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Invisible Barriers: The Psychological Toll of Everyday Discrimination on International Medical Students in Egypt

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How To Cite: Mostafa, N.S.; Ali, Y.A.; Edarous, D.H.; et al. Invisible Barriers: The Psychological Toll of Everyday Discrimination on International Medical Students in Egypt. *East West Journal of Psychiatry and Mental Health* 2026, 1(1), 3.

Received: 10 February 2026

Revised: 19 March 2026

Accepted: 2 April 2026

Published: 16 April 2026

Abstract: Everyday discrimination significantly predicts psychological distress among international medical students, a growing yet understudied population in Arab contexts. This mixed-methods cross-sectional study assessed discrimination prevalence and its mental health impact in 391 students at Ain Shams University, Egypt. Data collection was conducted between September 2025 to December 2025, using the Everyday Discrimination Scale (EDS), General Health Questionnaire-12 (GHQ-12), sociodemographic survey, and two focus group discussions (FGDs) with 20 participants; quantitative data underwent non-parametric analyses, while qualitative data used thematic analysis. Nearly half (47.6%) reported discrimination (median EDS score 9.0, IQR 4–21), predominantly verbal (26.1%) and skin color-based (20.1%), with higher EDS scores correlating to greater distress (Spearman's $\rho = 0.394$, $p < 0.001$; median GHQ-12 = 12, IQR 8–18); females and first-years showed elevated levels ($p < 0.001$, $p = 0.032$). FGDs revealed themes of unequal treatment, emotional toll, coping via peer support, and needs for anti-bias training. Discrimination imposes a substantial psychological burden on international medical students in Egypt, especially newcomers and females, necessitating institutional mental health supports and equity policies.

Keywords: Egypt; everyday discrimination; GHQ-12; international medical students; medical education; mental health; mixed-methods study; psychological distress

1. Introduction

In recent decades, there has been a marked global rise in international student enrollment in universities, reflecting broader trends of globalization, transnational mobility, and cross-border academic collaboration [1]. As higher education institutions become increasingly diverse, more students are seeking academic opportunities outside their home countries, bringing with them rich cultural perspectives and contributing to the internationalization of campuses worldwide [2]. However, despite the intellectual and personal development that studying abroad promises, international students frequently face profound challenges in navigating unfamiliar cultural environments, adapting to new social expectations, and managing the complexities of institutional systems in foreign settings [3].

These challenges have become even more pronounced in recent years—particularly during and after the COVID-19 pandemic—when heightened social tensions, political polarization, and misinformation led to increased scrutiny and stigmatization of foreign populations [4]. As a result, growing attention has been drawn to the forms of discrimination faced by international students, especially those who identify as people of color or belong to marginalized communities. They are exposed to overt racism, perceived xenophobia, verbal and non-verbal microaggressions, and a general sense of exclusion and insecurity on and off campus [5]. Such adverse



experiences have been shown to significantly impede their psychological adjustment, cultural integration, and academic performance, while also undermining their overall sense of well-being and safety [6].

Conceptually, discrimination refers to any behavior, policy, or social dynamic that reflects a prejudiced attitude, perpetuates negative stereotypes, or results in unfair treatment toward individuals based on their identity or group membership [7]. From a moral and ethical standpoint, it encompasses any situation where an individual or group is denied equal treatment or opportunities compared to others, often on the basis of race, nationality, language, religion, or gender [8]. The impact of such treatment is not only immediate but also cumulative. Repeated exposure to everyday discrimination—whether subtle or explicit—can gradually erode an individual’s self-esteem, reduce their perceived sense of belonging, and lead to chronic psychological distress, including symptoms of depression, anxiety, and emotional exhaustion [9].

Recent research has further emphasized that frequent exposure to discrimination, both on a general and daily basis, can profoundly disrupt a person’s sense of direction and purpose in life. Individuals subjected to such treatment often report a heightened sense of derailment—a psychological state characterized by the feeling that one’s life path has been knocked off course—thereby affecting their motivation, emotional regulation, and future planning [10].

