

Supporting the mental health of dietetics students: Perspectives from work placement supervisors

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This study explores workplace supervisors' perceptions of student mental health during their work-integrated learning (WIL) programme and their role in supporting these students. Research methods involved analyzing online survey (n = 80) results and semi-structured recorded interviews (n = 11) with supervisors from the MSc WIL programme (Nutrition and Dietetics) at Massey University, New Zealand. Supervisors noted student's mental health being influenced across individual-, relationship- and organizational areas. However, most supervisors (69%) only felt 'somewhat confident' or 'not confident at all' in recognizing signs of anxiety and depression, and almost all (92%) had no formal mental health training. Supervisors supported student mental health during WIL by creating a sense of belonging for students within the workplace, using appropriate supervisory styles which align with mentoring and coaching techniques, and adopting culturally responsive supervision. Potential strategies identified to support workplace supervisors in their role were mental health first aid and resilience training.

Keywords: Student capability, graduate attributes, mental health, work-integrated-learning

While there still is no consensus on the definition of mental health, there is resounding agreement that mental health is more than the absence of mental disorders and that it is an integral part of health (Beyond Blue, 2021; Galderisi et al., 2015; Huber et al., 2011; Manwell et al., 2015; World Health Organization, 2004). This approach strongly echoes the *Te Whare Tapa Whā* model of health, developed in a New Zealand (NZ) context, grounded in Māori philosophy, which emphasizes a holistic approach to health and wellbeing (*hauora*) through four cornerstones: *taha tinana* (physical health), *taha hinengaro* (mental health), *taha wairua* (spiritual health) and *taha whānau* (family health) (M. Durie, 1994; M. H. Durie, 1985). *Taha hinengaro* (mental health) encompasses the capacity to communicate, to think, and to feel. It recognizes that mind and body are inseparable, and describes thoughts, feelings and emotions as integral components of the body and soul (Ministry of Health - Manatū Hauora, 2017).

The definition of mental health chosen for this research is the one adopted by the Mental Health Foundation of New Zealand from the Public Health Agency of Canada, and which best reflects Te Whare Tapa Whā:

Mental health is the capacity to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of culture, equity, social justice and personal dignity. (Public Health Agency of Canada, 2014)

Using a socio-ecological framework to describe the interconnected roles of the social and environmental determinants of mental health is becoming increasingly pertinent (Kousoulis & Goldie, 2021; Lisnyj et al., 2021). This paper draws on recent work by Michaels et al. (2022), from the University of Minnesota,

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who created a socio-ecological model (SEM) of mental health and well-being to illustrate the individual, family, organization, community and societal factors that may influence mental health and wellbeing. The authors hope their SEM will help with some 'big picture' rethinking about mental health to promote a range of strategies across these domains (Michaels et al., 2022). Te Whare Tapa Whā (M. Durie, 1994) and the SEM (Michaels et al., 2022) were chosen to form the core theoretical foundation for mental health and wellbeing in this study, as they were felt to be most pertinent to the NZ context. While *hauora* is a Māori philosophy of health unique to NZ, the concepts of the SEM help to illustrate *hauora* as a holistic understanding of health and wellbeing. The interconnectedness of mental health with overall health and wellbeing, is applicable to all, Māori and non-Māori. Furthermore, Te Whare Tapa Whā and the SEM interface at all levels, but especially at the relationship and community level, emphasizing wellbeing as a feature of interactions with others, and society as a whole.

Work-Integrated Learning and Dietetics in New Zealand

Dietetics training in NZ is informed by a competency-based approach and includes a significant WIL component. While the terms placements, practicums and internships are used interchangeably to describe WIL experiences and the practical training of students in NZ workplaces, this study will use the term 'placements,' which is the most widely used and understood term in the local dietetic context. At present in NZ, students are required to complete a minimum of 800 hours' placements, of which 640 hours is workplace training, across the three key dietetic practice contexts: medical nutrition therapy, food service management and public health nutrition (Dietitians Board of New Zealand, 2018). The NZ context is very similar to what has been reported internationally in terms of WIL exposures. While there is increasing trends and recommendations towards diversifying exposures to better reflect the wide range of roles that dietitians work across, public hospitals remain the most utilized WIL placement setting, and the major area of employment for dietitians (de Looy et al., 2015; Dietitians Board of New Zealand, 2021; Morgan et al., 2020).

Work-Integrated Learning and Dietetics at Massey University

Massey University in Auckland has been providing dietetics training since 2012. The Master of Science (MSc) in Nutrition and Dietetics programme is taught over two years, with the first year focused on theoretical foundations. Some WIL experiences are scaffolded through the first year to introduce students to dietetic practice in workplace contexts but most of the WIL programme is undertaken in the second year alongside a research project. All WIL experiences aim to provide safe and supported learning environments. The WIL programme comprises of twenty-one weeks (840 hours), including twelve weeks of full-time training in Medical Nutrition Therapy within hospital settings and three weeks of Food Service Management training specifically in a hospital kitchen. In addition, students have one week of workplace training across non-hospital settings for both the medical nutrition therapy and food service management practice contexts, as well as four weeks of full-time training in Public Health Nutrition settings which include workplaces such as charities, non-governmental organizations, and primary care services. Stated expectations of WIL supervisors of Massey University dietetics students are to allow the student the opportunity to grow professionally through exposing them to a variety of learning experiences. Supervisors also review and provide feedback on the student's performance and their progress in meeting required competencies, raising any issues or concerns with the student and academic supervisor.

