africa for 18 months of reintegration in some of the nine South African medical institutions. Participants in this study were sampled from three different South African medical institutions.

This is the final chapter in this research. One of the most significant lessons that the researcher has learnt by conducting this research is the experience of how to interpret new knowledge as a contribution to this field of research. The current research, which followed a qualitative approach, was an exploration of how South African medical students experience and manage transition after returning from Cuba, with institutional and social support. The researcher was made to appreciate the power of scientific research and the advancement of critical thinking. Furthermore, it has taught the researcher the foundation of rigour in conducting research. Above all else, it confirms the essence of transforming our societies by enabling accumulation of knowledge no matter where it comes from. By conducting this research, the researcher has learnt how the world has become a global community due to its connectedness. Participants in this research are grateful for the funding they have received through the support and intervention of South African and Cuban great leaders. This study was anchored on Schlossberg transition theory with its 4S system. The primary research question of this study is:

How do South African medical students from Cuba experience transition when they return to South Africa?

The sub-questions are:

- How do South African medical students perceive their experience in Cuba in relation to their re-entry process?
- What kind of challenges do South African medical students experience on their return from Cuba?
- What kind of support do South African medical students receive to enhance transition on their return from Cuba?
- What coping strategies do South African medical students adopt on their return from Cuba?

5.2 SUMMARY OF THE CHAPTERS

Chapter 1

Chapter 1 presented the background to the study, the problem statement and the purpose of the study. The rationale for the study presented an exposition of what motivated the choice of research. This research exposed the gaps that existed in supporting medical students returning from Cuba to South African medical institutions for a period of 18 months. Based on this, the research questions guided the study towards a primary goal, which is the exploration of support systems to enable acceptable transitional process to the medical students returning from a study abroad. The chapter provides the journey planned from the theoretical beginning to the practical collection and analysis of data. The entire process must be ethically correct.

Chapter 2

Extensive literature search had to be undertaken to explore existing information related to medical studies in Cuba and the relationship between South Africa and Cuba in so far as medical studies were concerned. Journals, books, articles, research documents and other related resource materials had to be searched for the fulfilment of this purpose. Most of all, a thorough explanation of the theoretical framework guiding this research had to be done. Chapter 2 formed a foundation of the transitional experiences of the South African medical students returning from Cuba after a period of six years.

Chapter 3

Chapter 3 was characterised by a qualitative research design that aimed at collecting data in the form of photo-elicitation in conjunction with participants' narratives and face-to-face interviews with them. The researcher travelled a journey of discovery and innovation, moving into an unknown territory of investigating the kind of support received by medical students who were returning from their medical studies in Cuba. Even though the sample in this study was small, the findings of this study have far-reaching consequences for their plight. To a large extent, ethical issues were observed, such as consent, confidentiality, anonymity, credibility and trustworthiness.

Chapter 4

In the fourth chapter, a presentation and in-depth analysis of data gathered through photo-elicitation, narratives and interviews were undertaken. Photo-elicitation is a technique that involves photos and narratives, followed by an interview with a view of providing clarity on the participants' thinking behind this visual technique. This is what is called a metaphor approach to data collection. This technique provides meaning to the participants' memories related to their experiences upon their return from studying

medicine in Cuba. Accordingly, themes emerged from the analysed data, together with an extensive discussion regarding their connectivity to the theory and literature.

Chapter 5

This final chapter presents a summary of the main points of the research findings. Recommendations are meant to inform practice. These are well thought of and relate to the future of research in this field. The contribution of the study to the existing literature is very important and is being discussed in this study. The chapter ends with a conclusion to understand how South African medical students returning from Cuba experience and manage their transition.

5.3 SUMMARY OF RESEARCH FINDINGS

This study explores the experiences of South African medical students as they transition from Cuba to South Africa. The study also sought to understand how students manage their transition. Transition is a complex process that involves imbalances between expectations and experience, and these require effective management to assist those involved. By selecting suitable and effective methods to deal with the demands of the situation, transition can be less painful to become more pronounced and achievable (Ayele, 2011). Upon returning home, South African medical students experienced challenges related to language, social and academic integration which are found to affect their transition process. The study found that students are not supported sufficiently and most of the time rely on their own strategies to help cope with the transition. The findings from both the photographs, narratives and the interviews are summarised below.

5.3.1 A brief description of the perceptions of South African medical students on their experience in Cuba and arriving home

Students decision to study in Cuba

The research findings revealed three factors that impelled students to study medicine in Cuba, namely, personal interest, admission challenges and opportunity of studying through a scholarship. Although a few students indicated their personal interest as the reason for going to Cuba, the finding is supported by literature that students decide to study abroad to explore the world first-hand (Alandejani, 2013). The findings also reveal that it was the “push” factors that made them go to Cuba. The ‘push’ factors within their country are the lack of admission space and financial challenges. The current study revealed that participants could not be admitted to local medical institutions due to a high volume of applications. It is not surprising that many students after passing matric stay at home because they cannot be admitted to tertiary institutions. Institutions have the capacity to admit a specified number of students in all faculties and some students end up taking any available course of study just to keep busy. This is not different for students who want to study medicine at a South African medical institution. In other words, a high volume of students applies on time, having obtained excellent results but not all are admitted. Regarding financial challenges as is the case with students coming from poor socio-economic backgrounds, students relished the opportunity to study utilising available financial support.

Students’ previous experience

When assessing participants’ experience in Cuba, the findings revealed that their experience in Cuba was determined mainly by the type of hospitality that they received and their social integration challenges. Many participants felt that the Cubans were organised and welcoming. Accordingly, accommodation was well arranged in advance and they were directed as to where they were supposed to go with ease. The findings

revealed that although participants' entry in Cuba was welcoming, there were challenges as well. One of the challenges is the Spanish language. Schlossberg (2011) indicates that an individual's previous experience with a similar transition can determine how he or she will cope with the current situation. Moving into a new country is a challenge itself but moving to a country where they speak a different language from your own is even more challenging (Li et al, 2010; Martirosyan et al, 2015). Due to the language barrier, participants initially worked collaboratively as South Africans, until they were able to start learning Spanish. The sharing of accommodation created various challenges in that students' privacy and freedom were deprived. One of its advantages was an opportunity to make friends with fellow roommates and hence learn other cultures and to offer one another academic support.

Managing individual control as a coping strategy

The findings indicate that participants experiences difficulties in coming to terms with their situation while in Cuba. Their responses revealed that being away from home was very stressful as they felt a sense of loss in their lives and had little control over what was happening around them. Schlossberg (2011) cherished the amount of control that the individual has on the situation which can help during transition. Tom (2015) reported that homesickness is one of the factors that makes adjustment and readjustment for students difficult. Students experienced psycho-social challenges in the form of homesickness which made coping difficult. They longed to return home but had to cope with the situation using the home network to collaborate and feel strong.

Feelings of preparing to come home

Participants' feelings of returning home were ambivalent. Returning home after being away for a period can be exciting and stressful depending on the individual experiencing it. Some participants felt that it was an achievement because they knew that coming back home meant that they were about to complete their studies as they were left with

the 18 months reintegration at a South African medical institution. Others became nervous because they did not know what to expect at home, which meant the fear of the unknown. Participants who reported mixed feelings indicated that they felt excited and sad at the same time about returning home, which was caused by being Cuban and South African citizens. As Cuban citizens, participants indicated that while they were in Cuba, they built relationships and friendships which became difficult to relinquish. When returning home from studying abroad, returnees experience a range of feelings about cultural changes and the re-adaptation process (Wang, 2016). The author found out that some returnees had a sense of belonging to two different cultures at the same time. Ai and Wang (2017) reported that returnees experience ambivalences and feelings of disorientation and misfit. Participants developed the 'fear of unknown' which was coupled with the expectations upon returning home. Their expectations were based on friends and their perceptions about their home country. As South African citizens, participants were excited about re-joining their families and friends whom they left for six years. For whatever reason, participants knew that eventually, they had to come back home and serve their country as per the NMFCMC agreement.

5.3.2 Challenges experienced by students on their return from Cuba

Re-entry experience in South Africa

The findings indicate that the re-entry experience was not favourable to the participants as compared to their experience in Cuba. Although participants have experienced a warm reception at the OR Tambo International airport due to the presence of the health ministry officials and their family members, most of the participants said that their re-entry at the medical institutions was a different experience. Participants' responses revealed that South African medical institutions were not ready to accept students returning from Cuba. Prior to the participants' return from Cuba, indications were that there were plans in place to allocate them to institutions. Unfortunately, there was confusion and the plans were disrupted.

Participants were staying off campus while the locally trained students stayed on campus with easy access to the library and other amenities. Although buses were arranged for them to travel between campus and their residences, they felt being discriminated against and being treated as ‘foreigners’ in their own country. Being in a new environment and feeling unwelcome can be frustrating and negatively affect the transition process.

Students’ expectations upon returning to South Africa

Students’ expectations can have a positive or negative effect on their transition in their home country. If the expectations are met, the transition becomes smooth, and expectations are not met, transition becomes difficult. The findings in this study indicate that participants had different expectations as Schlossberg (2011) reported that each individual experience transition differently. While this is true, participants expected to receive the same welcoming hospitality that they received in Cuba. Students received better treatment from the staff in Cuba who were caring towards them while South Africa presented a different and difficult experience. Students were reminded that since they studied in Cuba, they do not know medicine, and were even identified as Cubans by both staff and locally trained students.

Challenges related to language, social and academic integration

There were contrasting experiences regarding language adjustment in Spanish on arrival in Cuba, and their readjustment to English terminology in South Africa. Participants struggled with the English medical terminology which is used at South African institutions. Participants spent six years studying medicine in Spanish and coming back home they had to switch from Spanish to English. Challenges related to learning a foreign language was evident during lectures where there was often a delay in responding to questions by South African students returning from Cuba. This problem

created the impression that these students lacked knowledge regarding medical information. Students felt embarrassed by being left behind.

There is a correlation between language and social integration. Social integration requires that one can relate to others either as peer groups, extra-curricular activities and relationships with the staff at the institution (Thomas, 2018). Students who fail to integrate easily pose a danger of repeating the year or becoming dropouts. Challenges relating to language made their social integration difficult. Students lacked confidence which resulted in inadequate social experiences. Participants experienced discrimination from the locally trained students. While they were still in Cuba, some of the local citizens referred to them as foreigners or South Africans. Back at home, they were referred to as Cubans by locally trained students and this impacted negatively on their social integration. Students returning from Cuba reside off-campus while locally trained students reside on campus. This means that the two groups only meet during classes because they spent most of their time in hospitals, their social interaction was almost non-existent.

