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Indicators Of General Health and Life Quality of Foreign Medical Students and Establishing Their Relationship to the Level of Social and Psychological Adaptation

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ABSTRACT: The problem of adapting foreign students to medical educational institutions represents one of the most pressing interdisciplinary issues in modern higher education. According to UNESCO data, the number of foreign students worldwide has exceeded 6.1 million, with medical specialties accounting for 12-15% of the total number of students studying abroad. In the Republic of Uzbekistan, the share of foreign students in medical universities reaches 35-40% of the total contingent, which creates special challenges for the medical education system (Ministry of Higher Education, Science and Innovation of the Republic of Uzbekistan, 2023). The process of socio-psychological adaptation for foreign medical students is characterized by significant complexity, necessitated by the simultaneous overcoming of language barriers, cultural differences, academic requirements, and the specifics of medical education. Ineffective adaptation negatively impacts the physical and mental health indicators, quality of life, academic performance, and professional training of future doctors.

INTRODUCTION.

The socio-psychological adaptation of foreign medical students remains one of the most pressing and complex issues in modern international medical education. The adaptation process is characterized by multi-component nature, duration, and a high degree of individual variability, and its disruptions naturally lead to deterioration of mental and physical health, decreased academic performance, and a high risk of expulsion.

According to various authors, the prevalence of pronounced adaptation disorders among foreign medical students ranges from 35% to 60%, with the frequency of psychological maladaptation reaching 40-55% in the first two years of study [1]. Traditional approaches to supporting foreign students, including introductory orientation programs and language courses, do

not always ensure full integration into the new educational and socio-cultural environment. Psychosomatic disorders, academic difficulties, and social isolation resulting from maladaptation require comprehensive intervention using scientifically grounded tools for assessing and correcting the adaptation process [2]. It has been shown that the maladaptation of foreign medical students triggers a cascade of complex psychological and psychosomatic processes at the individual and social levels, such as the activation of stress response through the hypothalamic-hypophyseal-adrenal axis, suppression of immune function due to chronic psychosocial stress, disruption of cognitive information processing processes with a predominance of anxious and depressive thinking patterns, hyperproduction of cortisol and pro-inflammatory cytokines (interleukin-1 β , interleukin-6, tumor necrosis factor- α), disruption of circadian rhythms and sleep quality, and the development of psychosomatic symptoms (headaches, gastrointestinal disorders, muscle tension), which disrupt the student's normal functioning, reduce their academic productivity, and lead to a progressive deterioration of general health and quality of life [3]. Simultaneously with the development of maladaptation processes in the new socio-cultural environment, compensatory-adaptive mechanisms are beginning to operate, aimed at limiting maladaptation reactions and activating coping resources, including strengthening social support through the formation of compatriots and student communities, activating coping strategies and psychological protection mechanisms, stimulating motivational resources through the setting of academic and professional goals, and mobilizing cultural identity as a resource for psychological stability [4].

Further comprehensive research into the effectiveness of various forms of organizing training and adaptive support in medical universities is necessary to clarify the psychological and social mechanisms of adaptation and maladaptation in detail, study the characteristics of foreign students' interaction with the educational and socio-cultural environment of the host country, evaluate the impact of organizational factors in training on socio-psychological integration processes, and develop personalized and highly effective protocols for adaptive support for foreign medical students in clinical and educational practice.

The socio-psychological adaptation of foreign medical students remains one of the most pressing and socially significant issues in modern higher medical education, representing a multifaceted medical-social problem due to the steadily increasing number of foreign students in medical universities worldwide, the significant complexity of diagnosing and correcting adaptive disorders, the high cost of rehabilitation and support measures, as well as the significant risk of persistent psychological, academic, and professional disorders forming among students of various nationalities and cultural groups [6].

This section presents up-to-date data on epidemiological characteristics, regional prevalence features, demographic patterns, etiological factors, and complex pathogenetic mechanisms of social and psychological maladaptation development in foreign medical students, and also systematizes modern scientifically grounded approaches to applying various tools for assessment and adaptation correction, taking into account their psychometric properties, cultural validity, and clinical efficacy [7].

The problem of adaptation of foreign students firmly holds a leading position in the structure of psychosocial problems of international higher education, accounting for, according to various data, from 35% to 52% of all cases of psychological maladaptation in the student environment. According to the World Health Organization (WHO) and international epidemiological studies of recent years, the prevalence of anxiety and depressive disorders among foreign medical students in the general population is 35–55 cases per 100 students, while among students seeking psychological assistance, it reaches 60–75 cases per 100 applicants [8].

