

Medical student wellbeing during COVID-19: Stressors, coping strategies and support

Dr Helen West

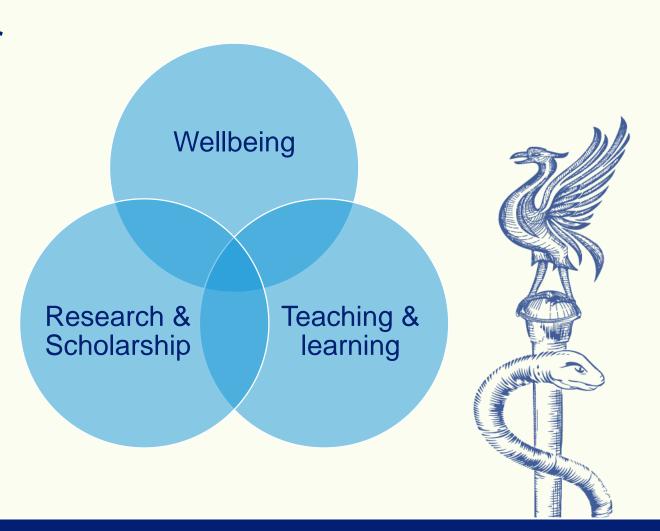
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A study using Padlet to gather responses during 4th year palliative medicine workshops

- Background
- Methodology
- Results
- Discussion

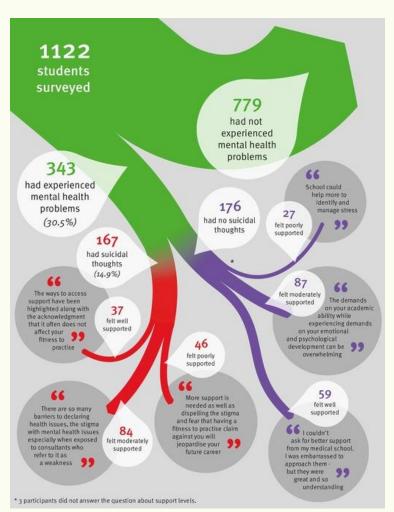




Medical students' mental health

- Medical students report higher levels psychological distress than same age-peers: stress, depression, anxiety, burnout.
- Associated with: decrease in empathy, thoughts about dropping out of medical school, suicidal ideation, and poor academic performance

(BMA, 2019; Dyrbye et al., 2006; Dyrbye et al., 2011; Hope & Henderson, 2014; Neumann et al., 2011)

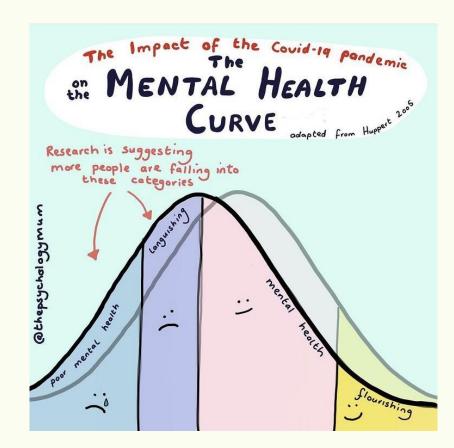




Mental wellbeing during COVID-19

- COVID-19 has increased stressors

 e.g. PPE, online learning, social isolation,
 exposure to death and dying, uncertainty
 (Sedlák & Al-Wahdani, 2020)
- It also reduced access to coping strategies
- Medical student mental health problems increased: higher levels of stress, anxiety
 & exhaustion, especially among female students (Mittal et al., 2021)





