

Academic Challenges and Success Strategies of International Medical Students in a Private Medical Institution in Malaysia: A Conceptual Analysis

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ABSTRACT

Background: As Malaysia positions itself as a regional hub for international medical education, understanding the academic experiences of international students in private medical schools has become increasingly critical. While existing literature addresses general challenges faced by international students, limited research specifically examines the unique academic, cognitive, and social challenges encountered by international medical students pursuing high-stakes medical degrees. **Theoretical Framework:** This study employs an integrated theoretical approach combining Bronfenbrenner's Ecological Systems Theory and Tinto's Theory of Student Retention to examine student experiences from multiple perspectives, contextualizing academic integration within both institutional and broader ecological systems that influence learning and adaptation. **Purpose:** This conceptual analysis aims to explore the multifaceted academic challenges faced by international medical students, moving beyond traditional language and cultural adjustment issues to examine cognitive preparedness differences that may impact academic performance and retention. **Key Findings:** The analysis reveals that academic challenges extend beyond conventional adaptation issues, suggesting that international medical students may exhibit inherent differences in cognitive preparedness that significantly influence their academic success. These findings highlight the need for more responsive institutional frameworks that align pedagogical approaches with diverse student readiness levels. **Implications:** The study advocates for culturally and cognitively inclusive educational practices that promote meaningful academic integration. Recommendations include developing adaptive teaching methodologies and support systems tailored to the diverse cognitive and cultural backgrounds of international medical students. **Conclusion:** This research contributes to the broader discourse on educational internationalization by providing actionable insights for educators and policymakers to enhance student retention and create sustainable, student-centered learning environments in Malaysian medical education.

Keywords: International medical students, cognitive preparedness, Tinto's theory, Bronfenbrenner's ecological model, sustainability, academic integration, medical education, Malaysia

INTRODUCTION

Malaysia is aiming to become an international education hub. Among many programs that are being offered, Malaysia aims to offer globally recognized medical program which is able to attract students from various countries. In line with its' ambition as mentioned above, Malaysia currently hosts a mix of local and international medical institutions. This includes off shore campuses of renowned universities such as Newcastle University Medicine Malaysia (NUMed) and Monash university which delivers the same curriculum as its United Kingdom and Australia counterpart while integrating their clinical phase with local government hospital (Guilding et al.,2021). The new format of packaging

medical program both at the public and private universities have significantly enhanced Malaysia's ambition to be a preferred destination for medical students who are actively seeking quality education at a relatively lower cost in comparison to western countries. This unique situation enables the establishment of some sought of a cross-cultural medical education programs between Malaysia and countries such as United Kingdom and it seems to be providing the incoming international students with the correct opportunities to experience western medicine in an Asian healthcare environment. This indirectly, enhances the robustness of the medical program in Malaysia itself (Rothwell et al., 2023).

Undoubtly, with this new founded aim and approach, Malaysia has witnessed an increase in international students, leading to a growing diversity among medical students in Malaysian (Maringe et al., 2018). Does a changing diversity among the student population poses a different type of challenges, both for the students and the education institutions? Does it pose a threat to the quality of medical education in Malaysia? Obviously, there is a thin line between quantity and quality in medical education. Scholars have continually emphasized the need for continuous improvement in teaching learning training methodologies, curriculum robustness, and the accreditation processes that comes with it, in order to maintain Malaysia's reputation as an education hub (Wong et al., 2017). However, Wong, again, in his paper, points that, there is limited empirical evidence indicating the presence of sustained, high-quality academic policies and social support system designed to specifically uphold the quality of medical education among international students (Wong et al., 2018). Abdullah, in his paper, mentions that, academicians have pointed out a significant gap between promotional narratives and institutional realities (Abdullah et al., 2022).

These observed discrepancies among the educational providers has raised questions about whether the country's focus remains more on student quantity rather than the quality of the educational and social experiences gained by the students. The thin line between branding and service delivery becomes clearer when institutions seems to pay more attention towards recruitment over retention. It's undeniable that, some studies suggest an emerging awareness of multicultural integration among educational providers, however, still other studies seem to highlight persistent gaps in academic preparedness, student services, and cross-cultural competency among education institutions (Richards et al, 2019). This simple act seems to contradicts the very foundations of student academic success, which is one of the core purposes of any education system. Kheir, in his paper, published in 2020, further argues that while policies emphasize internationalization but institutional practices seem to fall short in areas such as mental health support and long-term integration (Kheir et al., 2020). This observed gap between policy frameworks and ground-level implementation requires a more honest, critical reflection. These findings suggest that Malaysia's vision of becoming an inclusive education hub is not uniformly translated into practice. Could these challenges as mentioned by Wong, Kheir, Richards, if left unresolved, lead to a poor retention rate among international medical students in Malaysia?