The findings in this study revealed that academic integration is equally important. The researcher concurs with Bojuwoye's (2002) report that students returning from studying abroad need to adapt psychologically, socially and academically for a successful transition to occur. Participants experienced challenges regarding academic integration. When the participants returned from Cuba, they joined the fifth year locally trained students. Their academic integration challenges relate to the different academic programmes, workload and treatment from the institution. Cuba practices preventative medicine and hence has a very low disease profile whereas South Africa practices curative medicine. The different medical systems in the two countries make it difficult for returning students to readjust easily. While trying to adjust and adapt academically they are at the same time faced with language and social challenges. Participants indicated that the Cuban system does not match the one used in South Africa. They arrived to find that there is a continuation and link of lessons or topics from the previous year while

for the Cuban trained students there was a gap from what they learnt the previous year in Cuba. This continuation of lessons and topics benefited the locally trained students as they had previous notes with them.

Participants indicated that they were not being exposed to many clinical settings while in Cuba and this became a huge challenge when they had to learn all in a short space of time. Those who participated in this research revealed that they experienced challenges regarding the workload. Cuba has a different disease profile as compared to South Africa. Cuba has very low infection rates in HIV/AIDS and TB as compared to South Africa. In South Africa, participants had to deal with such cases regularly, for which they were not trained. As participants encounter difficulties from the workload presented to them, they also need to manage their time wisely as they transition from the Cuban to the South African medical system.

The relationship between students and academic staff can either facilitate or hinder the transition process. A positive relationship between students and staff can instil confidence in the students, which will result in a smooth transition. There is a correlation between students' class participation and performance. Students who participate in class achieve better (Eiselen and Geysler, 2003). It was evident that a negative relationship between participants and academic staff existed. Just like the locally trained students, participants were referred to as Cubans by the academic staff and this made them feel like foreigners in their own country. Participants' incompetency in certain skills in comparison to the locally trained students led the staff to undermine them saying that they do not know medicine. The academic staffs' attitude towards Cuban trained students created a negative experience for students' transition.

Perceived added responsibilities in the community

Role change during transition can bring different feelings to the individual experiencing it (Schlossberg, 1981). The role change can be the individual's choice or be caused by

the situation in the environment. Upon returning from Cuba, students have matured, and must assume adult responsibilities for their families and communities while they are still studying. Their parents started involving them in family matters by recognising their views and ideas. Some community members regard them as medical doctors already. This attitude put pressure on students and at the same time builds confidence in them.

Financial challenges

Although participants indicated that the money given to them is insufficient, they also thought that this is the best that could have happened to them and they appreciate what they are receiving with the understanding that their parents could not send them that amount of money every month. Students whose families are unable to pay for their study fees, find themselves in a stressful situation (Bojuwoye, 2002). Students on the NMFCMC programme are from families with a low socio-economic background. The monthly stipend given to them is inadequate as they need access to the Internet or Wi-Fi at their residential areas to minimise personal expenses.

5.3.3 Support received by students to enhance transition

Placement, institutional, social and government support

Comparatively, institutional placement in Cuba and South Africa worked in different ways. There was support at home when they returned in the form of orientation by the institutions they were allocated to. This support did not translate into academic collaboration during lectures, particularly by lecturers and doctors. The researcher supports Briggs' (2012) view that if institutions have in place support systems, it will help with the transition of their students, and consequently, good performance. The importance of establishing relationships between the faculty and students should not be underestimated, said Pascarella and Terenzini (2005). Motala & van Wyk (2016) conducted research among medical students returning from Cuba. Their findings

stipulate that although there were learner support programmes at the University of KwaZulu-Natal Medical School, about two-thirds of the students found it difficult to complete their 18 - month integration period on time. Language has been cited as one of the constraints. While this is true, the prominence of social support to students on transition is an important factor in their development (Denovan & Macaskill, 2013). The role played by family, friends, the community and government were an enabling factor in the adjustment of student returnees to transition from their studies in Cuba to South Africa (Menzies and Baron 2013).

5.3.4 Strategies adopted by students on their return from Cuba

The findings from participants' responses indicated that participants adopted different strategies or mechanisms to help them cope with the transition process at home. The coping strategies were reported in terms of language, social and academic adjustment. Language acquisition negatively affected students transitioning to a new environment in their academic sphere. These findings are strongly depicted in the photographs A4, B2, and B3. The use of dictionaries and Google assisted in enhancing the participants' language usage. Table 5.1 below summarises the challenges and strategies used by students to cope with the transition process.

Table 5.1: Summary of challenges and strategies used by South African medical students to cope with the transition

	Challenges experienced	Strategies developed
Language integration	<p>Unable to grasp work during lectures.</p> <p>Translation from Spanish to English was difficult</p>	<p>Use of Google translator</p> <p>Use of dictionaries (see photographs A4; B2; B3)</p> <p>Studying English medical books</p> <p>Doctors qualified earlier from Cuba to assist</p>
Social integration	<p>Collaboration with local students was a challenge</p> <p>Friends at home have moved on with their lives</p>	<p>Being open-minded</p> <p>Socialising with fellow students from Cuba</p> <p>Attend religious services</p>
Academic integration	<p>Discrimination from academic staff was a challenge</p> <p>Collaboration with local students was a challenge</p> <p>Lack of study materials was a challenge</p> <p>Students had to be accommodated in a place with Wi-Fi</p>	<p>Engaging in study groups</p> <p>Seeking help from other students</p> <p>Finding a mentor from Cuban trained doctors</p> <p>Student self-motivation</p>

5.4 SUMMARY OF THE FINDINGS: SCHLOSSBERG TRANSITION THEORY

In this section, the findings of the study were summarised in correlation with Schlossberg's transition theory based on the 4S system, namely, situation; self; support and strategies. This study revealed and explored the challenges experienced by South African medical students after returning from Cuba.

Situation

Participants' responses indicated that they always wanted to study medicine and going to Cuba came as a good opportunity for them. They viewed it as a positive situation which will bring significant changes in their lives and those of their poor communities. Participants reported anticipated and unanticipated challenges upon returning home. The decision and time of returning home were anticipated as participants were aware that after the six years of training in Cuba, they eventually had to return home. Some participants had higher expectations which were not met, and this affected their transition. A participant reported that because of the treatment and non-supportive nature of their experience, he could not cope anymore and requested to be moved to another medical institution. The non-supportive structure from the institution and government was unanticipated as reported by participants. This suggests that participants had difficulties dealing with the situation when at the same time they were supposed to concentrate on their academic work.

Self

Based on the participants' perception (the self), participants reported that they have observed changes during the transition process. Participants reported that after returning from Cuba, they have a different perception of medicine as a profession and view themselves as being more mature than before, which is a positive change. They are viewed as responsible adults whose ideas and views are accommodated during

decision making. Participants must live up to their titles and with the pressure that they face they still must work hard to avoid embarrassment at the end.

Support

Participants' responses indicated that the support that they received while in Cuba is more prominent than at home. Furthermore, they reported and appreciated emotional support received from family and friends. It was difficult to make friends with the locally trained students because they were being segregated by the same students who undervalue them and refer to them as Cubans. It is noted that there was a lack of support from the academic staff and the government. The South African government assisted them on their arrival from Cuba. In contrast, the academic staff developed a negative attitude towards the Cuban trained students and that affected their relationship with the students. The fact that the academic staff undermined the Cuban medical system and believe students who studied in Cuba do not know medicine was demotivating. This relationship between students and the academic staff affects students' transition in their home country. Participants received academic and mentoring support from the Cuban trained doctors because these doctors can relate to the situation very well as they endured similar hardship. The lack of institutional support as reported by the participants could imply that participants are not aware of other support structures available at their campuses.

Strategies

Despite all the challenges experienced, participants shared their coping strategies during the transition. These strategies are meant to help other students who will experience similar transitional challenges when returning from studying abroad. Participants in this study experienced challenges related to language, social and academic integration and had different strategies for each. Regarding language integration, participants resorted to Google scholar and studying English medical books

to understand the English language. Participants indicated that to deal with the challenge of social integration they became open-minded around local students but the most important one is that they spent most of their time studying and had less time to spend with other students. Regarding academic integration, participants resorted to seeking help from other students even though they indicated that few locally trained students assisted them. Another strategy was finding a Cuban trained doctor who experienced a similar transition as a mentor. Group work was also a strategy which worked for returning students only as they could not engage with the locally trained students. Participants' responses revealed that they needed more support from the institution, government, friends and family to help deal with the transition.

5.5 RECOMMENDATIONS

5.5.1 Recommendations for the improvement of practice

There is an increasing number of returnees internationally. Every year South Africa sends students to study medicine in Cuba for six years. After six years these students return home to complete their 18 months integration at a South African medical institution. The findings in this study help students, medical institutions, families and friends to understand the transitional experiences of South African medical students returning from Cuba, more specifically the challenges that they experience and how they manage their transition back in South Africa. These students need all forms of support to assist them transition better. The following strategies come as recommendations based on the study findings. These recommendations can be applied to other situations similar to the current study.

Preparing the mind

The study revealed that students with high expectations about their home environment experienced challenges with their reintegration when the expectations were not met.

The treatment they received from the medical institutions and living conditions affected them. Students returning from studying abroad need to change their perceptions about their home country by being realistic about their expectations while still in the host country. It is very important that when students return home, they must not set high expectations. It is, therefore, recommended that the government send qualified Cuban trained doctors to Cuba to help prepare students on their expectations upon returning to South Africa.

Institutions' readiness to receive students

There was unpreparedness on the part of South African medical institutions regarding registration, accommodation and access to basic amenities such as water and a library. Students deserve better treatment, and institutions are expected to treat them with dignity. Based on these findings, it is recommended that the medical institutions work closely with the government, specifically the Department of Higher Education (DoH), nationally and provincially, not only when the students leave South Africa to Cuba, but until they have graduated as medical doctors. The relevant officials should ensure that proper accommodation is being organised for every student returning from Cuba. Cuban trained students must be integrated with locally trained students on and off campus. This will also facilitate social integration between the students as they will travel together to and from campus. These measures will enhance student learning and improve their academic performance.

Psycho-educational workshop

The findings revealed that students returning from Cuba are struggling academically because of language. This includes interpreting notes and interacting with professors in class. The institutions should, therefore, include in their re-orientation program English classes with a focus on learning and improving students' English Medical terminology, and English as a language where students actively participate in engaging in

discussions to help boost their confidence in spoken English. Cuban trained doctors are called to motivate the students. These doctors should share their personal experiences and help students formulate coping strategies. It is on this platform that students should know the differences between studying medicine in Cuba and in South Africa. Students should know what is expected of them during their 18 months stay at the institutions.

