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Abstract

Despite the evidence of significant consequences stemming from the intense demands on students, most graduate-level programs have insufficiently considered components of students' wellness. Thus, the purpose of this research study was two-pronged: 1) to evaluate current occupational therapy students' perceptions of wellness and 2) to explore student perceptions on using communities of practice as a program delivery method to enhance wellness. A qualitative study design was selected to gather experiences and feedback from occupational therapy graduate students. Participants were recruited via email from a convenience sample of a large, research-based Midwestern occupational therapy program. Participants attended one focus group and completed a brief demographic survey. The focus group data was audio-recorded and later transcribed by research coordinators. Transcript-based analysis was used and after transcription was completed, constant comparison analysis was used to determine final themes. In all, fourteen participants engaged in the study. Three main themes emerged: 1) *wellness is a holistic concept*, 2) *graduate school is a novel experience*, and 3) *a group educational program that meets regularly could be beneficial for enhancing wellness*. The results illustrate that occupational therapy graduate students both value their wellness and are interested in prioritizing its promotion and maintenance. With few comprehensive wellness programs currently available for graduate students, the information gathered from this study provides further support for these services and resources to be made readily available. Furthermore, the results from this study may guide program design, promoting greater wellness in occupational therapy students, and potentially students across other graduate-level disciplines.

Keywords

Occupational therapy, graduate students, stress, wellness, well-being

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Occupational Therapy Student Perceptions of Wellness: Focus Group Findings

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ABSTRACT

Despite the evidence of significant consequences stemming from the intense demands on students, most graduate-level programs have insufficiently considered components of students' wellness. Thus, the purpose of this research study was two-pronged: 1) to evaluate current occupational therapy students' perceptions of wellness and 2) to explore student perceptions on using communities of practice as a program delivery method to enhance wellness. A qualitative study design was selected to gather experiences and feedback from occupational therapy graduate students. Participants were recruited via email from a convenience sample of a large, research-based Midwestern occupational therapy program. Participants attended one focus group and completed a brief demographic survey. The focus group data was audio-recorded and later transcribed by research coordinators. Transcript-based analysis was used and after transcription was completed, constant comparison analysis was used to determine final themes. In all, fourteen participants engaged in the study. Three main themes emerged: 1) *wellness is a holistic concept*, 2) *graduate school is a novel experience*, and 3) *a group educational program that meets regularly could be beneficial for enhancing wellness*. The results illustrate that occupational therapy graduate students both value their wellness and are interested in prioritizing its promotion and maintenance. With few comprehensive wellness programs currently available for graduate students, the information gathered from this study provides further support for these services and resources to be made readily available. Furthermore, the results from this study may guide program design, promoting greater wellness in occupational therapy students, and potentially students across other graduate-level disciplines.

Background

Graduate-level degree programs are notorious for their cost, workload, intensity, and time commitments (Drolet & Rodgers, 2010; El-Ghoroury et al., 2012; Hunter & Devine, 2016; Malek-Ismael & Krajnik, 2018). The strains of graduate-level education are well-known, documented, and extend beyond the classroom. These demands include frequent examinations, intense workload, deadlines, financial management, pressure to publish, and activity in the scholarly environment (Malek-Ismael & Krajnik, 2018; Schmidt & Hansson, 2018). Despite the increased demands on students, there appears to be a lack of consideration regarding students' personal wellness. With an estimated three million students across America enrolled in post-baccalaureate degree programs, including occupational therapy programs, this is a pressing issue that could lead to poor outcomes if not addressed (National Center for Educational Statistics, 2018). It is clear there exists an ever-present need for personal balance and wellness as graduate students undertake rigorous course loads and other associated responsibilities.

