

PROMOTING THE WELLBEING OF PHYSIOTHERAPY STUDENTS ON PLACEMENT: THE PLACEMENT WELLBEING PROJECT. A PILOT STUDY.

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Abstract

Background

The current healthcare workforce crisis in the United Kingdom has highlighted the need to equip graduates with the skills to maintain their personal wellbeing whilst working in increasingly pressurised environments. The Placement Wellbeing Project is an intervention designed to support the wellbeing of physiotherapy students during their studies, while on placement and as they enter the workforce.

Methods

This project used a single group, repeated measures design. A convenience sample of 14 participants were recruited and provided with the Placement Wellbeing Toolkit (PWT) and took part in pre-placement facilitated group discussions and a post-placement de-briefing session. Outcomes measured were perceived coping abilities and self-efficacy, using the Placement Coping Scale (PCS) and the General Self-Efficacy Scale (GSE). The PCS was measured on recruitment, before and after placement and the GSE on recruitment and after placement.

Results

Significant improvements were observed in the total PCS score (Friedman's test $\chi^2(2) = 19.75$, $p < 0.001$) and all individual items of the PCS from baseline to post-placement. Post hoc analysis detected significant improvements between baseline and pre-placement total PCS scores ($p = 0.005$). Total GSE scores improved significantly from baseline to final measure (Wilcoxon sum-rank test $Z = 2.105$, $p = 0.035$).

Conclusion

To develop a resilient future workforce, students should be supported to prepare for a variety of placement challenges and supported to maintain their wellbeing on placement. The results of this study indicate that physiotherapy students may benefit from interventions to develop positive coping strategies for placement.

Key words

Physiotherapy, placements, wellbeing, coping, resilience.

INTRODUCTION

In recent years there has been an exponential rise in mental health challenges experienced by students in higher education; some estimates project that up to a third of students will experience a mental health disorder in their first year of study (Akram et al., 2020). Higher education institutions (HEIs) have been urged to be proactive in supporting student mental health. It is recognised that many students do not seek support in a timely or effective manner and that the emerging epidemic of poor mental health cannot be managed by reactive services alone (Broglia et al., 2021; Universities UK, 2020). It has been suggested that students studying courses to become healthcare professionals, such as doctors, nurses and physiotherapists face additional challenges which may negatively impact their wellbeing (Hughes & Byrom, 2019). These challenges could be related to their programme of study, or more specifically to placements where a multitude of practical and emotional challenges may be faced, such as the need to maintain paid employment whilst working full time hours on placement or dealing with the death of a patient for the first time.

The need to support workforce wellbeing came into acute focus during the Covid-19 pandemic, which placed already strained healthcare systems under further pressure. A survey of 720 medical staff during the pandemic explored the main stressors and found that 76% of respondents were experiencing higher levels of stress compared to before the pandemic, suggesting a complex interplay of system-level factors such as workforce issues and personal stressors (Huffman et al., 2021). Similarly, Wood et al (2021) surveyed a group of 124 advanced nurses and found that the ability to recruit and retain nurses was having an impact on the mental wellbeing of the workforce, with almost half (47%) considering leaving their jobs in the next three months. As we emerge from the pandemic, issues with recruitment and retention are persistent and are commonly stated as impacting on staff wellbeing (Palmer & Rolewicz, 2022). There is evidence to suggest that healthcare students are experiencing burnout before they reach graduation and that experiences of burnout may correlate with intention to leave the profession (Bruyneel et al., 2023; Roberts et al., 2020). Therefore, it could be suggested that supporting the wellbeing of newly qualified healthcare professionals entering the workforce is vital to aid retention.

The term 'wellbeing' is interpreted as relating to positive feelings about yourself and your ability or resourcefulness in managing challenges and pressures, which may alternatively be described as self-

efficacy or resilience (Barkham et al., 2019)(Baldwin et al., 2021). Healthcare regulatory bodies including the Health and Care Professions Council (HCPC), Nursing and Midwifery Council (NMC) and General Medical Council (GMC) promote positive wellbeing through the development of personal and professional resilience for students and qualified professionals alike (General Medical Council, 2016)(Nursing and Midwifery Council, 2018)(HCPC, 2020). Resilience is characterised by the HCPC as the capacity to adapt to and recover swiftly from challenging circumstances whilst maintaining stability of our mental wellbeing. A variety of suggestions are made to develop and maintain resilience including seeking support, focusing on what can be controlled, believing in your own abilities, maintaining your physical health and establishing realistic goals (HCPC, 2020), otherwise described as positive coping strategies. It could be suggested that for healthcare students, the development of resilience and positive coping strategies is vital to maintaining personal wellbeing during their studies and when entering the workforce.

