

## Development of an Online Transdisciplinary Student Wellbeing Bundle: A Thematic Analysis

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### Abstract

*The consequences of burnout for tertiary students across the health professions are well documented. As key stakeholders in university-offered wellbeing services and support, it is desirable for students to hold a central role in development of such resources. Hence, there is a compelling need to develop a student-driven approach to promote wellbeing in the tertiary setting. Based on this need, an online student-focused platform was developed using a bottom-up approach to support participant-driven enhancement of wellbeing and resilience to counteract burnout at a large Australian university. This study reports on the development of the initial online “student bundle”, providing a foundation to inform the design of more locally-based approaches to improve wellness and prevent burnout. Students and staff were invited to participate in a series of focus groups. Sessions sought to collect information on desired structure, resources, and overall content of the student bundle, with a thematic analysis undertaken to identify emerging themes. Focus groups were conducted separately with staff (n=17) and students (n=7). Six main themes in relation to the development of the bundle emerged: Communication/Engagement, Accessibility/Flexibility, Professional practice, Community, Awareness, and Opportunity for personal growth. Stakeholders emphasised a bundle should be engaging and proactive to address wellbeing issues; incorporate aspects linked to professional identity; and foster community, connectedness, and self-awareness, providing an opportunity for growth. Our research has exposed significant needs in relation to how an online student-focused wellbeing bundle could be delivered and what it could provide. Findings from this study will be used to guide further development and implementation of a multimodal, interactive student wellbeing bundle.*

### Keywords

Student burnout, Resilience, Wellbeing, Online, Health professionals, Healthcare, Medicine, Allied health, Coping, Focus group

## **Introduction**

In recent years, there has been an increasing awareness of the need to promote student wellness across the healthcare disciplines, not only to prepare future healthcare professionals to manage socio-emotional challenges relating to the complexities of practice but also to improve patient safety. Studies of medical faculties report students enter medical school with similar levels of quality-of-life measures as non-healthcare students (Dyrbye & Shanafelt, 2016). However, over the course of medical school, students' levels of satisfaction reduce and burnout rises in comparison to other disciplines. This suggests that the university environment is potentially placing them under greater levels of stress. Arguably, this may result from a combination of financial pressures, tensions between university and clinical identities, exam stress, and the nature and personality traits of students selected into healthcare professions. Such challenges have been observed amongst students in other healthcare professions as well (Birks et al., 2009; Skodova & Lajciakova, 2013). A recent study from Griffith University by Cardell and Bialocerkowski (2019) in final-year Master of Speech Pathology students found that, despite high academic outcomes (Grade Point Average), students on average reported a low positive mental attitude and ability to control negative thoughts, based on the Personal Resilience Scale.

Consequences of burnout and mental health difficulties in the healthcare industry have been well documented and include greater rates of suicide, alcoholism, health issues, and relationship problems than the general population (Dyrbye & Shanafelt, 2016; Dyrbye et al., 2008; Melamed et al., 2006). In the university setting, a survey of over 5,000 students found rates of severe depression and anxiety three times higher than the general population (Larcombe et al., 2016). Costs of academic burnout extend beyond personal health implications. Studies have shown that students who are burnt out have higher degrees of cynicism, decreased professional efficacy, lower moral behaviour, and poorer academic performance (Dyrbye & Shanafelt, 2016; Jacobs & Dodd, 2003). Addressing student burnout can have financial implications as well, with academic performance and obtainment of knowledge and skills potentially influencing student dropout intentions (Duque, 2014). Furthermore, once in the clinical environment, student burnout has been associated with reduced patient care and satisfaction, as well as being predictive of higher career turnover (Rudman & Gustavsson, 2012; Rudman et al., 2014). A study in the United States found a social return of US\$6.49 on every US\$1 spent by the government on prevention and early intervention in college student mental health (Browne et al., 2017).

Australian universities have a responsibility to enhance the mental health and wellbeing of their students. The 2018 *TEQSA guidance note on student safety and wellbeing* states that higher education providers "will have an overarching framework of guiding policies and effective processes" for safety and wellbeing, and will take steps to understand and respond to the safety and wellbeing needs of the student body and cohorts within it (TEQSA, 2018). In June 2018, the Federal Government released the Higher Education Standards Panel's final report on improving retention, completion and success in higher education. The report recommended all universities should have a mental health strategy supported by a genuine commitment and adequate resourcing, including appropriate staffing levels in university counselling services (Australian Government Department of Education and Training, 2018).

