Undergraduate student wellbeing: the lived Experience in Higher Education

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ABSTRACT:

The wellbeing of undergraduate students in Higher Education (HE) is often associated with the student experience. Previous research has shown that measuring wellbeing is problematic because of its complexity. Moreover, the lived experiences of students are often missing from the equation of measuring wellbeing. This article explores the perceptions of students' wellbeing pre-COVID19 and their lived experiences both inside and outside of HE; and the relationships between students' characteristics. This study increases our understanding of student's lived experiences and student wellbeing in HE.

A survey was used to identify the perceptions of undergraduate students (n=105) of wellbeing. The findings indicated that student recognise the importance of access to library systems on and off campus (m=4.44, S.D.=0.752), module tutor (m=4.37, S.D.=0.657), computers on campus (M= 4.17, S.D.=0.902), photocopying and printing (m=4.11, S.D.=0.926) for student wellbeing in HE. In their personal lives, students believed that access to study facilities where they live (m=4.30, S.D.=0.876), friends (m=4.22, SD=0.734), health (m=4.18, SD=0.948) and their wider family (m=4.07, S.D.=1.129) were critical elements for their wellbeing. The most popular activities outside university life that improve student wellbeing were talking to peers and friends (98%), sleeping and resting (86%). Sports activities (16%) and counselling (12%) ranked lower. Student's perceptions of wellbeing were not associated with notions of "medicalised" mental health. This study concludes that student wellbeing in their academic and personal lived experiences revolves around access to resources and relationships that helps them get on with their studies while at university, and where they live.

KEYWORDS: Student Wellbeing. Health; Higher Education, Student Experience, Lived Student Experience

INTRODUCTION

Wellbeing has long been an ambiguous topic with different language that has had an alternate meaning across history, different contexts and for different groups in society (Eraut and Whiting, 2008). Defining and measuring wellbeing is problematic, across disciplines given the diversity of interplay between wellbeing, the particular context, the nature of the research and different language used. Interestingly, Atkinson, (2011) argued that current definitions and measures linked to satisfaction or emotive notions like happiness, are of no value resulting in an impasse between researching wellbeing and enabling research to inform practice and policies. Meanwhile, the emphasis upon measuring wellbeing and the construction of scales, indices, models and tools with relatively little theoretical underpinning (Kelly et al., 2012; Public Health England, 2015) has added little to the evidence about how to facilitate wellbeing within different sections of society. Indeed, these circumstances have resulted in the repeated need for research to gain a more in-depth understanding of wellbeing across different contexts and groups (Michalos, 2008; Positive Psychology, 2015). However, wellbeing is connected to health and its medicalisation has failed to uncover a clear and consensus of its definition (Hagell, 2017). There is lack of clarity of how to accurately measure and operationalise wellbeing as a principle within policy or in different contexts. The dominance of quantitative research within the evidence base has potentially created a gap in what is understood and more recently ignited the drive and exploration of wellbeing from different research paradigms.

The changing context of HE

The number of students that were accepted for fulltime undergraduate programmes through Universities and Colleges Admissions Service (UCAS) in England has increased steadily from 211,000 in 1994 to 388,000 in 2018, a change of 84% (Bolton, 2018, pg. 19). These changes in HE have widened and reshaped the student body and led to the need to respond to students with wider participatory needs and more complex learning and health needs than has previously been experienced. He professionals often struggle to support the complex needs of students from wider participatory backgrounds (Hagell, 2017) since often there isn't appropriate expertise, training, policies and services to support them (Ball, 2012). Some argue that HE may provide answers to societal ills given their ability to reduce poverty and increase social mobility (Peseta, 2017). Thus, changes within student funding and increased access by wider participatory students have reshaped how universities carry out their roles and what they do operationally, shifting their role and status within society (HEFCE, 2015). This resulted in the

overall importance of wellbeing being neglected because of other priorities (Peseta, 2017; Carey, 2013a). These policy and priority changes and the pace of change have reduced HE's ability to operationalise other priorities such as wellbeing (Sutton, 2017; Dooris, *et al*, 2012).