Wellbeing support for medical students

UKPSF: A4, V2

Specialist Case Management

e.g. ongoing complex support needs

Episodic additional support

e.g. time-limited support needs

Pre-emptive support

e.g. transition periods / pre-exams

Promoting self-care & peer support

For all student doctors

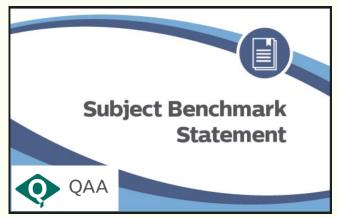
Wellbeing promotion & communications

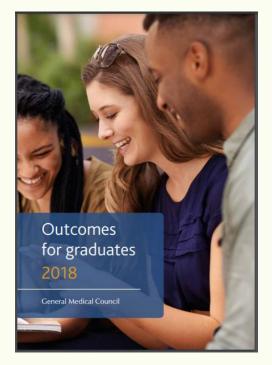
To all students, staff & community



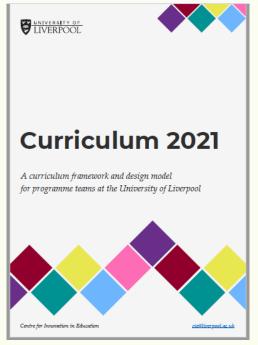
Learning to look after personal mental wellbeing







UKPSF: V4

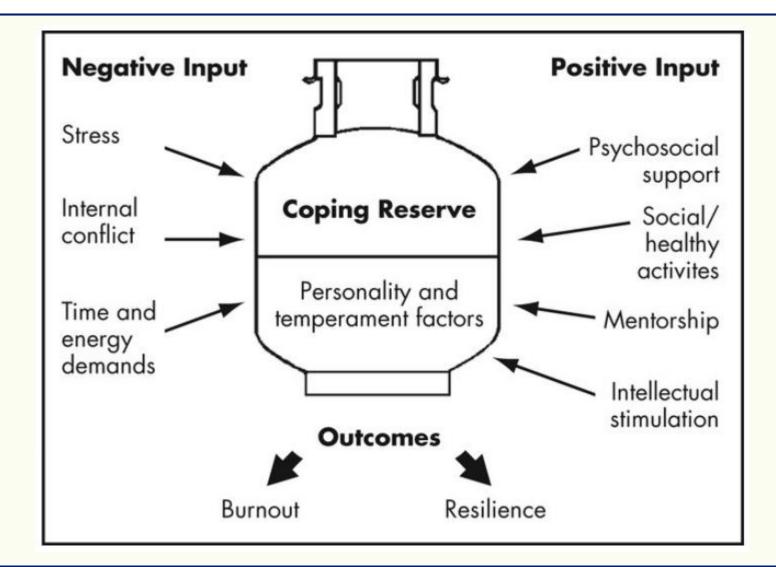


Year Year Year Year 4 Year 5

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The "Coping Reservoir Model" of mental wellbeing

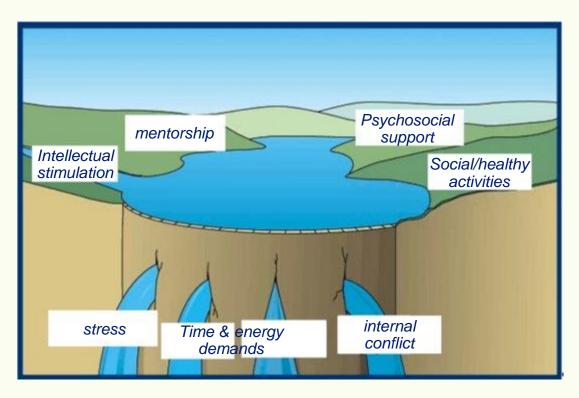
Dunn, L. B., Iglewicz, A., & Moutier, C. (2008). A Conceptual Model of Medical Student Well-Being: Promoting Resilience and Preventing Burnout. In Academic Psychiatry (Vol. 32, Issue 1).

MacArthur, K. R., & Sikorski, J. (2020). A qualitative analysis of the coping reservoir model of pre-clinical medical student well-being: Human connection as making it "worth it." BMC Medical Education, 20(1).

UKPSF: K1, V3



The "coping reservoir" model of mental wellbeing



"Joy, collected over time, fuels resilience – ensuring we'll have reservoirs of emotional strength when hard things do happen" Professor Brené Brown

Dunn, L. B., Iglewicz, A., & Moutier, C. (2008). A Conceptual Model of Medical Student Well-Being: Promoting Resilience and Preventing Burnout. Academic Psychiatry (Vol. 32, Issue 1).



