Wellbeing in PhD students in Australia

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There’s an awful cost to getting a PhD that no one talks about

Prospective PhD students should go in thinking about how they will handle psychological challenges as well as intellectual ones.
Psychological health in PhD students

How stressed are they?

Major influences & challenges

Links to PhD program structure?

Self-care to improve wellbeing – a case study

Source: www.berkleysciencereview.com
How stressed are they?

- Well known issue anecdotally
- American study - half of postgraduates had stress-related problem in previous year (Hyun et al 2006)
- Belgian study - 32% of doctoral candidates are at risk of having a common psychiatric disorder (Levecque et al., 2017).

Source: www.berkleysciencereview.com

Measuring stress, depression and anxiety

PSS: Perceived stress scale (Cohen et al 1983)

DASS: Depression, Anxiety and Stress Scale (Lovibond & Lovibond, 1993)

Getting help

Up to 84% of students who were identified as having depression or anxiety in a US university did not obtain and receive support services (Eisenberg et al., 2007)
## Psychological health of PhD student sample vs normative population

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Participants (n=81)</th>
<th>Age-matched normative mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age (±SD)</td>
<td>38.1 (1.3)</td>
<td>-</td>
</tr>
<tr>
<td>Percentage female (%)</td>
<td>81.5</td>
<td>-</td>
</tr>
<tr>
<td>Percentage international (%)</td>
<td>22.2</td>
<td>-</td>
</tr>
<tr>
<td>*Mean PSS score (±SD)</td>
<td>21.0 (3.0)</td>
<td>13.0 (6.2)*</td>
</tr>
<tr>
<td>*Mean DASS depression subscale score (±SD)</td>
<td>6.7 (6.0)</td>
<td>5.4 (7.1)*</td>
</tr>
<tr>
<td>(0-9 is the clinically normal range)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Mean DASS anxiety subscale score (±SD)</td>
<td>5.8 (6.9)</td>
<td>3.7 (5.0)*</td>
</tr>
<tr>
<td>(0-7 is the clinically normal range)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Mean DASS stress subscale score (±SD)</td>
<td>13.4 (8.4)</td>
<td>8.9 (8.4)*</td>
</tr>
<tr>
<td>(0-14 is the clinically normal range)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Study progress and links to stress?

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Behind schedule (n=17)</th>
<th>Meeting schedule (n=55)</th>
<th>Exceeding schedule (n=3)</th>
<th>P value (one way ANOVA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean PSS score (SD)</td>
<td>21.1 (2.5)</td>
<td>21.0 (3.2)</td>
<td>21.0 (3.5)</td>
<td>0.999</td>
</tr>
<tr>
<td>Mean DASS depression score (SD)</td>
<td>7.0 (4.7)</td>
<td>6.2 (6.2)</td>
<td>12.0 (5.6)</td>
<td>0.248</td>
</tr>
<tr>
<td>Mean DASS anxiety score (SD)</td>
<td>8.5 (8.3)</td>
<td>4.9 (6.4)</td>
<td>8.3 (6.8)</td>
<td>0.144</td>
</tr>
<tr>
<td>Mean DASS stress score (SD)</td>
<td>15.9 (9.5)</td>
<td>12.0 (7.5)</td>
<td>21.7 (8.6)</td>
<td>0.041**</td>
</tr>
</tbody>
</table>

Many candidates said that stress directly impeded or delayed progress; stress caused them to disengage with the work, lose motivation, procrastinate.

for others stress made them less productive (less capacity for problem solving, harder to articulate etc)

Many candidates said that stress indirectly influenced progress due to impact on wellbeing; mood and emotional wellbeing

physical issues including difficulties sleeping, not eating well, exercising less

Barry et al. unpublished.
Major influences & challenges

Top 10 Predictors Overall

1. Career Prospects
2. Overall Health
3. Living Conditions
4. Academic Engagement
5. Financial Confidence
6. Social Support
7. Academic Progress & Preparation
8. Sleep
9. Feeling Valued & Included
10. Advisor Relationship

Predictors of wellbeing in postgraduate students, University of California study 2014, n=790
### Challenges reported by PhD candidates

