

Being an overseas student at the Faculty of Medicine and Surgery of the University of Parma: the perceptions of students from Cameroon

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Abstract. There is a steady rise in the number of overseas students taking degree courses at the Medicine and Surgery faculties of Italian Universities. Numerous scholars, mainly from the English speaking world, have testified to the fact that a university teaching organisation aimed at attaining good levels of integration among students of differing cultural appurtenance is a prerequisite for success in the acquisition of good treatment practices. *Aim:* To explore the experience of students from Cameroon studying on the degree courses in Medicine and Surgery and in Nursing at the University of Parma, in order to discover the strong and weak points of the organisation of the courses so as to achieve a good process of integration. *Materials and methods:* An ethnographic study plan was adopted. In-depth interviews were conducted with 20 students from Cameroon enrolled in the Faculty of Medicine of Parma University: 10 in the Degree Course in Medicine and Surgery and 10 in the Degree Course in Nursing. The interviews were recorded and analysed independently by two researchers, who then pooled their results. The age of the interviewed ranges from 24 to 31, the average age is 26,5. *Results:* Independently from the attended degree course, most of the students interviewed claim that the process of integration has not been very successful: despite attempts to open up a dialogue with their Italian counterparts in order to get to know them, the latter showed no signs of willingness to integrate. Some students develop a self-critical attitude, maintaining that it would be a good idea to strengthen their awareness of their own cultural identity so as to start from a firm base in the attempt to open up to the host society without defensive attitudes that lead to ostracism. The difficulties of socialisation are compounded by those of learning, which many attribute to the language difficulties and some to the differing academic organisation between country of origin and host country. *Discussion:* The problem of the difficulties of integration of overseas students is not new. In other geographical locations, changes to syllabuses designed to solve the problem, at least in part, have been proposed and successfully implemented. The Italian situation is a particular one, and this preliminary study yields some ideas for the implementation of changes to the syllabuses of the Italian universities.

Key words: overseas students, phenomenology, university study course, integration

Background

The learning experience, both theoretical and practical, gained during their training period by overseas students studying for medical degree courses represents an important opportunity for socialisation.

The changes that are taking place in Italian society involve to an ever greater degree the issue of cultural, linguistic, social and religious diversity, which is one of the crucial points in the daily relationships between autochthonous and overseas students (1). Numerous scholars, mainly from the English speaking world,

have testified to the fact that a university teaching organisation aimed at attaining good levels of integration among students of differing cultural appurtenance is a prerequisite for success in the acquisition of good treatment practices (2). Recent international literature attests to the efficacy of didactic measures geared towards interculturalism and antiracism, in order to guarantee cultural training designed to tackle cultural and religious differences, including those encountered in the administering of welfare services (3). The American Academy of Nursing has emphasised the necessity for a university reform capable of limiting discriminatory and xenophobic behaviour in the educational context, so as to reduce the disparities in the field of health

care and to make patients feel more at ease (4,5). Some studies carried out in the USA report the disparity in educational opportunities affecting ethnic minorities as being due both to the economic and social situation of the students themselves and to the organisation of University education (6). There are no studies analysing the phenomenon in Italian universities, despite the fact that nurses from overseas today make up 10 per cent of the human resources employed in the public and private health care sectors, many of these professionals having been trained at Italian universities. The Cameroonian educational system is quite similar to the Italian one (Fig. 1) and this fact supports the migration from this country since Italy and Cameroon has

| ANNI Durata (età) | CICLO | DENOMINAZIONE LOCALE | CORRISPONDENZA IN ITALIA | VOTI |
|--------------------------|-----------------|---|---|-------------|
| 2 (4-6) | PRE-PRIMARIO | | Scuola materna o dell'infanzia | - |
| 6 (6-12) | PRIMARIO | ÉCOLE PRIMAIRE-scuole francofone | Scuola elementare o primaria | 0-20 |
| 7 (5-12) | | PRIMARY SCHOOL-scuole anglofone | Scuola elementare o primaria | |
| 4 (12-16) | | COLLÈGE D'ENSEIGNEMENT GÉNÉRAL(o) SECONDAIRE) Scuole francofone | Scuola media inferiore o secondaria di 1° grado | |
| 5 (12-17) | | LOWER SECONDARY SCHOOL Scuole anglofone | Scuola media inferiore o secondaria di 1° grado | |
| 7 (12-19) | | SECONDARIO | LYCÉE TECHNIQUE Scuola francofone | |
| 7 (12-19) | | TECHNICAL SECONDARY SCHOOL scuole anglofone | tecnico professionale | |
| 3 (16-19) | | LYCÉE scuole francofone | generale | |
| 2 (17-19) | | UPPER SECONDARY SCHOOL scuole anglofone | generale | |
| 2-3 | POST-SECONDARIO | INSTITUT | Istituti non universitari | |
| 2-5 | | | Università/Accademia | |