Undergraduate Student Wellbeing in HE

Student wellbeing in HE has been defined as a framework which includes physical and social wellbeing, of which mental health is an integral part (Hughes and Spanner, 2019). Students' engagement with academic learning is a key component part of their experience and makes a significant contribution to their wellbeing (Hughes and Wilson, 2017). The wellbeing of undergraduate students is influenced by their everyday experiences within HE such as important financial decisions to make in relation to tuition fee costs, the cost of accommodation /commuting, the cost of living, the level of debt that might be accumulated and the student support that would be available (NUS, 2014). The relationship between student wellbeing, and their financial circumstances, is negatively reciprocal according to Benson-Eggleton (2018). Interestingly, a recent study revealed that all students planned to be working a part time job to maintain their living costs at university (Universities UK, 2018). Similarly, students have concerns over financing their lives at university; for example, only 62% of undergraduate students were well informed about how much everything would cost in HE (Office of Students (OfS, 2018) illustrating the potential impact and stress that being a HE student might have on the individual's wellbeing. Students are also becoming more self-reflective, and often blame their disappointing experience on their own lack of effort, perhaps linking their experience to an educational culture of success as outcome based and measurable by marks alone (Sutton, 2017). Thus, it is not surprising that the levels of anxiety have continued to rise (HEPI, 2019). The significant rise in mental health issues within the wider adolescent population has implications for those considering University and impacts their ability to engage with their studies and succeed at a level akin to their ability with implications for them beyond their HE experiences (OfS 2018; HEPI 2019).

These issues are further compounded as the student population becomes more diverse and participation wider (HEA, 2016; 2018) resulting in student's circumstances and life styles being more complex than previously with implications for both them and their HE institution (Hagell, 2017; HEPI 2019). Indeed, the levels of wellbeing of undergraduate full-time students have been shown to be below those of the general population (HEPI, 2019; ONS, 2018).

Within HE, student wellbeing has been linked to student experience, success and outcomes which has shaped service development, rather than the focus being promoting a balanced healthy lifestyle (Dooris, *et al.*, 2012). Currently, there is little or no emphasis upon student wellbeing, other than from estranged perspectives such as student experience, student satisfaction, study support services or retention information (HEA 2019, Blair and Valdez-Noel, 2014) given the priorities of such areas within HE over wellbeing.

Meanwhile, institutions have developed student/staff liaison systems, student feedback, and other student voice and participation mechanisms, ostensibly to monitor and improve student experiences and retention. However, these mechanisms often do not explain the experiences of students or why students leave HE (Hagell, 2017). This narrows our understanding of students' lived experiences and marginalises wider notions like student wellbeing (Blair and Valdez-Noel, 2014). The persistence of surveys, measures and institutional ranking systems used to identify and measure institutions' success, undermine the importance of wellbeing for students (Batchelor, 2012; Baron and Corbin, 2012). This research uses direct understanding from students, avoiding assumptions, and presents clear evidence about how students experience their wellbeing within HE (Carey, 2013b).

Equally, the emphasis upon the measurement and evaluation of student wellbeing is often linked to particular health interventions and their evaluation (Hall, Ramm and Jeffry, 2011; Marshall and Morris, 2011; Dooris, 2013; Healthy Universities, 2016) almost leading to a double fragmentation of services and support. Wellbeing is identified as a concept within health rather than a separate construct, thus reducing its value and reducing the likelihood of universities management teams prioritising it (Dooris, 2013). Keeling (2014) argued that wellbeing may be related to an ethic of care and needs to be prioritised within HE's role as an agent of society. However, political drivers and priorities emphasise the measurement of satisfaction and student experiences. In the process, evidence is created inadvertently adding to the narrowness of what is understood about student wellbeing in HE. Equally, the preoccupation with using medical models of practice to promote student health rather than more societal or settings approaches have arguably reduced and the importance of health and wellbeing in HE as a whole (Dooris, 2013). This results in a predominantly negative perspective of health rather than positive or proactive perspectives (MWBHE, 2015). HE institutions underestimate the potential for wellbeing, focusing instead on student experience.