Mehta et al (2021) suggested that healthcare students experience similar stressors to qualified healthcare professionals, including experiences of death and dying, ever changing and adapting workflows and a staff team who have been under considerable strain through the pandemic, who reasonably may find it challenging to support students in the expected manner. Bennion et al (2020) explored stressors and coping strategies of physiotherapy students on placement and found their wellbeing to be affected by experiences of death and dying and by challenging interactions with their supervising team on placement, amongst others. It was also found that students who had these experiences earlier in their programme of study found it more challenging to cope in the long term, thus supporting the need for early intervention in developing positive coping strategies. Positive coping strategies utilised by students included spending time with family and friends, taking part in leisure activities and the sharing of experiences with peers. The results of the abovementioned studies suggest that healthcare students experience threats to their wellbeing whilst completing their studies and practice placements. This situation has been exacerbated by the pandemic which created additional barriers to the positive coping strategies normally utilised by students listed above, therefore it could be logically argued that an intervention focusing on personal strengths and preparation for future challenges may be beneficial in promoting the wellbeing of healthcare students for practice placements.

A growing body of research supports the acceptability, effectiveness and cost effectiveness of interventions to promote student wellbeing (Galante et al., 2021; Le et al., 2021; Wasil et al., 2021). It has been suggested that HEIs are well placed to promote resilience of healthcare students by using educational modalities such as reflection, reframing and problem based learning to improve a student's self-stewardship or self-care, agency, self-efficacy and emotional intelligence, which in turn improves resilience in relation to completing their programmes of study and moving on to be successful and resilient practitioners (V. Hughes et al., 2021). However, it is not known how well these modalities can be applied specifically in preparation for practice placements. The aim of this pilot study was to explore the effects of an intervention based around a Placement Wellbeing Toolkit (PWT) to promote positive coping strategies and improve self-efficacy of a cohort of physiotherapy students embarking on their first practice placement experience.

METHODS

Methodology

This study used a single group repeated measures design.

Hypotheses

The three null hypotheses under investigation are stated below:

H₀₁ – There will be no significant difference in total Generalised Self Efficacy scale scores (GSE) (Schwarzer & Jerusalem, 1995) from baseline to completion of an initial six week placement.

H₀₂ – There will be no significant difference in total Placement Coping Scale (PCS) scores from baseline to completion of an initial six week placement.

H₀₃ – There will be no significant difference in total PCS scores between baseline and after the delivery of the pre-placement intervention.

Participants

The study was conducted with a convenience sample of 14 physiotherapy students at Queen Margaret University, Edinburgh (QMU). Students were eligible to take part if they were due to begin their first six week placement in the next three months (all students had previously completed a two week observational placement). Students were not eligible to take part if they had already completed a six week

placement or were further than three months from commencing their first six week placement. Volunteers were sought using programme email lists from two physiotherapy programmes at QMU.

Ethical considerations

Ethical approval was gained from the QMU ethics committee prior to recruitment of participants. Interested students were provided with a participant information sheet and asked to sign a consent form before taking part. Participants were made aware that they could withdraw from the study at any point without this affecting their grades or involvement in their programme of study. As participants were discussing potentially distressing topics in relation to their own personal health and wellbeing, all participants were directed to university support services and external support services as appropriate and given the opportunity for individual follow up if this was requested or deemed to be appropriate by the wellbeing advisor facilitating the group sessions.

The Placement Wellbeing Toolkit

The PWT is an interactive digital document developed in conjunction with students and wellbeing services at QMU. The PWT contains reflective activities designed to facilitate conversations about maintaining personal wellbeing whilst on placement. As the students work through the PWT they are asked to use their reflections to develop a placement wellbeing plan to help them cope whilst they are on placement. Examples might include: creating a whatsapp support group so I can stay in touch with my fellow students, doing meal preparation at the weekend to make sure I have healthy meals to eat through the week. For students who are struggling with their mental health or wellbeing there is a comprehensive resource list available with advice on how to access help and support whilst on placement. The PWT also addresses specific topics such as coping with death and dying or having challenging encounters with patients or carers, which are discussed in some detail in the PWT. The PWT can be accessed and used freely: <https://tinyurl.com/3c9k7zxy>. For further examples of reflective questions which are posed in the PWT and topics covered, please see Figure 1.