Figure 1. The Cameroonian educational system

the same number of years in order to access the University. Prompted by these considerations, we decided to conduct a research study utilising the personal experience and perceptions of students from Cameroon attending degree courses in Medicine and Surgery and in Nursing at the Faculty of Medicine and Surgery of Parma University, in order to analyse the strong and weak points of the organisation of the courses with a view to achieving a good process of integration.

Methods

Research plan

The research study was carried out using a qualitative ethnographic method, since we considered this to be appropriate to the context of analysis. The ethnographic method, utilised in anthropology and for some time now also in nursing sciences, enables the study of the customs, representations and experiences of individuals and is indicated on account of its capacity to examine in-depth the various aspects of the culture under study (7). The salient feature of an ethnographic approach is its emphasis on the cultural interpretation; it can be applied to the study of healthcare experiences, the organisation of human health services and the practice of nursing and medical treatment. Madeleine Leininger maintains that it is essential to use the qualitative ethnographic method for an adequate awareness of the phenomena correlated to medical assistance in the differing cultures (8).

Method

The instrument utilised for the research was the in-depth interview. By this means, the ethnographer can approach the world of his subjects in order to consider their experience in depth. Moving away from an essentialist conception of culture, we chose not to consider our subjects as exponents of a homogeneous cultural group. This is because we regard our subjects as individuals who are carriers of values that, far from being unchangeable and inherited once and for all from their group of appurtenance, are instead the fruit of a process of individual and creative reprocessing influenced by continuous external stimuli (9). In this light,

relating to a migrant means having to do with a person with a complex individuality that, besides having developed his own life history, has also developed his own version of his culture of origin.

The study was designed for students coming from Cameroon attending the Parma University Faculty of Medicine and Surgery and resident in Italy for at least a year. We considered it opportune, at this first stage of a wider study that is to involve students of other nationalities, to limit the number of interviews to a small experimental sample so as to be able to analyse them in depth with a view to identifying themes to be tackled more deeply at subsequent stages of the study.

The students were asked to take part in the study by telephone or e-mail after adequate information had been provided as to the aims and procedures of the research. Twenty students participated in the study: 10 were studying for the Degree course in Medicine and Surgery (7 men and 3 women), and 10 in Nursing (5 men and 5 women). Four students declined to take part in the study, citing lack of time due to their heavy study schedule.

Anonymity was guaranteed to all participants, as well as absolute privacy concerning the data gathered.

Procedure for gathering the experiences

The interviews were, in some cases, "guided" so as to help the student to express himself with greater freedom and confidence. They were then recorded, codified and analysed independently by two researchers, who subsequently pooled their results.

The themes tackled were of a predominantly didactic, social and cultural nature.

The questions covered mainly the following thematic areas:

- Accounts of their experience as a student
- Level of correspondence of the reality to their pre-migratory expectations
- Intentions for the future after their degree course.

No significant differences in behaviour were observed between women and men during the interviews, although the men appeared at times more precise and direct than the women. Most of those participating in the study showed no difficulty in answering the ques-

tions. Those conducting the interviews were themselves from Cameroon, and this may have constituted an advantage, their shared geographical area of provenance hopefully creating a climate of trust and complicity.

Analysis of the interviews

Differently from what occurs in quantitative research, in which the presence of the researcher is considered a neutral element with respect to the results yielded, in qualitative research account must be taken of the consequences of the presence of the observer within the research study and of his influence on the construction of the object of the enquiry and on the course of the field research and the processing of the results. While the point of view of those studied (emic) is the main focus of an ethnographic research study, the representation of the same phenomena by the researcher (etic) is what is expressed in the written report of the results of the analysis (10-12). In order to weigh the effects of the influence of the researcher in the passage between data gathered and final account, in this study the analysis of the interviews was done autonomously by two researchers, who subsequently pooled their results.

