

Sheffield Hallam University

Salutogenic Conditions for Mental Health: Unravelling the Undergraduate Learning Environment

DEWIS, Pamela

Available from the Sheffield Hallam University Research Archive (SHURA) at:

<https://shura.shu.ac.uk/34330/>

A Sheffield Hallam University thesis

This thesis is protected by copyright which belongs to the author.

The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the author.

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given.

Please visit <https://shura.shu.ac.uk/34330/> and <http://shura.shu.ac.uk/information.html> for further details about copyright and re-use permissions.

Salutogenic Conditions for Mental Health: Unravelling the Undergraduate Learning Environment

Pamela Edwina Dewis

A thesis submitted in partial fulfilment of the requirements of
Sheffield Hallam University
for the degree of Doctor of Education

December 15th 2023

Candidate Declaration

I hereby declare that:

1. I have not been enrolled for another award of the University, or other academic or professional organisation, whilst undertaking my research degree.
2. None of the material contained in the thesis has been used in any other submission for an academic award.
3. I am aware of and understand the University's policy on plagiarism and certify that this thesis is my own work. The use of published or other sources of material consulted have been properly and fully acknowledged.
4. The work undertaken towards the thesis has been conducted in accordance with the SHU Principles of Research and the SHU Research Ethics Policy.
5. The word count of the thesis is 62,153.

Signature:

Name	Pamela Dewis
Award	Doctor of Education
Date of Submission	December 15 th 2023
Research Institute	Social and Economic Research Institute
Director of Studies	Dr. Jill Pluquailec
Second Supervisor	Dr. Lisa Reidy

Acknowledgements

I would like to thank my supervisors, Dr. Jill Pluquailec and Dr. Lisa Reidy, for their invaluable supervision, support, and patience during the course of my doctoral study. I am also extremely grateful to the Sheffield Institute of Education for the funding opportunity to undertake a professional doctorate. Additionally, I would like to express my sincere thanks to the students who participated in my research for giving so generously of their time. I am also grateful to the many colleagues and friends who have provided me with guidance and moral support throughout my doctoral journey. Special thanks in this regard go to my friends Sarah and Ginny, Sarah for those cherished moments of mutual support, and Ginny for being my rock! Without them both, I would not have succeeded in completing the thesis, of that there is no doubt. Finally, I'd like to acknowledge the support of my two wonderful sons, Joe and Andrew. Their belief in me and their encouragement are what kept me going during those points in the doctoral journey when my spirits and motivation were particularly low. I am eternally grateful for their support.

Abstract

The significance of the learning environment to students' mental health is well recognised in recent calls for universities to adopt a whole university approach to mental health. However, how to cultivate student mental health-enabling undergraduate learning environments has received very little research attention.

The primary aim of my research, therefore, was to gain an understanding of how the undergraduate learning environment is characterised in terms of inter and extra-personal salutogenic conditions conducive to students' mental health. To achieve this aim, I conducted a generic qualitative inquiry. Using the Open University's 'Our Journey' tool, this involved interviewing 12 final-year undergraduate students about their experiences of the learning environment, understood as students' only guaranteed point of contact with their university (academic staff and the curriculum). In the main, participants identified as white British heterosexual females, the majority of whom were aged 20 or 21. Most were full-time students from the following disciplines: social science, natural and applied science, and business studies.

I used thematic analysis to analyse the data generated by the interviews (also included in the data corpus were data from an interview I conducted to pilot test the 'Our Journey' tool). From this, three themes emerged: 'Trials and Tribulation in the Learning Environment'; 'Care and Acknowledgment in the Learning Environment'; and 'Connectedness in the Learning Environment'. Of these, the theme 'Trials and Tribulations in the Learning Environment' was by far the most populated in terms of the number of experiences participants recounted. Using a salutogenesis lens I developed specifically for the purpose, I subsequently analysed the three themes (both within and across) for evidence of inter and extra-personal salutogenic conditions. This revealed that the undergraduate learning environment is evidently limited in terms of salutogenic conditions for students' mental health. Both generalised resistance resources and the three life experiences postulated to strengthen the sense of coherence (and thereby mental health) are apparently finite in the most part.

To the best of my knowledge, I am the first to have investigated how the undergraduate learning environment is characterised in terms of student-mental health enabling conditions from a salutogenesis perspective. Therefore, and especially given the significance of salutogenesis to the whole university approach to mental health and to health promotion more generally, further research is needed in this area if we are to achieve learning environments capable of protecting and enhancing students' mental health.

Significant implications of my research are that it has highlighted a need for course teams and their managers to focus attention on cultivating inter and extra-personal salutogenic conditions for mental health and has culminated in a set of possible ways this can be achieved; for example, making students' workloads more manageable and strengthening student-staff interpersonal relations. Indeed, I have identified a wide range of salutogenic possibilities, the adoption of which might reasonably be considered onerous. However, to varying extents, course teams will have some of these possibilities already in place. Moreover, they are examples of

good teaching practices such as emphasising the social dimensions of teaching and learning and, as such, should not involve academic staff going beyond their professional role. This is not to deny the challenges inherent in the higher education working environment, however, many of which are deemed detrimental to academic staff productivity and impact, not to mention their mental health. Ultimately, therefore, it cannot be ignored that cultivating salutogenic conditions for student mental health requires institutional cultures where the mental health of staff is also taken seriously.

Prologue

A few years ago one of my academic tutees died by suicide. On finding out about her death my initial reaction was understandably one of deep sadness. It particularly saddened me to think that she could see no other way out of the distressing situation she was experiencing than through suicide. And I found it hard to contemplate the anguish she must have endured during the time leading up to her death, not to mention the impact of her passing on those closest to her. Feelings of guilt soon followed. After all, I was her academic tutor. Surely I should have seen the signs! Fortunately, this sense of guilt was fleeting. I quickly realised I was being irrational: I had no training in how to detect signs of suicidal ideation, and neither did the student allude to me something in her life that might have caused her to want to die. In fact, the last time I ever spoke to her; outwardly, she seemed well and happy.

In trying to make sense of what happened, I began to wonder about her experience as a student on our course. What was it like? Did she feel over-loaded? Did we place too much pressure on her? Did we set unrealistic challenges; challenges we did not suitably equip her to deal with? I started to become preoccupied with these thoughts, especially on later learning how heavily implicated conditions in the learning environment are in student mental health problems. I wanted to understand the whys and wherefores of this association and decided what better way than through doctoral research. And so I enrolled on a professional doctorate in education whereupon I soon discovered my true interest lies not in understanding mental health risk factors in the learning environment but in gaining insight into how the learning environment might be characterised in terms of conditions conducive to students' mental health.

Table of Contents

Abstract	i
Prologue.....	iii
Chapter 1. Introduction	1
<i>My Use of Terms</i>	<i>1</i>
Salutogenesis	2
The Learning Environment	3
Mental Health	4
<i>Background and Context.....</i>	<i>5</i>
The Significance of the Learning Environment to Students' Mental Health.....	5
Calls for a Whole University Approach to Student Mental Health.....	6
<i>Research Aim, Questions, and Objectives</i>	<i>13</i>
<i>Chapter Summary and Thesis Structure.....</i>	<i>14</i>
Chapter 2. Literature Review	17
<i>The Language of Student Mental Health.....</i>	<i>18</i>
<i>My Search Strategy.....</i>	<i>20</i>
<i>How I Selected Appropriate Sources.....</i>	<i>21</i>
<i>Collective Curriculum Characteristics and Students' Mental Health</i>	<i>23</i>
<i>Assessment-related Conditions and Students' Mental Health.....</i>	<i>25</i>
Use of Pass-Fail Grading and Students' Mental Health	26
Choice in Assessment Tasks and Students' Mental Health	28
Formative Assessment, Feedback, and Students' Mental Health	30
Study Skills Development and Students' Mental Health.....	31
Mental Health Enabling Assessment: An Endeavour Fraught With Tension	33

<i>Interpersonal Relations and Students' Mental Health</i>	34
Student-Staff Interpersonal Relations and Students' Mental Health.....	34
Peer Relations and Students' Mental Health	37
Social Connectedness and Students' Mental Health	38
Sense of Belonging and Students' Mental Health	40
Social Identification and Students' Mental Health	42
<i>Social Support and Students' Mental Health</i>	44
Social Support From Peers and Students' Mental Health.....	46
Social Support From Academic Staff and Students' Mental Health	47
Teacher Autonomy Support and Students' Mental Health.....	52
<i>Summary and Research Questions</i>	55
Chapter 3. Theoretical Lens	58
<i>Salutogenesis</i>	58
Sense of Coherence (SOC) and the Health Ease/Dis-Ease Continuum	60
GRRs, Life Experiences, and Generalised Resistance Deficits (GRDs).....	61
<i>Why I Used Salutogenesis as my Theoretical Lens</i>	63
Salutogenesis Versus Pathogenesis	63
The Significance of Salutogenesis to Health Promotion	65
Salutogenesis Versus Other Theories.....	67
SOC and Mental Health	68
The Developmental Trajectory of SOC.....	71
<i>In Critique of Salutogenesis</i>	72
<i>How I Used Salutogenesis</i>	75
<i>How Others Have Used Salutogenesis</i>	76
<i>Chapter Summary</i>	78
Chapter 4. Methodology and Methods	80

<i>A Restatement of My Research Aim, Questions and Objectives</i>	80
<i>The Context of My Research</i>	81
<i>My Philosophical Stance</i>	83
<i>Methodology</i>	92
Methodological Strategy	93
<i>Methods</i>	98
Sampling Method and Sample.....	98
Method of Data Generation	100
Method of Data Analysis	105
<i>Ethical Considerations</i>	114
<i>Ensuring Rigor</i>	119
<i>Reflexivity</i>	121
<i>Chapter Summary</i>	125
Chapter 5. Findings and Salutogenesis Analysis	126
<i>Salutogenesis Lens</i>	127
<i>Introducing My Themes</i>	130
<i>Trials and Tribulations in the Learning Environment</i>	130
Heavy Workload.....	131
Assessment Challenges	135
Undesirable Events.....	141
Shortfalls in Care	151
<i>Care and Acknowledgment in the Learning Environment</i>	157
Social Support	158
Academic Staff Who ‘See’ Their Students	163
<i>Connectedness in the Learning Environment</i>	168

Connectedness With Each Other	169
Connectedness With Academic Staff	173
Chapter Summary	179
Chapter 6. Discussion.....	180
<i>GRRs and GRDs in the Undergraduate Learning Environment</i>	<i>181</i>
The GRR Social Ties in the Undergraduate Learning Environment	182
The GRR Social Supports in the Undergraduate Learning Environment.....	185
The GRR Commitment in the Undergraduate Learning Environment.....	187
The GRR Material Resources in the Undergraduate Learning Environment.	192
<i>The Three Life Experiences in the Undergraduate Learning Environment.....</i>	<i>192</i>
Consistency in the Undergraduate Learning Environment	193
Underload Overload Balance in the Undergraduate Learning Environment.....	195
Participation in Shaping Outcome in the Learning Environment	200
<i>The Limitations of My Research</i>	<i>203</i>
<i>Chapter Summary</i>	<i>206</i>
Chapter 7. Possibilities for Practice and Thesis Conclusion.....	207
<i>Possibilities Versus Recommendations</i>	<i>207</i>
<i>Suggested Possibilities for Practice.....</i>	<i>209</i>
Embedding Salutogenesis in Policies and Procedures	209
Making Students' Workloads More Manageable	210
Strengthening Interpersonal Relations in the Learning Environment	211
Strengthening Support in the Learning Environment	213
Strengthening Connectedness in the Learning Environment.....	213
Implications of My Suggested Possibilities for Practice	214
<i>Thesis Summary and Concluding Remarks.....</i>	<i>216</i>

Summary	216
Concluding Remarks	220
References	222
Appendices	263
<i>Appendix A. My Search Strategy</i>	<i>264</i>
<i>Appendix B. Characteristics of the Articles I Selected for the Literature Review</i>	<i>266</i>
<i>Appendix C. Salutogenesis Model Key</i>	<i>284</i>
<i>Appendix D. Research Information Flyer.....</i>	<i>285</i>
<i>Appendix E. Coughlan et al's. (2019) 'Our Journey' Tool</i>	<i>286</i>
<i>Appendix F. The Our Journey Drop-Down Menu</i>	<i>287</i>
<i>Appendix G. Pilot Study Interview Schedule</i>	<i>288</i>
<i>Appendix H. Segment of Immersion Memoing.....</i>	<i>289</i>
<i>Appendix I. Initial List of Codes.....</i>	<i>291</i>
<i>Appendix J. Candidate Themes and Subthemes</i>	<i>296</i>
<i>Appendix K. Candidate Themes and Subthemes Post Phase Four (1)</i>	<i>302</i>
<i>Appendix L. Main Study Interview Debrief Form</i>	<i>308</i>
<i>Appendix M. Participant Information and Consent Form</i>	<i>310</i>
<i>Appendix N. Data Management Plan</i>	<i>316</i>
<i>Appendix O. Assessment of Pragmatic Rigor</i>	<i>319</i>

Chapter 1. Introduction

In this chapter, I introduce my research into how the undergraduate learning environment is characterised in terms of salutogenic conditions for students' mental health. Responding to calls for more explicit use of definitions in the field of student mental health, I start the chapter by delineating my use of key terms, including salutogenesis, the learning environment, and mental health. Next, I outline the significance of the university learning environment to students' mental health. And subsequently, I highlight recent calls for universities to adopt a whole university approach to the mental health of students and I outline its evolution, some of its key features and its recognition that student and staff mental health are interdependent. I end the chapter with a statement of my research aim, questions, and objectives, which I follow with an outline of the thesis structure.

My Use of Terms

I explain my use of key terms here, at the very outset of my thesis. This is in response to calls for more explicit use of definitions in student mental health research, which is currently hindered by a lack of precision and inconsistency (both within and between studies) in the use of important terms (Barkham et al., 2019; Hughes & Spanner, 2019; Sheldon et al., 2021) and also by widespread failure to distinguish between student wellbeing and student mental health (Barkham et al., 2019) (I return to these issues in Chapter Two). Inexplicit and or inexact use of terms can lead to misunderstanding and misinterpretation (Hughes & Spanner, 2019). This is something I am keen to avoid in reporting my research. As such, when citing others' work, I mirror their use of mental health-related terms. The terms I consider essential to elucidate at this point are those included in my research aim:

salutogenesis; learning environment; and mental health, each of which I explain in turn.

Salutogenesis

Salutogenesis has two distinct meanings. Most often it denotes a concern with conditions conducive to health (health assets) as opposed to an interest in disease risk factors (pathogenesis) (Mittelmark & Bauer, 2022). Viewed in this way, it is used as an umbrella term to encompass assets for health, including self-efficacy, hardiness, social support and many others (Eriksson & Mittelmark, 2017). Its other use concerns the theory of salutogenesis (the origins of health) as postulated by Aaron Antonovsky (1979). As can be seen from the prologue, my initial concern lay with conditions conducive to mental health from a salutogenesis umbrella perspective. To be more exact, I wanted to understand how the undergraduate learning environment is characterised in terms of assets for students' mental health. However, following on from the undertaking of a literature review (Chapter Two), the theory of salutogenesis became significant. This is evident in my research questions (and indeed the title of my thesis¹) which include salutogenesis constructs belonging to salutogenesis, the theory. Therefore, from hereon, unless otherwise stated, wherever in my thesis I use salutogenesis, I am referring specifically to Antonovsky's (1979) theory.

In essence, Antonovsky (1979) theorised that resources he called generalised resistance resources (GRRs) provide us with three types of life experiences namely consistency, an underload overload balance, and participation in shaping outcome. These, he hypothesised, strengthen an aspect of our personality he called the sense

¹ The second book Aaron Antonovsky wrote in developing his theory of salutogenesis was titled 'Unravelling the mystery of health' (Antonovsky, 1987).

of coherence (SOC), the central construct in salutogenesis. And the stronger our SOC the more able we are to mobilise resources at our disposal either to avoid stressors or to combat tension so that it does not develop into stress. The outcome is that we maintain our position or move up towards the ease end of a hypothetical health ease/dis-ease (not to be confused with disease) continuum. Antonovsky considered SOC to be the answer to the question of salutogenesis: the "origins (genesis) of health (saluto)" (Antonovsky, 1979, p.vii).

The Learning Environment

By learning environment I mean “students’ only guaranteed point of contact with their university”, specifically, the curriculum and academic staff (Hughes et al., 2018, p.12). This space, where student and institution intersect, has been conceptualised as the “educational interface” (Kahu & Nelson, 2017, p.58). It is this interface my research focused on and that I am referring to wherever in my thesis I refer to the learning environment (I use learning environment and undergraduate learning environment interchangeably to refer to the undergraduate learning environment). The reason I focused on this space links back to the prologue and my implicit concern with learning conditions that are within academic staff/course teams’ gift to influence. To view this space from a salutogenesis perspective, I examined students’ accounts of inter and extra-personal experiences during their degree for evidence of GRRs, generalised resistance deficits² (GRDs), and the three types of life experiences postulated by Antonovsky (1979; 1987) to strengthen SOC. Having a strong SOC has repeatedly been associated with mental health, including students’ mental health (I discuss these associations in Chapter Three). Underpinning my

² As the name suggests, generalised resistance deficits refers to a lack of generalised resistance resources.

research, with respect to how I approached it, was Bronfenbrenner and Ceci's (1994) bioecological model of development which posits that developmental outcomes are influenced by our interaction with our environment. The developmental outcome of interest to me was of course students' SOC and the environment of interest was the undergraduate learning environment.

Mental Health

There is a lack of agreement concerning how mental health should be defined (Hernández-Torrano et al., 2020; Manwell et al., 2015). My preferred definition is the one put forward by Galderisi et al. (2015, p.231) and it is the one used in the University Mental Health Charter (Hughes & Spanner, 2019) which I refer to later in this chapter:

Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium.

One reason I am particularly drawn to this definition is because it represents mental health as more than the absence of mental illness but does so without defining it as a state of wellbeing. This is in keeping with my view that mental health is more than a neutral condition, that it is possible to experience wellbeing in the presence of mental ill-health (Weich et al., 2011), and that mental health and

wellbeing are separate but interdependent states. I am also drawn to the fact the definition recognises mental health as context, including cultural context, dependent, unlike most other definitions (Galderisi et al., 2015).

With Galderisi et al's. (2015) definition in mind, when I use (other than when citing others) positive mental health-related phrases such as mental health, good mental health, positive mental health, and the like, I am referring to location towards the positive end of an imaginary continuum, if you will, of internal equilibrium. The absence of depressive symptoms, for example, or psychological wellbeing would fit this conceptualisation. Conversely, when I use negative phrases such as mental ill-health, poor mental health, and so forth, I am referring to location towards the negative end of said hypothetical continuum of internal equilibrium. This might include psychological distress for example. To view mental health on a continuum is in keeping with a view (that I hold) that we all have mental health to varying and changing degrees all of the time (Thorley, 2017).

Background and Context

The Significance of the Learning Environment to Students' Mental Health

Learning can benefit mental health; however, the extent to which this happens is dependent upon the contextual conditions of that learning (Hammond, 2002). In fact, in the context of higher education learning, even though universities can and should benefit students' mental health (Hughes & Spanner, 2019), current (at the time of writing) UK statistics show that mental health conditions reported by students in 2021 was almost seven times greater than ten years previously (Lewis & Bolton, 2023). Linked to this, there is evidence to suggest that university learning environments compromise students' mental health. Said evidence lies in the developmental trajectory of psychiatric symptoms across a standard degree course,

becoming worse at the end of the first semester when academic workload increases (Alfeld-Liro & Sigelman, 1998; Barker et al., 2018) and in the second year (Andrews & Wilding, 2004; Conley et al., 2023; Macaskill, 2013) when academic work becomes more challenging (Macaskill, 2018). Conversely, the university learning environment has also been linked to good student mental health. Feeling cared for, sense of belonging, and positive peer relations, for example, have been experienced as beneficial in this regard (Lane et al., 2018; Larcombe et al., 2022; Feng & Zhang, 2022, respectively). Similarly, changes to course structure, classroom practices and grading strategies have been associated with significant reductions in student anxiety and depression (Slavin et al., 2014). Indeed, the significance of the learning environment to students' mental health is well recognised in recent calls for universities to adopt a whole university approach to mental health.

Calls for a Whole University Approach to Student Mental Health

Recent years have witnessed increasing calls from the higher education sector and associated organisations for universities to adopt a whole university approach to mental health (de Pury & Dicks, 2021; Department for Education (DfE) 2021; Hughes & Spanner, 2019; Office for Students (OfS), 2023; Okanagan Charter, 2015;). Indeed, Julia Buckingham, former president of Universities UK (UUK), recently urged all Vice Chancellors to exercise leadership in committing to a whole university approach to mental health as the only means of truly promoting the health and wellbeing of their university communities (Buckingham, 2020). By definition, a whole university approach to mental health includes creating mental health-enabling conditions in the learning environment. Indeed, the learning environment is afforded centre stage in recent frameworks designed to support universities in developing a whole university approach to mental health. Most notably, these are the University

Mental Health Charter (UMHC) (Hughes & Spanner, 2019) and UUK's revised #StepChange Framework, namely the StepChange Mentally Healthy Universities Framework (de Pury & Dicks, 2021). This replaces the 2017 iteration and from here on I refer to it as the revised StepChange Framework. Both the UMHc and the revised StepChange Framework recognise that universities not only have a duty of care towards students experiencing mental health difficulties and an opportunity for early detection and intervention but they can also, and should, enhance the mental health of their entire communities (de Pury & Dicks, 2021). This, observed de Pury and Dicks (2021), equates to an opportunity to improve the lives and futures of 2.3 million students and 400,000 staff. Recently, as a means of ensuring the implementation of the UMHc and revised StepChange Framework, the DfE (2023) established the Higher Education Mental Health Implementation Taskforce who, by May 2024, must produce a public document reporting on its work and proposed future actions for improvements in addressing the current crisis in student mental health.

The Whole University Approach to Student Mental Health: a Settings Approach to Health Promotion. A whole university approach to health is an example of a settings approach to health promotion, a concept commonly understood as “the process of enabling people to increase control over their health and its determinants, and thereby improve their health” (World Health Organization (WHO), 1986, p.1). The settings approach is globally well established with regional, national and international healthy settings initiatives and networks operational across multiple contexts (Dooris et al., 2022). Premised on the view that "health is created and lived by people within the settings of their everyday lives: where they *learn* (my emphasis), work, play and love" (WHO,1986), the approach positions organisational

settings as complex systems capable of supporting health and wellbeing (Newton et al., 2016). This is achieved through comprehensive strategies and an infrastructure for health promotion (Dooris, 2005). Other essential characteristics of the approach are that it aligns with an ecological view of health which (as I have alluded to) emphasises the interdependent relations between people and contextual systems, is salutogenically oriented (mainly in terms of an interest in health enhancing factors), and applies whole systems thinking, which recognises the dynamic complexities and interdependencies operating in organisational settings (Dooris, 2005). Systems theory has significantly benefitted the field of healthy settings, especially regarding how health can be embedded within non-health related organisations (Dooris et al., 2014), educational organisations being one example.

The Whole University Approach to Health: a Well Established Approach.

There is nothing new about the notion of a whole university approach to health; pioneered by the University of Central Lancashire (UCLan) (Cawood et al., 2010), the first few healthy universities were established in England back in the mid-1990s and the UK is considered to be at the forefront of what is now an international movement (Holt et al., 2015). Subsequently, in the 2004 Public Health Whitepaper, *Choosing Health*, New Labour committed to supporting the development of healthy universities (Cawood et al., 2010), a commitment later endorsed by the coalition government in 2010 (Holt et al., 2015). However, no clear government leadership for healthy universities in England ensued (Newton et al., 2016) and in 2006 UCLan responded to growing demands for guidance by establishing the Healthy Universities Network in England. The network facilitates sharing of practice and experience together with peer support (Doherty & Dooris, 2006) and has continued to go from strength to strength since its inception more than 15 years ago (Newton et al., 2016).

A further significant development in the whole university approach to health is the establishment in 2015 of the International Okanagan Charter for Health Promoting Universities and Colleges which sets out the international principles, objectives, and desired outcomes of healthy universities (Suárez-Reyes et al., 2019). The charter has as its vision the creation of “campus cultures of compassion, wellbeing, equity and social justice” (Okanagan Charter for Health Promoting Universities and Colleges, 2015, p.2). Universities, it states, must embed health into its culture, its policies and its procedures and must develop an organisational culture and learning conditions [campus culture] that enhance health so that its members can reach their full potential (Dooris et al., 2010). A final and highly pertinent point about the Okanagan Charter is that it informs both the UUK’s aforementioned revised StepChange framework (de Pury & Dicks, 2021) and the UMHC (Hughes & Spanner, 2019).

The Whole University Approach to Student Mental and its Recognition of the Need for Both Proactive and Reactive Intervention. Being a settings approach to health promotion, a whole university approach to mental health recognises that it is not possible for reactive services alone to effectively support students’ mental health (Hughes et al., 2018). However, recent moves from reactive to proactive efforts to improve student mental health (Lister et al., 2021) have seen a focus on intrapersonal health-related competence building strategies (Barkham et al., 2019). Such efforts have taken the form of universal (targeting all students) wellbeing initiatives aimed at bolstering psychological coping resources so that students are better able to deal with the challenges inherent in being a university student (Barkham et al., 2019). Such initiatives have included, for example, resilience building (Holdsworth et al., 2018), mindfulness (Galante et al., 2018) and

meditation interventions (Crowley & Munk, 2017) together with interventions, including curriculum infusion (Houghton & Anderson, 2017), aimed at the enhancement of mental health literacy (Kern et al., 2017). Whilst interventions of this nature are potentially useful (Lister et al., 2021), Watling (2015) argued that they are insufficient. Added to this, Lister et al. (2021) contended that too heavy a focus on intrapersonal interventions risks situating mental health problems as belonging only to the individuals concerned as opposed to acknowledging the role of the environment. This is consistent with the view of Watling (2015) that over-reliance on intra-personal skills development could undermine the commonly accepted notion that both internal and external resources are implicated in students' experiences of stress. In the university context, this notion holds that individual susceptibleness to the deleterious effects of stress interacts with external factors operating in the university learning environment (O'Reilly et al., 2014). To develop a genuine whole-university approach to mental health, therefore, universities must recognise the enormous significance of the teaching and learning environment and identify and address the causes of psychological distress operating therein (Houghton & Anderson, 2017).

Aspects of the learning environment that have received recent attention in the context of student mental health are curriculum and pedagogy. Specifically, 2022 saw the launch of 'The Education for Mental Health Toolkit: Enhancing Mental Health Through Curriculum and Pedagogy' (Hughes et al., 2022). This was developed as a partnership between Student Minds, Advance HE, and three of England's universities, and was funded through the OfS Mental Health Challenge Competition (OfS, 2018). By providing evidence informed guidance, its aim, said its authors, is to support course teams and whole institutions to embed mental health in course

curriculum (Hughes et al., 2022). The focus of the toolkit, however, is the support of students' holistic wellbeing (including physical, social and psychological wellbeing) and effective learning. As such, although at first the toolkit appeared to have high relevance to my research, closer examination revealed a broader focus than mental health as I understand it.