Aims

To explore:

- i) Factors that students perceive as draining and replenishing their mental wellbeing and affecting their level of coping/hope
- ii) The effect of COVID-19 on relational connections with patients, peers and academic staff, and the impact of this upon their mental wellbeing
- iii) Perceptions of support needs; barriers and facilitators to seeking support.

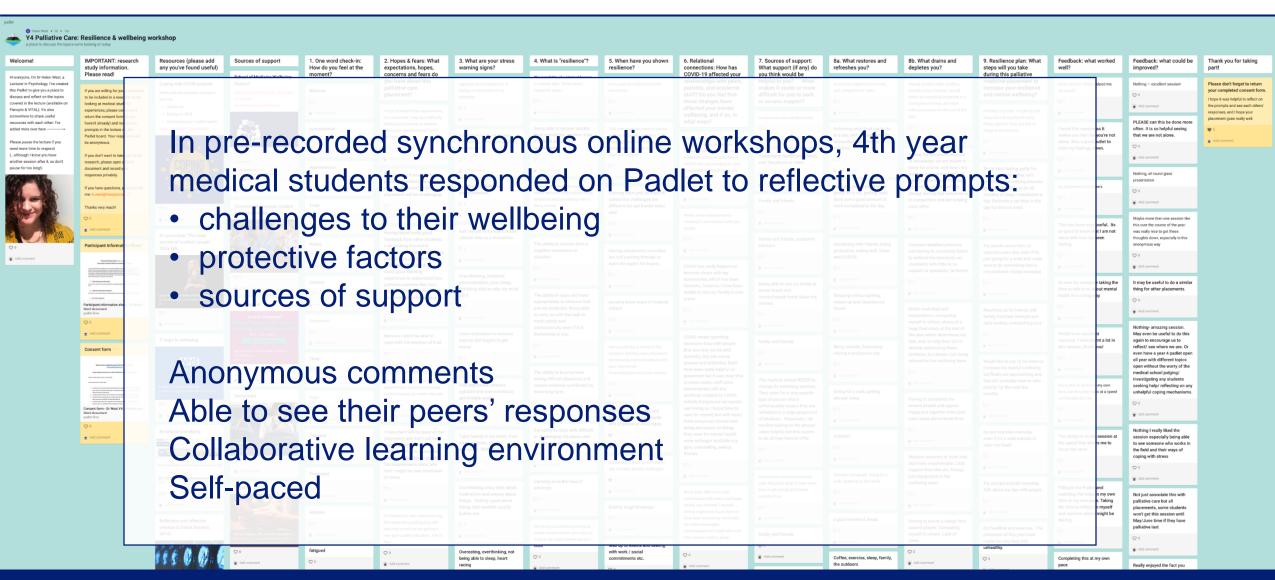
UKPSF: A4-5, K1, V3



Year 4 Palliative Medicine workshop: Developing self-care and maintaining resilience









Methodology

Ethics approval: University of Liverpool Institute of Population Health Research Ethics Committee

(Reference: 8365).

Participants

Year 4 MBChB students, six workshops between 11/20 & 6/21,

Materials

Lecture recorded in Panopto & available on Canvas. Padlet site.

Procedure

Students informed about the research prior to the workshop. Participants wrote anonymous open-text responses to reflective prompts while watching pre-recorded content.

Analysis

Thematic content analysis (Braun & Clarke, 2006), guided by the study aims & open-coding for additional themes.



Padlet prompts

	One word	d check-in: How o	lo vou feel at	the moment?
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What expectations, hopes, concerns, and fears do you have about this placement?

What are your stress "warning signs"?

What is "resilience"?

When have shown resilience?

What refreshes and restores you?

What drains and depletes you?

How has COVID-19 affected your relationships with peers, patients, and academic staff?