Over the past few years, dietetics educators at Massey University have increasingly noticed that WIL could be highly stressful for some students and could sometimes affect their ability to achieve

competency standards on placements. It is a perception not unique to Massey University, as reflected by the dietetics teaching team at Deakin University in Australia reporting that some of their students' abilities to meet the requirements of the course, and in particular to meet competency standards on vocational placements, has been impacted (at times significantly) by the student's mental health (S. Evans & Margerison, 2015). Similarly, nutrition and dietetics educators at Griffith University in Australia, have reported high practicum failure rates due to students finding placements in the hospital environment as being stressful, thus having negative mental health impacts (Ross et al., 2022). In growing a profession ready to address future challenges and opportunities, including in times of crisis, it has never been more important to look after the mental health and wellbeing of budding dietitians, together with instilling self-care and resilience, so they can more effectively serve our communities.

The School of Sport, Exercise and Nutrition at Massey University, therefore, joined the Promoting Resilience in Dietetic Education (PRiDE) study in 2020. This multi-university study undertaken across Australia and NZ comprised two arms. The first arm of the study, entitled 'The impact of the placement experience on the mental health of dietetic students,' sought to gain an understanding of how to best support the mental health and wellbeing of dietetics students during their placements. The study aimed to assess the prevalence of psychological distress among dietetics students, determine the stressors they experienced, describe their current methods of coping, and explore new methods of supporting student mental health and wellbeing. Dietetics students from Massey University were recruited by the PRiDE research team based at Deakin University in Australia. Recruitment was facilitated by the dietetics educators at Massey University, who provided the dietetics students with information about the research, and distributed the recruitment email and survey link which were administered by the Deakin University team. Findings from this multi-university study are underway and will be used to inform a potential intervention to support the mental health and wellbeing of dietetics students; this intervention could be transferrable to students in other health disciplines. A second arm of the PRiDE study looked to gain an understanding of how placement supervisors influence the mental health and wellbeing of dietetics students. Only supervisors from one Australian university (Deakin) had been approached in this context. Therefore, to build on the PRiDE research and better understand the NZ context, the current study sought to specifically engage with workplace supervisors involved in the Massey University MSc (Nutrition and Dietetics) programme. The purpose of this research study was to explore workplace supervisors' perceptions of student mental health and wellbeing during their WIL programme and their role in supporting students in this context. While this research was run separately to the PRiDE study, its methodology drew on the one used by the PRiDE research team and findings will be shared with the PRiDE team.

METHOD

The use of an exploratory mixed methods study design aligns with the scarcity of research (Babbie, 2007; Rendle et al., 2019) in dietetics student mental health and wellbeing, and the perspectives of their WIL supervisors. The use of a survey (Phase 1) was the preferred quantitative method to help generate a significant sample and obtain information from a geographically diverse population relatively quickly (Cameron, 2018; Ponto, 2015). The questionnaire was developed by Deakin University's PRiDE project team as part of the wider study entitled, "The impact of the placement experience on the mental health and/or wellbeing of dietetics students." The questionnaire was adapted to the NZ context focused on supervisors' experience of student mental health distress, potential stressors, as well as previous training and confidence in supporting students. The questionnaire had a total of 17 questions and three core sections: About Mental Health (seven questions), About Stressors (one question with eleven sub questions) and Dietetic and Supervisory Experience (seven questions). The third section

included one question relating to supervisors' recall of whether their own placement experience had been stressful. This was posed near the very end of the questionnaire to avoid influencing participants' earlier responses. A four-point Likert scale was used for questions relating to awareness and confidence (ranging from 'not at all' to 'very'), and a five-point scale used for questions relating to stressors (ranging from 'strongly disagree' to 'strongly agree'). Two questions related to interest in participating in the interview phase. The questionnaire was designed to take 10-15 minutes to complete and was predominantly in multiple choice format. Two questions were open ended or had open ended elements.

The use of semi-structured interviews for the qualitative method (Phase 2) merged specified survey questions with the flexibility to explore responses and interesting perceptions in depth (Coll & Chapman, 2000; Wiersma & Jurs, 2009). The interview guide developed covered the same themes as the online questionnaire, allowing for more in-depth exploration of supervisor perspectives. A new theme around cultural influences was added following its emergence in the online questionnaire findings. Again, the present study adapted the existing PRiDE project interview guide, tailoring it to suit the NZ context. The interview questionnaire used for Phase 2 was designed to take approximately one hour, consisting of 13 questions across five sections: Informed Consent - two questions; Supervisor Background and Experience - two questions; Student Mental Health - five questions; Specific Feedback and Supports - three questions; and Conclusion - one question.