The Whole University Approach to Mental Health: Academic Staff. Staff wellbeing is of course important in and of itself; however, it is also essential for students' sake (UUK, 2015). The role of academic staff is integral to student mental health (de Pury & Dicks, 2021; Hughes & Spanner, 2019), not least because staff are the front line of support for students experiencing mental health difficulties (Gulliver et al., 2018; Hughes & Spanner, 2019). Poor wellbeing has a negative impact on staff productivity thereby affecting the level and quality of support they are able to afford their students (Brewster et al., 2022). Recognising the importance of staff mental health in and of itself as well as the interdependent relationship between staff and student mental health, the revised StepChange Framework for a whole university approach to mental health has called on universities to develop and implement strategies that align staff and student mental health (de Pury & Dicks, 2021).

The mental health of the academic staff population is worryingly deteriorating, however (Wray & Kinman, 2021). Linked to this, national and international research has established that working in higher education places employees at heightened risk of work-related stress and poor wellbeing (Wray & Kinman, 2021). Often, academic staff have to work significantly over and above their contracted hours thereby experiencing a poor work-life balance (Fontinha et al., 2019). Indeed, grueling workloads have been identified as a significant risk factor for poor mental

health in academic staff (Jayman et al., 2022). Brewster et al. (2022, p. 549) have linked grueling workloads to the “marketisation, massification, and technologization of higher education” which, they stated, has resulted in academic staff facing increasing workload and heightened demands for productivity. The marketisation of higher education, in particular, has positioned higher education as a space of economic efficiency and competitiveness (Berg et al., 2016) resulting in a shift towards stress inducing outcome-based performance management of academic staff (Morrish, 2019). Many academics are under enormous and constant pressure to improve research output (Royal College of Psychiatrists (RCP), 2011) in order to satisfy the Research Excellence Framework (REF) (Brown, 2016). And the more recently established Teaching Excellence Framework (TEF), especially its policing of marking turnaround time, has brought immense pressure to bear on teaching staff (Morrish, 2019). Added to these pressures of performativity (Ball, 2001), increasing numbers of academics are employed on fixed-term contracts and therefore having to deal with the uncertainty part and parcel of insecure employment (Loveday, 2018). These and other pressures experienced by academic staff including, for example, declining staff-student ratios, a consequence of rising student numbers (RCP, 2011), lead Hall and Bowles (2016) to characterise universities as ‘anxiety machines’, sadly a far cry from being mental health-enabling. Indeed, the stressors faced by academics are now more so than ever on account of the pressures inherent in adapting to the new ways of working following on from the COVID-19 (C-19) pandemic (Jayman et al., 2022).

Academic staff productivity and impact requires an institutional culture where staff wellbeing is taken seriously and staff feel cared about, valued and empowered (Newton et al, 2016), a culture in keeping with a whole university approach to mental

health it seems, and with the principles of the Okanagan Charter. Linked to this, Kinchin (2019, p.156) suggested using the lens of salutogenesis to develop “pedagogic health literacy” in universities. By this he meant that rather than focus on factors that impede academics’ practice and thereby emphasising what he termed “pedagogic frailty”, emphasis should be placed instead on better understanding factors that would make for a healthier teaching working environment. This “pedagogic health literacy”, he argued, provides a more positive narrative for generating institutional support for ameliorative action on the professional environment. I conducted my research with a similar view but focusing on contributing to a more positive narrative regarding our understanding of how to cultivate mental health enhancing learning environments for students as part of a whole university approach to mental health. Evidence is lacking in this regard (Fernandez et al., 2016, Worsley et al., 2020) thus making my research highly pertinent.

Research Aim, Questions, and Objectives

The aim of my research was to gain an understanding of the undergraduate learning environment regarding inter and extra-personal student mental health-enabling factors therein from the perspective of the theory of salutogenesis (hence the salutogenesis constructs in my research questions below). The purpose of my research was to inform practice with respect to how academic staff/course teams might cultivate salutogenic learning environments for students’ mental health as part of a whole university approach to mental health.

My research questions were:

1. How is the undergraduate learning environment characterised in terms of generalised resistance resources and generalised resistance deficits?

2. How is the undergraduate learning environment characterised in terms of consistency, a balance of underload and overload, and participation in shaping outcome?
3. How might academic staff cultivate mental health-enabling undergraduate learning environments as part of a whole university approach to students' mental health?

My research objectives were:

- To select, based on my research questions and philosophical stance, an appropriate methodology.
- To select and pilot a method of data generation.
- To recruit from a sampling frame a heterogeneous sample of 12-20 students mid-way through their final year.
- To conduct semi-structured interviews with student participants using a suitable method of data generation.
- To apply thematic analysis to the data through the lens of salutogenesis.
- To be able to suggest possible salutogenic actions that could be usefully applied in the undergraduate learning environment in the interest of students' mental health.
- To encourage, through careful dissemination, the application and evaluation of suggested possible salutogenic actions in the undergraduate learning environment.

Chapter Summary and Thesis Structure

In this chapter, I have introduced my research, made explicit my use of terms, provided background and context to my research and stated my research aim, questions, and objectives. Further, I have situated my research in the context of the current emphasis (at the time of writing) on adopting a whole university approach to

mental health and have emphasised the key features of such (a settings) an approach. I have also highlighted a gap in knowledge my research aimed to contribute to addressing, namely a dearth of evidence regarding how to cultivate mental health-enabling learning environments.

In Chapter Two, I synthesise and critique literature pertaining to potentially mental health-enabling conditions in the undergraduate learning environment. By way of context, I begin by further explicating issues affecting the language of student mental health. I also explain the parameters within which I selected literature to review and my search strategy. I identify gaps in our understanding of the learning environment herein defined with respect to how it might be characterised in terms of student mental health-enabling conditions, culminating in my research questions.

In Chapter Three, where I focus on salutogenesis as the theoretical lens used in my research, I explain salutogenesis in more detail. This includes explaining its underlying assumptions. I also justify my decision to select salutogenesis as a theoretical lens with which to examine students' experiences of their learning environments and explain how I used it. Added to this, I describe how others have used salutogenesis in the field of student mental health and how my own use of the theory is unique.

In Chapter Four, the main focus of which is my methodological approach, I describe the context of my research and delineate and justify my philosophical stance. I also explain and justify my chosen methodological approach, my sampling method, and my approach to data generation, including a pilot study undertaken in respect of the latter. Chapter Four is also where I delineate the ethical considerations

in my research and explain and justify my method of data analysis and how I ensured rigor.

In Chapter Five, I present my findings. This includes introducing a salutogenesis lens I prepared for the purpose of analysing the themes that emerged from my data and explaining the aspects of Antonovsky's (1979) theory of salutogenesis I included in this. The chapter shows how the undergraduate learning environment is seemingly characterised with respect to GRRs, GRDs and the three life experiences postulated to arise from GRRs.

In Chapter Six, I discuss my salutogenesis analysis of the themes that emerged from my data in the light of others' findings pertaining to potential inter and extra-personal mental health-enabling factors in the learning environment. Said discussion focuses on answering my research questions. Broadly speaking, I found the undergraduate learning environment to be seemingly wanting in respect of GRRs and thereby the three life experiences postulated to contribute to the development of a strong SOC.

In Chapter Seven, based on my findings, I set out possible ways academic staff/course teams might set about cultivating salutogenesis for mental health in the learning environment. I call these 'Suggested Possibilities for Practice' and justify why my thesis culminates in a set of possibilities for practice as opposed to far-reaching recommendations. This justification is also evident in Chapter Four. It is in this, the final chapter, that I also summarise and conclude the thesis.

Chapter 2. Literature Review

In this chapter I scrutinise and synthesise literature relevant to potential inter and extra-personal student mental health-enabling factors in the undergraduate learning environment. Since they capture common themes in the literature, I write to the headings: collective curriculum characteristics; assessment- related conditions; interpersonal relations; and social support (Table 1 provides details of what I consider under each heading). First, however, I discuss issues pertaining to the language of student mental health and outline my search strategy. Discussion relevant to the language of student mental health provides the context for the decisions I made in selecting what literature to review. The chapter culminates in my research questions.

Table 1

Summary of Potential Inter and Extra Personal Student Mental Health-Enabling Factors Considered in the Literature Review

Collective curriculum characteristics	Assessment-related conditions	Interpersonal relations	Social support
<ul style="list-style-type: none"> ○ Various assemblages, some including the use of pass-fail grading 	<ul style="list-style-type: none"> ○ Use of pass-fail grading ○ Choice in assessments ○ Formative assessment and feedback ○ Study skills development 	<ul style="list-style-type: none"> ○ Student-staff relations ○ Peer relations ○ Social connectedness ○ Sense of belonging ○ Social identification 	<ul style="list-style-type: none"> ○ Social support from peers ○ Social support from academic staff, including teacher-autonomy support

The Language of Student Mental Health

As I alluded to in the previous chapter, the language of student mental health is inexplicit, imprecise, inconsistent (Barden & Caleb, 2019; Barkham et al., 2019; Hughes & Spanner, 2019; Sheldon et al., 2021) and thereby confusing (Hughes & Spanner, 2019). Added to this, there is widespread failure to differentiate between mental health and mental wellbeing (Barkham et al., 2019). Regarding the inconsistent use of mental health; in a systematic review with meta-analysis of prevalence and risk factors for student mental health problems, Sheldon et al. (2021) described how student mental health is captured using a variety of terms and definitions. Terms used include mental health problems, mental illness, distress, and psychological wellbeing, among others. Sheldon et al. (2021) also observed that mental health is variously defined in student mental health literature. This reflects a more general lack of consensus regarding how mental health should be defined (Hernández-Torrano et al., 2020; Manwell et al., 2015). To return to student mental health, Barkham et al. (2019) cautioned that variously defining mental health is problematic. It makes it difficult to combine data to enhance our understanding of the extent and nature of student mental health problems. This, they warned, hampers the development of an evidence-base capable of informing appropriate ameliorative action (Barkham et al., 2019). Definitions used in the field do have elements in common, however, as highlighted by Hernández-Torrano et al. (2020, p.1). They used bibliometric procedures to describe characteristics of student mental health and wellbeing literature spanning 1975-2020, one such characteristic being “the conceptual structure of the field”. From this they were able to ascertain two commonalities across the definitions used: one was that they all incorporated biological, psychological and social factors, thus viewing mental health and wellbeing

as holistic concepts, and two, they all viewed mental health as more than the absence of mental illness. They also noted the introduction into and ever-increasing use of the term wellbeing in the field of student mental health to capture mental health as a positive state. This is concerning given that the dominance of wellbeing narratives has been called into question. Watson et al. (2023, p.442), for example, cautioned that the emphasis in wellbeing discourses on positive psychology and its attendant focus on individual attributes (Kenttä & Virtaharju, 2023 cited by Watson et al., 2023, p.442) “brackets off” contextual mental health risk factors, or judges them unmodifiable. This, they strongly contended, leaves us with “individualised, often moralised” responses to situational causal factors and calls for critical evaluation (Kenttä & Virtaharju, 2023 cited by Watson et al., 2023, p.442). I am very much in agreement with this call. This is not to say I do not acknowledge the high importance of individual protective attributes (of which SOC is an example) however; rather, I am concerned that a balance needs to be had between individual and organisational (in line with the settings approach to health promotion) responsibility for student mental health. This, of course, is in keeping with third wave positive psychology which goes beyond intrapersonal factors as the primary concern of enquiry to deeper examination of the context of people’s lives (Lomas et al., 2020).

The ever increasing use of wellbeing in the field of student mental health may well be linked to the WHO’s (2004, p.12) definition of mental health as “*a state of wellbeing* (my emphasis) in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make contributions to his or her community”. Whilst this definition reflects significant progress in shifting the emphasis away from viewing mental health as no more than the absence of mental illness, it is not without its problems, not least that it

conflates mental health and wellbeing. Barkham et al. (2019) cautioned that attempts to capture student mental health problems and experiences using generic terms risks combining student populations who differ markedly in their mental health needs. And the conflation of mental health and wellbeing in particular can be detrimental both to individual students and to the provision of appropriate support services (Hewitt, 2019). And yet in student mental health research, mental health and wellbeing are often used interchangeably (Dodd, 2021). Others, however (me included, as explained in Chapter One), are very much of the view that mental health and wellbeing are separate but inter-related states (Barkham et al., 2019; Hewitt, 2019; Thorley, 2017).

Whether or not mental health and wellbeing should be viewed as separate states is the subject of extensive debate (Dodd et al., 2021). This said, there is good evidence that they should thus lending support to the contention they should also be differentially measured (Dodd et al., 2021). Moreover, the Institute for Public Policy Research argued that to properly understand and respond to the poor mental health and wellbeing of the student population requires an understanding of mental health and wellbeing as existing along separate but interdependent continua, as well as clarity in the use of terminology (Thorley, 2017). However, as will be evident from the foregoing discussion, this is not currently the case.

My Search Strategy

To find literature focusing on mental health enablers in the learning environment, I used SCOPUS, Web of Science, and EBSCO Host (selecting CINAHL Complete, MEDLINE, British Education Index, and ERIC) and, using Boolean operators, a whole host of search terms. The search terms I used can be found in Appendix A. I repeated these searches periodically up to March 2023 in

order to keep abreast of the emergence of new literature into the field right up to the writing-up stage of my research. I also used the technique of backward snowballing from reference lists (Wohlin, 2014) to arrive at more literature.

How I Selected Appropriate Sources

The confusion surrounding the language of student mental health meant the field was extremely difficult to navigate and in turn to report upon³. With regard to the former, deciding which sources were relevant to my understanding of mental health and wellbeing was challenging. According to Knopf (2006), in determining studies to include in a literature review, it is important to select those that relate to and can best inform one's research. Following careful consideration, I deemed sources relevant as long as they were written in the context of student mental health, even if this meant wellbeing and mental health were used interchangeably or mental health was understood as wellbeing. Had I focused only on literature that viewed mental health and wellbeing as I do, as separate states, I would have been extremely limited in terms of sources to draw upon. As such, I selected research with student mental health in the title but focusing, for example, on psychological wellbeing. I also selected sources with wellbeing or mental wellbeing in the title as long as the context was mental health. I omitted sources where wellbeing was understood more broadly as including physical, spiritual, social and other areas of wellbeing, however. In terms of the learning environment, I included sources concerned with student mental health enablers in the wider university and in student life more generally as long as they were also concerned with aspects of the undergraduate learning environment herein defined.

³ This is why, in the previous chapter, I made clear that I mirror others' use of terms in presenting their findings and or ideas.

Whilst relevance is undoubtedly an important consideration in determining which sources to include in a literature review, so too is a source's credibility (Carlock, 2020). Appendix B shows how the articles I selected were relevant and also how they map to characteristics put forward by Carlock (2020) pertaining to the credibility of sources for inclusion in a research project. Credible, and thereby appropriate sources, she argued, are those published in peer reviewed journals (all the articles I selected were peer reviewed), recent publications, publications written by credible authors, and publications with comprehensive coverage of the topic of concern. In determining whether sources are sufficiently up-to date, Carlock advised that researchers consider their topic of interest. In this respect, given my information search revealed a dearth of research into external student mental health enhancing factors in the undergraduate learning environment, some of the studies I selected were published more than 10 years ago (at the time of writing). However, these were very much in the minority. Indeed, most of the studies I selected were published no more than five years ago at the time of writing. With respect to author credibility, Carlock (2020, p.82) identified authors' "education, work context, experience in the field, number of previous publication on this topic, organisation he/she is a member of, and reputation" as examples of things to ascertain. And finally, with regard to comprehensiveness, she advised examining articles for coverage of the main topics of interest in the field. To reiterate, Appendix B shows how the articles I selected were relevant both in terms of topic and context, and how they mapped to Carlock's (2020) criteria. I did not deem it necessary to quality assess the chosen articles beyond establishing them as credible sources since I had no intention of making far reaching recommendations on the basis of my findings. This has to do with my philosophical stance, which I delineate in the ensuing chapter.

Collective Curriculum Characteristics and Students' Mental Health

According to Hicks (2018) curriculum in higher education, whilst lacking a definitive definition, is more often than not viewed narrowly to refer to aspects of the structure and content of a programme of study. But broader conceptualisations also exist where curriculum is understood as an emergent and dynamic entity also encompassing learning processes and their facilitation (Hicks, 2018). Understood in this way, curriculum is more closely aligned with the learning environment herein defined⁴ than are narrower interpretations. And it is this broader understanding of curriculum that underpinned studies investigating associations between the nature of course curriculum and students' mental health. Most curriculum focused studies were done in medical schools, a context associated with frequent and worldwide reports of the detrimental effects of study demands on the health of its students (Sletta et al., 2019). Some of these studies looked at between course curriculum differences and their relationship with good mental health (Reed et al., 2011; Sletta, et al., 2019) whereas others had a within course focus, comparing the mental health of students on traditional versus reformed curricula (AlFaris et al., 2014; Sohrabi et al., 2019). Of those looking across courses, Reed et al. (2011, p.1367) found no associations between "hours spent in didactic, clinical, and testing experiences" (their measure of curriculum differences) and students' mental wellbeing. Students in schools utilising pass-fail grading had significantly better mental wellbeing than those using multi-interval schemes, however. The use of pass-fail grading also featured in the work of Sletta et al. (2019) who found that medical students who followed a more integrated, problem-based curriculum with pass-fail grading scored higher on

⁴ To recap, by learning environment I mean "students' only guaranteed point of contact with their university"; specifically, the curriculum and academic staff (Hughes et al., 2018, p.11).

subjective wellbeing than those following a less integrated problem-based curriculum with multi-interval grading. And comparably, although not including the use of pass-fail grading, Jones and Johnston (2006) saw better scores on measures of stress and mental health in student nurses who undertook a more student centered, problem based curriculum.

Studies comparing the mental health of students on traditional versus reformed curricula (a within course focus) have shown varying degrees of associations between curriculum reform and good student mental health. AlFaris et al. (2014), for example, assessed the impact of a better integrated curriculum, a newly established student support system, more elective modules, more problem-based, self-directed, interactive and experiential learning, additional support for study skills development and a better balance of formative and summative assessment. Their analysis revealed lower levels of depressive symptoms in students enrolled on the new curriculum. However, the effect size, they stated, was small and therefore, they added, of negligible practical importance (AlFaris et al., 2014). Conversely, Sohrabi et al. (2019) reported curriculum reforms, including the introduction of an elective element to the course structure, smaller group sizes, and project-based learning, as contributing significantly to good mental health, in this case lower levels of psychological distress in medical students. Likewise, Slavin et al. (2014) found significantly better mental health in medical students following a reformed curriculum, in this case lower levels of anxiety, depression, and stress. Reforms included mandatory mindfulness and resilience programmes, pass-fail grading, a reduction in contact hours and superfluous subject detail, elongated elective modules, learning communities, removal of norm-referenced exam performance data and more appropriate module levelness. It was the combined influence of these changes that

was assessed in respect of improvement to students' mental health. Indeed, all but one of the foregoing curriculum related studies, namely Reed et al. (2011), assessed associations between good scores on their chosen measures of mental health and different assemblages of curriculum differences or reforms. Some also included curriculum infusion relevant to the enhancement of intrapersonal mental health protective factors. As such, whilst they provide clues as to mental health enablers in the learning environment, they do not provide a nuanced understanding of where to focus ameliorative efforts. This is problematic since, as asserted by Larcombe et al. (2013), interventions targeting the learning environment need to be based on a comprehensive understanding of what exactly is working to enable mental health. Whilst I doubt the possibility of ever achieving an exact understanding in this respect (this relates to my philosophical stance which I explain in Chapter Four), interest in gaining a more nuanced understanding of conditions in the learning environment that may benefit students' mental health is growing (Sánchez-Ordóñez & Gimeno-Navarro, 2022). In the forthcoming sections, I contribute to this more nuanced understanding in reporting what my literature review revealed in terms of specific conditions in the undergraduate learning environment potentially conducive to students' mental health.

Assessment-related Conditions and Students' Mental Health

Assessment featured heavily in the literature yielded by my information search. Starting with a return to the use of pass-fail grading, I describe elements of assessment that have been linked to students' mental health. Other assessment related conditions include being given choice with respect to assessment, formative assessment and assessment feedback, and study skills development.

Use of Pass-Fail Grading and Students' Mental Health

In addition to Reed et al. (2011), whose research I cited earlier, others have also found associations between the use of pass-fail grading and student mental health. Bloodgood et al. (2009), for example, found strongly significant associations between the use of pass-fail grading schemes and psychological wellbeing, and significantly greater stress in students on courses using multi-interval grades. Similarly, Rohe et al. (2006) found the use of pass-fail of grading to be associated with less perceived stress and better group cohesion (Rohe et al., 2006). Indeed, better group cohesion has been identified as one of several significant student-related outcomes conferred by the use of pass-fail grading (White & Fantone, 2010). Specifically, White and Fantone (2010, p.469) asserted that its use “levels the playing field” in respect of the range of academic backgrounds of students and makes for a less competitive and more collaborative learning environment. This statement reflects a finding from a qualitative study conducted in Norway that asked 22 first-year students from a variety of disciplines to reflect on student life in terms of how it enhances mental health and wellbeing. Students on courses that used only pass-fail grading described how it created a less competitive culture and contributed instead to a culture of sharing (Skoglund et al., 2021). Linked to this, undergraduate law students and support staff (11 and 6, respectively) in a study conducted in Australia by Larcombe et al. (2013) identified the need to foster a culture of inclusivity and collaboration as opposed to one of competition and elitism. In so doing, they suggested, law school would be more conducive to students' wellbeing (Larcombe et al., 2013). Pass-fail grading has also been identified as protecting against stress. This was in a study that asked 36 veterinary students in a university

in New Zealand to identify university-related factors they felt protected them against stress (Weston et al., 2017).

Stress brought about by the use of multi-interval grading is arguably a consequence of students' recognised preoccupation with grades. Undergraduate students are often consumed by a desire to achieve and sustain high marks, this being on account of internal and external pressures to do so (Horne et al., 2022). Supporting this assertion, Larcombe et al. (2013) found that law students experience marks as triggering high levels of stress due to high personal expectations and a competitive culture in their law school. Similarly, they found that students held that law school could benefit students' wellbeing through providing more guidance regarding how students can achieve high marks.

Stress relating to marks/grades also featured in a study by Larcombe et al. (2022) who explored the extent to which typical course experiences and situational stressors predict student scores on measures of wellbeing and psychological distress. One of the course experiences under investigation was assessment stress (I return to others later in the review). The study took place in Australia and involved 4,575 respondents, 72% of whom were undergraduate students from a range of courses. Assessment stress was measured using the 'Assessment Stress Scale'. This is a 4-item version of the 'Test Anxiety Sub-Scale' from Duncan and McKeachie's (2005) 'Motivated Strategies for Learning Questionnaire' (Duncan & McKeachie (2005, as cited by Larcombe et al., 2022). The 'Assessment Stress Scale' measures students' anxiety about performing poorly in assessment tasks, an example item being, "when I work on assessment tasks I think about how poorly I am doing compared with other students" (Larcombe et al., 2022, p.424). Students with low scores on the scale had higher scores on measures of wellbeing than those with

high assessment stress scores (they had higher scores on measures of psychological distress). Indeed, assessment stress scores accounted for more variance in measures of wellbeing and psychological distress than did “financial strain, worry about future employment and English language difficulties”, the situational stressors under investigation (Larcombe et al., 2022, p.420).

Choice in Assessment Tasks and Students' Mental Health

Another aspect of assessment my literature search revealed as potentially conducive to students' mental health was being given choice in assessments. For instance, Lane et al. (2018, p.5) found “when the instructor offers choice in assignments” to be students' most preferred teaching practice for supporting wellbeing. Lane et al's. (2018) study was conducted in Canada and involved 5,591 respondents from a range of undergraduate courses. They also conducted individual (16 participants) and focus group (29 participants) interviews. Survey respondents were required to identify their preferred teaching practices from a list of fixed choice possibilities with respect to the extent to which said possibilities support students' wellbeing. The fact fixed choice format was used, however, means it is not possible to ascertain what choice in assignments entailed, exactly, and neither is this evident from the analysis of the interviews that were conducted. Arguably, however, respondents may well have had in mind assessment type and design. This assumption finds support in the fact that students have identified assessment type and design as causing stress and anxiety and precluding wellbeing (Lister et al., 2023). Having choice regarding assessments also featured in a study by Baik et al. (2019, p.679) who reported “choice of assessment” as a suggestion students made with respect to ways of improving students' wellbeing. Baik et al. (2019) analysed qualitative data gathered as part of a large-scale survey investigating prevalence and

demographic correlates of student distress. Said qualitative data was generated using the question “what can be done to improve student wellbeing” with a focus on “teaching, curriculum, student services and university administration” (Baik et al., 2019, p. 676). The survey was conducted in Australia and was responded to by 2,776 undergraduate students from a range of courses.

In a similar vein to Baik et al. (2019), Larcombe et al. (2013), whose study I alluded to earlier, involved law students and staff in offering suggestions regarding how to create a law school more conducive to students’ wellbeing. They too found choice regarding assessments to be a common suggestion. Students, they reported, suggested that being given choice regarding the format of assessments would benefit students’ wellbeing, the majority of whom suggested their law school should avoid 100% weighted exams. Linked to this, they also suggested more exam practice as a means of enabling students’ wellbeing. Similarly, Baik et al. (2019) reported findings relevant to the weighting of assessments. Students, they reported, suggested that assessment weighting should be reviewed with a view to benefiting students’ wellbeing. It is not clear, however, whether this suggestion regarded coursework, exams, or both. However, another assessment-related suggestion for wellbeing students made was to have better clarity and fairness in assessment design.

To return to exams, Lister et al. (2023) found that students hold that making exams more accessible for students with mental health problems would benefit their mental wellbeing. Lister et al.’s. (2023) study took place in the UK. They sought Open University respondents’ (584 in total, 58% of whom had disclosed mental health issues) suggestions relevant to changes the Open University could make in the interest of students’ mental wellbeing. They did so by means of an open text

question in a mainly quantitative survey investigating students' perceived barriers and enablers of mental wellbeing. Exams also featured in a study conducted by Lister et al. (2021), to which I return, wherein students identified exams as a barrier to their mental health. In the light of students' predisposition to stress (Avagimyan, 2020), the fact exams can trigger acute stress, as evidenced through physiological changes (Myint et al., 2021), and the detrimental effects of stress on mental health (Mind, 2022), these views are not at all surprising. Indeed, the impact of exam stress has also been shown to be harmful to students' physical health when co-existent with other risk factors (Avagimyan, 2020).

Formative Assessment, Feedback, and Students' Mental Health

Other assessment related conditions in the learning environment my literature search revealed as potentially conducive to students' mental health concerned formative assessments and summative assessment feedback. Returning to Larcombe et al. (2013), for example, law students suggested having more formative assessments as a change their law school could make in the interest of students' wellbeing. Baik et al. (2019), on the other hand, reported how students identified more feedback on assessment tasks as an enabler of students' mental wellbeing. Similarly, Townes O'Brien et al. (2011), whose participants were asked to suggest what a law school more conducive to students' wellbeing would have looked like, said students would have had more assessment feedback. Townes O'Brien et al.'s (2011) research was conducted in Australia and involved 18 undergraduate law students and 10 academic staff in reimagining their law school in the context of students' wellbeing. Also concerning feedback, Lister et al. (2023) reported that students suggested that more consistent and helpful feedback would be an improvement the Open University could make in enabling students' mental

wellbeing. Said suggestion corresponds with comments made in response to a free text question asked in the same research pertaining to aspects of the Open University that presented as barriers to wellbeing. In this respect, Lister et al. (2023) found that students experience assessment feedback as causing stress and anxiety or precluding wellbeing. Similarly, Weston et al. (2017) whose research I mentioned earlier in relation pass-fail grading, found that veterinary students deem insufficient feedback from tutors to be a risk factor for stress.

