



# Cross-Cultural Experiences of Belt and Road Students in Chinese Prefectural Medical Centers: A Mixed-Methods Study

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Address: Suining Central	pISSN 3063-9247
Hospital, Sichuan, China	eISSN 3063-9255
404612280@qq.com	Article History: Received: March 10 <sup>th</sup> , 2025 Revised: April 12 <sup>th</sup> , 2025 Accepted: April 12 <sup>th</sup> , 2025

#### Abstract

Introduction The Belt and Road Initiative has increased international student enrollment in China, bringing challenges like diverse student preparedness and cross-cultural adaptation issues. Effective adaptation is essential for students' academic success and mental health, yet limited research exists on medical students' adaptation in China's prefectural cities. Objectives This study is to examine the levels of cultural adaptation stress, psychological resilience, loneliness, and coping strategies among international medical students studying in clinical medical centers in China, explore the relationships between these factors, and identify the main challenges they face along with their support needs, providing recommendations for future interventions and policies. Design A convergent mixed methods approach was used, with quantitative data collected via "Questionnaire Star" using scales for Cultural Adaptation Stress, Psychological Resilience, Loneliness, and Coping Style. Qualitative data were gathered through semi-structured focus groups, analyzed thematically. Methods The study was conducted in a medical center in a prefectural city in Sichuan, China, recruiting 25 international students for surveys and 20 for focus groups. Results Mean scores for Acculturative Stress, Resilience, Loneliness, and Coping were 127.4 ± 17.8, 70.0 ± 12.2, 46.2 ± 6.1, and 144.7 ± 15.9, respectively. Coping correlated positively with resilience (r = 0.464, P < 0.05) and negatively with loneliness (r = -0.450, P < 0.05). Four themes emerged: motivations for studying in China, cross-cultural experiences, challenges, and training needs. Conclusion Students from Belt and Road Initiative countries face adaptation challenges in China. Enhancing coping strategies and providing targeted support may improve their cross-cultural adaptation and well-being.

Keywords:

Belt and Road Initiative, Cross-Cultural Adaptation, International Students, Local Studies



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# INTRODUCTION

The Belt and Road Initiative (BRI) is a significant strategic move by China to expand its global openness, aiming to foster mutual global development and prosperity, while promoting a shared future for humanity. The BRI framework builds upon existing bilateral and multilateral cooperation mechanisms, leveraging effective regional platforms and drawing on the historical symbolism of the ancient Silk Road. Under the banner of peaceful development, developing China is proactively economic partnerships with countries along the BRI route, building a community of shared interests, destiny, and responsibility characterized by political trust, economic integration, and cultural inclusiveness.

This strategic initiative has brought new opportunities for China's service trade, promoting regional economic integration in Asia and paving the way for global collaboration, cultural exchange, and economic prosperity. China has become the world's third-largest destination for international students, following the United States and the United Kingdom (Shih & Cao, 2022), with medical students being a significant portion of this cohort (Zhao et al., 2019).

The Ministry of Education of the People's Republic of China has introduced several policies and management approaches (Xie Yinan, 2021). As of 2018, the number of international students in China reached 492,185. While most of these students were previously concentrated in major cities, the rise of China's economic power has attracted students to smaller cities, which has also presented challenges (Zhang, Pu, & Qu, 2024). Issues such as the varying academic quality of international students, significant cultural differences, challenges in cross-cultural adaptation (including culture shock), and the lack of English proficiency among hospital staff have posed difficulties in teaching and student integration.

Cross-cultural adaptation refers to the process by which individuals or groups adjust their behaviors, values, and social interactions when transitioning between different cultural backgrounds (Vromans et al., 2023). This process involves recognizing, understanding, and accepting a new culture, which may require changes in behavior and thinking patterns to fit into the new cultural environment. Cross-cultural adaptation often requires time and effort, as individuals must gradually adjust to new social norms, values, language, and habits while addressing potential cultural differences and challenges.