The need to develop robust evidence that moves across disciplines and contexts about the status and how wellbeing might be experienced is clear (Burgess et al., 2018). Studies focusing on student wellbeing in HE predominantly use objective research approaches (HEA 2018; Hagell, 2017) or are based around student satisfaction and success as moderators, rather than investigating wellbeing itself. Overall, policies on how HE institutions might support student wellbeing are slow to arrive and current literature does not offer any direction on how HE institutions might promote, support or resource student wellbeing (HEA 2018, Hagell, 2017). Nor does policy provide any prioritisation of health or health promotion within HE (Dooris, et al, 2017) although some strive to promote HE as a vessel for healthy lifestyles (Healthy Universities, 2016). Moreover, those who have focused on measuring and evaluating student wellbeing in HE (HEA 2018; Hagell 2017) consistently use positivist research approaches; reducing the value of the research in informing how HE might promote student wellbeing or how we might respond to shape, proactive wellbeing services and practices. Therefore, for the purpose of this study, wellbeing is considered as a holistic construct rather than a concept which is potentially separate from health (Baggott, 2013). In particular, this study sets out to find out what and who influences students' wellbeing in the everyday lived experiences - including their experiences both inside and outside of university - because of their intrinsic and inseparable nature.

This research was designed to add a small body of research that explores the individual students' perspective of wellbeing and represents their lived experience. By exploring what wellbeing might be and how individual's make sense of their experiences to maintain, manage and construct their wellbeing, the research aspires to influence the interventions and policies within HE institutions. This study attempted to find out what and who affects the wellbeing of students in their life at university. This includes the curricular and extracurricular contexts; and the personal and social experiences of students while at university. The key research questions that were investigated included:

- 1. Who or what supports students for their perceived wellbeing during their studies?
- 2. What programme/curricular activities influences the perceived wellbeing of students?
- 3. What activities influence the maintenance and improvement of wellbeing?

METHODOLOGY

The purpose of this study was to find out the perceptions of students regarding who and what supports and influences their wellbeing in their academic and personal lived experiences in HE. In order to investigate the outlined research questions, this study used a positivist approach to data collected through a purposeful optional online survey to a target population (Newby, 2010). The anonymous online survey was identified as the most appropriate, as it facilitated the collection of large amounts of data (Leedy and Ormrod, 2012). Additionally, online surveys help reduce procedural bias, increase accessibility and automate the process of data entry, thus helping to reduce the potential for human error (Densocombe, 2014). Further, this research design enabled the informed consent of target population participants protecting the autonomy of students electing to participate in the study and satisfying ethical consideration consistent with ethical research guidelines.

The Survey

The survey included a series of multiple choice, closed and opened questions, and rating scales. for identifying what influences student wellbeing, the perceptions of student wellbeing, and what determines wellbeing rather than measures of wellbeing of students in HEIs. Some previous studies used standard measures of wellbeing for the general population with students in HEI (Margrove, 2015); while another used the Warwick-Edinburgh Mental Wellbeing Scale Scotland (NHS, 2016) validated for students (Benson-Eggleton, 2018). Despite the multitude of tools, indices, indexes and scales designed to measure wellbeing across different disciplines, there remains a lack of consensus about how to measure wellbeing (Keeling *et al.* 2012; Capic *et al.* 2017). The notion that wellbeing as a process, which differs across different groups and contexts (Andrews, et al 2014) undermines the importance of measuring wellbeing. Kelly, *et al* (2012) suggest that contextual experiences alter how wellbeing might be defined and measured, implying the importance of understanding what influences wellbeing rather than measuring it. This study is precisely about what influences and contributes to student wellbeing in HEI, and students' perceptions of wellbeing.

To test the data collection survey tool, and ensure common understanding and clarity by respondents, a pilot online survey was completed by some students. The feedback was very useful for identifying issues of lack of clarity of technical words and wording of some questions. This allowed for the amendments of problematic misapprehensions, which could have potentially impacted the validity and reliability of the results (Bryman, 20102). This

survey provides a full range of self-selected and reported biographic data about the participants of this study.

The survey was conducted at a single institution in a HEI in the South East of England. All students were over 18 years old and were eligible to participate in the study. The Bristol Online Survey (BOS) tool was made available between April and May, after the online National Student Survey Questionnaire was closed. This was done to adhere to institutional policy concerning the surveying of students, aimed at reducing survey fatigue. Students could complete the survey for a period of 6 weeks towards the end of the second semester, before the assessment period. A series of emails were then sent at time lapsed intervals to encourage participation and a reasonable response rate; and to reduce response bias (Creswell 2012). From a target population of 334 undergraduate students on the 2nd and 3rd year, 105 students (31%) undertook this survey. Although selection bias often occurs is optional surveys of this nature, this percentage is considered a good response rate (Creswell, 2012; and Silverman, 2014).