The rigor of graduate school, including occupational therapy degree programs, can lead to an increase in factors such as perceived stress, academic burnout, and exhaustion from lack of adequate sleep (Steinhardt & Dolbier, 2010; Yang & Smallfield, 2020; Zeman & Harvison, 2017). These factors can lead to negative health outcomes, both physical and mental, such as cardiovascular system dysregulation, obesity, anxiety, and depression (Enns et al., 2018; Malek-Ismael & Krajnik, 2018; Melnyk et al., 2016; Rodriguez & Provident, 2018). The results of one recent study showed that graduate students are six times more likely to develop depression and anxiety as compared to the general public (Evans et al., 2018). More specifically, another study found that medical students who did not engage in aerobic exercise guidelines set forth by the Center for Disease Control (e.g., at least 150 minutes of moderate physical activity per week or 60 minutes of vigorous physical activity per week) experienced lower quality-of-life and had an increased risk for burnout, as compared to students who had exercise habits consistent with the guidelines (Dyrbye et al., 2017). Many students find it challenging to integrate healthy behaviors into their habits and routines, despite the positive long-term outcomes documented in the literature (Melnyk et al., 2016). As a sense of well-being directly relates to an individual's capacity to be successful academically, any factors that impede attaining and maintaining personal wellness can thus result in decreased classroom performance (Dyrbye et al., 2017; Melnyk et al., 2016; Yang & Smallfield, 2020; Zeman & Harvison, 2017).

Students can become distressed, depressed, anxious, and potentially suicidal once they experience the demanding course load, perceived stress, academic burnout, physical and mental exhaustion, and overall decreased quality-of-life associated with graduate-level education (El-Ghoroury et al., 2012). Higher levels of stress are also related to engagement in negative health behaviors, such as eating more fats, working out less, getting inadequate amounts of sleep, and consuming more alcohol (Enns et al., 2018). One recent study found that long-term exposure to raised cortisol levels, which can be caused by stress, may promote excessive weight gain, which can put students at even more of a health risk while completing their graduate-level programs (Jackson et al., 2017). Given the potential decrease in student academic performance, it is

imperative that graduate-level programs, including occupational therapy programs, intervene for the sake of their students' wellness and their overall success. Results from Barnhart (2019) suggested that students have a baseline understanding of the effects of certain health behaviors on academic success, such as positive coping strategies mitigating the effects of academic stress. However, academic programs can support and encourage students to implement this knowledge in their daily habits and routines. In doing this, it is expected that the outcomes for student academic performance and wellness will significantly improve (Longfield et al., 2006; Malek-Ismael & Krajnik, 2018; Melnyk et al., 2016; Salmela-Aro et al., 2011).

Institutions providing a network of support to the student population have demonstrated that graduate-level students experience more academic success, less emotional and physical distress, less withdrawal from stressful situations, and a decrease in physical and mental illness (Haynes et al., 2012). In order to see a positive change in collective student wellness, graduate-level programs must actively advocate for their students by offering a means of support rather than merely promoting the concept of wellness. For example, Lee et al. (2002) found that the development of appropriate outreach programming for students focused on topics including resilience and stress management may help to reduce students' perceived stress and enhance their sense of well-being. Additionally, Vanderbilt School of Medicine developed a student wellness program geared toward "maximiz[ing] student potential by fostering physical and psychological well-being through thoughtful and longitudinal programming" (Drolet & Rodgers, 2010, p. 103). This program was developed as an intervention to address the need for healthy balance in the lives of current medical students. The initial results of program implementation were promising, with many students participating and sharing positive experiences (Drolet & Rodgers, 2010). Finally, Steinhardt and Dolbier (2010) described use of an intervention designed to enhance student resilience, adaptive coping strategies, and other protective factors, such as self-esteem and positive affect. Researchers found the experimental group who attended wellness intervention sessions had significantly higher resilience scores, more effective coping strategies, higher scores on protective factors, and lower overall symptomatology (e.g., depressive symptoms and perceived stress) when compared to the control group. The results of this study thus demonstrate the significant impact that wellness-based programming can have on students.

As occupational therapy is a profession guided by theory and informed by evidence, incorporating this approach in regard to occupational therapy student wellness was deemed a priority. After exploring the literature, one way in which a student wellness program can be implemented, both successfully and effectively, is through delivery via a community of practice model. Communities of practice involve groups of individuals who share common beliefs or concerns. Through regular meetings, these groups can gain a better understanding of ways to enhance individual beliefs and areas of concern through appropriate activities, deep discussions, and shared resources, such as experiences or narratives (Wenger-Trayner & Wenger-Trayner, 2015). Communities of practice can be delivered either in-person or virtually, as the premise of a community of practice group remains the same (Hoffman et al., 2011). As an example, Kapucu (2018)

examined a graduate-level classroom as a community of practice and how student learning was influenced by various activities and associated learning. The results of this study demonstrated that learning took place after students participated in various activities and assignments, either collaborative or reflective in nature (Kapucu, 2018). Further, communities of practice can facilitate learning through meaning social engagement and interaction (Kapucu, 2018). The findings of this study support that communities of practice are a practical and a potentially effective method to provide students with the social support and resources necessary to enhance subjective well-being and academic performance (Wenger-Trayner & Wenger-Trayner, 2015).