Study abroad experiences refer to the overall feelings and experiences of an individual while studying and living in a foreign country. This includes the learning environment, teaching quality, academic atmosphere, cultural exchange, lifestyle, and social interactions (Egitim & Akaliyski, 2024). Study abroad experiences often involve adapting to new academic and living environments, facing different teaching methods and academic expectations, encountering new cultures and social norms, and establishing connections with local and international students. Such experiences are significant for personal growth and learning development, providing rich life experiences and an international perspective.

Against the backdrop of the Belt and Road Initiative (BRI) facilitating a large-scale influx of international students to China in recent years, the existing cross-cultural adaptation management models in first-tier cities have proven inadequate to meet the needs of these students, particularly medical students. While previous studies have predominantly focused on first-tier cities along the eastern coast, the cross-cultural adaptation mechanisms of international medical students in prefectural-level cities in western China remain underexplored. Consequently, this study aims to address the following research questions:

- Which countries do the international medical students in medical centers of prefecture-level cities in western China primarily originate from?
- 2. How do these students experience cross-cultural adaptation in Chinese medical centers, especially in terms of adaptation stress, psychological resilience, and coping strategies?
- 3. What specific academic, personal, and social challenges do they face, and how do they cope with these challenges?

# METHOD

Research Design

This study follows the Good Reporting of a Mixed Study (GRAMMS) Methods Checklist framework. A convergent design is a type of mixed methods design in which researchers collect and analyze two independent datasets-quantitative and qualitative-and then merge these datasets to compare or integrate the results (Edmonds & Kennedy, 2016). Therefore, we utilized two toolkits: Work Package 1 involved demographic information, the Acculturative Stress Scale (Sandhu & Asrabadi, 1994), the Conner-Davidson Resilience Scale (Connor & Davidson, 2003b), the Loneliness Scale (Russell, 1996), and the Cope Scale (Carver et al., 1989) for collecting quantitative data via the Chinese Questionnaire Star platform. Work Package 2 included a semi-structured interview guide and focus groups.

The convergent parallel mixed design relies on equal priority, parallel timing, and integration of results during interpretation, where data are compared or related (Creswell & Clark, 2017). Figure 1 provides an overview of the study design. The aim was to collect different but complementary data on the same topic. The four scales helped the researchers assess participants' experiences and trends across different dimensions. For example, the Cultural Adaptation Stress Scale was used to evaluate individuals' adaptation to cross-cultural environments, while the Resilience Scale measured their psychological resilience when facing stress and challenges.



Figure 1: Overview of the Research Design

Through semi-structured interviews, we were able to engage participants in in-depth discussions to explore their feelings, thoughts, and experiences, enriching and explaining details that quantitative data could not capture. The focus groups offered a platform for collective discussion, where participant interactions, consensus, and disagreements on specific topics provided a more comprehensive understanding of the research subject (Cohen et al., 2018).

Thus, we believe that the convergent parallel mixed design will provide rich data to better address our research questions and generate more persuasive and credible findings. This approach also allows for new insights by examining potential contradictions and paradoxes (Jick, 1979; Rossman & Wilson, 1985; Denzin, 1978).

Work Package 1 (Survey of International Medical Students in Prefecture-Level Cities in China)

Work Package 1 focuses on the quantitative component of this study, aiming to provide foundational data for investigating the cross-cultural experiences of international students in prefecturelevel medical institutions. Data collection was conducted through the Chinese Questionnaire Star platform, where participants completed a series of surveys related to cross-cultural adaptation. Table 1 provides detailed descriptions of the participants' characteristics.

The participants were international medical students (n=25) conducting clinical practice at a comprehensive teaching hospital in a prefecture-level city in Sichuan Province, China, from 2023 to 2024. Medical students are required to complete clinical internships during their final semester, making purposive sampling suitable for this study. Recruitment was conducted through announcements on the hospital's internal website and notifications via WeChat. To ensure the integrity of the research, only students who had not previously participated in related studies were included. After obtaining informed consent, participants were enrolled in the study. On the 30th day of their placement in the prefecture-level medical institution, the international students were asked to complete a demographic survey through the Questionnaire Star platform, as well as validated instruments, including the Conner-Davidson Acculturative Stress Scale, Resilience Scale, Loneliness Scale, and Cope Scale.

