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Prevalence of Homesickness Among First-Year Bachelor of Physiotherapy Students: An Occupational Health Perspective

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Abstract

Background: Homesickness is a common emotional response among students relocating for higher education and may influence their psychosocial well-being and academic adjustment. Understanding homesickness among healthcare students is relevant to student well-being from an occupational health perspective. **Objective:** To assess the prevalence and levels of homesickness among first-year Bachelor of Physiotherapy (BPT) students and examine their associations. **Methods:** A cross-sectional observational study was conducted among 82 first-year BPT students at the College of Physiotherapy, Dayananda Sagar University, Bengaluru, Karnataka, India. Data were collected using the 20-item Utrecht Homesickness Scale (UHS) and supplementary questions concerning relocation, accommodation, academic adjustment, social support, and emotional well-being. Descriptive statistics were used to summarize participant characteristics and homesickness levels. Associations between homesickness categories and age group, gender, and mode of stay were examined using inferential statistical tests. **Results:** Among the 82 participants, 10.98% experienced low homesickness, 75.61% moderate homesickness, and 13.41% high homesickness. No statistically significant associations were observed between homesickness category and age group ($p = 0.189$), gender ($p = 0.051$), or mode of stay ($p = 0.805$). Female participants had higher mean homesickness scores than males, although the difference was not statistically significant ($p = 0.1031$). Additionally, 60.98% reported difficulty adjusting to college academics, 75.61% experienced academic stress, and 50% reported inadequate sleep. **Conclusion:** Moderate homesickness was predominant among first-year BPT students. Academic stress, adjustment difficulties, and emotional concerns were frequently reported, highlighting the importance of psychosocial support and student well-being initiatives during the transition to higher education.

Major Findings: Moderate homesickness was predominant among first-year BPT students (75.61%), with no statistically significant associations with age, gender, or mode of stay. Academic stress (75.61%) and difficulty adjusting to college academics (60.98%) were commonly reported.

Keywords: Academic Stress, First-Year University Students, Homesickness, Occupational Health, Psychosocial Well-Being, Physiotherapy Students, Social Support, Student Mental Health, University Adjustment, Utrecht Homesickness Scale

1. Introduction

Occupational health encompasses the promotion of well-being and the identification of psychosocial factors that may affect functioning in educational and professional environments. Students enrolled in professional healthcare programmes may experience academic pressure, changes in living arrangements, separation from established support networks, and difficulties adapting to new social environments. These challenges may coexist with homesickness and influence students perceived well-being, sleep, and academic adjustment. Investigating homesickness alongside academic stress, social support, and adjustment difficulties may therefore contribute

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to occupational health-related research in healthcare education. Homesickness is a distressing emotional response associated with actual or anticipated separation from home and familiar surroundings. It commonly involves longing for family members, friends, familiar routines, and the security of one's previous environment. Homesickness may occur during major life transitions, particularly when individuals relocate for education or employment, and can interfere with their adjustment to a new setting[1].

Students who leave their hometowns to pursue higher education may encounter several simultaneous changes, including unfamiliar accommodation, new academic expectations, altered social relationships, and increased personal responsibility. Individual psychological characteristics, previous experiences of separation, and access to social support may influence how students respond to these changes[2]. Homesickness has been identified as a relevant concern among university students and may be associated with emotional distress and adjustment difficulties[3].

Longitudinal research among first-year college students has demonstrated that homesickness may change over time and is associated with aspects of overall and social adjustment[4]. The transition to university can therefore represent a period of vulnerability during which students may benefit from appropriate emotional, academic, and social support. Research examining the transition to university has also identified homesickness and psychological disturbance as relevant concerns among students living away from home[5].

Homesickness is a multidimensional experience rather than a single emotional response. It may involve missing family members, missing friends, loneliness, difficulties adapting to a new environment, and persistent thoughts about home. Research examining students from different cultural backgrounds has emphasized the importance of understanding homesickness in relation to both separation from familiar relationships and adjustment to the new environment[6].

Social support may contribute to students' adjustment to university life. Supportive relationships with peers, family members, faculty, and other members of the university community may help students manage relocation and academic demands. Research on resilience and academic stress among university students has highlighted the relevance of social support in coping with educational challenges[7].