Overall, a more holistic, evidence-based, and student-centered approach to addressing wellness would be beneficial for students currently enrolled in graduate-level programs as they prepare to transition into professional practice. A wellness program geared toward improving aspects of occupational therapy students' wellness may enhance the well-being and quality-of-life of the students involved. For example, Gutman et al. (2020) found that occupational therapy and physical therapy students engaged in a multimodal mindfulness program for eight weeks demonstrated a significant increase in categories such as sleep quality, energy levels, self-compassion, and life-work balance, as compared to the control group. These results demonstrate how purposeful interventions intended to enhance student wellness may have significant implications. In addition, a successful wellness program could potentially influence other institutions and graduate-level programs to design and to implement their own wellness programs. Since there is limited evidence on student wellness programming specifically supporting occupational therapy students, research supporting the need for this intervention could lead to improved wellness outcomes for participants that may last into professional practice. The purpose of this research study was to evaluate current occupational therapy students' perceptions of wellness and wellness programming, specifically if delivered via a community of practice. We anticipated gathering sufficient information from this study to proceed with program development in the future.

Method

Research Design

A qualitative study design was selected to gather first-hand feedback from occupational therapy graduate students (Parsons & Greenwood, 2014). Primary data was collected via focus groups, which are commonly used to collect important information from a specific population or audience and are typically comprised of no more than 12 participants. During focus groups, participants are guided through a group discussion on a pre-defined topic (Rennekamp & Nall, n.d.). In past studies with graduate students, focus groups have been used by faculty members to better grasp students' perceptions on programming (Linville et al., 2003). Thus, a qualitative focus group study was used to gather information regarding current occupational therapy students' perceptions of wellness and of potential wellness programming delivered via a community of practice. The focus group served to ensure that any future programming meets the needs of the student population in content, frequency, and duration.

Participants

Participants were recruited via email from a convenience sample of a large, research-based Midwestern occupational therapy program. Entry-level master's, doctorate, and post-professional students enrolled in the occupational therapy program were included in the participant pool of approximately 220 students.

Twenty-two students responded to our recruitment emails to participate in the study. To cater to varying schedules, two focus groups were offered. Of the eighteen volunteers who enrolled, fourteen were present for the scheduled focus group(s). The participants were mainly Master of Science in Occupational Therapy (MSOT) students ($n = 8$; 57.14%), but students from both the occupational therapy doctorate (OTD) program ($n = 5$; 35.71%) and post-professional doctorate (PPD) program ($n = 1$; 7.14%) also participated. Participants were enrolled in each year level, including first year ($n = 4$; 28.57%), second year ($n = 9$; 64.28%), and third year ($n = 1$; 7.14%). All participants were female ($n = 14$, 100%). The mean age was 25.71 years old ($SD = 2.63$, range = 22-28). Race and ethnicity were self-reported on the demographic survey as White ($n = 9$; 64.28%), East Asian ($n = 1$; 7.14%), South Asian ($n = 2$; 14.28%), and Black or African-American ($n = 1$; 7.14%). One participant selected two descriptors, White and American Indian/Alaskan Native ($n = 1$; 7.14%).

Instruments

Data was gathered from participants via discussion within the focus group meetings, which were audio-recorded. The questions were developed based upon project goals, current literature on student wellness and programming, and feedback from other members of the research team. See Table 1 for list of focus group questions.

Table 1

Questions Asked in Focus Group Sessions

Focus Group Questions
1. How do you define wellness? What does wellness mean to you?
2. Why are you interested in wellness programming?
3. Do you feel like the school environment supports your wellness? What about the profession of occupational therapy?
4. What dimensions of wellness are you most interested in as it relates to your role as an occupational therapy student? What area of wellness would you like to improve?
5. Do you feel that your role as a student hinders your ability to achieve any dimensions of wellness? Why?
6. Would you be interested in an in-person community of practice or a virtual community of practice?
7. Do you think involvement in a community of practice would benefit your wellness as it pertains to being a student? Why?
8. What do you hope to learn/take away if you were to be involved in a community of practice?
9. What amount of time are you willing to dedicate to participate? (e.g., 1 hour/week for 6 weeks, 30 minutes a week for an entire semester, etc.).