Regardless of opinion on whether the role of universities should extend to mental health care provision, universities play an invaluable role in supporting students to build resilience: a multifactorial concept that can be simply defined as the ability to positively adapt to stressors or trauma that may otherwise cause burnout (Teodorczuk et al., 2017). In so doing, universities may also financially benefit, as highlighted above by Browne and colleagues (2017) and demonstrated in the 2016 Student Experience Survey, which found that, among students who were considering exiting their course, 41% cited health and stress reasons (QILT Social Research Centre, 2017).

Numerous studies have highlighted the importance of university students developing resilience to cope better with study, work, and general life demands (Dickinson & Dickinson, 2015; Walker et al., 2006). Despite various physical and psychological health consequences of poor coping and burnout, help-seeking among students is low (Clough et al., 2019; Zochil & Thorseteinsson, 2018). While some students may meet university and external demands, others display low resilience and may need significant support (Carver, 1998). Seeking support may present a further challenge, with barriers including stigma, concerns about professional registration, time restrictions, or low mental health literacy (Hunt & Eisenberg, 2010). Enhancing students' sense of self-reliance is a recommended strategy to enhance help seeking (Gulliver et al., 2010), with tailored and specific strategies more likely to be used than generic support services. Despite the well-documented negative impacts of burnout, research around tertiary student wellbeing has primarily focused on quantifying psychological distress rates and access of mental health support services (Baik et al., 2019), rather than the development of interventions and their ability to meet user needs. As key stakeholders in university-offered wellbeing services and support, students should be involved in a participatory or co-creation design approach to the development of such resources. This is particularly important given that effectiveness relies on student uptake (Teodorczuk et al., 2017). Previous research suggests failure to include an opportunity for student input may result in feelings of alienation, disconnection, and possibly even dropout (Mitra, 2004; Smyth & Fasoli, 2007). Conversely, involving students as design partners and therefore recognising them as key stakeholders (Druin, 2002) may increase buy-in and a sense of empowerment (Drolet & Rodgers, 2010). As such, the potential for such a co-creation approach to develop and provide accessible, acceptable wellbeing support for university students is significant (Browne et al., 2017) and an area ripe for research.

However, integral to provision of support is consideration of delivery mode. Technology has an increasingly important role in mental health service provision. Online platforms respond to information and service preferences (particularly for young people) and address the gaps in care that exist outside normal business hours, and in rural and regional areas (Browne et al. 2017). Internet-based delivery is efficacious and efficient for delivering such interventions to university students (Davies et al., 2014) as it provides a means of overcoming such barriers presented above and is pertinent given universities' digital transitions in the context of the global pandemic. While multiple student wellness services exist across universities, they may be resource-intensive and limited in their adaptability and accessibility. For example, Vanderbilt School of Medicine used a bottom-up, student-driven approach to create its student wellness program, but delivery relied on factors including a large team of faculty advisors and reliable, driven student wellness committee leaders (Drolet & Rodgers, 2010). Another student-driven wellness program, also in the medical school setting, had to suspend the offering of its "Well-being selective" in response to the global pandemic and cessation of in-person classes (Salana et al., 2020).

Arguably, there is a need to take a participatory design approach in creating student-centred, sustainable services that can be adapted to changing technological landscapes without compromising user accessibility. Based on these needs, an online platform was developed for piloting at Griffith University, using a co-creation approach to promote and support user-driven enhancement of wellbeing and resilience to counteract burnout. We report the initial process and findings used to guide development of a pilot "student bundle". The research intent is to share this information with other education providers as a framework for development and refinement of more bottom-up, co-creation approaches to improve student wellbeing and prevent burnout.

## Method

### Resource development

In order to develop and pilot the student bundle platform, we recruited university staff and students within the Health Group at Griffith University, as well as an expert curriculum consultant and blended learning input. The Health Group is composed of eight different Schools: Allied Health Sciences, Applied Psychology, Dentistry and Oral Health, Medical Science, Medicine, Human Services and Social Work, Nursing and Midwifery, and Pharmacy and Pharmacology. Ethical approval was provided by Griffith University Human Research Ethics Committee (GU Ref No: 2018/666).