Data Analysis

The data include frequencies and cross tabulations of the independent and dependent variables; mean values of Likert scale items. Means scores on the depend variables were compared by student characteristics using one- way ANOVA; and where appropriate followed by Tukey's, and Scheffe's post-hoc tests. Statistical significance will be set at p<0.05. Data were analysed using SPSS Statistics, version 24.

RESULTS

Demographic details

The questionnaire was completed by 105 students. The respondents were mainly female (n=103: 98%), yet the male representation (n=2: 2%) is typical of programmes leading to careers in the Early Years sector, where the male population is about 2-3% (Department of Education 2014; Mistry and Sood, 2013). The participants came from a range of age groups: 68% were 18-24 of age; 21% aged 25-35 and 11% aged 36-46. The majority of the participants (89%) reported to have English as their first language and 11% not. A total of 54% of the respondents were in their 2nd year of study, while the remaining 46% were completing their 3rd year. In all, 20% of the participants considered themselves as having a disability, impairment or medical conditions (anxiety, depression, chronic pain, dyslexia, dyspraxia, hearing

impairment, bi-polar disorder). Just over half the participants (57%) commuted less than 5 miles to travel to university, while 35% travelled between 5-20 miles. 7% travelled over 21 miles. Interestingly, 44% of students journeyed by car, 12% used the bus and 4% took the train, while 40% walked to university.

Place of study

Students studied in one of three campuses across the county of Kent in the South East of England. Each campus offered a unique student experience given the different location, cohort size, wider student community and campus facilities. Geographically, campus A (n=29) is in the outskirts of a town with a historical and military presence and a diverse community. The campus environment is shared with other universities and students. Campus B (n=64) is associated with a level of deprivation, a somewhat static population in terms of both social mobility and location. In contrast campus C (n=12) is located in a historical, touristic, university city with a vibrant student population from a number of HE institutions. In this location students experience facilities that such a community offers.

Generation to Attend HE

Just over half the participants (55%) were the first from their family to attend university, while 44% were not the first member in their family in HE. Such experiences are important and linked to the potential challenges being the first may instil in an individual around their support mechanisms and wellbeing. Moreover, being the first generation may also be linked, as in the literature, to the potential expectations of those involved and their family as a whole with implications for their overall support, success, experience and wellbeing. Meanwhile, 46 participants stated, that they were not the first. This may also have implications for participants due to potential expectations of family members, possible comparisons, or familial pressure around the overall outcomes of their degree.

Ethnic Heritage of Participants

The ethnic background of participants in the survey is aligned to the British Minority Ethnic (BME), categories (Office National Statistics 2011). In all, 78% of the sample reported being White British. The remainder reported being Black African (6%); Black Caribbean (4%), White Irish (2%) and Asian Bangladeshi (1%). Several ticked 'Other' backgrounds and specified being 'Asian' (2%); 'Black' (1%); 'Mixed' (2%) and 'White' (3%). For the purpose of analysis by ethnicity, participants will be grouped as British, Asian and minority ethnic group (16%) and White British (83%). Furthermore, the accessibility, reputation and

geographic location of the institute may also be important factors that have impacted upon the choice of location of some participants (HEA 2012, Simon 2015).

Relationship status

Most participants stated that their relationship status was single (64%); 20% were married or in a partnership, 4% were divorced and 4% preferred not to say. Being single is typical of undergraduate students. Interestingly, the relationship status of the participants may be indicative of the overall widening participation agenda within the HE and the context of professionalisation within the Early Years sector (European Higher Education Area 2016, Simon 2015, Rolfe 2012).

Who do you live with?