For the quantitative data analysis, descriptive statistics was used including Chi-Square testing for associations (IBM SPSS Statistics, Version 27 software). Some Likert scale categories were collapsed e.g., the five options offered collapsed into three categories (strongly disagree/disagree, neither agree nor disagree, agree/strongly agree) or four categories combined into two (not/somewhat and fairly/very confident). This was done to improve interpretability during data analysis and to help determine statistical significance. Content analysis was also applied to survey data, systematically sorting, comparing and summarizing open-ended responses. The qualitative data from the transcribed interviews were analyzed using data reduction, data display, conclusion drawing, and verification according to the principles outlined by Miles and Huberman (1994). Thematic content analysis, informed by Braun and Clarke (2006), involved generating initial codes followed by creating and reviewing key themes and the relationship between them. This study has been evaluated by peer review and judged to be low risk, as confirmed by The Massey University Research Ethics Secretariat; Ethics Notification Number: 4000024388. The following ethical issues were considered and addressed as part of ethics application: informed consent, privacy and confidentiality.

FINDINGS

Of the 133 dietetics supervisors surveyed, 80 responses (60%) were received, of which seven were excluded from full analysis. These seven responses were included when analyzing responses for question 1, which was the only question that they answered. Four other participants skipped some questions, however, were still included in the final analysis. Therefore, response rates will be specified when describing specific results. There was no follow-up or tracking of non-responders as the questionnaire was completed anonymously. Perspectives of mainly female supervisors from all placement sites were captured, which is reflective of the total survey population and profession. Table 1 below provides an overview of participant demographics. As above, some of the demographic survey questions were skipped by the four participants, accounting for the variations in total numbers of respondents.

TABLE 1: Survey participant demographics (N= 69-72, variations due to missing data).

Participant demographics	N	%
Role^a (N=72)		
Dietitian	70	97
Not a dietitian	2	3
Supervisor	52	72
Placement Coordinator	7	10
Manager/ Team Leader	13	18
Practice area^b (N=71)		
Clinical /Medical Nutrition Therapy	66	93
Food Service Management	3	4
Public Health Nutrition	2	3
Professional experience (N=70)		
< 5 years	28	40
5 – 10 years	11	16
> 10 years	31	44
Supervisory experience (N=72)		
< 5 years	39	54
5 – 10 years	9	13
>10 years	24	33
Students supervised over past year (N=69)		
< 5 students	26	38
5 – 10 students	29	42
>10 students	14	20

Note. ^a more than one response possible ^b more than one response possible.

Most participants were dietitians who worked in clinical practice areas (hospital settings) (93%), had less than five years' supervisory experience (54%), and had supervised five to 10 students (42%) over the past year. Only 24 (33%) of the supervisors had more than 10 years of supervisory experience, and 39 (54%) had less than 5 years. Few participants (n=21/80, 26%) expressed being very aware around mental health and wellbeing (Table 2), despite most (n=60/73, 82%) reporting previous personal or lived experience with mental health conditions, which included their own or close friends/ family members. Interestingly, most participants (n=58/72, 80%) remembered their own dietetics placement or workplace internship experience as stressful.

In relation to WIL specifically, the participant's open-text survey responses about student mental health and wellbeing during WIL included words such as 'stressful', which appeared the most, followed by 'pressure' – generally meaning high or lots of pressure, which did include external pressures, but tended to be mainly self-imposed or perceived e.g., making a good impression and pressure to succeed or stand out positively for future job prospects and students' perfectionist traits. Words such as 'anxiety', 'stress', and 'overwhelmed' were also frequently used. COVID-19 came up as an influence, but perceptions were generally negative regardless of COVID-19. However, it is important to highlight that the responses were not all negative. There were supervisors who reported little concern about students' mental health during their placements, who felt that students were in good mental health,

were well connected to their peers and their supervisors, with positive experiences on placement and contributions to the workplace. These comments however came from less than 25% of supervisors (n=16/69).

TABLE 2: Supervisor awareness and confidence around WIL student mental health and wellbeing.

Mental health and wellbeing awareness (n=80)	Not at all aware	Somewhat aware	Fairly aware	Very aware
	1 (1%)	16 (20%)	42 (53%)	21 (26%)
Confidence in: (n=73)	Not confident at all	Somewhat confident	Fairly confident	Very confident
Recognizing signs of MH conditions, e.g., anxiety/ depression	7 (10%)	43 (59%)	19 (26%)	4 (5%)
Supporting student who expressed feelings of anxiety	2 (3%)	38 (52%)	32 (44%)	1 (1%)
Supporting student who confided they have depression	17 (23%)	37 (51%)	18 (25%)	1 (1%)
Supporting student who is having a panic attack	18 (25%)	37 (51%)	16 (21%)	2 (3%)

