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Homesickness and High Stakes: Coping, Identity, and Psychological Distress in Overseas Medical Students with Suggestions for Counseling

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Abstract

Aim: This study examines the prevalence and determinants of homesickness among international medical trainees, interrogates how homesickness intersects with identity negotiation and coping processes, and develops evidence-based counseling recommendations to reduce psychological distress and support professional integration.

Method: A systematic literature review and thematic analysis were undertaken. The review systematically collated peer-reviewed quantitative and qualitative studies, scoping and umbrella reviews, and theoretical treatments concerning homesickness, identity, coping strategies, and institutional support for overseas medical and healthcare trainees. The search was conducted across multiple databases (PubMed, PsycINFO, ERIC, and Web of Science) using search terms including "homesickness," "international medical students," "identity," "coping strategies," and "institutional support." Inclusion criteria included peer-reviewed articles published between 2001-2025 focusing on international medical trainees. Quality assessment was performed using standardized tools, and data were synthesized using thematic analysis following PRISMA guidelines.

Results: Consistent evidence links homesickness with increased depression, anxiety, and stress among international medical trainees. Exacerbating factors are separation from social support, language barriers, intense training demands, and cultural dissonance with host institutions. Identity conflict, when trainees' cultural values clash with institutional norms, co-occurs with homesickness and is associated with greater psychological morbidity and diminished clinical confidence. Identified adaptive coping strategies include problem-focused methods, active emotion regulation, resilience training, mindfulness, peer support networks, and mentorship. Institutional determinants—culturally sensitive counseling, proactive outreach, anti-stigma initiatives, orientation programming, and hybrid services—shape help-seeking and intervention uptake.

Discussion: Homesickness signals acculturative strain and impedes identity work for competent clinical practice in unfamiliar settings. Interventions addressing symptoms alone show limited benefit when they ignore identity negotiation and systemic barriers. The literature supports integrated, multilevel approaches combining culturally attuned individual counseling (CBT-informed resilience), identity-reflective practices, peer-led supports, and institutional reforms such as staff cultural-competence training and mentorship. Embedding individual interventions within supportive institutional ecosystems improves uptake and sustained impact.

Conclusion: Future research should prioritize longitudinal and controlled studies evaluating effective integrated counseling and institutional models. Addressing homesickness in international medical trainees requires a comprehensive approach that considers both individual coping strategies and institutional support systems.

Keywords: Homesikness, Identity, Psychological Distress, Counseling, Medical Students

Introduction

The pursuit of a medical career is universally recognized as demanding, but for international medical trainees, the journey is compounded by cultural displacement, identity challenges, and psychological strain. Homesickness and High Stakes: Coping, Identity, and Psychological Distress in Overseas Medical Trainees explores the multifaceted emotional and psychological burdens faced by expatriate medical students and interns. This introduction provides a scholarly foundation for the discussion, drawing on recent literature to contextualize the mental health challenges and coping mechanisms relevant to this vulnerable population.

Homesickness represents a common problem among international students, with medical trainees being the most vulnerable given the intense nature of their training environment. As pointed out by Charlesworth (2021), homesickness can be identified by its physical and psychological symptoms, which can include issues like anxiety, depression, and lack of academic focus (p. 4). The experience of moving to another country means that there will be separation from the support structures provided by the family, an unfamiliar culture, and language barriers, all of which can contribute to emotional distress. As pointed out by Mohamud (2023), homesickness has been found to have a strong association with psychopathological symptoms, particularly among trainees of rigorous training programs (p. 7). Further, Mohamud (2023) examined the link between homesickness and psychopathology among international students. Homesickness was found to be a significant predictor of increased levels of depression, anxiety, and stress. The need for early intervention measures and culturally sensitive counseling services was highlighted (9).

Homesickness has been consistently identified with enhanced levels of psychological distress among university students. Ferrara (2020) indicates that homesickness encompasses more than nostalgia or a yearning to return home. It can cause individuals to experience bouts of anxiety, depression, or somatic problems. Risk factors identified by the current research include inadequate levels of social support or low levels of adaptation into another culture (3).

Sharma & Kumari (2025) analyzed the extent of homesickness prevalent in first year college-going students. The data showed that homesick students often experienced loneliness, sadness, or an increase in stress levels, which in turn influenced their academic outcomes(5).

The work of Ward, Bochner, and Furnham (……

Contemporary research continues to frame homesickness within the broader context of cultural adaptation, recognizing it as a significant stressor in the acculturation process. For instance, Zhou and Todman's (2023) investigation into the psychological

adjustment of international healthcare students found that stress related to cultural adaptation had a considerable effect on students' well-being and coping abilities, reinforcing the idea that navigating a new cultural environment is a primary challenge that can lead to significant emotional distress if not properly managed (p. 115). In response to such challenges, recent studies have confirmed the effectiveness of active, skill-building interventions. Smith and Khanna (2022) investigated the impact of resilience training programs and found that structured interventions—such as mindfulness practices, reflective writing exercises, and resilience workshops—significantly enhanced students' abilities to manage stress and adapt to the pressures of their training environment (pp. 845–853). This research underscores that proactive, resilience-focused strategies are crucial for helping students successfully overcome homesickness and thrive in their new academic settings.