Institutional support programmes

International students' office

The international office is effective not only to deal with international students but to help students returning from studying abroad, such as the Cuban trained students. As much as the office is open to assist international students, its doors must always be open for students returning from studying abroad. The office and the institution should have programmes and policies that are aimed at assisting returning students to readjust and reintegrate into the local academic and social culture at the institution.

Support study materials

Institutions have a vital role to play in supporting new students, especially students returning from studying abroad. It is expected that institutions should have students' prior academic records and challenges as reported in the literature so that they will be able to plan properly on how to assist the students. When students return from Cuba in July/August, they join the fifth year locally trained students at the institutions. The findings revealed that students returning from Cuba are challenged by the fact that they do not have study materials such as notes from the previous years. From my experience as a student and a teacher, some university courses and school subjects require that the students and learners have prior knowledge of what is to be taught and the lesson build-up on that. The institutions should, therefore, make previous study materials and other relevant resources available for returning students to refer to in their

own time in order to bridge the gap between what they studied in Cuba and what is being studied at South African medical institutions. The findings also revealed that students receive insufficient funds to enable them to buy data bundles for Internet access due to their proximity from the library. This study recommends that the institutions should provide students with resources to enable them to study.

Collaborative learning

Collaborative learning involves working together as a group or a team to achieve a common goal. This type of learning encourages interaction amongst the students to promote social development which will lead to a smooth transition to students returning from studying abroad. Collaborative learning requires that professors are committed to making it work by introducing groups with mixed students, locally trained and Cuban trained students. The study findings also revealed mistreatment and discrimination where professors displayed negative attitudes towards Cuban trained students. Professors need to treat all students with dignity and respect, change their negative attitudes towards Cuban trained students as this will negatively affect their transition and hence their academic performance. For collaborative learning to work effectively and efficiently, professors must take 'the role of a teacher' as a content expert, facilitator, mentor, motivator, educational manager and educational leader. As a content expert, a professor should provide leadership and guidance. Professors promote growth and develop learning, among others. As a mentor, a professor should build good relationships between himself and the students. This kind of relationship encourages personal development and helps students to transition better. A professor motivates, encourages and promotes students' interest in collaborative learning by stating clearly the benefits of collaborative learning.

Students' own coping strategies

As much as institutions should have measures on how to help students during the transition process, students experiencing transition should also have their own mechanisms on how to cope with the situation. Students should take the initiative to find out about available support groups on campus and participate in them. They should ensure that they utilise resources available to them. They should also actively participate in any programme offered to enhance the transition. These can be achieved when students take the initiative to find any resources and programmes available at the institutions. In general, students should seek help if they are not coping at all.

5.5.2 Recommendations for further research

As much as studies about returnees and re-entry processes are conducted worldwide, this study focused on students who studied medicine in Cuba and returned to their home country, South Africa. The findings of this study have revealed that students returning from Cuba face language, social and academic challenges during their transition and they received little support from the institutions and government to help manage the transition. The study was conducted with only three medical institutions and therefore, it is recommended that although it may take time, the study should be conducted with all the nine medical institutions in order to generalise the findings. The study should be conducted with medical institutions that have policies and programmes to help students manage their transition, to assess the effectiveness of the policies and programmes. It is further recommended that a study on how students' transition in their home country affects their professions as medical doctors in rural communities.

5.6 STUDY CONTRIBUTION

This study contributed to the existing literature on the transitional experiences of students returning from studying abroad, especially in the South African context. The



challenges experienced by the students have demonstrated that they negatively affect their transition process. The findings revealed that returning students are not well prepared for the challenges ahead in their next 18 months of reintegration in South Africa. The study found that their transition challenges started before returning home. Their mixed emotions about returning home and their expectations about their home environment contributed towards their home integration. The diagram below illustrates the steps for managing students' transition.

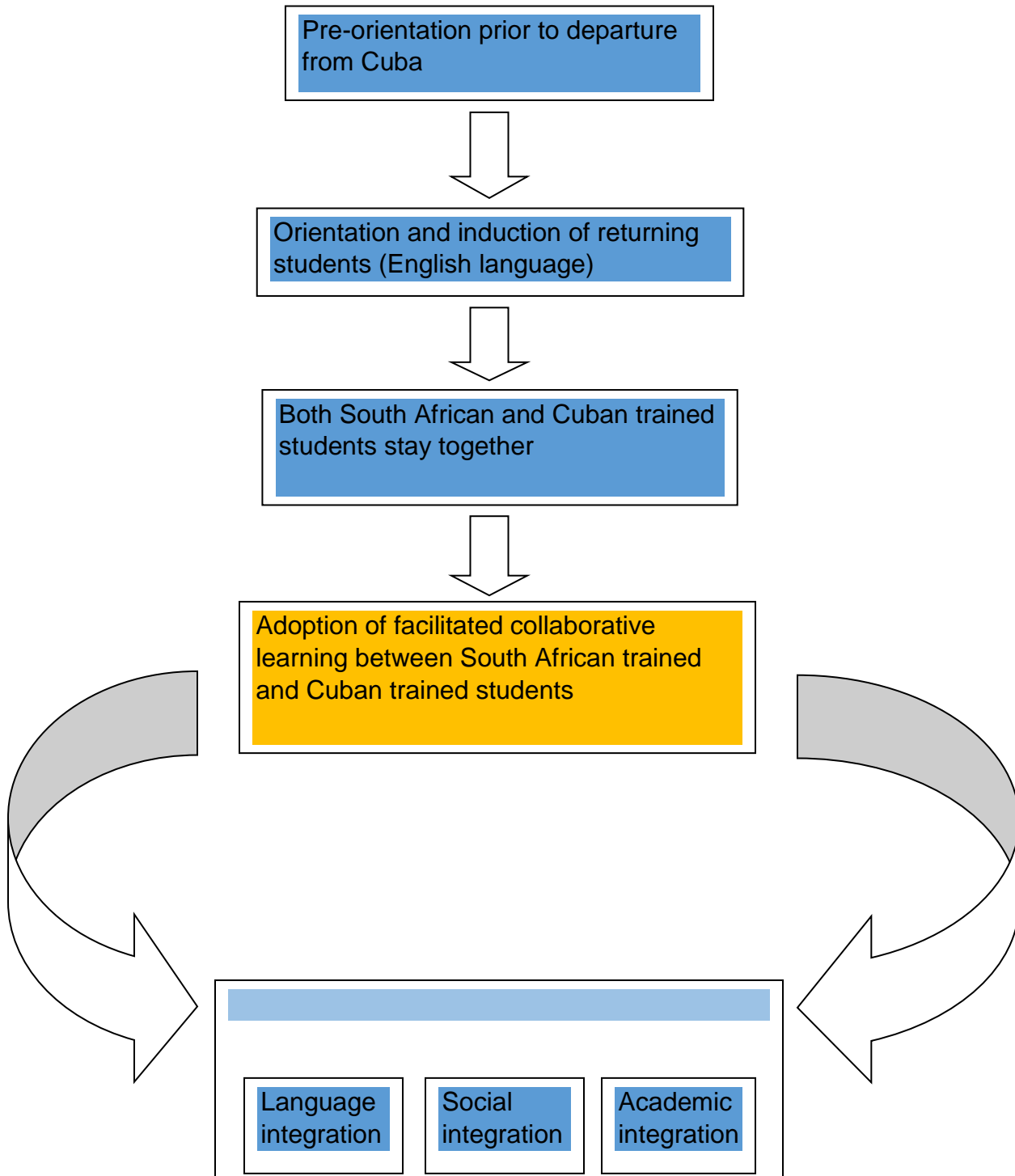


Figure 5.1: Managing students' transition from Cuba to South Africa

The study revealed that students return home with different expectations about the environment they return to. Different expectations can either enhance or weaken the transition process. Although the students in this study are said to be returning home to complete their final year of study, they are in fact coming to the South African medical institutions for the first time, and therefore, are considered new at the institutions. Having higher or lower expectations depends on how much an individual knows about the new environment. Students in this study had their expectations based on the information they received from friends. Those with higher expectations that were not met were disappointed. It is thus crucial that students receive pre-orientation in Cuba prior to their departure. The government should send delegates of Cuban trained doctors to assist students to set realistic expectations about returning home. While students receive pre-orientation prior to departure, they will benefit by being mentally ready to enable better transition back home. At this stage, students have mixed feelings about returning home. These mixed feelings together with their expectations affect how they integrate at home. The study findings together with the literature revealed that upon returning home around July/August, students receive orientation at their institutions. These orientations are meant to help prepare students for their final year in a South African context where they are being taught about clinical settings and ward rounds which they were not exposed to while in Cuba (Donda et al, 2016; Motala & Van Wyk, 2016). Although this orientation program is found to be crucial and useful for returning students, it does not consider the fact that students were immersed in the Cuban Spanish language. Medical institutions should consider coupling the teaching of clinical skills with teaching the English language to help speed up their language transition.

Participants in the study indicated that Cuban trained students stay off campus while locally trained students stay on campus. Although buses are arranged to transport students between residences and campuses, they work on schedule. Cuban trained students could benefit by staying together with the locally trained students. Collaborative learning is a managerial issue that requires facilitation from the academic

staff as it happens. Thus, the interaction between students themselves, and between students and the academic staff will improve students' language, social and academic integration for students returning from Cuba. The introduction of collaborative learning will lead to a better transition.

5.7 CONCLUSION

This study aimed at understanding how South African medical students who trained under the NMFCMC programme experienced and managed transition after returning from Cuba. The findings revealed that students experienced challenges related to their re-adaptation upon return to South Africa. Students experienced challenges related to discrimination from academic staff; language, social and academic challenges; and lack of support from the institutions and the government. These challenges as experienced by students made their transition difficult and affect their academic performance as reported by Motala and Van Wyk (2016). Under the said challenges, students resorted to their own coping strategies to help manage their transition.

