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Wellbeing and Mental Health Support Seeking among Nursing Students and Other Healthcare Students: A Qualitative Study

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ABSTRACT

Background: Students experience mental health issues during their programme. Therefore, having a better understanding of the multifactorial issues associated with mental health for students is crucial to ensure a solid healthcare workforce.

Objective: Students experience mental health issues during their programme. Therefore, this study aims to explore the multifactorial issues associated with students' mental health.

Design: Employing a qualitative research approach, the investigation was conducted through a semi-structured interview.

Method: The study took place at the University of Bolton Campus and involved students participating in a pilot intervention to support those at risk of attrition due to academic and clinical practice failure. Thirteen students took part in the study. Otter note software was utilized to collect and transcribe the semi-structured interviews. Qualitative data were organized using Nvivo software and subsequently interpreted *via* a framework analytical approach.

Results: Three main themes emerged from the interviews and include mental health stressors in healthcare education, experiences of university support system and coping with stress and resilience.

Conclusion: To ensure that future healthcare students, including nurses, thrive in their academic and practice learning, issues related to their mental health and personal lives need adequate attention. This would ensure that those students who enroll in a healthcare programme go on to completion through additional support from the university and relevant stakeholders to reduce attrition.

Keywords: Mental health; Stress; Anxiety; Nurses; Pre-registration; Healthcare students

INTRODUCTION

There has been increased focus on the mental health needs of the population. Despite the large body of literature on mental health issues in the general population, there is a need to focus on the mental needs of student nurses to boost recruitment and retention of a healthy future healthcare workforce. In their cross-sectional studies, Onieva-Zafra et al. [1] discovered that about 47.92% of nursing students experienced a moderate level of perceived stress, while 25% perceived a high degree of stress. McDermott et al. [2] noted that resilience among nursing students was associated with little depressive episodes. They flourished with a good sense of belonging and persistent attitudes toward their academic work. Good support for mental health and well-being is needed for students as those who perceive their lack of support from their academic environment demonstrate a higher academic benefit of resilience. The proposed study will explore mental health issues among student nurses and healthcare students and their experiences of accessing mental health services and supports on and off campus.

For nursing students especially those who are younger, going to university occurs during a crucial time in their development, forming their identity and being separate from their families [3]. During this period, they form new social connections and increased autonomy and responsibility [3,4]. Several stances of mental disorders occur during early adulthood and at times that students are enrolled with lack of or inadequate treatment being associated with progression to more complex mental health problems, dropping out of school, addiction and self-harm [5].

Available empirical evidence suggests that several nursing students experience problems with their mental health, with significant levels of depression, anxiety, burnout and distress [6-8]. Given that poor mental health among nursing students may be responsible for attrition, McKeever [9] noted that areas of students' support aimed at reducing rates of drop-out should focus on targeted intervention, especially for students in their first year with consistent support services [10]. Hampshire et al., suggested that mental health support would improve student mental health and wellbeing and reduce attrition among nursing students. While support for the mental health of students can benefit from an academic environment that supports their mental health and wellbeing, however, students who perceive their lack of support from their academic environment demonstrate higher academic benefit of resilience [2]. McDermott et al. conceptual framework indicates that resilient students demonstrate fewer depressive symptoms and positive psychology and are associated with less academic distress. Similarly, students' perception of improved campus climate such as support with their mental health and wellbeing serves as a moderator and reduces the risk of attrition. The implication of this call for campus administrators to support improved mental health services for students to improve their academic output and reduce attrition rates.

The World Health Organization [11] provided some "Guidance on community mental health services: Promoting person-centered and rights-based approaches"; this guidance was utilized by organizations. It provided examples of mental health care that both respect human rights and focus on recovery. This can be tailored to meet the needs of young people in the community to create a welcoming environment and encourage access to services that address their mental health needs. Some of the factors that determine if people engage with services include perceived stigma, the need to cope alone, views and attitudes towards mental health seeking in their wider community (family, friends, teachers), respect and non-judgmental attitudes of professionals. Early treatment of mental health problems prevents full-scale psychiatric episodes, proves a good incentive for early interventions, and makes services more responsive to the needs of students through support systems and a more flexible approach to learning both at the university and in clinical practice [11].