The interviews were translated in their entirety into Italian. They were then categorised, first by identifying the concepts emerging from them and using the words of the participants, and then by attributing to each group of concepts categorised into themes a denomination utilising the areas of meaning identified by the researchers (1).

Results

Analysis of the interviews transcribed in their entirety yielded five thematic areas. No significant differences between the answers of Medicine students and Nursing students were observed.

- a) Correspondence between pre-migratory expectations and present condition.
- b) Development of social life and relationships of the students in the university context.
- c) Cultural influence of the host society on the process of integration.

- d) Considerations on the education system.
- e) Plans for the future

Correspondence between pre-migratory expectations and present condition

Many young Africans choose to emigrate to Europe because they expect to find there a world totally different from theirs: a marvellous world without problems or obstacles. Once they arrive in Italy, however, they experience difficulties and disappointment.

There is a huge difference between the contemporary conditions and the pre-migration expectations, since we have an idea of Europe (actually based on TV) that is totally different (Student of Nursing).

This appears not to be the case of these young interviewees from Cameroon, who emigrated for the purpose of studying. In fact, students from Cameroon declare themselves to be generally satisfied at having emigrated to Italy in that this enables them to build a better future for themselves.

“Italy has many advantages to offer me. I owe this country a lot, it has made my dream come true of being able to study medicine. In Cameroon I’d never have been able to do it, because in Cameroon you have to buy a place and this wasn’t possible for me, for the simple reason that my parents were too poor and couldn’t afford it. For me Italy is a generous country” (Student of Medicine).

Among those interviewed, however, there is also a minority that claim to be dissatisfied with their experience despite the success of their study course.

“I wanted to change my reserved nature. That didn’t happen. Practically, I’m not satisfied: it’s true that I achieved my aim (grades and knowledge), but I don’t consider myself happy because of my many frustrations” (Student of Nursing).

Development of social life and relationships of the students in the university context

When the interviews start to explore in-depth the theme of the level of satisfaction, going in closer to tackle, for example, the issue of integration in the academic world, some problems arise. For instance, many share the perception of having experienced a process of integration that has not been particularly satisfactory. First of all we identified certain categories of people

with whom these students have dealings within the academic world: Italian students, university teaching staff (including tutors or other figures of guidance to them during their course of study) and patients.

A recurring opinion among those interviewed is that the great majority of Italian students adopt detached, distant and reserved behaviours towards them.

- *“Concerning the social life, it was very difficult to socialize in the University with the local students”. (Student of Nursing).*

- *“I am in Italy from a short time and I find the language really hard. During the lectures I do not understand exactly everything – even though I follow constantly them – and I find difficult to take notes. Hence, I am a bit late with my university’s career. The tutors of the course try to help me but it is hard anyway” (Student of Nursing).*

Many affirm that in spite of their numerous efforts to approach and get to know their fellow Italian students, the latter have never shown any willingness or desire to form relationships with them. This situation has led many African students to withdraw into their shell, frequenting above all the group of their fellow countrymen and -women, limiting their relationships with Italians to superficial ones.

- *“Italians are very individualistic compared to Africans, who have a group spirit. This way of living of Italians is very unfavourable to integration if we look at my case, for example: many times I’ve gone up to my fellow Italian students and none of them offered an outstretched hand or the support of a friend. I’m not capable of being forceful, and so it’s better to always seek company where I’m welcome (that is, among fellow countrymen and -women)” (Student of Nursing).*

- *“At a social level I’m not satisfied, because I find all Italians reserved. I say they’re reserved because from the first year onwards I have not been able to make friends, or let’s say the relationships I’ve created here are of a different type, not like those I always had in Cameroon. Up to now I haven’t felt accepted by the Italians” (Student of Medicine).*

- *“Since lot of people daily remind the immigrants that they are different, the process of integration takes a long time. Indeed, the immigrants are used to spend time only with people from their own country and they are not really open to new relationships” (Student of Nursing).*

Some of those interviewed even claim to have met with discriminatory and racist attitudes towards them

on the part of their Italian counterparts.

- *“There are some that don’t want us near them. When they realise that they have sat down next to us, they get up straight away and go and look for a place as far away from us as possible; this is ignorance and hypocrisy. The situation is like this for the moment, but maybe with time it’ll change” (Student of Nursing).*

- *“Some refuse to give you their notes, or they tell you they don’t have them when they have, they just don’t want to give them to you. Others have a laugh with you and then take the mickey out of you behind your back. They are a bunch of hypocrites” (Student of Medicine).*

Some of those interviewed, on the other hand, adopt a self-critical attitude, maintaining, for example, that Africans should also put more effort into their relationships with others. Some, again, claim that many of the prejudices nurtured by the African students towards their Italian peers are transmitted by their fellow countrymen and -women, who often induce those newly arrived to adopt an initial attitude of fear and withdrawnness.