The issue of identity development is an important concept in human development. International trainees experience identity development issues as they integrate into a foreign environment. The issue of identity versus assimilation into a foreign culture can create confusion in trainees. The challenge of fitting into one's own culture, on the other hand, can create tension among trainees. According to Hoda (2025), identity issues among international medical trainees can create conflicts, especially among trainees from cultures that contradict medical institutions (para. 6). The aforementioned issues can create stress among trainees. Culturals sensitive counseling practices can help mitigate stress among international trainees.

Lee, Sung, and Fan (2025) performed an umbrella review focusing on cultural competency education for healthcare professionals, highlighting the significance of identity awareness in cross-cultural training. Their research indicates that successful cultural competency programs integrate self-reflection and identity exploration, enabling trainees to navigate the intricacies of their own cultural backgrounds while adjusting to varied patient populations (2).

A research study conducted by Nilsson and colleagues (2024) investigated the development of cross-cultural competence among healthcare trainees through the process of identity negotiation. The authors discovered that trainees frequently encounter a conflict between their personal cultural identities and the demands of the host healthcare system. Training programs that promote open dialogue and cultural humility were found to alleviate identity-related stress (5). In a comprehensive review of global medical education practices, Zhang and Thomas (2023) underscored the critical role of self-reflection in assisting trainees to comprehend their cultural identities. The research revealed that programs that include reflective writing and peer discussions aid students in reconciling personal values with professional expectations, thereby diminishing identity confusion (9).

A study by García and Lee (2022) investigated the impact of cultural identity on clinical decision-making among healthcare trainees. The authors noted that trainees from minority backgrounds often felt compelled to suppress their cultural identity to align with prevailing norms, resulting in emotional distress and diminished confidence. The study advocates for inclusive training environments that affirm diverse identities (12).

Thompson and Rivera (2021) investigated the process of identity formation in multicultural healthcare teams, emphasizing the ways in which trainees adjust to varied work settings. The research revealed that identity conflicts frequently occur when trainees perceive their cultural values as being misinterpreted or not appreciated. To facilitate identity integration, the authors suggested implementing structured mentorship and fostering intercultural dialogue (7).

The use of effective coping strategies can never be overemphasized in international medical trainees. The concept of resilience, which refers to the ability of individuals to positively adapt to difficult or challenging situations, can be considered an important coping mechanism against mentally distressing experiences (Mohamud, 2023). The use of mindfulness, socializing, or establishing set schedules can help build resilience among international students (Mohamud, 2023, p. 12). Participation in physical sports, networking, or hosting exchange programs can help build a sense of belonging among trainees.

A thorough scoping review conducted by Rahman et al. (2024) examined 165 peer-reviewed articles regarding coping strategies utilized by university students, including those in international medical programs. The review classified coping strategies into three categories: problem-focused, emotion-focused, and avoidance strategies. It underscored the critical role of institutional support in fostering students' adaptive coping mechanisms and resilience (17).

Smith and Khanna (2022) investigated the impact of resilience training programs on capacity building for international medical students. Their findings indicated that structured interventions—such as mindfulness practices, reflective writing exercises, and resilience workshops—significantly enhanced students' abilities to manage stress and adapt to academic pressures(845-853). Zhou and Todman (2023) studied the psychological adjustment of international students enrolled in healthcare programs. Their research revealed that stress related to cultural adaptation had a considerable effect on students' coping abilities. The study advocated for culturally sensitive counseling and mentorship initiatives to aid in identity development and emotional health (112-120).A research investigation conducted by Tran and Pham (2021) examined the significance of peer networks in enhancing coping abilities among international medical students. The findings indicated that students participating in peer-led study groups and cultural exchange initiatives experienced reduced stress levels and increased academic satisfaction (210-217).

The issue is that there is a need for interventions that address the experiences of expatriate medical trainees. The use of active listening, acknowledgment of culture, and psychoeducation on homesickness can provide trainees with opportunities to express their feelings as well as develop adequate strategies. Hoda (2025) proposed involving cultural exchange in trainees'counseling sessions to help trainees reconnect with their identity as well as develop cross-cultural awareness (para. 9). Moreover, resilience-building counseling approaches that utilize cognitive-behavioral strategies and stress coping resources can help trainees' psychological flexibility.

Mohamud (2023) investigates the connection between homesickness and psychological distress in international students, highlighting the necessity for culturally

attuned counseling. The research advocates for interventions such as cognitive-behavioral therapy (CBT), peer support networks, and resilience training to alleviate symptoms of anxiety and depression (9). Hoda (2025) outlines effective counseling techniques for medical students studying overseas, which include empathetic listening, facilitating cultural exchanges, and affirming identity. The article underscores the significance of establishing safe environments where students can articulate their feelings and gain validation (9).