The Utrecht Homesickness Scale (UHS) is a standardized instrument developed to assess homesickness across multiple dimensions. The scale comprises 20 items covering missing family, missing friends, loneliness, adjustment difficulties, and rumination about home. Research has examined its psychometric properties, supporting the importance of specifying the instrument and its scoring procedure when assessing homesickness[8,9].

First-year Bachelor of Physiotherapy (BPT) students may experience academic demands alongside the personal and social adjustments associated with entering university. Students living away from their hometowns may need to adapt to unfamiliar accommodation, new routines, and separation from established support networks. This transition may be particularly challenging as students become familiar with the expectations of a professional healthcare programme while adjusting to greater independence. Despite the importance of psychosocial adjustment during the transition to higher education, evidence concerning homesickness among first-year physiotherapy students remains limited. Understanding the prevalence and levels of homesickness, together with students reported academic and emotional adjustment experiences, may help identify areas requiring further investigation. Therefore, this study aimed to assess the prevalence and levels of homesickness among first-year Bachelor of Physiotherapy students and examine their associations with demographic characteristics. The findings may provide preliminary information relevant to student well-being and occupational health research in professional healthcare education[1,4,5].

2. Methodology

2.1 Study Design

A cross-sectional observational study was conducted to assess homesickness among first-year Bachelor of Physiotherapy students.

2.2 Study Setting and Duration

The study was conducted at the College of Physiotherapy, Dayananda Sagar University, Bengaluru, Karnataka, India. The planned duration of the study was six months.

2.3 Sample Size

The sample size was determined based on an anticipated homesickness prevalence of 75%, with a 95% confidence

level and an absolute precision of 10%. Based on these parameters, the minimum required sample size was approximately 72 participants. A total of 82 first-year BPT students were included in the final analysis.

2.4 Sampling Technique

Convenience sampling was used to recruit eligible first-year BPT students who were available and willing to participate during the study period.

2.5 Inclusion Criteria

- Students enrolled in the first year of the Bachelor of Physiotherapy programme.
- Students living away from their hometowns during their studies.
- Male and female students who voluntarily agreed to participate and provided informed consent.

2.6 Exclusion Criteria

- Students residing in their hometowns with their families during the study period.
- Students who had lived in a hostel or similar residential setting since their school years.

2.7 Outcome Measures

The primary outcome measure was the level of homesickness among the participants.

2.7.1 Utrecht Homesickness Scale (UHS)

The 20-item UHS was used to assess homesickness across five dimensions: missing family, missing friends, loneliness, adjustment difficulties, and rumination about home. The items were rated using five response categories ranging from "not" to "very strong," as represented in the study questionnaire. The total homesickness score was summarized using descriptive statistics. The Utrecht Homesickness Scale (UHS) has demonstrated excellent internal consistency, with a Cronbach's alpha of 0.94 for the total scale and values ranging from 0.80 to 0.90 for its five subscales[6].

2.7.2 Supplementary Relocation and Adjustment Questions

Additional questions collected information regarding frequency of visits home, comfort in the current living environment, availability of close friends or relatives, communication with family, emotional support from peers or roommates, academic adjustment, academic stress, sleep adequacy, health concerns after relocation, language difficulties, perceived cultural differences, stress related to being away from home, and sadness or low mood.

2.7.3 Homesickness Classification

Participants were classified into low, moderate, and high homesickness categories using the thresholds applied in the study: low (≤50%), moderate (51–75%), and high (>75%).

2.8 Procedure

Before starting the study, ethical clearance was obtained from the college for conducting the research. Eligible first-year BPT students were informed about the purpose and procedure of the study. Participation was voluntary, and informed consent was obtained before data collection.

Participants completed the 20-item homesickness questionnaire and supplementary questions relating to their living arrangements, academic adjustment, social support, and emotional experiences after relocating from their hometowns. Responses were compiled into a dataset and checked for completeness and consistency before analysis.

The UHS responses were used to calculate the homesickness scores and categories reported in the results. Supplementary questions were analyzed separately to describe participants experiences of relocation and adjustment.