There were two initial phases in development of the virtual platform (Figure 1), with the focus of this paper on Phase 2. In brief, Phase 1 involved a review of scoping activities to guide initial development of resources. This included an audit of existing student support resources and services currently offered by the University, both within and beyond the Health Group. Phase 2 involved conducting four focus groups separately with students (two focus group sessions) and staff (two focus group sessions). Invited staff were program directors and conveners and other academic and professional staff across the Schools. Students were sought from all Schools within the Health Group. The outcomes of this audit and focus groups guided development of the pilot student bundle platform, involving collaboration with the Health Blended Learning Team for creation.

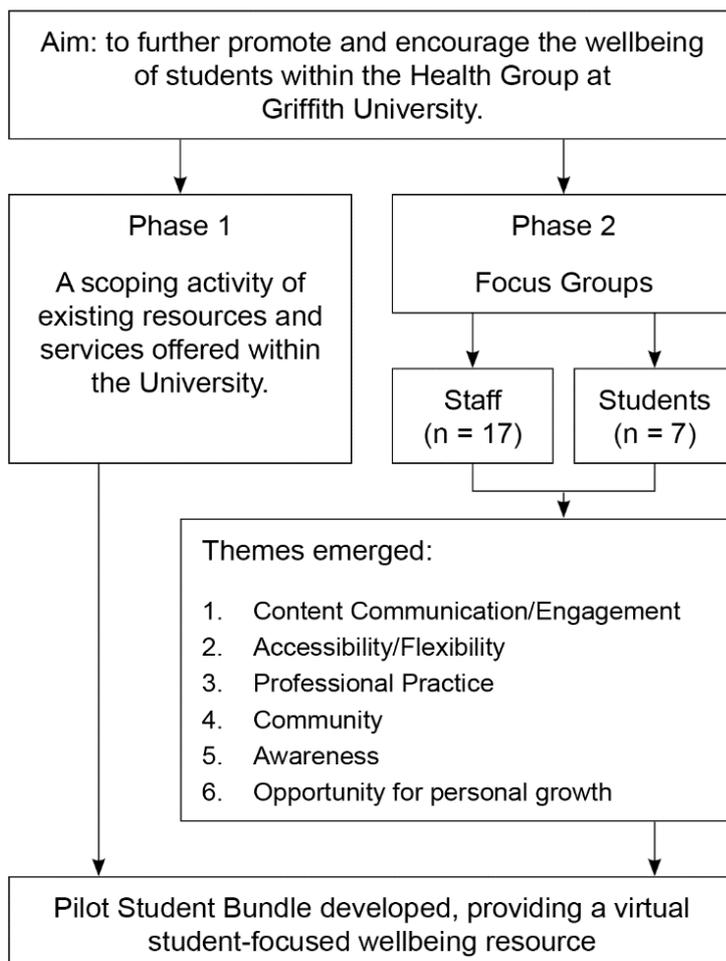


Figure 1: Project flow chart

A working party was established within the greater research team to undertake an audit of existing university-based support services accessible to students. This involved an investigation of university-wide resources, as well as scoping of services directly offered within the Health Group and associated Schools. Another working party was established to conduct separate focus groups with Health Group staff and students, collecting information on desired structure, resources, and overall content of the student bundle. Each focus group was conducted face-to-face, with the same lead and supporting facilitators (AT, BC). At the commencement of each session, all participants were informed of the purpose and structure of the activity and invited to ask questions prior to completing a written consent form. Participants were selected opportunistically and given an overview of the research project (i.e., development of bundle) and asked to identify their initial ideas and issues based on the provided information. This information referred to the general scope and purpose of the project: to develop a portal or suite of resources to best support students and their wellbeing during their studies. General questions were then posed for discussion around approaches to supporting student wellbeing, previous experience, and awareness of current resources and services. These were followed by more specific questions related directly to the bundle, gathering information on aspects including suggested structure, perceived engagement facilitators and barriers, points of difference, and evaluation. The sessions were semi-structured with relevant discussion questions being developed by the two facilitators (AT, BC). The proposed discussion questions were then circulated to all team members for review and input prior to each focus group. Although the discussion questions provided an overall structure to the session, opportunities were also given for member-directed conversation and brainstorming. This included activities in which members were able to write their own ideas for discussion on Post-it notes and place them on the room's walls. Facilitators then grouped these notes according to similar themes and gave the members opportunities to discuss each group of notes throughout the session. Sessions concluded with a summary of key points and request for final clarification and input. Each focus group session lasted approximately 90 minutes.