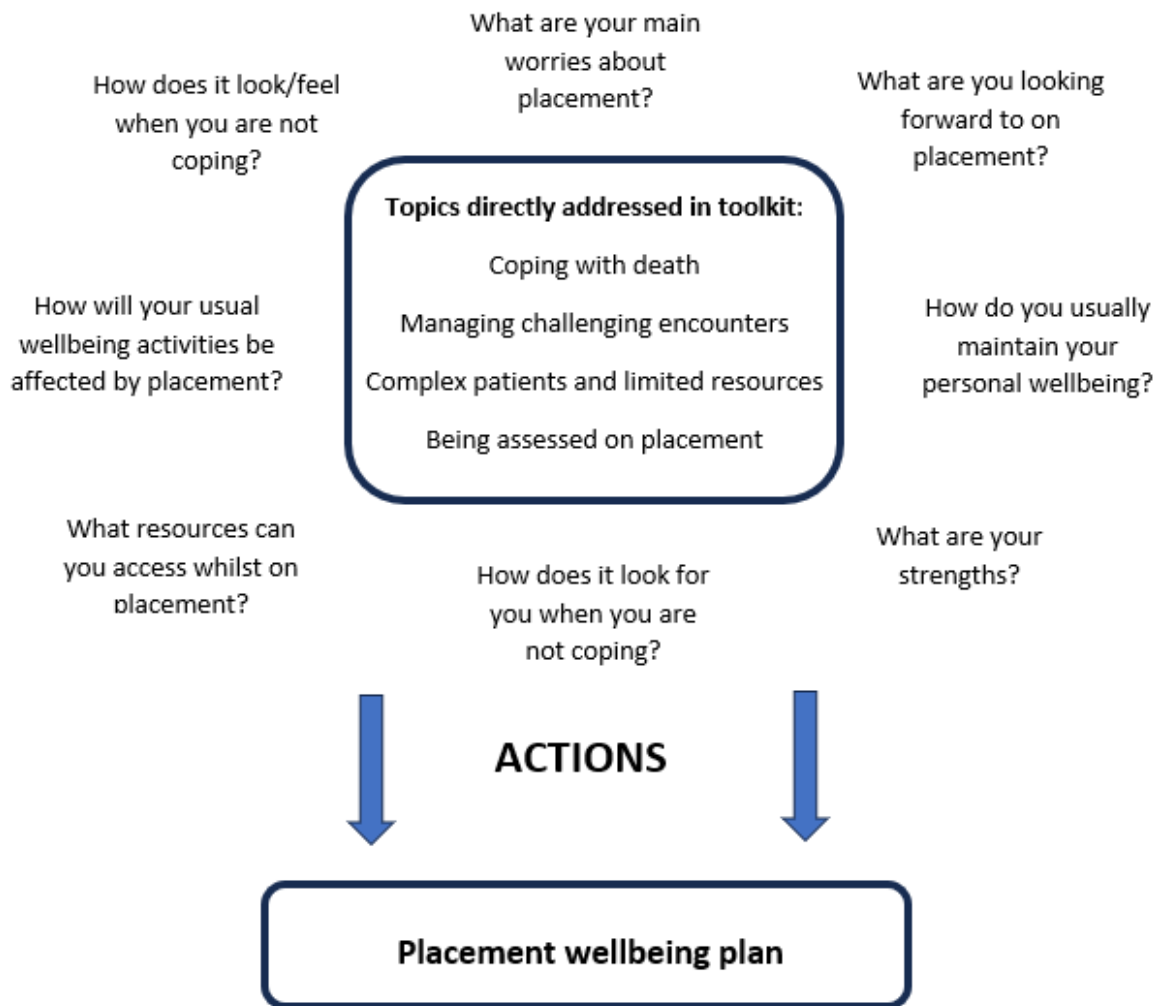


Figure 1. Reflective questions posed by the PWT leading to the creation of a personal placement wellbeing plan

Procedure

Following recruitment and formal consenting procedures, the participants were asked to complete a baseline measure of the GSE and PCS, reflective activities in the PWT outlined in Figure 1 and to attend a 1.5hr pre-placement session held in Microsoft Teams, facilitated by a university wellbeing advisor. The reflective activities in the PWT were used to initiate conversations in pre-placement small group sessions of three to five participants, facilitated by a wellbeing advisor. Students were guided to refine their placement wellbeing plan following these small group discussions. At this time point a repeated PCS measurement was taken and the student started their six week placement. On completion of this placement, the participants took part in a placement debriefing session focusing on how well the

participants were able to implement their placement wellbeing plan and whether there were any unforeseen challenges they could reflect on with a view to preparing for future placements. The debriefing sessions were in the same small groups and students were encouraged to share their experiences and coping strategies as they felt comfortable to do so. The debriefing sessions were facilitated by a university wellbeing advisor and attended at the end by a member of the programme team who was also part of the research team. At this point, final measurements of the PCS and GSE were taken. Figure 2 below demonstrates the flow of participants through the study.