The presence of discriminatory experiences among minority and underrepresented groups in academic settings, including college and university campuses, has been widely documented. These experiences range from subtle forms of marginalization—such as microaggressions, stereotyping, and exclusion—to overt acts of hostility or hatred [8]. For students enrolled in demanding programs such as medicine, these encounters may have particularly detrimental consequences, contributing to elevated stress levels, physical exhaustion, and emotional vulnerability [11]. Medical students, in particular, face heightened pressures due to the rigorous nature of their training, and when coupled with discriminatory stressors, this can lead to worsened academic outcomes and decreased mental well-being [12]. In fact, a study led by Yale University found that second-year medical students who were subjected to discrimination or bullying were significantly more likely to consider withdrawing from their programs, highlighting the urgent need for systemic interventions [11]. Additionally, students from marginalized or foreign backgrounds often report higher levels of burnout, lower academic confidence, and reduced access to supportive services, further exacerbating their vulnerability [12].

While substantial efforts have been made to explore these issues in North America [10], Europe, and parts of Asia [13], there remains a significant gap in the literature concerning the experiences of international students in the Arab world. In particular, studies that focus on the lived experiences of students in Egypt are scarce. Given the region’s unique sociocultural dynamics, historical context, and language barriers, international students in Egypt may face distinct and context-specific stressors that are not adequately represented in existing global research [14].

This study aims to enhance understanding of the challenges faced by international medical students and highlight the need for targeted interventions to mitigate discrimination within academic environments. By identifying factors associated with discrimination and examining their relationship with students’ psychological well-being, the study seeks to inform institutional policies and support mechanisms that promote inclusive and supportive learning environments for international students in Egypt.

Specifically, it investigates the frequency and nature of everyday discrimination encountered by these students, alongside the psychological impact of these experiences as assessed by the 12-item General Health Questionnaire (GHQ-12). The research also explores how various demographic factors—such as gender, academic year, and type of accommodation—may influence students’ experiences with discrimination and their mental health outcomes.

In addition to quantitative survey data, the study incorporates qualitative findings from focus group discussions to gain deeper insights into how students conceptualize equality, interpret their experiences of discrimination, and develop personal or communal coping strategies. This mixed methods design not only captures broad statistical trends but also gives voice to the complex and often deeply personal realities behind those trends. By doing so, it offers a holistic and human-centered perspective that can inform evidence-based institutional policies and foster more inclusive and supportive academic environments for international students.

Goal: The result of this study enhances the knowledge of the difficulties encountered by foreign medical students and highlight the requirement for focused measures to alleviate discrimination against them. The study’s identification of discrimination-related variables and their effects on students’ well-being can help shape the creation of programs and policies that provide an inclusive and encouraging learning environment for foreign medical students. The goal of this study is to inform institutional policies and support mechanisms by illuminating the intersection between discrimination and psychological well-being among international students in Egypt.

2. Material & Methods

2.1. Study Design and Setting

A cross-sectional mixed-methods design was used to assess the prevalence and mental health impact of everyday discrimination among international medical students at Ain Shams University, Cairo, Egypt. Data collection was conducted between September 2025 to December 2025. Quantitative survey data was combined with qualitative insights obtained through focus group discussions (FGDs) to provide a comprehensive understanding of students' experiences.

2.2. Participants and Sampling

International medical students enrolled in various academic years at Ain Shams University were invited to participate. They represented the wide range of nationalities that are enrolled. Convenience sampling was used to recruit participants through student networks, institutional announcements, and digital communication platforms.

Sample size calculated using Epi-Info program assuming 50% of the students have high everyday discrimination with a margin of error = 5%, at 95% confidence level was 385.

For the qualitative component, 20 international students (both male and female), aged between 19 and 28, volunteered to participate in the online focus group discussions.

A total of 391 valid responses was collected in the quantitative component.

2.3. Data Collection Tools and Measures

2.3.1. Quantitative Component

- **Sociodemographic Questionnaire:**
Collected background information including age, gender, year of study, nationality, and type of accommodation.
- **Everyday Discrimination Scale (EDS) [15]**
- Assessed the frequency of routine discriminatory experiences using a 6-point Likert scale. Higher scores indicated more frequent experiences of discrimination. The Everyday Discrimination Scale demonstrated good internal consistency in the present study (Cronbach's $\alpha = 0.89$; 95% CI: 0.87–0.91). The General Health Questionnaire-12 also showed high reliability (Cronbach's $\alpha = 0.90$; 95% CI: 0.88–0.92), indicating strong internal consistency of the measurement tools within this sample.
- **General Health Questionnaire (GHQ-12) [16]**
Measured psychological distress and mental health status across 12 items using a 4-point Likert scale. Higher scores reflected greater psychological distress.
- **Discrimination Incident Checklist:**
The Discrimination Incident Checklist was developed by the research team based on existing literature on discrimination experiences among international students and minority groups. The checklist included items addressing the type of discrimination (verbal or physical), context of occurrence, frequency, and consequences. Content validity was reviewed by three experts in public health and medical education to ensure relevance and clarity. Prior to data collection, the checklist was pilot tested with 10% of the sample size of international medical students ≈ 39 students to assess comprehension and feasibility, and no adjustments were made accordingly.

