PRESENT-DAY FEATURES OF MALADJUSTMENT STATES IN ENGLISH MEDIUM STUDENTS

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ABSTRACT

Background. During studying, international students require integration into a new linguistic and socio-cultural environment, an unusual climate, large volumes of rather complex new information, new forms and methods of educational process organization, emerging problems outside the educational process, separation from relatives and friends, all this inevitably causes students have new emotional experiences and mental states.

The aim of the research was to study the modern features of the states of psychological maladjustment of international medical English medium (EM) students.

Materials & Methods. 372 international year 1-6 EM students of Kharkiv National Medical University (223 men and 149 women) with an average age of (19±3) years were examined. All the examinees were divided into three groups: Group 1 – 194 students from India; Group 2 – 96 students from other Asian countries (Pakistan, Lebanon, and Syria); Group 3 – 82 students from African countries (Sudan, Tunisia, Morocco, Egypt, Namibia, and Israel).

Results & Conclusions. The conducted psychodiagnostic study showed that students with a high and moderate level of maladjustment have clinical manifestations of anxiety according to Hamilton Anxiety and Depression Rating Scales (29.8% of students of Group 1, 30.1% of Group 2, 29.9% of Group 3) and subclinical manifestations of anxiety (36.2%; 39.5% and 41.1% of students, respectively). Clinical manifestations of depression were typical for 12.4% of students of Group 1, 14.2% of students of Group 2, and 13.4% of students of Group 3; subclinical manifestations of depression – for 21.1%, 19.6% and 19.9%, respectively. The analysis of the expressiveness of the manifestations of hypotensive states allowed distinguishing asthenodepressive (23.1% of the examined Group 1, 15.8% of Group 2 and 25.6% of Group 3), hypersthenic (29.9%; 29.8% and 22.2% of the examinees, respectively), anxious (25.5% of the students of Group 1, 18.9% – of Group 2, 31.1% – of Group 3) and dysphoric (21.5%; 35.5% and 21.1%, respectively) syndromes.

Keywords: maladaptation, international students of higher education, anxiety, depression.

INTRODUCTION

Instruction of international students improves not only the image of a higher education institution, but also the image of Ukraine in the international arena. In the age of mass society globalization, process of adaptation of higher education applicants is becoming increasingly relevant. The most vulnerable category among them should be attributed to higher medical education applicants who came to study from abroad [1; 2].

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International students are citizens of other countries, thus not only studying problems, but also adaptation and social factors of adaptation of their lives in Ukraine, come to the fore.

After enrolling in a higher education institution, an international student finds himself in new social and psychophysiological conditions, exactly during this period the physiological process of adaptation should work, which is included in the majority of international students [3; 4].

During studying, international students face the need to integrate into a new socio-cultural and linguistic environment, an unusual climate, new methods and forms of organization of education, large volumes of fairly complex information, problems of extracurricular activities, separation from relatives and friends. All this inevitably

causes them new emotional experiences and mental states [5; 6].

A large number of international students with different mentalities, differences in national and cultural traditions, different levels of general training and English proficiency level, definitely, require a special approach in conducting educational work with them in medical universities [7–9].

Development of maladjustment states in students during professional training is the main psychological, medical and socio-economic problem, which adversely affects the effectiveness of the future professional activity of medical students. According to the literature, the prevalence of maladaptive disorders in the student population ranges from 5.8% to 61.35%. It leads to reduction in work capacity, deterioration of educational adaptation and academic success, as well as student's quality of life [10; 11].

The forced change of the lifestyle in the conditions of full-scale combat invasion and online studying increases restlessness, feelings of loneliness, leads to exhaustion and even to the development of signs of anxiety and depression among the international students. Development of maladjustment states in students in modern Ukrainian realities is a priority psychological, medical and socio-economic problem, which in the future may negatively affect the effectiveness of the professional activities of international students.

The aim of the research was to study the modern features of the states of psychological maladjustment of the international medical English medium (EM) students.

Materials and Methods

To solve the set goal, in compliance with the principles of bioethics and deontology, a comprehensive survey was conducted on 372 international year 1–6 EM students of Kharkiv National Medical University (223 males and 149 females) with an average age of (19±3) years.

All surveyed students were divided into 3 groups: Group 1 – 194 students from India; Group 2 – 96 students from other Asian countries (Pakistan, Lebanon, and Syria); Group 3 – 82 students from African countries (Sudan, Tunisia, Morocco, Egypt, Namibia, and Israel).

The following psychodiagnostic methods were used in the study: the Spielberger-Khanin Scale (State-Trait Anxiety Inventory, STAI) [12], Hamilton Anxiety and Depression Rating Scales [13; 14], the Symptom Check List-90-Revised (SCL-90-R) Scale [15], scale of nervous and mental tension according to Nemchin T.A. [16]. Mathematical and statistical processing of the study findings was performed using specialized software packages (Statistica 6.0, MS Excel, USA).

Results and discussion

All students who participated in the study were divided into the following groups by maladaptation: "high level", "pronounced level", "moderate level", "insignificant level", "no signs of psychological maladaptation". These groups were formed based on the data of clinical history, clinical-psychopathological and psychodiagnostic methods. Table shows the distribution of students into groups by manifestations of maladaptation. The criteria for maladaptation that became the basis during division into groups were relative cultural and social deprivation, insufficient preparedness for self-regulation processes, low degree of psychological readiness for mastering the profession, loss of the usual social group (social environment).