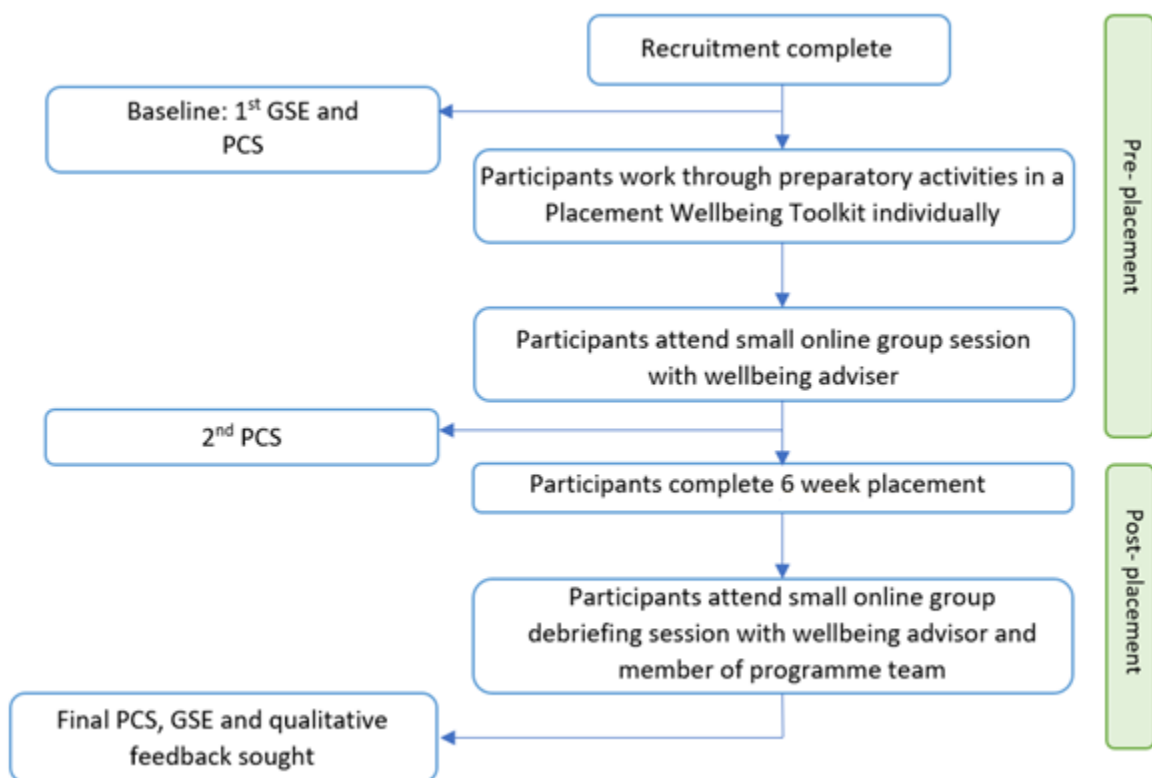


Figure 2: Flow of participants through the project

Data Collection

Outcomes were measured using the Generalised Self-Efficacy Scale (GSE) and the Placement Coping Scale (PCS). The GSE is a 10 item likert scale which asks the user to rate how true they feel a variety of statements are relating to their ability to positively react to life challenges (1-Not true at all to 4- Exactly true). The GSE has been found to be a valid and reliable tool for measuring general

self-efficacy in university age students (Steigen et al., 2022). A maximum score of 40 on the GSE indicates the most positive outcome. The items on the GSE are listed in Table 1.

Items of the Generalised Self Efficacy Scale	
1	I can always solve problems if I try hard enough
2	If someone opposes me, I can find the means and ways to get what I want
3	It is easy for me to stick to my aims and accomplish my goals
4	I am confident that I could deal efficiently with unexpected events
5	Thanks to my resourcefulness, I know how to handle unforeseen situations
6	I can solve most problems if I invest the necessary effort
7	I can remain calm when facing difficulties because I can rely on my coping abilities
8	When I am confronted with a problem, I can usually find several solutions
9	If I am in trouble I can usually think of a solution
10	I can usually handle whatever comes my way