Having elaborated on the issues raised above, the purpose of this study, as part of a larger research project, was to explore the views and experiences of nursing and healthcare students on mental health issues and their mental health support seeking behavior as it aligns with those discussed above.

MATERIALS AND METHODS

In addressing the research questions posed above, qualitative research methodology was considered appropriate because it is suited to address the lived experiences of young people in accessing mental health services. This is due to its naturalistic approach to inquiry in a real-world environment to explore the meanings attributed by participants to their experiences [12]. The approach is preferable to quantitative methods where meanings, contexts and processes are lost in numeric data [13,14]. A total of thirteen students were interviewed to explore the realities and lived experiences of the study participants, including the barriers and facilitators to accessing mental health services. Full informed consent was obtained prior to data collection, see also ethics consideration below. A topic guide was devised from the literature to address the research question, which will allow participants to tell their stories in their own words [15].

Data Collection

Otternotes voice recording software was used to record the interview which also transcribed the speech into text. Qualitative data from the transcripts in this study were analyzed thematically using the principles of Braun and Clark, which utilizes a systematic method to identify units of meanings in the data. Thematic analysis is a well know method utilized widely in nursing qualitative research [16]. Firstly, the researcher immersed himself in the data by reading and re-reading the transcripts to identify units of meaning (codes) that captured an experience of a phenomenon. Only related predominant units of meanings were grouped under a sub-theme. Finally, a group of related sub-themes were then condensed into themes. The codes,

sub-themes and themes were independently reviewed by an independent co-coder for consistency in meaning to ensure trustworthiness.

Ethics Consideration

Participants were informed that participation in the study is voluntary and based on informed consent and they can withdraw from the study any point in the recruitment process. Data will anonymised and for subsequent write-up and publications, participants and their organizations' identity will be protected using pseudonyms.

RESULTS

Thirteen people participated in this study (**Table 1**). Participants were nursing students (undergraduates), physiotherapist and physician associates and from different ethnic backgrounds. Three participants each were of Black and Asian background and seven were white participants. Participants did not disclose their age. Most of the participants were females (n=10), while the rest were males (n=3).

Table 1: Demography of interviewed participants

Participant identifier	Gender	Ethnicity/Occupation
1	Male	White year 2 RNDA student
2	Female	White year 2 nurse
3	Female	Black BSc student
4	Female	White-European year 2 student
5	Female	White-Greek nursing student
6	Male	White year 1 nursing student
7	Female	White year 1 nursing student
8	Female	Black physician associate mid
9	Female	Asian physician associate
10	Male	Asian, year 3 nursing student
11	Female	Asian, year 2 nursing student
12	Female	Black, physiotherapist
13	Female	White year 2 nurse undergraduate

From the data analysis, three main themes were developed (1) Mental health stressors in nursing and or healthcare education, (2) Experiences of university support system and (3) Coping with stress and resilience (**Table 2**).

Table 2: Themes and subthemes.

Theme 1: Mental health stressors in nursing and or healthcare education	Theme 2: Experiences of university support system	Theme 3: Coping with stress and resilience
Meeting up with academic demands	Financial support	
Challenges during clinical placements	Experience with university facilities and support systems	
Financial challenges		

Theme 1: Mental Health Stressors in Nursing Education

The result indicates that nursing and other healthcare students experience mental stress during their studies due to the huge academic workload. Challenges experienced during placement, alongside meeting up with their financial obligations, also contributed to more mental stress. Three subthemes were explored below.

Subtheme 1: Meeting up with academic demands

Participants recalled their experiences of struggling to meet the rigorous demands of their course. They felt they found it difficult to grab vast amounts of information, especially in the early stages of their course. Consequently, the huge academic load made them lose their confidence.

"Just the workload, like on this course, this is much like when second year now, but first year, we just all work at you. so you have to know everything"-Participant 8.

"There's so much initial learning that probably needs to be done in that first year that I feel like we've kind of covered a lot of and I would probably not feel as confident reaching out."-Participant 2.

"For some people, it's their very first time in higher education, so they struggle with academic skills..."-Participant 7.

Lack of time for self-study also contributed to the huge academic demands of the course. Four out of five days in a week were used for lectures leaving just one day for personal reading.