### ***Analysis***

Focus group interviews centred on four key topics: rationale for intervention, difficulties/contributors to student stress, ideas for intervention content, and ideas for intervention engagement strategy. Each focus group was audio recorded and transcribed. Transcriptions were used to undertake an inductive thematic analysis, with this method chosen given the explanatory nature of the research. Thematic analysis was conducted as per the guidelines of Braun and Clarke (2006). Qualitative data from the focus groups were independently coded by two researchers and used to identify emergent themes. Manual coding was done in Microsoft Word, with involved researchers color-coding themes and sub-themes. A consensus process was then undertaken to reach agreement on final themes and sub-themes from the data, and mind maps were created for a visual representation of the data. Key themes were also presented to participants as part of a member check focus group, with participants agreeing with all themes and sub-themes and only proposing minor edits to coding.

### **Results**

#### ***Participation***

Focus groups were conducted separately with staff and students, with two focus groups conducted in each stakeholder group for a total of four overall sessions. There were 17 unique staff participants, representing 11 different health disciplines within the Health Group. Of these participants, 11 were females (64.7%). A total of seven students participated in the focus groups,

from six different health disciplines. Four students were female out of the seven total participants (57.1%).

### Emergent themes

Six main themes in relation to the development of the bundle were identified from the focus group data, with a thematic map depicting relationships between the themes and their hierarchical relationships provided in Figure 2. Central themes were: Communication/Engagement, Accessibility/Flexibility, Professional practice, Community, Awareness, and Opportunity for personal growth.