- *“In my opinion, it’s not the fault of the Italians if we foreigners are marginalised here in Italy – it’s we ourselves that are to blame, because we don’t care about anything. There isn’t any effort on our part” (Student of Nursing).*

- *“And above all, we have to have our own experience, and not listen to what those who got here before us say, because that influences the behaviour of others. It influences relationships, which could be a cause of our difficulties” (Student of Medicine).*

Albeit small in number, there also emerge from our interviews positive experiences of integration.

- *“As a student I’m more or less happy, that is, I haven’t any problems with my fellow students. We relate well to each other and we have a very good relationship with some” (Student of Nursing).*

Now let us turn to the relationships with the teaching staff (by teaching staff we mean lecturers, examiners and tutors).

On the whole, the teaching staff are considered by the majority of those interviewed as being kind, willing to help and above all understanding.

- *“In reality, up to now I haven’t felt any form of discrimination or patronising” (Student of Medicine).*

- *“The teachers are very helpful here in Parma compared to other places in Italy” (Student of Nursing).*

A perception common to all those interviewed is that of being underestimated during exams. The reasons for this are not clear to most of those interviewed. Some consider it a manifestation of racism.

- *"This happened to a fellow countrywoman, not to me: she was doing the anatomy exam. She was given 25/30 and the examiner told her that was a high enough mark for an African" (Student of Nursing).*

Others claim that the causes of the underestimation are the language difficulties of the African students, their being less used to taking oral examinations than Italians, or else their differing cultural conception of how an oral reply should be delivered during a university exam.

- *"I don't know if it's a language problem or a cultural one. Because the Italian students are used to speaking a lot, that's how their educational system is. Whereas I have always answered the examiner's questions directly, that is, I have always given more concise replies, without wanting to tell everything I've read, and so I feel as if I'm being underestimated when the same question is put to an Italian and to me and maybe my answer is shorter than that of the Italian, who speaks continuously without giving the right answer. But he gets a 30 and I don't" (Student of Medicine).*

- *"It's obvious that there have been language difficulties, and they still exist, for more or less all of us" (Student of Nursing).*

There are those who account for this underestimation by the prejudice, frequently taken to heart also by students from Cameroon, that the African "race" is by nature inferior to the Italian one, also from the intellectual point of view. This is a prejudice deeply seated in the collective imagination after centuries of colonisation.

- *"We Africans pretend not to believe in the existence of the inferiority complex. In reality it is a product of colonisation that has been instilled in us from generation to generation" (Student of Medicine).*

- *"Yes, I accept the underestimation, but I find it hard to accept the fact that we're considered as being ignorant. Because whichever way you look at it, even if we start at the same level as an Italian, whether we're working or studying, we have to make 10-15 times the effort to make ourselves appreciated for what we're worth. This is a cultural reality that sees all black people as having inferior*

skills; so I can say that the more ignorant an Italian, the more superior he thinks he is to blacks and the more he tends to regard them as incompetent. And consequently, Italians don't like blacks who can think, because this makes them feel inferior" (Student of Medicine).

The opinion is also aired here that Italians see immigrants as being a potential competitor in the process of allocation of opportunities and social resources who may take away their future jobs and social position. And this is the reason, according to these interviewees, why some teachers favour Italian students, giving them a more thorough academic grounding.

- *"I would say that the average Italian considers immigrants as invaders, who have come to steal what he has, hence an unwillingness to educate them. Above all, Italians are very narrow-minded. In their eyes foreigners should only do unskilled jobs – they think that if they train or educate immigrants they will end up governing Italy in the future. But there are some who take their responsibility as teachers seriously and do a good job of educating us" (Student of Medicine).*

In one interview a student underlines another aspect: her fear of facing the lecturers because of her imperfect Italian.

- *"The teachers are all very nice and willing to help. The difficulty is the language, because at times you're afraid to explain your problem because you don't know how to express yourself and so you don't think it's worth going up to them" (Student of Nursing).*

Some students from Cameroon also state that they don't feel as if they are protected by their tutors from discriminatory (or racist) behaviour on the part of some patients.

