

Submissions Abstract Book - All Papers (Included Submissions)

0390

Preserving Healthcare Student Wellbeing – What do we Need to Know to Retain Them?

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Research Domain: Student experiences (SE)

Abstract: The World Health Organisation made protecting mental wellbeing a focus of the 2021 International Year of Health and Care Workers in response to the noted stressors experienced by frontline workers during the Covid-19 pandemic. Pre-pandemic, academic burnout and emotional exhaustion were already cited as sources of psychological distress in healthcare students, with reports that Covid-19 had further exacerbated this. While the pandemic generated unprecedented levels of enrolment on healthcare degrees there remain concerns within national healthcare workforce commissioning bodies that Covid-related student experiences will be detrimental to their retention as staff. To this end, a survey was distributed in June 2021 to Scottish healthcare students to explore the wellbeing resources they were using, their perceived value, and whether gaps existed in the available support. This paper reflects on the work-life balance and work culture challenges that the students outlined, pastoral support, and the potential role of self-care in the curriculum.

Paper: The World Health Organisation made protecting mental wellbeing one of the areas of focus of the 2021 International Year of Health and Care Workers in response to concerns regarding psychological stress and job burnout experienced by frontline workers during the Covid-19 pandemic and the long-term impact of this on care provision (Aly et al, 2020; Abdollahi, Taheri & Allen, 2020). Caregiving can enhance personal wellbeing however, it can have a detrimental effect if the work culture is one with incongruent values, politicised demands, and little self-management (Bosanquet, 2021).

Disruption to clinical practice has led to an increased need for healthcare students to feel supported (Shanafelt, Ripp & Trockel, 2020) most specifically when on placement (Ulenaers et al, 2021). Pre-pandemic, academic burnout and emotional exhaustion were already noted as sources of distress (Rios-Risquez et al, 2016) with Covid-19 known to have further negatively impacted healthcare student mental health (Fowler & Wholeben, 2020). Self-care and person-centredness are curriculum content which some consider integral to healthcare education (Sklar, 2020; Dickson et al, 2020) to complement support systems, occupational and environmental factors in building resilience (San Juan et al, 2020).

Concerns amongst healthcare commissioners about pandemic-related workforce retention led to a Council of Deans of Health subgroup conducting a survey of Scottish healthcare students to:-

1. Understand how requests for wellbeing support changed during the pandemic.
2. Discover the use and perceived value of internal and external wellbeing resources.
3. Uncover perceived gaps in wellbeing support, and how universities/national bodies could address these.

Methodology

Ethics approval was given to administer a short qualitative survey to Scottish healthcare students during June 2021. Recruitment was via an email from the home institution with the survey link embedded (consent was within the survey submission).

Results and Discussion

One hundred and twelve undergraduate and postgraduate students responded (80% nursing and midwifery; 20% allied health professions) – of the total sample, 46% were first year students, 29% second year, 20% 3rd year, and 5% 4th years.

Students cited a wide range of internal, external and placement-specific resources:-

[Figure 1](#) [Figure 2](#) [Figure 3](#)

More positive reports from placement were associated with pre-/post-placement preparation and debrief sessions, drop-in/check-in sessions, regular tutor contact, and regular reflective practice/action learning interventions:-

Figure 4

However, 15% of students stated that they had not been given any information about university health and wellbeing resources; and 44% said they could not recall being told about external resources. Compared to pre-pandemic, some reported (30%) an enhanced level of support (better signposting, online offering more flexible access); 55% felt that there was either no change or less support (a consequence of withdrawal of face-to-face meetings, work-life balance issues, difficulties getting responses to email enquiries, perceptions of a lengthy wait). Just over half of the students (53%) stated that they had accessed additional support during the pandemic from GPs, Counsellors, Personal Tutors/Advisors of Studies, therapists, NHS resources, and apps (e.g. Mindfulness) but for some the fact that support was only available online was the reason for not engaging with it.