Procedures

After Institutional Review Board approval was obtained, study coordinators used the institution's email distribution list to invite potential participants to the research study. Two focus groups were offered to accommodate for students' varying schedules. Both focus groups were held in the same location and lasted approximately one hour. All were given a written consent notice prior to the start of the session and then completed the demographic survey. Study coordinators then led the focus group (see Table 1). An audio-recording device was used to record each session, and the recordings were later transcribed verbatim. In total, there were 25 pages of transcription. After the study coordinators transcribed the audio recordings and ensured accuracy, the audio-recordings were deleted.

Data Analysis

Data from the focus groups were analyzed using transcript-based analysis (Onwuegbuzie et al., 2009). Study coordinators familiarized themselves with both focus group transcripts by reading the documents over multiple times while writing down initial thoughts and comments. Field notes taken by the principal investigator during the two sessions were also reviewed and both study coordinators read over the transcripts with these notes present. Once both study coordinators felt familiar with the transcripts, the transcriptions were independently coded by both study coordinators using constant comparison analysis. This was completed due to the fact that there were two focus groups within this study and coordinators were able to assess for data saturation (Onwuegbuzie et al., 2009). Constant comparison analysis includes three stages: 1) open coding, 2) axial coding, and 3) selective coding (Onwuegbuzie et al., 2009). In short, the data was chunked into small units; each small unit was then coded into a category. The categories were then grouped into themes. Once this was completed, the two study coordinators came together to share and finalize their individual thematic findings. The finalized thematic findings are detailed below.

Study Trustworthiness

Several strategies were intentionally chosen to ensure the trustworthiness and rigor of this research study. To start, two study coordinators, in addition to the principal investigator, were present during both focus group sessions. This helped to eliminate moderator bias. In addition to this, the principal investigator was present during both focus group sessions to take field notes. These notes were used to supplement the two focus group transcripts. Furthermore, peer debriefing took place throughout the research study to further reduce bias. The two study coordinators and the principal investigator came together to compare qualitative findings and ultimately finalize themes. After these themes were finalized, member checking took place to check for accuracy and validate results. Finally, the principal investigator, who has significant experience with qualitative research and data analysis, led the research study.

Results

Qualitative Data from Focus Groups

Three themes emerged from the data: 1) *wellness is a holistic concept*; 2) *graduate school is a novel experience*; and 3) *a group educational program that meets regularly could be beneficial for enhancing wellness*. Each theme had two corresponding subthemes and additional exemplars, as outlined in Table 2.

Wellness is a Holistic Concept

Participants described wellness as a holistic concept when prompted. They described that “holistic” refers to multiple dimensions of wellness, including physical, mental, social, occupational, spiritual, and intellectual. When asked how they define wellness, one participant stated, “well...trying to have an equal balance of all six things [dimensions of wellness]” (Participant 5, Focus Group 2). Additionally, participants offered their own definitions of wellness as it related to various dimensions, “it’s a holistic concept that wellness is...both mental wellbeing and social wellbeing and physical” (Participant 4, Focus Group 1). Despite these varying definitions, it was agreed that balance was important in maintaining or achieving an ideal level of wellness. Therefore, two subthemes emerged: 1) *balance is a key component of achieving wellness* and 2) *wellness is highly individualized*.

Balance is a Key Component of Achieving Wellness. Participants indicated that balance was central to achieving overall wellness, “So, I think ideal wellness would be that balance of everything” (Participant 1, Focus Group 1). They discussed the difficulty of defining, finding, and maintaining this balance in both sessions. Overall, it was agreed that regardless of an individual’s workload, stress, or other obligations, balance was crucial in order to achieve—and maintain—wellness, “everyone will have different ideas of how much of a balance they need” (Participant 2, Focus Group 2).

Wellness is Highly Individualized. Wellness was unanimously described as a highly individualized concept as the various dimensions may carry more or less meaning, depending on an individual’s beliefs, interests, and overall goals, “I think wellness really means something different to everyone...” (Participant 6, Focus Group 1). Therefore, the dimensions one individual may focus on may differ from those of a peer and there is no “one size fits all” approach to enhancing wellness. This individualized nature of wellness inherently ties into balance, as the strategies may differ among individuals, “...wellness is accordingly how much of a balance of a healthy lifestyle...of a physical balance...of a mental balance... you need” (Participant 2, Focus Group 2).