In the Russian Federation, according to official medical statistics from the Ministry of Health, a significant increase in the number of foreign medical students is recorded annually, with 40–55% of them exhibiting signs of varying degrees of socio-psychological maladaptation during their studies, requiring specialized psychological and organizational support. Statistical analysis shows a steady trend of annual growth in the number of foreign students at medical universities in the CIS by 8–12%, which is attributed to the increasing international prestige of universities, accessibility of education, and growing demand for medical education in South Asia and the Middle East. Specialists and healthcare organizers are particularly concerned that socio-psychological maladaptation is the leading cause of academic difficulties and the expulsion of foreign students, requiring complex and expensive rehabilitation measures. According to various multicenter studies conducted in recent years, adaptation disorders account for 43–58% of the total structure of academic failure among foreign medical students [9].

Among foreign students with pronounced forms of socio-psychological maladaptation, about 35–45% require repeated psychological consultations and specialized support of varying intensity during the first two years of study, including

individual psychotherapy, group stress management classes, language support, and 65-75% of students develop varying degrees of functional impairment (low concentration, memory impairment, sleep disturbances), psychosomatic symptoms, and social isolation, which significantly reduce students' quality of life, academic productivity, and professional development.

The frequency of applying various forms of adaptation support for foreign medical students varies significantly across different geographical regions of the world and directly depends on the level of socio-economic development, the quality of organizing the higher education system, the accessibility of psychological services, the financial capabilities of universities, and the socio-economic living conditions of students [10].

In economically developed countries with a high level of organized specialized psychological assistance to students (USA, Western European countries, Australia, Canada), the rate of successful adaptation for foreign medical students is 70–85%, with extensive use of modern psychometric tools and a high percentage of favorable outcomes in the adaptation process. At the same time, in developing countries with limited higher education system resources, this figure is significantly lower and does not exceed 40-55%, which is due to the limited availability of psychological services and adaptation programs. A detailed analysis of epidemiological data revealed certain and statistically significant demographic features of the prevalence of adaptation disorders among various groups of foreign students. Thus, the incidence of severe maladaptation is clearly dependent on the cultural distance between the country of origin and the receiving country, and is significantly higher among students from South Asian countries (India, Pakistan), reaching maximum values of 60-75% among all registered cases of adaptation disorders during the first 6-12 months of study [1].

A certain gender specificity has been established in the nature of adaptation disorders: women more often report symptoms of anxiety and depression, while men more often exhibit behavioral disorders and social isolation, which most researchers attribute to differences in socialization, coping strategies with stress, and readiness to seek psychological assistance [2]. A comprehensive analysis of the dynamics of key epidemiological indicators conducted over the last two to three decades indicates ambiguous and multidirectional trends in the prevalence of adaptation disorders and the need for adaptation support for foreign medical students [3]. On one hand, the significant improvement of early diagnosis methods for adaptation disorders, the widespread introduction of modern new-generation psychometric tools into practice, and the significant improvement in the quality of psychological support and the organization of adaptation programs have led to a statistically significant increase in the overall effectiveness of adaptation by 20-30% and a reduction in the frequency of severe forms of maladaptation by 15-25%. On the other hand, demographic changes in the structure of the international student body, including an increase in the number of students from countries with high cultural distance, an increase in language barriers, an increase in the frequency of comorbid psychological states, as well as changes in the lifestyle of modern youth, have led to a steady increase in the absolute number of foreign students with adaptation disorders and, accordingly, an increasing need to use various forms of adaptation support. The etiology of socio-psychological maladaptation in foreign medical students is characterized by pronounced multifactorial nature and includes a complex complex of interconnected and interdependent individual and environmental factors that, in various combinations, lead to the disruption of normal socio-cultural integration processes, the development of chronic psychosocial stress, and progressive disorders of students' mental and physical health.

Modern research demonstrates a high prevalence of stress disorders, anxiety-depressive states, and psychosomatic disorders among foreign medical students[6].

Research by Zhang Y. et al. (2023), showed that foreign medical students have a higher risk of developing emotional burnout syndrome, sleep disorders, eating disorders, and social functioning compared to local students. Comprehensive research on the relationship between health indicators, quality of life, and adaptation processes among foreign medical students in the Central Asian region is practically absent. Specific risk factors for adaptation disorders have not been identified, valid tools for assessing adaptation potential have not been developed, and there are no scientifically grounded programs to support the health of foreign students.

The work employed a complex of complementary methods: prospective cohort study, comparative cross-sectional analysis, longitudinal observation, psychometric testing, correlation-regression analysis, and multi-factor modeling.