Most participants expressed low levels of confidence in recognizing signs of declining mental health and supporting struggling students (Table 2). Only four participants (5%, n=4/73) expressed strong confidence in recognizing signs of declining student mental health. Even less (one to two participants) felt very confident in providing support to students who expressed anxiety, depression or were experiencing a panic attack. On the other hand, about a quarter of the 73 participants who responded (23% and 25% respectively) had no confidence at all in supporting a student with depression or who was experiencing a panic attack. Almost all participants (92%, n=67/73) had no formal mental health training. Possible associations with supervisors' professional and supervisory experience and confidence in supporting signs of declining student mental health were statistically investigated. No significant findings were found. Associations with awareness around mental health and wellbeing were also investigated. A significant finding ($P=0.009$) was identified indicating association between level of awareness and subsequently confidence in recognizing signs of declining mental health (Table 3). However, no significant findings were found in relation to confidence supporting students with declining mental health. In addition, there were no significant findings when investigating whether the level of professional dietetic experience or the level of supervisory experience had any association with awareness around student mental health and wellbeing, and confidence in supporting students with declining mental health (data not shown).

Table 3: Supervisors' awareness and confidence in supporting signs of declining student mental health.

	Awareness around mental health and wellbeing (n=73)		P value
	Not/ somewhat aware, n (%)	Fairly/ very aware, n (%)	
Confidence recognizing signs of MH conditions, e.g., anxiety/ depression:			0.009
Not/somewhat	16 (94)	34 (61)	
Fairly/ very	1 (6)	22 (39)	
Confidence supporting student who expressed feelings of anxiety:			0.14
Not/somewhat	12 (71)	28 (50)	
Fairly/ very	5 (29)	28 (50)	
Confidence supporting student who confided they have depression:			0.13
Not/somewhat	15 (88)	39 (70)	
Fairly/ very	2 (12)	17 (30)	
Confidence supporting student who is having a panic attack:			0.44
Not/somewhat	14 (82)	41 (73)	
Fairly/ very	3 (18)	15 (27)	

The interview participants were questionnaire respondents who self-selected to take part in the interview phase. Most of the interview participants (n=9/11) were females working in hospital settings (n=10) within metropolitan Auckland (n=9). When focusing on their perceptions of the students they supervise during WIL, three key themes emerged from supervisor interviews: Perceptions of, factors influencing, and experiences of approaches to support, WIL student mental health and wellbeing. The themes and sub-themes are summarized below (Table 4) and will be discussed alongside questionnaire findings.

TABLE 4: Themes and subthemes emerging from supervisor interviews (Phase 2).

Themes	WIL student mental health and wellbeing					
	1. Mental state		2. Factors that influence		3. Approaches to support	
Subthemes	Mentally struggling	Mentally thriving	Favorable	Unfavorable	Supportive	Detrimental
	<ul style="list-style-type: none"> Emerging e.g., stress (positive or negative) arising during WIL Existing e.g., previous anxiety history 		<ul style="list-style-type: none"> Individual <ul style="list-style-type: none"> - internal factors e.g., personality, skills, experience, - external factors lodging, transport, finances Relationships <ul style="list-style-type: none"> - during WIL e.g., supervisors, peers - outside WIL e.g., family, friends Organizational <ul style="list-style-type: none"> - workplace e.g., preparation, support, environment - university e.g., preparation, support, workload 		<ul style="list-style-type: none"> Communication e.g., verbal, non-verbal, written, culturally appropriate 	

There was a need for the university to better prepare students for WIL, as noted in the following supervisor responses from the interviews (phase 2).