"Trying to just read in between, but then at the same time, with the intensity of this course, you don't have time. You don't have time to like you're here Monday to Thursday 9 to 5. That means you only have that one day on Friday that they say, oh you should be using that to read."-Participant 8.

Subtheme 2: Challenges during clinical placements

Placement challenges also contributed to mental health stress among the participants. Participants recalled their experiences of apprehension and anxiety due to being in a new placement area, not knowing the staff and their expectations. Consequently, competence validation was an area of concern for the students.

"Mostly for students one, like I said, it's a new environment. So, you don't know anything. Sometimes didn't go in blind, they are not fully aware of the placement area, what is required and they don't know anybody. So, they are going in new. So, there is that anxiety or apprehension..."-Participant 7.

"But it's also that placement needs to have a good attitude towards teaching students and giving them the opportunities to learn..."-Participant 6.

"Sometimes they are not available; we don't get to see them. And then you're worried who is going to sign you off? Are they going to sign you off even though they've not worked with you and stuff like that?"-Participant 7.

In addition, participants felt that there was need to balance the quest for more students in the NHS workforce and the staff ability to meet the students' learning needs.

I'm just thinking more so in terms of placement and you know, it must be compromised from both sides really, especially when you're a student and placement situation like ultimately the, you know, the benefit of having more students in the workforce is better for the NHS, but it's also do they have time to do those things"-Participant 6.

Participants discussed their confusion of inadequate supports during clinical placement and noted that they were seen as a burden and not given priority by staff, thus making them feel like a liability during placement.

"I think that the only time I've really had an issue has been in an environment say on placement where student like attitude or well not more staff attitude towards students is a problem for students learning and you kind of get put on a back burner. There's not a lot of priority given to students and in some instances dependent on members of staff, they will see students as a burden. And that attitude essentially is pushed on to the students and you just feel like you're a nuisance to be there."-Participant 1.

Subtheme 3: Financial challenges

Participants also recalled their experiences of financial challenges. They expressed the difficulty balancing family, placement and academic commitments. Consequently, they were not able to raise enough money to meet up their family duties and pay up their tuition fees.

"Personally, because I've got a family. I struggle Marsa when I'm on placement because I can't work on the bank as much as I would do as when I'm out, you know? And I think sometimes, depending on what kind of year it is, as well. I do work more so my unit offers a little bit more around Christmas kids' birthdays, you know, I'm gonna have to pick up more shifts because you get your finance and things like that."-Participant 3.

Added to the stress of money and combining academic and placement challenged, this participant indicated her view and experience of being a struggling single mother on the programme.

"I'm struggling to support myself and my mom and find things difficult"-Participant 4.

Participants also felt that there was not enough funding to support postgraduate studies as they found it difficult to cope with their living expenses.

"This is postgraduates not paid for by the uni. So, when do we have time to now work to be able to pay for the uni? Have money to just live off."-Participant 8.

On the same vein, the placements were not funded by the government. Students were not paid during their placements.

Theme 2: Experiences of Available Support System

The results indicate that nursing and other healthcare students felt available funding sources were inadequate to support their tuition and cost of living expenses. Maintenance loans were not readily available and that university procedures were inflexible among other topics explored in the subthemes below.

Subtheme 1: Financial support

Participants shared the difficulties they experienced in the university in terms of support. These experiences include insufficient funding, non-flexible procedures, issues bothering access to campus facilities and limitations in other university services.

They identified available funding sources like NHS learning support for the nurses, university hardship student finance. However, they also pointed out the courses/placements were not funded identified unavailability of funds for both the course/placement.

"With funding you have your student finance. You have the for nurses you have the NHS learning support for and then I think the university also provides some hardship form, which is available if you qualify eligibility. So yeah, those are there. Yeah-Participant 1.

"Just I want for your students to like because it's quite a common thing throughout the group. If you speak to people, the financial side. It is quiet, especially when you're on placement because you're working all these hours flat out and you're not getting paid for it like I don't expect to be paid for placement. But even we've all said like even student nurses they should get something like a little wage or something like that. Well, they're just to help them even if it's just appeared to get to a place transport. Yeah, just little things like that. But that's about it for like the government lockout in it not for okay"-Participant 3.