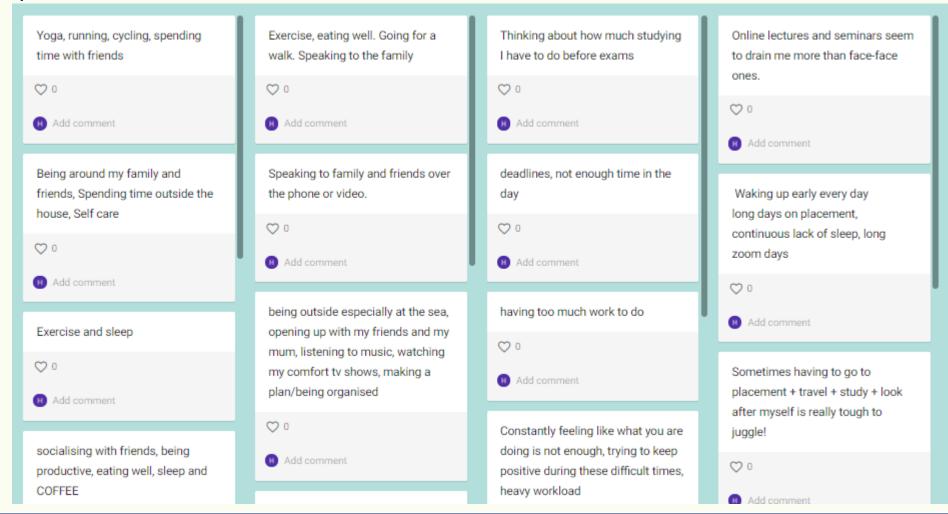
What support do you think would be helpful to you? What makes getting support easier or more difficult?

Resilience plan: What steps will you take during this placement to increase your resilience and mental wellbeing?

Lecture feedback: What worked well? What could be improved?



Examples of responses:





Results

During six workshops between November 2020 and June 2021, 78 out of 113 eligible students participated, giving a response rate of 69%.

Themes identified in the responses were:

- Academic, lifestyle, and relational factors increase stress and diminish mental wellbeing
- Lifestyle, relational and attitudinal coping strategies replenish and maintain mental wellbeing
- COVID-19 has exacerbated stressors and removed coping strategies
- Informal and formal support was valued but restricted by COVID-19



Results

One word check-in: How do you feel at the moment?





Academic, lifestyle, and relational factors increase stress and diminish mental wellbeing

- Academic pressures and factors relating to studying medicine: exams, revision, deadlines, workload, specific course requirements, timetables, online learning, placement, communication from University, feelings of comparison and competition, feeling unproductive, and overthinking
- Lifestyle factors: lack of sleep, early mornings, eating unhealthily, alcohol, scheduling issues such as having too many commitments, financial pressures, and social media
- **Relational factors:** spending too much time with people, feeling socially isolated or being unable to see people, or having negative social experiences

"Taking on too many things"

"Worries about money"

"Long placement days"

"Not being able to see friends or travel back home to see friends/family there"

"Too much socialising"

"Not having

placement" "Lack of

contact with

others"

"Unproductive days of

revision/on

enough sleep"

"Arguments"

"Culture of competition" "Massive amounts of work load that feels unachievable"

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Indicators for high levels of stress

- Behaviour change: poor or decreased sleep, increased sleep; overeating, unhealthy food choices, decreased eating; exercising less or more; withdrawing socially; feeling less organised or frantically reorganising; smoking or drinking more alcohol.
- Cognitive and emotional responses: irritability, anxiety and overthinking, difficulty with motivation and concentration, and becoming more emotional.
- Physical signs: headaches, stomach ache or nausea, breathing difficulties, heart racing or palpitations.