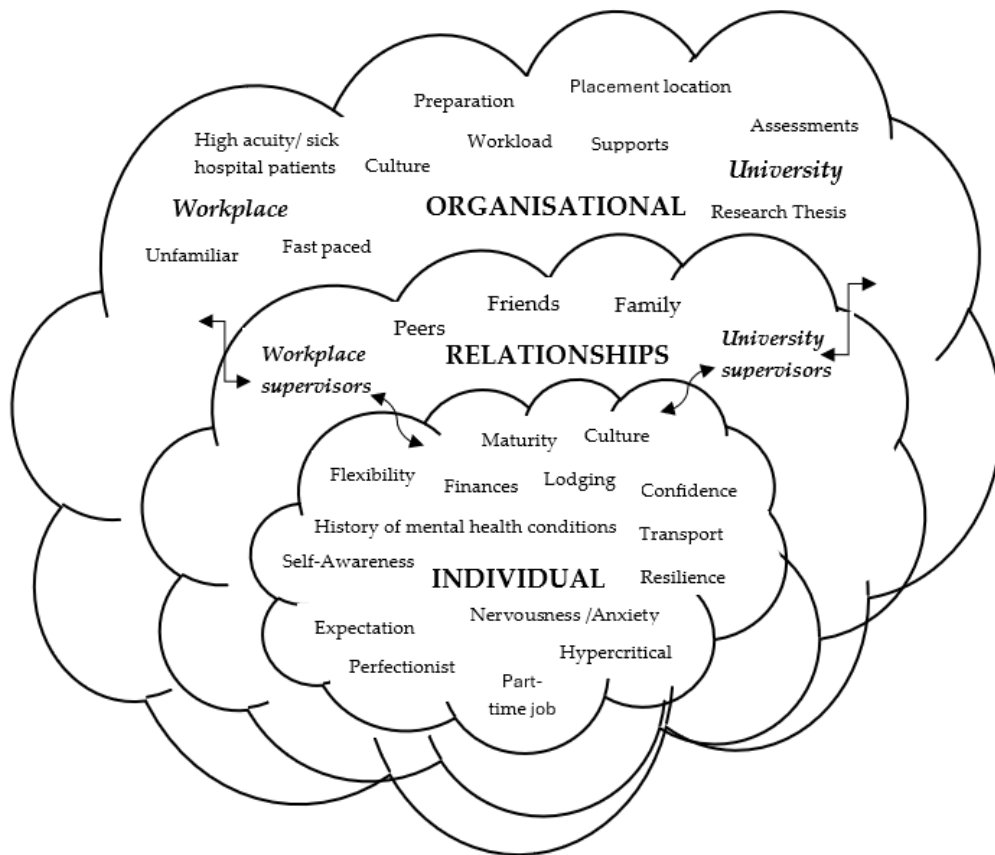
The university should better prepare students for how hard and demanding placement is going to be. Giving them strategies to deal with it and letting them know what they could do if they needed to reach out to someone. Supervisor 02

Something like student counsellors, placement readiness training would be really great to prepare students for some of the expectations that would come from a workplace and could potentially alleviate some of the anxiety if you know what to expect and you know what you're walking into. Supervisor 11

DISCUSSION

The following section discusses the findings from the three themes in relation to relevant literature. Findings from the survey were reinforced by the interviews which provided further detail and context around the supervisors' perspectives of WIL student mental health and wellbeing. The quotes are from the interviews, but some of the wording come from participants' open-ended question responses in the survey (Figure 1).

FIGURE 1: Factors influencing WIL student mental health/wellbeing using the socio-ecological model.



Theme 1: Supervisor Perceptions of Work-Integrated Learning Student Mental Health and Wellbeing

Supervisors shared less positive and more negative perceptions of student mental health and wellbeing during WIL. While positive experiences were reported, with WIL students described to be in good mental health, well connected to their peers and supervisors, gaining more skills and confidence, and thriving in the workplace, such reports were less common. "Some who are really stable, balanced and centred are fine and they can cope. Even some of those might not be coping, but are speaking out because they're balanced and centred" Supervisor 04.

Regrettably, negative perceptions were much more prominent in the supervisors' reports. There was an overpowering sense among supervisors that high stress, acute anxiety, and feeling overwhelmed were commonplace when considering both their WIL students and their own experience as dietetics students. "Their anxiety has really affected how much they've been able to get out of the placement. Perhaps a lack of self-confidence or self-esteem also really affected the way they take feedback" Supervisor 07. "I honestly have to tell them, what have you done well? Because they always tell me what they've done wrong... picking up their flaws without acknowledging the things they've done well" Supervisor 01.

It is relevant to consider possible bias from supervisors as they often drew on their own WIL experience as students, potentially transferring their own experiences, which may not in fact fit the reality of their student(s). However, the supervisor perspectives gathered in this study do confirm the anecdotal information collected from dietetics educators at Massey University who indicated that WIL is highly stressful for dietetics students with some struggling to meet placement milestones due to anxiety, panic attacks or depression. Furthermore, supervisor perceptions collected in this study are consistent with findings from recent research conducted with dietetics students internationally, where a notable subset in the USA experienced symptoms of depression, anxiety, and stress that ranged from mild to extremely severe. These symptoms were reported by students even before they undertook WIL internships but were often linked to those internships, for example, being a strong enough candidate to qualify for an internship as well as funding the internship if successful (Patten & Vaterlaus, 2021). It is possible, therefore, that students may feel just as much pressure during WIL to prove that they are worthy of their internships and subsequently employment. Findings from this current study suggest as much, with many supervisors perceiving that students frequently conceal mental health struggles, to make a good impression and appear job worthy.

A lot of students are probably quite good at covering [issues] because they don't want it to be perceived to be a weakness... [mental struggle] is not a thing that people would talk about openly, like they expect to be judged. Supervisor 05

In the United Kingdom, Longyear (2022) confirmed negative shifts in mental health during WIL where more than half a cohort of dietetics students reported that their mental health worsened during placements. This outcome was also implied in Australia, where two recent studies that did not set out to investigate dietetics student mental health in particular did identify collaterally that a number of negative emotions and tensions needed to be managed by dietetics students during their placement experiences (Dart et al., 2022; Markwell et al., 2021). In addition, authors across other disciplines have reported significant rates of anxiety, depression, and or suicidality in about a third of their university student cohort (Eisenberg et al., 2013; Lipson et al., 2019; Quek et al., 2019; Zeng et al., 2019). In the NZ setting specifically, Slykerman and Mitchell (2021) found high rates of stress, anxiety, and poor psychological wellbeing in a sample of 120 first year university students enrolled in a medical science

course at the University of Auckland. When considering WIL in particular, many authors have described WIL, especially practical placements in hospitals, as often synonymous with increased stress and anxiety in health professional students (Alzayyat & Al-Gamal, 2014; Blomberg et al., 2014; Dart et al., 2022; Greenlees et al., 2021; Hughes & Byrom, 2019; Rotenstein et al., 2016).

