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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии

საქართველოს სამედიცინო სიახლენი

GEORGIAN MEDICAL NEWS

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GMN: Georgian Medical News is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

GMN: Медицинские новости Грузии - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНИТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

GMN: Georgian Medical News – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНИТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებიდან.

WEBSITE

www.geomednews.com

К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman** (**Кириллица**), для текста на грузинском языке следует использовать **AcadNusx.** Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - http://www.spinesurgery.ru/files/publish.pdf и http://www.nlm.nih.gov/bsd/uniform_requirements.html
В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректура авторам не высылается, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

При нарушении указанных правил статьи не рассматриваются.

REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or compu-ter-printed on a single side of standard typing paper, with the left margin of **3** centimeters width, and **1.5** spacing between the lines, typeface - **Times New Roman** (**Cyrillic**), print size - **12** (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: http://www.nlm.nih.gov/bsd/uniform_requirements.html
http://www.icmje.org/urm_full.pdf
In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

Articles that Fail to Meet the Aforementioned Requirements are not Assigned to be Reviewed.

ავტორთა საყურადღებოდ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დავიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე,დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx.** შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შეღებვის ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფჩხილებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

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HEALTH-RELATED CHALLENGES, PSYCHO-EMOTIONAL WELLBEING, AND ADAPTATION EXPERIENCES OF INTERNATIONAL STUDENTS IN A FOREIGN ACADEMIC ENVIRONMENT

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Abstract.

Aim: The present study aimed to identify the factors associated with international students' health-related challenges, psycho-emotional well-being, social integration, and academic adjustment during adaptation to a foreign academic environment.

Methods: A cross-sectional survey was conducted among 124 international students studying at higher education institutions in Georgia. Data were collected using a structured questionnaire assessing adaptation difficulties, health perception, emotional state, academic challenges, and social factors. Statistical analysis was performed to identify the main factors associated with adaptation outcomes.

Results: The findings demonstrated that international students experience multiple challenges during adaptation, including psychological stress, depressive mood, changes in health perception, language barriers, and academic adjustment problems. The initial stage of adaptation was associated with higher levels of stress and emotional discomfort.

Conclusion: This study contributes to understanding the problems of adaptation of international students. It highlights the importance of comprehensive support programs aimed at improving the physical and psychological well-being of international students. The development of effective adaptation strategies may facilitate students' social integration, academic success, and overall experience in the host country.

Key words. International students, adaptation, psychological well-being, health perception, academic adjustment.

Introduction.

Globalization has significantly increased the mobility of students across borders, leading to a growing population of international students worldwide. While studying abroad offers academic and cultural opportunities, it also exposes students to numerous psychological challenges. These challenges include stress, anxiety, depression, homesickness, cultural shock, and difficulties in social integration.

From 2013 till 2025, the number of international students in Georgia significantly increased (from 3.5 thousand to 44.4 thousand) [1], which highlights the educational attractiveness of the country, but at the same time raises the issue of adaptation and well-being of foreign students. Considering that the absolute majority of international students (91%) study at the Medical Faculties and have to adapt to a radically different climatic and socio-cultural environment, the complex professional curriculum becomes an additional stress factor for them [2,3]. The above-mentioned challenges create significant psychological risks, which directly affect not only their academic performance, but, above all, the general health status and quality of life of students [4-6].

The psychological adaptation of international students is a multidimensional process influenced by personal, social, academic, and environmental factors. Understanding these factors is essential for improving student well-being and academic performance [7].

Stress is one of the most frequently reported psychological issues among international students. The transition to a new country involves adapting to unfamiliar academic systems, cultural norms, and social environments, adjustment difficulties [8], academic pressure, financial concerns, and lack of support systems are significant stressors that may lead to burnout, reduced academic performance, and long-term psychological issues [9-11].

Furthermore, studies have shown that coping mechanisms play a critical role. Students with effective coping strategies such as problem-solving and seeking social support tend to adapt better compared to those who rely on avoidance or denial.

