An investigation of health and social care students' and recent graduates' clinical placement and professional practice experiences and coping strategies during the Wave 1 COVID-19 pandemic period.

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RAPID RESEARCH IN COVID-19 PROGRAMME

An investigation of health and social care students' and recent graduates' clinical placement and professional practice experiences and coping strategies during the Wave 1 COVID-19 pandemic period

AIMS

During the first COVID-19 pandemic wave in 2020, nursing, midwifery, pharmacy, allied health and social work professional Robert Gordon University (RGU) students were encouraged to undertake extended, paid clinical placements, or enter professional practice earlier than planned[1]. This unparalleled policy intervention was introduced to address concerns the NHS would be overwhelmed by the ongoing pandemic. Other policy measures implemented at that time, included closing down or scaling back routine health and social care, and, rapid redeployment of health and social care staff to areas considered business critical e.g. intensive care. Therefore, students entered a health and social care system in a state of significant flux; exposing those individuals to increased risk of unintentional, psychosocial harm. This mixed methods study sought to: (1) investigate the lived experiences and coping strategies of Robert Gordon University health care and social work students during the Wave 1 COVID-19 pandemic period, and; (2) explore the role and acceptability of online group technologies and other forms of support that were helpful in building individual resilience and supporting health and wellbeing during this time

KEY FINDINGS

- The mental health wellbeing and resilience scores of the students who took part in the first stage survey were broadly in line with the general population for this age group, with nursing students reporting higher levels of both well-being and resilience, compared to the other student groups.

Lived experiences and coping strategies

The second stage interview study established the following issues.

- A strong sense of moral responsibility to contribute to the pandemic response, and, for some, perceived pressure to undertake a paid placement in order to complete their studies, were key considerations for those who signed up for a paid clinical placement, or to enter professional practice early.
- University and workplace communication were perceived to lack clarity and consistency which caused anxiety for some. However, most accepted this as understandable given the fast-changing nature of the initial pandemic response.

[1] See Appendix 1 in the Supplementary Report for information about the different discipline-specific educational stages and circumstances affecting this student cohort.

- Nursing and midwifery participants reported differing on-the-job mentoring experiences, which was a source of stress for some. Others reported excellent mentee experiences and felt supported by their wider clinical team. A few others reported negative experiences (including isolation and distress) related to interactions with a small number of colleagues within their wider clinical teams.
- Some nursing and midwifery participants experienced challenges gaining the appropriate clinical competencies they needed to progress in their studies. Hospital-based nursing participants expressed frustration at being directed to work that was consistent with their temporary paid status, but which they felt prevented them engaging in the full range of clinical activities they needed to complete their educational course requirements. Their paid status appears to have acted as a constraint on their educational and professional development. Unlike their pharmacy counterparts, nursing and midwifery students had not completed their education programmes when they undertook their paid placements.
- Pharmacy participants were more likely to report positive workplace experiences, and more commonly reported positive interpersonal interactions with workplace colleagues. It is unclear why this was case, and contextual factors such as stage of completion of their educational programmes, previous workplace experiences and location of their placements may be relevant.
- While many spoke of difficulties and uncertainties during this time, it was also experienced as a period of personal growth. This finding supports the slightly higher than national average resilience scores found in our sample of nursing students.
- Many participants indicated they were aware of continuous media coverage of COVID-19 related stories, which had impacted negatively on their mental health and wellbeing over time. A few reported disengaging with the news as a coping strategy.

Role and acceptability of online group technologies and other forms of support

- Participation in digital group messaging technologies (such as WhatsApp), involving friends, family members and peers, appears to have played a key role in alleviating the anxieties outlined above. The formal stress management interventions that had been created and offered to students by both the university and health care settings were rarely used, although all were aware of their existence.
- Our original plan to collect data using online focus groups, was poorly received. However, Microsoft Teams (MT) mediated one-to-one interviews was successful. The interviews revealed that reluctance to take part in the focus groups arose due to concerns about sharing negative experiences and anxieties with strangers in a group context.

WHAT DID THIS STUDY INVOLVE?

