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A personal reflection, using theoretical frameworks to understand the impact of starting university on health and wellbeing.

Key words: Student Nurse. Health and wellbeing. Theoretical and lay perspectives of health. Loneliness and meditation.

Abstract

This article presents a personal reflection, exploring theoretical frameworks as the basis of understanding a range of influences on the personal health of the primary author, since beginning university as a student nurse. The work explores theoretical and lay definitions of health and wellbeing, before analysing influences on health from a personal perspective. The discussion analyses how individuals can take action to enhance their health and wellbeing, through understanding of theoretical frameworks. Crucially, personal understanding about managing health and wellbeing supports student nurses in their role of helping patients to explore and enhance their own health and wellbeing.

Introduction.

This article presents a reflection of my personal health journey since starting university as a student nurse. Focusing on social, physical and psychological aspects of health, it explores the impact of stress and the cessation of exercise on my health and wellbeing. The similarities and differences of lay and theoretical definitions of health are examined, and a personal definition of health is presented. The discussion presents my personal understanding of health and analyses how loneliness has impacted on my health and wellbeing during the first two terms of university.

Theoretical perspectives of health.

Defining health is complex, due to the high numbers of factors that contribute to it. The World Health Organisation (2020) define health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This definition is widely criticised for being limited in its scope, on the basis that there are many other factors to consider beyond disease and infirmity, when defining health (Warwick-Booth et al. 2012). Theoretical models are developed and tested by experts, through the collection of research evidence (Topolski 2009). Theoretical models enable us to understand different dimensions of health. The four main models of health are medical, social, holistic and biopsychosocial models, each explaining the impact of different factors on health and wellbeing (Warwick-Booth et al. 2012).

The medical model focuses on physiological aspects of health. The theory has developed as a result of scientific evidence about the impact of illness on the systems of the body and the impact of medical/surgical interventions to overcome these impacts. The emphasis in the medical model is on diagnosis and treatment from an expert (Warwick-Booth et al. 2012). If a medically defined illness is absent, then health is considered as achieved. The medical model focuses on biomedical influences on an individual's health alone, without consideration of social and psychological dimensions of a person's health. Blaxter (2010) acknowledges that whilst medicine has a place for supporting individuals to achieve their maximum physiological health potential, other theoretical models need to be considered if nurses are to support holistic health and wellbeing, that takes into account social and psychological dimensions of health (Blaxter 2010).

The social model of health takes a more holistic approach, viewing the individual as a social, complex being rather than a multi-part machine. Within the social model, external social factors such as environmental, cultural and economic influences are explored in terms of their impact on people's health and wellbeing (Michaelson 2013). According to the social model, how individuals perceive their life can affect their ability to cope with life's stresses (Blaxter 2010). The internal capacity to cope and overcome adversity is known as resilience. The social model focuses on the impact of external factors such as financial, environmental and cultural influences, rather than merely biological factors (Yuill et al. 2010).

In contrast to both the medical and social models, the holistic and biopsychosocial models focus on the interplay between the psychological, social, biological and spiritual influences on individuals, reinforcing the need for a healthy balance between all these factors in order to achieve health (Field et al. 2013). These models focus on each person as a unique individual, subject to discrete circumstances, experiences and expectations (Lehman et al. 2017). The holistic model places the individual centrally, empowering them to enhance their own health and wellbeing through what Blaxter (2010) calls alternative therapies. The term alternative therapies supports the UK Government Foresight report (The Government Office for Science 2008) that introduced the Five ways to Wellbeing Model, a health promotion message similar to the 5 fruit and vegetables a day, where individuals are encouraged to be connect with others, to be active, to take notice, to keep learning and to give, all activities that support holistic and/or biopsychosocial health and wellbeing.

Lay perspectives of health.

The lay perspectives of health refer to informal definitions or understanding of what health means, with the recognition that understanding varies between individuals. Yuill (2010) highlights that lay perspectives are informed by class-based, generational traditions and norms, often based on personal and familial experiences, whilst Kolderup Hervik (2016) suggests that lay perspectives are gendered and contextual. Lay perspectives reflect a non-expert view, where some beliefs and understandings about health and illness exist in the absence of research evidence. Lay perspectives inform people's experiences of health, their interpretations of the causes and effects of illness and their responses to illness. One such example is the understanding in the Middle Ages, that illness was caused by evil spirits. The 'treatment' involved driving out the spirits through torturing the body (Yuill et al. 2010).