Challenges Faced by International Medical Students

The journey of seeking tertiary education in a different country poses very unique challenges unlike those experienced by students who pursue higher education in their home country. And, this is no different in the case of international medical students in Malaysia, as they too face multiple academic and personal challenges as they embrace a new educational system (Lugova et al., 2024). Lee, in his 2017 paper, highlights the fact that, there are some profound challenges that are faced by international medical students and these challenges are significantly influencing their academic performance (Lee et al., 2017).

The transition to these new teaching learning ecosystem and assessment may result in academic stress, particularly for students who are not accustomed to self-directed learning approaches in a Malaysian context. Currently, the medical education in Malaysia has employed a strong integrative approach which often based on its native population. This will be a total contrast to the education ecosystem, whereby, most of the international students are accustomed to in their home land (Lugova et al., 2024). The adaption required by international medical students becomes clearer as we acknowledge the impact of the above-mentioned differences on their academic performance.

Lugova argued that, the very step or process of transitioning into a new educational system, moreover at a tertiary level, poses varying degrees of difficulty for international medical students. The degree of difficulties faced, often depends on the difference between their previous academic culture

and the current one. In the Malaysian context, Lugova reasons that international medical students face a tremendous level of academic stress due to unfamiliar structure employed in medical education, such as problem-based learning (PBL) methods, followed by high clinical expectations, and clerking based assessment systems that demands independent critical thinking. Moreover, Lugova's study also concludes that many students originating from a didactic based system and exam-oriented ecosystem struggled with Malaysia's medical education which employs a much integrative system and which requires one to practice self-directed learning approach.

Moreover, Lugova finds that many international students face challenges not just in medical English but also in deciding the appropriate form of clinical reasoning in settings like ward rounds, small group discussions, and OSCEs (Objective Structured Clinical Examinations) which takes place in the government hospitals filled with Malaysian (Lugova et al., 2024). These difficulties are further aggravated when most international students come from cultures where academic system is imbued with a huge dosage of authority. This is making it harder for them to engage in the open, questioning style promoted in Malaysian medical pedagogy (Lugova et al., 2024). Xue in 2025 paper, further argues that institutions often underestimate this pedagogical gap. He suggests that education institution is treating communication barriers as purely a linguistic issue rather than acknowledging that these challenges arises due to deeply rooted prior learning experiences.

The view put forward by Lugova, seems to garner support from Deni. In 2021, Deni, pointed that, the assessment phase, specifically, the clinical exams involving patient interaction and clinical case-based discussion, have proven to be a huge hurdle for international students, who are not accustomed to the Malaysian cultural and linguistic context. This is not surprising as the assessment will involve the Malaysian population. This is due to the fact that, government hospitals are the ones used as the center for clinical teachings and assessment. These challenges are rooted in what they describe as the "pedagogical shock" experienced by students transitioning from rote learning systems.

However, it must be acknowledged that there are some contrasting finding pertaining to this matter. In studies published earlier, in 2011, contrasting perspectives emerged. Malau in his study, investigated international students in Australian medical schools and found that while the students initially struggled, many adapted quickly due to structured orientation programs and institutional mentoring efforts. Similarly, in Malaysian context, a paper published by Singh in 2023, mentions that some Malaysian institutions, particularly private education providers have been proactively engaged in helping the international students in term of academic adaptation. Thus, a marked improvement has been observed in terms of academic performance and retention rate. This is achieved by introducing early curriculum bridging programs, suggesting variability even within the Malaysian context (Singh et al., 2023).

This contrasting finding suggests that student adaptation problem is real and it is universally present but not uniformly paid attention. Whys such a predicament is faced by the international students when all institution in Malaysia are answerable to same regulatory body? So, while some international students may thrive in Malaysia's system, others remain vulnerable without tailored interventions. Is the issue the system itself, or the absence of the supporting mechanism or due to the inefficiency of the supporting mechanism?

Are there any other challenges besides the one mentioned above? The second most profound challenge faced by international medical students is the difference in cultural background. Beside the education system itself, it is obvious that their cultural background also influences their academic performance. Due to the significant difference in terms of culture, many international students seem to face culture shock due to differences in social norms, religious practices, and food culture to a larger degree. These factors combined, seems to contribute to a state of isolation which later develops into stress, which effects their academic performance (Singh et al., 2020).

Besides academic adjustment, one of the most profound challenges international medical students face is cultural transition. This factor is truly subjective, but this variable could directly impact the academic performance and emotional well-being of the international students. The subtle nature of culture shock, arising from differences in language, social norms, religion, and food, is widely reported as a critical factor leading to feelings of isolation and academic stress. For instance, Byrne, and his colleagues found that international medical students studying in multicultural settings often experience difficulty forming peer relationships. They fail to capture and to understand the unspoken social cues, contributing to a sense of exclusion. This sense of belonging is important and when absent, it can greatly

damage the student motivation and hinder academic performance (Byrne et al., 2019).