Study participants RGU students and soon-to-be graduates from nursing, midwifery, allied health professional, pharmacy and social work disciplines completed a brief online questionnaire survey; with a subset of 20 individuals taking part in online interviews. The questionnaire consisted of demographic, clinical placement, mental wellbeing and resilience questions, and data analysis was conducted using standard statistical methods. Online face-to-face interviews were conducted via Microsoft Teams using a specially developed topic guide. These data were analysed using qualitative analytical and quality assurance procedures. See Appendix 2 in the Supplementary Report for a fuller description of the study methods used.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

Ninety-seven participants completed the online questionnaire, with the largest number from nursing (n=45, 46.4%), midwifery and pharmacy (n=17, 17.3% for each). The majority were aged ≤25 years (n=60, 61.9%), 86% (n=83) were female and 62.7% (n=52) worked in a hospital setting. Respondents worked across ten NHS board areas in Scotland, with most in NHS Grampian (n=62, 63.3%). The average mental wellbeing score was 49.1 (out of a maximum of 70) and the average resilience score was 29.0 (maximum score is 40). Higher scores indicate better mental wellbeing and greater resilience. These scores are slightly lower than published general population averages (49.8 and 29.6 respectively). Both average scores were significantly higher in the nursing students compared to other HCPs ($p < 0.05$). (Tables 1 & 2 in Appendix 3 in the Supplementary Report show the full break down of the characteristics of those who took part and the details of the mean resilience and mental wellbeing scores).

Ten nursing, six pharmacy, two midwifery, one occupational therapy and one nutrition and dietetic student took part in the interview study. No social work or physiotherapy students took part in the study[2].

Most prominently, across all discipline areas decisions to enter practice earlier than planned (pharmacy, occupational therapy and nutrition and dietetics) or take up the offer of a paid clinical placement (nursing and midwifery) were motivated by two key influences. One was a strong sense of moral responsibility to help others, or contribute in some way to the pandemic response. Secondly, this was often positioned by participants as a 'no choice' scenario, which was governed by that sense of moral duty. For a few this included feelings of pressure from the university that this was necessary to complete their studies. Two participants had not entered clinical practice during this period. One had a health condition; the other's placement was cancelled. Both were concerned they would not be able to complete their courses as a consequence. Quotes illustrating our key qualitative findings are presented in Appendix 4 in the Supplementary Report.

Participants (across all disciplines) talked about facing multiple challenges in both their professional and personal lives and perceived lack of clarity and consistency in university and workplace communication created additional uncertainty and anxiety. However, most believed these communication difficulties reflected the multiple and dynamic challenges faced by those involved in dealing with the pandemic response.

Placement experiences varied across our cohort. Nursing participants would ordinarily work under the close supervision of a clinical mentor. Some reported excellent mentee experiences, particularly midwifery participants, but a few were less happy with their mentor relationships due to issues such as not working alongside their mentor or absence caused by sickness/self-isolation.

Some also reported negative experiences in relation to interpersonal communication with clinical colleagues, that included feelings of isolation, alienation and distress. However, we are not clear if and how these pandemic experiences might be different, compared to previous times, and this merits further investigation.

Some nursing and midwifery participants experienced challenges gaining the necessary clinical experiences they needed for course progression during their placements. Hospital-based nursing participants were frustrated at being directed to work that reflected their temporary paid status, but which prevented them engaging in the full range of clinical activities they needed to complete their educational stage. Some described being promised shift-specific opportunities to achieve their outstanding clinical competencies but found that changing needs and staffing demands within the wider health care system, meant those promises could not always be fulfilled. Participants described ward managers having to deal with demands and

[2] No physiotherapy or social work students entered practice early from RGU.

constraints that were beyond their control. A few students found this mismatch between their expectations, educational requirements and working experiences to be a significant source of stress.

Pharmacy participants were more likely to find their workplace experiences fitted their previously acquired competencies, and unlike their nursing and midwifery counterparts, had completed their studies on entering practice. Most were positive about their placements and the working relationships they experienced. Many had worked as paid pharmacy employees in the past, and we wondered if those experiences explained this finding. However, nursing students also tend to work part-time during their studies, e.g. as care assistants in care homes, so it is unclear why this finding emerged.

Many participants linked their placement experiences with personal growth, including those whose experience had been difficult or challenging. Most seemed able to recognise and reframe negative experiences as evidence of successful coping, strength and resilience. The questionnaire data indicated that nursing participants reported significantly higher levels mental wellbeing and resilience compared to all other participant groups combined. This may suggest greater general resilience and mental wellbeing, enabling those individuals to draw positively from otherwise challenging experiences. However, our small sample size prevents us drawing any firm conclusions on this point. Nevertheless, the experience overall seems to have been positive.