Graduate School is a Novel Experience

The participants discussed graduate school as a novel experience. Many expressed challenges associated with this transition, difficulties managing the work-life balance, and the impact these challenges have had on their wellness. “Just adjusting to living further away from home, away from my fiancé...living in a city versus a rural place, just lots of factors...” (Participant 2, Focus Group 1). Although balance was discussed in this context, more of the focus was on the stress associated with graduate school as well as

the support sought out to smooth over the transition into the role of graduate student, “sometimes it also helps like knowing that the other person is also going through the same thing...” (Participant 2, Focus Group 2). Thus, two subthemes emerged: 1) *graduate school is stressful* and 2) *various forms of support are important*.

Graduate School is Stressful. It was clear participants recognized graduate school as stressful, largely due to it being novel. The importance of wellness and occupational balance were easily linked to stress, “...there has been an identified need [for wellness programming] because of the stress that is so prevalent in academia and higher education...” (Participant 4, Focus Group 1). In general, participants understood the stress they were experiencing was a part of the graduate school “experience” but still expressed feelings of being overwhelmed, “I remember doing something enjoyable wasn’t always even enjoyable because I would be thinking like it was taking time away from something that I had to get done and that I was going to be more stressed about it later” (Participant 2, Focus Group 1).

Various Forms of Support are Important. There was a general understanding of the importance of social support in the role of the graduate student. Participants discussed the experiences with social support and how some weeks they did not feel as supported, “I think most the time, maybe like 80% of the time, I feel really well-supported in my wellbeing, and then there’s some weeks, like this week, that just like really like just kill me on the inside...” (Participant 6, Focus Group 1). Participants mentioned that support from their loved ones and friends was especially important while transitioning into a new graduate student role. Additionally, it was mentioned that support from the occupational therapy program (e.g., faculty members and the institution) was equally as important. Many students agreed that this support was present within the program, “...I feel like the intent is there... I do think the opportunity for you to be in this program and have high levels of wellbeing is absolutely there...” (Participant 4, Focus Group 1). Participants gave examples of ways in which they felt supported by their occupational therapy program, which included the program providing students with breaks throughout the day, offering opportunities for social interaction, sharing information on local places of worship, being transparent with students regarding assignments, and offering low-stakes practical assessments.

A Group Educational Program That Meets Regularly Could Be Beneficial for Enhancing Wellness

When prompted about programming related to wellness, it was indicated that a group process would be important if a wellness program was to be offered to graduate students in the future, “I definitely agree that I think it would be beneficial and just a great opportunity...” (Participant 4, Focus Group 1). Many participants expressed interest in meeting with other interested students on a regular basis. In terms of content, participants stated they did not want program topics to focus on school, “Yeah, I don’t want to be talking about school” (Participant 8, Focus Group 1). Another participant

commented during the focus group, “So, I would not want it to be schoolwork assignment related but everything wellness strategies...absolutely” (Participant 4, Focus Group 1). Overall, it was unanimously agreed upon that a group program could provide wonderful opportunities to enhance wellness not otherwise offered. From this theme, two subthemes emerged: 1) *students could hold each other accountable* and 2) *meeting regularly (e.g., weekly, bi-weekly) would be a feasible commitment*.

Students Could Hold Each Other Accountable. The benefits of accountability were positively discussed among participants, “I benefit from accountability so like having people to talk to about, oh, what I’ve been doing or what I haven’t been doing I think would help me kind of keep track of the different dimensions [of wellness]” (Participant 2, Focus Group 2). The importance of the accountability in future group programming was emphasized, “I voluntarily have chosen it [wellness programming] so now I have personal buy in and if I stay with the same group the whole time now I’ve created strong relationships...” (Participant 4, Focus Group 1). Overall, it was made clear that students would be inclined to join a group program for the sake of accountability, in addition to enhancing their own personal wellness.

Meeting Regularly (e.g., Weekly, Bi-Weekly) Would Be a Feasible Commitment.