3. Statistical Analysis

Categorical variables were summarized using frequencies and percentages. Continuous homesickness scores were summarized using means and standard deviations, with medians and interquartile ranges where appropriate. Associations between homesickness categories and demographic characteristics, including age group, gender, and mode of stay, were examined using the chi-square test. Differences in mean homesickness scores between gender groups were assessed using an independent-samples t-test, while comparisons across age groups and accommodation categories were conducted using one-way analysis of variance (ANOVA). A p-value of less than 0.05 was considered statistically significant.

4. Results

Among the 82 participants, the largest age group was 19 years (42.68%). Female participants accounted for 68.29% of the sample. Nearly half of the participants (48.78%) stayed in hostels, followed by paying-guest accommodation (37.80%).

Moderate homesickness was the most frequently reported category, accounting for 75.61% of participants. High homesickness was reported in 13.41%, while 10.98% were classified as having low homesickness under the study-applied classification criteria.

Moderate homesickness was the most common category across all age groups. The reported association between age group and level of homesickness was not statistically significant (p = 0.189).

Table 1. Demographic characteristics of participants (N = 82)

Demographic characteristic	Number (n)	Percentage (%)
Age (years)		
≤18	24	29.27
19	35	42.68
20	17	20.73
≥21	6	7.32
Gender		
Male	26	31.71
Female	56	68.29
Mode of stay		
Hostel	40	48.78
Paying guest (PG)	31	37.80
Rented house	11	13.41
Total	**82**	**100.00**

Table 2. Prevalence and levels of homesickness among participants (N = 82)

Level of homesickness	Number (n)	Percentage (%)
Low homesickness (≤50%)	9	10.98
Moderate homesickness (51–75%)	62	75.61
High homesickness (>75%)	11	13.41
Total	**82**	**100.00**

Table 3. Association between age group and level of homesickness

Age group (years)	Low, n (%)	Moderate, n (%)	High, n (%)	Total, n (%)
≤18	3 (12.50)	21 (87.50)	0 (0.00)	24 (29.27)
19	4 (11.43)	23 (65.71)	8 (22.86)	35 (42.68)
20	2 (11.76)	12 (70.59)	3 (17.65)	17 (20.73)
≥21	0 (0.00)	6 (100.00)	0 (0.00)	6 (7.32)
Total	**9 (10.98)**	**62 (75.61)**	**11 (13.41)**	**82 (100.00)**

Chi-square = 8.734; p = 0.189.

Table 4. Association between gender and level of homesickness

Gender	Low, n (%)	Moderate, n (%)	High, n (%)	Total, n (%)
Male	3 (11.54)	23 (88.46)	0 (0.00)	26 (31.71)
Female	6 (10.71)	39 (69.64)	11 (19.64)	56 (68.29)
Total	**9 (10.98)**	**62 (75.61)**	**11 (13.41)**	**82 (100.00)**

Chi-square = 5.950; p = 0.051.

Table 5. Association between mode of stay and level of homesickness

Mode of stay	Low, n (%)	Moderate, n (%)	High, n (%)	Total, n (%)
Hostel	3 (7.50)	31 (77.50)	6 (15.00)	40 (48.78)
Paying guest (PG)	5 (16.13)	22 (70.97)	4 (12.90)	31 (37.80)
Rented house	1 (9.09)	9 (81.82)	1 (9.09)	11 (13.41)
Total	**9 (10.98)**	**62 (75.61)**	**11 (13.41)**	**82 (100.00)**

Chi-square = 1.624; p = 0.805.

Table 6. Comparison of homesickness scores across age groups using one-way ANOVA

Age group (years)	N	Mean	SD	Median	Interquartile range
≤18	24	88.00	13.35	90.00	18.00
19	35	89.49	17.52	86.00	32.00
20	17	89.53	18.65	92.00	21.00
≥21	6	91.67	9.46	95.50	16.00
Total	**82**	**89.22**	**15.96**	**90.00**	**21.00**

F-value = 0.0958; p-value = 0.9621.

Table 7. Comparison of homesickness scores between genders using an independent-samples t-test

Gender	N	Mean	SD	Median	Interquartile range
Male	26	85.00	14.34	87.50	19.00
Female	56	91.18	16.41	93.00	27.00
Total	**82**	**89.22**	**15.96**	**90.00**	**21.00**

t-value = −1.6489; p-value = 0.1031.

