

DOI: 10.34921/amj.2026.2.023

**PSIXOLOJİ YARDIMLA TƏMİNEDİLMƏ – KÖÇKÜN TİBB TƏLƏBƏLƏRİNİN
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Məqalədə köçkün tibb tələbələrini psixi rifah halının formalaşmasında psixoloji yardımla təminatın rolunu araşdırmaq məqsədilə aparılmış tədqiqat işi haqqında məlumat verilmişdir. Tədqiqat göstərmişdir ki, yaşayış yerinin məcburi dəyişdirilməsi, sosial əlaqələrin qırılması, ilkin həyat vərdişlərinin destabilizasiyası və gələcək həyatın qeyri-müəyyənliyi gigiyenik şəraitin pozulması ilə birlikdə tələbə gənclərdə ciddi psixosomasiya yüklənmə törədir, yüksək səviyyəli stress və həyəcanlanmaya səbəb olur, sosial əlaqələrin gərginləşməsi və sosial-psixoloji adaptasiyanın pozulması ilə nəticələnir. Tələbə gənclərdə qeyri-qənaətbəxş həyat şəraiti və psixosomasiya vəziyyətin pisləşməsi arasında qarşılıqlı əlaqələr, həmçinin sosial dəstəyin həyəcanlanmaya və depressiv əlamətlərə qarşı qoruyucu rolunu aşkar edilmişdir. Aparılmış tədqiqat sağlamlığın mühafizə edilməsinə, şəxsiyyətin harmonik inkişafına və təhsil mühitinin effektivliyinin yüksəldilməsinə yönəlmiş tədbirlər kompleksinin hazırlanmasına ehtiyac olduğunu göstərir.

Açar sözlər: tibb tələbələri, psixogigiyenik təminat, psixi sağlamlıq, stress

Keywords: medical students, psychohygienic support, mental health, stress

Ключевые слова: студенты-медики, психогигиеническое обеспечение, психическое здоровье, стресс

**PSYCHOHYGIENIC SUPPORT AS A FACTOR OF MENTAL WELL-BEING OF
INTERNALLY DISPLACED MEDICAL STUDENTS****K.O.Prylipka, L.O.Herasymenko***Poltava State Medical University, Poltava, Ukraine*

This article is devoted to the study of the role of psychohygienic support in shaping the mental well-being of internally displaced medical students. The study demonstrates that forced relocation, disruption of social ties, destabilization of habitual lifestyles, and uncertainty about the future, in combination with impaired hygienic living conditions, cause significant psychoemotional strain and lead to high levels of stress and anxiety, difficulties in social communication, and disturbances in socio-psychological adaptation among medical students. A statistically significant association was established between unfavorable living conditions and deterioration of the psychoemotional state, as well as the protective role of social support in reducing anxiety and depressive manifestations. The research emphasizes the necessity of developing a comprehensive support system aimed at preserving health, promoting harmonious personal development, and enhancing the effectiveness of the educational environment under contemporary challenges.

Military events in Ukraine have resulted in large-scale internal displacement of the population, which has significantly affected all spheres of young people's lives, particularly students of medical higher education institutions [1-3]. Forced relocation, disruption of social ties, destabilization of habitual lifestyles, and uncertainty about the future cause substantial psychoemotional stress [4,5]. Under these circumstances, issues of psychohygienic

support and preservation of students' mental health become key aspects of the educational process, as young people pursuing medical education represent the future human resources of the healthcare system [6]. Internally displaced students often face a sharp deterioration in living conditions, including residence in temporary dormitories, adapted premises, or rented housing that does not always meet sanitary and hygienic standards [7,8].

Disruptions of daily routines, unstable nutrition, changes in climatic conditions, and insufficient opportunities for adequate rest and sleep reduce the adaptive reserves of the body [9]. These factors directly affect students' psychophysical condition, increase vulnerability to stress, and contribute to the development of chronic fatigue and emotional exhaustion [10,11]. A separate challenge is adaptation to a new educational environment [12]. Medical students experience significant academic workload even in peacetime, while under wartime conditions the intensity of educational activities is often combined with emotional and social difficulties [14,15]. The need to quickly integrate into new academic groups, establish interaction with faculty, and adapt to different forms of educational organization (blended, distance, or offline learning under challenging conditions) creates additional psychological strain [16]. This situation may lead to decreased academic motivation, feelings of insecurity, increased anxiety, or the formation of maladaptive behavioral responses [17,18]. Thus, research into psychohygienic aspects of psychosocial maladaptation among internally displaced medical students is highly relevant, as it integrates issues of mental health, safe living conditions, and the quality of professional training. Understanding these processes is essential for developing support systems that promote health preservation, harmonious personal development, and improved educational effectiveness in the face of modern challenges.

Aim of the study. To comprehensively examine the impact of psychohygienic support on the mental well-being of internally displaced students of medical higher education institutions in Ukraine, as well as the feasibility of psychohygienic preventive and corrective measures aimed at optimizing learning conditions, reducing distress levels, and enhancing students' overall adaptability.