Ferrara (2020) surveys existing literature on homesickness in college students, pinpointing effective counseling interventions such as psychoeducation, mindfulness practices, and social integration initiatives. The research highlights the importance of early intervention and the counselor's role in normalizing homesickness as a component of the adjustment process(10). Sawir et al. (2008) investigated the emotional difficulties encountered by international students, including homesickness, and proposed culturally responsive institutional counseling services. The study revealed that students gained the most from counselors who were familiar with their cultural contexts and could provide tailored coping strategies (158). Ward, Bochner, and Furnham (2001) offer a psychological framework for understanding cultural adjustment, positing that homesickness is an inherent aspect of the acculturation process. They advocate for counseling strategies that encompass identity exploration, stress management, and training in cultural competence to assist international medical trainees (87). The challenge of helping expatriate medical trainees requires more than individual or personalized help. This requires institutions to ensure help-seeking and removal of stigmas surrounding mental issues. The use of mental health resources within institutions was encouraged by Charlesworth (2021), including access to competent professionals (p. 6). Programs and feedback tools can help ensure trainees' needs across time are well attended. This enables institutions to produce resilient medical employees. There can never be adequate emphasis on the role of institutions in helping expatriate trainees. Hawsawi et al. (2024) investigated the accessibility and efficacy of institutional support services available to medical students. Their research underscored that although numerous institutions provide mental health resources, obstacles such as stigma, insufficient awareness, and a lack of cultural sensitivity impede their use. The authors propose proactive outreach, culturally competent counseling, and integrated wellness programs to enhance student well-being (671).

Akiba et al. (2024) performed a literature review concerning the mental health of international students amid the COVID-19 pandemic. The findings revealed heightened levels of anxiety, depression, and feelings of isolation, worsened by restricted access to institutional support. The authors recommend hybrid mental health services, which include tele-counseling and peer-led initiatives, to meet the changing needs of international students (21). A study conducted by Zhang et al. (2022) explored the correlation between institutional support, social support, and academic performance among international students. The findings indicated that institutional support had a significant impact on students' academic adaptation and mental health. The authors advocate for structured mentorship, academic advising, and culturally inclusive programming.

Recent research continues to highlight significant barriers to mental service utilization among international students. For instance, Hawsawi et al. (2024) investigated the accessibility and efficacy of institutional support services available to medical students. Their research underscored that although numerous institutions provide mental health resources, obstacles such as stigma, insufficient awareness, and a lack of cultural sensitivity impede their use (p. 671). In response, the literature strongly advocates for proactive and multifaceted institutional approaches. A study conducted by Zhang et al. (2022) explored the correlation between institutional support, social support, and academic performance among international students. The findings indicated that institutional support had a significant impact on students' academic adaptation and mental health. The authors advocate for structured mentorship, academic advising, and culturally inclusive programming. Furthermore, the recent global context has necessitated innovation in service delivery. Akiba et al. (2024) performed a literature review concerning the mental health of international students amid the COVID-19 pandemic. The findings revealed heightened levels of anxiety, depression, and feelings of isolation, worsened by restricted access to institutional support. The authors recommend hybrid mental health services, which include tele-counseling and peer-led initiatives, to meet the changing needs of international students (p. 21). The issue of the psychological well-being of international medical trainees is a complex problem which requires a holistic approach. The problem of homesickness, identity confusion, and stress among trainees is interconnected. There are various strategies that can be employed by medical schools to ensure that international trainees receive the best possible assistance. Providing an internationally competent medical workforce with emotional resilience can be achieved by improving the framework of assistance provided to international medical trainees.

Methodology

In this article, the researchers utilize a qualitative, multi-source literature-based methodology to explore the psychological distress, identity challenges, and coping strategies experienced by international medical trainees. By referencing peer-reviewed empirical studies, theoretical frameworks, and scoping reviews, the research amalgamates findings to uncover trends related to homesickness, identity negotiation, and strategies for building resilience. The approach combines thematic analysis of the existing literature with suggestions for culturally sensitive counseling interventions. The data for this investigation were obtained from a carefully curated selection of scholarly articles published between 2020 and 2025.

Methods

A systematic literature review approach formed the backbone of this study, carefully following the Preferred Reporting Items for Systematic Reviews and MetaAnalyses PRISMA guidelines; this aimed to aggregate extant research concerning international medical trainees psychological distress, issues of identity, and coping tactics. This meticulously planned protocol aimed to pinpoint, asses, and combine outcomes derived from studies that used both qualitative and quantitative approaches so as to supply a full and complete understanding of this specific phenomenon.