"Yes, a lot of problem because the courses are not funded like this one is not funded, which makes no sense because it says medical costs, so it shouldn't be funded by the NHS but it's not that makes no sense. Okay."-Participant 8.

A maintenance loan was also difficult to access in school. Consequently, adaptation to the university became challenging.

"Honestly at the beginning because I just moved from Wales here and as a European student, I didn't have access to maintenance loans. A hedonic adaptation phase. So, struggling financially then I guess everything to the downhill side"-Participant 4.

Even when there was financial support for tuition fees, it was not sufficient. Consequently, managing cost of living expenses alongside unpaid tuition fees became a high burden.

"So you're given 10,000 pounds to use towards your fees? The cost comes to around 19,000. Yeah, we're 90 19,000 pounds for two years. And then you're also given a bursary NHS bursary which is 5000 pounds. So, let's say 15,000 pounds is kind of paid for and you must pull a 4000 pound, but as well as your payment you've obviously got two years but when you're not employed, full time, financing kind of like fuel. Just daily living that also isn't as easy"-Participant 9.

Subtheme 2: Experience with university facilities and support systems

Furthermore, participants felt the university was rigid in their procedures. Apart from health challenges, some students despite encountering mitigating circumstances that affected their studies were expected to adhere to the rigid assessment deadlines.

"Say you can come and speak to us, but there is nothing they can do. They still tell you still have to complete those hours you still have the deadlines not gonna move just because you're struggling and then say oh, you can submit a mitigating circumstance. But that then depends on whether the uni deems whatever you're going through valuable enough to accept it, but it's not always accepted. So you can still go

through the whole process. Still missed the deadline and then still get penalised"-Participant 8.

"Probably because sometimes what I'm going through and what the person next to me is going through might not be the same, but it's still affecting my studies regardless of what they might look at minus or because maybe mine is like a medical problem. And they will appear here who accept it. So, if you have extensions, whatever, but then someone else might not be going through the same thing, but it's still affecting their studies. But then they will say no, it's not deemed worth accepting. So just to have to meet this deadline and stuff. So, I've seen that happen between two sets of students."-Participant 7.

The participants described their experiences while accessing campus facilities, stating the university library and its online chat portal was helpful. However, some of the facilities were not always accessible at certain times such as the food areas and the prayer room for Muslim students.

"Like for academic work, if you've got because at the beginning of the course, I really struggled with my reference and so they've got like leap online and things like that. They've got the, when you go on to the library thing, that bolt and they've got the help chat. I've used that a few times when I can't find a certain article or whatever."-Participant 3.

"It was locked. Yeah. So, I just you know, we just must bring food that was cold. Cold for the first Yeah, so I know it sounds silly. But those things matter to me just feeling like you know what? I can warm my food up during the summer. This university caters for undergraduate students and postgraduate students each week, which means that if I'm paying to study from September to inspect all the facilities available September to September, which wasn't the case"-Participant 9.

"I think if you're asking in terms of the university, what they can do, I think just prioritizing students, like you've asked me to do what's helped me and I've mentioned to prayer. For two years, I've mentioned too many staff members, that the prayer room should be open for longer, which it's not. And if you know that your students I can testify for most Muslim students in this universe, you will agree that the prayer room is a facility that we would like open time regularly, so you want because it helps distress Okay, so as much as it's an obligation for us to pray. It's also something that can help us with our studies. So, if the university does want to kind of cancer foes in that way, a lot of Muslim students I'm sure will agree with what I'm saying. However, being open would be better".-Participant 7.

Even when the university provides support, they are not personalized. Consequently, one had to reschedule their appointment to accommodate a service (Cognitive Behavioral Therapy, CBT).

"They had only specific days and those days I was on placement. So sometimes I was unable to attend and then when I started CBT, I had to reschedule my entire placement around that intercession."-Participant 4.

Theme 3: Strategies for Coping with Stress and Building Resilience

In this main theme, participants recalled various experiences of coping with stress such as engaging in exercises, relaxation and maintaining a good social network of friends.

"Breathing exercises so people don't people underestimate the impact good breathing techniques can have on your daily life and your stresses? So if I ever have like, fear of consultation or fear of an exam."-Participant 9.