Materials and Methods. The study involved 97 internally displaced students of medical higher education institutions in Ukraine aged 18–25 years, including 60 (61.9 %) females and 37 (38.1%) males. The sample was formed based on voluntary participation and anonymity. All participants provided informed consent. Inclusion criteria were internally displaced person status, current enrollment in a medical higher education institution (in

particular, Poltava State Medical University), and absence of a history of mental disorders. The study was based on socio-demographic data (age, gender, year of study, specialty, previous place of residence, duration of displacement), assessment of living and learning conditions after displacement, psychoemotional characteristics using standardized tools, and indicators of adaptability, stress resistance, and psychosocial maladaptation. A complex of complementary methods was applied:

- Analysis and synthesis of scientific literature addressing psychosocial maladaptation, psychohygiene, and the impact of war-related stressors and internal displacement on students' mental health;

- Socio-demographic survey using an author-designed questionnaire to identify social, living, and educational conditions and factors affecting adaptive capacity;

- Psychodiagnostic tools and scales: the Perceived Stress Scale (PSS-10) to assess subjective stress levels; the Hospital Anxiety and Depression Scale (HADS) to determine anxiety and depressive symptoms; the Rogers–Diamond Social-Psychological Adaptation Questionnaire to assess adaptability, self-acceptance, emotional comfort, and self-control; and L. Wasserman's Social Frustration Scale to diagnose levels of social tension and maladaptive manifestations;

- Hygienic assessment of living and learning conditions, including housing quality, access to medical care, daily routines, rest opportunities, safety, and comfort of the educational environment.

Statistical analysis included descriptive statistics (means, standard deviations, frequency analysis) and correlation analysis to identify relationships between psychoemotional disturbances, living conditions, and socio-psychological adaptation indicators. Data processing was performed using SPSS and MS Excel.

Results and Discussion. Among the internally displaced medical students, participants originated from Donetsk (20), Luhansk (4), Chernihiv (5), Sumy (23), Kharkiv (27), Mykolaiv (12), and Zaporizhzhia (6) regions. Based on prior residence registration, 58 participants were urban residents and 39 were from rural areas. Most students were raised in complete families (85; 87.63%), while 10 (10.31%) came from single-parent families and 2 (2.06%) were raised by extended relatives. In terms of family structure, 36 participants (37.11%) were first-born children, 21 (21.65%) second-born, 32 (32.9%) third-born, and 8 (8.24%) from large families.

At the time of assessment, only 15 students (15.5%) lived with their families, while 82 (84.5%) lived separately. Nine participants (9.3%) were married or in civil partnerships, 2 (2.1%) were divorced, and 88 (90.7%) had never been married. These findings indicate that most internally displaced medical students originate from eastern and northeastern regions of Ukraine, are predominantly urban residents, and were raised in complete families; however, a significant proportion live separately from their families after displacement, which may affect psychosocial adaptation.

Living conditions included dormitory residence (72%), rented housing (18%), and stable, comfortable conditions for only 10% of respondents. Most students reported disrupted daily routines, lack of personal space, sleep disturbances, and chronic fatigue. Over 60% experienced difficulties organizing the learning process due to air raid alerts, noise, poor living conditions, or unstable internet access.

Stress levels assessed by PSS-10 were high in 54%, moderate in 37%, and low in only 9% of participants. Stress was primarily associated with uncertainty about the future, concerns for loved ones, housing problems, and academic difficulties. HADS results revealed subclinical anxiety in 42%, elevated depressive symptoms in 27%, and emotional stability with no symptoms in only 21% of participants, indicating anxiety as the dominant psychoemotional maladaptation factor.

Social-psychological adaptation assessment showed insufficient self-control and emotional instability in 52%, communication difficulties in 44%, and pronounced feelings of loneliness

and social isolation in 35%. However, 22% demonstrated satisfactory adaptation, associated with family or social support. Social frustration levels were high in 41%, moderate in 39%, and low in 20% of students. Correlation analysis revealed that poorer living conditions were directly associated with increased anxiety ($r = 0.46$) and stress levels ($r = 0.52$); unstable sleep patterns correlated with reduced adaptability ($r = -0.44$); and social support mitigated anxiety and depressive manifestations ($r = -0.39$).

Conclusions. Most internally displaced medical students experience significant psycho-emotional tension, elevated stress and anxiety levels, and impaired socio-psychological adaptation, exacerbated by unstable living conditions, disrupted hygienic routines, uncertainty about the future, and insufficient social support. These findings substantiate the need for comprehensive psychohygienic and psychosocial interventions aimed at supporting mental health, improving living and learning conditions, and enhancing adaptive capacity.

Prospects for Further Research. This study has substantial practical significance for education and healthcare systems, as ensuring the mental well-being of future medical professionals is critical to the resilience of the healthcare sector. Identified demographic and family characteristics should be considered when designing medical, psychological, and social support programs for internally displaced medical students. The practical value of the results lies in their potential application to optimize educational environments and social support systems for this population.

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ПСИХОГИГИЕНИЧЕСКОЕ ОБЕСПЕЧЕНИЕ КАК ФАКТОР ПСИХИЧЕСКОГО БЛАГОПОЛУЧИЯ ВНУТРЕННЕ ПЕРЕМЕЩЕННЫХ СТУДЕНТОВ-МЕДИКОВ

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Резюме. Статья посвящена изучению роли психогигиенического обеспечения в формировании психического благополучия внутренне перемещенных студентов-медиков. Работа демонстрирует, что вынужденная смена места жительства, разрыв социальных связей, дестабилизация привычного образа жизни и неопределенность будущего в сочетании с нарушением гигиенических условий вызывают значительные психоэмоциональные нагрузки, приводят к высокому уровню стресса и тревожности, затруднениям в социальной коммуникации и нарушению социально-психологической адаптации студентов-медиков. Установлена достоверная связь между неблагоприятными условиями проживания и ухудшением психоэмоционального состояния, а также защитная роль социальной поддержки в снижении тревожных и депрессивных проявлений. Научное исследование подчеркивает необходимость создания комплексной системы поддержки, направленной на сохранение здоровья, гармоничное развитие личности и повышение эффективности образовательной среды в условиях современных вызовов

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Təqdim edilmişdir: 02.12.2025

Qəbul edilmişdir: 26.03.2026