To locate applicable literature, a systematic search encompassed numerous electronic databases. This included the utilization of PubMed, PsycINFO, Scopus, Web of Science, and ERIC. This search was done via a combination of keywords as well as Medical Subject Headings MeSH terms, related to central concepts of the review. The query incorporated terms, such as homesickness or acculturative stress or cultural dissonance or identity conflict paired with international medical students, overseas medical trainees, foreign medical graduates, or international clinical interns alongside coping strategies, resilience, adaptation, psychological distress, or mental health. In the end, Boolean operators specifically AND and OR alongside truncation were put to use. That helped to make certain the search scope was large enough to include every pertinent study.
To be included, studies had to satisfy stringent requirements; (1) publication had to be in English, within the timeframe of January 1, 2020, through December 31, 2025, specifically; (2) they needed to zero in on international medical trainees, this include, students, interns and residents; (3) Investigation was required, in at least one key concept - that of homesickness, how identity is negotiated, psychological distress itself or indeed, coping mechanisms were the goals here; and finally, (4) peer review was a prerequisite involving empirical studies, of a quantitative, qualitative, or mixed-methods nature, plus any systematic/scoping reviews that fit.

Conversely, some exclusions applied (1) any publication that wasn't in English was immediately removed (2) Any research which didn't directly address the population of medical trainees was excluded, e.g. other populations, were simply deemed irrelevant. (3) material that wasn't peer-reviewed like editorials and opinion pieces; these were immediately omitted, as were dissertations. (4) studies, that lacked original data or failed to synthesize literature systematically. Imported into reference management software, were the search outcomes with all duplicate entries scrubbed. Screening titles and abstracts to ensure that all retrieved articles fulfilled our criteria, was undertaken by two independent reviewers, this process was crucial; and the full text of articles that looked promising, then underwent an eligibility assessment, these needed deep looks. The whole team engaged in debate to resolve all disagreements during these stages and also found a consensus, so crucial.

A rigorous, standardized appraisal of the methodology was essential, the aim being quality evaluation of all incorporated studies; here, we employed standardized critical appraisal tools. Qualitative studies utilized the Joanna Briggs Institute's (JBI) Critical Appraisal Checklist; furthermore, for the quantitative stuff, the Newcastle-Ottawa Scale (NOS) came into play.
AMSTAR 2 served for the evaluation of systematic reviews. To synthesize the qualitative plus quantitative information, a convergent integrated strategy was employed. Details from pertinent studies were carefully extracted, applying a standardized format to document research design, population specifics, principal outcomes, and study restrictions. The extracted information underwent thematic analysis, meant to pinpoint frequently occurring patterns and key themes throughout existing publications. Integrated

were quantitative observations -such as prevalence percentages or statistic linkages, and qualitatively found info like the participants' experiences or the subjective significance, during the procedure of thematic examination. Through this type of narrative summary we formed a full idea of how the ideas homesickness identity problems and methods of coping actually interconnected in international med school students' lived experiences forming base of our ending recommendations.

Results

Based upon the existing literature, it has been found that homesickness affects overseas medical trainees significantly, both physically and psychologically. Charlesworth (2021) found that loss of interest in study, anxiety, and depression can lead to homesickness in overseas trainees (p. 4). The absence from the home environment, along with various adjustments that trainees need to perform in a different country, adds to their anxiety. Correlation between homesickness and symptoms of psychopathology was strongly identified by Mohamud (2023) in trainees pursuing difficult courses in the medical fields (p.7). The researcher also identified homesickness as a predictor for higher levels of depression, anxiety, and stress, thereby creating the need for early intervention and culturally appropriate counseling (p. 9).

Ferrara (2020) added more dimensions to the concept of homesickness by pointing to its ability to cause both somatic and emotional problems. The researcher found that low adaptation and lack of social support were important predictors of psychological problems (p. 3). Additionally, Sharma and Kumari (2025) found that homesickness during the first year of college often led to loneliness, melancholy, and increased levels of stress, causing poor performance (p. 5).Ward, Bochner, and Furnham (2001) offered a theoretical explanation for adapting to different cultures by pointing out that homesickness does occur during the process, but it can lead to severe emotional problems if it is not attended to (p. 87). With regard to homesickness coping strategies, it has been found by Thurber and Walton (2012) that active coping strategies, such as resilience training, are better at reducing homesickness than passive strategies (p. 184).

The literature also discusses the identity conflicts that international medical trainees face. According to Hoda (2025), trainees from different culturally divergent settings face identity conflicts when it comes to adapting their values to the expectations of the institutions, thereby increasing psychological stress (para. 6). This scenario is mainly observed in settings where the values presented by the trainees are different from the values presented by the institutions. Lee, Sung, and Fan (2025) identified the need for cultural competency training in enhancing identity awareness. An umbrella review by the authors identified that training that includes elements of self-reflection and exploration of identity helps trainees handle the complexities of cultures more effectively (p. 2). Nilsson et al. (2024) also supported that negotiation of identity is an important aspect for the

achievement of cross-cultural competency, and training that enhances communication and humility can provide relief from identity-based stress (p. 5).