"Headaches"

"Messed-up sleeping pattern"

> "Tight feeling in my chest"

"Isolating myself

"Increased

comfort eating"

"Rapid breathing"

"Become

irritable and

more emotional"

from friends"

"Getting easily frustrated"

"Irrational thinking, over-thinking"



Lifestyle, relational and attitudinal coping strategies replenish and maintain wellbeing

- Relational connections: spending time with family and friends, seeking support from them when needed.
- **Lifestyle habits**: physical activity, walks, time spent outdoors, eating healthily, improving sleep habits.
- **Time-out:** setting time aside for relaxation and enjoyment, entertainment (e.g. TV, films, Netflix, gaming), creativity (e.g. painting, singing, baking)
- **Reflection:** journaling, meditation, mindfulness, prayer, seeking support from peers
- Time management: Organisation, being productive and maintaining balance also contributed to wellbeing.
- Avoiding unhelpful coping strategies, such as social media, reading the news, and alcohol
- A change of mindset: e.g. stop worrying, stay positive, be present, practising acceptance, reframing situations

"Spending quality time with family, friends and pets"

"Accept that I can only try my best"

"Eat healthily and exercise"

"Fresh air and walks"

"Listening to music/singing"

"Take time to myself and not feel guilty for it" "Reflect on upsetting situations with peers on placement"

"Relaxing and taking time out"

"Speak to family and friends when I need extra support"

"Manage my time and make sure that I have time to myself to recharge"



COVID-19 has exacerbated stressors and removed

coping strategies

- Exacerbating academic stresses: Online learning was identified as a draining factor (although some students liked not having to travel)
- Removal of coping strategies: Approaches students had previously found helpful were unavailable. For example, socialising with family and friends, team sports, and going to the gym
- Changes to relational connections with peers, patients and staff: COVID-19 had an overwhelmingly negative impact on relationships with peers, patients and staff
- Not all students reported negative effects on well-being, with one saying it had "helped [them] become more selfreliant in terms of well-being". Some students reported positive effects on relationships with patients

"Initially it improved my mental wellbeing as I found time to care for myself, but with time I think everyone's mental well-being decreased as things they used for mental health were no longer available e.g. gym, counselling, seeing friends".

"Lack of contact with others"

"Masks make it harder to connect with people and build relationships"

"Online lectures and seminars seem to drain me more than face-face ones"

"Added strain on my housemates to be the only ones to support me",

"Much more difficult to have relationships with peers and began feeling very isolated"

"Every day feels the same, it's hard to find motivation to do anything".



Informal and formal support was valued but restricted

by COVID-19

- Informal sources: family and friends, difficult when aware that others were struggling or when feeling like a burden
- Formal support: mostly positive experiences; favoured integrating support with academic systems (e.g. AAs, CCTs, placement supervisor), and personalised communication
- Barriers to accessing support: stigma, practicalities, waiting times, concerns about impact on progression/career, in-person/online, COVID-19 made seeking formal or informal support more difficult, e.g. inability to visit family

""I would like more check-ins from the school and placement. We move around so much and now don't go in to uni at all. Might help prevent getting to the stage where we need proper wellbeing support".

"Reassurance should be provided to medical students that accessing the wellbeing team is not detrimental to their degree. If anything it should be marketed as a professional and responsible thing to do."

"Actually discussing difficulties with friends has been most helpful, as it can sometimes feel like you're the only one struggling, when actually most people are finding this year really difficult"

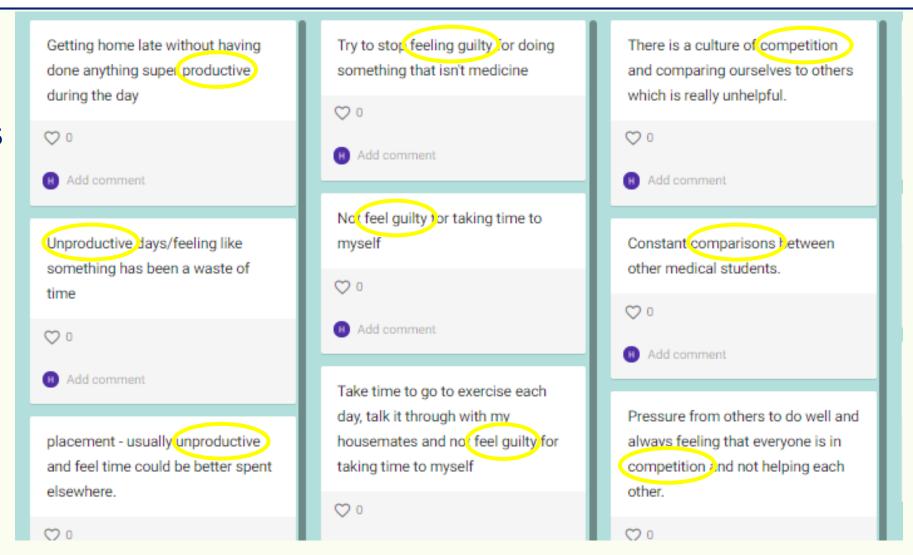
"Family are a huge support for me and I miss seeing them and the lack of human contact."