The demographic information survey, designed by the researchers, collected data on participants' sociodemographic characteristics and their current level of Chinese proficiency to assess whether it was sufficient for daily life needs.

Work Package 2 (Focus Groups with Medical Students in China)

Work Package 2 is qualitative and involves focus group interviews aimed at exploring the learning experiences of medical students in China. Table 2 presents the semi-structured interview guide along with its characteristics.

#### Data Analysis

The data, verified by double-checking, were processed and analyzed using IBM SPSS Statistics v.25 for the quantitative analysis. Descriptive statistics were employed to characterize the participants' demographics, while t-tests, one-way ANOVA, and Pearson correlation coefficients were used to explore the differences and relationships among various scales. For the qualitative data assessment, Braun and Clark's thematic analysis method was applied (Braun & Clark, 2019). All interviews were recorded and transcribed verbatim into Microsoft Word files. The first author cross-checked the transcriptions with the recordings before conducting the analysis. The analysis was an iterative process, utilizing Nvivo 12 to perform thematic analysis based on the Braun and Clark framework, which included the following six steps (Mtombeni & Mokoena, 2024): familiarizing with the data, generating initial codes, searching for themes, reviewing themes, defining themes, and recording findings while presenting all collected data. Quantitative and qualitative data were collected concurrently and analyzed separately. During the interpretation and reporting phase, the quantitative and qualitative results were integrated using a coherent narrative approach, intertwining both narratives in the discussion (Fetters et al., 2013). This method facilitated the integration of findings around similar themes or concepts, employing triangulation for verification. If both qualitative and quantitative data yielded the same conclusions, consistency of results was verified; where differing but non-conflicting data existed, complementary analyses were conducted to provide a broader yet overlapping understanding when merging data, and reflections were made in the face of inconsistencies (Creswell & Clark, 2017).

#### **Research Ethics**

This study adhered to the principles outlined in the Declaration of Helsinki. Prior to the commencement of the research, approval was obtained from the Clinical Research Ethics Committee (KYLLKS20240023), along with informed consent from participants. During data analysis, numerical codes were used in place of the students' real names.

All participants provided informed consent before engaging in any part of the study. Consent for

the quantitative portion was implied through the completion of the questionnaire, while verbal consent was obtained from participants prior to the focus group interviews

# RESULT

Quantitative Research Results

This study ultimately surveyed 22 international students from Pakistan (32%), Indonesia (59%), (4.5%), Afghanistan and Tanzania (4.5%). Participants were aged between 22 and 26 years, with a mean age of  $24.00 \pm 1.10$  years. Among them, 36.36% were female and 63.64% were male. Additionally, 68.18% of the international students had never been to China, while 54.55% were able to communicate in Chinese. The results of the one-way analysis indicated significant differences in cultural adaptation pressure among different countries, with Afghanistan experiencing higher pressure than Indonesia, Pakistan, and Tanzania (P = 0.013) (Table 1.

The international students participating in this survey scored as follows on four scales: cultural adaptation pressure (127.44  $\pm$  17.75), psychological resilience (70.04  $\pm$  12.21), loneliness (46.18  $\pm$  6.09), and coping strategies (144.71  $\pm$  15.93).

Pearson correlation analysis revealed significant correlations among cultural adaptation pressure, psychological resilience, loneliness, and coping strategies. Specifically, cultural adaptation pressure was positively correlated with substance while loneliness abstinence, was negatively correlated with various coping strategies. Additionally, psychological resilience showed positive correlations with multiple dimensions of coping strategies (Table 3).

# Qualitative Research Findings

Based on Zhu Guoyao's study, the framework for organizing the qualitative data comprises psychological adaptation, sociocultural adaptation, and academic adaptation. The following presents findings from the investigation categorized into four aspects: reasons for studying in China, experiences in cross-cultural communication, adaptation challenges, and management needs along with training suggestions. To protect participant privacy, only identification numbers, focus group numbers, and interview times are provided.