It is vital to acknowledge the aggressive assault by the COVID-19 pandemic on the mental health and wellbeing of students, as described by several authors (Cao et al., 2020; Grubic et al., 2020), and supported by findings from the WIL supervisors surveyed in this current study. However, it is also important to realize that concerns around student mental health have been raised in the literature well before the advent of COVID-19 (Alzayyat & Al-Gamal, 2014; Blomberg et al., 2014; Eisenberg et al., 2013; Lipson et al., 2019; Quek et al., 2019; Rotenstein et al., 2016). This situation indicates that student mental health and wellbeing are important issues for all WIL programmes irrespective of the pandemic, but is now even more pertinent given the known mental health impacts of COVID-19.

COVID had such a big impact on them... a lot of underlying anxiety about COVID ruining their placements and knowing that at any point we could go back into lockdown has been quite nerve wracking for them. They also had to take on a bit more ... So it's an extra added stress to be at the forefront of seeing people in close proximity. Supervisor 03

Theme 2: Supervisor Perceptions of the Factors Influencing the Impact of WIL on Student Mental Health and Wellbeing

The supervisors in this study described a variety of factors impacting student mental health and wellbeing during WIL (Table 4). In accordance with Lisnyj et al. (2021), the socio-ecological model for health promotion was found to not only be effective in categorizing findings, but it was also useful in demonstrating complex relationships between the various demographic, psychological, emotional, social, physical, academic and workplace factors impacting student mental health and wellbeing during WIL. Favorable and unfavorable influences were noted across each of the categories identified in this study and findings were aligned with the mental health and wellbeing ecological model adapted by Michaels et al. (2022). Consistent with findings from Lisnyj et al. (2021), the first three socio-ecological model levels (i.e., individual, interpersonal, and institutional) were found to be most prominent. Connections across the levels were also noted, for example, individual traits and culture influencing the establishment of student-supervisor relationships, and in a similar way organizational culture and practices influencing supervisory relationships (Figure 1).

The myriad of internal and external factors at an individual level reported by the WIL supervisors in this study revolved around student personality, skills, and resources, all of which have also been cited in the literature (Lisnyj et al., 2021; Markwell et al., 2021). What stood out was that despite a general negative tone around student mental health and wellbeing and the different factors at play, there was an emphasis on large fluctuations and variability among students. This echoed observations from other authors who also reported that students react to stressors in different ways (Deasy et al., 2014; Ekpenyong et al., 2013; Hamaideh, 2011; Hodselmans et al., 2018). A key question that arises as a result is: "why do some students thrive during WIL and other students struggle?" Some studies have identified gender differences in perceptions of and reactions to stress, with female students reporting higher overall levels and reacting more frequently to stressors compared to their male counterparts (Ekpenyong et al., 2013; Hodselmans et al., 2018; Porru et al., 2021). However, the WIL supervisors in this study did not make distinctions between genders.

Arguably the dietetics student cohort is known to be predominantly female, which limits such comparisons. However, one of the male WIL supervisors made an interesting observation around his own assumption that male student dietitians would be more relaxed and less affected by stress, but his experience proved different. Anecdotal reports from the dietetics educators at Massey also indicated that male student dietitians have experienced acute anxiety just like their female counterparts, with difficulty coping with stress and requiring remedial time alongside counselling support to achieve the requirements of the WIL placement. An interesting comment from another WIL supervisor suggested that supervisors typically have a stronger focus on scrutinizing struggling students. As a result, they often miss opportunities to understand the protective and supportive internal factors which enable other students to succeed.

Resilience has emerged as an important skill for students in supporting their mental health and wellbeing during WIL. This accords with observations from other authors and supports the work of recent research in this area linking high resilience with positive student mental health and wellbeing outcomes such as lower stress levels, and consequently improved performance, success and achievement of critical graduate capability (Lisnyj et al., 2021; Ross et al., 2022; Tomlinson, 2017). However, findings from this current study revealed a sense that most WIL supervisors consider resilience to be a characteristic student attribute, not a skill to be learned. Meanwhile, there is an increasing body of evidence to suggest that resilience can be learned and needs to be taught, and that WIL supervisors should not expect students to inherently display this skill (Brewer et al., 2019; Ross et al., 2022; Sukup & Clayton, 2021). Furthermore, WIL placements may provide an excellent opportunity for students to develop resilience. WIL placements fundamentally prepare students for the workplace and supports students to not only develop profession-specific skills and expertise, but importantly it facilitates the development of soft skills such as resilience which are equally vital for graduates to succeed in the workplace and in life (Bowles et al., 2019; Fleming et al., 2021; Ross et al., 2022). WIL supervisors can be excellent coaches in that regard and can provide opportunities for guided reflections and discussions, perhaps drawing on strategies such as using a resilience journal as proposed by Lohner and Aprea (2021), or simply themed reflections and sharing narratives as suggested by Mate and Ryan (2015). It has been established that WIL is stressful and that WIL tests student resilience. It is perhaps timely to change the narrative and explicitly teach students resilience as part of the curriculum so that they can actively practice and further develop skills through WIL.