Study Skills Development and Students' Mental Health

Since study skills aid students in demonstrating their learning, I deemed them best discussed as a further assessment related condition potentially conducive to students' mental health. And whilst I recognise that higher education institutions often provide study skills development programmes outside of the learning environment herein defined, some of the literature I reviewed suggests students value more proximal study skills input. This may well be due to the increase in the proportion of students engaged in paid work alongside their studies (Neves & Stephenson, 2023) whereby time to attend additional instruction is arguably limited.

To return to Lister et al's. (2023) research, respondents were also required to select barriers to and enablers of mental wellbeing in the Open University from a list of fixed choices. This showed the strongest perceived enabler of mental wellbeing to be "building your study skills" (p.4). Most of the choices respondents could select from were academic factors. Two, however, were non-academic items, including "life circumstances" (p.4), which was perceived to be the second strongest enabler of mental wellbeing, and "people in your life" (p.4), perceived as the fifth strongest enabler. Returning to "building your study skills", the use of fixed choice items means it was not possible to ascertain whether and, if so, to what extent this was

assessment related. However, students identified “assessment on modules” as the greatest perceived academic barrier to students’ mental wellbeing (Lister et al., 2023, p.4). Arguably, this suggests that it was building study skills for assessment success that students who selected this fixed choice item had in mind. Consistent with Lister et al’s. (2023) finding, Lane et al’s. (2018, p.5) study revealed “when the instructor suggests effective study strategies for the course” as another high scoring preferred teaching practice for students’ wellbeing. Once more, on account of the use of fixed choice items, it is not possible to establish whether respondents had in mind study skills for success in assessments or study skills more generally, or both. What the finding does signify, however, is a desire for study skills input within the context of the learning environment herein defined. This desire was also felt on the part of students who participated in Baik et al’s. (2019) research who suggested that students’ mental wellbeing would be improved if *teachers* (my emphasis) gave more advice on skills development.

Skills (although not referred to as study skills) have also been associated with less stress in university students. Benson and Whitson (2022), in the context of the potential impact of the C-19 pandemic on students’ mental health, investigated factors potentially protecting against stress, including perceived adequacy of resources (which I explain presently). Their sample comprised of 276 mainly undergraduate students (17% were postgraduate) studying psychology in the USA. Perceived adequacy of resources was found to be a statistically significant predictor of less stress. The ‘Perceived Adequacy of Resources Scale’ (Rowland et al., 1985, as cited in Benson & Whitson, 2022, p.6) measures “seven distinct resources: environment, health/physical energy, time, financial, interpersonal, knowledge/skills, and community resources”. Of these, Benson and Whitson (2022) found specific

resources to be more influential in protecting against stress in students than others, two of which have relevance to the learning environment. These were knowledge/skills resources and time resources. The importance of time as a resource speaks to the findings of Lister et al. (2021) and Lister et al. (2023) wherein students identified close assessment due dates as a barrier to students' mental wellbeing and the timing of assessments as precluding wellbeing, respectively. Similarly, Weston et al. (2017) reported how veterinary students identify close assessment due dates as stress inducing. Likewise, Larcombe et al. (2013) said students suggested better timing of assessments as a means of making their law school more conducive to students' wellbeing. To return to Lister et al.'s (2021) study (I have already described the other studies cited in this section), they asked mainly undergraduate students (14 out of 16) to recount their university experience in respect of perceived barriers to and enablers of mental health in the distance learning environment. And they sought perspectives of academic staff (five) regarding barriers and enablers of mental health experienced by their students.

Mental Health Enabling Assessment: An Endeavour Fraught With Tension

The findings I have presented in this section highlight how assessment strategies and design can affect students' mental health both positively and negatively. This chimes with an emphasis in the University Mental Health Charter (UMHC) on ensuring curriculum design and processes, including assessment, are underpinned by a concern for students' mental health and wellbeing (Hughes & Spanner, 2019). This is not without its challenges, however. Drawing on consultations carried out with staff and students in developing the UMH (Hughes & Spanner, 2019), Jones et al. (2021, p.438) identified five areas of tension concerning assessment design and practice in trying to balance student wellbeing with

“pedagogical, practical and policy considerations”. Said tensions included needing to ensure a healthy level of challenge, the demands inherent in collaborative assessment, different preferences in relation to the nature of assessment tasks, the feasibility of student-desired strategies, and a disconnect between constructive feedback and how it is received. These tensions, they argued, testify to the importance of recognising the pressures inherent in assessment as affecting both student and staff wellbeing. Therefore, they concluded, efforts to resolve them must involve local ongoing and careful critique, involving students, of assessment design and strategies.

Interpersonal Relations and Students’ Mental Health

The online American Psychological Association (APA) dictionary of psychology (APA, 2018, no page number) defines interpersonal relations thus: “the connections and interactions, especially ones that are socially and emotionally significant, between two or more people (and) the pattern or patterns observable in an individual’s dealings with other people”. It is well known that relationships can be a source of stress (Hurst et al., 2013) and thereby of mental health problems (MIND, 2022). Indeed, a qualitative review of students’ stressors revealed relationship stressors including romantic, family, peer and faculty relationships to be the most commonly reported (Hurst et al., 2013). My literature search yielded research studies where interpersonal relations has also been linked to good mental health in students, however.

Student-Staff Interpersonal Relations and Students’ Mental Health

Reflecting positive student-staff relationships, Lister et al. (2021) found that distance learning students experience caring and respectful tutors as enablers of students’ mental health. Similarly, Lane et al.’s. (2018) study revealed caring and

compassionate instructors as a student preferred teaching practice for students' wellbeing. Interestingly, this finding emerged from asking students to identify additional teaching practices they associate with students' wellbeing to those listed as fixed choices. Arguably, this points to students attaching particular significance to student-staff relations. Further, Aruah et al. (2020) reported how students view compassionate tutors as contributing to suicide prevention. Some staff, however, they stated, were regarded by students participating in their study as needing training in "healthy communication with students" (Aruah et al., 2020, p.547). Focusing on students' perspectives on the causes and prevention of student suicide, Aruah et al. (2020) asked 20 students in Nigeria to identify suicide prevention strategies. However, they did not specify whether students were undergraduate, postgraduate or both, only that they had to have known (intimately) a student who died by suicide.

Also reflecting positive student-staff relations are reports of approachable academic staff as contributing to mental health. Volstad et al. (2020), for example, who enquired about students' experiences of flourishing (I return to this concept) during their transition to student life, described how students viewed faculty who were approachable and prepared to assist them as helping them flourish. Volstad et al's. (2020) study was conducted in Canada with nine first-year students from different courses. Somewhat consistent with Volstad et al's. (2020) finding is a finding of Baik et al. (2019) namely that students suggested that students' wellbeing would benefit from staff being more approachable and understanding. A similar suggestion was reported by Larcombe et al. (2013). Students, they said, stated that lecturers should be more approachable and take an interest in students as a means of improving their wellbeing. The latter point (taking an interest in students) is

somewhat consistent with the findings of Oates et al. (2020) (I return to Oates et al.'s study) and Lister et al. (2023) who reported students, in the interest of students' mental wellbeing, wanting educators and tutors, respectively, to check-in with them on a regular basis. Indeed, Lister et al. (2023) pointed out that this was a commonly reported desire. In Chapter One, however, I reported a contention that the "marketisation, massification, and technologization of higher education" has led to academic staff facing increasing workload and burgeoning demands for productivity (Brewster et al., 2022, p.549). Arguably, therefore, they are likely hard pressed to regularly check-in with students. Added to this, a desire for more regular checking-in may well be a symptom of the limited contact students have with academic staff in UK universities (Palfreyman, 2009) which for many, in the wake of the move to online delivery during the C-19 pandemic, has diminished still further as some universities continue to deliver lectures digitally in preference to physically in person (Dickinson, 2022).

To return to Oates et al.'s (2020) study, they interviewed 20 undergraduate midwifery students in a UK university about their experience of being a midwifery student in terms of their mental wellbeing. In addition to a desire for more regular check-ins on the part of their educators, students also related feeling supported in the event of "consistent contact with the same tutor" (Oates et al., 2020, p.5). Said consistency was felt to assist in managing the emotional aspects of the midwifery course. Lane et al. (2018), on the other hand, found that students feel their wellbeing is supported when academic staff recognise that students have a life outside of university study. This is somewhat consistent with a finding of Larcombe et al. (2013) who noted that staff being more understanding of students' situation, on which to

base realistic expectations, would improve the law school in terms of better supporting students' wellbeing.

Peer Relations and Students' Mental Health

Like student-staff relations, peer relations has also been linked to good mental health in undergraduate students. Feng and Zhang (2022), for example, found a statistically significant positive correlation between peer relationship satisfaction and students' mental health. Participating in their study were 553 undergraduate students from two universities in China from across a range of courses. Peer relationship satisfaction was measured using Wei's (1998) 'Peer Relationship Satisfaction Questionnaire' (Feng & Zhang, 2022 citing Wei, 1998). Questions in said questionnaire include "classmates enjoy spending time with me", "classmates are never angry with me", and "I feel sad when classmates are ill" (Feng & Zhang, 2022, p.5). Also with an emphasis on classmates is the 'Peer Engagement Scale' developed by Larcombe et al. (2013). This is a 4-item scale used to assess the extent to which students experience working with their classmates positively and how much working with classmates is facilitated by academic staff (Larcombe et al., 2022). By way of reminder, Larcombe et al. (2022) investigated the relationship between course experiences and measures of wellbeing and psychological distress. Peer engagement was another of these course experiences (earlier I mentioned assessment stress) that found associations in the desired directions with wellbeing and psychological distress. And, like assessment stress, peer engagement accounted for more variance in measures of wellbeing and psychological distress than did situational stressors⁵. Somewhat consistent with findings relevant to

⁵ To recap, the situational stressors investigated in Larcombe et al's. (2023, p.240) study were "financial strain, worry about future employment and English language difficulties".

associations between peer relations and students' mental health is another finding of Lister et al. (2021) namely *peers in general* (my emphasis) were identified as enablers of mental health. Relatedly, Weston et al. (2017, p.21) found that veterinary students regard "positive interactions" with peers as protecting against stress. Further, Baik et al. (2019) reported that students suggested that the facilitation by staff of student-student interaction would benefit students' wellbeing. The evident importance of peers to students' mental health can also be seen in the upcoming section where I focus on experiencing social connectedness in the learning environment as mental health-enabling.

Social Connectedness and Students' Mental Health

Social connectedness has been defined as "the sense of belonging and subjective psychological bond that people feel in relation to individuals and groups of others" (Haslam et al., 2017, p.2174) and has been associated with good mental health outcomes in students as well as in the general population (Weziak-Bialowolska et al., 2022). With regard to the student population, Nguyen et al. (2019), for example, found a statistically significant inverse relationship between social connectedness and depression in undergraduate students from a range of institutions in Japan. Similarly, using data from a very large sample; specifically, 65,142 students who completed the 'American College Health Association Survey', Thompson et al. (2023) found that social connectedness attenuated the risk of student suicide during the C-19 pandemic. Whilst neither of these two studies examined social connectedness within the context of the learning environment, however, it is reasonable to suggest that students reporting on their perceived social connectedness will have done so in large part in this regard. This contention is supported by a further finding of Lane et al. (2018) whose qualitative data revealed

that students experience connectedness to their peers and instructors as supporting their wellbeing. Similarly, the same contention finds support in another finding of Townes O'Brien et al. (2011) namely that law students reimagined their law school (as supporting students' mental wellbeing) as one where students would have been better connected to each other and to their teachers. Relatedly, midwifery students who participated in Oates et al's. (2020) research wanted to connect with their educators and peers and valued such connectedness as contributing to good mental wellbeing.

In stark contrast to the studies above linking social connectedness to good mental health in students, however, Dinu et al. (2022) were surprised to find that lower connectedness with the university predicted greater wellbeing. Their study was conducted in the UK at the time of the first C-19 lockdown. This, they surmised, may have been behind their somewhat unexpected finding. Students who did not feel connected to their university prior to lockdown, they suggested, may have benefitted from its disruption to university connectedness for everyone. I interpreted this as meaning respondents scoring low on connectedness to the university were perhaps not as affected by this as they would have been under 'normal' circumstances because they perhaps viewed low connectedness to be the norm for everyone at this time.

A minority of the studies retrieved by my literature search highlighted enablers of social connectedness. Another finding of Skoglund et al. (2021), for instance, was that some students view learning in small groups (not in the sense of class-size) as fostering connectedness. Similarly, a further finding of Oates et al. (2020) was that opportunities to engage in reflection with peers enabled connectedness whereas being in big groups was experienced as a barrier in this regard (Oates et al., 2020).

A similar concept to social connectedness is sense of community. McMillan and Chavis (1986, p.9, as cited in Benson and Whitson, 2022) defined sense of community as “a feeling that members have of belonging, a feeling that members matter to one another and to the group and a shared faith that members’ needs will be met by their commitment to be together”. Benson and Whitson (2022), who reported knowledge/skills and time resources as predictors of less stress (as I outlined earlier), found that students with a strong sense of community to the university also experienced significantly less stress. Sense of community (their measure of community resources) was assessed using Peterson et al’s. (2008, as cited in Benson and Whitson, 2022) ‘Brief Sense of Community Scale’. Sense of community also featured in the findings of Baik et al. (2019) wherein students suggested that fostering a sense of community among students would enhance students’ wellbeing.

Sense of Belonging and Students’ Mental Health

An essential component of the definitions of social connectedness and sense of community I presented earlier is sense of belonging (Haslam et al., 2017). Sense of belonging has been defined as “a sense of personal involvement in a social system so that persons feel themselves to be an indispensable and integral part of the system” (Anant, 1966, p.21 as cited in Hagerty et al., 1992). And the need to belong has been described as “a powerful, fundamental and extremely pervasive motivation” with social exclusion, therefore, having potentially devastating effects (Baumeister and Leary, 1995). Indeed, in a systematic review of empirical evidence relevant to low social belonging and perceived burdensomeness as possibly driving suicidal ideation, Espinosa-Salido et al. (2021) found in support of this possibility. Specifically, perceived burdensomeness and thwarted belongingness were revealed as

mediating and moderating variables in the association between suicidal ideation and psychosocial and environmental factors. In students, the need to belong may be particularly salient and when satisfied can serve a protective function (Moeller et al., 2020).

My literature search revealed evidence in support of Moeller et al's. (2020) contention that satisfaction of students' need to belong may be protective. To return to Larcombe et al's. (2022) study, for example, into associations between course experiences and psychological wellbeing and distress, sense of belonging (another course experience under investigation) predicted wellbeing. And, once more, it was an experience that accounted for more variance in measures of wellbeing and psychological distress than the situational stressors also under investigation. Indeed, all of the course experiences examined accounted for more variance in this regard. Sense of belonging was measured using four of the items from Goodenow's (1993) 'Psychological Sense of School Membership Scale' (Larcombe et al., 2022 citing Goodenow, 1993). However, Larcombe et al. (2022, p.424) reported that said scale had poor internal consistency in their study and that, as such, they used a single item, "I sometimes feel that I don't belong here".

Whilst Larcombe et al's. (2022) study had a focus on the learning environment herein defined, other studies have investigated associations between sense of belonging in the university and measures of mental health. The learning environment is of course naturally included in this. Gopalan et al. (2022), for example, in a study conducted in the USA, investigated undergraduate students' sense of belonging with their institution as a possible protective factor against adverse mental health amidst C-19. Their analysis revealed that feelings of belongingness protected against symptoms of depression and anxiety, more so against depression. Similarly, Peoples

et al. (2023) found a significant inverse association between students' sense of belonging to their university and depression levels. Their study was also conducted in the USA but targeting Black under and postgraduate students specifically as a high risk group for mental health problems (Peoples et al., 2023). Further, and once more in the context of the C-19 pandemic, Dingle et al. (2022), in a study conducted in Australia, found similar correlations to those of Gopalan et al. (2022) and Peoples et al. (2023). They investigated associations between first-year students' sense of belonging in the university and good mental health outcomes, in this case lower psychological distress and mental wellbeing. Their analysis revealed both significantly less psychological distress and better mental wellbeing in the presence of greater sense of belonging.

My literature search also revealed a study that used qualitative methods in investigating students' sense of belonging and mental health. Said study was undertaken by McBeath et al. (2018, p.46) whose participants described sense of belonging as "a feeling of being accepted and recognized within the university community". Understood in this way, sense of belonging was perceived as crucial to protecting students' mental health and wellbeing. McBeath et al's. (2018) research was conducted in Canada with 25 post first-year undergraduate students from a range of courses. I also found evidence of the apparent protective function of sense of belonging in the findings of studies that investigated links between social identification (sense of belonging being an essential component of this concept) and students' mental health, which I discuss in the ensuing section.

Social Identification and Students' Mental Health

Social identification is a construct closely linked to social identity. The latter refers to "the individual's knowledge that he (or she) *belongs* (my emphasis) to

certain social groups together with some emotional and value significance to him (or her) of the group's membership" (Tajfel, 1972, p.31, as cited in Postmes et al., 2013, p.599). Whilst social identity is used to refer to "the group as a perceived entity" comprising characteristics related to its norms, its membership, and its relationship with other groups (outgroups), social identification on the other hand refers to "individual member's relationship to that entity" (Postmes et al., 2013, p.599). In this vein, Postmes et al. (2013, p.559) defined identification as a "positive emotional valuation between self and ingroup" and emphasised that social identification refers to individuals' relationship with the group as opposed to with individual members of the group. It is the emphasis on one's relationship with a group rather than with individual group members that can be seen to distinguish social identity from similar constructs like social connectedness and sense of community. McIntyre et al. (2018) explained how, according to Jetten et al's. (2012, as cited in McIntyre et al., 2018) social cure model of health, when individuals experience social identification with a social group, the group then serves as a psychological health enhancing resource. I found support for this hypothesis in the findings of a systematic review and meta-analysis of associations between ethnic minority and migrant social identification and low psychological symptoms (Brance et al., 2023). Psychological symptoms were found to be lower in the presence of increased identification (Brance et al., 2023). According to Haslam et al. (2012), social identification can be fostered through facilitating engagement in positive interactions with others.

It appears the influence of social identification on students' mental health is a little researched area. Indeed, my information search revealed only one study in this respect. Said study was conducted by McIntyre et al. (2018) whose citations did not lead me to any similar studies thus supporting the likelihood of a dearth of research

in this particular area. McIntyre et al.'s. (2018) study revealed strong identification with university friends (I return to this variable) as the most significant predictor of lower levels of depression and anxiety in students (McIntyre et al., 2018). This was in comparison to identification with country of birth, England, university city, university, and primary online community. McIntyre et al.'s. (2018) research was conducted in a UK university and involved 1,135 undergraduate students from a range of courses. A three-item measure of in-group identification adapted from Doosje et al. (1995, as cited in McIntyre et al., 2018) was used to measure students' identification with identities thought to be of significance to university undergraduate students, including university friends. The three items measured the degree to which respondents felt "strong group ties", "belonging", and "identification" with the identified groups (McIntyre et al., 2018, p.232).

Social Support and Students' Mental Health

Social support has been defined as "an exchange of resources between two individuals perceived by the provider or the recipient to be intended to enhance the well-being of the recipient" (Shumaker & Brownell, 1984, p.11). According to Cutrona and Suhr (1992, p.155), there exists consensus in the field of social support that there are five types of support: "informational, tangible, esteem, emotional, and social network support". Of these, emotional support is deemed to be the most significant in generating perceptions of feeling supported (House, 1981, as cited in Langford et al., 1997). Langford et al. (1997, p.97) identified three social support antecedents: "social network, social climate, and social embeddedness". Drawing on the work of Gottlieb (1983) and Berkman (1984), Langford et al. (1997, p.97) described social network as "an interactive field of persons who provide the give and take of helpfulness and protection". Building on this, they described social climate as

the nature of the “atmosphere of helpfulness and protection” of a given social network, which is contingent upon “the quality of connectedness (embeddedness)” to significant others in the same social network (Langford et al., 1997, p.97). This atmosphere of helpfulness and protection, they contended, is crucial to socially supportive behaviours.

Social support has been associated with good mental health in the student and general population (Gariépy et al., 2016). Koelen et al. (2022), for example, from a prospective study, found a lower increase in depression and anxiety during university in students perceiving good levels of emotional support during the C-19 pandemic. Similarly, perceived social support in students has been associated with reduced suicide ideation (Caravaca-Sanchez et al., 2022) and with positive mental health (Mushonga & Henneberger, 2020). These findings reflect those of a longitudinal study of emerging adults that revealed a statistically significant inverse association between perceived social support and suicide-related outcomes and anxiety and depressive symptoms (Scardera et al., 2020). The significance of this finding in terms of the student population is that, as can be seen in the recent Higher Education Statistics Agency (2021) report, most students in the UK are indeed emerging adults.

It is not possible to gain a nuanced understanding of sources of perceived support from the studies relating to the student population cited above (Caravaca-Sanchez et al., 2022; Koelen et al., 2022; Mushonga & Henneberger, 2020). In other words, whilst it is reasonable to suggest that the learning environment may well have featured in this regard, it is not possible to disentangle its contribution from other potential sources of social support. Koelen et al. (2022), for example, said they used a questionnaire to investigate mental health risk and protective factors, which

included questions about emotional support. What these questions were and support from whom was not specified, however. Caravaca-Sanchez et al. (2022) and Mushonga & Henneberger (2020), on the other hand, measured social support using the 'Multidimensional Scale of Perceived Social Support', which measures an amalgamation of different sources of support including family, friends and significant people (Zimet et al., 2010, as cited in Caravaca-Sanchez et al., 2022). Once more, therefore, associations between perceived social support in the learning environment specifically and students' mental health could not be ascertained. My information search did yield some studies that looked at support in the learning environment, however, as can be seen in the ensuing section.

Social Support From Peers and Students' Mental Health

Mokgele and Rothmann (2014) investigated the relationship between support from peers (as one of three study resources) and students' mental health. Their study was conducted across higher education institutions and courses in South Africa and involved 936 respondents in their first year of study. Analysis revealed a significant positive association between support from peers and students' psychological wellbeing (Mokgele & Rothmann, 2014). Peer support was assessed by means of three items on a 'Study-Demands- Resources (SD-R) Scale' (Mokgele, 2014, as cited in Mokgele and Rothmann, 2014) an example provided being "can you count on fellow students when you run into difficulties" (Mokgele & Rothmann, 2014).

Supporting the association of support from peers and students' psychological wellbeing are findings from qualitative studies I have already cited. McBeath et al. (2018), for example, found that students viewed informal support from peers as crucial to the protection of their mental health and wellbeing. Relatedly, support from

peers was regarded as protecting against poor mental health by veterinary students (Weston et al., 2017). Weston et al. (2017, p.23) emphasised that support from peers was valued in the event it included study groups and the “sharing of study material”. Skoglund et al. (2021) also reported findings in support of support from peers and students’ mental health. Specifically, in recounting their experiences of student life felt to have contributed to mental health and wellbeing, students identified support from peers in this regard. Similarly, midwifery students in Oates et al’s. (2020) study valued the facilitation of regular meetings with their peers and considered these to be wellbeing enhancing. And similarly, several of Larcombe et al’s. (2022) respondents recommended that mechanisms be put in place to foster peer support as a means of improving students’ mental health.

Social Support From Academic Staff and Students’ Mental Health

The cross sectional study I cited in the preceding section by Mokgele and Rothmann (2014) also investigated support from lecturers as a study resource. Somewhat reflecting their finding in respect of peer support, they found a significant positive correlation between lecturer support and students’ psychological wellbeing. However, the relationship in this respect was stronger. Lecturer support was also measured using the SD-R scale (Mokgele, 2014, as cited in Mokgele & Rothmann, 2014) an example item provided being “can you count on your lecturer when you run into difficulties in your studies” (Mokgele & Rothmann, 2014, p.518). It was not possible to establish what other items were included in the SD-R scale, however, since it is only available in an unpublished thesis (Mokgele, 2014, as cited in Mokgele & Rothmann, 2014). As such, it is not possible to ascertain from this study what other forms of support may be potentially student mental health-enabling.

Another cross sectional study I have already referred to, in this case regarding peer relations, also found positive associations with mental health involving support from academic staff. The study in question is that of Feng & Zhang (2022) whose analysis revealed a statistically significant positive correlation between positive perceptions of teacher support and student's mental health. To measure perceptions of teacher support, they used a questionnaire developed specifically for university students by Ouyang (2005, as cited in Feng & Zhang, 2022). Previous studies, Feng and Zhang (2022) stated, have validated the questionnaire as suited to Chinese university students' perceptions of teacher support. Consisting of 19 items, the questionnaire has three dimensions: learning support, emotional support, and capability support (Feng & Zhang, 2022). However, in the analysis these dimensions were not disaggregated meaning it is not possible to ascertain which type of support was most associated with students' mental health.

My information search yielded another cross sectional study that investigated the relationship between support from academic staff and students' mental health. This particular study was conducted in South Africa by Basson and Rothmann (2019) involving 779 undergraduate students studying pharmacy. Pharmacy students, they stated, experience particularly high workloads and are limited in terms of time to manage study demands (Basson and Rothmann, 2019). With this in mind, and based on an assumption that support from lecturers may contribute to students' psychological wellbeing by enabling them to deal with course demands, Basson and Rothmann (2019) investigated how overload and lecturer support are associated with students' flourishing. Flourishing is a perspective of mental health that emphasises positive emotions (hedonia) and high-level functioning (eudaimonia) (Deci & Ryan, 2008). Lecturer support and workload were measured using the

'Demands and Resources Survey' (DRS) (Basson, 2015, as cited in Basson and Rothmann, 2019). Using a 5-point response scale, the DRS measures workload thus: "the workload in some of the subjects is too much", "my studies take up so much time that I do not have time to relax", and "during the semester, I feel physically drained at the end of the day", and lecturer support thus: "my lecturers provide accurate, performance related feedback", "my lecturers involve me in skills development and/or problem-solving", "my lecturers regard failure as part of the learning process", and "my lecturers emphasise the fact that students are responsible for their own results" (Basson & Rothmann, 2019, p.340). The items relevant to lecturer support would appear to be measuring information and esteem support⁶. Basson and Rothmann's (2019) analysis revealed perceptions of low overload and high levels of lecturer support to be significantly associated with flourishing. And as expected, overload was negatively associated with flourishing whereas flourishing and lecturer support were positively related. However, lecturer support did not act as a protective factor against overload. Based on evidence that peer support is effective in enhancing academic success (Mokgele & Rothmann, 2014), Basson and Rothmann (2019) surmised that students experiencing high workloads may well be drawing on support from their peers rather than their lecturers. They also noted that students' perceptions of available resources in terms of lecturer support declined from their first through to their fourth year. This could be another reason perhaps why lecturer support was not found to be a protective factor.