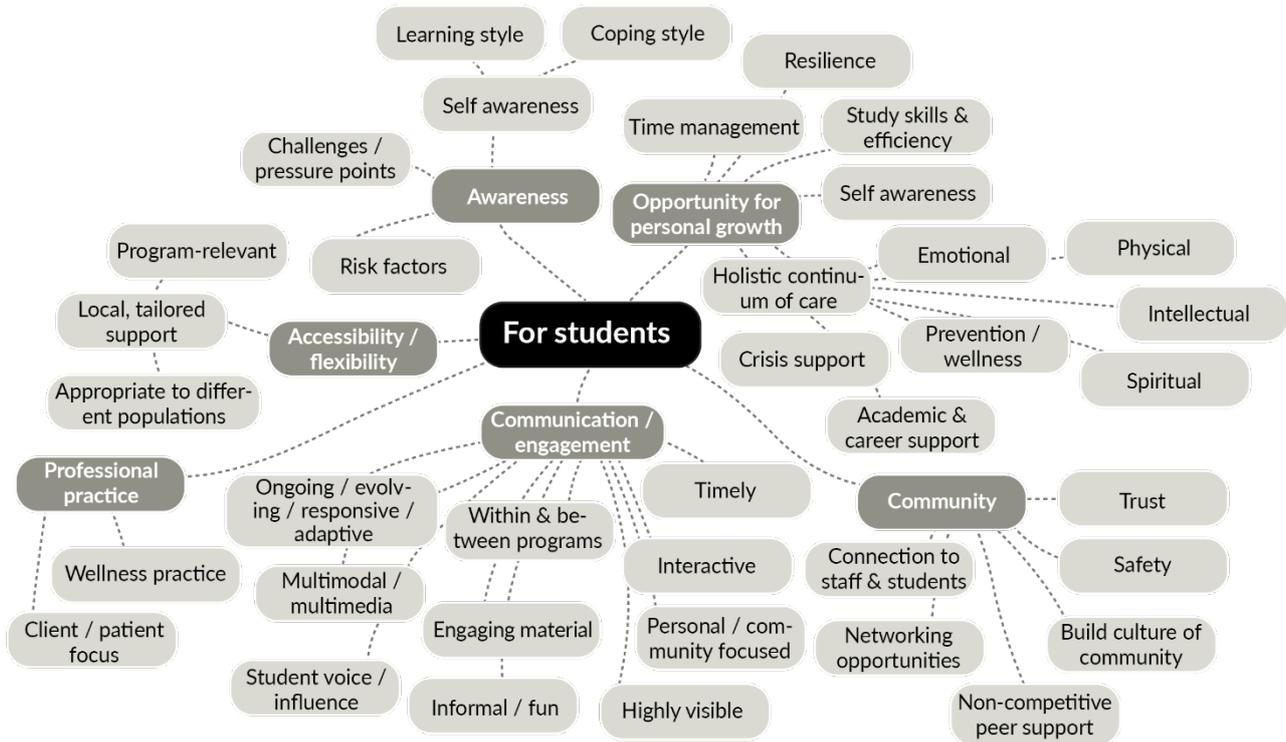


Figure 2: Focus group emerging themes and sub-themes

#### 1. Content communication/engagement

Central to this theme was feedback that a student wellbeing intervention should be timely, engaging, and interactive, and presented in an easily visible way and adaptive to feedback. Both staff and students reported a bundle should be composed of *engaging material* that was *informal/fun*. One suggested way of doing this was by integrating alumni and new practitioner input, allowing development of a more engaging bundle:

*If one of the lecturers is talking, again, it's the same old dribble, whereas if you bring in a young doctor and he's graduated...they'd go, 'Wow, this person used that then, I'll have to look at that' and go, 'Because it's me, this is what I'm doing'. (Student M4)*

*How many funny stories would...uni students that have graduated [have]? Everyone has those horror stories and you can learn from them. So it's got a serious message underneath but it's a bit of a funny story of what might've gone wrong for them. And the people kept*

*reading because it's interesting and this happened to me, but then it feeds to a more serious message of, 'Don't let this happen to you, so go and seek help from a counsellor' type of thing. But if you just give them boring information, people just won't.* (Student F3)

Stakeholders also emphasised the importance of a student bundle to incorporate *student voice/influence*. Participants thought that processes and information were needed that were actionable and could result in real-time changes. Additionally, they fed back the need for student perception to be changed, such that students perceive something could actually be done if they speak up or seek help:

*If the quality of the programs isn't up to scratch or whatever of the structured bundle or whatever, your report at the end that benefits the next group, it doesn't necessarily benefit you if you had problems. I think that a general theme of more responsiveness...are the systems in place for you to recognise that you have problems? Are there even university-level systems in place to recognise this student has problems? Can we intervene now before we get to the end of trimester and that student is in tears because they've got poor marks and they couldn't make it happen?* (Student M2)

Participants thought support should be *timely*, delivering earlier, more targeted and tailored information where possible. In addition, focus group participants reported the bundle should be *ongoing/evolving/responsive/adaptive*, “adapted proactively by students and staff” (Staff M1) and delivered in a living format that continually evolved and responded to changing needs. Integrating continual input from end users would enable creation of a constantly-evolving, living resource that personified this desired proactive approach.

An *interactive and multimodal/multimedia* approach to presenting the student bundle was also desired, using varied resources and formats such as videos and interactive platforms. Participants wanted more than just an app or emails, as they reported, “you get so many emails, I delete a lot of emails” (Student F3) and apps can often just add more clutter and unused resources. One student highlighted that:

*You have an app...how often do you use it? It's just another piece of technology that's taking away from the sense of community that we could build through personal stuff and being present.* (Student F2)

They also emphasised a student bundle should be *highly visible* to ensure students are aware of it and, therefore, able to easily access it when needed. This was highlighted in feedback such as, “There's lots of [support services] in the works, but students don't know about them.” (Student M4)

Finally, participants identified the need for enhancing communication *within and between programs* to better support student wellbeing. Students perceived a lack of communication and organisation amongst programs, reporting repetition of information and activities. For example, one student reported that “they don't look at a more organised way to work within one another, like the program, so it's all over the place” (Student M3).

## 2. Accessibility/flexibility

Another theme identified by focus group participants was accessibility/flexibility, with feedback highlighting this as a key aspect the student bundle needed to offer. This theme was linked to a single sub-theme around providing *local, tailored support*, both program-relevant and appropriate to different populations. One student participant suggested current support is:

*...not always that user-friendly. You get lost into a lot of the things that are available. But if everything is packaged, for example, for your school, 'Alright, this is your school, this is the program, this is what you need to know,' you're getting in a finalised way and you're given that as a tool. (Student M3)*

Participants in the staff focus groups also emphasised a need for student wellbeing resources to be flexible and accessible as needed, based on context:

*I'd like to see the basis of good resources pointing to any existing other good resources...that individual schools or disciplines or whatever can then use that basis and adapt it to their needs, or build on it, in their specific context. (Staff F1)*

As demonstrated, feedback across staff and student focus groups provided guidance on what approach would generate a more personalised and flexible bundle. This included integration of new resources with existing resources and a streamlined, accessible platform.