Overall, based on the findings, the study highlights the need to introduce and adopt collaborative learning between locally trained students and those that were trained in Cuba for a better transition. This recommendation is extended not to only for the purpose of this study, but to all returnees going through the transition process. Considering existing studies and literature, the study revealed a mismatch between the Cuban and South African medical systems. The students found it difficult to easily adjust to the South African medical system and this made their transition difficult. Schlossberg transition theory suggests that by knowing and understanding the 4S system, it can help to counsel students to experience transition more effectively, especially those who returned from studying abroad. The theory does not only provide individuals with an understanding of how the transitions impact them but also how to cope with those aspects (Anderson et al, 2012). It must be emphasised that transition as an ongoing process requires that students get as much support as possible from all

spheres. The findings of this study emphasise that higher institutions of learning, together with the government must develop policies and programs meant to assist returnees so that they can adjust and adapt better in their home country. Cuban trained doctors in practice should be invited to motivate, share their experiences and coping strategies with returnees. Friends and family support is also crucial for returnees during the transition process. Overall, students' transition from studying abroad is a critical issue which needs further research.

LIST OF REFERENCES

- Adams, KS & Proctor, BE. 2010. Adaptation to college for students with and without disabilities: group differences and predictors. *Journal of Postsecondary Education and Disability* 22(3):166–184.
- Ai, B & Wang, L. 2017. Homeland integration: an academic returnee's experiences in Chinese Universities. *International Journal of Qualitative Methods* 16:1–9.
- Aina, JK & Olanipekun, SS. 2013. Effect of English language on academic performance in Physics and Computer Science among College of Education students. *American International Journal of Research in Humanities, Arts and Social Sciences* 4(2):114–117.
- Alamri, W. 2017. A qualitative grounded theory study of Saudi female students: re-entry, re-adaptation, and cultural integration. Master's thesis, Indiana University, Bloomington.
- Alandejani, J. 2013. Coming home after studying abroad: how Saudi female scholars re-adapt, re-adjust, and transfer their knowledge. Master's dissertation, Colorado State University, Colorado.
- Alghamdi, H & Otte, S. 2016. The challenges and benefits of study abroad, *International Journal of Humanities and Social Science* 6(5):16–22.
- Al-Mahrooqi, RI, Denman, C & Ateeq, BAA. 2015. Adaptation and first year students in the Sultanate of Oman. Available at: <https://www.researchgate.net/publication/284332410> (as on 29/11/2018).
- Altbach, PG & Knight, J. 2007. The internationalization of higher education: motivations and realities. *Journal of Studies in International Education* 11(3):290–305.
- Alvi, M. 2016. A manual for selecting sampling techniques in research. University of Karach. MPRA Paper no. 70218.

Anderson, ML, Goodman, J & Schlossberg, NK. 2012. *Counselling adults in transition: linking Schlossberg's theory with practice in a diverse world*. 4th edition. New York: Springer Publishing Company, LLC.

Andrade, MS. 2006. International students in English-speaking Universities: adjustment factors. *Journal of Research in International Education* 5(2):131–154.

Akhtar, I. 2016. Research design. *Research in Social Science: Interdisciplinary Perspectives* 68–84.

Arouca, RA. 2013. A qualitative study of returning study abroad students: the critical role of re-entry support programs. *Theses, Dissertations, Professional Papers*. Paper 33.

Arthur, N. 2003. Preparing international students for the re-entry transition. *Canadian Journal of Counselling* 37(3): 173–185.

Austin, SA & McDermott, KA. 2003. College persistence among single mothers after welfare reform: an exploratory study. *Journal of College Student Retention* 5(2):93–113.

Ayele, K. 2011. Adjustment problems, help seeking behaviours and dysfunctional coping strategies of first year college students: *The Ethiopian Experience* 14(2):185–207.

Badat, S. 2010. The challenges of transformation in higher education and training institutions in South Africa. Development Bank of Southern Africa.

Báez C. 2004. The Cuban health programme in Gauteng province: an analysis and assessment of the programme. University of the Western Cape. Available at: http://etd.uwc.ac.za/mlui/bitstream/handle/11394/254/B%C3%81EZ_MPH_2005..pdf;sequence=1 (as on 13/02/2020).

Baloyi, GP. 2012. Learner support in open and distance learning context: a case study of ABET programmes at the University of South Africa.

Barbosa, N. 2016. Studying medicine in Cuba, an option for international youth. Available at: <http://www.en.granma.cu> (as on 08/12/2016).

Bateman, C. 2013. Doctor shortages: unpacking the 'Cuban solution'. *South African Medical Journal* 103(9):603–605.

Bauer, S & Gregory, L. 2014. Anticipated and unanticipated life transitions. NACSW Convention. Available at: https://www.nacsw.org/sw/system/files/anticipatedandunanticipated_0.pdf (as on 21/06/2018).

Baxter, A. 2018. The benefits and challenges of international education: maximizing learning for social change. *International Scholarships in Higher Education* 105-129.

Beyers, W & Goossens, 2003. Psychological separation and adjustment to University: moderating effects of gender, age, and perceived parenting style. *Journal of Adolescent Research* 18(4):353–382.

Bhorat, H & Kanbur, R. 2006. Poverty and Policy in Post-Apartheid South Africa. HSRC Press: Pretoria.

Bignante, E. 2010. The use of photo-elicitation in field research: exploring Maasai representation and use of natural resources. Available at: <http://echogeo.revues.org/index11622.html> (as on 11/12/2018).

Bojuwoye, O. 2002. Stressful experiences of first year students of selected universities in South Africa. *Counselling Psychology Quarterly* 15:277–290.

Bore, SK, Hendricks, L & Womark, A. 2013. Psycho-educational groups in Schools: the intervention of choice. *National Forum Journal of Counselling and Addiction* 2(1):1–9.

Briggs, ARJ, Clark, J & Hall, I .2012. Building bridges: understanding student transition to university. *Quality in Higher Education* 18(1):3–21.

- Brinkworth, R, McCann, B, Matthews, C & Nordstrom, K. 2009. First year expectations and experiences: student and teacher perspectives. *High Education* 58:157–173.
- Bryman, A. 2001. *Social research methods*. Oxford University Press: Oxford.
- Butcher, A. 2004. Departures and arrivals: international students returning to the countries of origin. *Asian and Pacific Migration Journal* 13(3):275–403.
- Byrd, DA. 2017. Utilizing Schlossberg’s transition theory for student success: a case study of underrepresented transfer students in a predominantly white teacher education program. *The Journal for the Texas Association of College & University Student Personnel Administrators* (3):1–19.
- Chang, L. 2014. International student mobility trends. Available at: <http://www.wes.org/RAS> (as on 22/06/2017).
- Chaturvedi, K. 2015. Pitt.edu. Available at: <http://www.pitt.edu/~super7/43011-44001/43911.ppt> (as on 11/02/2018).
- Chelliah, S & Yusoff, YM. 2010. Internationalization and performance: small and medium enterprises (SMEs) in Malaysia. *International Journal of Business and Management* 5(6):27–37.
- Chen, DI, & Lo, WYW. 2013. Internationalisation or commodification? A case study of internationalization practices in Taiwan’s higher education. *Asia Pacific Education Review* 14:33–41.
- Cheng, M. 2015. *Transition models and how students experience change. Transition skills and strategies*. The Quality Assurance Agency for Higher Education 2015.
- Chickering, AW & Schlossberg, NK. 1995. Getting the most out of college. *The Journal of General Education* 44(4):287–290.

Chiguvi, D & Ndoma, JT. 2018. The effects of shortage of accommodation on students' performance in private tertiary institutions in Botswana. *Journal of Economic and Sustainable Development* 9(4):97–104

Christie, H. 2009. Emotional journeys: young people and transitions to university. *British Journal of Sociology of Education* 30:123–136.

Christofi, V & Thompson, CL. 2007. You cannot go home again: a phenomenological investigation of returning to the sojourn country after studying abroad. *Journal of Counseling & Development* 85:53–63.

Chrysikos, A, Ahmed, E & Ward, R. 2017. Analysis of Tinto's student integration theory in first-year undergraduate computing students of a UK higher education institution. *International Journal of Comparative Education and Development* 19(2):97–121.

Chukwu, J. 2001. Problems of student's hostel accommodation in higher educational institutions: a case study of the University of Nigeria, Nsukka. In Akubue, A U & Enyi D (Eds) *Crises and challenges in higher education in developing countries*. Ibadan: Wisdom Publishers.

Clandinin, DJ & Connelly, FM. 2000. *Narrative inquiry. Experience and story in qualitative research*. San Francisco: Jossey-Bass Publishers.

Cloete, N. 2004. *Transformation in higher education: global pressures and local realities in South Africa*. 2nd edition. Netherlands: Kluwer Academic Publishers.

Cloete, N, Sheppard, C & Mouton, J. 2010. DST/NRF Centre of excellence in scientometrics and STI policy/University of Stellenbosch.

Cohen, L, Manion, L & Morrison, K. 2011. *Research methods in education*. 7th edition. Abington, Oxon: Routledge.

College of Saint Benedict. 2016. *After study abroad: a resourced guide for returned students*. Saint John's University.

Conkright, T. 2015. Using the four functions of management for sustainable employee engagement. *International Society for Performance Improvement* 54(8):1–8.

Connolly, L. 2013. Fragility and the State: Post-apartheid South Africa and the State-Society Contract in the 21st Century. *African Journal on Conflict Resolution* 13(2):87–112.

Cooper, L. 2014. Returning from the wild: exploring participant's experiences of re-entry from extended wilderness trips. Master's thesis,

Cortazzi, M. 1993. *Narrative analysis*. London: The Falmer Press.

Creswell, JW. 1994. *Research design: Qualitative and quantitative approaches*. London: Sage.

Creswell, JW. 2006. *Five qualitative approaches to inquiry. Qualitative inquiry and research design*. Thousand Oaks, California: Sage.

Creswell, JW. 2013. Steps in conducting a scholarly mixed method study. DBER speakers series. Available at <http://digitalcommons.unl.edu/dberspeakers/48> (as on 12/06/2017).

Creswell, JW. 2014. *Research design: Qualitative, quantitative and mixed method approaches*. 4th edition. Thousand Oaks, California: Sage.

De Hei, MSA, Strijbos, JW, Sjoer, E & Admiraal, W. 2015. Collaborative learning in higher education: lecturers' practices and beliefs. *Research Papers in Education* 30(2):232–247.

Denovan, A & Macaskill, A. 2013. An interpretative phenomenological analysis of stress and coping in first year undergraduates. *British Educational Research Journal* 39 (6):1002–1024.

Denzin, NK & Lincoln, YS. 2003. *Collecting and interpreting qualitative materials*. 2nd edition. Thousand Oaks: Sage Publications.

Department of Health. 2019. Address by the Deputy Minister of Health, Dr. Joe Phaahla at the 16th graduation ceremony of the South African medical doctors trained in Cuba. Available at: <http://www.health.gov.za/index.php/2014-03-17-09-48-36/speeches?download=3493:speech-address-by-deputy-minister-at-graduation-ceremony-of-medical-doctors-trained-in-cuba-1> (as on 13/02/2020).