Remaining with Basson and Rothmann's (2019) finding with respect to lecturer support and students' flourishing, lecturer support included involvement in

⁶ Cutrona and Suhr (1992, p.155) described informational support as "action facilitating support" including advice, factual input, and feedback relating to actions. Esteem support, they described as a form of "nurturant support" involving "expressions of regard for one's skills, abilities and intrinsic value."

study skills development. In this regard, their finding supports the perceptions of students who responded to Lister et al. (2023) and Lane et al's. (2018) surveys. By way of reminder, respectively, these revealed "building your study skills" (p.4) as the strongest student perceived enabler of mental wellbeing and "when the instructor suggests effective study strategies for the course" (p.5) as a high scoring teaching practice for students' mental wellbeing. That lecturer support was positively associated with flourishing also supports a finding of Baik et al. (2019) that students hold that students' wellbeing would be improved if they were given more advice on skills development. And finally, it can be seen to reflect the association between knowledge/skills as a resource and less stress, as found by Benson and Whitson (2022). All these similarities relate only to one aspect of Basson and Rothmann's (2019) measure of lecturer support, however. Therefore, especially since items were not disaggregated in the analysis, it is not possible to draw any hard and fast conclusions regarding the support afforded to others' findings.

To return to Lane et al's. (2018) study, other high scoring preferred teaching practices for students' wellbeing also featured support from academic staff, including "when the instructor is clear about how students can catch up on required, prerequisite knowledge" (informational support) and "when the instructor is accessible outside of class" (could relate to any support type). Veterinary students participating in Weston et al's. (2017) study also highlighted the accessibility of academic staff as significant to their mental health. Specifically, they perceived staff who were accessible as protecting them from stress, burnout and depression. Lister et al. (2021), on the other hand, highlighted how students described caring tutors they could rely on for support (specifically, informational support in the form of signposting and assessment advice) as contributing to students' mental wellbeing.

Linked to this, Townes O'Brien et al. (2011) reported how students reimagined their law school (in terms of being more conducive to students' mental wellbeing) as one where teachers would have provided more encouragement, guidance and clearer expectations. Likewise, Lister et al's. (2023) study revealed staff being more supportive to be a common suggestion (by students) for improving the distance learning environment in respect of students' mental wellbeing. To an extent, this reflects a finding of Oates et al. (2020) that midwifery students wanted more consistent support from their mentors. This suggests some mentors were supportive whilst others were not. These were placement mentors, however, but the finding indicates a desire for consistent support from staff more generally.

To return to Mokgele and Rothmann (2014) and Basson and Rothmann's (2019) studies, these examined support from staff as a resource in the learning environment potentially conducive to good mental health. This was alongside study demands as potentially harmful in this respect. Mokgele and Rothmann (2014) found that a lack of study resources, which included lecturer support, peer support (both of which I have already discussed) and the intrinsic nature of the task (how the latter operationalised was not clear in the relevant research report), combined with study demands, predicted burnout. Study demands were assessed by means of three items including "do you have too much work to do?" (Mokgele & Rothmann, 2014, p.518) which suggests work overload. Somewhat reflecting this particular finding of Mokgele and Rothmann (2014), Basson and Rothmann (2019), as conveyed earlier, found overload (the study demand under investigation) to be negatively associated with flourishing. The findings from both of these studies are consistent with a finding of Larcombe et al. (2022) who, to recap, examined course experiences and their relationship with wellbeing and psychological distress. Another course experience

under investigation was work overload. Work overload was measured using Griffin et al.'s. (2003, as cited in Larcombe et al., 2022) 'Work Overload Scale'. Said scale assesses students' perceptions regarding the reasonableness and conduciveness to learning of the volume of work required by a course (Larcombe et al., 2022). Once more, like the other course experiences investigated in this study, work overload was associated with psychological wellbeing and distress in the expected directions, accounting for greater variance in these measures of wellbeing than the situational stressors also under investigation. Findings from studies that utilised qualitative methods lend support to these associations concerning workload and measures of mental health. Weston et al. (2017), for example, reported how veterinary students view heavy workload as a high risk factor for stress. And Oates et al. (2020) related how midwifery students described the workload on their course as precluding their ability to escape study demands to enjoy time with loved ones, for example.

Teacher Autonomy Support and Students' Mental Health

I end this section about social support from academic staff and students' mental health with discussion relevant to teacher autonomy support and its relationship with good mental health. Autonomy-supportiveness, as the name suggests, refers to communicators who are more oriented toward interactions that support autonomy than to controlling interactions (Deci et al., 1981). Teacher autonomy support, a positive construct from Deci and Ryan's (1985) self-determination theory (SDT) holds that teachers who acknowledge and are supportive of students' perspectives, as opposed to being directive, help students thrive. Indeed, teacher autonomy support has been associated with better student engagement (Han & Huang, 2022; Yang et al., 2022) which in turn, according to Kotera and Ting (2021), has been found to predict mental health. Arguably, better

student engagement is a consequence of the meaningfulness associated with autonomy. In this respect, Martela and Riekkari (2018) emphasised that autonomy has been acknowledged in psychology as a significant contributor to meaningfulness. When individuals are given autonomy in choosing activities, they stated, then said activities are more likely to be experienced as meaningful (Martela & Riekkari, 2018). My literature search revealed three studies that examined the influence of teacher-autonomy support on measures of student mental health. These include the Larcombe (2022) study I have already cited that examined course experiences and associations with mental health (teacher autonomy support was another course experience they investigated), a study conducted in Canada involving 160 medical students, and one undertaken in Peru, involving 49 undergraduate music students (Neufeld & Malin, 2020; Herrera et al., 2021, respectively).

Larcombe et al. (2022) used the short version of the 'Learning Climate Questionnaire' (LCQ) (Williams & Deci, 1996) to measure teacher autonomy support (I return to the LCQ) and found that teacher autonomy support predicted wellbeing (again, this association accounted for more variance in respondents' wellbeing scores than the situational stressors investigated in the same study). This is consistent with the findings of Neufeld and Malin (2020) and Herrera et al. (2021) cited above, both of whom found significant associations between teacher-autonomy support and students' psychological wellbeing and flourishing, respectively. Neufeld and Malin (2020) used the full version of the LCQ which is comprised of 15 items, whereas Herrera et al. (2021), like Larcombe et al. (2022), used the short 6-item version. The 6-item scale focuses on choice, encouragement and feeling listened to. The 15-item scale also has these item types but has items indicative as well of a

positive social climate⁷ where students feel they can share their feelings, feel accepted, and cared about. Items on both the short and standard versions of the LCQ items can be seen to chime with the high scoring preferred teaching practices for students' wellbeing identified in Lane et al's. (2018, p.5) study including "being given choice in assignments" (I referred to this earlier) and "when the instructor creates/fosters a safe environment." Although, as I have alluded to, Lane et al. (2018) used fixed choice format questions, meaning on this occasion that it is not possible to ascertain what students meant by a safe environment, I feel it reasonable to suggest that this may well have included feeling accepted and cared for, and able to open up about issues of concern.

To return to the findings of Neufeld and Malin (2020) and Herrera et al. (2021), the associations they found between teacher-autonomy support and students' psychological wellbeing and flourishing, respectively, were mediated by needs satisfaction. Needs satisfaction is an essential component of Deci and Ryan's (1985) self-determination theory (SDT) which I briefly referred to earlier. SDT is a theory of motivation that posits that attempts to understand human motivation must take account of individuals' "innate psychological needs for competence, autonomy and relatedness" (Deci & Ryan, 1985, p.227). The theory holds that a crucial factor in the outcome of goal pursuit and achievement is the extent to which these basic psychological needs are satisfied in the process (Deci & Ryan, 1985). Of significance to my research is the hypothesis that when these needs are not met, the invariable consequence is that mental health is impacted negatively (Deci & Ryan, 1985). And of yet more significance is that the fulfilment of these basic psychological needs

⁷ By way of reminder, Langford et al. (1997, p.97) conceptualised social climate as the nature of the "atmosphere of helpfulness and protection" of a given social network.

requires the availability of “nutriments namely ambient supports for experiencing competence, relatedness and autonomy” (Deci & Ryan, 1985, p.229). Thus, within the context of my research, said nutriments would equate to conditions conducive to students’ mental health.

Summary and Research Questions

My review of literature pertaining to potential inter and extra-personal student mental health-enabling conditions in the undergraduate learning environment revealed certain assessment practices, positive interpersonal relations, social support, and different permutations of collective curriculum characteristics as possibly enabling students’ mental health. However, with regard to the latter, whilst findings from studies investigating associations between assemblages of curriculum differences or reforms and mental health pointed to the significance of curriculum to students’ mental health, it is not possible to pinpoint from them what exact aspects of the curriculum may be having an effect. To arrive at a more nuanced understanding of potential inter and extra-personal mental health enablers in the learning environment, therefore, I sought and scrutinised studies whose findings point to specific factors therein as potentially enabling students’ mental health. As is evident from the foregoing synthesis of said studies, this revealed a relatively nascent body of knowledge arising in the main from studies conducted in Australia, Canada, the USA and the UK. Some of these studies investigated specific inter and or extra-personal aspects of the learning environment herein defined and their possible association with good mental health in students. Others explored students’ perspectives of mental health enablers (and barriers) in the context of the wider university and beyond, which will naturally have included the learning environment herein defined. However, none focused specifically on the learning environment as I

have defined it. As such, there is an apparent gap in our understanding of how students' proximal, if you will, learning environment is characterised in terms of student mental health-enabling conditions therein.

Further, whilst some of the studies I reviewed drew on Deci and Ryan's (1985) SDT, it would appear that most others did not apply a theoretical framework (as defined presently) to the understanding of potential student mental health-enabling conditions. Anfara and Mertz (2015, p.15) defined "theoretical frameworks as any experimental or quasi experimental theory of social and/or psychological processes, at a variety of levels....that can be applied to the understanding of phenomena." This definition, they explained, does not incorporate social research paradigms and neither does it equate to methodological approaches and their underlying assumptions (I use the term theoretical lens instead to highlight this distinction). Rather, the theoretical framework pervades the research, framing it and informing every step in the process, thus allowing us to see the apparently familiar in novel and multiple ways (Anfara & Mertz, 2015). With this in mind, not only is there an apparent gap in our understanding of inter and extra-personal student mental health-enabling conditions in the learning environment herein defined, by and large, what little understanding does exist is not informed by theoretical frameworks (as defined by Anfara and Metz, 2015).

To contribute to addressing these gaps in our understanding, I chose Antonovsky's (1979) theory of salutogenesis as a theoretical lens through which to examine how the undergraduate learning environment is characterised in terms of inter and extra-personal student mental health-enabling conditions. I explain salutogenesis in more detail and why I chose it in the ensuing chapter. Using a theoretical lens in this way meant I was able to draw upon the student voice as crucial

to improvements in student mental health (Piper & Byrom, 2017) without placing the onus on my participants to determine what factors are likely to benefit students' mental health. In line with the theory of salutogenesis and pragmatism philosophy, my research questions were:

1. How is the undergraduate learning environment characterised in terms of generalised resistance resources and generalised resistance deficits?
2. How is the undergraduate learning environment characterised in terms of consistency, a balance of underload and overload, and participation in shaping outcome?
3. How might academic staff cultivate mental health-enabling undergraduate learning environments as part of a whole university approach to students' mental health?

In the next chapter, I explain these constructs in more depth, justify my use of salutogenesis as my theoretical lens and, to a large extent, explain how I applied salutogenesis in my research.

Chapter 3. Theoretical Lens

In the thesis introduction I provided an overview of Antonovsky's (1979) theory of salutogenesis. In this chapter, I explain salutogenesis in more depth, including its key constructs sense of coherence and generalised resistance resources. I add yet more depth regarding salutogenesis in Chapter Five where I analyse themes arising from my data using a salutogenesis lens. In this chapter (Chapter Three), I also justify my use of salutogenesis as a theoretical lens making reference to its significance in mental-health related research, including students' mental health. Further, I outline how I applied salutogenesis in my research.

Salutogenesis

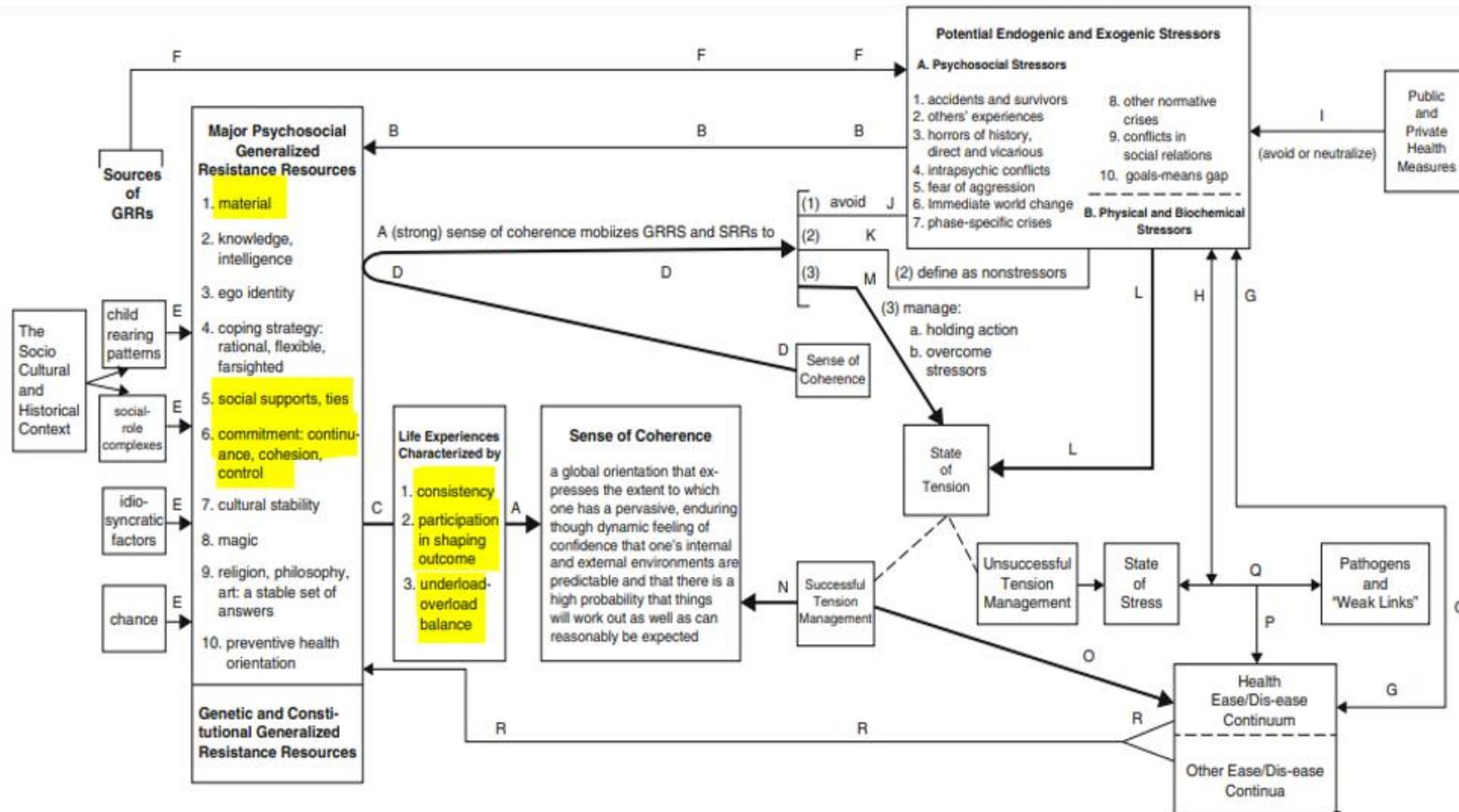
A term coined by Aaron Antonovsky (19 December 1923 – 7 July 1994), a highly esteemed medical sociologist with a keen interest in socio-structural determinants of health, salutogenesis refers to the "origins (genesis) of health (saluto)" (Antonovsky, 1979, p.vii). In 1979, in his book *Health, Stress, and Coping*, Antonovsky posed the question of salutogenesis and proposed that the origins of health were to be found in a sense of coherence (SOC). In the same book, he introduced his salutogenesis model of health (Figure 1)⁸. The model, he explained, conveys the evidence for linking SOC to health status (Antonovsky, 1979), in other words his theory of salutogenesis. Appendix C shows the model Key.

⁸ Figure 1 is a reproduced version of Antonovsky's (1979) salutogenesis model cited in Mittelmark and Bauer (2022, p.13). I used only certain aspects of the model – highlighted – which I explain later in this chapter. I have been careful to use these aspects within the context of an understanding of the model in its entirety. Said understanding can be seen to permeate my thesis.

Figure 1

Diagram of the Salutogenesis Model

(Antonovsky, 1979, as cited in Mittelmark & Bauer, 2017, p.9)



Sense of Coherence (SOC) and the Health Ease/Dis-Ease Continuum

SOC is one of the two key constructs in salutogenesis. The other is generalised resistance resources (GRRs) (which I discuss later in this section). Antonovsky (1979, 1987) conceptualised SOC as an orientation to life that aids coping through preventing stressor induced tension from developing into stress. Noting how it comprises both cognitive and affective (behavioural and motivational) components, he (Antonovsky, 1987, p.19) defined SOC thus:

Sense of coherence is a global orientation that expresses the extent to which one has a pervasive, enduring, though dynamic, feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable (this he termed comprehensibility); (2) the resources are available to one to meet the demands posed by these stimuli (this he termed manageability) and (3) these demands are challenges worthy of investment and engagement (this he termed meaningfulness).

SOC is pervasive, Antonovsky (1979) theorised, in that it does not apply only to a particular role, situation, or time. Rather, it should be viewed as a generalised positive orientation to life. That it is enduring, he continued, means it is an essential aspect of one's personality, albeit subject to temporary and minor fluctuations around a stable point on an imaginary sense of coherence continuum. And that it is a dynamic construct refers to its likely malleability throughout one's life as opposed to only being part of one's genetic endowment or influenced only by early life experiences.

The central tenet of salutogenesis is the contention that an individual or group's SOC is responsible for their position and movement on a health ease (the positive end) versus dis-ease (the negative end) continuum (Antonovsky, 1979). To view health on a continuum represents a shift away from a dichotomous understanding of health and disease/illness as two separate states. Specifically, Antonovsky (1996, p.14) rejected the notion that we fluctuate between illness and health. We are none of us ever well or unwell, he contended, the human system is inherently flawed and subject to unavoidable entropic conditions. We are always in the "dangerous river of life"... "none of us are on the shore", he said, and thus, he continued, we must adopt a salutogenic approach concerned with how we can swim well towards calmer waters in life's metaphorical river. Salutogenesis, therefore, is concerned with factors that maintain or strengthen SOC and thereby contribute to health ease. And by its very definition, it is *not* (my emphasis) concerned with downward movement on the continuum. "What set of factors...", asked Antonovsky (1979, p.69), "can help us understand location on and movement up the breakdown continuum". To clarify, the breakdown and health ease/dis-ease continuum are one and the same. However, so concerned was Antonovsky that dis-ease might be misconstrued as disease (which I have found it to be), he used the term breakdown instead, much as he preferred the concept of health dis-ease (Antonovsky, 1979). Factors that explain location on and movement towards the health ease end of the continuum are, in part, what Antonovsky called generalised resistance resources (GRRs), the other of the two key constructs of salutogenesis.

GRRs, Life Experiences, and Generalised Resistance Deficits (GRDs)

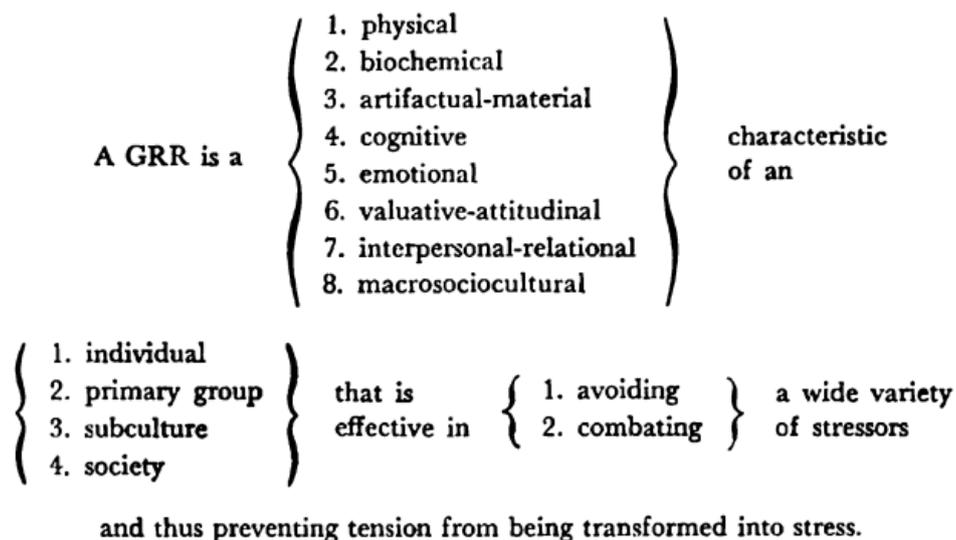
Antonovsky (1979) theorised that the strength of our SOC is largely determined by the extent to which our lives furnish us with GRRs. GRRs, he

theorised, are internal and external characteristics of individuals, groups, or the environment that effect the avoidance of or combating of biopsychosocial stressors for which we do not have an automatic response. Combating these stressors requires the successful management of the tension they bring to bear so that said tension does not develop into stress (Antonovsky, 1987). Antonovsky (1979) offered a formal definition of GRRs in the form of a mapping sentence (Figure 2).

Figure Two

Antonovsky’s (1979) Mapping Sentence Definition of a GRR

(as cited in Vinje et al., 2017, p.32)



I examine GRRs in more detail in Chapter Five where I also explain how I prepared a lens for the purpose of analysing the themes that arose from my data in order to answer the first two of my research questions: 1) How is the undergraduate learning environment characterised in terms of generalised resistance resources and

generalised resistance deficits? 2) How is the undergraduate learning environment characterised in terms of consistency, a balance of underload and overload, and participation in shaping outcome? Of significance at this juncture, however, is that GRRs are hypothesised to provide life experiences characterised by consistency, load balance and participation in shaping outcome (Antonovsky, 1979) all of which are crucial to the development of a strong SOC. These three life experiences, Antonovsky hypothesised, “provide extended and continued experience in making sense of the countless stimuli with which one is continually bombarded” (Antonovsky, 1979, p.121). Consistent experiences, he (Antonovsky, 1987) theorised, contribute to the comprehensibility component of SOC, a good load balance to the manageability component, and participation in shaping outcome, to the meaningfulness component.

Moving on to GRDs, their relevance to my research is evident in my first research question (above). Unsurprisingly, a GRD refers to the lack of a GRR, and equates to a stressor (Antonovsky, 1979).

Why I Used Salutogenesis as my Theoretical Lens

There were several reasons why I chose salutogenesis as my theoretical lens. In this subsection, by way of justification, I explain each one in turn.

Salutogenesis Versus Pathogenesis

One reason I chose salutogenesis is that I am simply more oriented to salutogenesis than I am to pathogenesis (a concern with risk factors for specific diseases). On first coming across the theory as a master’s student studying health promotion, I was immediately drawn to it. This was mainly on account of the fact its underpinning assumptions align with my worldview. The rejection of a dichotomous view of health, for example, in favour of a health ease/dis-ease continuum aligns with

my view that we do not have to be free of a diagnosable condition to be deemed healthy. Asking about health ease, Antonovsky (1987, p3) contended, recognises that “we all are, so long as there is a breath of life in us, in some measure healthy”. It also goes a step further, he maintained, since it searches for more potent ways of reducing “human suffering” than focusing only on specific disease prevention or curative factors (a pathogenesis orientation). This concern with salutary rather than risk factors means adopting a holistic view of people (Antonovsky, 1996), “searching for the total story of a human being, including their sickness” (Antonovsky, 1987, p12). Finally, rather than targeting health enhancement endeavours towards high risk groups, salutogenesis focuses research and intervention on everyone wherever they may be on the health ease/dis-ease continuum (Antonovsky, 1996). This relates to Antonovsky’s (1979, p.35) contention that “only when we begin to pose the problem of salutogenesis (here he was referring to the origins of health) will we begin to fully implement a full-scale search for those factors that promote health rather than causes of specific diseases”. An understanding of those factors, he maintained, can be applied to reducing “pain and suffering among the rest of us” (Antonovsky, 1979, p.36). A salutogenic orientation does not reject pathogenesis. Indeed, notwithstanding his obvious passion for the salutogenic approach, Antonovsky always took great care to remind his readers of the significant value of pathogenesis oriented research and action and of how he himself was once very much oriented towards it. Using cancer research and treatment to illustrate his point, he asserted that “it is important...that work on the theory, prevention and therapy of cancer continue” but that we should recognise the importance of both orientations and thereby distribute both “intellectual and material resources” accordingly (Antonovsky, 1987, p.13). I hold with this same view both generally and in the realm of student

mental health. With respect to the latter, there is currently a dearth of research relevant to the examination and exploration of salutary factors within the context of higher education (Dooris et al., 2022) thereby suggesting an unequal distribution of "intellectual resources" and providing further justification for my research.

The Significance of Salutogenesis to Health Promotion

Another reason I selected salutogenesis concerns its significance to health promotion related research and practice, the context of my research (emphasising the healthy settings approach) and the fact it has stood the test of time. More than four decades have passed since Antonovsky (1979) advanced his theory (Bauer et al., 2019) and nearly three decades since he took the ambitious step of advancing salutogenesis as a theory to guide health promotion, a field he contended hindered by its lack of a theoretical foundation (Antonovsky, 1996). Linked to this, salutogenesis, on account of its concern with creating health through strengthening resources and thereby SOC, is now recognised globally as providing a guiding theory for health promotion research and practice (Barry, 2022). However, it is a field that tends to adopt the more nebulous understanding of salutogenesis as only implying a need to focus on assets for health and wellbeing (Bauer et al., 2019). This said, referring specifically to salutogenesis as postulated by Antonovsky in 1979, Margaret M. Barry, President of the International Union of Health Promotion and Education (IUHPE) (at the time of writing), contended that salutogenesis provides a scholarly focus for the study of health enhancing factors. And, she added (and this is of great significance to my research), SOC is essential to understanding mental health as a positive state given its focus on our ability to make sense of our experiences and to adapt appropriately to the stressors inherent in life (Barry, 2022). Similarly, Graeser (2011) asserted that salutogenesis, as conceptualised by

Antonovsky, provides a means of identifying mentally healthy resources operating within organisations, including universities. Thus further justifying its significance to my research.

Since its inception, salutogenesis has undergone decades of substantial empirical testing culminating in convincing evidence of its applicability and justifying its subsequent advancement as a theory (Garcia-Moya & Morgan, 2017). Indeed, with a view to strengthening our understanding of salutogenesis, in 2007 a Global Working Group on Salutogenesis (GWG-Sal) was developed as part of the IUHPE. Later, in 2017, GWG-Sal established a global Society for Theory and Research on Salutogenesis (STARS) in order to internationalise salutogenesis research and thereby strengthen its advancement. A further aspect of GWG-Sal's work focusing on strengthening salutogenesis as a theory to guide health promotion has been the publication of two salutogenesis handbooks, one in 2017 and, on account of a raft of additional research that followed, another in 2022 (Mittelmark et al., 2017; Mittelmark et al., 2022, respectively). Thus it can be seen that despite the fact it dates back to 1979, salutogenesis remains alive and well making it contemporarily applicable to my research as well as having relevance to my focus on mental health enhancement. Added to this, its reach has started to expand beyond health promotion to the social sciences (Mittelmark & Bauer, 2022). In higher education this has taken the form of salutogenesis-led curriculum design and delivery (Eriksson, 2019; Garista et al., 2019; Morris-Paxton et al., 2017; Ridley & Byrom, 2018; Vinje et al., 2017) and researching associations between SOC and a range of student focused variables. I cite findings relevant to research of this kind in providing further justification for my use of salutogenesis a little later in this section. For now, another reason I chose salutogenesis relates to its advantages over similar theories.