The participants of this survey lived in student rental accommodation (32%); with partners (25%); with parents and siblings (35%); single parents with children (6, 6%); or alone (3, 3%). For the purpose of analysis, participants were grouped as living in student accommodation (31%) or with family (69%). This information is important in understanding not only the dynamics of who participants live with, but the variable levels of contact with significant others such as parents and family members or peers and access to support. Equally, the information may denote the level of independence and other commitments as well as the development of wider relationships and how these may influence the students' wellbeing. However, of equal importance is the notion that students are from differing social contexts compared to traditional undergraduate university students (Rautopuro and Vaisanen 2001). This may be aligned to the wider participation agenda and changing economic factors affecting housing, travel and living costs.

Compared to tradition students in HE, the students in this study are representative of the changing student body identified by Rautopuro and Vaisanen (2001). These students have unique challenges given that they are younger students experiencing transitions within their lives such as leaving home and by the 2nd year of their study they are thrown into the deep end of becoming autonomous adults with very limited financial means in rented accommodation, beginning an independent life style. The mature students seem to be balancing academic studies, general life events and experiences and the academic transitions similar to their peers but with different motivational reasons and economic circumstances.

Employment Status

In all, 57% of the participants stated that they were employed while studying a full-time undergraduate degree programme. From these, 21% took up jobs likely to be in their field of studies and career. Those employed within the sector were most likely to work in early years settings such as nurseries (9%) or specialist services like play workers or early intervention services (6%). Less likely were jobs within schools such as teaching assistants (3%) although this may again relate to the nature and kinds of employment within the sector overall and lack of part time flexible roles. Similarly, some participants engaged in employment where caring is still the emphasis but not within the early years setting for example, health care assistance (papa medical) or care support roles across other sectors linked to social care or local authority services (3%). However, this is an analysis of this cohort only and needs to be recognised for its limitations, although the association with female dominated careers and employment in nurturing and caring jobs seems to be apparent (Simon 2015).

The majority of students were not employed within the sector linked to their career aspirations; 38 from 59 (57%) worked in hospitality industries while others undertook administrative roles such as receptionists or personal assistants. Interestingly, these jobs are noted for their temporary employment nature where the workforce might not necessarily be highly trained or professional but may on purpose be seeking more flexible approaches to employment given commitments to studies (Department for Business, Energy and Industrial Strategy 2015). However, part time, flexible, and more recently zero hours contract culture has its implications regarding wider employment rights and conditions as well as inflexibility as noted by Pickering (2014) potentially resulting in perpetuating difficulties given such employment contracts and demands of employers (Department for Business, Energy and Industrial Strategy 2015). Interestingly, Rautopuro and Vaisanen (2001) identified the demand for flexible working opportunities for non-traditional students as high, given the need to balance work and studies. Four participants (4%) indicated that they had more than one job. These participants were married or in a partnership, had children and were from the 25-34 years' age groups. Pickering (2014) argued that zero-hour contracts lead to counterintuitive results for students who were predominantly employed in low skilled jobs. Those in employment worked 1-20 hours (39%); or 21-45 hours a week (16%). Meanwhile, 9 worked full time and another 4 worked in more than one job. Overall, those not currently employed (43%) included participants from all the age and ethnic backgrounds. They lived at home with parents. This might merely have indicated that some student's financial situation is such that a significant number of students require employment to be able to sustain their studies in HE. Alternately, this might also have

been seen as important to non-traditional students who are from a wider populous and have differing motivation for the studies rather than career or monetary gain (Rolfe 2012).

Who or what supports the perceived wellbeing of student during their studies outside university life?

When participants were asked to select what supports them outside their university life, access to facilities in their neighbourhood (74%, m=4.30) was and friends (70%, m=4.22) were the most indicated. This was followed by wider family (52%, m=4.07), peers (51%, m=3.71), and partner / husband/wife (47%, 3.58). Meanwhile, health was chosen as a supporting wellbeing by just a few students (20%), yet when each respondent rated the importance of health for wellbeing, health was rated very important (m=4.18). Faith (13%) and pets (6%) were the least popular supplementary supporting factors.

Table 1: What and who supports you in your studies at university?