Department of Higher Education and Training. 2017. Draft policy framework for the internationalisation of higher education in South Africa. Available at <http://www.dhet.gov.za> (as on 08/09/2017).

Department of Justice and Constitutional Development. 1996. Constitution: Chapter 2: Bill of Rights. Available at <http://www.justice.gov.za/legislation/constitution/bill-of-rights.html> (as on 07/04/2020).

Devault, G. 2019. Establishing trustworthiness in qualitative research. Available at: <https://www.thebalancesmb.com/establishing-trustworthiness-in-qualitative-research-2297042> (as on 21/12/2018).

De Villiers, P, Van Wyk, C & Van der Berg, S. 2013. The first five years project-a cohort study of students awarded NSFAS loans in the first five years 2000-2004. A working paper of the department of economics and the bureau for economic research at the University of Stellenbosch, Stellenbosch.

De Vos, P, De Ceukelaire, W, Bonet, M & Van der Stuyft, P. 2007. Cuba's international cooperation in health: an overview. *International Journal of Health Services* 37(14):761–776.

DiCicco-Boom, B & Crabtree, B. 2006. The qualitative research interview. *Medical Education* 40 (4):314–321.

Donda, BM, Hift, RJ & Singaram, VS. 2016. Assimilating South African students trained in Cuba into the South African medical education system: reflections from an identity perspective. *BMC Medical Education* 16:281.

Duiderstadt, J. 2007. *The view from the helm: leading the American university during an era of change*, university of Michigan press, Ann Arbor, MI.

Durkin, K. 2011. Adapting to Western norms of critical argumentation and debate. In: Jin L., Cortazzi M. (eds) *Researching Chinese learners*. Palgrave Macmillan, London.

Dyson, R & Renk, K. 2006. Freshmen adaptation to university life: depressive symptoms, stress, and coping. *Journal of Clinical Psychology* 62:1231–1244.

Ebrahim, S et al. 2014. Ebola control: the Cuban approach. *The Lancet* 384(9956):2022.

Education White Paper 6: Special needs education, building an inclusive education and training system. Available at <http://www.info.gov/whitepapers/2001/educ6.pdf> (as on 28/08/2017).

Eiselen, R & H. Geysers. 2003. Factors distinguishing between achievers and at risk students: a qualitative and quantitative synthesis. *South African Journal of Higher Education* 17:118–130.

Elffers, L & Oort, FJ. 2013. Great expectations: students' educational attitudes upon the transition to post-secondary vocational education. *Social Psychology of Education* 16(1):1–22.

Elias, H, Mahyuddin, R & Uli, J. 2009. Adjustment amongst first year students in a Malaysian University. *European Journal of Social Sciences* 8(3):496–505.

Elliot, DL, Baumfield, D & Reid, K. 2016. Searching for 'a third space': a creative pathway towards international PhD students' academic acculturation. *Higher Education Research and Development* 35(6):1180–1195.

Elliot, DL, Reid, K & Baumfield, D. 2016. Beyond the amusement, puzzlement and challenges: an enquiry into international students' academic acculturation. *Studies in Higher Education* 41(12): 2198–2217.

El-Omari, AH. 2016. Factors affecting students' achievement in English language learning. *Journal of Educational and Social Research* 6(2):9–18.

Engels, MC, Pakarinen, E, Lerkkanen, MK & Verschuenen, K. 2019. Students' academic and emotional adjustment during the transition from primary to secondary school: a cross-lagged study. *Journal of School Psychology* 76:140–158.

Estrella, V. 2006. "Moving in, moving through, moving out" Nancy K Schlossberg's transition theory. Research paper: student development theorist.

European Parliament. 2015. Internationalisation of higher education. Available at: <http://www.europarl.europa.eu/studies> (as on 21/06/2017).

Evans, NJ, Forney, DS, Guido, F, Patton, LD & Renn, KA. 2010. *Student development in college: theory, research and practice*. 2nd Edition. San Francisco, CA: Jossey-Bass.

Eze, SC & Inegbedion, H. 2015. Key factors influencing academic performance of international student's in UK universities. *British Journal of Education* 3(5):55–68.

Farris, AK. 2010. The freshmen adjustment process: Commuters life versus residence life. Master's dissertation. Available at: <http://www.psy.pku.edu.cn/Upload/pubs/2010090300001> (as on 18/01/2019).

Favero, N. 2016. Post-study abroad re-entry: a qualitative case study on students' and study abroad professionals' experiences and perspectives. Master of Philosophy in comparative and international education, Department of educational research, University of Oslo.

Feinsilver, JM. 2005. Cuban medical diplomacy: when the left has got it right. *Cuban Medical Diplomacy* 6(4):1–12.

- Field, A. 2005. *Discovering statistics using SPSS*. London: Sage.
- Fox, J. 2005. Rethinking second language admission requirements: problems with language-residency criteria and the need for language assessment and support. *Language Assessment Quarterly* 2:85–115.
- Furnham, A. 2012. Culture Shock. *Journal of Psychology and Education* 7(1):9–22.
- Galvan A, Hare TA, Parra CE, Penn J, Voss H, Glover G & Casey BJ. 2006. Earlier development of the accumbens relative to orbitofrontal cortex might underlie risk-taking behavior in adolescents. *The Journal of neuroscience: the official journal of the Society for Neuroscience* 26:6885–6892.
- Gao, X. 2015. On internationalization of higher education. *International Conference on Arts, Design and Contemporary Education*.
- Gareth, JS. [sa]. Coping with transitions in life: a life effectiveness guide. Available at [www.counselingconnections.com/wp.../coping with transitions in life.pdf](http://www.counselingconnections.com/wp.../coping_with_transitions_in_life.pdf) (as on 18/07/2017).
- Gaw, KF. 2000. Reverse culture shock in students returning from overseas. *International Journal of Intercultural Relations* 24:83–104.
- Gerber, J. 2018. Parliament concerned about SA medical students in Cuba, Russia. City Press.
- Gharaibeh, H, Haddad, L, Alzyoud, S, El-Shahawy, O, Abu Baker, N & Umlauf, M. 2011. Knowledge, attitudes, and behavior in avoiding secondhand smoke exposure among non-smoking employed women with higher education in Jordan. *International Journal of Environmental Research and Public Health* 8:4207–4219.
- Given, LM. 2008. Prolonged engagement: the SAGE encyclopaedia of qualitative research methods. Available at: <http://methods.sagepub.com/reference/sage-encyc-qualitative-research-methods/n344.xml> (as on 11/02/2020).

Goodman, J, Schlossberg, NK & Anderson, ML. 2006. *Counseling adults in transition: linking practice with theory*. 3rd edition. New York: Springer Publishing Company.

Goundar, S. 2013. Research Methodology and Research Method. Available at: https://www.researchgate.net/publication/333015026_Research_Methodology_and_Research_Method (as on 02/11/2018)

Gray, K. 2014. There's no place like home: or is there? Study abroad re-entry. *Honors Senior Theses/Projects*. Paper 8.

Gray, KM & Savicki, V. 2015. Study abroad re-entry: behaviour, affect and cultural distance. *The Interdisciplinary Journal of Study Abroad* 26:264–278.

Greenshields, B. 2010. Cuba's battle of ideas – The education system and the revolution. *Education Review* 1(23):76–83.

Gribble, C. 2008. Policy options for managing international student migration: the sending country's perspective. *Journal of Higher Education Policy and Management* 30(1):25–39.

Groters, RM. 2013. Meeting the predeparture and re-entry needs of ONU Spanish study abroad students. *Honors Program Projects*. 37. Available at http://digitalcommons.olivet.edu/honr_proj/37 (as on 11/5/2019)

Guba, EG & Lincoln, YS. 1994. *Competing paradigms in qualitative research*. In NK. Denzin & YS. Lincoln (Eds.), *Handbook of qualitative research*. Thousand Oaks, CA: Sage.

Gullahorn, JT & Gullahorn, JE. 1963. An extension of the u-curve hypothesis. *Journal of Social Issues* (19) 3:33–47.

Gunawan, J. 2015. Ensuring trustworthiness in qualitative research. *Belitung Nursing Journal* 1(1):10–11.

Gutnick, S. 2018. Transitioning from under-resourced schools to university: an application of Schlossberg's transition model to the South African context. Master dissertation, University of the Witwatersrand, Johannesburg.

Hadis, BF. 2005. Why are they better students when they come back? Determinants of academic focusing gains in the study abroad experience. *The Interdisciplinary Journal of Study Abroad* 57–70.

Hammett, D. 2007. Cuban intervention in South African health care service provision. *Journal of Southern African Studies* 33(1):63–81

Hao, X, Yan, K, Guo, S & Wang, M. 2017. Chinese returnees' motivation, post-return status and impact of return: a systematic review. *Asian and Pacific Migration Journal* 26(1):143–157.

Harley, D, Winn, S, Pemberton, S & Wilcox, P. 2007. Using texting to support students' transition to university. *Innovations in Education and Teaching International* 44, 229–241.

Harper, D. 2002. Talking about pictures: a case of photo elicitation. *Journal of Visual Studies* 17(1):13–26.

Harris, RL. 2009. Cuban internationalism, Che Guevara, and the survival of Cuba's socialist regime. *Latin American Perspectives* 166 (36):27–42.

Harvey, L, Drew, S & Smith, M. 2006. *The first-year experience: a review of literature for the higher education academy*. York, UK: Higher Education Academy.

Harwel, MR. 2011. *Research design: qualitative, quantitative, and mixed methods: pursuing ideas as the keystone of exemplary inquiry*. Thousand Oaks: Sage.

Henning, E, Van Rensberg, W & Smit, B. 2004. *Finding your way in qualitative research*. Pretoria: Van Schaik Publishers.

Hiles, D. 1999. Rethinking paradigms of research in psychology. *Paradigms lost, Paradigms returned, Paradigms discerned*, Brno.

Hospital Association of South Africa. 2015. Identifying the determinants of and solutions to the shortage of doctors in South Africa: Is there a role of the private sector in the medical education? Competition and applied economics.

Howell, L. 2002. Coming home: sustaining the experiences of studying abroad. The Vermont connection: University of Vermont. Available at <http://www.uvm.edu/~vtconn/?Page=v20/howell.html> (as on 20/02/2020).

Huerta, TM. 2011. Humanizing pedagogy: beliefs and practices on the teaching of Latino children. *The Journal of the National Association for Bilingual Education* 34(1):38–57.