Salutogenesis Versus Other Theories

Despite the significance of salutogenesis to research concerned with a search for health enhancing conditions, there are other similar theories I could have used instead as my theoretical lens. These include dispositional optimism and locus of control for example. However, in view of its emphasis on health determinants, health development processes, and health outcomes, salutogenesis is regarded as a more complete theory (Mittelmark & Bauer, 2022) and was therefore better suited to my purposes. This said, SOC (the central construct in salutogenesis) components are closely aligned to other, similar, concepts such as self-efficacy, optimism and hardiness for example (Antonovsky, 1996). But one thing that clearly distinguishes SOC, Antonovsky contended, is the uniqueness of the combination of cognitive, behavioural and motivational components of which it is comprised (Antonovsky, 1996). Linked to this, Grevenstein et al, (2016, p.208) conducted what they referred to as a “neck-to-neck comparison” of SOC with other dispositions that are thought to benefit health, in this case resilience, optimism and self-compassion. This involved comparing all the constructs in question, including SOC, and exploring their criterion validity relevant to psychological distress. They examined SOC’s factor structure and incremental validity over resilience in one study and over optimism and self-compassion in another. Notwithstanding a strong shared variance, SOC, in explaining most variance in psychological distress, “clearly outperformed its competitors” (Grevenstein et al., 2016 p.208). Thus making the emphasis in my research on GRRs and life experiences associated with strengthening the SOC a justifiable one.

SOC is also evidently more generalisable and not bound to particular cultures unlike similar concepts including internal locus of control for example (Mittelmark

and Bauer, 2017). This is another reason I am drawn to SOC and to the theory of salutogenesis more generally. Further, the emphasis in salutogenesis on the structural and interpersonal as well as intrapersonal sources of SOC (as shown in Figure 2) allowed me to examine the learning environment from a more sociological perspective in a field currently dominated by an emphasis on understanding students' intrapersonal resources for mental health (Gopalan et al., 2022). Granted, SOC is itself an intrapersonal resource; however, the salutogenic model affords examination of its external sources.

SOC and Mental Health

Further and highly significant justification for the emphasis in my research on salutogenesis lies with the association of SOC with good mental health outcomes. For instance, applying several strict inclusion and exclusion criteria, Eriksson and Lindström (2006, p.360) selected and reviewed 458 scientific papers and 13 doctoral theses from which they concluded that SOC "seems to be strongly associated with perceived good health", especially mental health. More recent systematic reviews have also attested to positive correlations between SOC and health. Lansimies et al. (2017), for example, reviewed a selection of 23 out of an original 827 papers (that is, before exclusion criteria were applied) investigating adolescents' sense of coherence and health. They found that SOC was closely related to health in terms of quality of life, health behaviour, mental health and family relationships. Further, del-Pino-Casado et al. (2019) systematically reviewed evidence from 35 carefully selected studies focused on the relationship between SOC, burden resulting from informal caregiving, and mental health outcomes in informal care givers. Their findings suggested that SOC has a significant role in determining caregiver well-being and may protect against psychological distress and caregiver burden.

SOC has also been associated with good mental health in students. Indeed, the start of the millennium saw a burgeoning, international interest in investigating associations between SOC and student mental health-related outcomes with much of this research attention occurring in Europe, North America, and Japan, and focusing mainly on undergraduate students from a range of disciplines. These investigations have consistently observed associations between SOC and self-reported good mental health. For example, there have been studies that have revealed negative associations between SOC and perceived stress among students (Chu et al., 2016; Gambetta-Tessini et al., 2013; Shirka, 2000) independent of cultural context (Greimel et al., 2016) and including perceived acculturative stress (He et al., 2012). Similarly, SOC has been observed as partially mediating negative relationships between perceived social support and perceived stress (Nosheen et al., 2014). Associations involving SOC and depressive symptoms among students have also been found. For instance, weak SOC mediated positive correlations between acculturative stress and depressive symptoms (Abu-Kaf & Khalaf, 2020) and strong SOC mediated inverse associations between peer attachment and depressive symptoms (Ying et al., 2007). Similarly, SOC has been found to moderate the effects of independent variables on depressive symptoms (Yano et al., 2019)

Mental wellbeing has also been a feature of this relatively recent interest in SOC and student mental health, finding positive correlations between SOC and measures of mental well-being (Togari et al., 2008) including positive associations between students' SOC and reported Quality of Life (Greimel et al., 2016; Kleiveland et al., 2015; Rakizadeh & Hafezi, 2015). And more recently, large-scale studies investigating the protective role of SOC during the recent (at the time of writing) C-19 pandemic have found similar relationships. For example, Torinomi et al. (2022)

observed strong SOC to be associated with positive mental health and absence of clinical depression in students amidst the pandemic and Dadaczynski et al. (2022) observed a significant association between strong SOC and high levels of wellbeing.

The findings in respect of SOC and both general and student population mental health I have presented above have consistently linked SOC to good mental health. However, most were cross sectional correlational studies and it is well known that correlation does not imply causation (Charles et al., 2022). Linked to this, Hochwalder (2019) called for longitudinal studies into the causal effect of SOC on health. Such studies are in fact beginning to emerge and have shown, for example, positive relationships between SOC and Health Related Quality of Life (Steca et al., 2022) and between SOC and decreased anxiety and depression (Greco et al., 2022). The emergence of these longitudinal findings combined with the findings of systematic reviews in support of the association between SOC and mental health, I contend, point in a causal direction. More importantly, in the light of my philosophical stance (which I describe in the next chapter), is that they lend support to Antonovsky's (1979, 1987) theory of salutogenesis and therefore my use of it.

Further justification along fairly similar lines for my emphasis on salutogenesis lies in the contention that SOC could be conceived as an indicator of mental health in and of itself (Geyer, 1997). Geyer's (1997) argument in this regard was that this would explain the consistent findings in support of associations between SOC and mental health outcomes. If indeed SOC is an indicator of mental health, then exploration of its sources suddenly feels yet more pertinent. However, Geyer was speculating and as far as I can ascertain the point he made has not been explored further. This of course is not to suggest it has no substance.

The Developmental Trajectory of SOC

My final point in justifying my use of salutogenesis also relates to SOC, this time in respect of its developmental trajectory. Antonovsky (1979) theorised that the development of SOC continues throughout childhood becoming tentatively formed by the time adolescence begins, at which point it begins to transform into a more permanent state. And by young adulthood, he maintained, "one has acquired as it were a tentative level of coherence" becoming considerably permanent a decade or so later (around the age of 30) when fluctuations will be minor and short lived (Antonovsky, 1979, p.188). Given that many students are at this age, university is considered an important context for SOC related research and SOC strengthening interventions (Dooris et al., 2022). In fact, contrary to Antonovsky's thinking that SOC is considerably permanent by the age of 30 or thereabouts, it has since come to light that SOC continues its development throughout adulthood (Eriksson & Lindström, 2005) and can be strengthened by interventions (Hochwälder, 2019). Testifying to this are findings from SOC strengthening intervention studies targeting GRRs (Hochwälder, 2022), including social supports (Langeland & Wahl, 2009, as cited in Hochwälder, 2022). This affords further support to the importance of exploring SOC and its sources within the university setting, especially given the complex demands, both academic and personal, involved in being a student (Hochwälder & Saied, 2018). Moreover, how effectively students deal with said demands can be decisive in determining their future trajectories, hence affording yet more support to the importance to SOC enhancement in this context (Hochwälder & Saied, 2018) as part of whole university approach to student mental health.

In Critique of Salutogenesis

As much as I have exalted the virtues of salutogenesis in justifying its use as a theoretical lens, the theory is not without its drawbacks. Probably the most significant of these, especially given the focus of my research, is that little is known about SOC building and enhancing conditions (Garcia-Moya & Morgan, 2017; Magistretti, 2022). Indeed, it has been argued that this limitation could potentially weaken the ability of salutogenesis to guide health promotion (Garcia-Moya & Morgan, 2017). However, notwithstanding this issue, there exists a growing recognition of the significance of salutogenesis driven research (Garcia-Moya & Morgan, 2017). And with respect to universities in particular, it has been contended that “a more nuanced understanding (of salutogenic concepts) could be highly beneficial for all who live, learn, work and love on our campuses” (Dooris et al., 2022, p.315). In advancing salutogenesis as a theory for health promotion, Antonovsky (1996) recommended using it to inform the development of interventions to strengthen SOC but that such interventions must always be evaluated, not only in respect of their effectiveness but in advancing the theory. Viewed in this way, the limited understanding of SOC strengthening factors becomes less of an issue. This has a significant link to my philosophical stance which, as I have stated, I describe in the forthcoming chapter.

A further potential drawback associated with salutogenesis worthy of consideration is the fact that Antonovsky’s (1979) conceptualisation of health, which I explain presently, did not include mental health. He explained how in his book *Health, Stress and Coping* he clearly differentiated the health ease/dis-ease continuum from “other (than physical health) aspects of wellbeing” and consciously

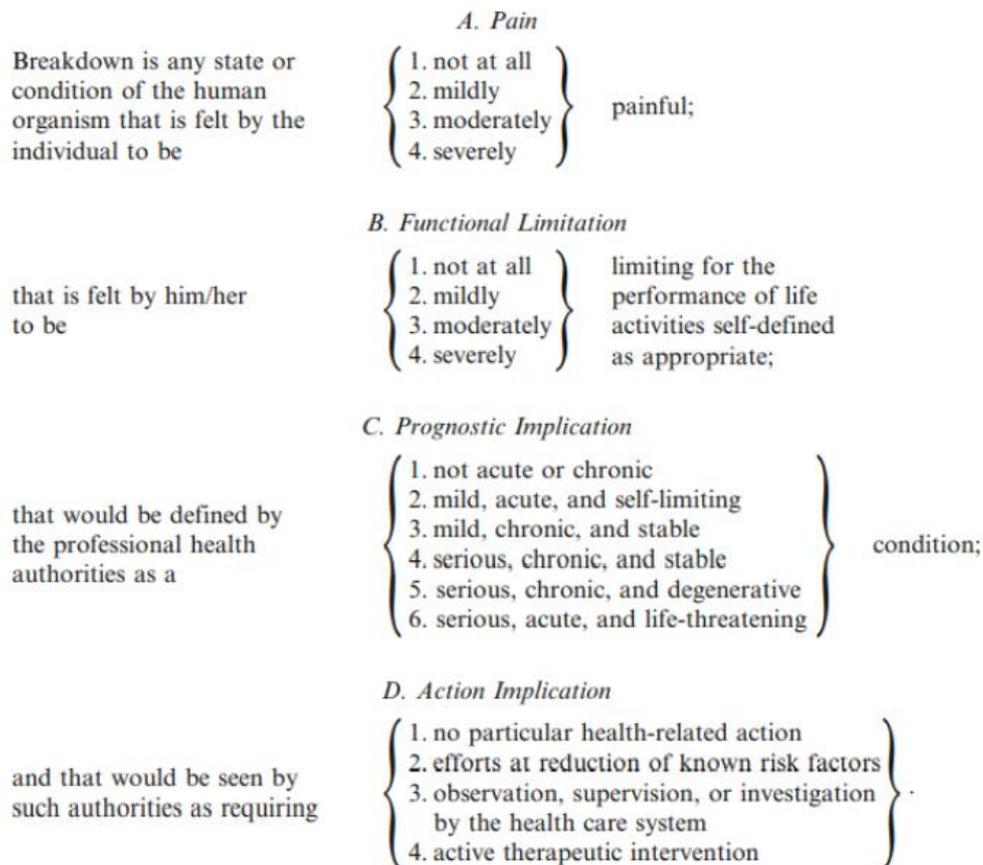
avoided including mental health in the continuum (Antonovsky, 1987, p.179). He went on to explain how in considering whether there may be a link between SOC and mental health, he had felt wary of postulating a link between SOC and “everything that can possibly be regarded by someone, or in some culture, as desirable” (Antonovsky, 1979, p.68 cited in Antonovsky, 1987, p.179) this being his view of wellbeing, of which he saw physical and mental health as aspects of (Antonovsky, 1979). Notwithstanding Antonovsky’s misgivings in this regard, as I have shown, the link between SOC and mental health has become an area of immense research interest. And, paradoxically, perhaps, associations between SOC and mental health seem stronger than the link between SOC and physical health (Eriksson & Lindström, 2006, p.360).

A further point of critique of salutogenesis relates to Antonovsky’s (1979) conceptualisation of health ease/dis-ease (Figure Three). This refers to a contention on the part of Bauer et al. (2019) that the model of salutogenesis requires a pathway to positive health since Antonovsky (1979) defined health ease/dis-ease in a negative fashion (as seen in Figure 3). However, I question the validity of this claim. By way of explanation, Figure 3 shows that Antonovsky used a facets definition of health ease/dis-ease, the reason being, he explained, to make it capable of operationalisation. At any one point in time, he stated, an individual can be seen to have a particular profile; specifically, a score on each of the four facets with a score of 1-1-1-1 putting them at the optimum health-ease (low-breakdown) end of the health ease/dis-ease continuum.

Figure 3

Antonovsky's (1979) Mapping Sentence Definition of Health Ease/Dis-Ease

(as cited in Vinje et al., 2017, p.31)



In light of the negative nature of health-ease presented in his facets definition, Antonovsky (1979, p.67) stated, “there would seem to be reasonable ground for charging me with disregarding the central imperative of my own salutogenic orientation.” Whilst there may be some justification for this charge, he continued, concern regarding the absence of a “super healthy, positive health category” suggests the need for further clarification of salutogenesis. In this vein, he noted that the primary concern of salutogenesis is not the pursuit of understanding how perfect

health is achieved, but in understanding location on and movement up the health ease/dis-ease continuum. Notwithstanding this, he then conceded, “yet it may be valuable, if we are to study really healthy people, few as they are, to have some way of identifying them”. To this end, he put forward a further facet to measure “really healthy” states. I contend, therefore, that a positive pathway to health already exists in the salutogenesis model and that in using salutogenesis our primary concern should be to understand factors that strengthen the SOC.

How I Used Salutogenesis

I used elements of salutogenesis throughout my research. In this respect, both my research aim and questions were clearly salutogenesis focused. My aim was to gain an understanding of how the undergraduate learning environment is characterised in terms of inter and extra-personal student mental health-enabling factors therein from the perspective of salutogenesis. To this end my research questions operationalised key salutogenesis constructs namely GRRs and GRDs (which I have explained already to some extent but return to in Chapter Five) and the three types of life experiences hypothesised to result from GRRs (which I also elucidate further in Chapter Five). Similarly, the possibilities for practice (I explain what I mean by possibilities for practice in the ensuing chapter) arising from my research (as outlined in Chapter Seven) are salutogenesis focused. However, my most hands-on use, if you will, of salutogenesis occurred during my analysis where I examined the themes that arose from my data using a salutogenesis lens I developed specifically for the purpose. In developing this lens, which I return to in Chapter Five, I focused upon the yellow highlighted GRRs in Figure 1 and on consistency, a balance of underload and overload, and participation in shaping outcome (the three life experiences, also highlighted), in other words, factors posited

by Antonovsky to lead to a strong SOC. Starting from the left of Figure 1, it can be seen from the highlighted that my emphasis lay in part with three specific categories of psychosocial GRRs, and not with the posited sources of GRRs to the left of the relevant column. Whilst the latter, as is evident in Figure 1, have an important indirect influence on one's SOC, they are macro sociocultural conditions posited to be conducive to continued GRR building experiences. They also include idiosyncrasy and chance (Antonovsky, 1979), including genetic and constitutional factors and luck (Antonovsky, 1987), respectively. All of these postulated sources of GRRs, therefore, can be seen to fall outside the scope of my research. Similarly, the unhighlighted GRR categories (see Figure 1) were also felt to lie outside of its remit since they are intrapersonal factors whereas my interest lay with inter and extra-personal factors. The other GRR included in my salutogenesis lens is material resources.

How Others Have Used Salutogenesis

As I have already indicated, most studies using salutogenesis within the context of student mental health have focused on associations between SOC and mental health across a range of measures and a limited number have investigated factors contributing to a strong SOC. I reported on the former in justifying my use of salutogenesis whereas findings from the latter are evident in my salutogenesis lens (Figure 4, blue font, in Chapter Five). I also found studies that focused on students' setting SOC. A setting based SOC refers to one's orientation to a given setting as comprehensible, manageable and meaningful (Graeser, 2011) and is therefore in keeping with the boundary notion of SOC. Regarding the idea of a SOC with boundaries, Antonovsky (1987, p.23) held that a strong SOC does not necessarily require a perception of the whole of life as comprehensible, manageable, and

meaningful. Rather, what is important, he proposed, is that there exists “spheres of life” of subjective importance to the individual that are perceived in this way, as long as they do not preclude four particular spheres. These are “one’s inner feelings, one’s immediate interpersonal relations, one’s major activity, and existential issues.” These spheres, Antonovsky (1987) hypothesised, are ones we are too invested in to deny their significance.

Studies focusing on students’ setting SOC include Bracha and Hoffenbartal (2015), for example, who used a SOC in Teaching Situations (SOCITS) scale to examine Israeli special education pre-service teachers’ perceptions of the comprehensibility, manageability and meaningfulness of their teaching situation over three years of study. Similarly, Hatlevik and Hovdenak (2020) explored medical students experiences of transformative learning over a four year period in this regard, in their case using a qualitative approach. Other studies have used a Students’ SOC (S-SOC) scale to investigate associations between students’ perceptions of their university as comprehensible, manageable and meaningful and other variables, including loneliness (Limarutti et al., 2021) and perceived quality of life (Mir et al., 2009). Whilst these studies investigating associations between students’ setting SOC (or orientation to university as opposed to orientation to life) found associations in the desired directions, none measured SOC (orientation to life) as a possible extraneous variable in these relationships.

To the best of my knowledge, no one has explored students’ experiences in the same context and using the same salutogenic approach as I did. One study had some very minor similarities, however. Dell’Olio (2018), whose research was conducted in the Netherlands, examined the experiences of students with disabilities through the lens of salutogenesis. Specifically, they used a life-course perspective as

a means of enabling their participants to identify significant stressors, GRRs, Specific Resistance Resources (SRRs) (I explain the latter in Chapter Five) and life experiences within their historical, social and cultural context. Their study differed from mine in several respects, however, not least in relation to the context. Other significant differences were that they focused on stressors and SRRs as well as GRRs and life experiences. However, as I trust I have made clear, salutogenesis is concerned with conditions conducive to health ease through strengthening the SOC. SRRs are not part of this process and neither are stressors, unless examined in respect of their successful management. Also, in terms of the life experiences aspect of the study, these were not the three life experiences identified in the salutogenesis model. Rather, students were asked to recount life experiences more generally. And in respect of their analysis, the researchers reported having developed categories which they broke down into themes and applied to the data transcripts. However, they did not make explicit what these themes were so it was not possible for me to ascertain how their use of salutogenesis in the analysis compared to mine. This said, it does appear from the findings that they focused on a much wider range of GRRs than I did (not those proposed by Antonovsky to be GRRs). I say this because their findings, they stated, revealed the following intra and extra personal GRRs, respectively: “flexibility, persistence, awareness of own skills and limits”, social support (including from peers), advice and understanding, supportive environments, and money (Dell’Olio, 2018, p.79). I have cited this study in my salutogenesis lens (Figure 4, Chapter Five) as supporting social supports as a possible GRR.

Chapter Summary

In this chapter I have evidenced my knowledge and understanding of the theory of salutogenesis and the important assumptions that underpin it. I have also

explained how said theory permeated my research from its inception through to its culmination in a set of possibilities for practice. Further, I have provided comprehensive justification for choosing salutogenesis as a theoretical lens through which to examine inter and extra-personal student mental health-enabling conditions in the learning environment. And latterly, I highlighted how compared to others' uses of salutogenesis in the field of student mental health, the way I have applied it is apparently unique, thus affording my research originality.

Chapter 4. Methodology and Methods

In this chapter, I explain how I addressed my research aim, questions and objectives. This includes delineating my philosophical stance and explaining and justifying my methodological (including methods) decisions. I open the chapter by reiterating my research aim, questions and objectives and describing the context of my research. I obtained ethical approval for my research from Sheffield Hallam University's (SHU) (where, at the time of writing, I am enrolled) Research Ethics Committee (REC) (Ethics Review ID: ER24727933) and following the chapter's section on methods, I discuss how I applied ethics principles. I end the chapter by outlining how I ensured rigor and reflexivity in the research process.

A Restatement of My Research Aim, Questions and Objectives

The aim of my research was to gain insight into potential inter and extra-personal student mental health-enabling conditions in the learning environment from the perspective of the theory of salutogenesis. My purpose, in this regard, was to inform practice relevant to cultivating mental health-enabling learning environments as part of a whole university approach to students' mental health.

My research questions were:

1. How is the undergraduate learning environment characterised in terms of generalised resistance resources and generalised resistance deficits?
2. How is the undergraduate learning environment characterised in terms of consistency, a balance of underload and overload, and participation in shaping outcome?

3. How might academic staff cultivate mental health-enabling undergraduate learning environments as part of a whole university approach to students' mental health?

My research objectives were:

- To select, based on my research questions and philosophical stance, an appropriate methodology.
- To select and pilot a method of data generation.
- To recruit from a sampling frame a heterogeneous sample of 12-20 students mid-way through their final year.
- To conduct semi-structured interviews with student participants using a suitable method of data generation.
- To apply thematic analysis to the data through the lens of salutogenesis.
- To be able to suggest possible salutogenic actions that could be usefully applied in the undergraduate learning environment in the interest of students' mental health.

The Context of My Research

I conducted my research in a large modern university located in an urban area in the North of England. The university in question was (and still is at the time of writing) my place of work. I was/am employed there as a senior lecturer on an undergraduate course that sits within the discipline of education. The reason I only focused on one university was because I did not intend to generalise my findings. Multi-site research seeks to achieve generalisability through between-site comparisons (Herriot & Firestone, 1983, cited in Jenkins et al., 2018) whereas, in view of my philosophical stance, which I later delineate, meant a single-site project was appropriate. Indeed, the use of multiple sites could have limited the depth of

analysis I was able to achieve. Creswell and Poth (2018), writing specifically about case study research, cautioned that the more cases studied, the less depth there can be in each single case. This is especially so, they noted, where resources – time and financial – are finite, as is often the case for doctoral researchers. Linked to this is why I undertook my research in my place of work. During it (my doctoral research), I was employed on a full-time basis meaning that, logistically, travelling to and from another university for the purpose of fieldwork would have been very difficult for me. Conducting said fieldwork in my own institution, on the other hand, would afford me much more time and flexibility to do so.

Participating in my research were 12 second semester final-year undergraduate students. I chose to focus on undergraduate students because I am an academic with, as I have alluded to, a substantial undergraduate teaching role and I wanted to be able to apply my findings. I chose final-year students because they had more experience of the learning environment to draw upon than students in their first or second year of study. I anticipated that the start of the second semester would be a suitable time for the fieldwork since the pressure of coursework and examination deadlines would either be absent or at least less intense at that particular point in the academic session (I return to my participants in the section on ‘Sampling and Sample’ later in the chapter and also in the section on ‘Reflexivity’ where I discuss the potential impact of my role in the institution on my relationship with them). In the event, however, due to difficulties encountered in recruiting participants (as I describe in the sampling section), fieldwork took place from the beginning of February 2021 through to mid-July 2021, whereas the intended timeframe was February 2021 through to March 2021. This meant that some of the fieldwork took place during a period of lockdown and some when students had

completed their studies. As such, all the fieldwork was conducted online. The timing of the fieldwork also meant an emphasis on online learning in the data which I very much doubt would have been the case under more 'normal' circumstances.

My Philosophical Stance

Dillon et al. (2002) described a category of scholars whose motivation to do research is driven by concern over an issue and a desire to find a solution to it. This is how I would describe myself as an academic and as a novice researcher (at the outset of my doctoral research). As can be seen from the prologue to the thesis, my research was conceived out of concern over the contribution of conditions in the learning environment to the current poor state of student mental health combined with a desire to inform ameliorative action in this regard as part of a whole university approach to students' mental health. This concern with ameliorative action is also clearly evident in my research aim. A desire to do research to make things better aligns me with pragmatism philosophy (Friedrichs & Kratochwil, 2009). Indeed, Rorty (1991, p.27), a well-known modern pragmatist, defined pragmatism as "the claim that the function of inquiry is, in Bacon's words, to 'relieve and benefit the condition of man' – to make us happier by enabling us to cope more successfully with the physical environment and with each other". Thus pragmatists view meaningful research as beginning with everyday experiences and the "desire for a better world" (Maxcy, 2003, p.53 citing Wolfe, 1999). In fact, they believe (as I do) that there is a moral duty on researchers to present knowledge that can be applied to practice in order to make a positive difference (Kelemen & Rumens, 2012). Consequently, pragmatists are invariably concerned with seeking information that provides direction for future action (Morgan, 2017).

Coming into higher education from a professional background in nursing, midwifery and health visiting and with a master's degree in health promotion, it is hardly surprising that I chose to focus my research on students' health. Neither is it surprising that I am drawn to pragmatism and its focus on providing direction for future action. Healthcare is recognised as an evidence-based practice (Newton et al., 2020). Therefore, having practiced as a health professional for a considerable number of years, I have no doubt been socialised into valuing research to inform practice and am hence drawn to pragmatism. Gregory et al. (2011, p.556) stressed that a researcher's "subject positions" has a bearing on how they frame their research. In terms of what informing practice actually looks like, however, my thinking has shifted considerably as a result of my learning over the taught part of my doctorate and indeed the thesis phase. As a health professional and master's researcher I was a strong proponent of evidence-based practice and its concern with generating objective and generalisable knowledge. However, I no longer hold with the possibility of gaining objective knowledge about the social world. And as for generalisability, I strongly agree with the widely held contention that generalisable knowledge is unattainable in complex social endeavours like education (Newton et al., 2020). As such, my position on informing practice has shifted to a concern with the generation of useful knowledge as opposed to generalisable evidence. The concept of useful knowledge is very significant to my research. Therefore, I frequently return to it throughout this section. Pragmatism philosophy provides a strong foundation for researchers concerned with producing useful knowledge without the constraints of the realist assumptions associated with evidence-based practice and its focus on the pursuit of 'truth' and generalisability (Newton et al., 2020).

On the subject of truth, pragmatism holds that researchers need not concern themselves with metaphysical debates about the nature of truth and reality. Rather, they focus on achieving practical appreciations of real life situations (Patton, 2015) in pursuit of knowledge that is practically useful (Feilzer, 2010). Linking this emphasis on practically useful knowledge to educational research; there is a widely held expectation that research in education is done to obtain knowledge that has relevance to educators' day-to-day practice and that educators want knowledge that can inform their practice rather than wanting to know "how a world out there is" (Biesta & Burbules, 2003, p1). Indeed, Newton et al. (2020) strongly contended that its emphasis on useful knowledge makes pragmatism philosophy particularly relevant to the field of educational research, which of course is where my research is located.