Theme 3: Supervisor Experiences of Approaches to Support WIL Student Mental Health and Wellbeing

Survey findings showed that no matter how experienced supervisors are, they are still not confident supporting WIL student mental health and wellbeing. Similarly, their awareness of mental health and wellbeing was not associated with their confidence. Interview participants echoed these feelings but despite expressing low confidence in supporting WIL student mental health and wellbeing, the supervisors readily offered approaches which they used with their students or thought might be helpful. At the heart of the various approaches that supervisors described was establishing positive student-supervisor relationships and the creation of a sense of belonging in the students undertaking WIL placements within their workplace. Having a warm, welcoming, and open approach was consistently found by the WIL supervisors to enable trusting student-supervisor relationships, subsequently supporting student mental health and wellbeing, and creating a safe space for discussions around struggles. "I try to be kind... above everything else really... try and create a good learning environment and lots of warmth." Supervisor 08. "You need to be very mindful, for example not underestimating the introverts. If you're one to one, and they trust you, it's amazing what you can find from someone who could've been labelled meek and not really communicative" Supervisor 09.

This current study further supports the views that a sense of belonging among students is essential for student mental health and wellbeing and that supervisors have a key role in facilitating this, as suggested by several other authors (Fleming & Haigh, 2018; Levett-Jones & Lathlean, 2008; McBeath et al., 2017; Rowe et al., 2021). While the supervisors in this study emphasized the value of creating a strong sense of belonging in their students during WIL, they also conveyed that this was not always implemented with subsequent negative impact on student mental health and wellbeing. Some supervisors talked about students being stigmatized and not included within the team, echoing Dart et al. (2022) who described exclusive mealtime practices and distancing cultural norms in some dietetics workplaces in Australia and NZ. For example, supervisors not wanting to eat lunch with their students resulting in disruption of identity development and professional socialisation for students. Another interesting finding, which also aligned with that of Dart et al. (2022), was geographical differences whereby rural or regional sites were noticeably more inclusive with supervisors embracing students within their team, whereas students were often made to feel like outsiders in large metropolitan hospitals.

Along with creating a sense of belonging among the students they supervise, WIL supervisors emphasized the importance of establishing positive and supportive student-supervisor relationships. In accordance with findings reported by other authors (Dart et al., 2022; Jang et al., 2020; Seponski & Jordan, 2018), many supervisors cited relationship disruptions due to challenging power dynamics and rigid hierarchical structures within dietetics and health professions generally, recognizing that the supervisory relationship is one with a power imbalance. Supervisors described less autocratic and more holistic and empowering approaches to support student mental health and wellbeing during WIL. They highlighted the value of shared experiences, delivering feedback and framing challenges with a lifelong learning lens and an encouraging attitude towards their future colleagues. These approaches are consistent with mentoring and coaching, thus echoing other authors advocating for a mentoring style of supervision (L. Evans, 2019; Hardie et al., 2018; Martin et al., 2019). The evolution of supervisors into 'Super-mentors' seems very appropriate from the present findings and in accordance with the work of Martin et al. (2019). The authors characterize 'Super-mentors' as being aware of their duty of care and the importance of being engaged in the supervision process, mentoring students and helping them to make the most of the experience. In addition to familiarity with WIL from personal experience, and a sense of giving back to their industry, 'Super-mentors' are characterized by their appreciation of opportunities they themselves received, e.g., mentoring, management, and leadership skills, in the process of providing opportunities for students (Martin et al., 2019).

Concerns around the cultural safety of Indigenous and minority students during WIL, and the subsequent impact on their mental health and wellbeing emerged from the questionnaire responses. This sparked further exploration of the impact of culture during the interviews. Cultural misunderstanding was identified as an important barrier to positive and supportive supervisory relationships, also eroding any sense of belonging.

I look at the non-Chinese students in my class and, to be honest, we're just different... I can see that sometimes they [Chinese students] do struggle to express their opinion. [Whereas] we're trying to encourage students to do critical thinking and ask questions. Supervisor 06

An interesting finding was that while supervisors seemed to have a sense that culture may influence supervisory relationships, it was apparent that many had not considered this previously, also conveying that they treated all students the same. A possible explanation may be that most student

dietitians and their supervisors tend to identify with the dominant NZ European and middle-class culture. However, the Massey University cohort of student dietitians has become increasingly diverse over the past years, suggesting that supervisors may have blind spots around cross-cultural communication and supervisory relationships. Those who were articulate around cultural influences were generally supervisors who themselves identified with a diverse background and, therefore, are perceptive of differences in student presentations or communication within contexts of cultural norms or upbringing, as well as observant of students being treated differently.