### *3. Professional practice*

A further identified theme related to professional practice. Focus group participants suggested *wellness practice* should be viewed as an essential part of being a professional. In supporting students to be *client-/patient-focused*, it was highlighted that “one of the preconditions of being client-focused is that you’re actually in good shape yourself” and “...looking after yourself is about being client-focused, so it’s not a selfish process” (Staff M2). A university-supported, long-term focus on wellness was also desired, as wellness was seen as essential to building a culture of, and focus on, ethical professional practice:

*Ethical practice...is that you're not thinking about yourself, you're thinking about the client....I think it's actually about a whole culture of it's important that you're well, these are the sorts of things you can do to be well, to stay well, and that gets embedded all the way through which is very different to referring people for counselling. (Staff M3)*

Focus group comments about professional practice highlighted a bundle should address this from a personal self-care approach, while also providing health students with strategies transferable to use with clients. This was deemed paramount to ethical practice as well as establishing a strong “practice what you preach” foundation.

### *4. Community*

Participants highlighted that promoting a sense of community was central to student wellbeing, not only between students, but also between students and staff. As part of developing community, there

was perceived need to *build a culture of community* that is based on *trust* and *safety*. Staff participants emphasised supporting student wellbeing needed to address challenges around these sub-themes, reporting factors such as “the academic is always linked to the assessment” (Staff M1) and “I do find that initial contact with the students probably the most difficult, trying to get them to come in the first place” (Staff F1). Student participants also provided considerations on how to foster a greater sense of community and increase support seeking, with suggestions such as:

*Promoting a sense of community, promoting a sense of belonging and students being able to collaborate with each other, to help each other, I think that's probably a very good investment if the university can find a way to foster that more, because at the end of the day...making sure that there are ways that we can help each other and support each other during times of stress seems like quite a valuable thing on that point.* (Student M2)

Central to building this culture and sense of community, focus group participants highlighted the importance of *non-competitive peer support*, *networking opportunities* and *connection to staff and students*. While peer to peer connection was deemed invaluable, with participants suggesting it may be easier to approach a peer for guidance rather than seek official support, there was also a desire to feel a sense of university-wide community, incorporating staff and students. This included a focus on helping each other through developing activities and opportunities that fostered a more supportive, positive university culture. There was also acknowledgement of common challenges and suggestions that building community could address:

*In order to cultivate that sense of community and break the wall between different courses, we could all help each other. For example, the chemistry course that the dietetics students are having a little trouble with, med students could help them. People experiencing difficulty with social wellbeing or something like that, the psych students can help them, and we could all come together, to help each other. So I think that would be a really good idea.* (Student M3)

As supported by staff and student focus group comments, a Bundle needed to incorporate community-building aspects. This was viewed as crucial to promoting initial support seeking, as well as creating avenues for peer support, expansion of networks, and greater connection with the University.

## 5. Awareness

The theme of awareness was also identified, with participants desiring an intervention that fostered an understanding of one's own wellbeing. Development of *self-awareness* centred around students being supported in monitoring their own wellbeing and provided with strategies to build awareness of personal coping and learning styles. This was represented in feedback such as, “I think it's a real lack of understanding of their own self vulnerabilities” (Staff F2). Students also reported this as essential to the bundle, suggesting a need for:

*Anything that's going to increase some self-awareness and some consciousness and letting you get a grip and realise who you are, so maybe you are more well-equipped to deal with the stresses that come with mid-semester exams when that might have to be as stressful if*

*you can get yourself into a situation where it's not stressful which is not going to really happen for everybody but if we can help a few people. (Student M4)*

Additionally, there was an emphasis on incorporating recognition and education around risk factors. These included aspects such as time available for study and supporting students in assessing if a certain program was a good fit. To enable actioning of this key bundle need, incorporation of a risk screening was suggested: "Fill out this survey, we'll screen you as being at risk. It would be advisable for you to do these other things or to get others' support now, so we don't run into problems later on" (Student M2).

#### *6. Opportunity for personal growth.*

A final theme, opportunity for personal growth, indicated that an intervention for student wellbeing should allow for development of attributes relevant to both health and study, with a holistic focus. Supporting students to develop *time management*, *resilience*, and *self-awareness* were reported as central to both university and overall success, enabling students to enhance understanding of themselves and their own situation and better manage associated stressors.