- *"Anyway, during my two traineeships, I felt really uncomfortable when a patient rejected me. He didn't want to be touched by me. Every time I went near him, he would object. He would say: "I don't want these people". But what really bothered me was that I didn't feel protected by the doctor who was my tutor despite having told him about the behaviour of that patient. He kept telling me not to take any notice of what he was saying" (Student of Medicine).*

However, apart from these sporadic episodes, relationships with patients are not perceived as being very problematic. Many claim to have found patients to be compliant and to have learnt a lot from them.

In their dealings with patients, many African students consider themselves as having advantages to a certain extent over their Italian counterparts, thanks to presumed cultural peculiarities.

- "... I don't have any problems with the patients apart from the surgical wards, where the conditions of the patients are somewhat critical; in the main I know how to handle people. I have a friendly relationship with the patients, we are really fond of each other, and they ask after me when I'm not there. This is because in our culture we are more affectionate than the Italians" (Student of Nursing).

- "I didn't notice anything untoward, I was happy with them. In fact, I was more sought after than my Italian colleagues" (Student of Nursing).

- "I encountered some who were less welcoming, ignorant ones who didn't want to be touched by me, and others who were curious and asked me stacks of questions" (Student of Nursing).

Cultural influence of the host society on the process of integration

One of the themes explored by the researchers regarded the perceptions and attitudes expressed by the students from Cameroon towards Italian society and culture.

Some express indifference to the Italian culture: for them it is important to go on with their studies, the rest having nothing to do with their reasons for emigrating to Italy.

- "I absolutely don't give two hoots. I stay with people from Cameroon, I only eat African food, I don't even want to know how the Italian society works; for me it's important that they give me a proper evaluation during the exams, that's all" (Student of Medicine).

This attitude on the part of the interviewees could be supposed to constitute a form of protection against the exclusionary attitudes shown by the host society, the disappointment they feel at not having had their pre-migratory expectations of integration fulfilled representing in itself an obstacle to the process of integration.

- "I don't feel at all integrated, because they are constantly reminding me of my place as a foreigner" (Student of Nursing).

Other students, however, state that, because of the historical experience of colonisation, in the Afri-

can world there exists such a mix of cultures and such a sense of confusion and disorientation that it is difficult for an African to understand himself and to be able to start from a solid cultural base in order to approach others readily. The opinion also emerges that Africans are afraid to express their own culture and to get to know those who are different from themselves.

I think we need to show that we have values, to work more, and then we have to make so many efforts, we should not discourage the attitudes of Italian colleagues and try to work with Italian colleagues, not just with colleagues Cameroon" (Student of Medicine).

Another interesting reflection concerns the sense of loss of identity felt by immigrants after years of contact with a culture different from their culture of origin.

- "Because at the beginning you are really keen to get to know how the new ambient works and so you jump in at the deep end, but in the long run you realise that your social position isn't recognised in the society you had been trying to get to know. In fact, you begin to realise you have to take a step backwards in order to understand who you are! It's something you don't experience when you first get here: the search for your identity. It may not seem anything, but the more you stay here and the more you get to know the people, the more you search for your own identity" (Student of Medicine).

Considerations on the education system

Most of the students interviewed claimed to have encountered difficulties linked to their insufficient knowledge of the Italian language, above all at the beginning, when many of them could not even manage to understand and follow the lessons. This handicap significantly influenced the studies of some students: although some were able to overcome this difficulty after two or three months, others experienced it for much longer times.

- "At the beginning, I had lot of difficulties because of the language: I couldn't follow the explanations of the teachers and take notes at the same time. I felt as if I was in another world. Everything was strange to me, very difficult to understand. For example, I didn't know what "diagnosi" and "accertamento" meant. I seemed to be all at sea" (Student of Medicine).

From some interviews it emerges that at this problematic stage the use of slides on the part of the lecturers was of great help.

- *“But for the first lessons it wasn't easy for me: it was very difficult to follow the teacher because I couldn't understand all he said, although I had a general idea. It's true: the slides he showed helped me” (Student of Medicine).*

It is above all during their traineeships that the students from Cameroon feel a sense of inferiority compared to their Italian peers, who seem to be smarter and brighter than them and to possess greater quantities of previously acquired knowledge.