Table 8. Comparison of homesickness scores according to mode of stay using one-way ANOVA

Mode of stay	N	Mean	SD	Median	Interquartile range
Hostel	40	90.05	14.20	90.00	19.50
Paying guest (PG)	31	87.16	18.43	88.00	25.00
Rented house	11	92.00	15.22	96.00	12.00
Total	**82**	**89.22**	**15.96**	**90.00**	**21.00**

F-value = 0.4729; p-value = 0.6250.

Table 9. Item-wise responses to homesickness-related questions

No.	Questionnaire item	Not, n (%)	Weak, n (%)	Moderate, n (%)	Strong, n (%)	Very strong, n (%)
1	Finding it difficult to adjust to a new situation	15 (18.29)	7 (8.54)	47 (57.32)	9 (10.98)	4 (4.88)
2	Feeling uncomfortable in a new situation	22 (26.83)	7 (8.54)	38 (46.34)	9 (10.98)	6 (7.32)
3	Feeling lost in a new situation	28 (34.15)	8 (9.76)	30 (36.59)	11 (13.41)	5 (6.10)
4	Feeling isolated from the rest of the world	23 (28.05)	12 (14.63)	33 (40.24)	11 (13.41)	3 (3.66)
5	Feeling lonely	27 (32.93)	9 (10.98)	27 (32.93)	16 (19.51)	3 (3.66)
6	Feeling unloved	23 (28.05)	15 (18.29)	31 (37.80)	8 (9.76)	5 (6.10)
7	Feeling uprooted	23 (28.05)	7 (8.54)	47 (57.32)	2 (2.44)	3 (3.66)
8	Missing people whom you trust and can talk with	13 (15.85)	11 (13.41)	27 (32.93)	16 (19.51)	15 (18.29)
9	Longing for acquaintances	23 (28.05)	14 (17.07)	32 (39.02)	11 (13.41)	2 (2.44)
10	Searching for familiar faces	23 (28.05)	11 (13.41)	29 (35.37)	15 (18.29)	4 (4.88)
11	Missing home	4 (4.88)	9 (10.98)	19 (23.17)	20 (24.39)	30 (36.59)
12	Missing your family	2 (2.44)	9 (10.98)	15 (18.29)	21 (25.61)	35 (42.68)
13	Missing your friends	6 (7.32)	6 (7.32)	23 (28.05)	19 (23.17)	28 (34.15)
14	Missing your parents	1 (1.22)	4 (4.88)	19 (23.17)	20 (24.39)	38 (46.34)
15	Having difficulties getting used to new customs	15 (18.29)	12 (14.63)	38 (46.34)	8 (9.76)	9 (10.98)
16	Continuously having thoughts about home	12 (14.63)	10 (12.20)	35 (42.68)	12 (14.63)	13 (15.85)
17	Regretting the decision to leave an old situation	23 (28.05)	12 (14.63)	33 (40.24)	6 (7.32)	8 (9.76)
18	Thinking that an old situation was better than the present	19 (23.17)	10 (12.20)	35 (42.68)	10 (12.20)	8 (9.76)
19	Repeatedly thinking of the past	26 (31.71)	14 (17.07)	22 (26.83)	10 (12.20)	10 (12.20)
20	Feeling missed by your family	4 (4.88)	3 (3.66)	27 (32.93)	21 (25.61)	27 (32.93)

Table 10. Responses to supplementary questions concerning relocation and adjustment