Huish, R & Kirk, JM. 2007. Cuban Medical Internationalism and the Development of the Latin American School of Medicine. *Latin American Perspectives* 157(34):77–92.

Hung, H. 2006. What is missing in U.S. higher education: looking into the learning experiences of Asian international students from cognitive and sociocultural perspectives. *Journal of Curriculum and Pedagogy* 3(2):168–192.

Ikonen, J. 2007. Why am I an alien in my own country: communication problems that Finish higher education level students encounter when returning to their home country. Thesis, University of Jyväskylä, Finland.

Ismail, A & Jui, MKK. 2014. The role of mentoring program in enhancing mentees' academic performance. *Journal of Education and Learning* 8 (1):13–22.

Ivankova, NV, Creswell, JW & Stick, SL. 2006. Using mixed-methods sequential explanatory design: from theory to practice. *Field Methods* 18(1):3–20.

Jackson, C. 2010. Transitions into higher education: gendered implications for academic self-concept. *Oxford Review of Education* 29(3):331–346.

Jarrett, K & Ellis, L. 2020. Maintaining the connection: story sharing as a function of home institution support for study abroad students. *Journal of University Teaching & Learning Practice* 17(3):1–11.

Jennifer, GF. 2011. Management of student hostel accommodation problems in Federal colleges of education in south Eastern Nigeria, Nigeria.

Karamat, P & Petrova, K. 2009. Collaborative trends in higher education. *Systems, Cybernetics and Informatics* 7(2):57–62.

Koh, C, Wang, CKJ, Tan, OS, Liu, WC & Ee, J. 2009. Bridging the gaps between students' perceptions of group project work and their teachers' expectations. *The Journal of Educational Research* 102(5): 333–348.

Kong, J, Powers, S, Starr, L & Williams, N. 2012. Connecting English language learning and academic performance: a prediction study. *American Educational Research Association*. Pearson. 13–17.

Kothari, CR. 2004. *Research methodology: methods and techniques*. 2nd edition. New Delhi: New Age Publishers.

Laal, M & Laal, M. 2012. Collaborative learning: what is it? *Social and Behavioral Sciences* 31:49–495.

Latipov, ZA, Ziyatdinov, AM & Demidova, LA. 2017. The problem of adaptation of foreign students studying in Russian universities. *Education* 38(56):27–34.

Lebcir, RM, Wells, H & Bond A. 2008. Factors affecting academic performance of international students in project management courses: a case study from a British post 92 University. *International Journal of Project Management* 26:268–274.

Legodi, MR. 2001. The transformation of education in South Africa since 1994. A historical-education survey and evaluation. Thesis, University of South Africa, Pretoria.

Leibbrandt, M, Woolard, I & Woolard, C. 2007. Poverty and Inequality Dynamics in South Africa: Post-apartheid Developments in the Light of the Long-Run Legacy. Prepared for the IPC- DRCLAS workshop, Brasilia 11-13 January 2007.

Leibowitz, B & Bozalek, V. 2014. Access to higher education in South Africa: a social realist account. *Widening Participation and Lifelong Learning* 16(1):91–109.

Letseka, M & Breir, M. 2008. Student poverty in higher education: the impact of higher education dropout on poverty. *In education reduction strategies: issues of policy coherence: colloquium proceedings*. Pretoria: HSRC Press.

Letseka, M & Maile, S. 2008. High university drop-out rates: a threat to South Africa's future. *HSRC Policy Brief*. Pretoria: HSRC Press.

Li, G, Chen, W & Duanmu, JL. 2010. Determinants of international students' academic performance: a comparison between Chinese and other international students. *Journal of Studies in International Education* 14 (4):389–405.

Lieblich, A, Mashiach, RT & Zilber, T. 1998. *Narrative research. Reading, analysis and interpretation*. Thousand Oaks: Sage

Lietaert, I, Broekaert, E & Derluin, I. 2016. *Time heals? A multi-sited, longitudinal case study on the lived experiences of returnees in Armenia*. Abingdon and New York: Routledge.

Locks, AM, Hurtado, S, Bowman, NA & Oseguera, L. 2008. Extending notions of campus climate and diversity to students' transition to college. *Review of Higher Education* 31(3):257–285.

Lopez, V & Whitehead, D. 2013. Sampling data and data collection in qualitative research. *Nursing and Midwifery Research* 123–140.

Lysgaard, S. 1955. Adjustment in a foreign society: Norwegian fulbright grantees visiting the United States. *International Social Science Bulletin*, 7:45–51.

Macha, W & Kadakia, A. 2017. Education in South Africa. WENR. World education services. Available at: <https://wenr.wes.org/2017/05/education-south-africa> (as on 11/12/2018).

MacKie, SE. 2001. Jumping the hurdles—undergraduate student withdrawal behaviour. *Innovations in Education and Teaching International* 38:265–276.

Marino, JL, Montalbo, MD & Bugtong, MA. 2017. The Socio-culture adaptation among international students at selected schools of Batangas province, Philippines. *International Journal of Education, Psychology and Counseling* 2(5):83–98.

Martin, J & Harrell, T. 2004. *Intercultural reentry of students and professionals: theory and practice*. In D. Landis, J. Bennett & M. Bennett (Eds.), *Handbook of intercultural training*. 2nd edition. Thousand Oaks: Sage.

Martirosyan, NM, Hwang, E & Wanjohi, R. 2015. Impact of English proficiency on academic performance of international students. *Journal of International Students* 5(1):60–71.

Mathews, ML. 1994. Cross cultural re-entry stress: analysis of a group intervention using the critical incident technique. Thesis, University of British, Columbia.

Mazzarol, T & Souter, G. 2002. The “push-pull” factors influencing international student selection of education destination. *International Journal of Education Management* 16:82–90.

McMillan, W. 2013. Transition to university: the role played by emotion. *European Journal of Dental Education* 7(3):169–176.

McMillan, JH & Schumacher, S. 2001. *Research in education: a conceptual introduction*. 5th edition. New York: Pricilla Mc Greegon.

Meleis, AI. (Ed). 2010. *Transitions theory: Middle-range and situational-specific theories in nursing research and practice*. New York: Springer.

Mello, DM. 2013. Internationalisation of higher education in South Africa. *Journal of Public Administration* 48(3):403–413.

Menzies, JL & Baron, R. 2014. International postgraduate student transition experiences: the importance of student societies and friends. *Innovations in Education and Teaching International* 51(1):84–94.

Mertler, CA. 2015. *Introduction to Educational Research*. USA: Sage Publications.

Meyer, L. 2010. Schlossberg transition theory. Available at: https://cspcompetencyportfolio.weebly.com>formal_theory_paper_6020 (as on 22/05/2018).

Miller, DW. 2016. Returning from abroad: a comparative review. Available at: <https://digitalcollections.sit.edu/capstones/2876> (as on 03/10/2020).

Mills,EJ, et al. 2011. The financial cost of doctors emigrating from sub-Saharan Africa: human capital analysis. *BMJ* 343:d7031.

Moen, T. 2006. Reflections on the narrative research approach. *International Journal of Qualitative Methods* 2006 5(4):56–69.

Mohd Arifin, SR. 2018. Ethical considerations in qualitative Study. *International Journal of Care Scholars* 2018 1(2):30–33.

Molapisi, AT. 2009. A phenomenological investigation of challenges and coping mechanisms associated with transition from high school to university. Masters Dissertation, University of Zululand, Richards Bay, South Africa.

Moeketsi, R & Mgutshini, T. 2014. A comparative time review of recruitment and retention at a University in South Africa. *African Journal for Physical Health Education, Recreation and Dance* 20(1): 246–264.

- Monnapula-Mapesela, M. 2015. Students' perception of own preparedness for Higher Education: case study. *International Journal of Educational Sciences* 9(2):255–264.
- Moodley, P & Singh, RJ. 2015. Addressing Student Dropout Rates at South African Universities. *Alternation Special Edition* 17:91–115.
- Mooradian, B. 2004. Going home when home does not feel like home: re-entry, expectancy violation theory, self-construal, and psychological and social support. *Journal of International Communication Studies* 13(1):40–52.
- Motal, E. 2005. Transformation of the South African schooling system: Transformation revisited. The Centre for Education Policy Development.
- Motala, M & Van Wyk, J. 2016. South African–Cuban medical collaboration: students' perceptions of training and perceived competence in clinical skills at a South African institution. *South African Family Practice* 58(2):74–79.
- Motala M & Van Wyk J. 2019. Where are they working? A case study of twenty Cuban-trained South African doctors. *African Journal of Primary Health Care and Family Medicine* 11(1):1–9.
- Mouton, N, Louw, GP & Strydom, G. 2013. Critical challenges of the South African school system. *International Business & Economics Research Journal* 12(1):31–44.
- Msila, V. 2007. From apartheid education to the Revised National Curriculum Statement: Pedagogy for identity formation and nation building in South Africa. *Nordic Journal of African Studies* 16(2):146–160.
- Muldoon, RL & MacDonald, I. 2010. Building learning communities in residential colleges. *Journal of University Teaching and Learning Practice* 6(2):1–14.
- Murangi, HV. 2017. Managing student transition from conventional to open schooling: a case study of Namibia. Doctoral thesis, University of Pretoria, Pretoria.

Myers, MD. 2009. *Qualitative research in business and management*. Thousand Oaks, CA: Sage Publications.

Ndimande, BS. 2016. School choice and inequalities in post-apartheid South Africa. *Global Education Review* 3(2):33–49.

Negro, I, Sorm, E & Steen, G. 2017. General image understanding in visual metaphor identification. Available at <http://www.DOI: 10.25115/odisea.v0i18.1900>. 113–131 (as on 21/10/2019).

Nel, C, Troskie-de Bruin, C & Bitzer, E. 2009. Students' transition from school to university: possibilities for a pre-university intervention. *South African Journal of Higher Education* 23, 974–991.

Neuman, WL. 2000. *Social Research Methods*. 2nd edition. London: Allyn and Bacon.

Nyarko, F & Ephraim, L. 2016. Student mobility in international education: the case in Ghana. *International Journal of Academic Research in Business and Social Sciences* 6(6):177–188.

Odhav, K. 2009. South African post-apartheid higher education policy and its marginalisations: 1994–2002. *SA-eDUC JOURNAL* 6(1):33–57.

O'Donnell, VL, Kean, L & Stevens, G. 2016. Student transitions in higher education: concepts, theories and practices. Higher Education Academy.