How important are these to you?	Overall N=105	Mean	SD	
A	%	4.20	0.076	
Access to facilities where you live	74	4.30	0.876	
Friends	70	4.22	0.734	
Your health	20	4.18	0.948	
Wider family	52	4.07	1.129	
Health of others	4	3.79	0.948	
Peers	51	3.71	0.938	
Social life	19	3.67	1.025	
Partner / Husband/wife	48	3.58	1.680	
Travel Holidays	1	3.41	1.044	
Children	18	3.24	1.554	
Social media	12	2.96	1.037	
Work colleagues	15	2.94	1.125	
Faith	13	2.79	1.452	
Pets	6	2.75	1.226	
F. G. 1 A 1.1 G. 1 D. 5	E1 1 1 .1			

⁵=Strongly Agree and <math>1=Strongly Disagree. The higher the mean value, the stronger the agreement

When students were further requested to rate how important specific human, social and other aspects listed in Table 1 are, one way ANOVA and Scheffe test of the age of participants resulted in statistically significance results for partner/husband/wife (F=3.63, p=0.03); children (F=21.44, p=0.00); and friends (F=3.01, p=0.05). This can be explained since 25-35 year olds claimed partners as higher in importance (m=4.30) in comparison to the other two age groups. Similarly, children were rated highly important by the higher age groups. Meanwhile friends were rated as less important for the 36+ group.

Participants living in student accommodation rated wider family (F=4.168, p=0.44); health (F=4.124, p=0.045); social life (F=7.552, p=0.007); and faith (F=4.831, p=0.030) higher than students living with family, and these were statistically significant. When the ethnicity of students was considered, faith (F=17.339, p=0.000) emerged as statistically significant since it was rated as highly important by BAME students (m=4.41). Students in partnerships/ marriage rated partner/husband/wife (m=4.40, F=15.615, p=0.000) and children (m=3.93, F=9.243, p=0.000) higher that those who are single, and this was statistically significant. Student who have a disability status rated access to facilities higher than non-disabled students and this was statistically significant (F=4.645, p=0.012). In cases English is not the first language of students there emerged statistically significant results for the importance of friends (F=5.795, p=0.018), faith (F=13.642, p=0.000) and pets (F=20.324, p=0.000) as important sources to support student wellbeing. The year group, campus, employment status, hours of work, and first in family to go to university status were not statistically significant.

Other issues that impacted the study of students varied from health and wellness issues such as, challenges of childcare and single parenting, employment and work pressure, relations with housemates, financial challenges, travelling and train cancellations.

What programme/curricular activities influences the perceived wellbeing of students?

There is strong agreement amongst the students that the access to library resources (m=4.44); and the module tutor (m=4.37) are the key sources of curricular support for their wellbeing. This is closely followed by access to computers (m=4.17), printing, copying and bookshop (m=4.11) on campus.

Table 2: What and who supports you in your curricular activities at university?

How important are these for your studies?	Mean	SD
Library access on and off campus	4.44	0.752
Module tutor	4.37	0.657
Computer access on campus	4.17	0.902
Printing/copying/bookshop	4.11	0.926
Personal Academic Tutor	3.98	0.824
Peers	3.92	0.919
Access to facilities on campus – small rooms	3.77	1.103
Learning support and plans	3.63	1.017
Study support services / staff	3.56	1.043
Library staff	3.22	0.91
Registry staff	2.90	0.823
Extensions and Extenuation circumstances systems	1.11	0.113

5=Strongly Agree and <math>1=Strongly Disagree. The higher the mean value, the stronger the agreement

None of the curricular support persons and activities were statically significant when students' age groups; type of living - student accommodation or family; and employment status were analysed. However, BAME students indicated that the module tutor (m=4.63, F= 3.673, p=0.029); library staff (m=3.8, F= 4.295, p=0.016); extensions (m=4.62, F= 9.33, p=0.000); study support (m=4.19, F= 3.727, p=0.028); and learning support (m=4.50, F= 8.022, p=0.001) are crucial sources of support. These were statistically significant, and this is explained because in all case, BAME students rated these more important than White British students. Students who have English as an additional language rated library staff (F=5.5557, p=0.20) and the module tutor (F=3.767, p=0.055) as important and this was statistically significant. The age groups, year of study, campus, accommodation type, first in the family to go to university status, employment status, hours of work and disability status of students were not statistically significant in relation to perceived sources of wellbeing outside the curricular experience.

Other issues that impacted the studies of students adversely include issues with accommodation, family commitments, income and employment and travelling over one hour. One student fund the 1:1 support afforded through Disabled Students' Allowances (DSA) funding highly beneficial.