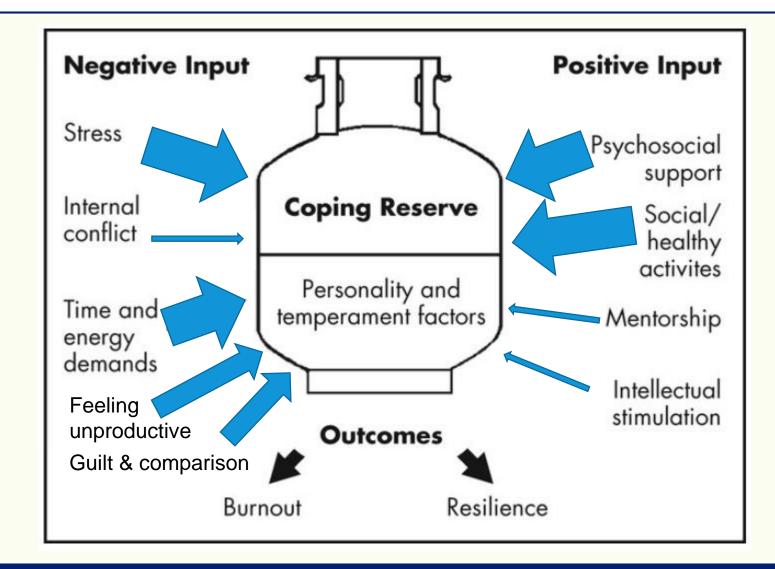
Massive impact or friendships Not being able to see friends or With my close friends ve have Masks are an impediment to hard to stay in touch virtually travel back home to see become closer and take the time to meaningful connections with new friends/family there people. communicate with each other. \bigcirc 0 However I have found it hard to \bigcirc 0 \bigcirc 0 maintain other social circles and I Add comment feel guilty for this. Add comment Add comment \bigcirc 0 feel as though haven't been able to connect with peers and academic It has been really hard to maintain Strained relationship with Add comment staff as much during this time friendships butside of my house, housemates, have felt quite which has put added strain on my isolated. Missing being able to visit \bigcirc 0 With patients there has been housemates to be the only ones to my family limited contact and I miss speaking support me. Add comment \bigcirc 0 to patients.



Quotes







Revisions to the "Coping Reservoir Model" of mental wellbeing, based on analysis.



Strengths and limitations: Teaching & Learning

- Pre-recorded lecture plus Padlet
- Anonymity
- Learning Outcomes
- Student feedback...





Feedback

"it was so good to be able to share anonymously as people really opened up and I feel closer to others in the group, despite not knowing who posted what"

"PLEASE can this be done more often. It is so helpful seeing that we are not alone"

"I loved this session as it makes you feel like you're not alone"

"I liked the interactivity as instead of just watching a lecture and not taking much in"

"Having the padlet to remain engaged and accountable for watching the lecture"

"Writing things down and seeing what other people wrote was engaging and less anxiety-provoking than speaking on zoom"

"Reassuring to know that there are others going through similar things as you" "Padlet has been able to make me properly reflect without feeling nervous"



Strengths and limitations: Research & Scholarship

- Novel method of data collection
- Low burden, high response rate
- Priming responses?
- Anonymity/confidentiality
- Utility



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Conclusions

- COVID-19 has reduced students' access to some positive aspects of medical education, while intensifying depleting factors.
- Students engaged well with this novel method of data collection.
- Findings reinforce and extend the "Coping Reservoir" model.
- The revised model can inform student wellbeing support.



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Thank you.

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