Question	Response category	Number (n)	Percentage (%)
1. How frequently do you visit home?	Not yet	17	20.73
	Rarely	31	37.80
	Monthly	29	35.37
	Weekly	5	6.10
2. Are you comfortable in your current living space?	No	14	17.07
	Somewhat	29	35.37
	Yes	39	47.56
3. Do you have close friends or relatives here to talk to when feeling low?	No	28	34.15
	Yes	54	65.85
4. How often do you communicate with your family?	Response code 1	4	4.88
	Response code 2	6	7.32
	Response code 3	72	87.80
5. Do you feel emotionally supported by peers or roommates?	Response code 1	17	20.73
	Response code 2	27	32.93
	Response code 3	38	46.34
6. Do you find it difficult to adjust to college academics?	No	32	39.02
	Yes	50	60.98
7. Do you feel stressed about your academic performance?	No	20	24.39
	Yes	62	75.61
8. Are you getting enough sleep since joining college?	No	41	50.00
	Yes	41	50.00
9. Have you experienced health issues since moving here?	No	35	42.68
	Yes	47	57.32
10. Do you face language difficulties in the classroom or daily life?	No	53	64.63
	Yes	29	35.37
11. Do you feel culturally different or excluded in your current environment?	No	52	63.41
	Yes	30	36.59
12. Do you feel stressed about being away from home?	Not at all	10	12.20
	Slightly	24	29.27
	Moderately	32	39.02
	Very much	10	12.20
	Extremely/all the time	6	7.32
13. Do you experience sadness or low mood because you are away from home?	Not at all	6	7.32
	Slightly	17	20.73
	Moderately	34	41.46
	Very much	0	0.00
	Extremely/all the time	25	30.49

Moderate homesickness was the most common category among both male and female participants. High homesickness was reported among female participants, while none of the male participants were classified in the high category. However, the reported association between gender and homesickness category did not reach statistical significance at the 0.05 level ($p = 0.051$).

Moderate homesickness was the predominant category across all three accommodation types. No statistically significant association was reported between mode of stay and level of homesickness ($p = 0.805$).

The mean homesickness scores were similar across age groups, ranging from 88.00 to 91.67. The reported one-way ANOVA did not indicate a statistically significant difference in mean homesickness scores between age groups ($p = 0.9621$).

Female participants had a higher mean homesickness score (91.18) than male participants (85.00). However, the difference was not statistically significant ($p = 0.1031$).

The highest mean homesickness score was observed among participants living in rented houses (92.00), followed by hostel residents (90.05) and paying-guest residents (87.16). The reported difference was not statistically significant ($p = 0.6250$).

Missing parents, family, friends, and home were prominent experiences. Very strong responses were reported by 46.34% of participants for missing parents, 42.68% for missing family, 36.59% for missing home, and 34.15% for missing friends. Difficulty adjusting to a new situation and feeling uprooted were most commonly rated as moderate.

Although 65.85% of participants reported having close friends or relatives locally, 60.98% reported difficulty adjusting to college academics and 75.61% reported academic stress. Half reported insufficient sleep, while 57.32% reported health issues since moving. Moderate stress about being away from home was the most frequent response (39.02%). For sadness or low mood, 41.46% selected "moderately" and 30.49% selected "extremely/all the time."

5. Discussion

The present study assessed homesickness among 82 first-year BPT students living away from their hometowns. Moderate homesickness was the predominant category, accounting for 75.61% of participants, while 13.41% were classified as having high homesickness and 10.98% as having low homesickness.

Homesickness is recognized as a response to separation from familiar environments and established relationships. It may occur during major life transitions and can be associated with adjustment difficulties and emotional distress[1,3]. Previous research has identified homesickness as a relevant experience among university students transitioning to residential and academic life[5].

Longitudinal research has shown that homesickness may change during the first semester of university and may be associated with poorer overall and social adjustment[4]. The present study used a cross-sectional design and therefore cannot establish whether homesickness increased, decreased, or remained stable as participants became more familiar with university life. Future longitudinal studies would help clarify changes in homesickness and identify circumstances associated with persistent adjustment difficulties. The UHS was developed as a multidimensional measure and includes items relating to missing family, missing friends, loneliness, adjustment difficulties, and rumination about home[8,9].

The reported association between age group and homesickness category was not statistically significant ($p = 0.189$). These findings do not provide sufficient evidence of an association between age and homesickness in this sample. Age-related interpretations should remain cautious, particularly given the multiple educational and developmental transitions that may occur during emerging adulthood[10].

The association between gender and homesickness was not statistically significance ($p = 0.051$). Although high homesickness was reported among some female participants and none of the male participants were classified in the high category, the observed distribution does not establish a reliable gender difference. Previous research has examined gender and other vulnerability factors during the transition to university, although findings from one setting should not automatically be generalized to another[2-11].