There were varying opinions regarding the time commitment for a future wellness program. Many participants agreed that an hour per week would be feasible. On the other hand, there were some participants who felt one hour per week was too much of a commitment, “... I feel like I’d do an hour like every other week. I don’t think I could do a weekly thing because then I would just feel like a class” (Participant 1, Focus Group 1). In general, participants agreed that the day and time of the meeting, regardless of how often it occurred (e.g., weekly or bi-weekly), would have to be strategically chosen, “I think it would just have to, you’d have to really think about what time and what day you’re putting it on...” (Participant 3, Focus Group 1).

Table 2

<i>Themes, Subthemes, and Exemplars</i>		
Theme	Subtheme	Exemplars from focus groups
Wellness is a holistic concept	Wellness is highly individualized	<p>“Yeah, I think kind of going off that [wellness means something different for everyone], for me, it is having the time like to do what I need to do...” (Participant 3, Focus Group 1)</p> <p>“It [wellness] is very personalized...” (Participant 2, Focus Group 2)</p>
	Balance is a key component in achieving wellness.	<p>“...trying to have like an equal balance of all six things [dimensions of wellness], which is probably impossible but like as close as you can get is what I feel like I would consider wellness to be” (Participant 5, Focus Group 2)</p> <p>“I think as a student it’s hard to maintain all those dimensions of wellness and like when I start to take care of one more per say maybe like another one lessens a bit so it’s just hard to keep it all balanced...” (Participant 6, Focus Group 2)</p>
	Graduate school is a novel experience	Graduate school is stressful

Discussion

This study investigated the experience and perceptions of occupational therapy graduate students in regard to wellness and wellness programming, specifically delivered via a community of practice model. We found the occupational therapy graduate students had an understanding of wellness, both generally and personally and that wellness was commonly described as holistic in nature as it encompasses several dimensions that are interconnected in everyday life. These findings align with previous definitions of wellness, both found within the profession of occupational therapy and beyond (American Occupational Therapy Association, 2020; Hettler, 1984; National Wellness Institute, n.d.). For example, the National Wellness Institute (n.d.) defines wellness as multidimensional and holistic, and categorizes the concept into six dimensions, including occupational, mental, physical, spiritual, emotional, intellectual, and social. Moreover, participants described wellness as individualized, as values differ in relation to these dimensions of wellness. Similar to this description, wellness is commonly termed a conscious, self-directed process “through which people become aware of, and make choices toward, a more successful existence” (Hettler, 1984, p. 1117). Although participants did not explicitly discuss wellness as this ongoing process, this definition still aligns with participants stating that wellness is highly individualized.

In light of an imbalance of wellness, the transition to graduate school and associated stress was mainly to blame. Thus, the notion of balancing these dimensions of wellness was determined to be tremendously important, especially for this population. The literature also supports that there are high demands on graduate-level education, leading to high levels of stress (Malek-Ismail & Krajnik, 2018; Schmidt & Hansson, 2018; Steinhardt & Dolbier, 2010; Yang & Smallfield, 2020; Zeman & Harvison, 2017).

Thus, it is more than just the transition into graduate school itself, but the associated responsibilities, that contribute to graduate students’ increased stress levels (Malek-Ismail & Krajnik, 2018; Schmidt & Hansson, 2018). Thus, in order to adequately address this stress, longitudinal wellness programming must be considered.

Despite the fact that graduate school was unanimously described as a stressful experience, having a network of support was found to be extremely beneficial in regard to an individual’s wellness. Participants agreed that enhancing wellness would require support, shared resources, and accountability. This aligns with the utilization of a community of practice, which prior research supports as an effective method to provide students with the support and resources necessary to improve their subjective well-being (Wenger-Trayner & Wenger-Trayner, 2015). Furthermore, the time commitment for this type of programming would have to be feasible yet frequent enough that accountability can take place. With graduate students deeming the value in wellness programming, regular meetings would be conceivable. Long-term wellness programming, as opposed to short-term opportunities, is suggested in the literature and may be more effective (Krause & Harris, 2019). Thus, in terms of student wellness programming, frequent meetings over the course of a semester may provide the accountability necessary for improvements in student wellness to be achieved.

In conclusion, the findings of this study illustrate that occupational therapy graduate students have an understanding of the challenges of graduate school, specifically entry-level occupational therapy degree programs. Furthermore, these students not only place value on their wellness and understand the importance of balance but are also interested in enhancing it through purposeful programming, such as through a community of practice model. Based on the overall findings of this study, recommendations for future wellness programming are listed in Table 3.