In the past, lay knowledge of health has been dismissed as being ill-informed and subjective. However, as lay understanding has developed over time, Warwick-Booth et al. (2012) propose that lay perspectives are valid, even in the absence of an evidence base. This is because individuals have the best insight into their own health and well-being, factors that affect it and actions that help to support it. For some, health is viewed as physical, for others psychological, and for others sociological and/or holistic (Yuill et al. 2010). Blaxter's seminal work in 2010, which explored lay perspectives of health according to participants from the UK, revealed five key areas of understanding. These were that being healthy means 'not ill', means having 'vitality', 'physical fitness', 'social relationships' and 'psychosocial well-being'.

Similarities between theoretical and lay perspectives of health.

The fact that theoretical and lay perspectives share some similarities, in part because theoretical influences contribute to lay perspectives of health has been long understood (Entwistle et al. 1998). Medicine has a powerful influence on a person's perspectives of health. The evidence base of the medical model offers a strong and reliable foundation for understanding physiological illness (Blaxter 2010). It is easy to understand the positive impact that being physically fit has on health, indeed if individuals can maintain physical fitness, they can reduce their chances of developing some illnesses, for example cardiac disease (Warwick-Booth et al. 2012). The theory underpinning the social model is reflected in lay perspectives that link health to having a good social life, which incorporates the ability to maintain relationships, having a secure socioeconomic status and financial stability (The Government Office for Science 2008). Some lay beliefs are more holistic, incorporating aspects of the holistic and biopsychosocial models, where health is viewed as balance between biological, social and psychological aspects of life.

Differences between theoretical and lay perspectives of health.

Although there are similarities between theoretical and lay perspectives of health, there are also significant differences. Theoretical perspectives, demonstrated within research-based models, are grounded in evidence, whereas it is usual that lay beliefs are unconsciously developed as a result of individual life experiences and relationships, alongside social influences, such as media (Yuill et al. 2010). Another key difference is that theoretical perspectives do not change significantly over time, instead evolving with the further collection of research data around their use. In contrast, lay

perspectives commonly change over time due to the exposure of individuals to varied life experiences alongside factors such as increasing age, that result in new views about the world (Rydstedt et al. 2004). Whilst theoretical perspectives are used to underpin healthcare policies because they are based on evidence, this is not the case for lay perspectives, which tend to be more informal (Blaxter 2010).

Creating a personal definition of health.

My personal definition of health is focused on achievement of the maximum quality of life emotionally, spiritually, physically and socially, whereby one (I) can feel a regular sense of contentedness in all four interlinking aspects. I believe this state of health can, or should be achieved, by taking a natural, holistic approach. However, I also understand the importance of biomedicine and its place for improving health. My personal beliefs about health reflect the biopsychosocial model most closely, as I firmly believe in taking a person-centred approach to improving health with the consideration of one's interlinking psychological, social and physical circumstances. Furthermore, I believe spiritually plays a vital role in a person's health and believe it deserves equal focus to the physiological aspects.

Personal reflection about health and wellbeing since starting university.

Since moving far from my family home to study an adult nursing degree programme, my health has become increasingly important to me. Moving to a new area was daunting and caused multi-faceted health and well-being impacts. Initially, I stayed in a house with family friends, giving me a comforting start. Life was exciting and I felt positive about my prospects as a university student, and a nurse. I was happy, I socialised regularly, and I exercised routinely.

As time passed, I began to feel the pressures of academic expectations. I socialised less. I lacked motivation to complete academic work, leading to late submissions of assignments. The resulting high levels of stress and anxiety impacted my psychological well-being. I felt socially isolated and lacked motivation to exercise. I began to make unhealthy food choices. All these changes had a negative impact on my physical state. I began to feel extremely low in confidence, and lonely.

