Reflecting on health and wellbeing as a student nurse: a personal journey

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Abstract: 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 understanding of health as a student nurse, and analyses how loneliness has impacted on my health and wellbeing during the first two terms of university.


In this article...
- The theoretical and lay perspectives on health and wellbeing
- Holistic and biopsychosocial models of health
- Self-reflection on how personal health and wellbeing can help nurses guide their patients

My experience in the first two terms of university as a student nurse led me to reflect on our understanding of health and wellbeing from a theoretical and lay perspective. A better personal understanding of managing health and wellbeing can support student nurses in their role of helping patients to explore and improve their health.

Theoretical perspectives
Defining health is complex due to the high number of factors that contribute to it. The World Health Organization (1946) defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Yet, this definition has been criticised for being limited in its scope, on the basis that there are many other factors to consider beyond disease and infirmity: as discussed below (Warwick-Booth et al, 2012).

Theoretical models are developed and tested by experts through the collection of research evidence (Topolski, 2009), and enable us to understand different dimensions of health. As shown in Box 1, the four main models of health are medical, social, holistic and biopsychosocial, each of which explains the impact of different factors on health and wellbeing (Warwick-Booth et al, 2012).

The medical model focuses on physical influences on an individual’s health alone, without consideration of the social and psychological dimensions. Blaxter (2010) acknowledged that, while 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.
The social model of health takes a more holistic approach, viewing the individual as a social, complex being. In the social model, external factors such as environmental, cultural and economic influences are considered 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 stresses (Blaxter, 2010). This internal capacity to cope and overcome adversity is known as resilience.

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 to achieve good health. The holistic and biopsychosocial models consider each person as a unique individual, subject to discrete circumstances, experiences and expectations (Lehman et al, 2017).

The holistic model places the individual at the centre, empowering them to enhance their own health and wellbeing through what Blaxter (2010) called alternative therapies. This approach is supported in the UK by a report from the Government Office for Science (GOS), which introduced the Five ways to Wellbeing model; individuals are encouraged to:
- Connect with others;
- Be active;
- Take notice;
- Keep learning;
- Give (GOS, 2008).

All these activities support holistic and/or biopsychosocial health and wellbeing.

Lay perspectives
The lay perspectives on health, some characteristics of which are summarised in Box 2, refer to informal definitions or a general understanding of what good health means, with a recognition that the understanding varies between individuals. Yuill et al (2010) highlighted that lay perspectives are informed by class-based, generational traditions and norms, often based on personal and familial experiences; Kolderup Hervik (2016) suggested that lay perspectives are gendered and contextual.

Lay perspectives reflect a non-expert view, in which some beliefs and understandings about health and illness exist in the absence of research evidence. They inform people’s experiences of health, their interpretations of the causes and effects of illness, and their responses to it. One such example is the understanding in the Middle Ages that illness was caused by evil spirits, with the ‘treatment’ involving driving out the spirits by torturing the body (Yuill et al, 2010).

In the past, lay knowledge of good health has been dismissed as being ill informed and subjective; however, as it has developed over time, some individuals, including Warwick-Booth et al (2012), have proposed 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 wellbeing, factors that affect it and actions that help to support it.

For some, health is viewed as physical; for others, it is psychological or sociological and/or holistic (Yuill et al, 2010). Blaxter (2010) explored lay perspectives of health among participants from the UK and revealed five key areas of understanding – namely, that being healthy means being not ill and having vitality, physical fitness, social relationships and psychosocial wellbeing.

Similarities
Theoretical and lay perspectives share some similarities, in part because theoretical influences contribute to lay perspectives of health (Entwistle et al, 1998). Medicine has a powerful influence on a person’s perspective of health and 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 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 good health with a good social life, including the ability to maintain relationships, have a secure socioeconomic status and financial stability (GOS, 2008). Some lay beliefs are more holistic, incorporating aspects of the holistic and biopsychosocial models in which health is viewed as a balance between the biological, social and psychological.

Differences
There are some significant differences between theoretical and lay perspectives of health. Firstly, theoretical perspectives 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 the media (Yuill et al, 2010). Another key difference is that theoretical perspectives do not necessarily change significantly over time but, instead, evolve with the further collection of research data around their use. By contrast, lay perspectives commonly change in time due to individuals being exposed to varied life experiences, alongside factors such as increasing age (Rydstedt et al, 2004). Theoretical perspectives are used to underpin healthcare policies because they are based on evidence, but lay perspectives tend to be more informal (Blaxter, 2010).