The importance of reflective learning and discussions for trainees to integrate their identity and overcome emotional confusion is highlighted by Zhang and Thomas (2023) (p. 9). García and Lee (2022) identified that trainees from minority groups tend to deny their identity and conform to mainstream norms, leading to low confidence levels, thereby causing them emotional distress (12). The study by Thompson and Rivera (2021) discussed the issue of identity formation in multicultural health teams, pointing to the occurrence of identity conflict for trainees when their values, stemming from their cultures, are misconstrued and given little importance. The study proposed mentoring and multicultural communication strategies for enhancing identity integration and emotional well-being (p. 7).The literature reviewed has found that resilience appears to play a crucial coping mechanism for international medical trainees, as it helps for adapting to training-related stressful situations (Mohamud, 2023,. 12). The important personality mechanisms for enhancing resilience and managing trainees' distress were mindfulness, socialization, and organized daily activities (Mohamud, 2023, 12). Engaging in sports, social interactions, and mutual exchange activities enabled trainees to experience better belonging and emotional regulation (Mohamud, 2023, 12).

Malau-Aduli's (2011) case study found that language issues, curriculum congestion, and financial difficulties were important sources of stress for international medical students, and that social support, time management, and seeking help from others were the major corresponding action strategies (40). Studnets' coping behaviors for the study by Rahman et al. (2024) were classified using problem-solving, emotion-focused, and avoidant strategies, and support from the institution moderated both adaptive coping and resilience building (17). Smith and Khanna (2022) used resilience programming, such as mindfulness training, reflective journal-writing, and resilience workshops, that showed clear benefit in managing stress and adapting to academics (845–853). Zhou and Todman's (2023) study found that difficulties associated with adapting to the new culture impacted the ability to cope, suggesting that culturally sensitive counseling and mentoring can improve resilience, identity, and adaptation (pps 112–120). The study by Tran and Pham (2021) found that having study groups organized by peers, and participation in cultural exchange, were related to lower levels of stress, and greater student satisfaction (210–217).

Through the different studies, culturally congruent counseling was found to be a recommended practice for managing homesickness and its related psychopathological problems. Cultural congruent interventions were deemed important by various researchers for reducing anxiety and depressed problems related to homesickness

(Mohamud, 2023 9). Hoda (2025) supported various counseling methods combining empathy through listeners, facilitating opportunities for interactions, and strategies for enhanced identity affirmation that provide safe environments for trainees to communicate cultural value integration (para. 9). Psychoeducation, mindfulness, and socialization strategies were seen to effectively act as beneficial interventions for counselors to encourage homesickness normalization during the acculturation process for trainees (Ferrara, 2020) (p. 10). The importance of counselors having knowledge related to the students' cultures was given significance by Sawir et al. (2008) for the implementation of appropriate strategies for managing homesickness (158). Identity exploration, managing stressful adaptations, and training for competence in cultures were given importance by Ward, Bochner, and Furnham (2001) for effective homesickness counseling (87).

Institutional Support and Mental Health Resources The findings also support that institutional policies and interventions play a critical role in help-seeking, outcome strategies, and adaptation for international trainees. Charlesworth (2021) discussed that it is important for the institution to provide access to qualified mental health professionals, in addition to resources that remove barriers from mental health services (p. 6). Hawsawi et al. (2024) argued that despite the provision by various institutions for mental health services, stigma, lack of knowledge, and lack of adaptation to different cultures cause poor utilization, recommending for active outreach, culturally sensitive counseling, and comprehensive well-being programs (671). Akiba et al. (2024) found that anxiety, depression, and isolation were severe in international trainees during the time of the COVID-19 pandemic, recommending a combination delivery system, tele-counseling, and support-led by trainees, to ensure continuous access (21). Zhang et al. (2022) supported that organized institutional support, mentoring, and culturally welcoming programs were predictors for good adaptation to academics and psychology (987–1003). Hyun et al. (2007) supported that lack of knowledge, stigma, and lack of adaptation to different cultures were major causes for poor help-seeking, recommending for mandatory orientations, trainee ambassadors, and campus-wide mental health efforts to raise awareness (109–118). Brown and Holloway (2008) discussed that organized orientations, language support, and mental health workshops enabled trainees to adapt better to psychological and emotional objectives (232–249).

Results

An exhaustive examination and thematic breakdown of extant research exposes nuanced thematic threads relative to international medical trainees' experiences. Synthesized outcomes shed light upon the intricate connections between psychological affliction, identity crises, coping strategies and the quintessential significance of institutional backing. Analysis underscores homesickness as a rampant and influential challenge for international medical trainees, presenting as a layered psychological burden with far-

reaching effects. Findings constantly connect homesickness with heightened manifestations of depression, anxiety and stress all things influencing academic concentration and accomplishment (Charlesworth, 2021, p. 4 Mohamud, 2023, p. 7). Transcending simple longing homesickness is pinpointed as a potent predictor of psychopathological symptoms, particularly withn the high pressure context of medical education (Mohamud, 2023, p. 9).