Depression and anxiety are common mental health conditions observed among international students. Factors such as isolation, academic pressure, and cultural differences contribute significantly to these conditions. Arun et al. [12] found that many medical students experiencing depression do not seek professional help due to stigma and lack of awareness. Similarly, Basu et al. [13] highlighted the prevalence of suicidal ideation among young migrants, emphasizing the seriousness of mental health issues.

The aim of this research is to examine and analyze the health status, adaptation, social integration, and psychological well-being of international students, as well as the physical and psychological factors influencing these dimensions, quality of life, and academic performance. The study also seeks to identify risk factors and vulnerable subgroups and to develop a comprehensive biopsychosocial profile of the target population. Based on these findings, particular attention will be directed toward students at greater risk, as the maintenance of physical and mental health, timely risk prevention, and early intervention upon the emergence of initial symptoms may help prevent complications and enable students to continue their academic activities effectively.

Materials and Methods.

Research design: A cross-sectional online survey was conducted among foreign medical students aged 18–24 years studying in Georgia. A structured questionnaire was distributed via Google Forms. Participation was voluntary and anonymous.

Participants were recruited using convenience sampling through the administrations of participating universities. The invitation to participate, together with a link to the anonymous online questionnaire, was distributed via institutional communication channels and student groups. Before completing the questionnaire, participants were informed about the purpose of the study and their right to withdraw at any time without providing a reason. Completion of the questionnaire required approximately 10 minutes. Data were collected between November 2025 and May 2026 and analyzed using Microsoft Excel. Descriptive statistics were used to summarize the study data.

124 students from different Universities of Georgia have taken part in the current research, 79,8% of them are from India, 4,8% from Arabian Countries and few of them from Bangladesh, Turkey, African Countries, Australia, and Switzerland. 75,9 % of students are 18-21 years old, 20,9% - 22-25 yr. and 3,2 % - 26-31 years old. 38,8% - are students of 2-nd year of study, 29,0 % - the third year, 24,2% - the 1st year, 4,8 %– the 4th and 3,2% -the 5th year of study. Among them 69,3% - are female and 30,7% - are male. Type of residency of students are: 68,9 -Urban, 25,9 Semi-Urban and 5,6 – Rural.

Students of Georgian nationals and students holding permanent residency status in Georgia were excluded from the study.

All enrolled participants are the students of English-language "Medical Doctor" Programs at various Universities in Georgia. This Program is accredited by the Ministry of Education of Georgia and therefore follow comparable curricula and academic standards, minimizing substantial differences in the quality of education, teaching materials, and examination approaches.

Students were provided with a questionnaire that required approximately 10–15 minutes to complete. Data collection was conducted during the winter semester of 2025.

A structured questionnaire was developed with the goal to assess the health status, adaptation ability and level, social integration, and psychological well-being of foreign students studying in Georgia. The questionnaire consisted of 30 items and was organized into the following thematic sections:

- **Socio-demographic characteristics:** citizenship, type of residence, age, gender, and duration of study in Georgia.
- **Health status and access to medical care:** vaccination status, pre-arrival medical examination, self-assessment of health, availability of medical insurance, presence of chronic diseases, changes in health status during studies in Georgia, frequency and types of illnesses, frequency of medical consultations, and difficulties in accessing healthcare services.
- **Social integration and student environment:** quality of communication within the student group, level of comfort within the academic environment, and scope of social interaction during studies in Georgia.
- **Cultural and social adaptation:** ability to adapt to the Georgian climate, local cuisine, social environment, and university academic schedule.
- **Academic adaptation:** self-assessment of coping with the academic curriculum and educational requirements.
- **Psycho-emotional status:** the impact of homesickness and separation from family on academic performance and well-being, as well as students' attitudes toward the necessity of organizing psychological support services for international students. This variable was evaluated by examining the effects of homesickness and separation from family on students' emotional well-being and academic performance. In addition, students' perceptions of the need for psychological support services for international students were explored.

All study variables were measured using a self-administered questionnaire in which participants reported their experiences and perceptions.