Gathered details about nature (verbal/physical), frequency, setting (home country or abroad), and consequences (need for medical or psychiatric care) of discrimination incidents.

2.3.2. Qualitative Component: Focus Group Discussions (FGDs)

Two FGDs were conducted to gain in-depth perspectives on how international students perceive equality, experience discrimination, and cope with related challenges. One group consisted of Arabic-speaking students and the other included non-Arabic-speaking students. Discussions were conducted online via Microsoft Teams, each lasting approximately 60–90 minutes.

Procedures for FGDs

- Participants were informed of the purpose and duration of the session.
- Oral informed consent was obtained prior to participation.
- All discussions were audio-recorded with permission, and notes were taken.

2.4. Data Analysis

2.4.1. Quantitative Analysis

Descriptive statistics (medians, IQR, number and percentages) were used to summarize demographic data, EDS responses, and GHQ scores.

Spearman's rho correlation was used to assess the relationship between EDS and GHQ scores, as well as age and length of stay in Egypt.

Mann-Whitney U tests and Kruskal-Wallis tests were employed to compare EDS and GHQ scores across gender, study year, and accommodation types due to non-parametric data distributions.

Data were presented in tables and figures to aid interpretation.

2.4.2. Qualitative Analysis

A thematic analysis approach was adopted to analyze FGD transcripts. Initial coding identified recurring ideas and sentiments, which were then organized into overarching themes and subthemes including definitions of equality, types and impacts of discrimination, coping strategies, and suggested systemic interventions. Illustrative direct quotes were selected to enrich the narrative and reflect student voices authentically.

2.5. Ethical Considerations

The study protocol was reviewed and approved by the institutional ethics committee at Ain Shams University. Participation was voluntary, and participants were assured of confidentiality and anonymity. No identifiable data were collected, and all responses were securely stored.

3. Results

3.1. Participant Characteristics

A total of 391 participants completed the study, with a median age of 21 years (IQR: 19–22) and balanced gender distribution (52.2% male, 47.8% female). Participants originated from 24 countries, predominantly India (20.2%), Nigeria (16.4%), Sudan (12.8%), and South Sudan (10.2%). The sample was distributed across five academic years, with second-year students being the largest group (35.3%), followed by fourth year (27.1%), first year (22.0%), third year (14.6%), and fifth year (1.0%). The majority lived in rented apartments (68.3%), while others resided with family (13.0%) or in hostels (18.7%) (Table 1).

3.2. Prevalence of Everyday Discrimination

The median EDS score was 9.0 (IQR: 4–21; range: 0–45), indicating substantial variability in discrimination experiences. The most frequently reported daily discrimination experiences were “People act as if they’re better than you are” (17.9%) and “People act as if they think you are not smart” (13.8%). Subtle forms of discrimination, such as being treated with less courtesy (65.5% experienced at least once) or less respect (61.6%), were more common than overt harassment (40.2%) (Figure 1).