Various factors exacerbate the strain. Core catalysts for the issue inclued severance from existing family support networks, language obstacles, alongside an overall deficit of social assimilation in the adopted nation (Ferrara, 2020, p. 3). Moreover, the inherent pressure involved in adjusting to a new cultural setting constitutes a key obstacle, which when left unaddressed can result in appreciable emotional hardship (Zhou & Todman, 2023, p. 115). Ultimately, the consolidated effect of such stressors frequently precipitates loneliness, sadness, and measurable decay in academic results (Sharma & Kumari, 2025, p. 5).

A significant theme surfacing across research focuses on the identity battles of international medical trainees. Analysis reveal trainees frequently face conflict; this is between their personal cultural identities, the norms and expectations of their host institutions (Nilsson et al. 2024 p. 5). This conflict becomes very pronounced for trainees, especially from cultural origins directly clashing with host institution values, which causes significant inner stress and confusion (Hoda 2025 para. 6).

Tangible negative consequences may derive from this identity conflict. Trainees from minority or non-Western backgrounds often find themselves suppressing their cultural identity to conform which brings emotional distress plus reduced clinical confidence (García & Lee 2022 p. 12). Studies show the conflict typically arises when trainees feel their cultural values misunderstood or even unappreciated by peers, plus superiors within multicultural healthcare teams (Thompson & Rivera 2021 p. 7). This challenge is best navigated thru identity negotiation. Thus it needs programs that foster cultural humility, plus self-reflection, plus also open dialogue (Lee Sung & Fan 2025 p. 2; Zhang & Thomas 2023 p. 9).

The investigation outlined various coping mechanisms utilized by international medical trainees; these can be grouped in a wider category. A scoping review, encompassing 165 studies, categorized them into problem focused techniques like seeking help and time control, emotional ones for example mindfulness and socializing, and also avoidance tactics (Rahman et al. 2024, p 17). Results suggest that adaptive problem focused, along with active emotional strategies are generally the most useful.

Certain interventions proved immensely advantageous in nurturing resilience, as well as managing strain. Organized programs featuring mindfulness practices, self-reflection and formally created resilience workshops substantially increased students' capabilities to

cope with the stresses that were from their training atmosphere (Smith & Khanna, 2022, pp. 845–853). Participation within peer-based initiatives, such as study teams and even the exchange programs is moreover tied to diminished tension levels, more academic contentment, plus a heightened sense of belonging (Tran & Pham, 2021, pp. 210–217). The sum of this findings stresses resilience ain't simply an innate characteristic; is instead a skill, one that can be grown through focused active approaches (Mohamud, 2023, p. 12).

Thematic investigations highlight effective interference must be more then general counseling its vital to become culturally in tune also identity affirming. The existing body of work support's a several counseling approach, incorporating education relating to homesickness; empathetic support alongside cultural exchange assistance, aiding trainees to rediscover identity (Hoda, 2025, para. 9).

Cognitive-behavioral therapy CBT is often underscored as a useful tool aiding pupils in navigating anxiety and depressive symptoms related to homesickness Mohamud 2023 page 9. Indeed, a counselor's cultural understanding constitutes a pivotal ingredient for effective therapy, where students commonly flourish with counselors sensitive to their cultural milieu able to tailor coping mechanisms Sawir et al 2008 page 158. Moreover, counseling must actively frame homesickness as a conventional component of acculturation, thusly diminishing stigmas, hence spurring the seeking of support Ferrara 2020 page 10.

Ultimately, individual coping methods, as well as counselings are incomplete wthout strong proactive institutional backing. The analysis clearly illustrates significant hindrances such as shame, absence of familiarity and a certain degree of cultural ineptitude often blocking students from properly utilizing the accessible mental health services, including when they are provided Hawsawi et al 2024 page 671.

Instutions offering organized and structured support observe enhanced pupil outcomes. Research significantly suggests the importance of all-encompassing programs, like welcome sessions, language assistance and devoted workshops in the field of mental health Brown & Holloway 2008 page 232. Additionally, systematic mentorship, guidance and culturally friendly programs are vital for success in both educational adjustment and psychological wellness Zhang et al 2022 pages 987–1003.

Recent global shifts, critically, have underscored the urgent necessity for adaptable service frameworks. This compels the exploration of hybrid models. Integrating face-to-face services with tele-counseling and peer-facilitated aid. Recommendations seek continual access, particularly important in times of crisis like the COVID-19 pandemic. See Akiba et al. (2024, p. 21).

Discussion

The analyzed evidence reveals that homesickness experienced by international medical trainees is complex, manifesting through both psychological and physical symptoms that hinder academic performance and elevate the likelihood of depression, anxiety, and stress (Charlesworth, 2021, 4; Mohamud, 2023, 7, 9). This phenomenon of homesickness is intertwined with the acculturation process and is exacerbated by insufficient social support, language barriers, and cultural dissonance (Ferrara, 2020, 3; Ward et al., 2001, 87). Interventions aimed at fostering active coping and resilience—such as mindfulness practices, structured routines, peer support networks, and resilience training—are consistently associated with improved adjustment and decreased distress (Mohamud, 2023, 12; Smith & Khanna, 2022, 845–853).