# Reasons for Studying in China

Participants generally recognized numerous benefits to studying in China, suggesting that tuition fee policies are favorable. "We heard that studying in China is very good" [P4, TP1]. Most participants, hailing from developing countries, noted that Chinese medical personnel are particularly friendly to international students, providing substantial knowledge, which was a key factor in their decision to study in China [P8, FG1]. The facilities in schools and hospitals greatly facilitated their learning experience [P10, TP1].

Cross-Cultural Communication Experiences of International Students

Respondents mentioned seven sub-themes, including local residents, administrative personnel from the Ministry of Education, professional mentors, other healthcare staff, respect, hospitals, and Chinese students. Local residents often expressed surprise at the presence of international students [P6, TP2]. Some administrative staff demonstrated rigid management styles, with participants reflecting on the requirement to remain in hospitals until noon [P21, TP1]. Occasionally, illness necessitated immediate reporting, with failure to submit timely documentation considered absenteeism, which made them uncomfortable [P16, TP2]. Despite these challenges, professional mentors and healthcare personnel generally provided positive support [P14, FG2], and the collaboration between nurses and students was effective [P20, FG3]. Cultural activities during festivals offered international students a sense of warmth and belonging [P17, FG1]. Chinese students typically have clear study plans and communicate effectively, with some unafraid to use translation software [P11, TP2].

Cross-Cultural Adaptation Challenges Faced by International Students

Challenges identified by participants primarily included adjustments to lifestyle, learning difficulties, and psychological pressure. For example, varying acceptance of certain foods required many international students to alter their schedules for video calls with family, leading to fatigue during daytime studies [P9, FG2]. Adapting to the learning environment also posed difficulties, with some students confused by the freedoms afforded to Chinese students [P16, FG1]. Compared to their home countries, they perceived an excessive emphasis on physical examinations in China [P10, TP2]. Additionally, strict administrative demands created pressure, impacting their interest in learning [P17, FG3], while the stress associated with Chinese language exams further compounded their burdens [P22, FG3]. In our WeChat group, we express our feelings, seek mutual understanding and support, and listen to our peers share their coping experiences. We strive to view issues from multiple perspectives rather than merely complaining and venting our dissatisfaction [P1, FG3].

Management Needs and Training Suggestions for International Students

Management needs included the selection of managers, training requirements for departmental rotations, and the optimization of illness management processes. Participants suggested that managers familiar with foreign languages and cultures should be chosen to better navigate a multicultural environment [P4, TP3].

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Hospitals should offer specific clinical rotations for international students; participants expressed a desire to rotate through departments like emergency medicine and gastroenterology, but encountered difficulties during departmental changes [P5, TP1]. Regarding the leave of absence policy, participants suggest that the process be optimized to alleviate mental stress and financial burden, while also providing designated spaces for international students to observe religious ceremonies [P19, FG1]. In terms of training suggestions, participants expressed a desire to learn nursing skills such as isolation techniques, intravenous therapy, and wound dressing, believing these skills would greatly benefit future patient care [P9, FG3]. Additionally, they noted the uneven English proficiency among medical staff and recommended hiring specialized medical English instructors [P18, TP2].

Table 1. Demographic and Descriptive Statistics

			Cultural Adaptation Stress Score							
ltem		%	(Mean ± SD)	t-value /Chi-square value	P-value					
Gender										
Male	14	64	131.727±22.019	1.206	0.386					
Female	8	36	121.125±13.303							
Country										
Pakistan	7	32	124.375±14.700							
Indonesia	13	59	126.333±14.950	5.012	0.013*					
Afghanistan	1	5	180							
Tanzania	1	5	106							
Visa Type										
Student Visa	22	100	/	/	/					
Permanent Visa	0									
Duration of Study in China										
1-2 years	2	9	123.500±12.021							
2-3 years	1	5	123	0.067	0.935					
3-4 years	19	86	127.263±19.160							
Duration of Study in Suining				1	1					
1.5 years	22	100	127.917±23.263	1	/					
Major										
Clinical Medicine	20	91	129.765±8.700	1 750	0 174					
Traditional Chinese and Western Medicine	2	9	106.000±1.414	1.752	0.174					
Previous Visits to China										
Yes	7	32	126.143±10.335	-0.189	0.075					
No	15	68	127.917±23.263							
Grade Level										
First-year Undergraduate	7	32	119.857±17.023	0.004	0.405					
Second-year Undergraduate	1	5	124	0.904	0.425					
Senior	14	64	127.263±19.160							
Chinese Language Proficiency					0.092					
Mismatch	0	0	/	0.500						
Not Sure	2	9	101.500±6.364	2.582						
Mostly Mismatch	7	32	139.750±29.375							