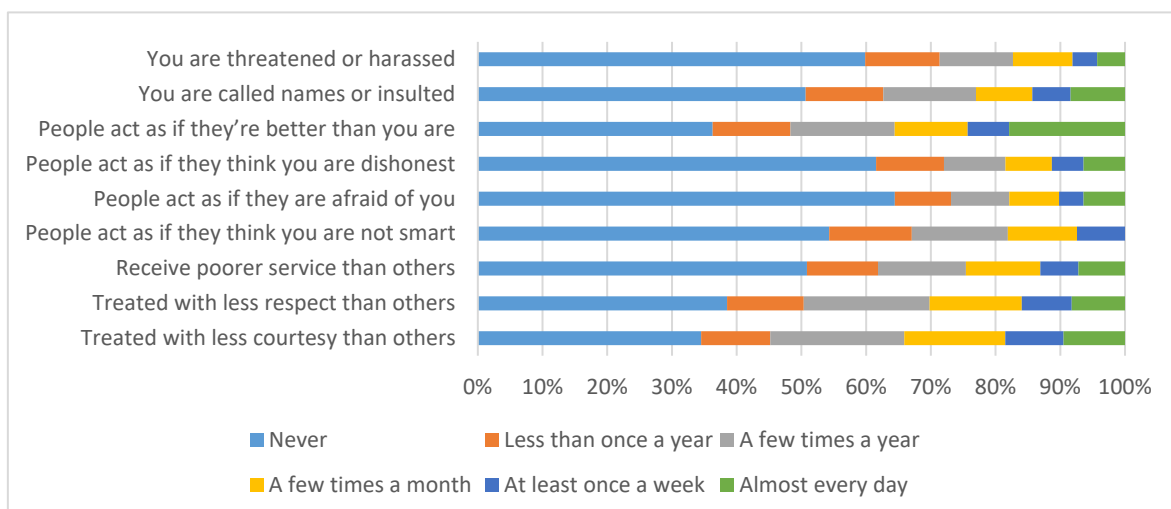


Figure 1. Stacked bar graph of everyday discrimination frequency.

Table 1. Sociodemographic characteristics of participants (N = 391).

Variable		Median (IQR)
Age		21.0 (19–22)
		Number (%)
Gender	Male	204 (52.2%)
	Female	187 (47.8%)
Study year	First Year	86 (22.0%)
	Second Year	138 (35.3%)
	Third Year	57 (14.6%)
	Fourth Year	106 (27.1%)
	Fifth Year	4 (1.0%)
Country of Origin	Afghanistan	3 (0.8%)
	United states	1 (0.3%)
	Bahrain	4 (1.0%)
	Bangladesh	9 (2.3%)
	Chad	4 (1.0%)
	India	79 (20.2%)
	Iraq	7 (1.8%)
	Jordan	12 (3.1%)
	India (Jammu & Kashmir region)	2 (0.5%)
	Kuwait	1 (0.3%)
	Libya	7 (1.8%)
	Morocco	1 (0.3%)
	Nigeria	64 (16.4%)
	Pakistan	2 (0.5%)
	Palestine	12 (3.1%)
	Saudi Arabia	10 (2.6%)
	Somalia	4 (1.0%)
	South Sudan	40 (10.2%)
	Sudan	50 (12.8%)
	Syria	25 (6.4%)
Taiwan	1 (0.3%)	
Tanzania	1 (0.3%)	
Turkey	1 (0.3%)	
Yemen	17 (4.3%)	
Accommodation	Rented apartment	267 (68.3%)
	With Family	51 (13.0%)
	Hostel	73 (18.7%)

Nearly half of participants (47.6%) reported discrimination, including verbal (26.1%), physical (4.9%), or both verbal and physical discrimination (16.6%). Among those who described specific incidents, the most common types were being called names or bullied (29.2%), unequal opportunities (21.9%), and skin color-based discrimination (20.1%). Notably, 85% of incidents occurred outside participants' countries of origin. While most participants experienced discrimination less than five times monthly (69.7%), a substantial minority (24.3%) reported experiencing it almost every other day. Although 78.5% required no intervention, 22.5% indicated psychiatric consultation (Table 2, Figure 2).

Discrimination categories were treated as mutually exclusive based on participants' self-reported primary experience. Participants who reported both verbal and physical discrimination were classified under the "verbal and physical" category to avoid analytical overlap.

Table 2. Characteristics of discrimination incidents.

		N (%)
Previous experiences of discrimination	No	205 (52.4%)
	Yes (Verbal)	102 (26.1%)
	Yes (Physical)	19 (4.9%)
	Yes (Verbal & Physical)	65 (16.6%)
Site of discrimination incidents	My own country	39 (15.0%)
	Other countries	221 (85.0%)

Table 2. Cont.

		N (%)
Frequency of discrimination incidents	Less than 5 times a month	106 (69.7%)
	More than 5 times a month	9 (5.9%)
	Almost every other day	37 (24.3%)
Required management because of discrimination	None	266 (78.5%)
	Medical	15 (4.4%)
	Non-Medical	40 (11.8%)
	Both Medical and Non-medical	18 (5.3%)
Need individual psychiatric consultation	No	251 (77.5%)
	Yes	73 (22.5%)

3.3. Psychological Distress

The median GHQ-12 score was 12 (IQR: 8–18; range: 0–36), indicating moderate psychological distress. The most prevalent concerns were feelings of unhappiness and depression (40.1% worse than usual), sleep disturbance due to worry (39.4%), and constant strain (36.1%). Reduced self-confidence (32.7%) and compromised enjoyment of daily activities (32.8%) were also common (Figure 3).