Interestingly, this view was supported by a recent study by Ali, who focused on international medical students in an Egyptian university, found that acculturative stress was highest among students from those countries with a vastly different cultural background. Thus, affecting their ability to cope with academic pressures (Ali et al., 2024). Furthermore, Lugova in 2023 did not find anything contradicting the findings by Ali as mentioned above. Her paper too is clearly mentioning that, also found that international medical students do face profound culture shock while studying in Malaysia. This is due to the nature of medical ecosystem in Malaysia, which requires one to be able to effectively communicate, establish group work, and clinical interactions with patients and co students, who stems from diverse cultural backgrounds. The disconnect between students' cultural upbringing and Malaysia's institutional environment often triggers homesickness and alienation. This ultimately impacts their academic performance and motivation (Lugova et al., 2023). Obviously, the absence of any targeted approach from the educational providers to address these socio-cultural barriers, leads to culture shock, which can evolve into chronic stress. Thus, making it a key factor in triggering high attrition rate among international student. Hence, it is essential for medical institutions in Malaysia to recognize culture shock not merely as an adjustment phase, but as a systemic challenge requiring institutional response.

Theoretical Framework

To identify the most suitable theoretical framework that could help educational institution to come up with the proper interventions to mitigate the challenges faced will be the next step. Student retention in higher education has poised itself as a central issue for education institutions, demanding the stakeholders to initiate the development of theoretical models aimed at predicting student persistence and improving retention strategies (Spady et al., 1970). Over time, these models have served to be foundational tools in conceiving retention initiatives and shaping institutional policies in both academic and non-academic affairs. Two theoretical frameworks are being considered to analyze this topic. The most prominent, among these models, is Vincent Tinto's (1975) Theory of Student Retention. It stands out as one of the most influential frameworks, providing a comprehensive approach to understand why students persist or drop out of education institutions. Tinto defines retention as a continuous process, in which students' academic and social oneness within an institution will directly affects their persistence in continuing their academic pursuit. His model builds upon Durkheim's (1951) theory of suicide, which describes that individuals who fail to integrate into social structures, tend to experience withdrawal symptoms. This concept has been reused by Tinto to be applicable in a higher education setting as shown in Figure 1.

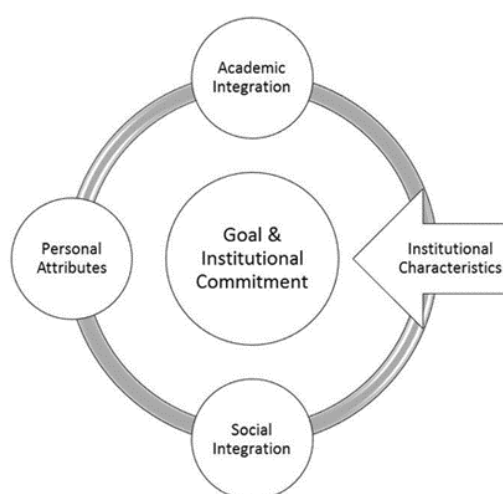


Figure 1: Tinto's Model of Student Retention.

[From " Tinto's Model of Student Retention " (Draper, 2003) and Completing College (Tinto, 2012).]

Based on Tinto's theory, it clearly acknowledges that student retention heavily dependent on both academic and social integration. Over the years, research has expanded on Tinto's model, incorporating additional factors such as institutional commitment, faculty-student interaction, and peer support networks (Allen et al., 1997). However, subsequent studies have employed methods such as logistic regression and structural equation modeling to enhance retention predictions. This clearly shows the complex nature of student persistence in education institution (Pascarella et al., 1979). In the context of international medical students in Malaysia, both academic and social components under Tinto's framework provides a valuable platform to analyze how institutional integration influences student success.

It is acknowledged that Tinto's Theory of Student Retention serves as a platform for a foundational framework to understand student persistence. However, its usage in a non-Western contexts like Malaysia seems to be limited. It is true that Tinto's model is deeply rooted in Western-centric beliefs in individualism and academic-social integration within homogeneous institutional cultures (Zhang, Grimshaw, & Shi, 2021). However, it is a fact that, international students in Malaysia often come from countries with a collectivist society, where family values, culture, and religious factors do play a more vital role in academic decisions. These variables are largely overlooked by Tinto Theory (Singh, 2018). Moreover, Tinto's emphasis on separation from one's past such as one's culture and family, as a prerequisite for integration contradicts the lived experiences of many international students who maintain strong ties to their cultural identity throughout their studies (Cruwys, Ng, & Haslam, 2021).