- *“The only thing I noticed during my traineeship was that Italians have an academic background that is more advanced than ours, in the sense that ... there are some things that they take for granted, but that we have to make an effort to understand. I think it's a problem of culture” (Student of Nursing).*

Despite the difficulties met by most of these students, there are some who underline, not so much the difficulties they have encountered but rather the ease with which, thanks to their ability to adapt, they have been able to overcome the initial impasse.

- *“What I can say about my course of studies at the university is that my experience has been quite positive, because the difficulties such as the language, the cultural differences and the new environment that most students experience, I'd say I've got over them” (Student of Nursing).*

A fundamental problem emerging from the interviews is linked to the differences between the academic organisation in the territory of provenance of those interviewed and that which they experience in Italy. In Cameroon the distance between students and teachers is greater. It is difficult to speak to or approach teachers, who are always busy and are placed in a hierarchical position that is much higher than that of the student. The difference in ways of collaborating between teacher and student creates some difficulties for students from Cameroon.

- *“Our academic system does not lend itself readily to this custom of maintaining relationships with teachers, partly because they are always busy and so it's difficult to get hold of them, whereas here the teachers are very willing to help us (for the language difficulties)” (Student of Medicine)*

- *“My tutor was very impatient and so I felt stressed. My first difficulty was the culture, since my own does not*

permit me to treat with familiarity those I judge to be higher in status than me” (Student of Nursing).

Some of those interviewed openly criticise the Italian university system, which would seem to make for the acquisition of a good theoretical grounding but not of practical skills.

- *“I'm particularly disappointed at the type of situation that I've found here; from the academic viewpoint, I'm satisfied with my theoretical knowledge but not with the practical side, because we do less in the way of group practice, where the student learns practically nothing” (Student of Nursing).*

Academic achievement does not appear to be influenced to any great degree by financial difficulties. Almost all students from Cameroon coming to study in Italy have a study grant and are able to go on without problems, albeit at times finding it necessary to eke out their grant with temporary employment. Some found the first few months a little hard, when they were not yet able to cash in the deposit they had paid before leaving for Italy.

- *“My second difficulty was an economic one, because I didn't get back my deposit straight away, which happens to all of us. I had to wait till the end of October to get mine. It's true that I had a bit of money when I arrived here on 31st August 2010, but I had to pay the admission tax and the first instalment on my tuition fees, and get my residence permit, so all the money I had ran out after around a month and I had nothing left. This situation of having no money affected my studies because I couldn't buy the books” (Student of Nursing).*

In any case, for varying reasons it is not always possible for the students to hold onto their study grants, hence at times they find themselves having to face the situation of being students and workers at the same time, which inevitably has a negative influence on their studies.

Plans for the future

Some students interviewed see Italy as a country of transit towards another migratory goal.

- *“I'm here in Italy temporarily. I'm going to leave Italy after graduating because, as everyone knows, there aren't enough opportunities for specialisation here” (Student of Medicine).*

- *“Right now I think that after my graduation I'll stay in Italy for work, but I would like to do an inter-*

national working experience, as for instance in England” (Student of Nursing).

- “I can’t say anything yet, because I’ve still got 3 or 4 years of studies to complete. But I think I’ll go away from Italy when I graduate, for example to Britain or another English-speaking country” (Student of Medicine).

For most of those interviewed, the aspiration was to go back to their country of origin, bringing home the benefit they gained in emigration.

- “After my graduation, I’d love to go back to Cameroon to cure my people as I am learning here in Italy. The Italian hospitals are very efficient and it would be great if they should be the same also in Cameroon” (Student of Nursing).

- “I think that at some time in the future I’ll leave because I came here with so many goals to achieve, and so after graduating I won’t be staying here; I’ll have to move on, and in any case I have my roots, my native land, which must be able to take advantage of my experiences here in Italy” (Student of Nursing).

Some students are already planning their return in some way.

- “I’d like to continue studying, to get a specialist degree, so that I can work for a few years. Now I’m in an association that gathers charity funds for medical products together with others from Cameroon, and so my plan is to go back to Cameroon” (Student of Medicine).

Discussion

This contribution represents the first stage of a wider study that will involve students of other nationalities; it was conducted with the aim of identifying the modalities to utilise and the themes to study in-depth at the subsequent stages of the research. The sample selected involved exclusively the student population from Cameroon, since they constitute one of the most numerous communities among the African student population at the University of Parma. In Cameroon there is a good education system and the migration of its young people is designed to give them a good study career. This aspect clearly emerged also in the interviews, which revealed that most of these students enrolled in courses at the Faculty of Medicine of Parma University in order to gain a diploma for use in their country of origin.