Table 1. Items of the Generalised Self-efficacy Scale

The PCS was developed to supplement the GSE, specific to placement to meet the needs of this project and based on the experiences of the wellbeing advisor in relation to supporting healthcare students with issues relating to practice placements. Items of the PCS were also originally informed by a group support session for physiotherapy students to debrief their placement experiences, which inspired the formal commencement of the placement wellbeing project and was not formally recorded. The items of the PCS relate to topics specifically covered in the Placement Wellbeing PWT and informed the discussions held in facilitated peer groups that were carried out before and after the 6-week placement. The PCS is a 9-item numerical scale (1- Not confident at all - 10- Very confident). The total PCS score indicates perceived student confidence in dealing with a range of placement challenges and a maximum total score of 90 indicates the most positive outcome. The items of the PCS are listed in Table 2. Both the GSE and PCS were completed online by the participants at each respective measurement point.

Items of the Placement Coping Scale	
1	I feel able to cope with being away from my usual support network whilst on placement
2	I feel able to cope with being assessed whilst on placement
3	I feel able to cope if I am not getting on well with a member of the team/colleague on placement
4	I feel able to cope if a patient I am working with is dying or dies
5	I feel able to cope if I have a challenging encounter with a patient or carer
6	I have strategies in place to cope with the challenges of placement
7	If I need advice and support to cope with placement challenges, I know where to turn
8	I can identify the signs that I am not coping well
9	I feel able to maintain my wellbeing whilst on placement

Table 2. Items of the Placement Coping Scale

A project evaluation form was used to collect data on overall satisfaction with the project using likert scales. Short answer questions were included, to enable feedback to be collected from the participants in relation to overall satisfaction and ways that the project might be improved are outlined below in Table 3.

Items of the project evaluation form	
1	The pre-placement session helped me prepare for challenges I faced on placement*
2	I found the toolkit content and resources useful*
3	The toolkit improved my knowledge and understanding of wellbeing*
4	I know how to access support if I need it*
5	I would recommend the toolkit to other student*
*statements with linked open comments boxes for short answers.	
Short answer questions:	
Are there any specific recommendations or changes to the toolkit you would suggest?	
Are there any further comments you would like to make about the project in general?	

Table 3. Project evaluation questions

Data Analysis

IBM SPSS software 23.0 was used for the analysis of quantitative data. PCS scores provided continuous data which were tested for normality using a Shapiro-Wilk test (Field, 2017) and was found to be not normally distributed, therefore median and inter-quartile ranges (25th, 75th percentile) were reported as descriptive statistics for total PCS scores and individual items of the PCS. Non-parametric Friedman's test was used to detect changes between baseline, pre-placement scores and post-placement PCS scores. In post hoc analysis Kendall's W (Bonferroni correction applied) was used to examine effect sizes between baseline, pre-placement and post-placement PCS scores. Although total GSE scores were found to be normally distributed using a Shapiro- Wilk test and given the small sample size, non-parametric tests were also used for ease of comparison. Total GSE scores were compared from baseline to post-placement score using a Wilcoxon rank-sum test. Illustrative quotes were extracted from short answer questions on the project evaluation form, which were used to provide insight to the quantitative results.

RESULTS

Of the 14 participants, 11 students were completing a four year BSc(Hons) Physiotherapy programme and three students were completing an accelerated two year MSc Pre-registration Physiotherapy programme. Four students were male and ten female.

Placement Coping Scale

Total median PCS score at baseline was 58.5 (51, 67). Total median pre-placement PCS score increased to 70.5 (65, 75) and total median post-placement PCS score increased to 79 (75, 83.5). This data is presented as a box plot in Figure 3. Changes in individual items of the PCS are reported in Table 2. Significant improvements were observed in the total PCS score (Friedman's test $\chi^2(2) = 19.75$, $p = 0.000$) and all individual items of the PCS from baseline to post-placement. Post hoc analysis (Bonferroni correction applied) detected significant improvements between baseline and pre-placement total PCS scores ($p = 0.005$). Improvements were observed across all items of the PCS between baseline and pre-placement score, however only one individual item "I have strategies to help me cope with the challenges of placement" saw statistically significant improvements ($p = .010$). We were therefore able to reject null hypotheses H_{02} and H_{03} .