Some questions related to mood assessment was adapted from the Patient Health Questionnaire-9 (PHQ-9) scale developed by Robert L. Kroenke et al. [14]. The PHQ-9 is a widely used and validated instrument for assessing the severity of depressive symptoms. Previous studies utilizing this tool have reported moderate to severe levels of depression among international students. Depressive symptoms were assessed using the PHQ-9, a widely used and validated nine-item instrument with high reliability. The PHQ-9 has demonstrated excellent internal consistency (Cronbach's $\alpha = 0.86–0.89$) [14].

The response formats included dichotomous questions (yes/no), multiple-choice questions, frequency scales (e.g., often, rarely), self-rating Likert-type scales, and open-ended questions allowing respondents to specify reasons or provide short comments.

Statistical Analysis.

The following statistical methods were used for data processing and analysis:

- **Descriptive statistics:** mean values and standard deviations were calculated to summarize the main characteristics of the study variables;
- **Correlation analysis:** Spearman's Rank Correlation was used to assess relationships between variables.

Results.

According to the socio-demographic characteristics of the international students participating in the study of English-language medical programs at Georgian Universities, the following results were obtained:

Among the respondents 94,4% are vaccinated strongly regarding the scheduled vaccination, during the childhood, 4,8% - also are vaccinated, but not regarding the schedule consequence and 0,8 % have no information and no document regarding of vaccinations.

Before coming in Georgia 87,1% of respondents passed a general medical examination, whenever 12,9% - NOT.

Before coming in Georgia 84% of respondents on the base of self-assessment think that they are healthy, 14,4% noted that they have problem with health, and 1,6% - noted some chronic disease (Figure 1).

69% of respondents have Medical Insurance, whenever 30,7% -NOT. 62,3% never visited doctor in Georgia, 23,0% visit doctor only in case of severe problem, 13,9% just call to the doctor in India to receive consultation on-line. Very often students consulted with their lecturer, which mainly are doctors and try to support their students.

The responses regarding to the health status self-assessment and medical services block were distributed as follows:

During the study period in Georgia 64,9% of respondents pointed to changing of healthy status and 58,3% of them noted that, rare are suffered from diseases, 6,7% - often and 35% - never.

Respondents noted that usually they are suffered with seasonal diseases, like a flu due to the viral infection (18%), gastrointestinal problem (3,8%), but very often have food poisoning; 5,3% - have problem with skin, like acne; only 0,8% - noted ophthalmological problem, but in reality, about 70% of them wearing glasses; as well only 0,8% - noted endocrine problem, but very often the thyroid gland is visible increased in size and they do not know about this.

Concerning the reason of "Never and very rare" visiting of doctors in Georgia generally are language and psychological barrier – 51,3%, financial difficulties - 31,6%, absence of insurance and personal reason – 12%, 2,6% - think, that flu and some fevers do not need medical support.

As for the components of psychological status and socio-cultural block it is notable that, the communication between the students in group assessed as very good and friendly by 59,2% of respondents, neutral or indifferent – 38,4%, around and abused – 1,6% and conflict – 0,8%.

53,1% - noted than they are feeling the team member and the support of my groupmates, 43,5% - are on their own and rely only themselves (individually). 38,5% have good communication with international and Georgian students and citizens, 28,2% students communicate with their compatriots (mainly Indian students), 20,5% - communicate only with group-mates, 3,4% - only with room-mates, 9,4% prefer to be alone (Figure 2).

67,5% adapted to Georgian climate very easily and quickly, 27,4% noted that they need more time for adaptation and 5,1% are not adapted and they mention different periods for adaptation: 6,1% - year, 11,1% - semester, 10,2% - a month, whenever - 72,6 -cannot say.

As for adaptation to Georgian food, 53.8% of respondents reported adapting very easily and quickly, 21.4% indicated that they required more time for adaptation, while 24.8% reported that they had not adapted to Georgian cuisine.

Regarding adaptation to Georgian society, 56.5% of respondents reported adapting very easily and quickly, 31.4% indicated that they required more time for adaptation, while 11.9% reported difficulties adapting to Georgian society.

Adaptation ability toward the University schedule: 61,5% - adapted very easily and quickly, 21,2% need more time for adaptation and 15,3% are not adapted.