The first salient datum to emerge from the analysis of the interviews is that students from Cameroon meet with difficulties of integration, perceiving this difficulty as being due to a great extent to the discriminatory behaviour of their Italian peers. This is not surprising since the phenomenon of the difficulty of integration between black African and white students in the courses of medicine at western universities is well known and has been widely studied (2, 13-16). Most of these studies attribute the phenomenon to the education system in western countries, which is decidedly ethnocentric, based on the learning of cultural norms and on expectations of integration typical of western culture (17-20). Students of European or North American cultures find a correspondence between their habitual system of learning and the organisation of the study courses, and have an advantage over students of other cultures, who have to work hard not only to learn theory and practice but also to assimilate cultural skills often in contrast with their own personal cultural background (21). African students need to work harder than their autochthonous counterparts to reach the same levels of education and it is partly for this reason that they consider their efforts as being underestimated by the teachers, as emerged from our interviews. Some lose faith in themselves, coming to believe that the Italian students are brighter than they are, or else ending up by despising the atmosphere around them and starting to plan an early return to their country of origin. This aspect, clearly emerging from our analysis, has also been highlighted in other situations (22,24). The literature also attests to the fact that the absence of corrective measures in the organisation of study courses is the reason why many students of ethnic minorities abandon their studies (13, 25).

If this is true for societies such as those of the United States, Australia or Britain, where the question of multiculturalism in healthcare training courses and of social integration has been an issue for decades, it is all the more so for societies such as that of Italy, in which the phenomenon of multiethnicity and multiculturalism is of more recent date. One study by the central office for overseas students in Italy reported that overseas students in Italian universities in 2001 represented just 1.6% of the student population (compared to 10% in Great Britain) and that of these only 7.5

out of 100 came from Africa. The number of African students is now on the increase, although no precise recent data are available, those from Cameroon representing around 30% of the African students attending the faculties of medicine and engineering. This rise is no doubt linked to the phenomenon of the changes to society as a consequence of the considerable migratory flows (26,27). Society is changing and, as much of the recent literature testifies, also in Italy the outcomes of medical care administered to those with "different" cultural backgrounds are worse than those of the autochthonous population on account of the linguistic and cultural barriers, but also because of the lack of preparedness of the healthcare institutions to tackle the situation (28,29). It is a widespread opinion that a university training of healthcare staff taking into account cultural diversities will lead to the overcoming of this social injustice (3,26,30). As clearly emerged from our analysis, the educational organisation of our medical faculties is far from having fully implemented measures moving in this direction. Such experiences can be found in other situations of the English speaking world and, although there is controversy over the models to be utilised (8,29,31-35), some re-examinations of the literature yield unanimously positive views as to the results obtained by the inclusion of multiculturalism and of "antiracism" in the study programmes of the medical faculties (36-38). However, what is tried and tested in other social contexts is not always adaptable to the Italian situation, and the views expressed by the students from Cameroon in this study yield some indications that could be taken up in the organisation of the study programmes of our medical faculties so as to meet the needs of a changing society. First and foremost, it might be useful to take measures to improve the Italian language competence of all overseas students; we have seen to what extent language difficulties negatively influence the integration of the students from Cameroon here interviewed. In addition, university teaching programmes could be organised so as to include coaching of the awareness of the differing conceptions of health, sickness and healthcare in the varying cultures. As well as conveying the skills needed for taking charge of a multiethnic public, this would circulate and valorise the meaning of cultural diversity. These skills could be strengthened by increasing the number of

teaching hours, a measure already implemented in the medical faculty of Parma University for demoeconomic anthropology and the sociology of interethnic relations. In particular they should be developed more university courses that lead to the maturation of a cultural sensitivity as some significant works of Milton Bennet on Development Models of Cultural Sensitivity (DMSI), which has been working for years on these issues.

Conclusions

Although this is a preliminary study aimed at the identification of modalities of research and themes to be examined in-depth in further studies, the material gathered and the analysis of the interviews have already provided some indication as to the measures that could be adopted in the planning of university courses at Italian medical faculties to encourage the integration of overseas students. Besides raising the quality of university courses, such an improvement may contribute to creating multiethnic groups of professionals trained in the enhancement of cultural diversity, which in its turn would raise the levels of healthcare.

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