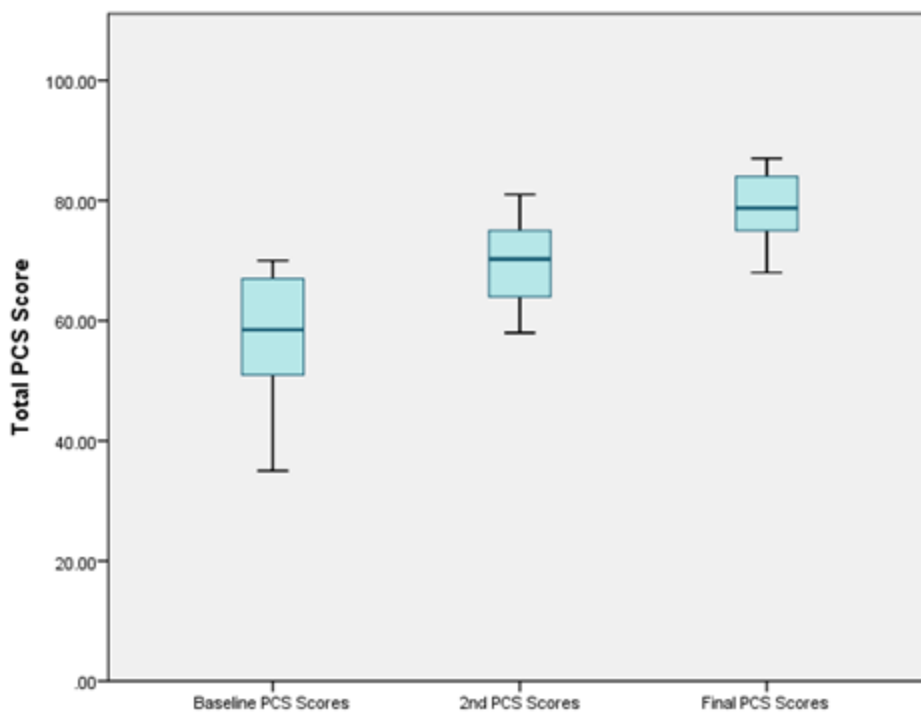


Figure 3: Change in PCS Score from baseline to post placement

Items of the PCS	Median scores (25 th , 75 th percentile)		
	Baseline	Pre-placement	Post-placement
1- I feel able to cope with being away from my usual support network whilst on placement	7 (6, 7.25)	7.5 (7, 9)	8 (8, 9.25)
2- I feel able to cope with being assessed whilst on placement	6.5 (5, 8.25)	7.5 (7, 8)	9 (8, 9.25)
3- I feel able to cope if I am not getting on well with a member of the team/colleague on placement	6 (5, 7)	7 (6, 8)	8 (7.75, 9)
4- I feel able to cope if a patient I am working with is dying or dies	6 (3, 7)	7 (6.75, 8.25)	8.5 (8, 10)
5- I feel able to cope if I have a challenging encounter with a patient or carer	6 (5, 7)	7 (6, 8.25)	8.5 (8, 10)
6- I have strategies in place to cope with the challenges of placement	6 (3, 6.25)	9 (7, 10)	9 (8, 10)
7- If I need advice and support to cope with placement challenges, I know where to turn	7.5 (6, 10)	9 (8, 10)	10 (9.5, 10)
8- I can identify the signs that I am not coping well	8 (6, 9)	8 (7.75, 9.25)	9 (8, 10)
9- I feel able to maintain my wellbeing whilst on placement	7 (6, 8)	8 (7, 9)	8.5 (8, 9)

Table 2: Individual Items of the PCS. Descriptive statistics.

General Self Efficacy Scale

Total median GSE score at baseline was 30 (29, 31.75). Total median post-placement GSE score increased to 32 (30, 34.75). This data is presented as a box plot in Figure 4. Inferential statistics were used to demonstrate that total GSE scores improved significantly from baseline to final measure (Wilcoxon sum-rank test $Z = 2.105$, $p = .035$). We were therefore able to reject null hypothesis H_{01} .