The assessment results of academic adaptation related to the Education Program Curriculum show that 69,3% doing quite well and successfully, 31,6% - struggling to cope.

Among the respondents, 49.6% reported experiencing homesickness and longing for their families mainly during the initial period of adaptation, whereas 31.6% indicated that they continuously suffered from these feelings.

Regarding the impact of homesickness on academic performance, 25.6% of respondents believed that separation from family undoubtedly affected the quality of their studies, 37.6% considered the effect to be insufficient, while 36.8% reported no effect on their academic performance.

Concerning general well-being during their stay in Georgia, 22.2% of respondents stated that homesickness and longing for family seriously affected their quality of life, 39.3% considered the effect to be minor, and 38.4% reported no effect on their well-being.

The responses concerning to the mood (positive and negative mood) assessment show, that 13,7% of respondents have negative (depressed) mood very often, 36,8% - periodically, 37,6 – rare, and only 11,9 – never felt depressed (Figure 3).

In terms of respondents' opinions on organized psychological support and counseling services, 41.8% indicated that they

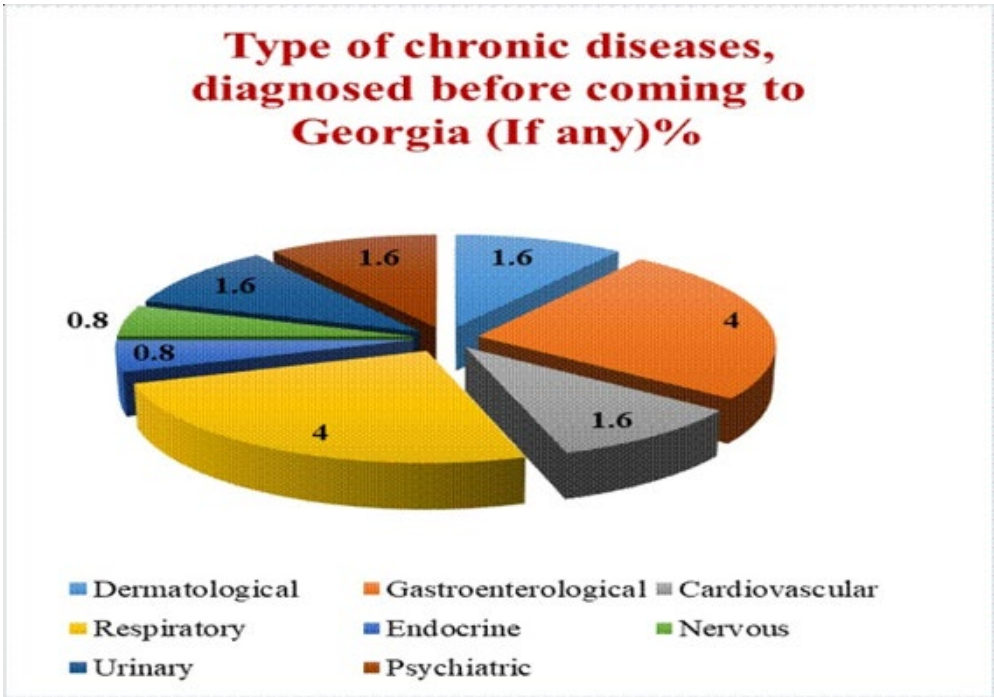


Figure 1. *The health status (self-reported) of international students of English-language "Medical Doctor" Program at accredited universities in Georgia prior to their arrival in Georgia.*