The aim of the study is to study the indicators of general health and quality of life of foreign medical students, establish their relationship with the level of socio-psychological adaptation, and develop a scientifically grounded system for supporting adaptation processes within a multinational medical educational space.

Research materials and methods: This study is a single-center prospective-retrospective analytical study with elements of cross-sectional design, conducted at Samarkand State Medical University (SamSMU) between September 2023 and May 2025.

The research design included two main components:

The prospective component involves surveying students in real-time over two academic years (2023–2024 and 2024–2025) to assess their current level of adaptation and health status at various stages of education.

Retrospective component - analysis of students' archival documentation (personal files, academic cards, session results) for previous periods of study to study the dynamics of the adaptation process

Data collection was carried out in two sequential stages:

The first stage (September 2023 - May 2024) is the main stage: surveying 1st-6th-year students from all included faculties, forming a database, and conducting preliminary analysis of the results.

The second stage (September 2024 - May 2025) is the verification and supplementation stage: clarifying data on senior students, conducting in-depth statistical analysis, and formulating conclusions and practical recommendations.

The study was conducted in accordance with the principles of the Helsinki Declaration of the World Medical Association (2013 revision) and was approved by the SamSMU Local Ethics Committee. All participants signed a voluntary informed consent form for participation in the study and the processing of personal data.

The study was conducted at Samarkand State Medical University, one of the leading medical universities in the Republic of Uzbekistan, founded in 1930. SamSU is a major center for international medical education: students from more than 40 countries study at the university, making it an optimal and representative base for studying the adaptation problems of foreign medical students in Central Asian conditions.

The study covered the Faculty of Medical Affairs - the main research base, including the international department (students in the 1st-6th year of medical specialties). The survey was conducted at the following locations within the university:

- classrooms of SamSMU faculties
- student dormitories
- university computer labs

The object of the study was foreign medical students from Samarkand State Medical University. During 2023–2025, 410 students from the Faculty of Medicine were studied, including:

286 international students in grades 1-6:

- Courses 1-2: 140 students from India, 30 from Pakistan, 8 from Azerbaijan, 6 from Turkey (total 184 students)
- Courses 5-6: 100 students from India, 26 from Pakistan (total 126 students)
- Other students: 2 people
- 124 local students as a control group (2023-2024 academic years)

The study was conducted prospectively (during academic semesters) and retrospectively (analysis of documentation and student adaptation histories). All students were enrolled in full-time education in the state language and English.

The distribution of participants into comparison groups is presented in Table 1.

Table 1. Distribution of research participants by comparison groups

Group	n	% of total sample	Training courses	Inclusion criteria
Main group	266	64,9	1–2, 5–6	Foreign medical students of the Faculty of Medicine
Control group	144	35,1	2–3	Local medical students of the Faculty of Medicine for 2023-2024
TOTAL	410	100	—	—

This group ratio (approximately 2:1) allowed for a comprehensive comparative study and the identification of specific patterns in the adaptation processes of foreign medical students. The inclusion of students from different courses allowed for an assessment of adaptation dynamics as learning progressed. This Table 2.1 presents the distribution of research participants by comparison groups, which serves as the primary unit of analysis in this work. The total number of examined individuals was 410 medical students. The main group consisted of 266 students (64.9% of the total sample), confirming the representativeness of this group and the sufficiency of material for statistical analysis. Students in the main group studied from the 1st–2nd to the 5th–6th year, which covers the entire period of study at the medical faculty and allows for tracking the dynamics of changes at various stages of medical education. The total number of surveyed students, 410 people, constitutes a sufficiently representative sample for conducting multi-level analysis and identifying statistically significant differences between foreign and local students across various adaptation and performance parameters. The ratio of 64.9% (foreign) to 35.1% (local) reflects the actual demographic structure of the contingent at this faculty.

We distributed foreign students by country of origin and years of study at the educational institution. Analysis of the obtained results indicates the following key characteristics of the international student body: Table 2.2.

The main tool of the clinical and sociological study was the specially developed card-questionnaire for assessing the level of socio-psychological adaptation of foreign students to the university environment and learning conditions (AOAS-M), which includes 16 sections and covers all aspects of the adaptation process:

1. General information about a foreign student
2. Information on the educational program
3. Procedural information
4. Preliminary medical history (migration status, language proficiency, academic training, psychological status)
5. Assessment of social adaptation (housing conditions, nutrition, social contacts)
6. Assessment of psychological adaptation (emotional state, stress, behavioral manifestations)
7. Assessment of educational adaptation (achievement, perception of the educational process, learning difficulties)
8. Assessment of cultural and domestic adaptation
9. Financial situation and employment
10. Health, contact with family, visa status
11. Self-assessment of adaptation