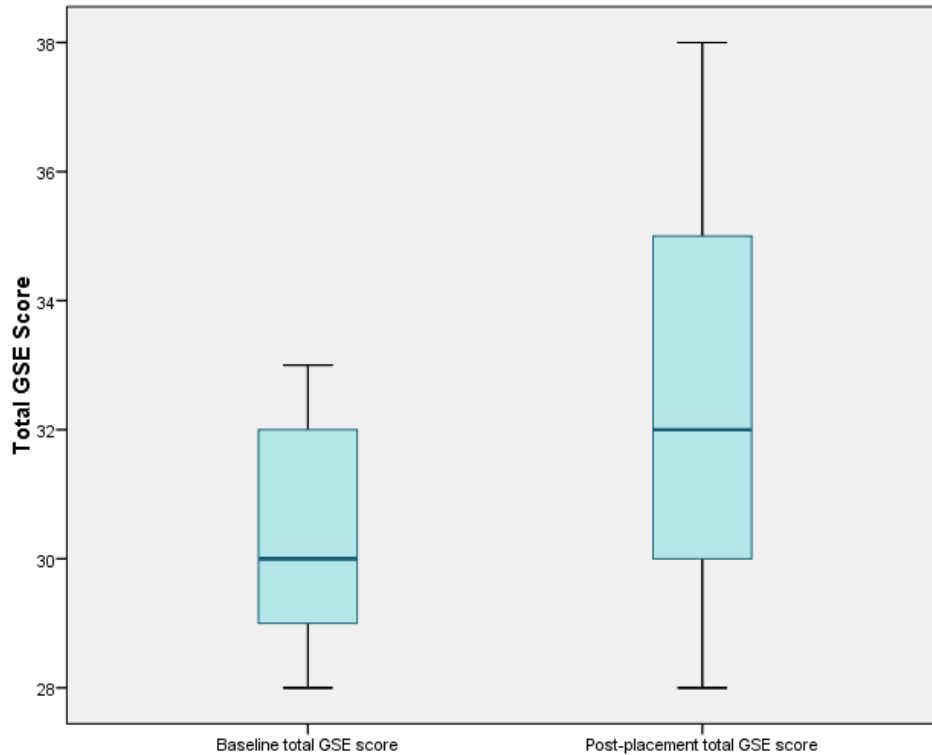


Figure 4: Change in GSE Score from baseline to post placement

Project Evaluation

Overall satisfaction with the project was evaluated in the project evaluation form and 100% of students strongly agreed or agreed that:

- The pre-placement session helped me prepare for challenges I faced on placement.
- I found the toolkit content and resources useful.
- The toolkit improved my knowledge and understanding of wellbeing.
- I know how to access support if I need it.
- I would recommend the toolkit to other students.

Comments provided in the short answer question responses related to the usefulness of the PWT, the supportive environment created by the facilitated peer group discussions and the value of considering challenges to resilience in advance of their placements. An illustrative sample of quotes is provided:

'I think the project was a great way to understand how to deal with anxieties about placement and breakdown what was worrying us and how to make them seem less scary.'

'This toolkit encouraged me to think about my wellbeing and coping strategies deeper than I would have without it. It enables me to have a plan to take care of myself and plan for challenging placement situations. It was very helpful to talk through the toolkit within a small group to allow me to think about things I wouldn't have thought of.'

DISCUSSION

The results of this pilot study suggest that an intervention designed to promote wellbeing, develop self-efficacy and positive coping strategies specific to placements can be effective. Significant improvements in total PCS and GSE scores indicate that it may be possible to prepare students beyond the professional and academic knowledge required to flourish. Moreover, significant improvements in total PCS score from baseline to pre-placement suggest an effect related to the intervention specifically, not influenced by initial positive placement experiences. Significant improvements were not observed in every item of the PCS from baseline to pre-placement, however each item did show some improvement and item six of the PCS "I have strategies to help me cope with the challenges of placement" showed significant improvement, which is encouraging given the overall aims of the project.

The results of this study are similar to those found by Delaney et al. (2015) who utilized resilience strategies drawn from cognitive behavioural therapy, with support from a clinical psychologist, to help physiotherapy students re-frame how they viewed stressful learning challenges whilst on placement. The results indicated that once students were able to change their focus from problems which were out of their control, to focusing on how they anticipated and managed challenges, their self-efficacy improved. Many of the self-directed tasks and topics for peer discussion in this pilot study asked the participants to take a proactive approach to placement challenges and improvements in self-efficacy and coping skills were observed. Furthermore positive effects were observed in this pilot study without input required from clinical psychology. An advisor from the wellbeing service at QMU facilitated the pre-placement peer group discussions, which may make the intervention more feasible at scale in a HEI setting.

Walsh et al. (2020) conducted a review of the literature to identify individual attributes of student nurses considered to have high levels of resilience and explored learning and teaching practices that may promote resilience. Self-efficacy, confidence and reflective ability were found to be attributes associated with resilient behaviour. Academic practices suggested to promote and develop these attributes,

specifically in relation to placements included educating student nurses on what to expect on placement, how they might adapt and preparing them for the reality of placements. Peer mentoring or buddy groups were also found to be beneficial and a protective factor for resilience on placement. These suggestions provide some insight to the mechanism of success in the placement wellbeing project as participants were asked to take part in reflective, peer supported preparatory activities before and after their first placement, introducing positive coping strategies to build self-confidence and internalise students' locus of control.