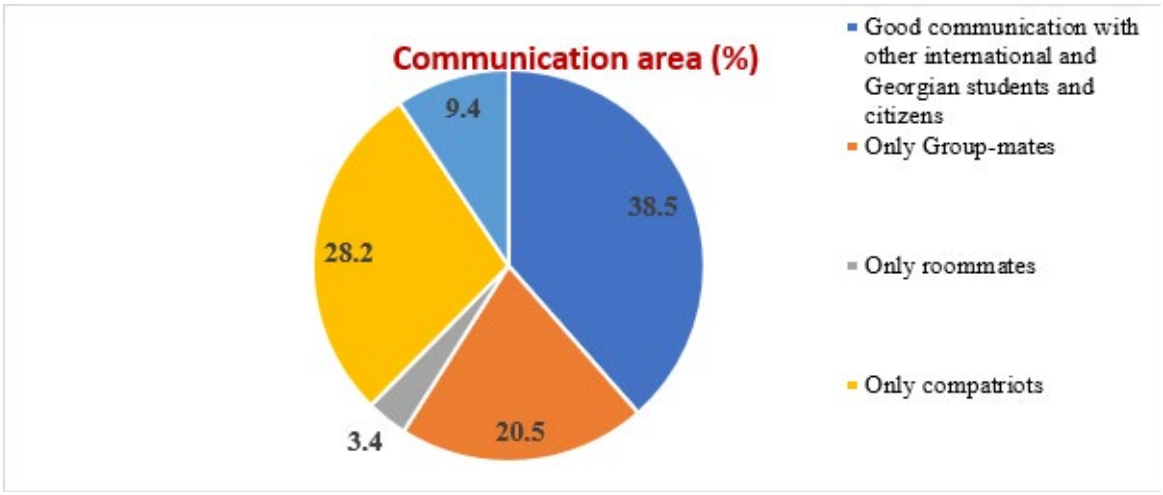


Figure 2. *The communication models and their distribution among the international students of English-language "Medical Doctor" Program at accredited Universities in Georgia.*

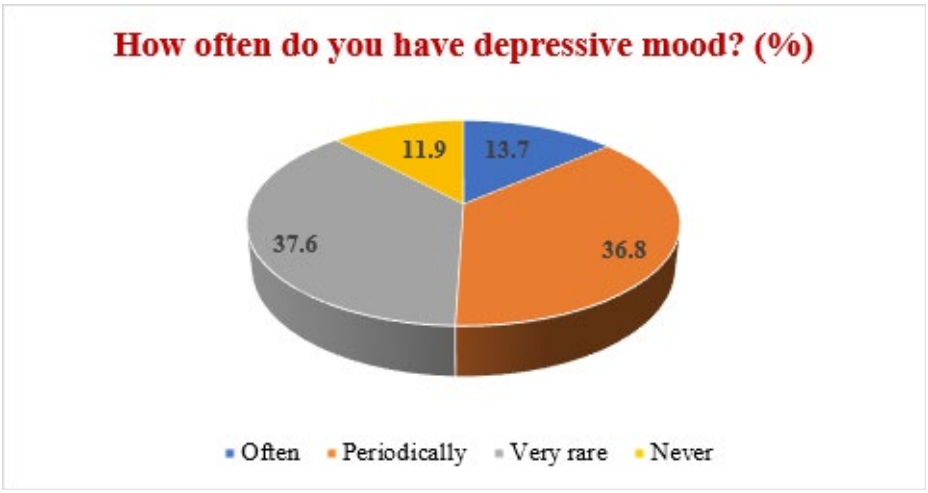


Figure 3. *The mood swings and negative mood frequency (results of subjective mood assessment) of international students of English-language "Medical Doctor" Program at accredited Georgian Universities in Georgia are shown.*



Figure 4. *Opinion of international students of English-language "Medical Doctor" program at accredited universities in Georgia regarding the organized psychologist support.*