		%	Cultural Adaptation Stress Score								
ltem	n		(Mean ± SD)	t-value /Chi-square value	P-value						
Mostly Match	12	55	126.000±12.534								
Complete Match	0	0	/								
Absolute Match	1	5	144								

#### Table 2. Semi-structured Interview Guide

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#### Learning Environment:

- 1. Why did you choose to study in China?
- 2. What are your impressions after interacting with the hospital administrative staff?
- 3. How do you feel about interacting with hospital logistics management personnel?
- 4. What are your impressions after interacting with local residents?
- 5. Have teachers provided support in your learning? If so, please provide specific details.
- 6. How do you feel about interacting with Chinese students?
- 7. Are there any current academic incentive policies in place at the hospital or school?
- 8. How do you assess your level of self-directed learning?

#### The educational environment within the hospital:

- 9. Do you feel that the learning institution respects international students?
- 10. What major differences do you perceive between China and your own country?

#### Learning engagement:

- 11. What is the primary challenge you are currently encountering, and what strategies do you have in place to overcome it?
- 12. How would you describe your experience in interacting with the instructors?
- 13. What is your impression of the guiding teacher?
- 14. What positive experiences do you believe the current learning institution (Suining Central Hospital) has offered you?

#### Learning satisfaction:

- 15. Kindly provide a satisfaction rating for your learning experience at Suining CentraHospital, using a scale from 1 ('Strongly Dissatisfied') to 7 ('Strongly Satisfied'), based on your authentic experiences.
- 16. If provided with the chance to share your honest opinions with higher-ups, in what areas do you believe the current healthcare institution for learning could benefit from further improvements?

<b>Table 3.</b> The correlation between various scales and item
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	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
ASS total points	1	0. 30 7	- 0.4 12	- 0.1	- 0.3 21	- 0.2	- 0.3	- 0.1	- 0.0	- 0.1 72	- 0.1	- 0.3	- 0.1 01	- 0.0 65	- 0.0 28	- 0.0 67	.46 4*	- 0.2
UCLA total points		· 1	- 0.4	4 64 *	- 0.2 83	- 0.2	5 24 *	5 96* *	5 28 *	- 0.2 50	5 10 *	- 0.3	- 0.3 32	0.3 99	0.3 01	0.1 37	0.2 10	4 50 *
CDRISC total points		_	1	0.3 89	0.4 01	.61 8**	0.3 87	.50 1*	.43 1*	.42 3*	.55 5**	.45 2*	- 0.0 37	- 0.2 10	- 0.2 04	- 0.1 66	- 0.3 01	.46 4*
Active coping			_	1	.61 7**	.52 1*	.78 1**	.58 2**	.69 9**	.64 6**	0.3 96	.73 9**	0.2 75	4 29*	0.2 12	0.0 79	6 40* *	.77 9**
Planning				_	1	.58 2**	.71 5**	.46 8*	.49 1*	0.3 97	.48 5*	.42 5*	0.0 91	- 0.3 70	- 0.3 34	- 0.0 46	4 45*	.60 9**
Suppressio n of competing activities					_	1	.47 4*	.56 2**	0.3 17	0.3 85	.53 9**	0.4 17	- 0.3 45	4 70*	4 79*	4 54 *	- 0.3 79	0.3 83
Restraint coping						—	1	.72 1**	.76 1**	.56 8**	.56 9**	.59 5**	0.2 31	4 96*	- 0.1 73	0.0 73	4 71*	.81 8**
Seeking social support for instrumenta I reasons							_	1	.64 8**	.71 4**	.78 3**	.56 0**	0.1 38	5 45* *	- 0.2 48	- 0.0 90	- 0.3 49	.74 1**
social support for emotional reasons								_	1	.54 0**	.46 4*	.45 7*	.52 4*	- 0.3 69	- 0.0 82	0.2 03	- 0.1 44	.81 5**
Positive reinterpretat ion&growth									_	1	.70 6**	.71 0**	0.1 57	- 0.4 05	- 0.2 09	0.0 64	5 03*	.72 4**
Acceptance										—	1	.53 3*	- 0.0 92	5 37* *	6 02* *	- 0.3 50	- 0.3 46	.51 5*
Turning to religion											—	1	0.1 13	- 0.1 90	- 0.1 25	0.0 67	7 27* *	.71 3**
Focous on&venting of emotions												—	1	0.2 64	0.3 87	.72 7**	0.2 13	.52 8*
Denial													—	1	.63 2**	.65 2**	.46 2*	- 0.1 46
Behavioral disengage ment														—	1	.78 5**	0.3 13	0.1 06
Mental disengage ment															—	1	0.2 74	.43 7*
Alcohol- drug disengage ment																_	1	- 0.3 42
Cope total points																	_	1