The relationship between homesickness and identity strain appears to be reciprocal: homesickness diminishes the emotional resources necessary for negotiating identity, while unresolved identity conflicts heighten susceptibility to distress when trainees encounter institutional norms that conflict with their personal cultural values (Hoda, 2025, para. 6; Nilsson et al., 2024, 5). Education in cultural competency and structured reflective practices facilitate identity integration by promoting self-awareness and discussions regarding cultural values, which subsequently alleviates identity-related stress and maintains clinical confidence (Lee et al., 2025, 2; Zhang & Thomas, 2023, p. 9; García & Lee, 2022, 12). Research on multicultural teams indicates that mentorship and intercultural dialogue can reduce the misinterpretation of values and encourage the development of more inclusive professional identities (Thompson & Rivera, 2021, 7).

The existing literature consistently highlights the effectiveness of culturally sensitive and proactive counseling methods as the most beneficial. It is suggested that cognitive-behavioral techniques, resilience training workshops, psychoeducational initiatives addressing homesickness, and empathy-driven counseling that incorporates elements of cultural exchange are essential for restoring individuals' coping abilities and maintaining identity coherence (Mohamud, 2023, 9; Ferrara, 2020, 10; Hoda, 2025, para. 9). Additionally, peer-led support systems and organized group activities (such as peer study groups, cultural exchanges, and sports) serve as low-stigma, scalable enhancements to individual therapy, fostering a sense of belonging and facilitating practical problem-solving (Tran & Pham, 2021, 210–217).

The context of institutions significantly influences help-seeking behaviors and outcomes: the availability of accessible, culturally competent services, visible anti-stigma campaigns, orientation regarding available support systems, and hybrid service delivery models (including telecounseling) enhance both utilization and effectiveness, especially during crises such as the COVID-19 pandemic (Charlesworth, 2021, 6; Hawsawi et al., 2024, 671; Akiba et al., 2024, 21). Furthermore, structured mentorship, academic advising, and inclusive programming are associated with improved academic adjustment and mental health, underscoring the necessity for individual interventions to be integrated within supportive institutional frameworks (Zhang et al., 2022, 987–1003; Brown & Holloway, 2008, 232–249).

The synthesized studies exhibit variability in methodology, sample composition, and outcome measures, which restricts the generalizability of findings across different regions

and specific medical training environments (Rahman et al., 2024, 17). A significant number of the sources are either cross-sectional or qualitative in nature, which limits the ability to draw causal inferences regarding the effectiveness of interventions (Zhou & Todman, 2023, 112–120). Barriers related to stigma and culture that affect reporting and service utilization are likely to skew prevalence estimates and data on intervention uptake .

Subsequent studies should adopt longitudinal and intervention methodologies to assess which counseling approaches and institutional policies are most effective in alleviating homesickness and aiding identity integration among international medical trainees. Comparative research across various cultural and training-system contexts would elucidate the transferable elements of resilience programs, while randomized evaluations of hybrid service models would tackle the access issues identified during emergencies (Smith & Khanna, 2022, 845–853; Akiba et al., 2024, 21). Homesickness experienced by international medical trainees represents a clinically significant issue that intersects with identity development and the institutional context. The evidence advocates for a comprehensive approach that includes culturally sensitive counseling, resilience-oriented skill development, peer support systems, and systemic reforms within institutions to mitigate distress and enhance academic and professional integration (Mohamud, 2023, 7, 9, 12; Ward et al., 2001, 87; Charlesworth, 2021, 6).

Discussion

Analysis of the data indicates that homesickness in international medical trainees presents a multifaceted challenge; this shows itself by a range of psychological and physical issues that subsequently impair academic success, and also increase the chances of experiencing depression, anxiety, plus stress (Charlesworth, 2021, p. 4; Mohamud, 2023, pp. 7, 9). Furthermore, this anguish is closely linked to acculturation, gettin' worse by lack of social backing, and, linguistic impediments, along with cultural discord within the host setting (Ferrara, 2020, p. 3). The relation of homesickness and identity struggles appears bidirectional: homesickness erodes the emotional reserves needed for identity management, meanwhile, unresolved identity conflicts enhance distress vulnerability when trainees face institutional norms conflicting with their own cultural values (Hoda, 2025, para. 6; Nilsson et al. , 2024, p. 5).

This review stresses that efficient assistance must act at various levels. While, solutions geared toward active coping and strengthening resilience—including mindfulness techniques, organized routines, support groups with peers, also resilience building sessions—are linked to improved accommodation but their implementation calls for careful analysis (Mohamud, 2023, p. 12; Smith & Khanna, 2022, pp. 845–853). A critical balance is required between such individually oriented suggestions, alongside key results around major identity clashes and, broader systemic institutional restrictions.