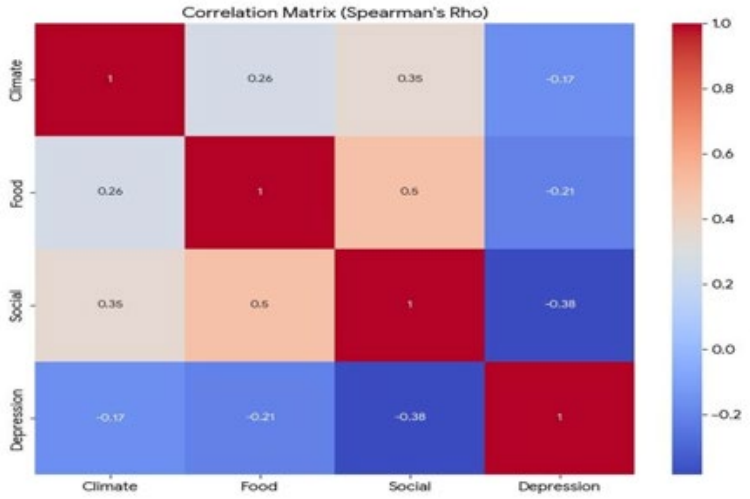


Figure 5. *Spearman's Rank Correlation Matrix for adaptation parameters and psychological well-being. The coefficients (r_s) represent the strength and direction of the relationship between environmental factors and students' mental health status.*

Table 1. *Correlations between adaptation factors and psychological status.*

Correlation pair	**r_s - coefficient**	**p-value**
Social adaptation & depression	-0.384	0.002
Social adaptation & food adaptation	0.495	< 0.001
Climate adaptation & Social adaptation	0.352	0.005
Year of study & Climate adaptation	0.241	0.061
Nostalgia/Homesickness & Depressive mood	0.121	0.355

Table 2. *Psychosomatic interaction.*

Pairs of Factors	**Correlation (r_s)**	**P-value**	**Statistically proved Conclusion**
Depressive mood & Disease incidence	0.34	< 0.001	Significant relationship
Nostalgia & Deterioration of health	0.32	0.0002	Significant relationship
Depressive mood & Deterioration of health	0.28	0.001	Significant relationship

Table 3. *Moods Associated with Academic Achievement.*

Pairs of factors	**Correlation (r_s)**	**P-value**	**Significance**
Academic Success & Depressive Mood	-0.53	< 0.001	Extremally significant
Academic Success & Nostalgia	-0.19	0.03	Significant

would definitely take advantage of such services, 4.2% reported a continuous need for psychological support, while 25.7% stated that they did not require such assistance (Figure 4).

Additionally, to the descriptive statistics (Figures 1, 2, 3, and 4), the data reveal correlations between various factors. In particular, Table 1 presents the relationships between adaptation-related factors and psychological status. The table is based on Spearman's Rank Correlation (r_s). Since all p-values are below 0.05, all three relationships are considered statistically significant.

As shown in Table 1, a statistically significant association was found between high levels of social integration and a lower risk of depression. It was also found that adaptation to local food is significantly associated with, and serves as a predictor of, social adaptation ($p < 0.001$). Beside this, environmental adaptation promotes the social activity.

The results of the study demonstrate a statistically confirmed relationship between physical health and psychological factors. Namely, the morbidity of international medical students is not only determined by the physical environment, but also includes a psychosomatic component (Table 2).

The results of the study on factors influencing academic success show that depressive mood is strongly negatively correlated with academic success ($r_s = -0.53$, $p < 0.001$) (Table 3).

When processing the research results, t-test showed that the difference between men and women was not confirmed statistically ($p = 0.432$).

Discussion.

The present study demonstrated that psycho-emotional well-being is a key determinant of academic adaptation and success among international medical students studying in Georgia. The findings indicate that depressive mood, homesickness,

and insufficient social integration are closely associated with poorer academic performance and reduced overall well-being. These results support the concept that successful adaptation is a multidimensional process in which psychological, social, and environmental factors interact to influence students' health and educational outcomes.

In order for a student to be able to achieve academic success, he or she has to cope with several significant challenges, which requires a complex approach from students, their family members, institutions and policymakers [15].

Based on our findings, insufficient social adaptation appears to be associated with poorer academic progress among international students studying in Georgia. In particular, depressive mood showed a strong negative association with academic performance ($r_s = -0.53$), indicating that psycho-emotional well-being is an important determinant of academic success.

The study revealed that 68.5% of students believe that they are coping well with the curriculum and are successful, and the more often they are depressed, the more their academic performance drops. These findings suggest that psycho-emotional well-being is an important determinant of academic success among international medical students.