There were also some evident emotionally-charged negative responses where the individual impact was almost palpable, aligning with the earlier work of Fowler & Wholeben (2020) and De Kock et al (2021):-

Figure 5

The competing demands of managing university work alongside placements was a recurring theme, with a perceived lack of flexibility around deadlines in respect of the pandemic:-

Figure 6

While a number of students were very positive about university support there was also a thought that they could do more to help students' work-life balance, to help them connect with peers, to

ensure that staff were regularly checking-in on students, to recognise diversity/individual circumstances, and to be attuned to pleas for help.

Students felt that more mental health/counselling support was needed, as well as opportunities to debrief. At a national level, and to support post-pandemic transition, students identified some specific areas for attention (see Table 1). These will be shared at appropriate strategic fora.

Table 1

Conclusion

It is recognised that the survey only provided a time-specific snapshot of how the Covid-19 pandemic was experienced by healthcare students. However, the impact on wellbeing [did emerge within their narratives](#). While participants were aware of the available resources it was the people-oriented ones that were being most heavily utilised, adding further stress to the system. Hence the request for more mental health advisors/counsellors. However, as noted in the introduction, attention needs to centre on working culture and practices (university and placement) to ensure that we continue to recruit and retain these students.

References:



Figure 1. Identified internal resources

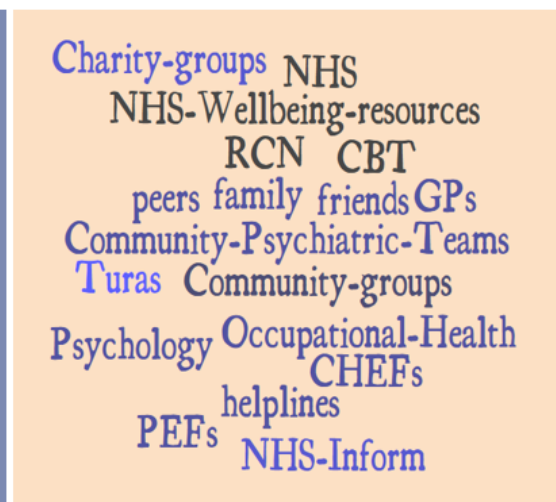


Figure 2. Identified external resources

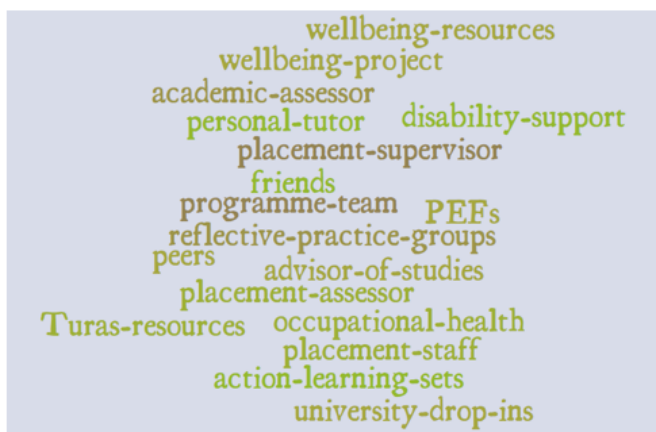


Figure 3. Identified placement resources

(Pictures created with [WordItOut](#))