What activities help you maintain and improve your wellbeing inside university life?)

Talking to peers/friends (98%) and socialising (71%) are the most rated activities that participants perceived as important and useful to maintain their wellbeing inside university life. Sleeping/resting (86%) was highly valued by students. They recognised the importunate to recharge regularly for optimal performance. Sleep improves cognitive functioning, it restores energy and increases focus. Walking (41%) ranked higher than sports activities (16%), and this is not surprising since the flexibility to include walking in daily routines is potentially higher that fitting one's university timetable around time for virtual sports and exercise, and scheduled sports classes and activities. Also, walking is free while participating is sports often comes at a cost.

Table 3: What activities helps you maintain wellbeing and age, accommodation, marital status and ethnicity?

Activities	Overall N=105 (%)	Age %		Accomm oation %		Marital Status %		Ethnicity %			
		18-24	25-35	36+	Family	Student	Single	Married/ Partnership	Divorced	BAME & British	White British
Talking to peers/friends	98	67	20	11	67	31	64	28	4	19	78
Sleeping/resting	86	65	18	7	59	31	62	24	3	14	76
Socialising	71	57	12	5	45	29	52	17	2	13	61
Walking	41	27	9	7	26	17	27	12	3	11	31
Reading (for pleasure)	26	18	8	1	21	6	18	7	1	2	24
Sports activities	16	13	4	0	6	11	11	6	-	5	12
Keeping a diary	15	14	1	1	10	6	12	2	1	5	11
Counselling services	12	9	2	2	9	4	7	3	1	4	9
Drugs/ alcohol abuse	11	9	0	2	5	6	9	-	2	1	10
Smoking	9	5	3	1	7	2	7	1	1	-	9

DISCUSSION

The main purpose of this study was to investigate individual students' perspective of wellbeing, in particular: who or what supports students in their academic studies; what programme and other activities influences and maintains student wellbeing in their lived experience in HE. A

major implication that surfaced from the review of existing literature was the lack of available research of the wellbeing of students in the context of HE from a holistic and lived experience perspective. The literature review illustrated the issues with defining and measuring student wellbeing in HE, and the inherent medicalisation of wellbeing, rather than wellbeing as a holistic notion (Healthy Universities, 2016). As Andrews (2012) wrote, wellbeing is a social construct given the active role of an individual in interpreting their world and constructing its meaning.

This study attempted to find out the perception of students' wellbeing when one considers what and who supports them in curricular and extracurricular contexts; and other experiences to maintain and improve their wellbeing. In addition, what demographic factor such as age, gender, year of study, marital status, ethnicity, campus of study, first to go to university from the family, disability status, and English as an addition language impacted on the perceived views of student holistic wellbeing.

This study has demonstrated that access to facilities to support students for their curricular activities at university and away from university is a key priority for student wellbeing. The support of a network of friends, family and peers is also very notable to maintain student wellbeing when away from university curricular activities, especially for the younger students. Interestingly, students strongly feel that access to facilities, friends and their health are very important for their wellbeing. This showed that the lived student experiences valued health as high as human interaction with others; and having adequate access to facilities to get on with curricular activities at university and away from university. This busts the myth that the perception of student wellbeing is about "financial" and "mental" wellbeing. Student populations are more diverse and there is participation by a wider group of students (HEA, 2016; 2018). Consequently, the circumstances and life styles of students are more complex with implications for both them and their HE institution (Hagell, 2017; HEPI 2019). This study has highlighted that a widening participation university should make special provisions for mature and commuting students. Disability and English as an additional language status of students require HE institutions to respond to the wider participatory needs, alongside their more complex learning and health needs (Burgess, et al. 2018).

To some extent, it was surprising that social media and pets were not found to be important for student wellbeing when away from curricular activities. It was rather unexpected that the hours of work were not found to influence the perception of what is important for student wellbeing

in HE. This result concurs with the findings of a recent study on the link between working hours and student wellbeing in HE (Benson-Egglton, 2018). It is possible that the perceived student wellbeing in HE is influenced by other factors such as type of employment linked or not, to their career aspirations; who students work with and how far they have to travel for work, all of which could influence their wellbeing.