Bronfenbrenner's Ecological Systems Theory

Tinto's theory mainly focuses on institutional integration, however, Bronfenbrenner's (1979) Ecological Systems Theory is considered as the second theoretical framework as it utilizes a broader socio-ecological perspective, stressing that student adaptation is shaped by various environmental influences. Initially, Bronfenbrenner originally developed this theory to explain human development within nested environmental contexts. However, he later expanded his theory into the Bioecological Model of Development (Bronfenbrenner & Morris, 2006). Basically, his framework encompasses five interconnected systems that influence students' performance in any given educational institution. The five systems are illustrated in Figure 2 and tabulated in Table 1.

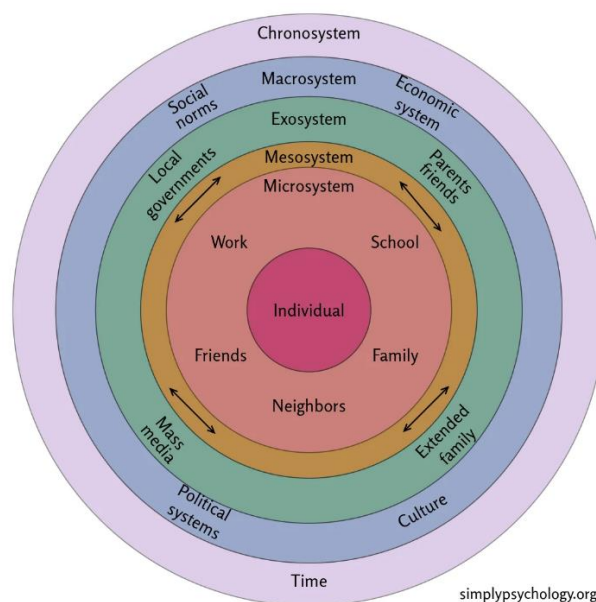


Figure 2

Bronfenbrenner's Ecological Systems Theory		
1	Microsystem	This involves variables such as, the immediate educational setup, such as faculty, classmates, and academic advisors.
2	Mesosystem	This involves variables such as the relationships between different aspects of the microsystem, such as how academic struggles faced is handled by the social support networks, thus influencing their academic performance.
3	Exosystem	At this level, external institutional policies, government regulations, and scholarship opportunities that might indirectly affect student academic performance.
4	Macrosystem	At this level, the broader cultural and societal values are observed, including how Malaysian policies on international students shape their academic performance
5	Chronosystem	At this state, changes according to time-based influences, such as changes in educational policies, personal growth, and shifting career expectations are looked into.

Table 1

The strength of Bronfenbrenner's Ecological Systems Theory lies within its ability to comprehensively view the multi-layered dimensions of human development. Thus, its use in this concept paper provides a useful lens for exploring how multiple environmental systems which has the capacity to affect international medical students' experiences. However, the theory works with an assumption that, that each layer will be functioning in a relatively cohesive manner. This may not be observed within Malaysia's education ecosystem. This view is further strengthened by the very nature of the fragmented institutional responses towards the needs of international student. According to Ninnes, in his 2018 paper, while the model is conceptually solid, it seems to fail to fully consider the in synchronicities among institutional and the difference in their policy-level responses. This is a common case in many non-Western contexts (Ninnes et al., 2018). It true that, in Malaysia, exosystem-level policies like visa matters and the restrictions on horsemanship posting for international medical students often contradicts institutional goals for integration and retention (Ninnes et al., 2018). Moreover, as Maringe in his 2018 paper points that, Bronfenbrenner's model tends to overlook the power imbalances and institutional hierarchies, which are highly normal in cross-cultural education hubs like Malaysia (Maringe et al., 2018).

Nevertheless, by integrating these two theories, we might be able to bring about the best of these two theories leading to a more in-depth understanding of the challenges faced by international medical student in Malaysia. While Tinto will address those internal institutional engagements, on the other hand, Bronfenbrenner allows for exploration of external socio-political and cultural influences, education policies, visa policies or societal attitudes. Together, they can provide a balanced framework that acknowledges both the institutional and contextual dynamics affecting student success, while at the same time, acknowledging the fact that, it must be adapted to reflect systemic and cultural asymmetries observed in Malaysia.