Strengths and limitations

The placement wellbeing project, including the PWT was developed iteratively and co-produced with healthcare students and the wellbeing service at QMU. Co-production strengthens interventions relating to mental health and wellbeing with young people and in this case, the intervention was strengthened by ensuring a holistic view of placement challenges, beyond the academic and professional, were addressed (Bell et al., 2023). The aim of the project was to explore whether an intervention could promote wellbeing by developing positive coping strategies and self-efficacy before students go out on their first placement. The GSE is a general measure of self-efficacy and it was not felt to be realistic to apply this after the intervention and before placement. As this measure was taken only at baseline and after the placement, it is challenging to attribute any improvements in the GSE as stemming from the intervention in light of positive placement experiences. The same inherent issue is present relating to the final PCS measure, however as the PCS measurement was taken at baseline and pre-placement we are able to draw some cautious, yet optimistic conclusions that the project had a positive effect in lieu of positive placement experiences.

The small sample size of physiotherapy students, from one institution, participating in this project limits the conclusions that can be drawn from analysis of the PCS and GSE and the confidence of these results being generalisable to a wider physiotherapy student population, however supplementary project evaluation feedback supported positive quantitative results relating to the impact of preparation and peer support on the students' coping skills and self-efficacy, which aligns with recommended education practices to promote resilience (Walsh et al., 2020). The PCS was a tool developed and piloted with a small group of students for the purposes of this project, the validity and reliability of this tool has not been

tested and therefore results should be interpreted cautiously (for more information on the PCS see Appendix A). The PCS and GSE are both self-report tools and this introduces an element of bias whereby the students may seek to give the impression that they are feeling more confident to the researchers who designed the intervention. Although it was challenging to reduce this bias within this pilot project some mitigations were put in place by using a wellbeing advisor unknown to the students to facilitate discussions rather than a member of the programme team. Through the experience of carrying out this project it was felt by the researchers that in future, the intervention would be best carried out by a suitably trained individual who was not part of the programme team. The post-placement debrief was facilitated initially by the wellbeing advisor, however the session was joined by a member of the programme team at the end and ultimately students knew the results would go to a member of the programme team. In future research, the project could be led by the wellbeing advisor to reduce the likelihood of social desirability bias. Characteristics of participants taking part in this study were not collected in depth. Given the nature of the project, more data on the background of the participants e.g. protected characteristics, dependent children and care leaver status would ensure the project and PWT was inclusive for students who may find it most useful.

Future research

This project and the PWT was designed to be used with students from any healthcare programme, however the pilot study was only carried out with physiotherapy students at one university. Given the success of the project it would be appropriate to trial the use of the intervention and PWT with students from other healthcare programmes at other universities. Support from the wellbeing service was provided to facilitate peer group discussions in this pilot, although somewhat more scalable than the involvement of a clinical psychologist, given the demands placed on university wellbeing services it would be useful to assess the impact of this intervention when independently facilitated peer group discussion was used. This project explored challenges from a student perspective and how they might be proactive in managing these challenges, however the researchers also acknowledge that there is much that is outside of the control of students and for students to have positive placement experiences they should ideally be placed in workplaces where practice educators are supported to promote wellbeing and work in wellbeing- promoting workplaces themselves. How well practice educators are equipped to create

learning environments that promote wellbeing is unclear and this may be an important area for future research.

CONCLUSIONS

Given the current health workforce crisis in the UK, it is essential that healthcare students graduating and entering the workforce are prepared to manage their own health and wellbeing at work. This pilot study has demonstrated it is possible to promote self-efficacy and coping skills in a small cohort of student physiotherapists, to promote their wellbeing in preparation for practice placements, which it could be argued is an important area of personal development for graduates entering the workforce. Further research is required to see whether this intervention could be successfully delivered at scale for healthcare students across varied professional backgrounds.

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APPENDIX A

Placement coping scale

For each situation outlined below we would like you to rate your confidence level from 0 to 10 about how you currently feel coping with these aspects of placement. A score of 0 being not confident at all and 10 being very confident. Please write your score in the box next to each question.

Not confident at all

Very confident

0 1 2 3 4 5 6 7 8 9

Score

1) I feel able to cope with being away from my usual support network whilst on placement

2) I feel able to cope with being assessed on placement

3) I feel able to cope if I am not getting on well with a member of staff/colleague on placement

4) I feel able to cope if a patient I am working with is dying or dies

5) I feel able to cope if I have a challenging patient encounter

6) I have strategies in place to help me cope with the challenges of placement.

7) I feel that if I need advice and support, I know where to turn

8) I feel able to identify the signs when I am not coping well

9) I feel able to maintain my wellbeing whilst on placement.