Emphasis on the usefulness of knowledge compared to emphasising matters of reality and truth is in fact a defining feature of pragmatism (Morgan, 2007) which, as evidenced by its rejection of metaphysical debates, holds that the purpose of philosophical activity is not to build philosophical systems but to tackle problems (Biesta, 2010). However, as argued by Dillon et al. (2002), this is not to say that pragmatists set aside philosophical debates in favour of simply getting research done. And nor do they neglect worldviews which align with their work or are ignorant of which epistemology to support. Rather, they contended, pragmatists hold that epistemological arguments are insurmountable since meaning cannot be separated from human experience and needs and is context dependent, positions I wholly support. Regarding this interconnectedness between meaning and human experience, pragmatism is predicated upon the argument that meaning making is contingent upon experience. Therefore, its focus is the consequences and meaning

of actions in social situations (Denzin, 2012). Pragmatism also holds that knowledge is both time and context dependent and that, as such, findings from research are not easily transferable across time and place (Ormerod, 2006). This is not to say, however, that transferability is a futile endeavour. As suggested by Morgan (2007), it is highly unlikely research findings from one context could be so unique as to have no applicability at all in similar contexts. From a pragmatist perspective, he explained, the issue is the extent to which the findings from one research approach and context can be used to inform action in another. On this basis, Newton et al. (2020) recommended that researchers, in reporting their findings, provide a comprehensive account of the context of their research and a clear account of how rigor was ensured. This, they stated, facilitates informed judgments regarding the usefulness of findings in similar contexts. Since the final two of my research objectives (Chapter One) and the third of my research questions focused on informing action (through suggesting possibilities for practice) across similar contexts to that of my research, I have taken care to provide both contextual and temporal information in the thesis. Added to this, later in the chapter, I also provide a clear account of how I addressed the issue of rigor.

It was John Dewey's scientific method of inquiry, whose version of pragmatism has been described as the most influential (Biesta, 2010; Cherryhomes, 1992; Morgan, 2017), my research aligned with the most. When it comes to questions of knowledge and how to conduct inquiry, Dewey's pragmatism is the most developed and detailed (Biesta, 2010; Morgan, 2007). Indeed, many of his ideas are still relevant to this day, particularly in the field of educational research (Biesta & Burbules, 2003; Ormerod, 2020). It is Dewey's novel approach to the question of knowledge and its acquisition (to which I return) that make his version of pragmatism

particularly relevant to educational researchers who like me are primarily oriented to gaining practical answers to practice related questions. However, an agreed definition of Deweyan pragmatism, as indeed pragmatism more generally, has always been and continues to be elusive (Biesta & Burbules, 2003). I found an exceptionally clear exposition, however, of the central tenet of Dewey's pragmatism, namely 'experience', in the work of Professor Gert Biesta (2010), co-editor of the *British Educational Research Journal* (at the time of writing) and recognised authority on Deweyan pragmatism.

Conceptualising Deweyan pragmatism as a transactional theory of knowing, Biesta (2010) explained 'experience' thus: the key concept in Dewey's philosophical framework is the ever-changing reciprocal interactions, which Dewey later called transactions, between living organisms (including humans) and their environment. The organism acts upon its environment which consequently produces changes in the environment which in turn affect the organism. In other words, the organism experiences the consequences of its actions. Biesta (2010) cited Dewey (1920, p. 129) as contending that "this close connection between doing and suffering or undergoing forms what we call experience". On this basis, Dewey viewed knowing as "the mode of experience that in some way supports action" (Biesta, 2010 p.10). Important implications of Dewey's approach are that, metaphysically speaking, it is only possible to know the (social) world as a consequence of our actions, and that knowledge is invariably concerned not with 'experiences' themselves but with their "antecedents and consequences". Thus knowledge (as I have explained in relation to pragmatism more generally) is always temporal (Biesta & Burbules, 2003, p. 55) and contextual (Morgan, 2014).

Biesta and Burbules (2003, p.10) explained how Dewey's transactional approach to knowing is underpinned by realist assumptions in that it does not reject the existence of a world "out there". However, they continued, reality is viewed as only experienced as a "function of the organism-environment transaction" making it a transactional realism. Linked to this, they explained, Deweyan pragmatism asserts that knowledge is a social construction, not of the human mind but located in our ongoing transactions with our environment. Hence it adopts an anti-dualist position (Hickman et al., 2010) which Morgan (2007, p.68) summed up thus: "Dewey created a revised version of metaphysics that focused on the experience of actions in the world, rather than the existence of either a world outside those experiences or experiences outside such a world." The implications of this anti-dualism for researchers is that it makes pragmatism practically relevant across a range of approaches (Denscombe, 2008).

Prerequisite to explaining Dewey's scientific method of inquiry and how my research aligned with it is an understanding of Dewey's concept of 'experience'. Morgan (2014, p.1045), also a recognised authority on pragmatism philosophy, explained how from Dewey's standpoint 'experiences' invariably entail a cycle of interpretation: beliefs originating in prior actions are interpreted to generate action, and actions are interpreted to generate beliefs. Scores of our 'experiences', he continued, occur in a "semi-automated state" where beliefs acquired from previous 'experiences' inform our actions in a current situation without the need for careful decision making. These "patterns of possible actions" are what Dewey termed 'habits' (Biesta & Burbules, 2003, p. 11). Often, however, problematic situations arise where how to act requires careful self-conscious decision making, a specific kind of 'experience' Dewey described as 'Inquiry'. There is little to distinguish Dewey's

approach to 'inquiry' in everyday life from its application in research (Brinkmann, 2012). Indeed, Dewey's scientific method of inquiry is no more than everyday problem solving but conducted in a more refined manner (Maxcy, 2003). It involves researchers in identifying a problematic situation located in everyday ordinary experience, seeking a solution to said problem using appropriate exploratory techniques, and testing their proposed solution in the problematic situation for the purpose of verification (Maxcy 2003 citing Rockefeller, 1991).

My research arose from a problematic situation arising from the death by suicide of one of my academic tutees. Her untimely and preventable death instilled in me a need to understand how the learning environment might be implicated in student suicide. However, I later became more interested instead in how we might create learning environments that protect and enhance mental health. Therein lay the problem – how might such learning environments be cultivated? By means of a literature review, I began to investigate this problem by seeking to understand inter and extra-personal conditions in the learning environment that might be student mental health-enabling. Dewey (1938) asserted that practice-related problems, once identified, should be carefully defined prior to the undertaking of inquiry. The literature review enabled me to do this. Specifically, as I highlighted in Chapter Two, said review showed that the learning environment herein defined is little understood with respect to mental health-enabling conditions, especially from a theoretical perspective. Thus, the defined problem became to enhance this understanding with a view to informing practice.

In seeking a solution to the problem, using a salutogenesis lens, I qualitatively explored students' reported experiences of their learning environments (I am not referring here to experience in Deweyan terms). This meant I was able to begin to

identify student voice and theory informed salutogenic actions that might make undergraduate learning environments more conducive to students' mental health. That I specify 'begin to identify' signifies how Dewey's concept of 'experience' (note single quotation marks which from hereon I continue to use to refer to Dewey's conceptualisation in this regard) and his scientific method of inquiry featured in my research. To explain, my focus in terms of Dewey's concept of 'experience' was on the 'experience' of academic staff; specifically, their 'experience' relevant to applying potentially salutogenic actions for students' mental health in the learning environment. This focus, as I will shortly elucidate, and have pointed to in my objectives (Chapter One), is to be continued beyond my doctoral research.

Why I had students as participants in my research as opposed to academic staff has to do with which of the stages in Dewey's scientific method of inquiry I used. To explain, the third stage, that of testing (I prefer the term evaluate) proposed solutions (in this case, possible salutogenic actions in the learning environment), did not feature in it. Thus a more accurate reflection is that it was only in part that Dewey's inquiry underpinned my research. Since so little is known about how mental health-enabling learning environments for students' mental health might be created, the extent of the defined problem if you will, it would not have been possible to conduct a thorough exploration of the learning environment to arrive at an understanding of possible ameliorative actions *and* (note emphasis) to evaluate their impact. In effect, this would have been tantamount to conducting two pieces of research. As such, the outcome of my research was a set of possibilities regarding how mental health-enabling (salutogenic) learning environments might be developed rather than an assertion of what works.

This brings me back to my earlier statement, that I fully intend to maintain a focus on the ‘experiences’ of academic staff relevant to salutogenic conditions beyond the completion of my doctorate. Specifically, this relates to my final objective: to encourage, through careful dissemination of my research, the application and evaluation of salutogenic actions in undergraduate learning environments. In line with pragmatism, this means instilling confidence in like-minded academics that possible salutogenic actions revealed by my research may well result in their *undergoing*, to use Dewey’s term, of learning environments indicative of students enjoying salutogenic conditions for mental health therein. The goal in this regard is to stimulate application and evaluation of some of these possibilities. In terms of evaluation, Dewey’s inquiry process does not stipulate what this should entail. However, he cautioned social scientists against the slavish application of the methods of the natural sciences to social inquiry (Knight & Johnson, 1999). Evaluation, the third stage of Dewey’s inquiry, is an essential step in the inquiry process. This is because it is only after this has taken place that useful knowledge, which Dewey termed ‘warranted assertibility’, providing actions have the desired consequences, is arrived at: “the final thing is appreciation and use of the things of direct experience” (Biesta & Burbules, 2003, p.95 quoting Dewey, 1929, p.177).

Warranted assertibility refers to Dewey’s conceptualisation of truth which (as I hope I have made apparent by now) he identified with the solution of a problem (Misak, 1991). Inquiry, he held, originates in a ‘problematic situation’ and, in the event it is successful, culminates in a situation so ‘determinate’ and ‘unified’ that how to act is no longer in question (Misak, 1991, p. 747). Dewey used the term ‘warranted assertions’ in preference to truth because he believed that knowledge can never offer us certainty, only possibilities (Biesta, 2010). This has to do with his, and

that of pragmatism more generally, treatment of knowledge as temporally and contextually dependent. These dependencies coupled with the evolving nature of the circumstances we find ourselves in makes reasoning from previous experience both fallible: culminating in knowledge that is uncertain, and probabilistic: where our assumptions do not produce the outcomes they were predicted to (Morgan, 2014). Or as Dewey himself asserted, no knowledge claim can avoid “criticism and revision” (Ormerod, 2006, p.901). This acceptance of knowledge as fallible is central to pragmatism which accepts that claims are subject to re-evaluation and change on the grounds of new evidence or new thinking (Ormerod, 2020).

Linked to this acceptance that claims are subject to re-evaluation and change is the philosophy’s emphasis on inter-subjectivity (Biesta, 1994) which involves joint action in pursuit of a common goal (Biesta & Burbules, 2003). On the part of the individuals involved, this requires mutual adjustment of individual “approaches...., perspectives and patterns of action” so that a coordinated response is facilitated through the creation of a “shared intersubjective world” (Biesta & Burbules, 2003). Applying this concept of intersubjectivity to research, Friedrichs and Kratochwil (2009, p.710) eloquently asserted that “scientific inquiry is not simply an intimate encounter between a research problem and a problem solver. It is a social activity taking place in communities of practice”. With this in mind, I plan to engage an existing community of student mental health researchers, of which I am a member, in a coordinated pragmatic approach to creating salutogenic conditions for students’ mental health in the undergraduate learning environment.

Methodology

In this section, I use the term methodology to refer to “the strategy ... lying behind the choice and use of ... methods and linking the choice and use of methods

to the desired outcomes” of the research (Crotty, 1998, p.3). By methods I mean “the techniques or procedures used to gather and analyse data” (Crotty, 1998, p. 3). However, methodology and methods are subject to interchangeable use (Slevitch, 2011). Therefore, when citing those who use method/s to denote something broader than techniques used for data generation and analysis, I denote such usage by italicising method/s.

Methodological Strategy

I adopted a generic qualitative approach (GQA) to research as my methodological strategy. Broadly exploratory and increasing in popularity (Kahlke, 2018), and indeed the most commonly used approach in educational research (Merriam & Tisdell, 2016), GQAs have been described as “studies that investigate people’s reports of their subjective opinions, attitudes, beliefs or reflections on their experiences of things in the world” (Percy et al., 2015, p.78). Although these characteristics are typical of research adopting qualitative methods, what distinguishes GQAs is that they reject full allegiance to any one of the established qualitative methodologies (Kahlke, 2014). Indeed generic qualitative approaches can hold their own as strategies for qualitative research (Merriam, 2009 cited in Kahlke, 2014). However, they are not considered methodologies in their own right (Kahlke, 2014).

Having broadly identified my chosen methodological approach, I make clear what part of Dewey’s scientific method of inquiry this decision relates to. Up to now I have explained the alignment of my research to the identification of a problem in an everyday situation: the first phase. I have also explained how my research did not involve the third phase but that as a committed pragmatist (I alluded to this), and practicing academic, I plan to engage my colleagues in using and evaluating some of

my suggested possibilities for practice and to encourage the same more widely (as discussed above). My methodological approach, therefore, and indeed my choice of methods, align with the second stage of Dewey's method of inquiry which he sought to apply through:

“observation of the detailed makeup of the situation; analysis into its diverse factors; clarification of what is obscure; discounting of the more insistent and vivid traits; tracing the consequence of the various modes of action that suggest themselves; regarding the decision reached as hypothetical and tentative” (Dewey, 1948, p. 164 quoted in Knight & Johnson, 1999).

My understanding is that this stage in the inquiry involves a thorough exploration of the problem identified, apart from the more obvious components, followed by careful consideration of the possible outcomes of the different potential solutions as a means of deciding tentative solutions. I set out to explore the problematic situation from students' perspectives since they are the ones on the receiving end, so to speak, of the learning environments we provide. Thus, a qualitative approach was called for since researchers adopting qualitative methods are concerned with how “actors themselves experience the world” (Brinkmann, 2012, p.12). According to Brinkman (2012, p.12), their mission, therefore, is to understand how life is lived “from the inside” or from within the local practices of everyday life as opposed to ‘objectively’ looking in “from the outside”. In trying to understand or interpret phenomena, researchers adopting qualitative methods are concerned with people as meaning makers (Denzin & Lincoln, 2011).

There were numerous reasons why I chose to use a GQA. One was that GQAs are well suited to research that aligns with pragmatism philosophy. This is

because they are not constrained by definitions of constructivism that emphasise the absence of a reality outside of human constructions of it (Kennedy, 2016). Oriented to pragmatism, I believe in an external reality. However, as I have already noted, I do not believe in the possibility of achieving an objective understanding of that reality. To do so would relocate me within a positivist philosophy which is where my allegiance lay when I was a health professional. Positivists hold a notion of humans as isolated knowers capable of accurate unbiased representations of an external reality (Duncan & Nicol, 2004). Pragmatists, on the other hand, believe in a world that is both real and socially constructed (Morgan, 2017) which aligns with my own thinking at the time of writing. By way of reminder, however; underpinning pragmatism is a specific notion of socially constructed knowledge, one that asserts that knowledge constructions are located not in the human mind but in our ongoing transactions with the environment. Therefore, it is only after the consequences of the possibilities emerging from my research have been evaluated that socially constructed *knowledge* – warranted assertibility - can manifest.

There were other reasons I chose a GQA, not least the fact they focus on the exploration of external rather than internal phenomena (Kennedy, 2016). Or as Percy et al. (2015, p.78) reported, “researchers considering any study of people’s subjective ‘take’ on actual (external) happenings and events” should think about using a generic form of qualitative research. My research was concerned with external and not internal phenomena and certainly sought individuals’ (students in this case) subjective ‘take’ on something, namely the learning environment, therefore making a GQA a viable approach. Percy et al. (2015) also noted that researchers bringing prior understandings to bear on participants’ accounts - in my case through the use of salutogenesis as a theoretical lens – can also select a GQA. GQAs are

also suited to the study of little understood topics using novel techniques providing researchers with a broadly exploratory path forward (Kahlke, 2018).

Further, and for this I will be eternally grateful, discovering the option of using a GQA enabled me to escape from a psychologically draining impasse where no amount of grappling with the overarching aims, principles, and procedures of more established methodologies presented a way forward for me. Researchers often find themselves in this quandary, which arises when research questions simply do not fit within the boundaries of a particular established methodology (Kahlke, 2014).

Having chosen to adopt a GQA, my next task was to establish which particular form of the approach was the most suitable. GQAs can be either descriptive or interpretive (Caelli et al., 2003). Researchers using descriptive GQAs strive to remain as close to the data as possible with the overall aim of providing a descriptive summary of events in their everyday terms (Sandelowski, 2000). In contrast, those using interpretive GQA approaches (as I did) wish to engage with data within philosophical and conceptual frameworks or systems (Sandelowski, 2000). However, the 'interpretive description' delineated by Thorne et al. (1997) aligns itself with a relativist ontology which, contrary to my own position, rejects the existence of a reality outside of our thoughts (Guba & Lincoln, 2005). Therefore, whilst I did not adopt a descriptive approach, neither did I use 'interpretive description' specifically. Rather, I adopted an interpretive approach to my generic qualitative study.

As well as descriptive versus more interpretive GQAs, other differences also exist. Researchers using a GQA can either draw on an established methodology whilst not strictly adhering to its principles of procedure (Kahlke, 2018), they can

combine established methodologies (Kahlke, 2014), or they can use tools from one or more of the established methodologies (Kahlke, 2018). In a manner in keeping with researcher as bricoleur, it was the latter of these approaches that I selected as my methodological strategy. A term coined by famous anthropologist Levi Strauss; bricoleur refers to a researcher who uses a diverse range of fit for purpose research techniques (Patton, 2015). Bricoleurs develop a bricolage, a careful amalgamation of techniques that align to answer research questions (Denzin & Lincoln, 2012). Linked to this, Creswell (2003) argued that researchers aligned with pragmatism philosophy can override the importance of *methods* in favour of affording primacy to the purpose of the research. This, he explained, means researchers can select techniques and procedures on a best fit basis. Thus my chosen approach aligned not only with my research aim and questions but also with my philosophical stance.

GQAs are not without their problems, however, not least the fact that the flexibility they afford can result in a study that is inconsistent and lacking in coherence (Holloway & Todres, 2003). Yet they are proposed in the literature to be an easy option (Kennedy, 2016). Linked to this, there is very little guidance on how to do a generic qualitative study well (Caelli et al., 2003; Kahlke, 2018; Kennedy, 2016). This say critics can lead to methodological incongruence, especially when researchers do not effectively identify their philosophical stance, thereby resulting in unacknowledged bias (Kahlke, 2014). This lack of guidance is not restricted to GQAs, however. Indeed, Chamberlain (2000) convincingly argued that there is very little by way of clear and coherent guidance on how to conduct some of the more established methodologies well either. Fortunately, I found useful guidelines, developed by Caelli et al. (2003), to aid me in doing generic qualitative research well. To the best of my knowledge, no similar guidance has been published since. In line

with Caelli et al's. (2003, p.5) recommendations, I have identified motivating factors and assumptions that underpinned my choice of what to research and have made explicit my disciplinary affiliation. Added to this, I have taken heed of their advice to clearly differentiate between methodology and methods (I did this in my opening to the methodology section), to clearly articulate the chosen methodology and methods, and to ensure congruence between the choice of methods and the research aim and questions.

Methods

To return momentarily to Caelli et al's. (2003) guidelines, the authors also explained that, providing they are congruent with the research aim and questions, methods can be imported from established methodologies into GQAs without the need to invoke said methodologies. This reflects the primacy given to the research aim and questions in pragmatic inquiry, whereby techniques can be selected on the basis of fitness for purpose (Creswell, 2003). With this in mind, in identifying my chosen methods, I also make explicit their appropriateness in regard to best fit. Further, in the interest of transparency, I provide a detailed account of how I applied said methods.

Sampling Method and Sample

My research aim and questions called for a purposeful sample. Patton (2015, p.53) described a purposeful sample as one comprising "information-rich cases" capable of illuminating issues central to the research. Arguably experts in the student experience (Busher, 2012), I deemed students information rich in respect of the learning environment. Indeed, the student voice is considered essential to improvements in student mental health (Piper & Byrom, 2017). I sought a maximum variation sample which involves selecting participants on the basis of difference with

a view to obtaining different perspectives (Creswell & Poth, 2018) and a more holistic understanding of the phenomenon of interest (Suri, 2011). A sample of 12 – 20 participants is usually sufficient in maximum variation sampling (Cooper & Endacott, 2007). With this in mind, I aimed to recruit 20 students from a sampling frame. I aimed high, as it were, since a moderate sized sample is needed to capture a range of perspectives (Clarke & Braun, 2013). Too large a sample, on the other hand, can make analysis unmanageable (Clarke & Braun, 2013). Aware of the possibility of a 30% drop-out rate (Arthur, 2012), I surmised that if I recruited 20 participants, I would have somewhere between 12 and 20 actually complete the data generation stage.

To return to the sampling frame, I use this term loosely since it usually denotes a population from which a random probability sample is drawn in survey or experimental designs (Robson & McCartan, 2016). I am using it here to refer to the undergraduate student population in the university where I conducted my research. Specifically, I approached students from a wide range of undergraduate courses, both full and part time, across a variety of disciplines, with the intent of selecting 20 from those expressing an interest in participating in my research. I did this by engaging the support of course leaders who kindly agreed to advertise my research using a flyer I provided (Appendix D). In the event, I struggled to recruit the minimum 12 participants, never mind a sampling frame. Despite some course leaders going out of their way to ask students a second time if they would be prepared to participate, 12 was the maximum number of participants I was able to recruit. This said, following a second request from their course leaders, a few more students expressed an interest in taking part; however, none followed this through. I sent said students a gentle reminder, but still they did not get back in touch, which of course was their prerogative. Indeed, I felt that a further reminder would have been

tantamount to persuasion. Whilst I was not under any illusion that recruitment would be easy, I had not anticipated that from the thousands of undergraduate students enrolled in the university, recruitment would be so difficult. However, I am not alone in this since recruiting students for research is by no means a trivial matter and researchers frequently have to turn to incentives (Khandelwal & Ramos Salazar, 2019) which is what I had to do. Following the necessary amendment to my ethics application, I offered students a £20 gift voucher for their participation and, in the interest of fairness, gave this amount retrospectively to those who had already come forward in the absence of said incentive. However, even with the offer of an incentive, I still did not have many more students come forward but did manage to recruit the minimum 12 participants.

Participants were 12 second semester final-year undergraduate students, 11 identifying as female and one as male. One participant identified as gay female, 10 as heterosexual female, and one as heterosexual male. The majority were aged 20 or 21; however, three participants were in their 30s, two of whom had children. All but one participant, a white international student from Europe for whom English was not her first language, identified as white British. Four participants were the first in their family to attend university, one participant disclosed a learning difficulty and two, a mental health problem. Only two participants were studying on a part-time basis and the sample comprised students from the following disciplines: social science, natural and applied science, and business studies.

Method of Data Generation

I used semi-structured interviews as my data generation technique. Kvale (2007, p.71) described semi structured interviews as those which “seek to obtain descriptions of the lifeworld of the interviewee with respect to interpreting the

meaning of the described phenomenon". Since I sought insight into the undergraduate learning environment from hearing about students' experiences, it made sense to use this type of interview. As Kvale and Brinkmann (2015, p.1) asked, "if you want to know how people understand their world and their lives, why not talk with them?" Observation, however, a method of generating data through watching rather than asking, is also useful for gaining an understanding of the nature of phenomena, as are personal accounts and diaries (Walliman, 2016). However, neither of these alternatives were suited to my research. Observation would have been limited to the classroom whereas herein defined the learning environment extends beyond the classroom. As for personal accounts and diaries, I felt this to be too much to ask of students in their final year of study.

To return to interviews, there are reasons I chose semi-structured over structured and unstructured varieties. Structured interviews are the preserve of researchers using quantitative methods (Runswick-Cole, 2011) making them wholly unsuited for my purposes. Unstructured interviews, on the other hand, require researchers to relinquish control of the interview (Behar, 2003) whereas I needed an element of control to keep participants focused on the learning environment herein defined, rather than the wider university. I conducted the interviews online, for no other reason than they took place during a C-19 lockdown period. Whilst online data generation is a relatively frequent and accepted practice in qualitative research (Lupton, 2020), I would have preferred to have met the students face to face. I used 'Zoom' as an online platform, one because it was familiar both to me and the participants, and two because SHU had guidelines on its safe use in research. With participants' consent, I audio recorded the interviews. I did not feel I could concentrate sufficiently well on what participants were saying if I was taking notes.

Bryman et al. (2022) stressed that because interviewers have to concentrate hard on what participants are saying, they should be forgiven for not wishing to concentrate on also writing down what is being said. All but one interview lasted approximately an hour as I had indicated. One interview went over time, however, but as soon as I could see this was going to happen, I asked the participant in question whether she would like me to terminate the interview after an hour. But she wanted to continue for as long as was needed, which it transpired was an hour and a half.

In preference to a standard interview schedule, I used version 1 of Coughlan et al's. (2019) 'Our Journey' student journey mapping tool (Appendix E). For an interview to generate contextual knowledge (in this case about the learning environment), an encounter is needed that conjures up as much as possible of the phenomenon being explored (Mason, 2018). I felt relatively confident that the 'Our Journey' tool would provide such an encounter. 'Our Journey', which is available through the UK Open University, is not copyrighted and anybody who wants to can use it without having to seek permission. The tool was designed to enable students to recount their student journey, focusing on specific events. It comprises a journey board and a drop-down menu of typical events in a student's journey from which students can select what they wish to discuss (Appendix F shows what is included in the drop-down menu). Not all of the options included in the drop-down menu are relevant to the learning environment herein defined, however, which meant I had to steer participants towards those that were, explaining why I was doing so. Of relevance were: communication; assessment; due dates; study experience: study support; and peer support. The tool also includes a drop-down list of 'emojis' students can select from to capture how aspects of their student journey affected them emotionally. Once completed, the board provides a visual representation of

students' experiences that can be revisited, reflected upon and used to direct further discussion.

As I alluded to above, I was reasonably confident the 'Our Journey' tool could generate detailed descriptions of participants' experiences of their learning environments. However, it was still important to pilot the tool. In fact, the undertaking of a pilot study was a requirement of the taught component of the doctoral programme. Moreover, pilot studies are often used in qualitative inquiry to ensure that methods or ideas have the desired practical application (van Teijlingen & Hundley, 2002). Following the necessary ethical approval, I used the 'Our Journey' tool with a recent graduate (pseudonym: Jayne). I did so in the same way I planned to use the tool with my research participants. Directly afterwards, I conducted a semi-structured interview (Appendix G) to gain Jayne's views about the user friendliness of the tool. And later, I assessed the amount and relevance of the data its use had generated.

Jayne had found the 'Our Journey' tool to be very user- friendly. In fact, she commented that she had found the experience of using it to be 'cleansing'. In the interest of confidentiality, I deleted the audio-recording of my interview with Jayne once in receipt of the transcript from it. However, I accidentally (and extremely foolishly) corrupted the transcript by changing the document name. Thus, I no longer have a record of Jayne's responses to the interview questions focusing on her opinion of the tool, hence why I have not included this as an appendix. I remember very well, however, that she only had positive things to say about its use, as evidenced by her comment of how it created an experience that was cleansing. Regarding the amount and relevance of data using the tool generated, data was plentiful and in the main relevant to the learning environment herein defined.

