COMMENTARY

The Role of Educators in Supporting the Mental Well-being of Postgraduate Pharmacist Distance Learners

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Frontline health care professionals have experienced rapid changes to workloads and work-related pressures during the COVID-19 pandemic, resulting in anxiety, depression, and mental health stressors. For working professionals engaged in postgraduate pharmacy distance learning, access to educators was seen as a means to relay some of these stories and offload the stress caused by these unprecedented circumstances. The postgraduate pharmacy education team at De Montfort University felt a moral responsibility to provide extra support and extended their roles toward offering greater well-being support. In this commentary, we detail the emergence of this new role and offer insights into how this was fashioned and its significance for catering to the mental health needs of pharmacists. This role has largely gone undetected, and research is needed to investigate the acceptability and feasibility of such a model and its plausibility and sustainability in the long-term.

Keywords: clinical pharmacy, mental health, well-being, COVID-19, student support

INTRODUCTION

The COVID-19 pandemic radically impacted educational institutions at all levels, resulting in closures, suspension of face-to-face teaching, and an urgent reconfiguration of learning.1 For educators, the pandemic accelerated pedagogical innovations and the use of digital learning tools. Didactic teaching practices have been set aside for a more blended approach emphasizing connectivity, flexibility, and interactivity of learners.2–4 While such teaching methodologies have been widely reported in the literature, one important yet under-investigated facet of learning is the impact that these practices have on the professional roles of educators themselves. Specifically, how, during the pandemic, has the role of the educator been influenced by health care professionals’ engagement with distance learning and the tacit changes that have emerged in the student-educator relationship? Our particular interest is on how educators have acknowledged the pressures that the pandemic has put on working pharmacists and, subsequently, how educators have responded by taking on greater well-being responsibilities to support learners’ mental health.

In this article, we unpack this phenomenon by illustrating how educators involved in the delivery of a postgraduate clinical pharmacy program at a higher education institution (De Montfort University) responded by taking on this unforeseen role. We discuss how these interactions implicitly formed in the immediate aftermath of lockdown and how this led educators to adopt a more purposeful supportive role to aid in wellbeing. We postulate whether these new roles should be sustained, developed, or further promoted to offset the increasing workload pressures and demands of postgraduate professionals.

DISCUSSION

Unquestionably, the pandemic has had a significant impact on the mental health of health care professionals. The strain of workload pressures, concerns about transmission, and challenging care decisions have contributed to increased reports of poor mental health. An umbrella review of meta-analyses outlined that the prevalence of anxiety and depression experienced during the pandemic has been reported at 24.9% and 24.8%, respectively.5 Of the studies, which were all published in 2020, some referred to health care workers in general, and others outlined specific professions including nurses, physicians, or social workers. Reports also suggest that health professionals may have low interest in seeking specialist help,
preferring to take responsibility for their own mental health. In pharmacy, pharmacists and support staff have experienced rapid changes to workloads and workflows, with some feeling unprepared and exhausted, resulting in anxiety, insomnia, posttraumatic stress disorder, and/or depression. Despite this, pharmacists and support staff continue to prioritize the needs of others, sometimes to the detriment of their own wellbeing. Due to repeated exposure to psychological distress, the pharmacy workforce is at risk of long-term psychological trauma and burnout. While there have been calls to guarantee that frontline health care workers have easier access to support structures to lessen their psychological burden, for those pharmacists undertaking postgraduate education alongside their clinical roles, COVID-19 has added an extra layer of complexity. These difficulties are further compounded by reports that students are at heightened risk of isolation and loneliness. All of these factors collectively impact a students’ ability to perform successfully during their studies.

Supportive relationships between educators and students have been described using terms like academic tutor, personal tutor, or mentor. Such a relationship is formed when a student is designated an educator who acts as their first port of call when seeking support and guidance. For most institutions, the educator’s supportive role can be diverse, comprising a blend of academic support or guidance, career planning, and pastoral support. Yet little theorizing has been done to clarify what this supportive role is. The interactionalist theory is one of the more notable positions regarding this relationship; it indicates that students need to have both formal and informal integration within academic systems to enhance retention. Atkinson has called for this role to be redeveloped or reviewed considering the changing context of provision. Specifically, the landscape across higher education has been gradually shifting online, and students can no longer be assumed to be resident. Thus, one could argue that distance learning education requires a new model of student support altogether. In the context of the pandemic, changes to distance learning programs resulted in remote delivery of the already few face-to-face contact days. Some programs sought to support student resilience through building relationships and networks between students and educators.

