

Serial number 0169
Title 'In sickness and in health': concerning PhD student health, stress and wellbeing.
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Abstract

Recent focus on the health of PhD students, both physical and mental (THE, 2016) raises issues concerning doctoral student health and wellbeing, and the role of supervisors in working effectively and empathetically with students during their doctoral learning journeys. New research (2015-7) builds on earlier work (Wisker et al., 2010; 'Troublesome encounters', Morris & Wisker, 2011) highlighting interrelations between dimensions of personal, emotional, health and wellbeing, with those of intellectual development. Case studies are developed here from established and recent research into postgraduate stress and illness, and supervisory responses, representing evidence of worryingly common issues, and supportive practices.

Introduction

Ill health, mental and physical during PhD study, is now more widely recognised, but still under-researched. For doctoral students, health, stress and wellbeing are fundamentally linked with intellectual development, conceptual threshold crossings (Kiley & Wisker, 2009) and achievement at doctoral level. Our established and recent research indicates close connections between success in the intellectual, doctoral learning journey and sensitive, informed management and support for physical and mental health issues experienced by doctoral students, whether ongoing, or time-limited crises. The role of supervisors in supporting students with health issues is also under-researched, and sparked latterly by recent concerns with doctoral student health (Wisker, Gordon, *THE* 2016). Postgraduate student learning journeys involve the whole person, over time and both postgraduates and supervisors need to be aware of and develop strategies to minimise damage done by ill-health, emotional and psychological upset which can hamper general health and affect timely (or any) completion. Our focus here develops from recent work on wellbeing for both students and supervisors, highlighting student concerns and supervisor empathy, engagement and support.

Literature review

Reports on doctoral student ill-health and stress are now widespread with one study by Exeter's Students' Guild revealing 40% of PhDs at Exeter suffer ill-health (Else, 2015), prompting the opening of a doctoral college to combat isolation and depression.

A study at Berkeley found high levels of depression among 790 graduate students, 47% PhD students, 37% master's students, with 64% reporting depression in arts and humanities, 43-46% in biological, physical sciences and engineering, and 34% in the social sciences (Jaschik, 2015).

Factors reported include isolation; academic progress and preparation (or lack of these) academic engagement; career prospects; overall health; sleep; social support; living conditions; financial situation; confidence; feeling valued and included and the adviser relationship.

Mental health issues may be the biggest barriers to graduate student success (Turley, 2013), and 'Almost half of graduate student respondents reported having had an emotional or stress-related problem over the past year, and over half reported knowing a colleague who had had an emotional or stress-related problem over the past year' (Hyun, et.al, 2006). Another article asks why graduate students quit (Patterson, 2016), although the stress, health and isolation issues reported elsewhere offer a good answer to that.

Highly capable students are becoming stressed, ill, burning out and leaving. Literature suggests that universities are contributing to that 'burnout' which first needs to be openly acknowledged, and then through well-planned, consistent support accompanied by attitudinal change to prevent and mitigate against the causes, treat the symptoms and support the students. The role of and relationships with supervisors/ advisers is mentioned as far back as identifying 'benign neglect' (Gurr, 2001) and an article in the *Guardian* argues that 'It is not OK for academics to wash their hands of the situation' (Anonymous Academic, 2014). However, in many cases supervisors are also stressed (Wisker and Robinson, 2014), unsure of appropriate support, untrained and unsupported for the emotional and personal work needed. They are not the only form of support of course and online communities are advocated: 'lurking on a forum where others express their academic worries can be cathartic.' (Boyle, 2014).

Historically, engagement with the Doctoral Learning Journeys project highlighted interrelations between dimensions of personal, emotional, health and wellbeing, with those of intellectual development (Morris, Wisker et al., 2010). Work on doctoral orphans and breakdowns in supervisory relationships (Wisker & Robinson 2013, 2014), on postgraduate student wellbeing (Johanssen, Wisker, et al., 2013; Strandler et al., 2013) offers insight into a range of potential contributing factors to ill-health and stress, and some supervisory and institutional as well as personal strategies to manage, limit or sometimes solve these where possible. The 'Troublesome encounters' project produced a toolkit for postgraduates and supervisors concerning wellbeing and resilience (Morris & Wisker, 2011) and work on supervisors' wellbeing (Wisker & Robinson, 2016) offers support for those supervising students who are affected by their own or student issues of health and wellbeing.

Methodology and Methods

Building on our own historical work with doctoral students on their learning journeys and with wellbeing and resilience in the doctoral journey, our recent research involves narrative interviews with current and ex-doctoral students in the UK, Israel, Sweden, South Africa 2015-17 (20). We gained ethical approval, thematically analysed student interviews, and produced anonymised composite case studies (5), focusing on doctoral student health and supervisor and other support for wellbeing, and resilience in relation to the intellectual journey. The confidentiality of quotations and their specificity were so intertwined that for confidentiality, sharing and development purposes we amalgamated individual situations and responses into anonymised, narrative and descriptive case studies offering insights into problems and suggested ways for addressing the issues. We focus on doctoral students,

intending that insights can also feed into supervisor awareness and training. Further work focuses on supervisors.

Conclusions

The production of sound doctoral work is affected by physical and mental health and wellbeing. Health issues need to be recognised as part of doctoral learning journeys, and supervisors and doctoral students can benefit from further consideration of recognising, and managing such issues of health and wellbeing.

Our case studies, developed from interviews, are evidence of such issues. These, with the earlier postgraduate and supervisor toolkit, revisited (Wisker and Morris, 2011) suggest ways of addressing issues, in practice, for supervisors and doctoral students.

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