As for nostalgia, it hinders learning less than depressive mood, although its effect is still statistically significant ($p < 0.001$). However, homesickness is closely related to the subjective perception of worsening health ($r_s = 0.32$, $p = 0.0002$). Separation from family and homeland causes a feeling of insecurity in students, which makes them evaluate their own health more negatively, but this factor still affects academic success.

Student mental well-being and physical complaints are directly correlated, and research shows that illness is often psychosomatic in nature [16]. This is explained by the fact that emotional stress weakens the immune system, which increases actual physical illness [17,18], and physical illness and psychological stress also affect learning processes [19,20].

One of the risk factors for mental health is social isolation [21]. The statistically significant negative correlation between social adaptation and the incidence of depression ($p = 0.002$) revealed in our study confirms that the more a student is involved in Georgian society and has friends, the more protected he or she is from psychological crises. The connection between food adaptation and social adaptation is also interesting. Adaptation to local cuisine may facilitate social interaction and therefore contribute to successful sociocultural adaptation.

Adaptation to local cuisine paves the way for social interaction for a student, which means that the culinary barrier is equal to the social barrier. The analysis showed that the gender factor does not have a statistically significant effect on either the adaptation process or mental health ($p > 0.05$). These findings suggest that adaptation challenges are largely independent of gender. Therefore, institutional support strategies should be implemented for all international students rather than targeted according to gender.

The findings of the present study highlight the importance of strengthening institutional support for international medical students through culturally adapted psychological counseling, academic mentoring, and social integration initiatives. Educational institutions should provide accessible and confidential psychological services and implement comprehensive adaptation programs. Dissemination of these findings through scientific conferences and academic platforms, together with practical recommendations, may facilitate the implementation of effective support strategies. Such interventions have the potential to reduce loneliness and homesickness, improve psychological well-being, promote successful adaptation, and ultimately enhance academic performance.

Conclusion.

Our research confirms the existence of a biopsychosocial model of the health of international students in the English-language "Medical Doctor" Program of accredited universities in Georgia. The physical health (morbidity) of foreign students is determined by the psychological state (depressed mood/ nostalgia), which in turn depends on sociocultural adaptation (food/society).

Based on the results of the research, the increase in academic success is directly related not only to the learning process, but also to the psycho-social well-being of the student, namely the main predictor of academic performance is mental health, which in turn is influenced by many factors and requires a multifaceted Biopsychosocial Approach. If social integration is promoted in terms of education systems and psychosomatic health is monitored, the risk of acculturation stress will be significantly reduced and international students will adapt better to the learning environment, especially in the first year of study, when the adaptive barrier is highest.

Data Availability.

Data will be made available upon reasonable request.

Disclosures.

The authors declare that they have no conflicts of interest. This article was not presented for any Other Publishers.

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Author Contributions.

R.V. conceived and designed the research; A.K. participated in data collection and manuscript preparation; N.T. contributed to statistical analysis; H.S. & K.D. contributed to manuscript drafting and review; all authors approved the final version of the manuscript.

New & Noteworthy.

This study found, that depressive mood significantly reduces academic success among international medical students. The risk of depression decreases with the social integration, which is also facilitated by adaptation to local cuisine and climate. The

research revealed statistically significant psychosomatic link between emotional stress and poor health. Our study shows the necessity and importance of culturally adapted psychological support of international students, studying at Georgian universities.

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საერთაშორისო სტუდენტების უცხოურ აკადემიურ გარემოში ადაპტაციის პროცესთან დაკავშირებული ჯანმრთელობის და პსიქოემიციური მდგომარეობის გამოწვევები

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ანოტაცია.

მიზანი: კვლევის მიზანია ადაპტაციის პროცესში საერთაშორისო სტუდენტების კეთილდღეობასა და აკადემიურ ადაპტაციაზე მოქმედი ფაქტორების იდენტიფიცირება, მათი ფიზიკური და ფსიქოემოციური ჯანმრთელობის ასპექტების შეფასება და საკითხის სიღრმისეულად გააზრება, განსაკუთრებით სტუდენტების უცხო ქვეყანაში ადაპტაციის საწყის ეტაპზე, როდესაც სტრესისა და დეპრესიის დონე მეტად მაღალია.