Proposed Integration of Tinto's and Bronfenbrenner's Models

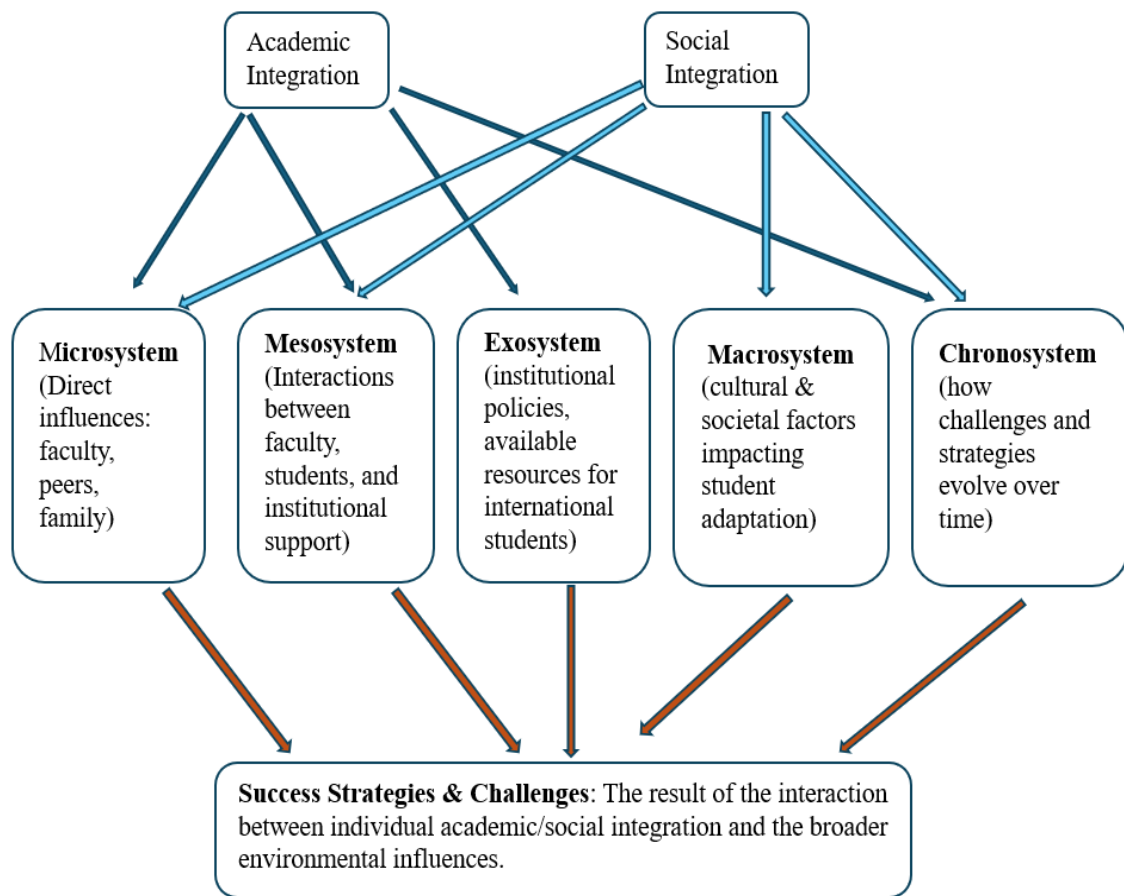


Figure 3: Integration of Tinto's and Bronfenbrenner's Models

By bringing together both, Tinto's and Bronfenbrenner's theories as shown in Figure 3, above, we are bound to gain a comprehensive understanding of the academic and social challenges faced by international medical students, as well as the strategies needed to enhance student success. The interplay between the variables captured under these two theories will surely throw light for the stakeholders to find the correct interventions to bring about an improved academic performance among the international medical students. For example, if an international medical student struggles academically due to language barriers (microsystem) but receives support through peer mentorship (mesosystem) and institutional language assistance programs (exosystem), their retention likelihood increases.

Institutional Strategies for Enhancing Student Success

a. Pedagogical and Communication Transition Programs: Bridging Educational Paradigms

As mentioned earlier, one of the core challenges faced by international medical students is the nature of the medical education system in Malaysia. Thus, Al Worafi clearly sees that, one of the key institutional strategies that increases the possibility for international medical students' success potential is the initiative to establish academic support systems, which are tailored to bridge curriculum gaps and enhance learning resources. Upon looking deeper into the nature of the medical curricula in Malaysia, Al Worafi finds that, problem-based learning (PBL), case based training, and clinical exposure at government hospitals, are embedded into the medical curricula. Al Worafi concludes that, this form of pedagogy may be alien to students coming from different educational backgrounds (Al-Worafi et al., 2024).

One of the institutional strategies that targets to tackle this particular core challenge faced by international medical students is the implementation of pedagogical and communication transition programs. These programs aim to bridge the educational and linguistic mismatch between the systems students come from often lecture-based and exam-driven and Malaysia's medical education model, which emphasizes problem-based learning (PBL), student autonomy, and clinical communication. While some institutions, such as Universiti Kebangsaan Malaysia (UKM), have piloted integrated communication and clinical reasoning modules, these remain exceptions rather than norms (Balasingam et al., 2021). In many cases, programs are offered as one-off language workshops, detached from the real pedagogical structure of medical education. This raises a critical concern. Are these interventions addressing the root cause of pedagogical adjustment or merely its surface symptoms? Without embedded, longitudinal support that aligns with the cognitive and communicative demands of Malaysian medical education, the gap between institutional promise and practical outcomes might prolong.