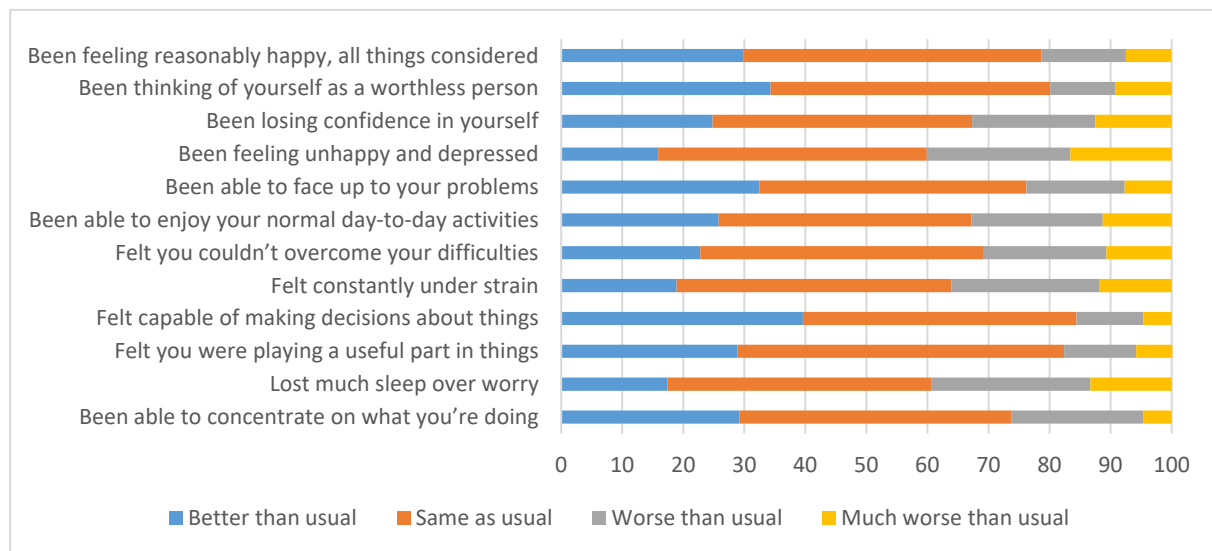


Figure 3. Response distribution to GHQ-12 items.

3.4. Association between Discrimination and Mental Health

A statistically significant positive correlation was observed between EDS and GHQ scores (Spearman’s rho = 0.394, p < 0.001), indicating that higher discrimination was associated with greater psychological distress. Neither discrimination experiences nor mental health outcomes correlated significantly with age or duration of stay in Egypt (Tables 3 and 4).

Table 3. Correlation between EDS and GHQ, age, and duration in Egypt.

		GHQ	Age	Number of Months
EDS	Spearman’s rho	0.394	-0.042	0.015
	p-Value	0.000 *	0.416	0.781

* Significant p value < 0.05.

Table 4. Correlation between GHQ, age, and duration in Egypt.

		Age	Number of Months
GHQ	Spearman’s rho	-0.070	-0.001
	p-Value	0.174	0.989

3.5. Sociodemographic Predictors

Gender: Females reported significantly higher discrimination (median = 11, IQR: 5–23) than males (median = 8, IQR: 2–17; Mann-Whitney U test, $p = 0.001$, effect size $r = 0.18$). Females also reported greater psychological distress (median = 15, IQR: 9–20 vs. median = 11, IQR: 7–15.75; $p < 0.001$, effect size $r = 0.22$) (Figures 4 and 5).