As the field work was conducted between July and September 2020, participants' perceptions of ongoing exposure to COVID news coverage was considered during this research. Almost all indicated their mental health was negatively affected by the news, and a few reported completely disengaging with it over time. Most notably, participants' main stress coping strategy were informal, self-selecting social networks. Digital group messaging (e.g. WhatsApp groups) involving friends, family members and peers seem to have provided virtual safe spaces to discuss, query, and think about COVID and course-related matters. Most were aware of the formal stress management support resources that had been specially set up for students by both the university and health care settings, during the pandemic, but there was little reported use of those. Some said this was due to practical challenges finding times in the working day when they could go and use those resources. A few others said they were not helpful or relevant to their needs. Presently, little research has been published on the role of informal 'virtual' social networks as a collective coping mechanism during this time. However, findings of this research suggest this is an important support structure, that warrants further study. Our findings also suggest that before investments in support services are made, asking people what would be most helpful to them in supporting their mental health, may yield better engagement by their intended beneficiaries.

Collectively our research findings reflect the richness and variety of the multidisciplinary participant experience we anticipated and hoped to garner. At the outset we viewed our participants as embedded actors within their respective dynamic social systems, who would be subject to unprecedented organisational strain and sudden policy change, whilst also dealing with concerns about their own, and their families, health and well-being associated with COVID-19 infection risk. We believed that this could become more acute due to the unpredictable nature of the pandemic. Therefore, our study was designed and grounded in a socio-ecological theoretical framework which recognises that interaction between individual, interpersonal, organisational, community and policy level factors, impact on individual health and well-being[3]. We accept this study represents a relatively small sample of all UK health and social care students who followed suit, however our findings indicate that some of our initial thoughts and concerns were present to a greater or lesser extent (see Appendix 4). Therefore, these findings have wider implications for health care educational programmes and the health care system overall, that are worthy of further investigation see Appendix 5.

[3] Stokols, D., Lejano, R.P. and Hipp, J., 2013. Enhancing the resilience of human–environment systems: A social ecological perspective. *Ecology and Society*, 18(1)

WHAT IMPACT COULD THE FINDINGS HAVE?

Future Pandemic Planning Reorganising NHS services continues and this is likely to be the case until the pandemic is contained. In this context, and that of future crises, supporting and managing practice education coupled with more effective support for student mental health and wellbeing is critical to workforce planning and supply. **Workplace Policies and Practices** Collaborative / joint statements involving policy makers, professional regulators and practice and education providers should be used where possible in any future pandemics. In addition, mentoring and assessment time should be ring-fenced and workplace-based stress management resources, aimed at students or early career professionals, should be co-produced with them. **Higher Education and Curricular Implications** Students need to be adaptable and confident in managing change as they enter the workplace and universities should consider how best to achieve this. Quality, over quantity, of learning opportunities should be prioritised to meet practice competencies. **Further Research** We recommend continued monitoring of the health and mental wellbeing of this cohort and to consider doing so for current and future cohorts who are entering practice in a period of significant disruption and service redesign. The full set of implications can be found in Appendix 6 in the Supplementary Report.

HOW WILL THE OUTCOMES BE DISSEMINATED?

- Academic research papers. Target journals will focus on relevant disciplines and prioritise open-access to share findings as rapidly as possible. We plan to submit a main findings paper in the next three months.
- Conferences. An abstract has been submitted to the British Sociological Association, for conference presentation in early May 2021 in the Medical Sociology stream of the annual BSA UK conference.
- A policy brief will be developed for all Health Boards who supported RGU student placements at this time, as well as the Chief Nurse Office Scotland, NHS Education Scotland and the Council of Deans for Health. Such briefs may be accessible readily and rapidly via local website hosting.
- A podcast is planned to discuss research findings in the various relevant health and social care contexts (i.e. Nursing, Midwifery, Pharmacy, Allied Health Professionals).

CONCLUSION

Maintenance of student status, where efforts are focussed around practice learning needs, particularly for nursing and midwifery students, seems critical to future workforce planning and supply. This is particularly pertinent now, given the continuing reorganisation of NHS services (i.e. Feb 2021 during the 2nd UK national shutdown with only essential services open), and in the future, to ensure practice learning can continue in a context of declining student placement opportunities. Where mentoring and assessment is to take place, time should be ring-fenced, and quality, over quantity of learning opportunities should be prioritised to meet practice competencies. This experience caused a few students significant mental distress. Policy change communication, in the form of collaborative / joint statements, may help reduce the risk of such stress in the future. Students largely self-managed their stress and anxiety through the use of informal resources, and our evidence suggests that students themselves need to be involved in the design of measures intended to support them in practice, in the future. Future investigations of student health and mental wellbeing should use a multi-level model to examine links between ‘moral responsibilities’ in similar student groups, their health outcomes, and the impact of wider social and personal factors uncovered in this study.

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ADDITIONAL INFORMATION

The project was completed November 30th 2020.

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