Pascarella, ET & Terenzini, PT. 2005. *How college affects students: a third decade of research*. San Francisco: Jossey-Bass.

Pearlin, LI & Schooler, C. 1978. The structure of coping. *Journal of Health and Social Behavior* 19(1):2–21.

Pellissier, R. 2010. An exploration of research practices in the management sciences in South Africa. *Global Management Journal* 2(1):66–77.

Pendleton, KJ. 2007. Using Schlossberg transition theory to identify coping strategies of welfare recipients attending postsecondary institutions. *Electronic theses and dissertations*. Paper 1110.

Penke, LD. 2016. The shock of coming home: repatriation, re-entry and re-adjustment to New Zealand after sojourning. Doctoral thesis, University of Canterbury, New Zealand.

Perry, C & Allard, A. 2003. Making the connections: transition experiences for first-year education students. *Journal of Educational Enquiry* 4(2):74–89.

Petersen, IH, Louw, J & Dumont, K. 2009. Adjustment to university and academic performance among disadvantaged students in South Africa. *Educational Psychology* 2(9):99–115.

Petersson, L. 1996. Post-Apartheid Southern Africa: Economic challenges and policies for the future. Proceedings of the 16th Arne Ryde Symposium 23–24 August 1996, Lund, Sweden.

Pham, LTM. 2018. A review of advantages and disadvantages of three paradigms: positivism, interpretivism and critical inquiry. University of Adelaide, Australia.

Phang, SL. 2013. Factors influencing international students' study destination decision abroad. Available at: https://gupea.ub.gu.se/bitstream/2077/32136/1/gupea_2077_32136_1.pdf (as on 11/02/2018).

Phrasisombath, K. 2009. Sample size and sampling methods. Available at: <http://www.gfmer.ch> (as on 09/03/2019).

Piaget, J. (1985). *The equilibration of cognitive structures*. Chicago: University of Chicago Press.

Pierce, PN. 2017. Re-entry and reflection for study abroad returnees at the University of South Carolina. *Senior Theses*. Paper 213.

Pogačar, A. 2018. Role of the host society in the integration process. Master's thesis, The Arctic University of Norway, Germany.

Powers, MS. 2010. Applying Schlossberg's transition theory to nontraditional male drop-outs. Doctoral thesis, University of Nebraska, Lincoln.

Pritchard, R. 2011. Re-entry trauma: Asian re-integration after study in the West. *Journal of Studies in International Education* 15(1) 93–111.

Radinger-Peer, V & Pflitsch, G. 2017. The role of higher education institutions in regional transition paths towards sustainability. *Rev Reg Res* 37:161–187.

Rajapaksa, S & Dundes, L. 2002. It's a long way home: international student adjustment to living in the United States. *Journal of College Student Retention* 4(1):15–28.

Ramdass, K. 2009. The challenges facing education in South Africa. Available at: <https://ujdigispace.uj.ac.za/handle/10210/5397> [23 April 2013] (as on 28/08/2020).

Ramdass, K & Kruger, D. 2009. The challenges facing higher education in South Africa. Paper presented at the higher education conference on the impact of mergers on the South African higher education system, Tshwane University of Technology, 7-9 October 2009.

Ramos, J. 2013. Developing a pre-departure and re-entry orientation for study abroad students at the Univerisidad Católica De La Santísima Concepción. *Capstone collection*, Paper 2593.

Reardon, C, Enigbokan, O & George, G. 2014. British doctors' experiences of working in rural South Africa: the London GP out of programme experience. *Health SA Gesondheid* 19:1–10.

- Rienties, B, Beauseart, S, Grohnert, T, Niemantsverdriet, S & Kommers, P. 2012. Understanding academic performance of international students: the role of ethnicity, academic and social integration. *High Education* 63:685–700.
- Riessman, CK. 1993. *Narrative analysis. Qualitative research methods*. United Kingdom: Sage.
- Roberts, KL. 2010. Studying abroad; the change does not stop when students come home. Master's dissertation, Kansas State University, Kansas.
- Rodriguez, JAC. 2011. Education in Cuba between 1959 and 2010. *Advanced Studies* 25(72):45–53.
- Roelofse-Campbell, Z. 2001. Reaffirming policy, reasserting priorities: President Thabo Mbeki's visits to Latin America. *Unisa Latin American Report* 17(2):43–47.
- SA News. 2019. Cuban trained doctors urged to drive change in SA. Available at: <https://www.sanews.gov.za/south-africa/cuban-trained-doctors-urged-drive-change-sa> (as on 09/03/2019).
- Salami, SO. 2011. Psychosocial predictors of adjustment among first year college of education students. *US-China Education Review* 8(2) 239–248.
- Salazar, MDC. 2013. A humanizing pedagogy: reinventing the principles and practice of education as a journey toward liberation. *Review of Research in Education* 37:121–148.
- Sayder, S. 2008. Joining up with 'not us' staff to run adolescent groups in schools. *Journal of Child Psychotherapy* 34(1):111–126.
- Schlossberg, NK. 1981. A model for analysing human adaptation to transition. *The Counseling Psychologist* 9(2):1–18.
- Schlossberg, NK. 2011. The challenge of change: the transition model and its applications. *American Counseling Association* 48:159–162.

Schraeder, M, Self, DR, Jordan, MH & Portis, R. 2014. The functions of management as mechanisms for fostering interpersonal trust. *Advances in Business Research* 5:50–62.

Scotland, J. 2012. Exploring the philosophical underpinnings of research: relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English language teaching* 5(9):9–16.

Secuban, MJ. 2012. The social readiness of first and second year college students: variables supporting success. *Spring and Summer* 10(1):13–25.

Sedumedi, SD. 2002. Students' perceptions and expectations of a first-year psychology course at the University of the North. *South African Journal of Higher Education* 16:167–176.

Seekings, J & Nattrass, N. 2005. *Class, race, and inequality in South Africa*. Yale University Press: London.

Severiens, SE & Schmidt, HG. 2008. Academic and social integration and study progress in problem based learning. *Higher Education* 58(1):59–69.

Shenton, AK. 2004. Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information* 22:63–75.

Shougee, M. 1999. The experiences, meaning and outcomes of studying abroad: a qualitative multiple-case study. Doctoral thesis, University of Toronto, Canada.

Sicat, RM. 2011. Foreign students' cultural adjustment and coping strategies. *International Conference on Social Science and Humanity* 2:338–341.

Sinclair, M. 2007. A guide to understanding theoretical and conceptual frameworks. *Evidence-Based Midwifery*, 5(2):39–40.

Sledge, L. 2012. Get your education: family support for African American college students. *McNair Scholars Research Journal* 4(1):1–21.

Sly, KF. 2016. Factors that contribute to the adjustment of international students. *Journal of International Students* 6(1):262–282.

Somer, M & Dumont, K. 2011. Psychosocial factors predicting academic performance of students at a historically disadvantaged university. *Psychological Society of South Africa* 41(3):386–395.

Souders, BV. 2009. Now that I'm home, who am I? National identity negotiation among U.S. study abroad students. Master's dissertation, University of Maryland, Maryland.

Spaull, N. 2013. South Africa's education crisis: The quality of education in South Africa 1994-2011. Report by Centre for Development and Enterprise.

Sugimura, M. 2015. The mobility of international students and higher education policies in Japan. *The Gakushuin Journal of International Studies* (2).

Storti, C. 2001. *The art of coming home*. Yarmouth, Maine: Intercultural Press.

Stroebe, M, Schut, H & Nauta, M. 2015. Homesickness: a Systematic Review of the Scientific Literature. *Review of General Psychology*. Available at: <http://dx.doi.org/10.1037/gpr0000037> (as on 11/11/2020).

StudentsAbroad.com 2012. Study abroad student handbook worldwide. Available at: <http://www.studentsabroad.com/handbook/reverse-culture-shock.php?country=General> (as on 09/04/2018).

Sui, X, Reddy, P, Nyembezi, A, Naidoo, P, Chalkidou, K, Squires, N & Ebrahim, S. 2019. Cuban medical training for South African students: a mixed methods study. *BMC Medical Education* 19:216.

Sunders, M, Lewis, P & Thornhill, A. 2003. *Research methods for business students*. 3rd edition. United Kingdom: Prentice Hall.

Sussman, NM. 2000. The dynamic nature of cultural identity throughout cultural transitions: why home is not so sweet. *Personality and Social Psychology Review* 4:355–373.

Tamas, A. 2014. Advantages of study abroad from the students' perspective. *International Journal of Teaching and Education* 2(4):67–88.

Taherdoost, H. 2016. Sampling methods in research methodology; how to choose a sampling technique for research. *International Journal of Academic Research in Management* 5(2):18–27.

Tao, S, Dong, Q, Pratt, MW, Hunsberger, B & Pancer, SM. 2000. Social support: relations to coping and adjustment during the transition to university in the people's Republic of China. *Journal of Adolescent Research* 15:123–144.

Teferra, D & Altbach, P. G. 2004. African higher education: challenges for the 21st century. *Higher Education* 47: 21–50.

Teichler, U. 2004. The changing debate on internationalisation of higher education. *Higher Education* 48:5–26.

Thomas, D. 2018. Factors that contribute to homesickness among students in Thailand. *Kasetsart Journal of Social Sciences*. Available at: <https://doi.org/10.1016/j.kjss.2018.07.011> (as on 25/11/2019).

Thompson, CL & Christofi, V. 2006. Can you go home again? A phenomenological investigation of Cypriot students returning home after studying abroad. *International Journal for the Advancement of Counselling* 28(1):21–39.

Thurber, CA & Walton, EA. 2012. Homesickness and adjustment in university students. *Journal of American College Health* 60(5):1–5.

Tinto, V. 1993. *Leaving college: rethinking the causes of student attrition*. 2nd Edition. Chicago: University of Chicago Press.

Tinto, V. 1975. Dropout from higher education: a theoretical synthesis of recent research. *Review of Educational Research* 45(1):89–125.

Tjønneland, EN. 2017. Crisis at South Africa's universities – what are the implications for future cooperation with Norway? *Chr. Michelsen Institute* 16(3):1–4.

Tom, RF. 2015. Adjustment experiences and coping strategies of first year students at the University of Limpopo (Turfloop Campus). Masters mini-dissertation, University of Limpopo, Sovenga.

Tønseth, C. 2018. Anticipated and unanticipated transitions as triggers for adult learning. *Creative Education* 9:165–181.

Trice, AG. 2007. Faculty perspective regarding graduate international students' isolation from host national students. *International Education Journal* 8(1):108–117.

Tseng, WC & Newton, FB. 2002. International students' strategies for well-being. *College Student Journal* 36(4):597–598.