A personal definition
My own definition of health is focused on achieving the maximum quality of life, emotionally, spiritually, physically and socially, and feeling a regular sense of contentedness in all four interlinked aspects. I believe this can, or should, be achieved by taking a natural, holistic approach, while also understanding the importance of biomedicine and its place in improving health.

My personal beliefs about health reflect the biopsychosocial model, as I believe in taking a person-centred approach to improving health with the consideration of one’s interlinking psychological, social and physical circumstances. In addition, I believe spirituality plays a vital role in a person’s health and deserves equal focus to physiological aspects.

Reflection
Since moving far from my family home to study for an adult nursing degree, my health has become increasingly important to me. Moving to a new area was daunting and had many impacts on my health and wellbeing. Initially, I stayed with family friends, life was exciting and I felt positive about my prospects as a university student and a nurse. I was happy, I socialised regularly and had an exercise routine.
Clinical Practice

Discussion

Box 2. Characteristics of lay perspectives on health

- Informal definitions or an understanding of good health that varies between individuals
- Informed by class-based, generational traditions and norms, and often based on personal and familial experiences
- In the past, dismissed as being ill informed and subjective; now more likely to be seen as valid, even in the absence of an evidence base

As time passed, however, I began to feel the pressures of academic expectation and I socialised less. I lacked motivation to complete academic work, leading to assignments being submitted late. The resulting high levels of stress and anxiety had an impact on my psychological wellbeing: I felt socially isolated, began to feel extremely low in confidence and lonely, and lacked the motivation to exercise. I was also beginning to make unhealthy food choices. All these changes had a negative impact on my physical state.

I was worried I wouldn't cope with being on placement; conversely, however, the placement provided a sense of purpose and confirmed my passion for nursing, as well as teaching me some coping strategies to enhance my wellbeing.

Dealing with loneliness

Making new friends is a challenging and sometimes difficult experience. I rely on connecting with others – a feature of the Five Ways to Wellbeing model – to help maintain my wellbeing and maximise life enjoyment. However, after starting university I found it difficult to make friends and connect with people, which reduced my self-confidence and created feelings of insecurity. Loneliness had a negative impact on my psychological state and mental health, causing some anxiety and a depressive mood.

Vasileiou et al (2019) have pointed out that loneliness among university students is a recognised problem, with 64% of students admitting to feeling lonely during their studies; loneliness and social isolation has also been closely linked to poor mental health and a reduced sense of wellbeing while studying at university.

The low levels of confidence I had because of loneliness led to depressive feelings and my increasingly unhealthy diet, as well as significantly reducing my physical activity. 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. I recognised the imperative to change, so I was well enough to care for others in my student nursing role.

Once I understood that I was lonely, I worked to overcome this. I explored my spirituality and began to meditate, which helped me to appreciate solitude, and worked to identify how I could improve my health and wellbeing through deep exploration of my feelings/thoughts. Zollars et al (2019) have promoted the use of meditation to reduce stress and increase overall good health and, as my mental health improved, I began to socialise and connect with others.

My self-confidence and mood improved and I exercised again, setting myself challenges; this gave me purpose, a sense of self-fulfilment and self-confidence. My positive experience of physical activity supports Herbert et al’s (2020) finding that it improves the mental health, wellbeing and physiological health of university students.

The Covid-19 pandemic has forced several lockdowns, with significant restrictions on social activities, a factor known to increase mental ill health and reduce wellbeing (Dawson and Golijani-Moghaddam, 2020). I knew lockdown would interfere with the coping techniques I was using to overcome my loneliness, such as exercising with others and social interactions in the workplace. Not only did all social activities stop, I was removed from practical placement. I turned to meditation and lengthy outdoor exercise to cope, which helped preserve my resolve to maintain a healthy mindset and lifestyle.

Although my wellbeing has fluctuated over the past year, my increased self-awareness has led me to take prompt action at the early signs of decline, such as feeling withdrawn and unsociable, under increasing pressure from academic assignments and having a general sense of unease that I am not managing.

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 understand the multifaceted influences on health and wellbeing. The importance of maintaining a balance between physical, psychological, social and spiritual aspects is clear.

Without analysing my situation in the context of theoretical and lay perspectives of health, I could not have developed the self-awareness about my loneliness, or my purposeful actions to overcome it. This understanding has implications for my nursing practice as I can draw on my experience to empathise with my patients and ask them questions to help them analyse what is happening and how it affects their health and wellbeing and what small positive changes they can make to bring improvement.

Conclusion

Analysing 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 affect each other. I have realised how complex the meaning of good health is, and that it means different things to different people. As such, I appreciate the importance of understanding what health means for me and for those people I will support as a nurse.

References