Table 3

Suggestions for Future Student Wellness Programming

Suggestions for Programming
1. Gain student perspectives on programming to ensure a student-centered design based on the discipline or degree program. This can be done via focus groups, surveys, etc. (Linville et al., 2003).
2. Design an evidence-based program that caters to varying student needs, in terms of content and time commitment. Ensure the content provided is applicable to the student population and make certain the timing (e.g., day, time, duration) of the program is feasible for the intended population (Krause & Harris, 2019).
3. Ensure students are educated on wellness and the various dimensions either prior to the start of the program or as a part of the program design. Organizing the program by dimension may be helpful for students who are experiencing an imbalance (American Occupational Therapy Association, 2020; Hettler, 1984; National Wellness Institute, n.d.).
4. Promote inclusivity and accountability within the program. Ensure it is a safe space to encourage meaningful dialogues about wellness, the sharing of resources, etc. (Wenger-Trayner & Wenger-Trayner, 2015).

Strengths and Limitations

There were a few strengths to this study. First, although all participants were women, the participants for these two focus groups were diverse in terms of degree level, year in program, age, ethnicity, and race. This diversity helped to support the fact that wellness is a topic that warrants discussion amongst various groups and populations, and that wellness programming should be supportive and inclusive of all students. Secondly, when compared to individual interviews (e.g., one researcher and one participant), conducting the study via focus group design was a definite strength. The nature of our study allowed for participants to hear others' perspectives and build their own responses. Finally, these focus groups took place a few weeks prior to the COVID-19 pandemic, and therefore were conducted face-to-face, maximizing the preexisting benefits of in-person focus groups.

In addition to the strengths, this study also had several limitations. Participants may not have felt entirely comfortable sharing their thoughts and feelings regarding personal wellness or how the institution currently addresses wellness. This may be due, in part, to the principal investigator, who is also an educator, being present in room to record field notes during the sessions. It is important to note she did address this with the participants at the start of both focus groups. Secondly, moderator bias, in this case by the study coordinators, may have also occurred. Measures were taken to reduce bias (e.g., keeping the dialogue on topic, minimizing facial expressions, using a neutral tone), but participants may have felt coordinators' own opinions were brought into the discussion inadvertently. A third limitation is that this study was conducted at one university's program, with only 14 total participants, so the study's sample size was small and thus not entirely generalizable. Despite these limitations, useful information was shared and discussed amongst participants, as demonstrated by the study's results.

Implications for Occupational Therapy Education

Educators play a critical role in the wellness of their students. Results from this study clearly demonstrate that occupational therapy students place value on institutional support to enhance their wellness. Thus, educators hold a unique responsibility to promote wellness among their students. The findings suggested in this study provide educators with the knowledge to support the design and implementation of successful programs needed to enhance student wellness. Specifically, Table 3 details suggestions for future wellness programming that educators can utilize within their own academic programs. Emerging literature suggests that by promoting greater wellness, educators may find students more academically inclined and engaged in the classroom (Barnhart, 2019).

Future Research

Replication of this study should be conducted as this study consisted of a small sample size that was entirely comprised of female occupational therapy students. A larger, inclusive sample size of students across other graduate-level disciplines could be extremely beneficial in progressing this research on student wellness. Future research should focus on the development and implementation of associated programming centered on graduate student wellness and the measurement of its effectiveness.

Conclusion

This study was conducted to gather information on occupational therapy graduate student perceptions on wellness and wellness programming. The results illustrate that occupational therapy graduate students both value their wellness and are interested in prioritizing its promotion and maintenance. With few wellness programs currently available for graduate students as a whole, the information gathered from this study provides further support for these services and resources to be made readily available. This study demonstrates the significance in considering students' perspectives, especially in relation to future wellness programming. This is key as the program will be offered for the student population and, further, the students themselves will be reaping the benefits of such programming. Nonetheless, despite the fact that this study was

completed with only occupational therapy graduate students, the perspectives offered can be used to guide future focus groups, open dialogues, program development, and even program implementation across other healthcare disciplines. In all, the information gathered as a result of this study will add to the preexisting literature, further encourage dialogue regarding graduate student wellness, and potentially inform program development and implementation at institutions across the country.

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