"I know it mentions at the bottom in terms of keeping yourself you know, the extra things you know, like the exercise healthy in and relaxation stuff. I think that that's critical as well to mental health and and also your social group. And like I've got a good strong connection of friends around me, which I you know have regular contact with."-Participant 6.

"I couldn't study for two days I wasn't feeling well because I was so stressed. Yeah, I was ritually so overwhelmed. Is easing off now the girls from where we're coming our area, our group I'm the oldest, they're very supportive. And we support each other. And I've seen other colleagues breaking down. We've supported each other. Yeah, like tomorrow we have a group as well, where we just look at where are we? What are we doing and it's a bit of a support from ourselves,"-Participant 12.

Participants identified how they developed resilience and confidence because of years of experience in their workplace.

"All of the personal cares, all of the board work, everything like that is, you know, has helped me develop, you know, over six years to become, you know, as experienced as I kind of have, whereas, if you come in from day one, you don't know anything."-Participant 13.

"I feel like my confidence in that resilience has been built up over all those years, which I feel has been critical to me getting to the level that I am."-Participant 1.

While other participants shared how they sought emotional support from others to build resilience, a supportive mentor also boosted their confidence.

"I can imagine people will probably drop out if the if, let's say wolves were had a negative attitude towards student if you didn't have someone who could take you under the wing and would you know, show you and make you feel more confident and you will that first year and you know, you felt a bit timid towards it, then you would have a real issue, probably finishing the course. And I could imagine that people would drop out and you know, certain attitudes from certain staff can impact that and I feel like if I wasn't more resilient in my last placement, I think I even said to you,"-Participant 5.

"But yeah, in terms of support, I, I feel like when I work normally, my best hope I have really good support and I feel like that that's empowered me to be a lot more confident and better at my job when I work in the community and stuff, like the team I'm in, is really supportive, you know, everyone's kind of, you know, the triune and you know, everyone's

knowledgeable and we can learn from each other and that's a really supportive learning environment"-Participant 3.

For this male nursing student, having a positive mindset was critical in developing resilience and useful in coping with some of the challenges of the programme as well as being a minority in a female dominated profession.

"I don't feel bad I don't feel obviously I'm in a minority as a male student, there's not many in nursing. I think it's lower than 20% or something around that number. But I feel confident in myself I don't like get I don't mind I can just settle in and I understand everyone else's situation and stuff."-Participant 13.

Students also depend on their faith during times of stress to find strength to deal with their situation, for instance, prayer was also a major way to cope with mental stress as it seen as making one calm and peaceful as indicated from the participant below.

"So, when it's when it gets to the point where I feel like I can't move off of sick…I pray a lot. So, I see my breathing and my prayers or what have kind of got me through these two years I think when you have a faith like the faith that I have, it's it was so much available in my religion to help me. That means that gives me peace. Sitting on a prayer mat gives me peace. So, I've never felt the need to find this other service because I get that kind of peaceful environment."-Participant 9.

DISCUSSION

The study explored the views and experiences of nursing students and healthcare students about mental health issues and access to mental health services. This study confirms that nursing and healthcare students experience mental stress during their studies due to the huge academic workload. Challenges experienced during placement and meeting their financial obligations, contributed to more mental stress. As a result, participants utilized various coping mechanisms to manage their stress and furthermore, build resilience and confidence.

The findings suggest difficulties in coping with the huge academic demands of nursing and healthcare students. They lacked confidence and competence even after completing their course work. Mental stresses as a result of enormous academic workload among nursing students have been described previously in literature. This reduces the amount of time spent on self-directed study and for leisure activities, resulting to reduction of critical thinking abilities, poor academic performance, feelings of anxiety and uneasiness. The university administrators should consider adjusting or reviewing the curriculum to account for this barrier and ensure a fair workload.