Focus group participants reported *academic and career support* was needed to a greater, more personalised extent. While participants acknowledged multiple resources and services were already offered, they were not perceived to offer significant support for personal growth. Enhancing *study skills and efficacy* would also benefit student wellbeing, enabling students to better adapt to competing work and university demands and find approaches better suited to them:

*So if the student bundle can give people some tools and say, sometimes, this isn't going to work and you have to work a job but if you're able to adjust and adapt and learn who you are a little bit better, you can study a bit more effectively and then you can work that job instead of studying for eight hours when you can study for three. (Student M4)*

Finally, participants identified a *holistic continuum of care* was desired to optimise student wellbeing. A bundle was desired that approached wellness from multiple angles, providing resources, support pathways, and structures that focused on guiding users in staying well. This was recognised as needing a multi-dimensional approach, incorporating aspects including spiritual, emotional, physical, and intellectual wellness components. As highlighted throughout earlier themes, a continued emphasis on supporting users to take a proactive approach in enhancing their wellbeing remained in relation to what the bundle should offer. However, it was emphasised that crisis support also needed to be integrated in case initial action was not taken or had not been enough:

*I don't want to miss the fact that there are students that are in more difficult circumstances that have other risk factors, stuff like that. I think that it is important...we do balance the line between the proactive, the, 'Get to know yourself, learn these strategies that can help you', but also let's make sure that we are genuinely providing support and let's make sure that we are generally including those mechanisms to help those students as well as part of this package. (Student M2)*

Across these six primary themes, both staff and student participants provided key suggestions and identified needs to guide development of a student wellbeing platform. These included specific ideas for components such as video resources and self-assessment items, as well as suggestions for bundle format and delivery mode. Feedback also highlighted considerations are needed around creating an educational, personalised bundle that not only teaches but also fosters development of skills and knowledge to enhance resilience and wellbeing.

## Discussion

### *Principal results*

Our research has revealed significant needs in relation to how a student-focused wellbeing bundle should be delivered and what it should provide, while a co-creation development approach presents new insights and perspectives. Six central themes emerged from focus groups with student and staff stakeholders: Communication/Engagement, Accessibility/Flexibility, Professional practice, Community, Awareness, and Opportunity for personal growth. At its core, this study exposed a tension between what is *desirable* and what is *feasible* within the role of an education provider such as a tertiary institution. It highlighted important points of consideration related to addressing student needs while considering factors such as scope of university support provision and points of external referral. Such findings evidence the challenges in participatory design approaches, whereby user (i.e., students) preferences may not match preferences and capabilities of providers (i.e., the university and staff) (Könings, Seidel et al., 2014). However, a key finding of this research was alignment between student and staff participants in their desire for a bundle that is engaging and proactive to address wellbeing issues; incorporates aspects tied to professional identity; and fosters community, connectedness, and self-awareness, providing an opportunity for growth. Previous research has suggested engagement of staff who are likely to be involved in intervention delivery is commonly limited, but essential for transition from design to delivery (Könings et al., 2014; Penuel et al., 2011).

Links to existing literature emerged from this research, with many findings in alignment with previous resources around student wellbeing and burnout. Key themes emerging from focus groups highlighted a need for community and communication/engagement, which have been found to be limited and declining in the university setting. A 20-year review of first-year experience across multiple Australian universities found students reported increased feelings of isolation and a declining sense of belonging and connection to peers, university staff, and their study institution (Baik et al., 2019). Professional practice was another emerging key theme which has demonstrated negative impacts related to student burnout. Studies have found burnout is associated with lower professional efficacy and moral behavior, poorer patient healthcare, and higher career turnover (Dyrbye & Shanafelt, 2016; Jacobs & Dodd, 2003; Rudman & Gustavsson, 2012; Rudman et al., 2014). Findings such as these, as well as participant feedback from the current study, emphasise the need for a more proactive approach in building and supporting student resilience and wellbeing.