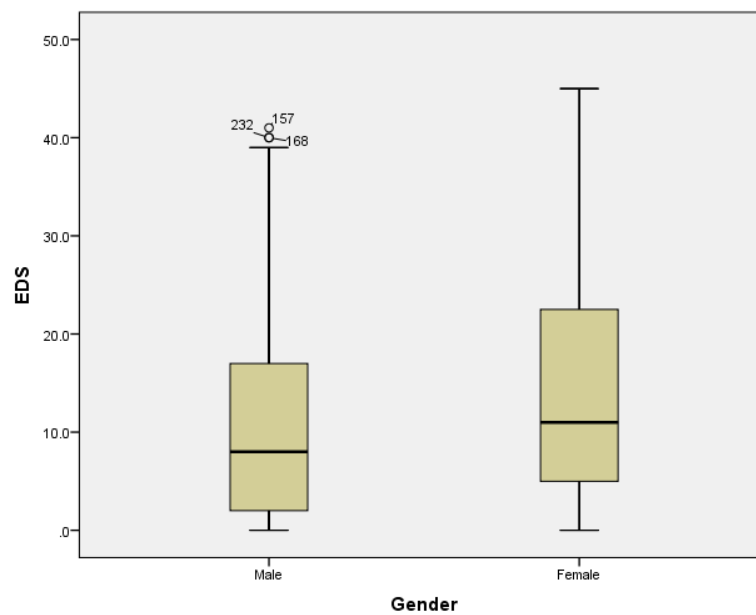


Figure 4. Boxplot of EDS scores by gender.

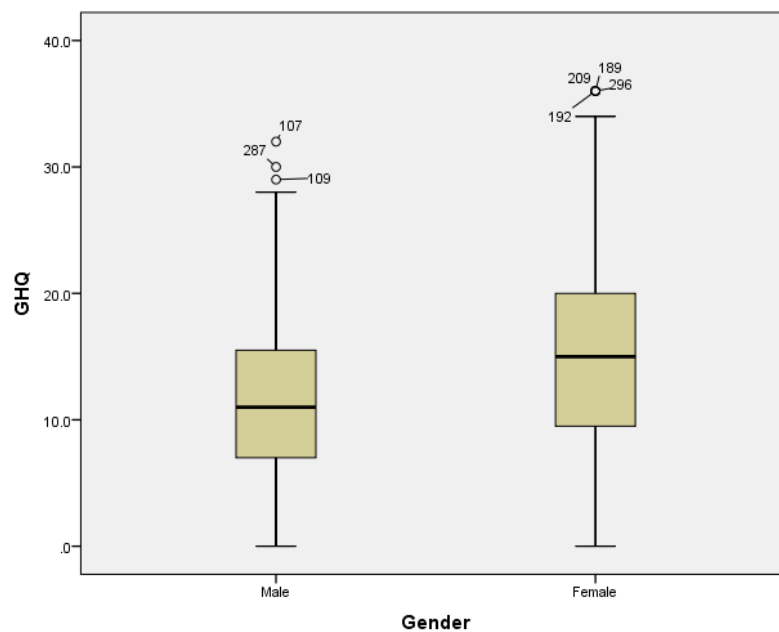


Figure 5. Boxplot of GHQ scores by gender.

Study year: First-year students experienced the highest discrimination (median = 11.5, IQR: 6–26.5) compared to fourth-year students (median = 8, IQR: 2–16.25; $p = 0.032$). However, psychological distress remained stable across study years ($p = 0.416$) (Figures 6 and 7).

Accommodation: No significant associations were found between accommodation type and either discrimination ($p = 0.085$) or psychological distress ($p = 0.097$).

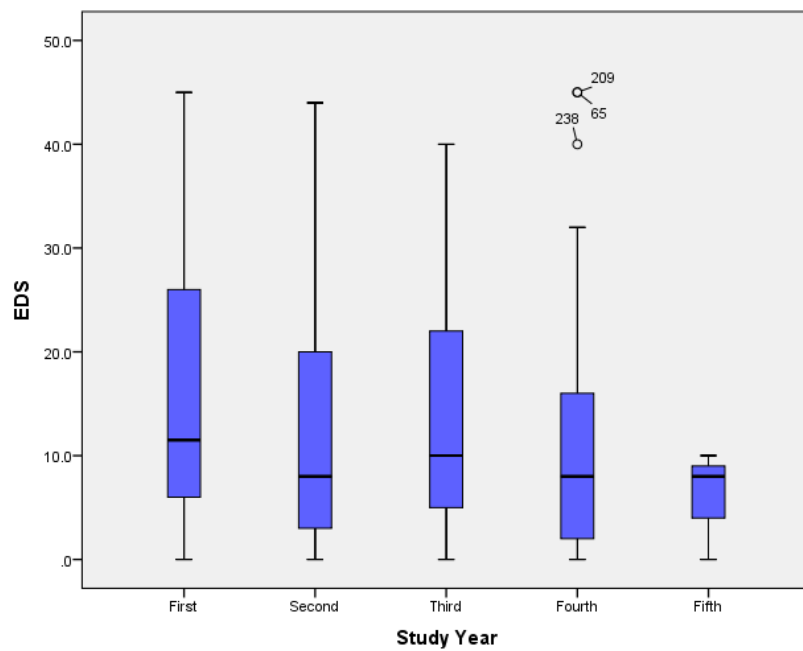


Figure 6. Boxplot of EDS scores by study year.