Note: \*. Correlation is significant at the 0.05 level (2-tailed). \*\*. Correlation is significant at the 0.01 level (2-tailed).

# DISCUSSION

Cross-cultural adaptation refers to the phenomenon where individuals or groups from different cultural backgrounds undergo changes in their original cultural patterns following cultural contact (Sun et al., 2023). Research suggests that international students may experience "culture shock" when adapting to a new environment, which can negatively impact their mental health, leading to issues such as loneliness, depression, and anxiety (St Clair et al., 2023). Studying in China is a key component of cultural exchange within the framework of the Belt and Road Initiative (BRI). According to the latest release by China's Ministry of Education, China has become the third-largest destination for international students, following the United States and the United Kingdom (Shih & Cao, 2022). In this study, international students from BRI countries experienced moderate to high levels of cultural adaptation stress while studying at a prefecture-level medical center in China. However, they demonstrated above-average psychological resilience and effective coping strategies, with stronger coping abilities correlating to lower feelings of loneliness.

It was observed through the Cultural Adaptation Stress Scale that when stress related to life, work, or study is not effectively managed, international students may resort to alcohol or medication as a means of relieving their stress. This is consistent with findings from Sanci (Sanci et al., 2022) However, unlike other contexts, China strictly regulates illegal substances such as cannabis and heroin, significantly limiting access to these drugs. Dormitory managers should remain vigilant for adverse events related to excessive alcohol consumption, such as suicide or sudden death.

The Resilience Scale was originally developed by Connor and Davidson and is one of the most widely used resilience scales. The CD-RISC-25 has been rated as very good or adequate in terms of structural validity in most psychometric studies (Sharif-Nia et al., 2024). Resilience is essential for everyone, regardless of age or health status, as it enables better coping with life's challenges. In this study, a cutoff score of 50 was used for the scale, indicating that scores above 50 reflect an ideal level of resilience (Salarvand et al., 2024b). Two items related to resilience in this study showed statistically significant differences ( $P \le 0.01$ ): Suppression of Competing Activities and Acceptance were both positively correlated with resilience. This suggests that when international students face academic, personal, or emotional stress, they are able to focus their attention on the immediate issue, avoiding distractions from unrelated or secondary activities, and even abandoning other tasks when necessary to deal with the source of stress. This ability helps them solve problems more effectively, reducing frustration and anxiety caused by distractions. Moreover, students

who are able to accept and adapt to new environments, cultures, and the challenges they may encounter are more likely to maintain a positive mindset, which strengthens their psychological resilience. Similar findings have been confirmed by Allison S. Troy's research (Troy et al., 2023).