During the research, certain regularity was revealed: the international students with a higher level of maladjustment did not consider it necessary to receive psychological or medical help and could even neglect it.

The conducted psychodiagnostic study showed that for students with a high and moderate level of maladjustment: 29.8% of students from Group 1, 30.1% subjects from Group 2 and 29.9% from Group 3 had clinical manifestations of anxiety (according to Hamilton Anxiety and Depression Rating Scales); 36.2%, 39.5% and 41.1% of students, respectively, had subclinical manifestations of anxiety. Clinical manifestations of depression were typical for 12.4% of students of Group 1, 14.2% of students of Group 2, and 13.4%

Table. Distribution of students depending on the manifestations of maladaptation.

	Group 1	Group 2	Group 3
high level	2.1%	1.3%	2.9%
pronounced level	6.1%	11.5%	12.6%
moderate level	25.1%	26.2%	31.3%
insignificant level	31.5%	33.9%	35.1%
not show signs of psychological maladaptation	35.2%	27.1%	18.1%

of students of Group 3; subclinical manifestations of depression for 21.1%, 19.6% and 19.9%, respectively.

Results of the students' reactive and personal anxiety assessment (according to the Spielberger-Khanin Scale with maladjustment conditions showed that 44.4% of students of Group 1, 46.2% of the students of Group 2, and 45.4% of Group 3 had anxiety disorders of a low degree; in 32.5%, 35.6% and 36.1% of the examined respondents, anxiety disorders of moderate degree; 23.1% of students from Group 1, 17.2% of students from Group 2 and 18.5% of students from Group 3 had anxiety disorders of a high degree of expressiveness.

The markers of maladjustment states according to the Symptom Check List-90-Revised (SCL-90-R) Scale in the examined students were high levels of anxiety (54.2% of the examined in Group 1, 55.2% in Group 2 and 56.1% in Group 3), depression (31.5%, 28.5% and 32.2%, respectively) and somatization (29.2% of examined in Group 1, 31.1% in Group 2 and 32.2% of Group 3).

The analysis of scale of nervous and mental tension according to Nemchin T.A. (neuropsychological tension level in the structure of maladjustment states among international students) demonstrated the predominance of intensive (moderate) tension in students of Group 1 and Group 2 (37.2% and 37.4%, respectively) and extensive (excessive) tension (38.1%) among students of Group 3 (38.1%).

The analysis of manifestations expressiveness of maladaptive states made it possible to distinguish it by following variants: asthenodepressive (23.1% of the examined in Group 1, 15.8% in Group 2 and 25.6% of the subjects examined in Group 3), hypersthenic (29.9%, 29.8%, 22 .2% of examinees, respectively), anxious (25.5% of students from Group 1, 18.9% of Group 2, and 31.1% of Group 3) and dysphoric (21.5%, 35.5%, and 21.1%, respectively) syndromes.

Asthenodepressive syndrome manifested clinically by a decrease in mood during the day, indifference to oneself, own future, prolonged inactivity, decelerated thinking, motor retardation; as well as reduction in self-esteem and self-confidence, self-blame, lack of/or decreased interest in studying, focusing on the state of physical health were revealed.

Hypersthenic syndrome had the following clinical signs: a constant feeling of fatigue, which was aggravated by mental or physical exertion; excessive irritability and increased sensitivity in response to external influences of normal intensity; hypersensitivity; episodic lacrimal reactions; superficial sleep with frequent awakenings.

Manifestations of the anxious syndrome were feeling of agitation, unmotivated anxiety, nervousness, irritability and impatience, negative excitement and restlessness, difficulty in concentration, sleep disorders, early awakenings, frequent nightmares, poor appetite or overeating, fussiness, inquietude.

Dysphoric syndrome manifested by bright and stormy emotional reactions that did not differ in the depth of feelings, unmotivated irritability, offensiveness, theatrical behavior directed at the immediate environment, mannerism, lively facial reactions, and affective reactions varying in intensity and duration.

Dragichi G.L. and Kazan A.M. described the anxiety problems of students who also work during their studies [17]. Their study emphasizes the fact that the students have a higher level of anxiety during testing and exams time if there are manifestations of maladaptation and emotional burnout. According to our study, significant increase in anxiety in students from groups with high manifestations of maladaptation was also noticed.

Conclusions

The study established that a high level of psychological maladjustment is observed in 2.1% of students of Group 1, 1.3% of students of Group 2 and 2.9% of students of Group 3; pronounced level in 6.1%, 11.5% and 12.6%, respectively; moderate level of maladjustment in 25.1% of students of Group 1, 26.2% of Group 2 and 31.3% of students of Group 3; insignificant level in 31.5%, 33.9% and 35.1% of students, respectively. 35.2% of students in Group 1, 27.1% of students in Group 2, and 18.1% of students in Group 3 did not show any signs of psychological maladaptation. The data obtained during the study regarding the psychodiagnostic manifestations of maladaptive states in the students determines direction of correction and prevention methods of maladjustment disorders among international students.

DECLARATIONS

Disclosure statement

The authors have no potential conflicts of interest to disclosure, including specific financial interests, relationships, and/or affiliations relevant to the subject matter or materials included.

Data Transparency

The data can be requested from the authors.

Statement of Ethics

The authors have no ethical conflicts to disclosure.

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