<table>
<thead>
<tr>
<th>CHALLENGES EXPERIENCED</th>
<th>Total**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision and social interactions with their academic community</td>
<td>23</td>
</tr>
<tr>
<td>Problems related to social interactions with academic community</td>
<td>5</td>
</tr>
<tr>
<td>Problems related to supervision</td>
<td>19</td>
</tr>
<tr>
<td>Problems related to resources</td>
<td>4</td>
</tr>
<tr>
<td>Problems related to financial resources</td>
<td>2</td>
</tr>
<tr>
<td>Problems related to non-financial resources</td>
<td>2</td>
</tr>
<tr>
<td>Challenges related to domain specific expertise</td>
<td>30</td>
</tr>
<tr>
<td>Discipline-specific domain expertise</td>
<td>13</td>
</tr>
<tr>
<td>Methodological domain expertise</td>
<td>20</td>
</tr>
<tr>
<td>Challenges related to general work processes</td>
<td>56</td>
</tr>
<tr>
<td>Management of self, including motivation</td>
<td>29</td>
</tr>
<tr>
<td>Developing identity as a researcher</td>
<td>10</td>
</tr>
<tr>
<td>Developing generic skills for PhD (coursework and other requirements)</td>
<td>35</td>
</tr>
<tr>
<td>Candidature-related challenges*</td>
<td>(5)</td>
</tr>
<tr>
<td>External or personal*</td>
<td>(10)</td>
</tr>
<tr>
<td>Project-related challenges*</td>
<td>(7)</td>
</tr>
<tr>
<td>Total</td>
<td>128</td>
</tr>
</tbody>
</table>

*Categories and sub-categories added to the typology based on this study, **Category totals may be less than the sum of responses, as some candidates reported more than one type of challenge within each category.

PhD structure

*The wish list:*

- Research excellence
- Publications
- Industry engagement
- Transferable skills…..
- …all in under 4 years
PhD structure

1. Career Prospects
2. Overall Health
3. Living Conditions
4. Academic Engagement
5. Financial Confidence
6. Social Support
7. Academic Progress & Preparation
8. Sleep
9. Feeling Valued & Included
10. Advisor Relationship

- Industry experience
- Wellbeing support, better medical leave
- Include a career mentor
Improving self-care for candidates mental health: case study

Self-care options for reducing psychological distress provide privacy and flexibility for candidates

Previous study in undergraduate medical students: mindfulness intervention self-care package developed by Warnecke et al. (2011) significantly decreased psychological stress indicators (PSS and the anxiety component of DASS)

=> Could a self-care mindfulness initiative help doctoral students reduce psychological distress?
Research method

Concurrent mixed method research design

Randomized Control Trial design replicated study on self-care with mindfulness intervention developed by Warnecke et al (2011)

Trial of 25 minute guided mindfulness practice practiced regularly over 8 week period

<table>
<thead>
<tr>
<th>Control group</th>
<th>Pre-trial survey</th>
<th>Post-trial survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trial group</td>
<td>Pre-trial survey</td>
<td>8 week mindfulness</td>
</tr>
</tbody>
</table>

Demographic information collected during pre-trial survey
The mindfulness program

Aimed for daily practice for 8 weeks

25 minute guided audio, provided on CD
Participant sample

Initial sample: 81 candidates
15 males, 66 females
Average age = 38 years
Stage of candidature:
- 1st year (n = 20)
- Second year (n = 31)
- 3rd year (n = 21)
- 4th year or later (n = 9)

Final sample: 73 candidates
Control group: n = 38
Trial group: n = 35 (14 interviewed)

Whole cohort: 1246 candidates
49.5 female : 50.5 male
Main age range = 26-35 (47%)

Source: www.brilliantmindfulness.com
Psychological indicators (quantitative data)

Stress, depression and anxiety

- PSS: Perceived stress scale (Cohen et al. 1983)
- DASS: Depression, Anxiety and Stress Scale (Lovibond & Lovibond, 1993)

Psychological capital:

- Hope
- Optimism
- Resilience
- Self-efficacy

Open-ended questions (qualitative data)

Pre-trial survey

Questions about perceived study progress, most challenging aspects of PhD, how stress impacts study, what people do to reduce stress.

Post-trial survey (+ interviews)

Questions about feelings of hope, optimism, resilience and self-efficacy.

Questions about using the mindfulness intervention (treatment group only)
Change in psychological attributes after the 8 week mindfulness intervention period.

Significant decrease in depression

Significant increase in psychological capital attributes (efficacy, hope, resilience)

Mindfulness may not be the preferred choice of self-care for everyone, but this study presents an example of the impact that self-care can play in mental health.

Barry et al. unpublished.
Training for the Olympics

Completing a PhD

Natural ability
Sleep well
Eat well
Train hard
Good coach

References


Mani et al. 2015. Review and Evaluation of Mindfulness-Based iPhone Apps. *JMIR mHealth uHealth* **2015**, 3(3) doi:10.2196/mhealth.4328


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