With growing workplace demands—particularly in health fields—related to *soft skills*, such as resilience, emotion regulation, and psychological flexibility (Liyanagamage et al., 2019; Stefanovski, 2020), self-awareness and personal growth are imperative. Both staff and students involved in the focus groups discussed awareness and opportunity for personal growth as key components of a student wellbeing bundle. Development of such skills is not only invaluable to maximise university experience and performance, but also to enable better coping with a balance of study, work, and general life (Dickinson & Dickinson, 2015; Walker et al., 2006). This reinforces the reported need for a bundle that offers a holistic approach to supporting wellbeing, recognising the overlap of various domains and implications of wellbeing and building resilience beyond the academic space.

Further, an accessible, flexible student bundle was desired, offering both higher university-level support as well as more personalised program- and student-specific guidance. In coping with demands, the experience of stress is on an individualised level, emphasising the need for a personalised support platform. While one individual may feel they are equipped to handle a given situation and, therefore, experience no stress response, others may feel incapable of meeting demands and become distressed (Carver, 1998). Additionally, delivering a flexible, multimedia student wellbeing bundle may enhance access and help seeking. Internet-based delivery is shown as an efficacious and efficient modality for delivering such interventions (Davies et al., 2014). However, study participants emphasised that visibility was a significant factor related to user awareness and access, with consideration needed around delivery model and dissemination to users to ensure stakeholders were informed of, and able to find, resources.

Various educational impacts have resulted from this foundational research, guided by participant responses and associated identified themes. Within the University Health Group, interprofessional learning (IPL) is a key focus across multiple programs, given the collaborative, interdisciplinary nature of healthcare. Guided by participants identifying the need for a student bundle to address wellness and resilience in relation to professional practice, a new learning outcome was developed and integrated into the Health Group's interprofessional learning program: "recognise and respond to the impact of personal and other professionals' health and wellbeing on individual and team performance". Additionally, an initial framework and supporting resources were developed for a pilot bundle. Key aspects of this draft bundle were creation of student and alumni videos around personal wellbeing challenges and experiences, links to existing university and community resources, and integration of actionable strategies and activities.

### ***Limitations***

This university-wide study included students and staff from eight different Schools within the Health Group at Griffith University. An inductive thematic analysis was used, with double coding and member checking further strengthening the credibility of the findings. Several limitations must be acknowledged in relation to conclusions drawn from this study. First, there was a relatively small number of health students and staff involved in the focus groups (7 students, 17 staff) compared to total number of health students and staff, and these participants were recruited from a convenience sample. However, this limitation was strengthened by the fact these seven students represented six different disciplines, while staff represented 11 different disciplines, providing a rich, diverse data set. Another limitation was participants were volunteers, suggesting they already had an interest in the areas of student wellbeing and potential experience. Finally, focus group data were collected in relation to development and structure of a *hypothetical* student wellbeing bundle, which may have presented a challenge around offering feedback.

### ***Future research considerations***

Despite these limitations, this study still provided rich data to guide bundle development, as well as highlighting key considerations to strengthen future research. These include expanding recruitment methods and sample to increase representation, as well as collecting greater information related to participant involvement and experience with wellbeing initiatives and resources. Moving forward, data collected from the focus groups undertaken in this study will guide development of a student wellbeing bundle. Following bundle creation and piloting, focus groups should be conducted and other impact data collected. This follow-up research should address variables including impact on student resilience, addressment of key needs identified from the current study, and perceived benefits related to wellbeing. Both quantitative and qualitative data collection methods should be used to better capture user experience, needs alignment, and measurable wellbeing impacts.

## **Conclusion**

Key themes identified in this study align with areas previously identified in the research as challenges and needs related to university students. Inclusion of both staff and student input and the finding of significant alignment in identified themes further highlights the need for more personalised, proactive student wellbeing support. Further, as the current study was conducted prior to the start of the COVID-19 global pandemic, there is now an even greater need for development and implementation of student-centred and student-driven wellbeing support provided in an adaptable, accessible way.

Findings from this study will be used to guide further development and implementation of a multimodal, interactive student wellbeing bundle. Delivery method, content, and accessibility will continue to be guided by themes emerging from the staff and student focus groups, as well as follow-up research around a draft platform. Future work will endeavor to create a final student bundle, developed in continual consultation with students, that fosters community, engagement, awareness, and personal growth, and is delivered in a way that is accessible, flexible, and benefits health students' professional practice. This bundle will be piloted through collection of qualitative and quantitative data, as well as undergoing regular review to ensure it adapts to changing needs and the constantly-evolving university and professional landscape.

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## **Conflicts of interest**

None declared.

## **Abbreviations**

F: Female

M: Male

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