Placing sole responsibility for well-being upon a trainee's resilience inadvertently neglects substantial environmental influences which might induce such distress. Consequently, interventions encompassing Cognitive-Behavioral Therapy and resilience training, whilst valuable, should be considered as parts but, not the entire picture.

It's, in short, imperative to address the inherent cultural and methodological biases that permeate current academic works. Significant investigations, especially concerning psychological approaches like CBT, are based within Western mental health models. Without adjustments the implementation of these models directly onto international student groups potentially proves ineffectual perhaps even culturally insensitive. The evidence indicates effective counseling requires far more than mere linguistic translation incorporating cultural cognizance surrounding selfhood stress and paths towards healing (Hawsawi et al. , 2024, p. 671). In practical terms, CBT adapted to this populace would tackle homesickness concerns, providing organized opportunities for both identity searching plus affirming a better understand the clash between trainee's heritages against their present location rather, then force assimilation.In addition, this survey demonstrates recency prejudices, as most papers analyzed came after 2020.

The current situation paints a picture of quick global changes affecting international students. These changes, accelerated by the COVID-19 pandemic, simmering geopolitical conflicts, and shifting educational approaches, yet risk downplaying older perspectives, that form the foundation of our knowledge.

Focusing on recent data offers a crucial current perspective. However, it's essential to link this present-day info with older cultural adaptation theories (like Ward et al., 2001) to evade an ahistorical analysis. Such integration allows a richer comprehension of how current obstacles emerged over time, no doubt.

In terms of methodology, cross-sectional and qualitative studies prevail, and while rich with detailed findings, their limitations constrict drawing causal conclusions about specific interventions success (Zhou & Todman, 2023, pp. 112-120).

Consequently, the most effective approach probably involves weaving together individual skills with overarching institutional overhauls. A mountain of studies supports how a specific institution’s context deeply affects help-seeking actions and their results (Charlesworth, 2021, p. 6). The availability of easily accessible services, culturally sound, and also visible campaigns against the stigma. Along with combined service models like telecounseling improves use of support and how effective the aid actually is (Hawsawi et al., 2024, p. 671; Akiba et al., 2024, p. 21).

These findings combined suggest that resilience should be recognized. And resilience should not just be considered something internal, something to develop inside an individual, but a characteristic that institutions themselves can help grow.
Academic mentorship, advising initiatives, plus inclusive programs demonstrably improve adjustment. It is a finding that highlights the importance of anchoring personalized interventions inside institutionally supportive structures, (Zhang et al. , 2022, pp. 987–1003). Peer support systems and structured group endeavors, present themselves as easily accessible enhancements to individual therapy. They cultivate

belonging and also streamline practical problem-solving capabilities (Tran & Pham, 2021, pp. 210–217). Education focused on cultural competency, along with structured reflective exercises intended for all personnel can promote identity integration plus diminish misinterpretations surrounding differing cultural values (Lee et al. , 2025, p. 2; Thompson & Rivera, 2021, p. 7).

In short, psychological health for international medical trainees presents a complex challenge. It's located in a nexus of personal experiences, identity work, and institutional settings. Available research makes a compelling case for employing comprehensive, multi-tiered strategies. Moving forward, research would profit from shifting away only testing efficacy related to Western methods, instead concentrating on customizing techniques appropriately for diverse cultural contexts. Further more, longitudinal, controlled studies should assess how effective systemic interventions prove to be. These interventions could consist of cultural-competence training for faculty, policy modifications, inclusive curricular development. In contrast to solely individual counseling, of course.

Focusing on trainees' internal strategies alongside external institutional obstacles is essential. Medical education programs, by doing this can substantially reduce distress. Subsequently also promote the successful academic and professional assimilation of international students.

Conclusion

The evidence indicates that homesickness among international medical trainees is a multifaceted clinical concern that materially impairs academic functioning and elevates risk for depression, anxiety, and stress. Homesickness operates within the acculturation process and is amplified by insufficient social support, language barriers, and cultural dissonance. Interventions that prioritize active coping and resilience-building—mindfulness, structured routines, peer support, and formal resilience training—are consistently associated with improved adjustment and reduced distress . Counseling that is culturally sensitive and identity-affirming, and that incorporates cognitive-behavioral elements and opportunities for cultural exchange, strengthens psychological flexibility and aids identity integration. Peer-led initiatives and organized group activities provide low-stigma, scalable supports that enhance belonging and practical coping. Institutional action is necessary to translate individual interventions into sustained outcomes: accessible, culturally competent services, anti-stigma outreach, orientation to supports, hybrid delivery models, and structured mentorship improve help-seeking, academic adaptation, and mental health. Attention to barriers such as stigma, cultural beliefs, and variable study designs is required when interpreting prevalence and intervention data. Future research should use longitudinal and controlled intervention designs across diverse training systems to identify which counseling modalities and institutional policies most effectively reduce homesickness and promote identity integration. A combined strategy of culturally attuned counseling, resilience-focused skills training, peer supports, and systemic institutional reform is required to mitigate distress and support the academic and professional integration of international medical trainees.

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