WRAP: A strategy for student wellbeing


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WRAP: A strategy for student wellbeing

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Abstract

It is tough being a student midwife. A combination of clinical placement, academic study, assessment and often a part-time job makes for an exhausting lifestyle. Alongside this are the normal day to day pressures of life; family, relationships, accommodation and finances. These students will ultimately be the workforce of the NHS and will be providing care to some of the most vulnerable in society. Therefore, ensuring their overall health and wellbeing and helping them to develop resilient strategies should be a priority for educationalists, practitioners and indeed the students themselves.

McAllister and McKinnon (2009) suggest that predictors of resilience can be strengthened through education and training. These authors specifically propose that educational programmes should focus on enabling individuals to explore and develop their professional identity, as well as building their capacity for coping. One potential strategy to help maximise student resilience and reduce their levels of vulnerability is through the utilisation of W.R.A.P. or Wellness Recovery Action Planning as developed by Mary Ellen Copeland in 1997. W.R.A.P. is underpinned by 5 key concepts; hope, personal responsibility, education, self-advocacy and support. These concepts are easily and effectively applicable to a broad range of healthcare and educational contexts;

This poster outlines the potential offering of W.R.A.P to midwifery students. The intended aim is to enhance their overall educational and clinical self-awareness, experience and engagement whilst reducing their levels of vulnerability and enhancing their levels of resilience. Helping them to cope more effectively with the various educational and personal challenges they meet.

What is WRAP (Wellness Recovery Action Planning)?

A strengths based approach underpinned by five key concepts;
• Hope
• Personal responsibility
• Education
• Self-advocacy
• Support

These concepts can be applied to a broad range of healthcare and educational contexts. For example, students who develop their own WRAP, facilitated by a personal tutor or mentor, may feel they have a greater sense of control, thereby reducing their feelings of anxiety. By thinking about potentially stressful events that may occur in the future, such as failing a placement or making a clinical error, and by imagining their responses to such events, students may be able to reduce the impact of such stressors if and when they occur. This is a type of stress inoculation therapy, as discussed by Meichenbaum (1993).

In practical terms, the WRAP has a number of distinct dimensions. Students should complete their WRAP when they are feeling well; a significant benefit of the approach is that students possess, implement and develop their own wellness plan.

• Wellness toolbox
• Resilience plan
• Opportunity plan
• Crisis plan
• Crisis plan

Key messages:

✔ Health professionals and students of health professions face many challenges. Their work is acknowledged as emotionally demanding and, in addition, they find themselves working in increasingly busy and stressful environments

✔ In order to do their job well it is essential that they have robust physical and psychological health and wellbeing

✔ The wellbeing of students should be a priority for the universities providing healthcare programmes.

✔ Individual students should be helped to understand themselves and their wellbeing

✔ Having a wellness recovery action plan in place can help individuals avert crises or deal with them when they occur.

Pilot Study

A pilot study is planned for Semester one of 2015/16 academic year

The September 2015 (first year) cohort will be invited to volunteer for WRAP

Two 6 week facilitated programmes of WRAP are planned during which time students will be facilitated to complete their own personalised WRAP.

Each programme will have 12 students and will be facilitated by two WRAP facilitators, one being a university midwifery lecturer and the other a WRAP facilitator.

Students will complete a questionnaire at the beginning of the process which will include tools to measure resilience, hardness, self esteem and confidence.

The measurement tools will be administered again following completion of the WRAP programme and again 6 months after completion of the programme.

Conclusion

Universities currently offer a wealth of wellbeing interventions for students. WRAP is not a replacement for these but should be seen as an adjunct to them and can be used alongside good pastoral care. WRAP offers students the opportunity to be proactive in considering their wellbeing and how they can maintain it. They are enabled to consider those activities which can help them to stay well and focus on their studies and career pathway while also identifying those things which are not helpful. By facilitating this activity early in the students career they can take personal responsibility and become self advocating throughout their professional life.