Although, on the basis of only one interview, I could not be absolutely certain of the tool's potential effectiveness for my purpose, the outcome of the pilot study reinforced my confidence in it. Linked to this, pragmatism allows researchers to proceed on the basis of "reasonable bets" as opposed to "naïve optimism that faith in unshakeable epistemological foundations implies" (Friedrichs & Kratochwil, p.714). I felt that to use the tool was without doubt a "reasonable bet". I also gained informed consent from Jayne to include her data in my analysis.

According to Kvale and Brinkmann (2015), to conduct a good interview capable of generating rich and high-quality data requires a significant amount of subject and interview related knowledge. This includes, they added, conceptual knowledge of how to use conversation to generate data. Subject and interview related knowledge, they continued, combine to enable interviewers to make on the spot decisions and to inform probing/follow up questions thus encouraging people to talk in detail about things interviewers want to find out about. Otherwise, they stated, problems are bound to surface during analysis. Having practiced as an academic since 2005, I was very familiar with all the learning environment related experiences in the 'Our Journey' tool drop-down menu (subject knowledge). However, I had little by way of research interview-related skills. Therefore, I had to hone these through reading research interview texts. When it came to conducting the interviews, for the most part, I managed to apply the techniques I had learnt, but not always. For instance, fully cognisant of the need to pose truly open questions so as not to lead participants in any particular direction (Patton, 2015), I still inadvertently did use leading questions on occasion. I was careful in reporting my analysis, however, to indicate responses that I may have inadvertently influenced. I also had to unlearn bad conversation-related habits I had not hitherto realised I possessed. Patton

(2015) stated that unlearning bad habits developed during normal conversation, such as finishing a person's sentence or not listening attentively, is also a requirement of good interviewing. Prior to commencing my research interviews, I had myself down as a good listener and therefore did not think attentive listening would pose a problem for me. Indeed, in the main, it did not. However, on listening to early interview recordings, I discovered I had a tendency, albeit very limited, to finish participants' sentences, something I subsequently held in check.

Regarding more practical interview considerations, Punch (2014) highlighted the importance of a suitable location to the quality of an interview. Since my interviews were conducted online, in this sense I had only to ensure that I would not be interrupted and that I was visible to my participants, not sitting with a window behind me for example or surrounded by distracting objects. My participants had their cameras on so I was also able to see them, which was nice. This was very significant since online interviews that are done face-to-face have been found to produce richer data (Abrams et al., 2015 cited in Bryman et al., 2022). It also meant I was able to read participants' facial expressions for any signs of unease. Linked to this is that as well as being technically and practically well conducted, interviews must also be conducted ethically (Mason, 2018). I discuss how I conducted the interviews ethically in the ensuing section.

Method of Data Analysis

By way of preamble to this section, I return to Caelli et al's. (2003) recommendations for doing generic qualitative inquiry well. Researchers using a GQA, they explained, lack the underlying ontological and epistemological assumptions of an established methodology to implicitly guide their research. Instead, they continued, they must carefully examine their own assumptions in this

respect. Further, they should make these assumptions clear in reporting their research, which includes making sure their chosen methods are congruent with their assumptions. I have taken care to make my ontological and epistemological assumptions clear, mainly in my explanation of how my research aligns with pragmatism philosophy, but also in presenting my position on evidence-based practice in educational research. I have also chosen methods congruent with these assumptions, including my chosen method of data analysis.

I chose thematic analysis (TA) to analyse the data generated by my interviews. TA involves the identification and interpretation of patterns of meaning within qualitative data (Clarke & Braun, 2014) offering a potentially “rich and detailed, yet complex” account of the data corpus (Braun & Clarke, 2006, p.78). Thus, TA provided a useful method for gaining an in-depth understanding of how participants experienced their learning environments. Added to this, TA is theoretically flexible in that it is not tied to a particular theoretical position (Clarke & Braun, 2013). Its use in this respect meant I could maintain the methodological congruence essential to doing generic qualitative inquiry well (Caelli et al., 2003). On a more practical level, TA is highly accessible. This was an important consideration since I had never before analysed what to me felt like a large data corpus. Braun and Clarke (2006) observed that because TA does not demand in depth knowledge and understanding of more complex approaches, such as grounded theory or discourse analysis, it provides a more accessible method of analysis for early career researchers.

To conduct the analysis, I used Braun and Clarke’s six-phase framework. This provides clear guidance for the undertaking of TA (Braun & Clarke, 2006). Clarke and Braun (2013, p.201) cautioned, however, that whilst it is appealing to follow analytic guidelines to the letter as though this will guarantee success, in reality this is

not the case. Whilst being thorough and systematic is essential, they continued, 'analytic sensibility' is what leads to good qualitative analysis not the precise following of guidelines. 'Analytical sensibility' refers to "taking an inquiring and interpretive position on data" (Clarke & Braun, 2013, p. 204). This is congruent with my use of an interpretive rather than descriptive GQA and Dewey's emphasis on thoroughly exploring the problematic situation in inquiry. To return to the six-phase framework, it also facilitates a thorough account of the process of analysis (Braun & Clarke, 2006). Such transparency is considered an essential element of GQAs (Kahlke, 2014) which is why I turn now to a phase-by-phase account of how I worked with the data.

Phase One: Familiarising Myself With the Data. Data familiarisation involves immersing oneself in the data to the point of deriving a sense of the whole data corpus (Creswell & Poth, 2018), including things of potential relevance to one's research questions (Clarke & Braun, 2013). Immersion involves actively reading and re-reading the data looking for meanings and patterns of meanings (Braun & Clarke, 2006). I arranged for professional transcription of my interview audio recordings and began the immersion process on receipt of the first batch of transcripts. I did the first read-through in conjunction with listening to the audio recordings. This meant I was able to make necessary corrections to the transcripts as well as begin the familiarisation process. Braun and Clarke (2006) recommended reading the entire data corpus at least once before beginning the coding phase. However, I was not able to derive a sense of the data corpus after one reading and consequently read it again twice more. During this process of familiarisation, I engaged in memo writing, a process of recording ones thoughts, ideas and reflections (Birks et al., 2008). I found memoing extremely useful in beginning to interpret the data. This supports Birks et

al's. (2008, p.69) assertion that the use of memos enables researchers to immerse themselves in their data in a way that leads to "an intense relationship with the data" whereby a "heightened sensitivity" to the meanings therein is established. In terms of how memo writing should be undertaken, Charmaz (2006, p.80) recommended "do what works for you", which is what I did. Appendix H contains a portion of what I shall call my 'immersion memoing'. The reason it only contains a portion is on account of the somewhat personal musings therein. Birks et al. (2003) advised that memos can provide a record for personal retention or be disseminated to others. In the interest of transparency, I have included a portion of my memoing at least.

Phase Two: Generating My Initial Codes. I used Saldaña's Coding Manual for Qualitative Researchers (Saldaña, 2021) to guide me through this, the second phase of Braun and Clarke's (2006) framework of TA. The manual was well suited to my purposes since, as Saldaña (2021) stated, it does not subscribe to a particular methodology (like my research). Moreover, said manual provided useful and easily accessible guidance on what type of codes to use in answering my research questions. Saldaña (2021, p. 5) defined a code thus: "a code in qualitative analysis is most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language or visual based data". Further, he asserted that "coding is just *one* way of analysing qualitative data, not *the* way" (Saldaña, 2021, p. 5). I used coding because it is an essential phase in Braun and Clarke's six-phase framework and because to do so did not interfere with the congruence of my research.

I coded my data inductively. To code inductively was appropriate for my research aim and questions and also my philosophical positioning, whereas deductive coding was inappropriate. Bingham and Witkowsky (2022) explained that

inductive analysis involves researchers in allowing themes to emerge from the data, whereas deductive analysis generally involves applying *a priori* (predetermined) codes to the data to test a theory. Although, as evidenced in Chapter Three, I applied the theory of salutogenesis to analysing the themes that emerged from my data, this was not by way of using my data to test said theory using predetermined codes. Creswell & Poth (2018) asserted that the use of predetermined (they used the term prefigured) codes limits the analysis to the predetermined codes which precludes richer revealment of participants' views in a manner in keeping with qualitative approaches. Thus, aligning with my chosen methodological approach, I allowed themes to emerge from the data. This said, Morgan (2007) strongly contended that it is simply impossible to conduct analysis in an entirely data driven manner. Analysis is invariably shaped by researchers' disciplinary knowledge, just as it is by their stance in relation to the research topic and their epistemology (Clarke & Braun, 2013). Added to these influences is my knowledge of the theory of salutogenesis which, by now, is extensive. This knowledge will undoubtedly have shaped not only how I coded the data but also my application of TA overall.

As well as inductive or deductive coding, there are different types of codes researchers can apply to their data. I used three of the coding types outlined in Saldaña's manual (Saldaña, 2021) namely process, emotion, and values coding. Process coding is used to denote observable and conceptual action in the data (for example talking or struggling, respectively) and is suited to the vast majority of qualitative studies (Saldaña, 2021) thus making it congruent with my methodological approach. Emotion coding involves coding the emotions described/experienced by participants and or inferred by the researcher. Like process coding, emotion coding can be applied in most qualitative research, especially those where intra and

interpersonal factors are in focus (Saldaña, 2011). Since my research used a qualitative approach and was concerned with interpersonal (and extra-personal) experiences, the use of emotion coding was also appropriate. Finally, values coding applies codes that represent participants' values, attitudes and beliefs. And, like process and emotion coding, is suited to most qualitative studies. Values coding is also particularly useful where interpersonal experiences are in focus (Saldaña, 2011).

I coded the data manually. This involved selecting chunks of data containing information I deemed relevant to my research questions and applying codes to small segments within each chunk. Coding within chunks of data meant I was able to code without losing the context of the coded data excerpts. Bryman (2016) observed that a common criticism of coding is the risk of losing sight of the social context in which the coded excerpt appeared. Coding within chunks of data in this way has been referred to as “splitter” coding and contrasted with “lumper” coding: the latter involves applying only one code to a substantial portion of data (Bernard, 2018, p.319, as cited in Saldaña, 2021). Using “splitter” coding allows for a more nuanced analysis (Saldaña, 2021) thus aligning with the second stage in Dewey's scientific method of inquiry and also with my methodological approach.

Using the comments function in word, on identifying “splitter” segments of codable data, I applied a numeric within the transcript to the beginning of each segment (re-starting at number one with every new transcript). I also numbered each transcript so that I was able to distinguish between them. To preserve anonymity, the transcripts did not include participants' names. For each segment, I opened a comment box, where I inserted the segment number and a ‘code’, as per Saldaña's definition above. As I coded, I transferred the codes to a code list (Appendix I). I did

this transcript by transcript as a means of reminding myself of previous codes in case I could use them again in coding the next transcript. Clarke and Braun (2013) advised that for each codable segment of data it is necessary to decide whether a previously established code can be used again or whether a new one is needed. I looked back frequently at the list of codes to ensure I did not have existing codes that would negate the need for a new code. And sometimes, as recommended by Clarke and Braun (2013), I replaced codes with broader ones that captured previous codes that need not have been so specific. Appearing against each code in the list of codes (Appendix I) are the transcript and code number. To illustrate, in respect of transcript number two, for example, coded segment number 20 appears as 2/20 whereas in respect of transcript number five, coded segment number 20 appears as 5/20. This system made it extremely easy for me to quickly retrieve data segments as necessary in progressing my analysis. The pilot study data was assigned the letter 'P' which means that coded segment 2 for example appears as P/2.

Phase Three: Searching for Themes. This phase involves clustering codes into potential themes and subthemes (Braun & Clarke, 2006) and is achieved by collating codes into patterns of meaning relevant to the research question (Clarke & Braun, 2014). At this point in the analysis, I was searching for patterns of meaning relating to inter and extra-personal characteristics of participants' learning environment for later analysis using a salutogenesis lens. As I worked through this phase, I had open on my computer all the coded transcripts. This was because soon into phase three, I discovered that several of my codes did not stand alone so to speak. In other words, they had not adequately captured the meaning of the segment of data to which they applied. As such, I needed to easily locate segments of data to which this issue applied so that I could change or expand the codes in

question. On this revisiting of the transcripts, I also discounted some coded segments since on closer examination I surmised they were actually more to do with context than having direct relevance to inter and extra personal characteristics of the learning environment for later salutogenesis analysis. I also added some new codes during this phase. This relates to pertinent data I had missed during the first iteration of coding. Saldaña (2013) advised that seldom is the first cycle of coding done to perfection, which I found reassuring.

In the interest of transparency, I took care to ensure changes to coding were visible. On adding a new code, I used the same code number as the one directly before it but with the letter 'a' as well to distinguish it from the previous one. I did this to avoid the time-wasting task of renumbering all the codes up to the one added. As far as the discounted codes were concerned, I simply discounted the relevant numeric as well. I noted changes made to codes in the relevant transcript comment boxes. Appendix I (the code list) shows the first iteration of the codes whereas Appendix J (the candidate themes) reflects the changes mentioned above.

To cluster my codes into themes, I used the 'Styles' facility in word. This meant I was able to move codes without having to scroll up and down the list of codes. I also found using the 'find' function in word particularly helpful as it meant I was able to easily locate codes I knew bore resemblance to those I was in the process of designating to a particular cluster. The act of clustering codes ends in a set of candidate themes and sub themes that remain open to refinement or being discarded as analysis progresses (Braun & Clarke, 2006). This end stage also involved collating all the segments of coded data within the relevant themes. I generated five candidate themes during this phase, each with subthemes (Appendix J).

Phase Four: Reviewing Themes. Braun and Clarke (2006) explained that this phase involves refining the candidate themes and subthemes. Some, they advised, might have to be eliminated if there is insufficient data to support them. Others, they continued, may combine to form one theme/subtheme whereas some may need to be broken down into separate themes/subthemes. The phase operates at two levels: 1) reviewing and refining at the level of the coded data extracts to ensure within theme coherency, and 2) reviewing and refining at the level of the entire data set to ensure between theme coherency and distinction between themes (Braun & Clarke, 2006). Following the first of these two levels, I still had five themes remaining. However, in the interest of within theme coherency, I moved several coded extracts from one theme to another. I also eliminated coded extracts that did not cohere anywhere. This movement of codes across my candidate themes and subthemes necessitated changes to theme and subtheme names I had loosely applied during phase three since they no longer captured the coded data extracts therein. It also meant I had to eliminate one of my subthemes on account of there being insufficient data remaining there. Appendix K shows my themes and subthemes at the end of the first level of analysis of phase four. The second level of this phase – reviewing and refining between themes - resulted in my eliminating an entire theme. This I deemed necessary because of a lack of distinction between it and the other themes. The final iteration of my themes and subthemes (which followed yet further refinement) appear in Chapter Five.

Phases Five and Six: Defining and Naming Themes; Producing the Report. Phase five, Braun and Clarke (2006) explained, involves defining and further refining themes in preparation for the final analysis. I had to do a great deal of further refinement, including revisiting transcripts for meaning clarification (due to still having

several vague codes) at this stage. In fact, at phase five I felt much more confident in my analysis and therefore spent a great deal of time on refinement at this point. Phase five involves deciding what each theme, and the themes taken together is and are about, and what data are captured by each of the themes. It involves writing an in-depth analysis of each theme and ensuring clear distinctions between theme boundaries. This was the point at which I applied a salutogenesis lens to my analysis. Specifically, I analysed each theme and the themes taken together in respect of GRRs, GRDs and the three life experiences arising from GRRs therein. This meant I was able to arrive at a point where I could “tell the complicated story of (my) data” - phase six - (Braun and Clarke, 2006, p.93). I tell this story in the next chapter. However, at this point it is important I highlight that in respect of the use of a theoretical lens Eisner (1985, pp.64-65) cited in Anfara et al. (2015, p.232) cautioned that “when you provide a window for looking at something, you also...provide something in the way of a wall.” In this respect, theories, explained, Anfara et al. (2015, p.232), whilst allowing us to regard the familiar in “novel ways”, can also preclude us from recognising important aspects of phenomena that are not relevant to the theory. This is why I engaged in inductive analysis before applying my salutogenesis lens. In addition to this, when applying my lens within and between themes, I took care to look for experiences that were not salutogenesis constructs. However, I did not find any since the GRRs and life experiences turned out to be broad enough to capture all relevant information in my data.

Ethical Considerations

As stated in the introduction to this chapter, I obtained ethical approval for my research from Sheffield Hallam University’s Research Ethics Committee (REC). Being granted ethical approval meant my research was deemed compliant with the

six principles of ethical research established by the Economic and Social Research Council (ESRC). However, conducting an ethical study requires more than simply meeting the demands of institutional ethics decision makers (Mason, 2018). Ethical considerations should span all phases of a study, from the planning stage through to and including the reporting stage (Creswell & Poth, 2018). Without going into the same level of detail I did in my ethics application (word count precludes this), below I use the ESRC's six principles to outline some of the ethical considerations spanning the different stages in my research. Other considerations are implicit in my thesis.

The ESRC (2022, no page number) explained how research may be deemed ethical in the event of a positive risk-benefit ratio whereby the potential benefits of research outweigh the associated "risks and intrusions" for those taking part. As discussed earlier, aligned with pragmatism philosophy, which adopts a value-oriented approach to research (Johnson & Onwuegbuzie, 2004), the overarching intent of my research was to bring about benefit. The ESRC (2022) cautioned, however, that researchers must be realistic about the likely benefits of their research which as evidenced in Chapter Seven, I have been. Moreover, on applying for ethical approval I felt it realistic to suggest my research would likely inform practice. Indeed, I still do. However, as I have alluded to, I have since learnt that pragmatism requires "consequential validity" (Hall, 2013, p.21) before I can put 'warranted assertions' out there as to how we might cultivate more student mental health-enabling learning environments.

In my application I also outlined potential benefits to participants, one was that through taking part they might learn more about the research process which could assist them with their final year project. Unfortunately, however, the delay to data generation brought about by the recruitment difficulties I described earlier meant

several participants were nearing completion of their project at the point they expressed an interest in mine. Linked to this is an important ethical consideration I included in my ethics application relevant to the risk of intrusion. This was to complete data generation before students would be at their busiest with examinations or coursework. Since, as it transpired, this was not possible, I gave later recruits the option of delaying their interview until their final exam or deadline had passed and or to only do the interview as opposed to also having an introductory meeting (I discuss this later). A few opted to go ahead regardless of ongoing study demands, saying it would be a welcome break, but opted out of the introductory meeting.

Another potential risk associated with my research was that its focus (mental health) could have given rise to negative emotions in some participants. However, participants were being asked to recount their experience of the learning environment not to discuss their mental health. As such, this risk was considered minimal. However, I stated in my ethics application that I would still monitor participants very carefully for any signs of distress whilst they were being interviewed. I also conducted a debrief session (Appendix L) following each interview where I asked participants how they felt. There was no evidence of distress during any of the interviews and none of the participants reported any negative emotions in the debrief session. To the contrary, participants were clearly at their ease, as evidenced by their laughter, ease of communication and positive comments in the post interview debrief.

The second of the ESRC's principles refers to the need to plan and conduct research with the "rights, interests, values, dignity and wherever possible, autonomy of research participants" at the forefront of decision-making and conduct (ESRC,

2022, no page number). This principle guided my decision-making process at every stage, from design through to completion. For instance, I arranged individual introductory meetings for participants who wanted one as an opportunity to put a face to my name and for us to get to know each other a little prior to being in the interview situation. I also talked informally to each participant prior to starting each interview to ease them into the situation, reminding them of their right to refuse to answer one or more questions or to have the interview terminated (Gray, 2014). And during the course of each interview, I asked participants if they wanted to stop for a break. Further, conscious of power asymmetry as an inevitable aspect of research interviews (Kvale & Brinkmann, 2015), I aimed to avoid the 'hierarchical pitfall' (Reinharz 1992 cited in Punch 2014) where participants are seen as subordinate to the researcher (Punch 2014). Instead, I aimed for a more equal relationship. Reinharz (cited in Punch, 2014) advised that this can be achieved through building trust by means of self-disclosure and reciprocity. To this end, I disclosed aspects of my own student journey and offered to be a research participant in participants' final year project should this be appropriate (one participant took me up on this offer and I completed a questionnaire for her). Unfortunately, I was not able to offer this particular return favour if you will to the participants I recruited later than hoped. As well as avoiding, as far as possible, power asymmetry, participants interests should be protected through ensuring an emotionally comfortable interview. Clarke and Braun (2013) asserted that showing interest in participants, ensuring they are as relaxed as possible and behaving in a non-judgmental manner are also considered conducive to an ethical interview, all of which are qualities I brought to bear on each one.

A further consideration relevant to this, the second of the ESRC's principles, is participants' right to confidentiality. Appendix M shows the assurances, relevant to use of pseudonyms and the safe storage and disposal of data, I gave participants in this respect. I also took further steps in this regard, deleting any potential clues as to participants' identity or that of others in the transcripts. Finally, having provided SHU with a data management plan (Appendix N) as part of the ethics application process I also adhered to the assurances therein.

The third principle applies to voluntary and informed consent. As Denscombe (2010, p. 332) explained, never should anyone be "forced or coerced" into participating in research. Participation, he continued, should be voluntary and the decision to participate should be informed by sufficient information about the research. The right to withdraw participation is another important consideration in respect of this principle (ESRC, 2022). Appendix M also shows how participants in my research were appropriately informed, including about their right to withdraw, and includes the consent form.

The fourth principle concerns the need for integrity and transparency in the conduct of research. Integrity occurs when what researchers said they would do matches what they actually did. Transparency occurs in the event research is clearly reported and researchers are contactable and "as open and accountable as possible" (ESRC, 2022, no page number). My research was conducted both with integrity and transparency and I have taken great care to provide a clear and comprehensive report of how I conducted my research.

The penultimate of the ESRC's six principles concerns responsibility and accountability. Under this principle, researchers have a duty to engage in "self-critical

responsibility” both in designing and conducting their research (ESRC, 2022, no page number). To this end, I have ensured rigor in my research and been transparent about its limitations, both of which demonstrate my engagement in “self-critical” responsibility. A further aspect of this particular principle is researchers’ responsibility to seek further review from their REC. I did this in respect of changes I had to make to the research design on account of the C-19 pandemic restrictions. For instance, at the time of my original application my plan was to conduct focus group rather than individual interviews. However, in view of problems I had encountered in delivering online lectures and seminars, namely, limited student contribution and discussion, I was not convinced I would succeed in facilitating online focus group interviews. This meant amending my application, which I also did in introducing incentives. The last of the ESRC’s six principles has also to do with researchers’ responsibilities. Specifically, it specifies that researchers are responsible for maintaining as far as possible the independence of research and where this cannot be maintained, for making any conflicts of interest explicit (ESRC, 2022). There were no conflicts of interest affecting my research.

Ensuring Rigor

To return to Caelli et al’s. (2003) recommendations for doing generic qualitative inquiry well, here I address their criteria for ensuring rigor. On the grounds that different qualitative approaches are underpinned by fundamentally different sets of principles, Caelli et al. (2003) positioned themselves as rejecting the notion of a uniform set of criteria for establishing rigor across all manner of qualitative research. This reflects my own position; ergo, I was content to follow their recommendations regarding how to establish a more tailored approach to ensuring rigor in qualitative studies. Specifically, they recommended that researchers “1) articulate a

knowledgeable, theoretically informed choice regarding their approach to rigor, and 2) select an approach that is philosophically and methodologically congruent with their inquiry” (Caelli et al., 2003, p.7). With regard to the second of these recommendations, they explained that generic studies that (like mine) do not explicitly align themselves with an established methodology are still informed by a “set of assumptions, preconceptions and beliefs” (Caelli et al., 2003, p.8). And it is these influencing factors, they continued, that in the interest of presenting a thoughtful and rigorous study researchers adopting a generic approach must make explicit. I have been transparent with regard to my “assumptions, preconceptions and beliefs” (Caelli et al., 2003, p.8) throughout the thesis.

In line with my philosophical stance, I chose ‘pragmatic-rigor’ as my approach to evidencing the extent to which my research was rigorous. Developed by Robey and colleagues as a means of ensuring scientific rigor in research done to inform practice, pragmatic rigor is defined thus: “the adherence to principles and criteria throughout the research process that reflect the practical and social value of a research report” (Robey et al., 2019, p.53). Distinguishing pragmatic philosophy from the colloquial use of the term pragmatic, they further aligned pragmatic rigor with pragmatism philosophy thus: “pragmatic philosophy justifies the truth and value of knowledge based on its practical usefulness and ethical consequences (Wicks & Freeman, 1988) and the notion of pragmatic rigor is consistent with such positions” (Robey et al., 2019, p.53). Thus the approach, in line with Caelli et al’s. (2003) second criteria for rigor, was philosophically and methodologically congruent with my research. It was this congruence combined with the detailed description of how the principles and criteria for pragmatic rigor were determined that influenced me the most. The latter, its developers explained, involved prolonged and iterative, based on

stakeholder consultations, engagement with relevant literature, culminating in a model showing how the decided upon principles and criteria contribute to the achievement of pragmatic rigor.

The model includes four principles of pragmatic rigor: relevance, actionability, comprehensibility and ethical reasoning. And each principle was assigned a set of criteria for the conduct and evaluation of research. However, neither the principles nor the criteria are mutually exclusive or exhaustive, the authors explained. And neither, they stated, did they envision research projects as having pragmatic rigor or not having it. Rather, they elucidated, the concept exists on a continuum of low through to high pragmatic rigor with location on said continuum being dependent on responses to the criteria. Appendix O shows my assessment of the pragmatic rigor of my research, which I deemed to be robust.

Reflexivity

Reflexivity is variously defined (Olmos-Vega et al., 2022). However, it is commonly understood as “the process of a continual internal dialogue and critical self-evaluation of researcher’s positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome” (Berger, 2015, p.220). Holland (1999, p.2) described reflexivity as “that which turns back upon, or takes account of, itself or the person’s self”. This “turning back upon oneself or the subject of study”, argued Walsh (2003, p.51), is the “hallmark” of research using interpretive methodologies. Reflexivity permeates the research process from its inception through to its conclusion (Olmos-Vega et al., 2022) and has been described by Walsh (2003) as comprising personal, interpersonal, methodological, and contextual reflexivity. I use these categories to highlight where

in the thesis I have been reflexive and to elaborate further on my position as an academic and researcher in my chosen study site

Personal reflexivity requires transparency from researchers about their positionality (Walsh, 2003): our “position based on class, sex, ethnicity, race” and so forth (Palaganas et al., 2017). In reporting my research, I identify some significant personal characteristics. In the prologue, for example, I allude to the fact that I am an academic and have been for some years. Later in the thesis, I highlight that I teach on an undergraduate course. Thus I was immersed within the research topic as an insider researcher familiar with the research context (Bonner & Tolhurst, 2002). According to Brunero et al. (2015), the influence of the insider researcher can start at the point at which the research problem is identified, as indeed was the case for me. I also identify the fact that my professional background (nurse, midwife, and health visitor) prior to becoming an academic, coupled with the fact my master’s is in health promotion, also influenced my decision to focus my research on student mental health. What I have not mentioned thus far, however, is that as a midwifery student, I suffered from a diagnosed mental illness. As to whether this also influenced my decision relevant to the research topic, I am unsure. However, I suspect it may well have done, albeit unconsciously, since the experience really brought it home to me how debilitating mental illness can be. Ergo, that my interest in mental health-enabling conditions may also have stemmed from my own experience is more than likely. Something else I have not referred to in the thesis is that I have often, over the years, been told that I am loyal, which pleases me because loyalty is something I attach a great deal of value to. However, I believe this aspect of my character meant the process of analysing my data was a particularly painstaking one. I say this because I was extremely concerned about remaining as true as possible to my

participants' experiences. To return to the notion of insider researcher, Milligan (2016) explained that proponents of said notion hold that an authentic account is only truly possible in the event the researcher is immersed in the field of study. Antagonists, on the other hand, hold that researchers are better positioned on the outside since this avoids the potential for bias. However, I position myself alongside those who believe that bias is a natural part of qualitative research, that there can be no objectivity since the researcher inevitably affects the findings of their research (Dodgson, 2019).