The findings from the study implied that placement challenges also contributed significantly to mental health stress among the participants. Staff attitude during placement impacted negatively on participants worrying about how they will be assessed, not knowing and understanding staff expectations. Nursing students were seen as a burden and not

being given priority during placements, leading to anxiety and poor self-efficacy. Likewise, other studies noted that nursing students in placement felt unwelcome by the staff leading to feeling of being disconnected and unsupported by the staff. This could be due to the huge staff workload, reluctance to impart knowledge or differences in perspectives or priorities such as clinical duties. Consequently, there is an urgent need for policies around nursing and healthcare placement to consider establishing a balance between fulfilling healthcare staffing demands and meeting the learning needs of nursing and pre-registration students. Despite these challenges, placement offers opportunities for professional development and building cultural competence.

Findings revealed that although nursing and healthcare students were aware of available funding aids from the university, still felt these funds were inadequate and not readily available. They faced financial strain from multiple factors such as tuition expenses, high living costs and lack of payment during demanding placements, impacting their ability to support families and pursue their postgraduate studies. This supports findings from wider research. Participants faced difficulties in managing unpaid placement activities alongside their weekday jobs. Placement activities occupied more time during the week, leaving little time for paid jobs. Hence, they found it challenging to juggle both commitments effectively. This is in line with findings from another qualitative study exploring the experiences of undergraduate nursing students who were also concerned about the practicalities of this. Thus, they struggled to meet their family needs and those of their loved ones. This might underscore the need to create financial education programs for nursing students to enable them to be able to manage their finances more effectively rather than relying only on financial aid from school and the government. Furthermore, inadequacy in funding support for nursing and healthcare students points towards a need to re-evaluate and expand the student's financial support.

Findings revealed that nursing and healthcare students perceived university protocols as rigid. Despite timely notification of their extenuating circumstances, participants encountered challenges securing assignment deadline extensions, feeling that the university prioritized cases based on their own standards, disregarding individual circumstances. Recent studies suggest that creating a supportive learning environment is beneficial to nursing student's psychological well-being. This implies that rigid university procedures could have a negative impact on their academic performance and overall learning experience and create more stress and anxiety for the student.

Thomas and Morunga, found a high level of dissatisfaction of nursing students in terms of access to university teaching facilities. Contrarily, our findings suggest variations in access to campus facilities. Some teaching facilities such as the university library, online chat portal and kitchen were utilized and helpful to our participants. However, participants also expressed dissatisfaction with the prayer room not always accessible to Muslim students. Several studies have validated the role of spirituality in coping with stress and developing resilience. Access to campus facilities will promote student's sense of belonging and further support their educational needs.

Findings suggest that participants did not indicate their reliance on traditional healthcare provisions such as the family doctors or hospital provisions for their mental health needs. They, however, relied on various strategies to cope with stress and build resilience. They engaged in prayers and drew strength from their faith and religious beliefs as a coping mechanism and other techniques such as breathing exercises, relaxation exercises and maintaining positive social networks. Several studies have shown the value of exercise and spirituality when coping with stress. In line with other literature, participants stressed the importance of having a positive mindset as a tool of coping with stress.

LIMITATIONS

This study is limited in scope as the sample consisted of only nursing and healthcare students in a specific university. This will limit the generalizability of findings, as variations in different educational systems and contexts may exist. However, participants in this study were from different ethnic backgrounds to ensure richness of data obtained from this study.

In addition, using convenience sampling may introduce some bias as the students selected represent true population. Furthermore, this study relied heavily on participants' subjective experiences and self-reported experiences. However, the strength of this study is the diversity in participation, which includes participants from different healthcare fields. Three male participants in this study also presented a modest representation of the gender and ensured that their voices were represented in the study.

CONCLUSION

This study confirms that nursing and other healthcare students experience mental stress during their studies due to the huge academic workload. Challenges experienced by students during placement, alongside meeting up with their financial obligations, also contributed to more mental stress. As a result, participants utilized various coping mechanisms to manage their stress and build resilience and confidence. The finding suggest difficulties in coping with the huge academic demands and hence requires that teachers and assessor utilize flexible approaches to show compassion to extenuating genuine circumstances that fall outside the remits of some of their laid-out standards. Due to the nature of some of the programmers, nursing and other healthcare students may not be at the university during the normal term times and they should be able to access university services and facilities when needed, especially services related to their mental health and wellbeing.

ETHICS APPROVAL

FUNDING

CONSENT FOR PUBLICATION

Not applicable.

COMPETING INTERESTS

The authors declared no competing interests.

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