Anurathapan in his paper published in 2024, questions, the efficiency of the interventions. Does the implementation of pedagogical and communication transition programs promotes both academic and social integration, as proposed by Tinto's Theory of Retention? Supplemental instruction programs such as peer-assisted learning (PAL) and academic tutoring have been introduced in medical institutions to provide additional academic support to reinforce subject mastery (Anurathapan et al., 2024). It is undeniable that these initiatives enhance academic integration, however, they do not necessarily promote social engagement, a key component of Tinto's retention framework. It must be acknowledged that, without a balanced academic and social support system, students may still feel disconnected from their learning community, making them more likely to withdraw from the education ecosystem.

b. Cultural Orientation and Integration Support Programs

Cultural shock that comes in various forms and its impact on the academic performance, while they pursue their medical education in Malaysia is the second major challenge that international students do face (Byrne et al., 2019). And, the normal practice employed currently, to mitigate the effects of cultural shock among international medical students is by implementing structured cultural orientation and integration programs. It is easy to understand that, cultural differences tend to manifest in various forms while they are in Malaysia, given the fact that we have a diverse population (Byrne et al., 2019). The diversity in culture may manifest in the form of unfamiliar food, religious customs, social norms, and campus life. This could often lead to emotional discomfort, homesickness leading to social isolation (Byrne et al., 2019). Students from different cultural backgrounds do face difficulties in adapting to Malaysian norms, which includes halal dietary requirements, communal living, and religious practices that shape university life from a larger perspective. Lugova, noted that some if not most, institutions seem to offer some form of brief orientation sessions. However, they rarely provide ongoing cross-cultural activities or environment or peer integration support, thus limiting students' capacity to internalize and to adapt to new social environments (Lugova et al., 2024).

Thus, the evidence pertaining to the effectiveness of these programs remains mixed. However, Byrne in his paper published in 2019, mentioned that international students who had the opportunity to participate in various cultural integration programs, such as peer buddy systems and cultural exchange events, did report of higher levels of belonging and emotional well-being (Byrne et al., 2019). According to Lashari, 2023, programs, whereby pairing of international students with Malaysian peers or student ambassadors seems to help the international student to navigate through social customs, religious sensitivities, and daily living experiences such as local cuisine, campus routines, and Malaysian diverse culture at large (Lashri et al 2023). One example is the buddy system at Universiti Utara Malaysia. This program was reported to effectively bring about a sense of oneness or belonging and emotional resilience, especially among students from non-Muslim-majority backgrounds who initially felt out of place in Malaysia's Islamic cultural setting. Furthermore, this study by Lashri also finds that programs such peer-led support do encourage informal learning of cultural norms, which institutional workshops alone could not effectively deliver (Lashri et al 2023).

Nevertheless, another study by Xue in 2025, concludes that most Malaysian education institutions, these programs are underfunded, inconsistently run and overly superficial. They tend to offer some form superficial exposure rather than meaningful engagement, which is what really required

for the betterment of the international students at large (Xue et al.,2025). Furthermore, some private institutions package cultural programs as part of their international branding rather than truly considering these integration tools. Finally, after putting all this information together, one can't help but to question the motivation behind these programs. Are they designed to serve students' social needs or merely to fulfill institutional checkboxes? The gap between what is promised and what is delivered reflects a broader issue of profit-driven priorities undermining genuine student support.

Unresolved Gap in International Medical Education in Malaysia

Yes, it is true that institutions have implemented various support mechanisms, but whether the institutions have understood their long-term effectiveness in relation to students' academic performance is still a gray zone? A recent paper by Lugova is hinting to the fact that, despite the growing number of international students in Malaysian medical schools, research on institutional strategies for student success remains fragmented and largely based on personal understanding rather than factual findings (Lugova et al., 2024). Following the lead by Lugova, in this section, we aim to critically discuss one major gap which seems to be vital for this subject matter.

The glaring gap that stands very prominently is the absence of ample data due to limited empirical studies specifically on institutional interventions to meet the challenges as mentioned above. The lack of both qualitative and quantitative research specifically on institutional interventions for international medical students, proves to be stumbling block for all the relevant stakeholders from having a correct understating of the subject matter. How many studies have actually assessed the effectiveness of mentorship programs, academic counseling, or clinical integration efforts? It is true that, all if not most Malaysian medical institutions often claim to offer a strong and holistic support services for international medical students, such as mentorship, academic advising sessions, and cultural orientation. However, Lugova observed that, there is a significant difference between preached policies and on the ground implementation of the above mentioned activities (Lugova et al.,2024). Lugova also seems to conclude that, despite promotional acts mentioning about structured form of inclusive student services, few institutions offer systematic evaluations of these interventions. This is further worsened by even fewer publish empirical data on the actual impact on student academic performance or retention (Lugova et al.,2024). How do we know if these strategies truly work? Truly, this reflects a critical research gap. how do we know if these strategies truly work?