I was worried I would not cope with placement; however, it was a saving grace, giving me a sense of purpose and confirming my passion for nursing. Being on placement taught me some coping strategies to enhance my wellbeing. Loneliness caused my biggest struggles and were the catalyst for change.

My experience of loneliness and its impact on my health.

Making new friends is a challenging and sometimes difficult experience, due to its impact on self-confidence and pride. I rely on 'connecting' with others, a feature of the Five Ways to Wellbeing Model (The Government Office for Science 2008), to help maintain my well-being and maximise life enjoyment. After starting university I found it difficult to make friends and connect with people, which reduced my self-confidence, creating feelings of insecurity about my ability to socialise 'normally' and leading me to believe there may be something wrong with the person I am. Loneliness has impacted my psychological state and mental health, causing some anxiety and a depressive mood. Loneliness amongst university students is a recognised problem, with 64% of students admitting to feeling lonely during their studies (Vasileiou et al. 2019). Loneliness and social isolation are closely linked to poor mental health and a reduced sense of well-being whilst studying at university. I began to avoid socialising to protect my self-confidence.

My loneliness, low confidence levels and depressive feelings resulted in me eating an unhealthy diet, whilst also significantly reducing physical activity. This impacted my self-confidence further, as I felt unhappy with my physical state. Despite understanding the situation, I found it extremely difficult to change my mindset and lifestyle. My motivation to study and my potential to enjoy being a nursing student were severely compromised. However, I recognised the imperative to change so that I was well enough to care for others in my student role.

Once I understood that I was lonely, I worked to overcome this. I explored my spirituality and began to meditate. Meditation has helped me to appreciate solitude, as well as to identify how I can improve my health and wellbeing through deep exploration of my feelings/thoughts. This experience endorses research by Zollars et al. (Zollars et al. 2019), which champions meditation for reducing stress and improving overall health. As my health improved, I began to socialise and connect with others. My self-confidence and mood improved. I exercised again, setting myself challenges, giving me purpose, a sense of self-fulfilment and self-confidence as I completed them.

My positive experience of physical activity supports Herbert et al's (2020) evidence of improvement in the mental health, well-being and physiological health of university students.

The Covid-19 pandemic has forced several hard lockdowns, with significant restrictions on social activities, a factor known to impact mental health and well-being (Dawson and Golijani-Moghaddam 2020). I knew lockdown would challenge my health, impacting on coping techniques I was using to overcome my loneliness. I had to stop all social activities and was removed from practice placement, one of the key motivators for improving my health. I turned solely to meditation and lengthy outdoor exercise to cope, both approaches that have helped preserve my resolve to maintain a healthy mindset and lifestyle. Isolation prevented me seeing friends, but it allowed me to focus on meditation and the development of new skills (knitting and playing the ukulele) which have had positive impacts on my health and wellbeing. Although my wellbeing has fluctuated over the past year, my self-awareness results in prompt action at signs of early decline, predominantly through meditation, to prevent further deterioration.

Individuals who engage in wellness programmes experience reduced stress and increased functionality at work (Couch 2014). My self-led meditation practice reduced my stress and increased my engagement in my university course. It has enabled me to analyse links between my physiological and psychological health and has led me to understand the multifaceted influences on health and well-being. As such, the importance of maintaining a balance between physical, psychological, social and spiritual aspects is clear. Without analysis of my situation, in the context of theoretical and lay perspectives of health, I could not have developed the self-awareness of my loneliness, or my purposeful actions to overcome it. This understanding has implications for my practice as a nurse, since developing my own self-awareness and exploring coping strategies will enable me to support patients as they consider the impacts of various factors on their own health and well-being and find solutions to overcome them.

Conclusion.

The analysis of theoretical and lay perspectives of health, in the context of my personal experience of health and wellbeing since starting university, has enabled me to explore how the different dimensions of health are fundamentally linked and how they impact each other. I have realised how complex the meaning of health is, and that it means different things to different people. As such, I

appreciate the importance of understanding what health means for myself and for those individuals who I will support, as a nurse. My analysis enabled me to identify the impact of loneliness on my holistic health and wellbeing and to develop coping strategies of exercising and meditation, that led to improvements in my social life and my function as a student nurse. Reflecting on my own experiences and understanding of health, I have identified the importance of actively engaging in healthy behaviours in order to develop and maintain a stable sense of well-being, that will help me to optimise my time at university and into the future.