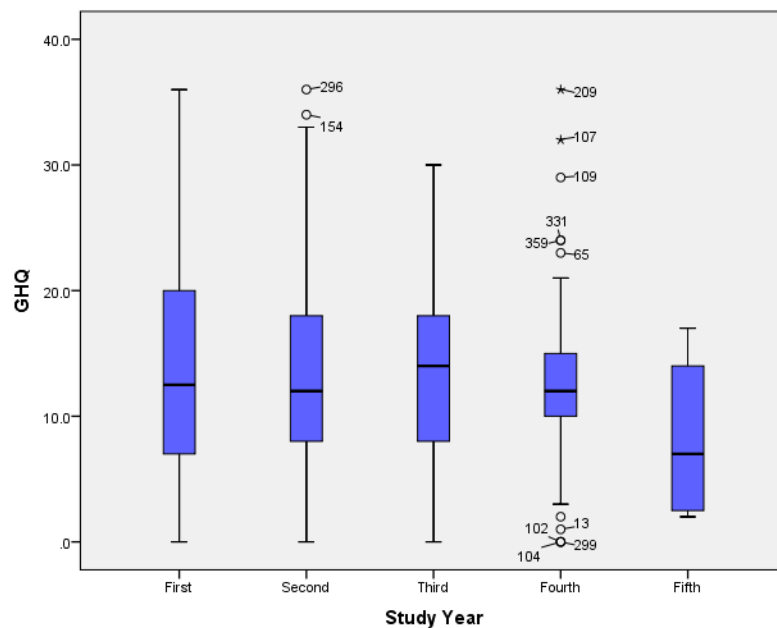


Figure 7. Boxplot of GHQ scores by study year.

3.6. Qualitative Findings from Focus Groups

Focus group discussions with 20 international students provided deeper insights into the nature and impact of discrimination. Four main themes emerged:

- (1) **Understanding Equality:** Participants emphasized equality as the right to fair treatment and equal opportunities, regardless of nationality or background.
- (2) **Experiences of Discrimination:** Students described racial, linguistic, gender-based, and academic discrimination. Common incidents included derogatory name-calling, exclusion in clinical teaching, and unfair academic assessment.
- (3) **Impact and Coping:** Discrimination had notable psychological consequences, including lowered self-confidence, isolation, and distress. Coping strategies included therapy, peer support, and personal resilience, though participants acknowledged these did not address the root causes.
- (4) **Calls for Systemic Change:** Students recommended institutional interventions such as anti-discrimination training, improved support services, and accountability mechanisms for perpetrators.

4. Discussion

This study makes a meaningful contribution to the existing literature by not only quantifying the frequency and intensity of everyday discrimination among international students but also by examining its psychological consequences through validated mental health measures. The integration of qualitative data enriches the findings by providing a nuanced understanding of students' lived experiences, offering firsthand accounts of exclusion, marginalization, and emotional distress. The results reaffirm previous research asserting that discrimination is not a sporadic or isolated event but rather a persistent and recurring aspect of the international student experience—one that has profound implications for mental health and academic engagement [17].

The significant positive correlation observed between Everyday Discrimination Scale (EDS) scores and General Health Questionnaire (GHQ-12) scores highlights the direct association between discriminatory exposure and elevated psychological distress. This aligns with findings from academic context, where perceived discrimination has been linked to symptoms of depression, anxiety, academic disengagement, and social withdrawal; all of which can diminish concentration, academic confidence, and motivation to perform [13]. Students reported skipping classes, feeling unworthy of success, or doubting their academic capabilities as a result of discriminatory experiences, particularly in clinical and classroom settings.

These findings were echoed in focus group discussions, where students described the emotional toll of repeated discriminatory encounters. One participant noted: "*Sometimes it is not direct insults, but small behaviors that make you feel like you don't belong here*". Such narratives highlight the cumulative psychological burden of subtle yet persistent discriminatory experiences.

Moreover, the heightened vulnerability observed among female and first-year students likely stems from a combination of factors, including limited familiarity with local cultural norms, reduced access to support networks, and the added burden of gender-based bias [14,17]. These students may face a steeper learning curve in adjusting to the host environment, making them more susceptible to the harmful effects of exclusionary behaviors and attitudes.