The lack of robust evidence becomes more evident when examining interventions like academic mentorship. In a paper published in 2022, Wong emphasized that while peer mentoring is frequently promoted, the quality and depth of engagement often vary drastically across institutions. Their simple study found that meaningful intercultural mentoring came into existence when universities are fundamentally inclined to invest in structured, ongoing peer relationships. This reflects a long-term commitment in these kinds of activities rather than ad hoc pairings which is done by some institutions (Wong et al., 2022).

Another dimension to this gap is that, even when these supporting programs get implemented, there is no strong evidence linking them directly to improved academic success or retention among international medical students. According to Kumari. retention strategies in many private medical colleges are basically, surface-level engagement over individualized academic coaching. It is not hard to conclude that, most often, student retention is driven more by marketing than by pedagogy. This raises questions about the sincerity of institutional commitment, especially in tuition-driven environments where profitability may overshadow educational integrity. In short, while institutional support is widely claimed, its effectiveness remains weakly substantiated, necessitating more transparent, data-driven evaluations.

It's not a farfetched idea, if we clam that international medical students' capacity to adjust academically and socially is profoundly impacted by the inconsistent application of institutional supporting mechanisms and further aggravated with the absence of empirical data to guide us otherwise. Students frequently feel alone when they are navigating through a new education system in a foreign cultural context. And, without a strong data driven approach to capture the effectiveness of these formal supporting programs, issues pertaining to stress due to cultural differences, loneliness, and poor academic achievement will continue to encroach into the lives of the medical students in Malaysia. In the end, these disparities erode student self-esteem, lower retention rates, and jeopardize the institution's

overarching objective of creating inclusive, student-centered medical education settings. The lack of empirical validation and inconsistent implementation of institutional support strategies directly impacts international medical students' ability to adapt academically and socially.

What could be the reason behind the reluctance these institution for not willing to conduct longitudinal studies. Here we would like to postulate that one reason for this resistance is the resource intensive nature of such research. These sorts of research demand sustained funding, trained human resource, and institutional collaboration factors that may conflict with the cost conscious priorities of profit driven private institutions. Moreover, the process of monitoring student progress over time, could expose systemic weaknesses in support services. It's obvious that, this may force institutions to avoid transparency to guard their reputation. In addition, existing research methodologies most often than not, usually reflect institutional biases, with studies designed to affirm predetermined success narratives rather than failures. As a result, much of the current literature is based on short-term surveys or interviews, lacking true data which might be voiced by marginalized international students, who would might be facing severe adaptation challenges.

Furthermore, the overreliance on Western research paradigms in Malaysian educational studies imposes frameworks that may not align with the sociocultural realities of Southeast Asia. For example, theory such as Tinto's Student Retention which focuses on individual integration, fails to account for Malaysia's collectivist values, multilingual contexts, and diverse culture of this country. To genuinely understand and address international student experiences, research approaches must be re-contextualized, incorporating local ecosystem and methodologies grounded in Malaysia's pluralistic education landscape. Based on the all the information and insights gained, below is are the two research objectives and questions that this proposal is putting forward.

Research Objective 1:

To explore the academic and social integration experiences of international medical students in Malaysia, using Tinto's Theory of Student Retention and Bronfenbrenner's Ecological Systems Theory as guiding frameworks.

Research Objective 2:

To identify unaccounted contextual or cultural variables influencing international medical students' academic persistence—particularly those not addressed by Tinto's or Bronfenbrenner's theoretical models.

Research Question 1:

How do international medical students in Malaysia experience academic and social integration within institutional and external environments, as described by Tinto and Bronfenbrenner's models

Research Question 2:

What are the emerging socio-cultural or psychological variables that influence international medical students' academic persistence in Malaysia but are not fully captured by Tinto's and Bronfenbrenner's frameworks?

(Example of such an unknown variable: the influence of religious identity integration in campus life or visa-related insecurity, which are often institutional-external yet deeply personal and can impact retention.)

RESEARCH METHODOLOGY

This qualitative study employs a purposive sampling technique to explore the academic challenges and success strategies of international medical students studying at a private institution in Malaysia. The purposive approach was selected to ensure the participants directly reflect the central phenomenon under investigation—namely, the adaptation and persistence of international students in a Malaysian

medical education context. In total, **20 international medical students** and **5 academic lecturers** were selected as participants based on their relevance, diversity in background, and potential to provide rich, contextual data.

Inclusion and Exclusion Criteria

The inclusion criteria for student participants were:

- Non-Malaysian citizenship.
- Enrolled in at least the first year of the medical program.
- Completion of at least one semester of clinical exposure.
- Must have failed 2 consecutive modules in a year.
- Demonstrated some degree of English proficiency (to ensure meaningful engagement during interviews).