What supports students for their perceived wellbeing during their studies?

The results pertaining to what supports students for their perceived wellbeing during their studies indicated that library and computing resources and the module tutor are very important for students. This finding is substantiated by the notion that student wellbeing within HE has been linked to student experience as measured by surveys that demonstrate student satisfaction on resources, learning and study support, rather than the notion of a healthy lifestyle linked to wellbeing (Dooris, *et al*, 2012).

There was a strong view that access to library resources on and off campus, the module tutor, computer resources, printing and copying are highly associated with perceived student wellbeing, linked to curricular matters and learning. The absence or lack of regular access to such resources cause worry, stress and anxiety for students as they perceive these as slowing them down and working less efficiently. Students expect substantial provision in place to access these resources and services. HE institutions have developed student feedback and reporting systems to keep these resources available 24/7; and then aspire that the National Students Survey will demonstrate very high student satisfaction because of abundant library, computing and teaching and learning provision. The student perception of what supports wellbeing in relation to the curriculum is focused on priorities measured through student satisfactions surveys. As Batchelor (2012), and Baron and Corbin (2012) observed, these "measurable" resources that are evaluated in the student experience surveys, undermine the importance of and narrow the understanding of student wellbeing. These findings are in line with the latest literature where an educational culture of success as a particular outcome is based on the resources that facilitate the best results in terms of achievement alone (Sutton, 2017).

There emerged a statistically significant result that BAME and students whose first language is not English regard their module tutor and library resources as key resources for their wellbeing. The results of the perceived student wellbeing to the provision of learning and support staff; and Extensions and Extenuation Circumstances systems is rather unexpected.

These were not regarded as very important for student wellbeing. This study did not find out why this is the case. For a widening participation university, one would anticipate that the student wellbeing of the diverse student body - in terms of age ranges, ethnicity and learning needs - would be enhanced with these resources and services. Further studies might find out how the administrative processes linked to these resources is facilitating access or making thing worse.

The most important activities that support and improve student wellbeing in HE included talking to peers and socialising with friends, and sleeping and resting. Less than half the students perceived walking and sports as important for wellbeing. It was unexpected hat only 13% of students indicated counselling as an important resource to support and improve student wellbeing. These results corroborate the findings of Blair and Valdez-Noel (2014), namely that there is a marginalisation of the importance of student wellbeing, and that there is little or no emphasis on student wellbeing in HE, other than from estranged perspectives such as student experience and study support. The survey results highlight that the overall perception of student wellbeing in HE is holistic and pragmatic and certainly not medicalised.

This study has a series of limitations that should be recognised. Throughout the research, it has been clear that generalisability is not what is sought, but that the emphasis is to represent the perceptions of students in a coherent and transparent way. Moreover, the sample size (n=105) from a Early Years programmes provision, is small and might be considered a limitation. Furthermore, the sample is from one institution in the South East of England and the diverse demographic characteristics of students (age ranges, marital status, ethnic and accommodation) demonstrates that this student cohort is from a widening participation HE institution. Thus, it is possible that the findings from this student cohort may not be representative of students at different institutions or the HE sector. Finally, the study has explored perspectives of student wellbeing and does not include objective measures.

The implications of this study are of particular relevance to institutions with a diverse student body, with widening participation characteristics. The findings suggest that the perception of student wellbeing is holistic and is not medicalised. This study recommends that institutions that are considering changing their wellbeing provision, the findings suggest that the resources that the essential for students wellbeing include sound provisions of library access on an off campus, computers and module tutors. BAME and students whose first language is not English will perceive these resources as significantly linked to their perceived wellbeing. Being healthy

and having the support of friends and family is what enhances and improves student wellbeing, according to the students in this study. Enabling health promotion or societal models of health education and promotion which enable ownership and agency (Dooris, *et al*, 2017; Baggott, 2013) and is what the perception of student from this study is aspiring for. Whilst the findings provide a useful insight of what students perceive as important for wellbeing in their lived experiences, further investigations and development of tools to support student wellbeing are recommended. However, as the support to provide student wellbeing in HE continues to develop, HE institutions and student bodies across the United Kingdom need to engage and collaborate in further research, in an effort to establish and share sustainable models of lived student experiences in the pursuit of student wellbeing.

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