12. Recommendations for improving adaptation

13. Rapid diagnostics of adaptation levels

14. Conclusion and recommendations

In the group of foreign students, the gender structure was balanced: men accounted for 143 people (50.0%), and women for 143 people (50.0%). A similar distribution was observed in the group of local students: 72 men (50.0%) and 72 women (50.0%). Statistical analysis did not reveal significant differences in the gender structure between the groups ($p=1,000$), indicating that the sample was correctly formed and excluding gender as a variable influencing the research results. Analysis of the distribution of participants across courses revealed qualitatively different patterns between the studied groups. In the group of foreign students, the majority (184 people, 64.3%) studied in the 1st–2nd courses, while a significant portion (126 people, 44.1%) was distributed among the 5th–6th courses. This differentiation reflects the typical learning dynamics in multilevel educational programs.

Distribution of foreign students by country of origin: India - 240 people (83.9%), Pakistan - 56 people (19.6%), Azerbaijan - 8 people (2.8%), Turkey - 6 people (2.1%), others - 2 people (0.7%).

In the contrast group of local students, all study participants (144 people, 100%) were 1st–2nd-year students. Statistically significant differences in distribution across courses ($p \leq 0.001$) emphasize the specificity of sample formation and the need to consider this factor when interpreting results, especially if the training course is potentially correlated with the studied variables. The data in Table 3.1 demonstrate that foreign and local students were comparable in age and gender structure, but differed in the distribution of courses of study. This difference reflects the objective characteristics of the international student body, many of whom are undergoing advanced training programs, including language and cultural adaptation courses. The identified differences must be taken into account during the analysis and interpretation of the main research results.

Analysis of the distribution of students by adaptation levels according to the developed ISPA index revealed statistically significant differences between the main and control groups ($\chi^2=147.2$; $p<0.001$). The results are presented in Table 2.

Table 2. Distribution of students by adaptation levels according to the ISPA index

Adaptation level	International students		Local students		p
	n	%	n	%	
Excellent (22–25 points)	42	13,1	65	81,3	< 0,001
Good (16–21 points)	128	40,0	15	18,7	< 0,001
Average (10-15 points)	108	33,8	0	0,0	< 0,001
Low (< 10 points)	42	13,1	0	0,0	< 0,001
TOTAL	320	100	80	100	—
Average ISPA ($M \pm \sigma$)	15,2±5,8		23,1±1,8		< 0,001

Note: $\chi^2=147.2$; $p<0.001$; 95% CI for foreign students: 14.6–15.8; for local students: 22.7–23.5; $t=-14.73$; $df=398$; Cohen's $d=1.89$

The obtained data indicate that among international students, only 13.1% ($n=42$) demonstrated an excellent level of adaptation, while among local students, this indicator was 81.3% ($n=65$). A good level of adaptation was shown by 40.0% of foreign students ($n=128$) compared to 18.7% of local students ($n=15$). It is critically important that 33.8% of international students ($n=108$) had a medium level of adaptation and 13.1% ($n=42$) had a low level, while among local students, these categories were not identified. In total, 46.9% of foreign students ($n=150$) were in a risk zone (medium and low levels of adaptation), which requires targeted intervention. The difference in average ISPA values between the groups was 7.9 points (31.6% of the maximum value), indicating high clinical significance of the identified differences (Cohen's $d=1.89$ — very large effect size).

A detailed analysis of individual ISPA domains revealed the greatest differences in the field of cultural and academic adaptation. International students demonstrated statistically significantly lower indicators across all three domains (Table 3).

Table 3 Comparative analysis of adaptation across ISPA domains

Adaptation domain	Foreign ($M \pm \sigma$)	Local ($M \pm \sigma$)	t	p
Social adaptation	4,8±2,1	7,2±0,8	-11,45	< 0,001
Psychological adaptation	5,1±2,3	7,8±0,9	-12,03	< 0,001
Cultural-academic adaptation	5,3±2,2	8,1±1,0	-13,28	< 0,001

Table 3 presents the results of a comparative analysis of adaptation indicators across three key domains of the ISPA index (psychosocial adaptation scale) between two groups of students: foreign (n=286) and local (n=144).

Social adaptation demonstrates the most pronounced differences between groups. For international students, the average score was 4.8±2.1 points, while for local students, it was 7.2±0.8 points. The difference is statistically significant ($p \leq 0.001$, $t = 11.45$). This indicates significant difficulties for international students in the process of social integration, including establishing contacts with a new social environment, adapting to local social norms, and building friendships.