The qualitative data further illuminates how discrimination erodes students' sense of belonging, undermines their academic confidence, and contributes to long-term emotional strain [18]. While some students adopt personal coping mechanisms—such as seeking peer support, therapy, or resilience-building strategies—these responses often fall short of addressing the structural nature of the discrimination they face. The coping mechanisms described by students reflected two broad approaches: individual and systemic. On an individual level, students sought therapy, engaged in self-reflection, relied on peer support, or attempted to normalize and tolerate discrimination as a survival strategy. However, while these methods may provide temporary relief, they fall short in addressing the root causes of discrimination. The focus group discussions revealed a clear desire for systemic change. Participants advocated for proactive institutional policies, such as anti-discrimination training for staff, accessible reporting mechanisms, peer mentorship programs, and curriculum reforms that promote inclusivity and cultural awareness. This distinction highlights a critical gap: whereas individual strategies manage symptoms, systemic interventions are essential to prevent and dismantle discriminatory structures within academic environments.

Overall, the findings stress the need for universities to acknowledge the multidimensional nature of discrimination and implement both preventative and responsive measures that foster equity, well-being, and academic success for all students—particularly those from marginalized backgrounds.

4.1. Strength and Weaknesses

A major strength of this study lies in the inclusion of diverse nationalities and academic years which enhances the representativeness of the findings. However, the study has some limitations. The focus group discussions—though insightful—might have been constrained by participants' willingness to speak openly about sensitive experiences.

4.2. Implications

These findings have important implications for academic institutions, particularly those aiming to foster inclusive and supportive environments for international students. Universities should implement anti-discrimination policies, provide cultural competence training for faculty and staff, and ensure that academic practices are fair and linguistically accessible. Psychological support services tailored to the needs of international students, especially females and those in earlier years, should be expanded.

5. Conclusions

This study highlights the widespread and multifaceted nature of discrimination experienced by international students in a medical academic setting. Findings from both quantitative and qualitative data demonstrate that

discrimination—particularly in the form of everyday microaggressions, exclusion from clinical teaching, and unfair assessment practices—is a recurring reality that significantly impacts students’ mental health and academic engagement. Female students and those in their first year of study were especially vulnerable, reflecting the compounded challenges of gender, inexperience, and cultural adjustment.

The significant association between perceived discrimination and psychological distress emphasizes the urgent need for systemic interventions. Academic institutions must move beyond individual support measures and adopt inclusive policies that promote equity in clinical education, assessment, and student life.

Limitation

The use of convenience sampling may introduce selection bias, as participation was voluntary and may have attracted students with stronger experiences or perceptions regarding discrimination. Consequently, the findings may not fully represent the experiences of all international medical students at the institution or in similar settings.

Furthermore, the cross-sectional design limits the ability to infer causal relationships between discrimination and psychological distress. The study also relied on self-reported data, which may be subject to recall bias or social desirability bias. Future longitudinal research is recommended to better understand the temporal relationship between discrimination experiences and mental health outcomes.”

Author Contributions

N.S.M. conceptualized the study, designed methodology, supervised data collection and focus group discussions, conducted thematic analysis, performed writing-original draft, writing-review & editing, formal analysis, and investigation. Y.A.A. contributed data curation, formal analysis, methodology, visualization, and investigation. D.H.E. contributed writing-review & editing, visualization, and investigation. F.M. contributed data curation, formal analysis, methodology, visualization, and investigation. All authors have read and agreed to the published version of the manuscript.

Funding

This research received no external funding. The study was conducted using institutional resources at Ain Shams University, with no external financial support from public, commercial, or not-for-profit agencies.

Institutional Review Board Statement

The study was conducted according to the guidelines of the Declaration of Helsinki and approved by the Research Ethics Committee at the Faculty of Medicine, Ain Shams University (protocol code FMASU R150/2024 and date of approval was 8 July 2024).

Informed Consent Statement

Informed consent was obtained from all subjects involved in the study.

Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request. All data will be shared in a manner that preserves participant confidentiality and complies with applicable ethical and legal requirements.

Conflicts of Interest

The authors declare no conflict of interest.

Use of AI and AI-Assisted Technologies

During the preparation of this work, the authors used ChatGPT & Perplexity to ensure proper language comprehension and improve the flow of sentences. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the published article.

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