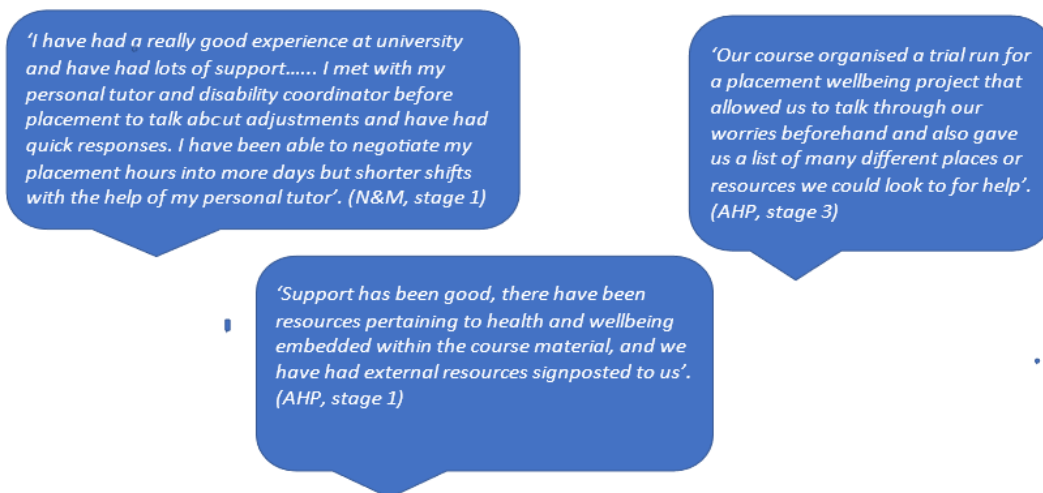


Figure 4. Exemplars of positive placement statements

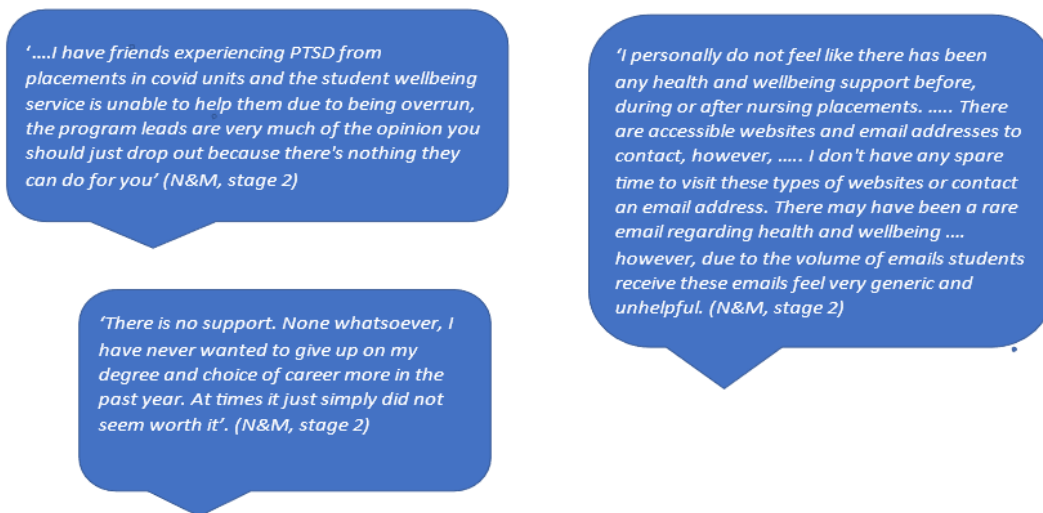


Figure 5. Exemplars of negative responses

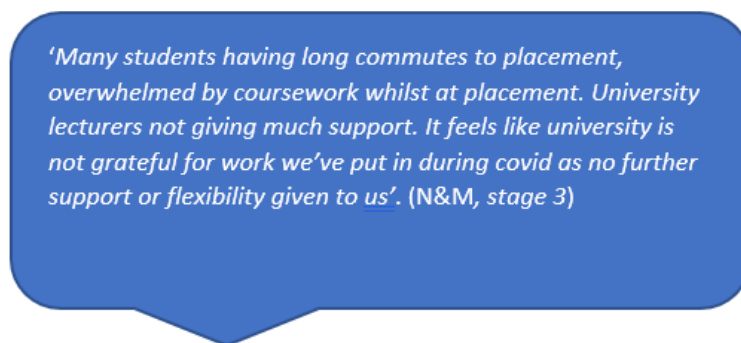


Figure 6. Example of competing demands statement

Table 1. Areas for national action to support healthcare student wellbeing

Continued discussion with professional bodies about requisite hours for registration
Standard processes to be developed around placement management
Adherence to supernumerary status
Development of student hubs in placement areas
Review of student financial support
Access to specialist pastoral support officers/post-placement therapy
Audit/regulated processes for those who become clinical assessors/supervisors
Upskilling in mental health support for healthcare academics
More recognition of their contribution to healthcare
National online fora for healthcare students to connect
A one-stop shop for web-based wellbeing resources

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[19-pandemic](#)