Turnbull, B. 2010. Scholarship and mentoring: an essential partnership? *International Journal of Nursing Practice* 16(6):573–578.

University of Johannesburg. 2012. Dying for a change at higher education by Adam Habib, University of Johannesburg. Available at <http://www.uj.ac.za> (as on 23/07/2019).

Van der Merwe, LJ et al. 2016. South African medical schools: current state of selection criteria and medical students' demographic profile. *South African Medical Journal* 106(1):76–81.

Van Meerdervoort, TP. 2007. Photo-elicitation in qualitative research. Master dissertation, Vaal University of Technology, South Africa.

Walliman, N. 2011. *Research methods: the basics*. Abingdon: Routledge.

Walling, SM, Eriksson, CB, Meese, KJ, Cioviva, A, Gorton, D & Foy, DW. 2006. Cultural identity and reentry in short-term student missionaries. *Journal of Psychology and Theology* 43(2):153–164. Available at: <http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=21275931&loginpage=Login.asp&site=ehost-live> (as on 13/12/2018).

Walker, LO & Avant, KG. 2011. *Strategies for theory construction in nursing*. 5th edition. Upper Saddle River, NJ: Pearson.

Wang, J. 2003. A Study of the adjustment of international graduate students at American Universities, including both resilience characteristics and traditional background factors. Doctoral Dissertation, Florida State University, Florida.

Ward, C, Bochner, S & Furnham, A. 2001. *The psychology of culture shock*. London: Routledge.

Warin, J & Muldoon, J. 2009. Wanting to be 'known': redefining self-awareness through an understanding of self-narration processes in educational transitions. *British Educational Research Journal* 35(2):289–303.

Warner, C. 2009. *A phenomenological approach to understanding the transformative experience of adult learners in short term study abroad programs*. Doctoral dissertation. Central Michigan University. Available at: <http://0-proquest.umi.com.catalog.library.colostate.edu/pqdweb?did=1739630151&Fmt=7&clientId=14436&RQT=309&VName=PQD> (as on 14//2018).

Weber, E. 2008. *Educational Change in South Africa: Reflections on local realities, practices, and reforms*. Sense Publishers: Rotterdam.

Weber, WM. 2009. A literature review of the re-entry and adjustment experience of college students returning from short-term international Christian mission experiences and implications for student affairs professionals. Masters dissertation, Kansas State University, Kansas.

Welsh, AE. 2015. Long term effects of reverse culture shock in study abroad. Doctoral thesis, University of the Pacific, California.

Westwood, MJ, Lawrence, WS & Paul, D.1986. Preparing for re-entry; a programme for the sojourning students. *International Journal for the Advancement of Counselling* 9:221–230.

Williams, B. 1991. Managing change and transition. Centre for Excellence in Learning. Available at: <https://www.uvic.ca/hr/assets/docs/od/Workbook%20-%20Managing%20Change%20and%20Transition2> (as on 21/05/2019).

Wits University. 2016. South Africa and Cuba celebrate collaboration. Available at: <http://www.wits.ac.za/news/latest-news/general-news/2016/2016-06/south-africa-and-cuba-celebrate-collaboration.html> (as on 27/05/2017).

Wolfe, LR & Tucker, J. 2003. Getting smart about welfare: policy research on the impact of welfare reform on low income women enrolled in College. Available at: <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.203.2906&rep=rep1&type=pdf> (as on 26/11/2020).

Woosley, SA & Miller AL. 2009. Integration and institutional commitment as predictors of college student transition: are third week indicators significant? *College Student Journal* 43(4):1260.

World Learning. 2008. After study abroad. A toolkit for returning students. Available at: <https://www.fulbright.gr/images/pdf/studyabroad-reentry-toolkit.pdf> (as on 01/12/2017).

Zhang, Y. 2016. International students in transition: voices of Chinese doctoral students in a U.S. Research University. *Journal of International Students* 6(1):175–194.

Zhu, X & Gao, D. 2016. You can never go home again- a study of Chinese returnees' re-entry adaptation process. *Intercultural Communication Studies* 25(3):33–60.

ANNEXURE A: LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH



ENQ: Phasha TS

NAME AND ADDRESS OF MEDICAL INSTITUTION

Cell no: 072 112 2804

DATE:

Dear Sir/Madam

REQUEST TO CONDUCT A RESEARCH PROJECT AT YOUR INSTITUTION

I am a PhD student in the department of education management and policy studies, faculty of education, at the University of Pretoria. I am currently undertaking a research project titled: **“The transitional experiences of South African medical students returning from Cuba.”** The project is aimed at understanding how South African medical students studying in Cuba experience and manage transition when they return to South Africa.

I am therefore requesting for permission to conduct the research at your institution. The participants are medical students who studied in Cuba and have returned to South Africa for their 18 months re-adaptation at your institution. Students will participant voluntarily in this project. As part of collecting data, they will be asked to capture photographs that reflect how they experienced the re-adaptation process after returning from Cuba. Students will then write narratives about the photograph. An interpretation of the photographs should reflect how they were welcome back in South Africa, and how they were supported in re-adapting. In case the photographs show anything that reveal identity, they will not be disseminated, but will be used by researcher to interpret the transition process. In the case where other people appear on the photographs, they will have to sign the consent which will be given to them by the participant.

This will be followed by interviews which will last for 40-60 minutes and will be audio-taped. As part of the ethical requirements, the anonymity, confidentiality and privacy of participants

will be maintained in all the steps of the research including data collection, analysis and reporting process and the name of the institution will not be provided in any publication and public presentation. We do not anticipate any risk by participating in this project and we need to stress that participation in this study is voluntary and participant can withdraw at any stage during the research process without a penalty. The results of this project will be used for research report and journal article/s.

Your positive response in allowing students to participate in this project will be highly appreciated.

Tshegofatso Phasha



Student (Researcher)

Email address: tphasha@hotmail.com

Dr MAU Mohlakwana

(Study Supervisor)

Email address: Agnes.mohlakwana@up.ac.za



ANNEXURE B: PERMISSION LETTER TO CONDUCT RESEARCH

08 November 2018

The Chair
Research Ethics Committee

Ethical approval for student participation in research project

This serves to confirm that I am supportive of the following registered for the degree PhD in Education Management and Policy Studies:

Name: Tshegofatso Sylvia Phasha

who has applied for ethical approval for a project entitled:

The transitional experiences of South African medical students returning from Cuba

I have no objection to them requesting the sixth year South African medical students from Cuba to participate in the study by taking photographs, write narratives about photographs and being interviewed.

Kind regards

Deputy Dean: Education



ANNEXURE C: INFORMED CONSENT FROM PARTICIPANTS



ENQ: Phasha TS

Cell: 072 112 2804

Dear Participant

Informed consent to participate in a research project

I am a PhD student in the department of education management and policy studies, faculty of education, at the University of Pretoria. I am currently undertaking a research project titled: **“The transitional experiences of South African medical students returning from Cuba.”** The project is aimed at understanding how South African medical students studying in Cuba experience and manage transition when they return to South Africa.

You have been invited to become a voluntary participant in this project. As part of collecting data, you will be asked to capture photographs that reflect how you experienced the re-adaptation process after returning from Cuba. An interpretation of your photographs should reflect how you were welcome back in South Africa, and how you were supported in re-adapting. In case the photographs show anything that reveal identity, they will not be disseminated, but will be used by the researcher to interpret the transition process. In the case where other people appear on the photographs, they will have to sign the consent which will be given to them by the participant, also they will not be disseminated.

This will be followed by interviews which will last for 40-60 minutes and will be audio-taped. As part of the ethical requirements, your anonymity, confidentiality and privacy will be maintained in all the steps of the research including data collection, analysis and reporting process and so your name will not be provided in any publication and public presentation. We do not anticipate any risk by participating in this project and we need to stress that participation in

this study is voluntary and as a participant you can withdraw at any stage during the research process without a penalty. The results of this project will be used for research report and journal article/s.

Your positive consideration to participate in this project will be highly appreciated.

Statement of consent

I hereby consent that I participate in this research project out of my own free will and am voluntarily prepared to share my thoughts and experiences. The researcher explained to me the purpose of the research and I was informed and guaranteed my right of confidentiality. I fully acknowledge that this information will be used solely for PhD studies and not for commercial purposes and thereby give consent to the researcher to use this information.

Participant's signature Date:

Researcher's signature: Date:

Others (sign and date)

.....

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Tshegofatso Phasha

Student (Researcher)

Email address: tphasha@hotmail.com

Dr MAU Mohlakwana

(Study Supervisor)

Email address: Agnes.mohlakwana@up.ac.za



ANNEXURE D: INTERVIEW SCHEDULE FOR PARTICIPANTS

DATE: -----

VENUE: ----- INTERVIEWEE: -----

RESEARCH QUESTIONS

- How do South African medical students understand their experience in Cuba in relation to their re-entry process?
- What kind of challenges do South African medical students experience on their return from Cuba?
- What kind of support do South African medical students receive to enhance transition on their return from Cuba?
- What coping strategies do South African students adopt on their return from Cuba?

A. EXPERIENCES IN CUBA

1. Why did you decide to go and study medicine in Cuba?
2. Please share with me about your social integration and psychological wellbeing on your arrival in Cuba.
3. What did you find were the pull factors for studying in Cuba?
4. What were the push factors for studying in Cuba?
5. What valuable experiences have you learnt in Cuba?
6. Were you excited/ happy or angry/depressed by returning home? Why?



B. THE RE-ENTRY PROCESS

7. What is your experience on the entry process in Cuba as compared to the re-entry back in South Africa?
8. What were your expectations upon arrival in South Africa?
9. How do you view yourself as a medical student now as compared to when you left South Africa to Cuba?
10. Is there any South African medical institution that you would have preferred to be placed in? If yes, why?
11. How were you assisted in your placement to this institution?
12. How were you supported during your re-entry back in South Africa?

C. READJUSTMENT PROCESS

13. How did you adjust to the new social and academic culture upon returning to South Africa?
14. Did you find the new environment (which is your home) strange and stressful?
15. How do you handle loneliness and isolation?
16. How do you handle your language and educational adjustments in South Africa?
17. Are you experiencing any difficulties in adjusting to the politics and finances in South Africa?

D. YOUR FUTURE AS A MEDICAL DOCTOR IN SOUTH AFRICA

18. What are your perceptions about your new role as a medical doctor in South Africa?
19. What changes, do you think, you will bring to the health sector in South Africa?
20. Is there anything that you would like to ask that I skipped?