To the best of the authors' knowledge, this is the first study in NZ to explore Dietetics WIL supervisor perceptions and more generally, supervisor perspectives around student mental health and wellbeing during WIL. Therefore, providing unique insights into impacts associated with the WIL environment on student mental health and wellbeing, and subsequently ways to better support students during WIL. This small study focused on supervisors and their support of students. It did not investigate the empirical relationship with students' mental health status and subsequent WIL or course completion rates. Future research where data are linked to other studies is recommended to allow for larger data sets to explore associations further. We also recommend research that considers pressures experienced when dietetic students are not undertaking larger blocks of WIL to investigate the different stressors that exist between WIL and non-WIL periods, as well as avenues of support more generally, including both students and supervisors.

CONCLUSION

This mixed methods study explored workplace supervisors' perceptions of student mental health and wellbeing during their WIL programme and their role in supporting students in this context. The study was designed to focus on supervisors' experience of mental health distress, thus providing a picture of their perceptions of overall student mental health and secondly their own mental health. There was an overpowering sense among supervisors that high stress, acute anxiety, and feeling overwhelmed were commonplace when considering both their own experience as dietetics students and their WIL students. Supervisors often drew on their own WIL experience as students to lead into the conversation, potentially transferring their own experiences and biases to the reality of their student(s). It was evident that supervisors believed that student mental health and wellbeing affected their performance during WIL. Much variability was identified by supervisors, with some students deemed to mentally thrive during WIL while others mentally struggle. However, negative experiences were prominent, with high levels of stress, anxiety, pressure, and feelings of being overwhelmed found to often be encountered among the dietetics students they supervise. While this was felt to be exacerbated by the COVID-19 pandemic, declining mental health and resilience in students had been noticed even pre-pandemic. Findings around supervisor perceptions of impacts on student mental health and wellbeing during WIL aligned with the socio-ecological model, identifying factors across individual, relationships and organizational levels. The WIL experience itself was found to influence student mental health and wellbeing.

Various challenges for WIL students were described such as having to adjust to the acute, fast paced and emotionally confronting nature of the hospital environment (also a foreign environment for many students), as well as a multitude of supervisors (often with different styles and expectations). Students felt pressure (generally self-imposed) to perform very well and demonstrate job-worthiness. They were often juggling busy workloads in particular academic requirements associated with the research thesis and managing the financial burden of being on placement especially when travelling to regional hospitals. In addition, workplace supervisors described tense and untrusting student-supervisor

relationships, involving communication breakdown or cultural miscommunication (between individuals, across the workplace and even wider profession). There were also impacts outside WIL such as individual student situations, family demands and major life events or upheavals. A persistent recount remained students' differing coping abilities despite being faced with similar pressures, with some experiencing significant adverse impacts on performance as a result.

Interestingly, supervisors reported differing abilities themselves when it came to supporting student mental health and wellbeing. However, the majority expressed low confidence in recognizing signs of declining mental health, e.g., anxiety and depression, as well as supporting students who were struggling with their mental health. It was however encouraging that supervisors generally felt that they had a role to play in supporting WIL student mental health and wellbeing, and advocated for a joint approach by the university and the workplace. Most supervisors had no training in mental health, but many conveyed new realizations and increased awareness because of their participation in the study, subsequently showing interest for training and guidance. Those who had mental health training, did express higher confidence and skills in supporting student mental health and wellbeing. The supervisors in this study were very intent on drawing on their own experiences, even if negative, to be more attentive and supportive supervisors. Key approaches were described by supervisors to support student health and wellbeing during WIL: the creation of a sense of belonging within the workplace, mentoring/coaching supervisory styles, culturally responsive supervision and having dedicated or consistent supervisors. Utilising the useful strategies employed by the WIL supervisors in this study and drawing on the literature as well as strategies employed by the authors in their own WIL supervision practice, Soniassy et al. (in press), focused on developing a good practice guide to support WIL student mental health and wellbeing. Strategies that help increase supervisor awareness and confidence in supporting students experiencing mental health struggles are important as they may assist student wellbeing and subsequently improve student performance during WIL. This approach is especially relevant with the new code of practice for the pastoral care of tertiary and international learners in NZ that came into effect in January 2022. The code places increased responsibilities on tertiary providers to better support learners' safety and wellbeing, physically and mentally, across all study settings including on campus, online, offshore and/or in workplace-based settings (Ministry of Education, 2021). While the pastoral care code is specific to NZ, this study raises a need for universities worldwide to play a more pro-active role in better preparing and selecting both students and supervisors for placements and providing support throughout.

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