At De Montfort University, this was perceived as a forced opportunity for educators to take a different approach. De Montfort University’s postgraduate pharmacy team provides distance learning pharmacy education. The team comprises senior lecturers employed by the institution on a full- or part-time basis, and most of these educators have a portfolio career, while some also continue to work as pharmacists in patient-facing roles. As part of the team, their roles are to provide academic leadership and teaching within postgraduate clinical pharmacy programs. Their student profiles consist of adult learners ranging from those in their early 20s and having just qualified as registered pharmacists to those in their mid-50s who have been qualified for decades. The students come from diverse backgrounds in terms of ethnicity, culture, and experience, which can encompass clinical, management, and leadership roles across primary and secondary care settings. The postgraduate pharmacy team traverses the complexities of students’ unique personal and professional circumstances by embracing a student-centered approach. Given the limited requirement for on-campus presence and the provisions for distance learning already built into the delivery of the postgraduate pharmacy education, a “business as usual” approach could have easily been adopted. The existing provisions to support students included weekly times in which students could reach out and contact educators to highlight any personal issues. This arrangement required students to take responsibility and initiate contact with educators. However, continuing this arrangement would have failed to adequately address the significant workplace pressures that postgraduate pharmacist students were facing on the frontline during the pandemic. An increasing number of pharmacists began reaching out to educators to relay personal stories of the pandemic, their personal losses and grief, and the burdens and tensions these conditions brought about. For many students, these educators acted as motivating forces and were often the only constant in an uncertain climate. These interactions and unique insights forced educators to reflect and reconsider their roles, and the team felt a moral obligation to assume an enhanced educator role.

This extended role manifested in several ways through a series of initiatives launched by the team, extending their existing student-centered approach to a holistic approach. Acknowledging that this student population would be unlikely to access the support structures put in place by the wider university, the team adopted two main strategies. First, students were provided with greater access to the module team, primarily for the purpose of wellbeing check-ins and then for enhanced academic support. Second, educators aimed to motivate and encourage students both professionally and academically via the online learning platform. In the immediate aftermath of the first lockdown, students were given the opportunity to book a one-to-one discussion with the module leader at varying time slots during the week, even outside of conventional office hours and on weekends. Given the large uptake of these one-to-one slots, this type of microlevel support was unsustainable in the long-term. Consequently, virtual support group sessions facilitated by educators
were offered. These were designed to provide and encourage greater peer-to-peer networking and support. The success of these groups resulted in the development of an online community where students could informally interact with one another and be a source of support during the pandemic. Further new strategies included more sharing of self-help strategies and encouraging learners to reflect on their own mental health and wellbeing. This aligned with wider initiatives such as the United Kingdom’s National Stress Awareness Day, where educators reached out and shared messages in an effort to start a dialogue about mental health. On the team, educators made a conscious effort to share aspects of their personal lives that brought them joy in order to connect with students. Informal feedback by students suggested the extended support and strategies deployed were positively received.

As we emerge out of the pandemic, we reflect on whether the support prior to the pandemic was sufficient to cater to the needs of working student pharmacists. Embedding mental wellbeing into the curriculum is encouraged for all courses (whether undergraduate or postgraduate), and many mental health and wellbeing support mechanisms are available for all students as part of the wider support structures within De Montfort University. These mechanisms are evolving as a result of the pandemic, and increased exposure has provided educators with a greater awareness of how the approaches could be used for their respective students. However, it was apparent at the time that those students on the postgraduate pharmacy program who are also qualified health professionals did not feel that the general student mental health services were accessible or relevant to them. In line with Muller’s suggestion that health care professionals are less likely to access services, educators found that simply pointing out student mental health services would not be sufficient for those students who did not immediately identify themselves as struggling but, nonetheless, required an outlet to discuss the stress they were under. Therefore, in their expanded services, the educators, who are also pharmacists themselves, offered a particular type of support that aligned with their professional identities. They naturally assumed a person-centered wellbeing role where the educator was seen as a “listening friend” to empathize with postgraduate pharmacist students in an open and honest way. One crucial component of this interaction was for educators to listen to the postgraduate pharmacists’ experiences of the pandemic, and through this the educators provided the pharmacists, whether novice or seasoned practitioners, with a source of empathy and comfort. Additionally, the creation of the online community and peer-to-peer support was another opportunity and outlet for professionals to share their experiences and to help manage their mental health and wellbeing during difficult circumstances. The uptake and reception of these interventions highlighted the need for, in this instance, educators to play a greater role in supporting learners’ mental health. On reflection, this extended role raised questions about how this model could be formalized or adapted for use in the long-term.

CONCLUSION

Distance learning may be associated with pedagogical theories focused on delivery of content, demonstration of learning outcomes, and assessment. The pandemic presented an opportunity (although forced) for educators to transform and take on an extended wellbeing role. By providing additional support, educators created a more meaningful learning environment that acknowledged the mental health and wellbeing of the learner. If this extended role is to be more widely implemented, further consideration needs to be given to reconfiguring postgraduate distance learning education. Specifically, any extension to existing roles should be developed on the proviso that staff are given both the resources and training to be able to provide this level of support. This case example may also suggest that distance learning theories should incorporate and give more prominence to establishing and responding to the personal circumstances of students and understanding how such circumstances may be affecting their performance. It also offers a stark reminder that postgraduate students who are also health care professionals had already been practicing in highly pressurized clinical environments prior to the pandemic, and this cannot be disassociated from their postgraduate learning and development. The pandemic exposed that learners were battling unparalleled stress and trauma that impacted all aspects of their lives; as such, educators recognized a new moral obligation and assumed a greater humanistic role. This case study shows that clear benefits exist to developing alternative models of support and that different tactics should be explored to acknowledge students’ trauma. More research is needed to theorize whether such a role for educators is acceptable or feasible on a wider scale and under normal circumstances and to ensure that educators are not reactive but have a clear vision and plan for future situations where this level of support may be called for.
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