Students who were still within their first semester or had prior experience studying in Malaysia (e.g., completing pre-university in Malaysia) were excluded to maintain homogeneity in terms of international adjustment experiences. Lecturers will be selected based on having a minimum of three years of experience teaching international medical students and involvement in student support programs.

Data Collection Tools

Data will be gathered through semi-structured interviews, conducted separately with students and lecturers. This format allowed for flexibility while maintaining thematic focus, enabling participants to articulate their experiences, perceptions, and strategies in depth. Interview protocols were pre-validated by two academic experts in medical education and pilot-tested with a small subset of students for clarity and appropriateness.

Data Analysis Approach

Thematic analysis, as outlined by Braun and Clarke (2006), will be employed to interpret the qualitative data. This process involved six stages: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

Triangulation and Validation

To ensure validity and credibility, triangulation will be employed by incorporating three data sources: student narratives, lecturer insights, and institutional documentation (e.g., orientation materials and academic support services outlines). This strategy ensures a multifaceted understanding of the phenomena and mitigated the risk of single-source bias.

Member checking will be also conducted. Summaries of interpreted themes will be shared with select participants to verify accuracy and ensure that the findings authentically reflected their experiences. Peer debriefing with a colleague in medical education will be sought to provide an external perspective and helped in refining thematic categories.

Ethical Considerations

Ethical approval will be obtained from the respective medical institution. Participants will be informed of their rights, the purpose of the study, and their ability to withdraw at any time. Informed consent was obtained in writing. Confidentiality and anonymity will be assured by assigning pseudonyms and storing data in password-protected digital formats.

Limitations and Reflexivity

While purposive sampling enhances depth, the non-randomized selection may limit generalizability. Nonetheless, the richness of the qualitative insights offsets this limitation, especially given the study's focus on contextualized understanding. This is done to maintain a reflective journal to mitigate potential biases and enhance methodological transparency throughout the research process.

CONCLUSION

In an era where Malaysia dreams to position itself as a regional education hub, the dreams of international medical students, who seek for quality academic experience on our soil must not be masked by corporate branding or profit taking only. This conceptual analysis has brought to light a profound friction between institutional deep seated motive and the actual action taken to implemented to achieve the promise of inclusive education and the fragmented, often superficial, support structures currently in place. While Malaysia boasts diversity and affordability in medical education, international students still grapple with deep seated academic, cultural, and psychological challenges that are not always acknowledged, much less addressed, with empirical clarity.

The evidence seems to suggest that while many private medical institutions have made attempts to enhance student support through orientation programs, language assistance, and mentoring initiatives, these efforts often fall short of any deep-rooted engagement with the students. Too frequently, these interventions are superficial, reactive, one-dimensional, or tailored to meet institutional corporate identity rather than student needs. Moreover, the inconsistency observed in the program delivery process by these institutions, together with the lack of longitudinal and impact-based studies, hints to the possibility of a critical gap in understanding what truly fosters retention and success among international students.

At the core of these issues lies a deeper structural issue, which is the overreliance on Western theories like Tinto's Student Retention and Bronfenbrenner's Ecological Systems Theory without proper understanding and poor compliance in terms of contextual adaptation. It is true that, these models offer valuable frameworks, however, it will be wise to reinterpret through local lenses that consider Malaysia's collectivist values, multicultural dynamics, and policy fragmentation their application in Malaysia. In truth, the success of the international medical student in Malaysian medical institutions cannot be separated from the social, institutional, and national ecosystems that shape their learning journeys.

Yet amidst these challenges lies an opportunity, one that calls for Malaysian institutions to evolve beyond just profit based existence into a purposeful, data-informed, and human-centered educational environments. Integrating a reinvented Tinto's and Bronfenbrenner's frameworks could provide a holistic blueprint for reimagining student support, one that bridges institutional strategies with real-world student experiences. A combined model allows for both internal academic-social integration and the influence of external sociopolitical contexts, thus presenting a powerful mechanism to design interventions that are not just strategic, but empathetic and inclusive.

The question that remains is not whether Malaysia can support international medical students, it already does to a certain extent. The question is, can it do so in a way that is sustainable, research informed, and truly aligned towards the evolving realities of student diversity? Can institutions look beyond enrollment numbers and profit margins, and instead invest in systems that listen to students, learn from their struggles, and build lasting structures of care?

In the final analysis, international medical education in Malaysia stands at a crossroads. The path forward requires commitment, honesty, and most importantly, a shift in perspective, from seeing international students as short-term consumers to recognizing them as long-term contributors to Malaysia's academic and healthcare future. For in nurturing their success, Malaysia not only fulfills its vision as an education hub but it honors the very essence of education itself.

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