References:

Blaxter, M., 2010. *Health* [Non-fiction]. 2nd ed. edition. Cambridge: Polity Press.

Couch, E., 2014. Fighting workplace wellness. *Business Review USA*, 6-11.

Dawson, D. L. and Golijani-Moghaddam, N., 2020. COVID-19: Psychological flexibility, coping, mental health, and wellbeing in the UK during the pandemic. *Journal of Contextual Behavioral Science*, 17, 126-134.

Entwistle, V. A., Renfrew, M. J., Yearley, S., Forrester, J. and Lamont, T., 1998. Lay Perspectives: Advantages for Health Research. *BMJ: British Medical Journal*, 316 (7129), 463.

Field, T., Tiffany, M. F., McCabe, P. M. and Schneiderman, N., 2013. *Stress and Coping*. Taylor and Francis.

Herbert, C., Meixner, F., Wiebking, C. and Gilg, V., 2020. Regular Physical Activity, Short-Term Exercise, Mental Health, and Well-Being Among University Students: The Results of an Online and a Laboratory Study. *Frontiers in Psychology*, 11, 1-23.

Kolderup Hervik, S. E., 2016. "Good Health Is to Have a Good Life": How Middle-Aged and Elderly Men in a Rural Town in Norway Talk about Health. *International Journal of Men's Health*, 15 (3), 218-234.

Lehman, B. J., David, D. M. and Gruber, J. A., 2017. Rethinking the biopsychosocial model of health: Understanding health as a dynamic system. *Social & Personality Psychology Compass*, 11 (8), e12328.

Michaelson, J., 2013. Forward from Foresight: The uses of the new economics foundation's well-being work. *Journal of Public Mental Health*, 12 (2), 98-102.

Rydstedt, L. W., Devereux, J. and Furnham, A. F., 2004. Are lay theories of work stress related to distress? A longitudinal study in the British workforce, 245-254.

The Government Office for Science, 2008. *Mental capital and wellbeing: making the most of ourselves in the 21st century. Final project report.* London: Government Office for Science,.

Topolski, S., 2009. Understanding health from a complex systems perspective, 749-754.

Vasileiou, K., Barnett, J., Barreto, M., Vines, J., Atkinson, M., Long, K., Bakewell, L., Lawson, S. and Wilson, M., 2019. Coping with loneliness at University: A qualitative interview study with students in the UK. *Mental Health & Prevention* [online], 13, 21-30.

Warwick-Booth, L., Cross, R. and Lowcock, D., 2012. *Contemporary health studies: an introduction* [Non-fiction]. Polity.

World Health Organisation, 2020. *What is the WHO definition of health?* [online]. Online: World Health Organisation. Available from: https://www.who.int/about/who-we-are/frequently-asked-questions [Accessed 3rd November 2020].

Yuill, C., Crinson, I. and Duncan, E., 2010. *Key Concepts in Health Studies*. London, SAGE.

Zollars, I., Poirier, T. I. and Pailden, J., 2019. Effects of mindfulness meditation on mindfulness, mental well-being, and perceived stress. *Currents in Pharmacy Teaching & Learning*, 11 (10), 1022-1028.

Key points:

- Theoretical and lay perspectives of health enable analysis of the impact of a range of factors on health and wellbeing.

- Loneliness has the potential to impact on physical, psychological, social and spiritual health that affects the experience of studying and practising as a student nurse.

- Developing self-awareness enables individuals to identify and overcome factors that have a negative impact on health and wellbeing.

- Developing self-awareness of personal health and wellbeing status and identifying coping strategies, enables student nurses to participate fully in their learning programme and practice placement.

- Developing self-awareness of personal health and wellbeing status and implementing coping strategies to overcome these, supports student nurses to help those people that they work with to understand and act upon factors that impact on their health and wellbeing.