მეთოდოლოგია: ჩატარდა გამოკითხვა საქართველოს უმაღლესი სასწავლებლების 104 საერთაშორისო სტუდენტს შორის. მონაცემები შეგროვდა სტრუქტურირებული კითხვარის გამოყენებით, რომლის საშუალებით შეფასდა ჯანმრთელობის ცვლილებები, ემოციური ფონი, აკადემიური გამოწვევები და სოციალური ადაპტაციის სირთულეები. სტატისტიკური ანალიზი ჩატარდა ადაპტაციის შედეგებთან დაკავშირებული ძირითადი ფაქტორების დასადგენად.

შედეგები: კვლევის შედეგებმა აჩვენა, რომ საერთაშორისო სტუდენტების ადაპტაციის პროცესი დაკავშირებულია მრავალ გამოწვევებთან: გარდა სოციალური ადაპტაციისა, ფიზიკური და ფსიქოემოციური ჯანმრთელობის ცვლილებებთან და დეპრესიულ განწყობასთან, ენობრივ ბარიერთან და აკადემიურ სივრცეში ინტეგრაციის სირთულეებთან. ყველაზე მაღალი ხარისხის ფსიქოემოციური დისკომფორტი გამოვლინდა უცხო სოციალურ და კულტურულ გარემოში ადაპტაციის საწყის ეტაპზე.

დასკვნა: ეს კვლევა ხელს უწყობს საერთაშორისო სტუდენტების ადაპტაციის პრობლემების გაგებას და ხაზს უსვამს საერთაშორისო სტუდენტების ფიზიკური და ფსიქოემოციური კეთილდღეობის გასაუმჯობესებლად მიმართული კომპლექსური დამხმარე პროგრამების შემუშავების მნიშვნელობას. ეფექტური ადაპტაციის სტრატეგიების შემუშავება ხელს შეუწყობს სტუდენტების სოციალურ ინტეგრაციას, აკადემიურ წარმატებას და მასპინძელ ქვეყანაში დადებითი გამოცდილების მიღებას.

საკვანძო სიტყვები: საერთაშორისო სტუდენტები, ადაპტაცია, ფსიქოემოციური კეთილდღეობა, ჯანმრთელობის ცვლილებები, აკადემიური მოსწრება.

Изменения в состояния физического и психоэмоционального здоровья иностранных студентов в связи с особенностями адаптации в зарубежной академической среде

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Аннотация.

Цель: Настоящее исследование направлено на выявление и оценку факторов, влияющих на физическое и психоэмоциональное состояние, иностранных студентов в процессе адаптации на чужбине, что в конечном итоге влияет на качество их жизни и академическую успеваемость; а также на глубокое понимание проблемы, особенно на начальном этапе адаптации студентов, когда уровень стресса и депрессии довольно высок.

Методы: в данном исследовании приняли участие иностранные студенты (104), обучающихся в высших учебных заведениях Грузии. Данные перекрестного опроса были собраны с помощью структурированной анкеты, оценивающей сложности адаптации, изменения в состоянии физического и психоэмоциональное здоровья, академические трудности и социальные факторы. Для выявления основных факторов, связанных с проблемами адаптации, был проведен статистический анализ и оценка полученных данных.

Результаты: Результаты показали, что иностранные студенты сталкиваются с многочисленными трудностями в процессе адаптации, включая психоэмоциональный стресс и депрессивное настроение, изменения в состоянии здоровья, языковой барьер и проблемы адаптации к к социальной и академической среде. Выявлено, что начальный этап адаптации связан с более высоким уровнем стресса и эмоционального дискомфорта.

Вывод: Данное исследование способствует более глубокому пониманию проблем адаптации иностранных студентов. Оно подчеркивает важность разработки комплексных программ поддержки, направленных на улучшение физического и психологического благополучия иностранных студентов. Разработка эффективных стратегий адаптации безусловно может способствовать социальной интеграции студентов, их академическим успехам и общему положительному опыту пребывания в принимающей стране.

Ключевые слова: иностранные студенты, интеграция, психоэмоциональное благополучие, состояние здоровья, академическая адаптация.