In order to study the process of human coping, developed researchers have corresponding measurement tools to assess the thoughts or actions people sometimes take under stress (Carver et al., 1989). In this study, the correlation analysis between the overall coping score and its dimensions was ranked as follows: Restraint Coping 0.818, Seeking Social Support for Emotional Reasons 0.815, Active 0.779. Seeking Social Support for Coping Instrumental Reasons 0.741, Positive Reinterpretation and Growth 0.724, Turning to Religion 0.713, Planning 0.609, Focus on and Venting of Emotions 0.528, and Acceptance 0.515. These results suggest that when facing difficulties, this group is likely to adopt a conservative or cautious approach first, to avoid overreacting or acting impulsively. They may also seek emotional relief by confiding in family and friends. Following this, they tend to adopt active and proactive strategies to address their difficulties, which may involve seeking advice, information, or resources from others to help resolve specific problems. When under stress, international students often find positive meaning and value in their experiences, enabling personal growth and development. They may seek spiritual support through prayer or meditation. Additionally, they achieve their academic goals by planning their studies, and since the hospital provides a luxurious gym, they can effectively relieve stress through exercise. When individuals face unchangeable stress or challenges, they may adopt an attitude of acceptance. This strategy involves acknowledging reality, accepting one's own capabilities, and adapting positively to the future. Acceptance does not imply giving up or compromising; rather, it is a rational coping strategy that helps individuals maintain psychological balance and stability. These findings align with Lazarus and Folkman's stress model, which consists of the stimulus stage, stress response stage, and adaptation stage. However, in combination with the results of cultural adaptation stress, we must be cautious to prevent this acceptance from becoming a passive attitude or behavior, requiring careful analysis. In our interviews with international students, we obtained similar evidence to support our findings. Additionally, we unexpectedly discovered that gyms can serve as a sanctuary for them, providing not only an enhancement of physical fitness but also a sense of belonging for their souls.

This study has several limitations. First, the small sample size (n = 25) may affect the representativeness of the results, limiting their generalizability to a broader population. Future research is recommended to increase the sample size and include international students from diverse

regions and cultural backgrounds to obtain more comprehensive data. Second, this study was conducted at a medical center in a prefecture-level city in China, which may have introduced unique environmental factors that influenced the adaptation process of the students. Comparative analyses across different cities are suggested to better understand the diversity of cultural adaptation. Additionally, during the qualitative data collection phase, participants may have been reserved in expressing their opinions due to the presence of recording devices, which could have impacted the authenticity of the interviews. Future studies could adopt more flexible and informal interview techniques to encourage open dialogue. Finally, the crosssectional design of this study limits the ability to capture the dynamic changes in students' adaptation processes. Longitudinal studies are recommended to gain deeper insights into the experiences and psychological states of international students over time. These limitations highlight the need for caution when interpreting the findings and provide clear directions for improvement in future research.

# CONCLUSION

Studying in China offers multiple advantages for international students from Belt and Road Initiative (BRI) countries, attracting them to medical centers in prefecture-level cities. However, the main challenges they face include lifestyle adjustments, academic difficulties, and psychological stress. Despite these challenges, the students demonstrate strong psychological resilience, employing conservative and cautious coping strategies to manage impulsive behavior while actively seeking social support and adopting diverse coping mechanisms. Moreover, the involvement of administrators with overseas study experience aids in effectively mediating conflicts and fostering understanding and integration across different cultural backgrounds. These findings highlight the importance of enhancing international students' psychological resilience and adaptability in cross-cultural environments. They also provide targeted recommendations for educational institutions and policymakers to improve students' learning experiences and mental well-being.

# **Conflict of Interest**

The authors declare that they have no competing interests.

# Acknowledgments

We would like to extend our heartfelt thanks to the international students and the dedicated teaching team at Suining Central Hospital. This research project would not have been possible without their collective efforts and contributions.

### Funding

This work was supported by the Chongqing Medical University Educational and Teaching Reform Research Project (JY20230342) and the Henan Province Medical Education Research Project (WJXL2024241).

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