Psychological adaptation also shows a significant difference between groups. International students received an average score of 5.1±2.3, while local students received 7.8±0.9 points. The difference is statistically significant ($p \leq 0.001$, $t = 12.03$). Lower indicators among foreign students indicate an increased level of psychological stress associated with adaptation to a new cultural environment, language barriers, and distance from family.

Cultural and academic adaptation reveals the smallest, but still statistically significant, difference between the groups. The indicator for international students was 5.3±2.2 points, while for local students it was 8.1±1.0 points ($p \leq 0.001$, $t = 13.28$). This indicates the difficulties faced by foreign students in mastering the educational process, differences in educational systems, adaptation to academic requirements, and integration into the student community.

Data analysis shows that foreign students face significant adaptation difficulties across all three ISPA domains compared to local students. All differences are statistically significant ($p \leq 0.001$), which confirms the objectivity of the identified differences. The most acute problems for international students are cultural-academic and psychological adaptation, while social adaptation also requires significant attention. The results obtained indicate the need to develop specialized psychological and social support programs for foreign students to facilitate their adaptation process. The largest gap was recorded in the cultural and academic sphere (a difference of 2.8 points), which is explained by the specifics of medical education: it requires not only language competence but also an understanding of local medical practice standards, ethical norms, and professional culture.

Discussion. The results obtained confirm the presence of significant health and quality of life issues among foreign medical students, which aligns with international research. A study by Park et al. (2022) in South Korea showed a similar trend of a 35-40% decrease in mental health indicators among international medical students compared to local students.

The high prevalence of functional nervous system disorders (45.8%) may be attributed to chronic stress related to language barriers, cultural differences, and academic requirements. Sleep disorders in more than half of the examined students correlate with the European Study of Medical Students (2023), where similar indicators were 48-55%.

The identified correlation between the level of socio-psychological adaptation and somatic manifestations is particularly noteworthy. Students with a low level of adaptation exhibited a 2.3-fold higher frequency of psychosomatic disorders, confirming the psychosomatic concept of functional disorders development.

The practical significance of the study lies in justifying the need to create a comprehensive system of psychosocial support for foreign medical students, including medical monitoring, psychological counseling, and intercultural adaptation programs. Based on the results of this study, a three-level differentiated support system for foreign medical students was developed, taking into account the identified risk factors for maladaptation and the individual adaptation profiles of students from various countries.

The conceptual basis of the system is the step-by-step care model (Stepped Care Model), which provides for a sequential increase in support intensity depending on the identified level of adaptation difficulties. This approach ensures the rational use of university resources while maximizing the coverage of students in need.

CONCLUSIONS

1. The Social-Psychological Adaptation Index (SPAI) of foreign medical students was developed and validated, including 10 questions across three domains (social, psychological, cultural-academic) with high psychometric characteristics: Cronbach $\alpha = 0.782$; retest reliability $r = 0.841$ ($p < 0.001$); convergent validity $r = 0.658$ ($p < 0.001$); CFI = 0.92; RMSEA = 0.078. ISPA is the first validated tool for assessing the adaptation of foreign medical students, adapted to the conditions of the Uzbek higher medical education system.
2. Foreign medical students demonstrate a statistically and clinically significantly lower level of adaptation compared to local students (ISPA: 15.2 ± 5.8 versus 23.1 ± 1.8 ; $p < 0.001$; Cohen's $d = 1.89$), while 46.9% of international students are at risk of maladaptation, and only 13.1% achieve an excellent level of adaptation compared to 81.3% among local students. The largest gap is observed in the cultural-academic domain.
3. The country of origin is the leading adaptation factor ($F(3,317) = 8.42$; $p < 0.001$; $\eta^2 = 0.074$): students from geoculturally close countries - Azerbaijan (17.1 ± 4.8) and Turkey (16.4 ± 5.2) - adapt significantly more successfully than students from India (15.8 ± 5.6) and Pakistan (14.2 ± 6.1), which is due to linguocultural proximity and the form of teaching organization. Independent predictors of maladaptation were identified as: country of origin (MCA=3.84), course of study (MCA=2.71), lack of friendly relations with local students (MCA=2.54) and language barrier (MCA=2.38).
4. Adaptation levels are closely correlated with mental health, quality of life, and academic performance: clinically significant levels of anxiety were identified in 27.5% of foreign students, depression in 21.5%, and high levels of loneliness in 41.3%; across all SF-36 scales, foreign students demonstrate significantly lower scores ($p < 0.001$); the correlation between ISPA and GPA was $r = +0.721$ ($p < 0.001$), while the difference in average scores between students with excellent and low adaptation was 1.5 points (4.28 ± 0.41 versus 2.78 ± 0.81).

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