No statistically significant association was reported between mode of stay and homesickness category ($p = 0.805$). Moderate homesickness was the predominant category among students residing in hostels, paying-guest accommodation, and rented houses. Accommodation type may influence students' opportunities for social interaction, privacy, independence, and access to support; however, accommodation category alone may not adequately reflect the quality of their social relationships.

In the current study, 60.98% of participants reported difficulty adjusting to college academics, while 75.61% reported academic stress. Half reported not getting enough sleep since joining college, and 57.32% reported health issues after moving. Previous research has also examined homesickness in relation to students' health and functioning[12]. The current findings indicate that participants experienced a range of academic, lifestyle, and health-related concerns. However, the study design does not establish whether these concerns were caused by homesickness or whether they contributed to it.

The descriptive findings concerning local friendships and family connections provide useful context for understanding students' experiences. Research involving international students has identified relationships between friendship networks, social connectedness, satisfaction, and homesickness[13]. Social support may also buffer the effects of stressful experiences, as described in the broader literature on stress and support[14]. However, the present study did not establish a statistically tested association between these supplementary responses and homesickness. These variables should therefore be interpreted descriptively rather than as confirmed predictors.

Adjustment to college involves several dimensions, including academic functioning, social relationships, and personal-emotional adjustment[15]. The transition may also involve adapting to unfamiliar social norms and daily routines, which can be considered in the broader context of culture shock[16]. Attachment theory offers another conceptual perspective on the importance of familiar emotional bonds and the distress that can accompany separation[17,18]. These frameworks may help contextualize homesickness, but the present study did not directly measure culture shock, attachment patterns, or causal mechanisms.

From an occupational health perspective, the findings highlight psychosocial concerns that warrant attention within professional healthcare education. However, further research using appropriate measures is needed to establish how homesickness and related psychosocial factors are associated with student well-being and functioning. From an institutional perspective, the findings support consideration of student orientation, peer-support opportunities, academic guidance, and accessible counselling services as potential areas for further evaluation. The study did not assess any intervention, so it cannot establish that a particular support strategy reduces homesickness. Future intervention studies could examine whether structured peer mentoring, social integration activities, and adjustment programmes improve students' experiences over time.

6. Conclusion

Moderate homesickness (75.61%) was the most frequently reported category among first-year BPT students. No statistically significant associations were reported between homesickness category and age group or mode of stay. The association between gender and homesickness category did not reach statistical significance. Female participants had a higher mean homesickness score than male participants, but this difference was also not statistically significant.

Supplementary findings indicated that academic stress, difficulty adjusting to college academics, and emotional concerns related to being away from home were commonly reported. These findings highlight the importance of understanding students emotional, social, and academic adjustment during the transition to higher education.

7. Limitations

1. The cross-sectional design prevents conclusions about causal relationships or changes in homesickness over time.
2. Convenience sampling from a single university limits the generalizability of the findings to other institutions and student populations.
3. The sample size was relatively small.
4. Self-reported responses may be influenced by recall, individual interpretation, and social desirability.
5. Supplementary relocation and adjustment questions were analyzed descriptively, and their independent associations with homesickness were not established.

8. Recommendations

1. Larger multicentre studies should be conducted to improve the generalizability of prevalence estimates.
2. Longitudinal studies should assess how homesickness changes during the first year of university and identify factors associated with persistent adjustment difficulties.

3. Future research should examine potential psychosocial and academic correlates, including social support, duration of relocation, frequency of family contact, coping strategies, and academic adjustment.
4. Universities may consider evaluating orientation programmes, peer-support initiatives, counselling services, and student mentoring as possible approaches to support adjustment among students living away from home.
5. Future intervention studies should evaluate the effectiveness of student-support programmes using appropriate outcome measures and follow-up periods.

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Author Contribution

Siddesh Ganesan: Study design, methodological support, data verification, manuscript review, critical revision of the article, and final approval of the manuscript. Reetha H G: Conceptualization, data collection, clinical assessment, statistical analysis, interpretation of results, manuscript drafting, and correspondence with the journal.

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