Moving on to interpersonal reflexivity, this concerns the relationship between the researcher and participants (Walsh, 2003). To return to my current professional role, that of academic in the institution in which I conducted my research, I reasoned that said role might affect participants' ability to be open with me about negative aspects of their experiences of the learning environment. For example, I wondered whether it might make them guarded when discussing their experiences of academic staff. As it transpired (as evidenced in Chapter Five), however, participants spoke at length about their experiences of academic staff, good and bad. Although, there were a few instances where words to the effect of, *I'm not sure whether I should say this, but...* were used in leading up to accounts of negative experiences. Similarly, participants recounted other negative experiences concerning their learning environments, regardless of the fact they knew these were located in my place of work. This, I believe, as does the fact they spoke openly about their experiences of academic staff, shows that participants did not feel they had to say what they thought I wanted to hear. Another aspect of the researcher-participant relationship is, of course, that of power asymmetry, as I have discussed in the section on ethics a little earlier in the chapter. In said section, I emphasised the steps I took to achieve a

more equal relationship with my participants and to ensure they were emotionally comfortable. I am confident that the effectiveness of these steps is reflected in participants' ability to speak openly to me about their learning environments despite my professional role in their institution.

With respect to Walsh's (2003) methodological reflexivity, there is nothing I feel I need to add here that I have not already recounted in the thesis thus far. Methodological reflexivity, he explained, concerns acknowledging our worldview and how this shaped our methodological decisions. Evidence of said acknowledgment can be seen in this chapter in particular. Contextual reflexivity, on the other hand, which recognises the temporal location of research, comprises "cultural analysis" of the topic of study together with "local analysis" of the research itself (Walsh, 2003, p.61). By way of reminder, I engage in cultural analysis of student mental health in the introduction to the thesis, where I underline the current emphasis in the UK, and indeed internationally, on the whole university approach to student mental health, for example, and the recognition of the interdependence of student and staff mental health. Among other things temporal and culturally significant, I have analysed the emphasis in the field of student mental health on wellbeing, as though it were synonymous with mental health, and examined other issues concerning the language of student mental health. Indeed, I was disappointed to discover these issues in the literature. In fact, said disappointment galvanised me into a decision to contribute to the discourse on issues relevant to the terminological confusion affecting the field of student mental health when I have completed my doctorate.

In concluding this section, it is important to note that a significant factor concerning the temporal location of my research, which I have already alluded to, is that it was conducted during the C-19 pandemic of 2019-2023. Whilst, in this

chapter, I have described the practical implications of this, in discussing my findings I consider its implications for participants' accounts of their learning environment and thereby my findings.

Chapter Summary

In this chapter I have emphasised the significance of pragmatism (my philosophical stance), especially Dewey's version, to my research. This, I explained, links to my attendant desire to use my findings to inform practice as part of a whole university approach to students' mental health. I have explained the conduct of my research taking care to justify my decisions and to provide as transparent an account as possible. The latter includes making explicit how, in the interest of rigor, I set about utilising my chosen methodological approach well, and how I assessed its pragmatic rigor. I concluded the chapter with a reflexive account.

Chapter 5. Findings and Salutogenesis Analysis

Since evidence regarding how to create mental health-enabling universities is lacking (Fernandez et al., 2016; Worsley et al. 2020), the aim of my research was to gain an understanding of the inter and extra-personal conditions in the undergraduate learning environment from the perspective of salutogenesis as part of a whole university approach to student mental health. In line with pragmatism philosophy, such understanding, I argued, could be used to inform the development of SOC strengthening undergraduate learning environments. Having a strong SOC has been associated with good mental health in students (see Chapter Three).

My research questions (RQs) were:

1. How is the undergraduate learning environment characterised in terms of generalised resistance resources⁹ and generalised resistance deficits?
2. How is the undergraduate learning environment characterised in terms of consistency, a balance of underload and overload, and participation in shaping outcome¹⁰?
3. How might academic staff cultivate mental health-enabling undergraduate learning environments as part of a whole university approach to students' mental health?

In this chapter, I present the findings from my thematic analysis of participants' experiences of inter and extra-personal characteristics in their learning environments

⁹ By way of reminder, Antonovsky (1979) conceptualised generalised resistance resources (GRRs) as internal and external characteristics of individuals, groups, or the environment that, through effecting particular types of life experiences, lead to the avoidance or combating of stressors for which we do not have an automatic response. GRDs refers to generalised resistance deficits (or stressors).

¹⁰ Linked to the conceptualisation of GRRs, these are the three life experiences brought to bear by GRRs and which are postulated to strengthen the SOC.

analysed using a salutogenesis lens. It is this use of a salutogenesis lens that culminated in answers to my research questions. Whilst also informing my third research question, the findings and analysis I present here pertain to the first two. I discuss my findings and salutogenesis analysis thereof in the next chapter, where I also address my third research question. I begin this chapter by presenting the salutogenesis lens I developed to analyse my themes from a salutogenesis perspective and outline how I arrived at said lens. Next, I introduce my themes and subsequently present my findings, including their salutogenesis analysis. I summarise the latter using tables, one at the conclusion of each theme and one showing my salutogenesis analysis of my themes taken together (at the end of the chapter). Salutogenesis analysis of my themes revealed how the vast majority of my participants seemingly experienced more GRDs in their learning environments than GRRs (RQ1), greater inconsistency than consistency, overload as opposed to load balance, and limited participation in shaping outcome (RQ2).

Salutogenesis Lens

As I explained in Chapter Four, to examine my themes from the perspective of salutogenesis, I prepared a salutogenesis lens (Figure 4). Said lens lists the GRRs my research focused on (those highlighted in Figure 1, Chapter Three) and operationalises the three life experiences Antonovsky (1979) hypothesised GRRs bring to bear (also highlighted in Figure 1). To reach a better understanding of GRRs, Antonovsky conducted a research informed systematic consideration of those he had intuitively arrived at (Antonovsky, 1979), the outcome of which he recorded in a chapter of his book, 'Health, Stress, and Coping' (Antonovsky, 1979). Therefore, to

inform the development of my analytic lens, I scrutinised this¹¹ and other chapters¹² in which Antonovsky theorised about GRRs and or the three life experiences. Figure 4 shows what I extrapolated from this reading (black font). I also sought support for Antonovsky's (1979) theories pertaining to GRRs and the three life experiences from research investigating SOC determinants, including both general and student population studies. These are represented in Figure 4 (next page) by red and blue font, respectively. I explain each of the concepts in my salutogenesis lens at the point they arise in analysing my themes.

¹¹ Chapter Four of the book 'Health, Stress, and Coping' (Antonovsky,1979).

¹² Chapter Seven of the book 'Health, Stress, and Coping' (Antonovsky,1979), Chapters Two and Five of the book 'Unravelling the Mystery of Health' (Antonovsky, 1987) and Chapter Four (written by Antonovsky) of the book Personality and Stress: Individual Differences in the Stress Process (Cooper & Payne, 1991).

Figure 4

The Salutogenesis Lens I Developed to Analyse My Themes

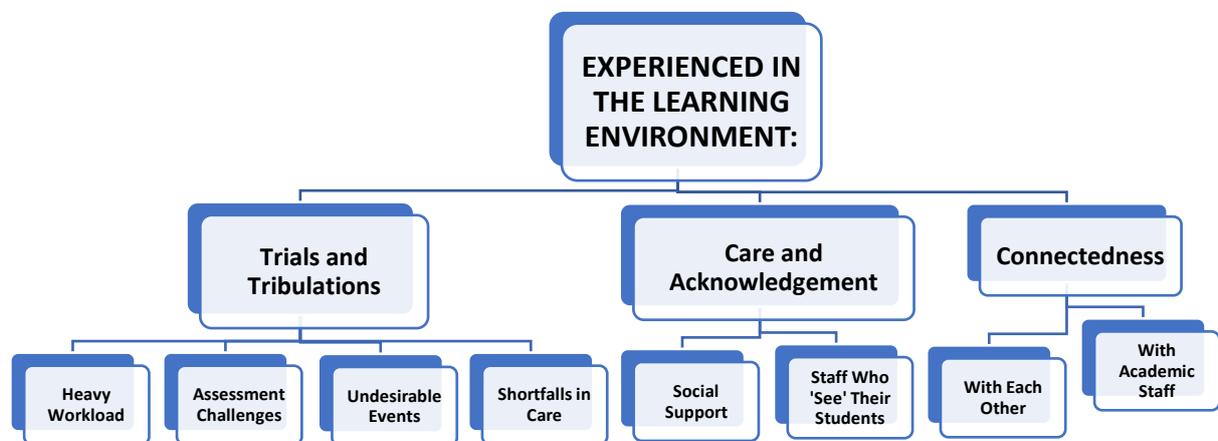
GRRs:	Studies that found in support:	
1. Material Resources (Antonovsky, 1979)  2. Social Supports (Antonovsky, 1979) 	Hanssen & Utvær (2022) Bíró et al.(2011); (Chu et al., 2016); Dell’Olio et al. (2018); Grayson (2007); Hanssen & Utvær (2022); Heiman (2004); Jeong & Koh (2021); Kase et al. (2016); Krantz & Ostergren (2004); Mato &Tsukasaki (2017); Natvig et al. (2006); Okumura et al. (2012); Peker et al. (2012); Pijpker et al. (2018); Tsuno &Yamazaki (2007); Ying (2007)	
3. Commitment - embeddedness in a social network to which we feel committed (continuance/cohesion/control commitment) (Antonovsky, 1979) 4. Social Ties (Antonovsky, 1979) 		
Consistency:		Krantz & Ostergren (2004) Low social network associated with weak SOC) Slotjes et al. (2017)
5. Predictable, structured, stable (not constantly changing) experiences (Antonovsky, 1979, 1987, 1991)  6. “A measure of unpredictability which calls for hitherto unknown resources” (Antonovsky, 1979, p.187)		
Underload Overload Balance:	Natvig et al. (2006) Slotjes et al. (2017) found in support of load balance as strengthening SOC	
7. Underload: experiences that are continually monotonous, unidimensional, and lacking in challenge (Antonovsky, 1987)  8. Overload: not having adequate resources (intra, inter, extra personal) to successfully meet internal or external demands to act (Antonovsky, 1987, 1991) 9. Contributing to overload: internal demands mostly ignored/refused, not channeled/encouraged and approved. A balance of these responses is needed for load balance (Antonovsky, 1987) 10. Load balance requires occasional overload but with intermittent recovery time (Antonovsky, 1987) 		
Participation in Shaping Outcome		
11. Participation in shaping outcome (Antonovsky 1979, 1987). Involves “taking part in choosing to undergo that experience, in judging whether the rules of the game are legitimate, and in solving the problems and tasks posed by the experience” (Antonovsky, 1987, p.92) 		Pijpker et al. (2018); Togari et al. (2012); Sagy & Antonovsky (H) (2000)

Introducing My Themes

Figure 5 (below) shows the themes and subthemes that emerged from my data with respect to inter and extra-personal characteristics my participants' experienced in their learning environments. Starting with the theme 'Trials and Tribulations in the Learning Environment' what follows is an account of these themes and subthemes and what their analysis through a salutogenesis lens revealed.

Figure 5

A Visual Representation of My Themes and Subthemes



Trials and Tribulations in the Learning Environment

All my participants recounted experiences that in some form or another had relevance to difficult and or problematic conditions in their learning environments. I deemed these best captured by the phrase trials and tribulations. In terms of the quantity of relevant experiences recounted, the 'Trials and Tribulations in the Learning Environment' theme is by far the biggest of my three themes and consists

of four subthemes: 'Heavy Workload'; 'Assessment Challenges'; 'Undesirable Events'¹³; and 'Shortfalls in Care'.

Heavy Workload

Most participants recounted experiences indicative of learning environments characterised by heavy workload which for many was stressful and or anxiety provoking. Said experiences included having had too much to do or too much information to manage, competing assessment due dates (frequently reported), and starting new modules with assessment tasks from previous modules still outstanding.

Starting with the first of these reported experiences, some participants described experiences indicative of times when they had too many tasks to complete and or too much information to contend with. Analysed through my salutogenesis lens, these experiences point to overload. Antonovsky (1987) explained overload as not having resources (intra, inter and or extra personal) at our disposal to successfully deal with demands placed upon us to act (Figure 4: 8). As evidenced by the examples below, it seems some participants did not perceive having sufficient time as a resource to successfully manage the volume of tasks and or information they were subjected to (I return to time as a resource later):

I think the reality of it is tutors expect you to the second you've had a lecture on something go home and that's it, I'll start writing that section now. Tutors, at least on my course for example, have always made a big deal out of things like you should always be checking your emails, you should always be on top

¹³ I recognise that all the subthemes in this theme could be conceived of as undesirable events. However, whilst participants emphasised 'Heavy Workload', 'Assessment Challenges', and 'Shortfalls in Care', they also highlighted, but not to an extent warranting additional subthemes, a miscellaneous, if you will, set of 'Trials and Tribulations in the Learning Environment'. These experiences, in view of their distinctiveness, required a subtheme title that could encapsulate all of them.

of it and stuff like that makes you feel as though it's not just a day job, it's a 24 hour job - Niamh.

Yes, for me, in my first year obviously you have lots of communication you have lots of things flying at you. It was a lot of information because it always is. It's always going to be overload¹⁴ I guess – Jayne.

These comments also speak to a lack of intermittent recovery time (Figure 4: 10). Antonovsky (1987), in considering underload overload balance (from hereon I shall refer to this concept as load balance), theorised that load balance requires occasional overload but only in the presence of intermittent recovery time (IRT). “Chronic or frequently repeated acute overload, without adequate opportunity for rest and recuperation”, he hypothesised, hinders our sense of manageability (Antonovsky, 1987, p.112-113). Although too much to do and too much information to manage was largely experienced as indicative of a lack of intermittent recovery time, a small minority of participants – Jess and John – recounted experiences more indicative of having contributed to load balance in this respect:

Last semester was hard because there was a lot of work. I think I thrived off that slightly, technically – Jess.

At times it's probably a little bit negative because it can be quite overwhelming if you've got quite a lot on. I think sometimes it's actually been pretty good but, yeah, I mean when there is quite a lot going on at one point in time, I've actually thought it's quite nice to have something to focus on and put all your energy and drive in to – John.

¹⁴ The concept of overload was not mentioned to participants meaning Jayne was not using the term within the context of salutogenesis.

Compared to other participants, however, Jess and John are describing “a lot” as opposed to too much (apart from John’s comment about having felt overwhelmed on other occasions) thus pointing to the possibility they had sufficient recovery time and thereby load balance during these busy periods. Perhaps they also had internal and or external resources (other than time) to meet the demands of *a lot of work* (Jess)/*a lot going on* (John).

Moving on to competing due dates as contributing to heavy workload, most participants described how their assessment due dates were too close together, which they had found stressful. Once more, this points to overload relevant to a perceived lack of sufficient time for the required action and, as exemplified by Lizzy and Alice’s experiences (below), to lack of IRT:

I think due dates was quite a big thing in second year. I had quite a lot of due dates that were all quite close together...yeah, they were just close together and I think it piled a lot of pressure on time – Lizzy.

My course, almost every year, every semester, there’s been two deadlines one day after the other...it was so stressful trying to get them done – Alice.

If I remember correctly, I think at the end of second year we had, I think it was three deadlines within two weeks of each other and they were quite big presentations, like big assignments. I think I really struggled with that. It’s a lot of stress when you’ve got things like that (close deadlines related). I think there was that kind of general stress about it as well – Rosie.

Rosie’s experience shows how the nature of assessment tasks (she was referring to what she described as “big assignments”) can serve to compound the pressure of competing assessment due dates. Niamh’s comment below illustrates how the

impingement on students' time brought to bear by competing due dates can affect students' daily lives:

You know you're coming up to a deadline and you don't know how long that piece of work will take. You might think I don't have time to relax because I don't know how long it's going to take, I mean I know it's the same with – obviously going out clubbing is a big thing at university, and I would think, well, I'm not just writing the night off, If I drink I'm writing the next day off or the next morning - Niamh.

Also seemingly contributing to heavy workload was when outstanding assessments overlapped with the start of new modules, as recounted by a minority - Michelle and Maria - of my participants. Here, Michelle and Maria's experiences point to overload and capture how challenging this situation was both for them and for their fellow students:

The hand in dates being close and the crossover with the lessons, that was the hard part...I struggled to be able to put one module to one side to start another one or even finish one and a lot of the other girls...said that they really, really struggled and they couldn't move on to the next one without finishing that – Michelle.

It was, yeah, in the third year, it, the amount of work, everything accumulated before December and we had coursework and then a massive amount of work in modules, like lessons and then exams in January – Maria.

Whilst Michelle's comment speaks to not perceiving having the required intrapersonal resources to meet this demand (overload), implicit in Maria's comment is the impingement on time - a GRD - it brought to bear. Indeed, taken together,

most of the experiences captured by the subtheme 'Heavy Workload' point to a GRD (the lack of a GRR and thereby a chronic stressor) in participants' learning environments in the form of lack of time. This relates to the GRR 'Material Resources' (Figure 4: 1). Antonovsky (1979, p.106-107) stated that "material resources are money, physical strength, shelter, clothing, adequate food, and the like". Given the phrase *and the like*, in applying my salutogenesis lens I decided to include, in this category, extra-personal factors that could reasonably be regarded as *ongoing* features of the learning environment and not, therefore, Specific Resistance Resources¹⁵ (SRRs) therein. I deemed sufficient time for the completion of tasks to align with this criterion and it seems most of my participants experienced this as a GRD at points during their degree. Antonovsky (1987, p.28) proposed that GRRs and GRDs should be viewed on a continuum (GRR-RDs) as "one unified concept". The higher (the GRRs end) we are on the continuum, he continued, the more likely we are to enjoy SOC strengthening life experiences.

Assessment Challenges

Shortage of time as a GRD also featured in the subtheme, 'Assessment Challenges' as, therefore, did overload. Indeed, several participants narrated experiences indicative of overload associated with assessment. Assessment challenges came in the form of problems with the timing of assessments (for different reasons than those described in the previous subtheme), challenges

¹⁵To recap, what differentiates SRRs from GRRs is that the former are only useful in managing specific "situations of tension" and are not involved in strengthening SOC (Antonovsky, 1979, p. 99).

brought about by group assessments and academic writing conventions, and assessment methods that were experienced as undesirable¹⁶.

Regarding the timing of assessments, a few of my participants recounted issues associated with having little time between the conclusion of taught content and assessment due dates. Therefore, the issue concerning time as a GRD in this respect was lack of time to process information needed to inform assessment task completion, as evidenced by Niamh and Alice:

But I often found that with university you're not learning about the whole topic that you've got to write the essay on until a week before, you know, you've had the last lesson a week before it's due or something. That's not enough time to really take in what you've learnt and think about it and then regurgitate it in a way which makes sense. I just feel as though it's kind of like the lack of time almost around a due date - Niamh.

Yeah, and it's just – I just don't think it's quite really realistic but it (close proximity of module end and module assessment due date) tends to happen a lot. I think it's a thing that quite a few of my friends have all said the same thing and some of them have often applied for extensions in the same way I did because they just didn't understand the stuff to put into the assessment - Alice.

Once more, these are experiences that speak to perceived lack of time as a resources to meet demands and thereby to overload. This said, Alice refers to

¹⁶ Although not an assessment challenge as such, experiences of undesirable assessment methods fit better in this subtheme than in any of the others and were not emphasised enough to warrant a separate subtheme.

extensions, which could be regarded as a resource. However, from the perspective of salutogenesis, this should be viewed as an SRR.

Another apparent assessment challenge recounted by several of my participants was group assessments. Further, a few participants related challenges associated with the requirement in university to adhere to academic conventions. Of group assessments, Niamh said:

I think, I don't know if this is the right thing to say, but I personally feel that group assessments cause me mental pain – Niamh.

Like most of my participants, Niamh was eager to achieve a good degree classification. Linked to this, like some others of my participants, she disliked having a shared group mark. She continued about group assessments:

When you're in a group assessment and, you know, maybe not everybody contributes equally, maybe some people don't care, particularly in years one and two when for some people their priorities really aren't studying. I think that can be really difficult because you know that what grade you get is kind of out of your control. You could do your best but other than that, you know, part of your grade is based on those people – Niamh.

Analysed using my salutogenesis lens, Niamh's and similar experiences of group assessments speak to participation in shaping outcome¹⁷ (Figure 4:11) or, more accurately, the limitedness thereof. Antonovsky (1987) postulated that participation in shaping outcome concerns participation in decision making. Essential to the notion of participation in decision making, he (Antonovsky, 1987, p.92) theorised, is taking

¹⁷ To recap, participation in shaping outcome is one of the three life experiences Antonovsky (1987) postulated arise in the presence of GRRs and strengthen one's SOC. Participation in shaping outcome is needed for the meaningfulness component of SOC (Antonovsky, 1979).

part in choosing to undergo the experience concerned, in judging the legitimacy of the “rules of the game”, and in addressing tasks and problems arising from the experience. Niamh, and other participants who recounted their experiences of group assessments acknowledged their importance in fostering the ability to work in teams and enabling friendship formation. However, they disliked how they were managed, especially with respect to the allocation of a shared group mark and the lack of contribution on the part of some students. This suggests that they did not take part in any decisions regarding the legitimacy of the “rules of the game” (Antonovsky, 1987, p.92).

Group assessments were also experienced as impinging on participants’ time, as evidenced by Rosie for example:

So I think it was just that not everybody was contributing as they should and we'd suggest things in one meeting and then it will be brought up by the other group member being like, oh, but what about if we did this? We'd say, yeah, but we discussed that in this group meeting a week or two ago and we discussed why that wouldn't work. We felt like we were repeating our work a lot and things like that so it was taking us longer to do things than it should. I got quite stressed by it, I think – Rosie.

Rosie’s comment illustrates how group assessments seemingly resulted in time shortage as a GRD thereby contributing to overload caused by the learning environments of those participants concerned. This, of course, reflects the experiences recounted in the ‘Heavy Workload’ subtheme.

Moving on to the requirement in higher education to adhere to academic conventions as a further example in the subtheme ‘Assessment Challenges’, a few

participants indicated they were surprised by how much was expected of them in this regard and how these expectations increased on transitioning to the next level of study. Analysed through my salutogenesis lens, these experiences speak to the life experience, consistency¹⁸ which Antonovsky (1979) described as predictable, structured and stable (free from constant changes) experiences (Figure 4: 5). He (Antonovsky, 1979, p.187) emphasised, however, that “a measure of unpredictability which calls for hitherto unknown resources” is also necessary for the development and maintenance of a strong SOC. The problem arises, he continued, when predictability is limited. In this event, “we are lost” (Antonovsky, 1991, p.94). The examples below, both of which concern the transition to university study, suggest limited predictability:

Yeah. So I think, as I say, I started off at (name of previous institution). I was getting quite good grades with them and then when I moved to university, because the writing, well, I'd never done academic writing before so that was a learning curve and just the way that the assignments were graded, and everything was a massive shock. I was getting top 70s at (name of previous institution) to getting bottom 50s... It was a bit of a slap in the face and a bit of a panic going on, oh my god, have I done the right thing? – Bryony.

I think I didn't know how to ask for help or what to ask because I had so many questions. I had so many things in my mind. I was a mess, a small mess.

Confused, constantly confused and I didn't know how to say it, not focused, but a mess – Maria.

¹⁸ To recap, consistency is another of the three life experiences Antonovsky (1987) postulated arise in the presence of GRRs and strengthen one's SOC. Consistent life experiences are needed for the comprehensibility component of the SOC (Antonovsky, 1979).

Other participants who highlighted the transition to university study and academic writing also did so within this context of limited predictability.

Also indicative of my participants having experienced assessment challenges were assessment methods they seemingly viewed as undesirable. Group assessments, as evidenced by the relevant excerpts above, were clearly experienced as undesirable methods of assessment in the main. Some of my participants also viewed presentations and exams as undesirable assessments:

I think I had two modules where we were getting assessed on a presentation and for me personally, because I absolutely despise presentations, I was quite happy to do those virtually - Bryony.

I think the ones that everyone hates the most is presentations – John (including himself in this).

I don't like doing exams and I much prefer doing coursework...I have friends, people that just do exams and they get to be – they're fine throughout the year... and then you get to the exam stage, and they're all stressed, and they don't do anything, they don't leave the library, they've not eaten a proper meal in so long and they just don't even look well – Lizzy.

Viewed through my analytic lens, undesired assessment methods could contribute to a strong SOC. Indeed, so could all the types of experiences I describe in this theme ('Trials and Tribulations in the Learning Environment'). At the same time, however, they could have the opposite effect. These two possible outcomes relate to Antonovsky's (1979, p.187) hypothesis that:

If a strong sense of coherence is to develop, one's experiences must be not only by and large predictable but also by and large rewarding, yet with some

(my emphasis) measure of frustration and punishment. The outcome depends on the underload-overload balance.

Participants who shared experiences relevant to undersired assessment methods, all apart from John, portrayed an overall course experience that seemed very much to be tipped in favour of overload as opposed to load balance. These participants, therefore, described more than a measure of “frustration and punishment.” John’s overall experience, on the other hand, signified load balance. He emphasised rewarding experiences and spoke very little about frustrating or punishing situations or events. I return to load balance in terms of participants’ overall experience a little later in the chapter.

Undesirable Events

The ‘Undesirable Events’ subtheme consists of unpleasant and unwanted experiences participants described besides those subsumed by the other ‘Trials and Tribulations in the Learning Environment’ theme subthemes. They include online learning, lectures, and disappointments.

Starting with online learning, prior to the C-19 pandemic lockdowns (from here on I simply refer to these as lockdown/s), all the students participating in my research had only experienced in-person teaching on campus, and most expressed this as their preference. As Jess explained - *I need teaching to be in person, I think that's the only way it works. Some people thrive off being face-to-face.* Lucy and John, however, described not minding learning online, Lucy because of the flexibility it afforded her, and John, when the time was right:

I mean it's (her final year of study) been difficult with it all being online. In some ways I have preferred it being a lot online though because it just gives me more flexibility - Lucy.

But the second semester I didn't mind (online learning) that much because actually there wasn't a lot of learning going on, like you were more focused on doing your work. In some ways I have preferred it being a lot online because it just gives me more flexibility – John.

More commonly, however, participants (including John) described online learning as challenging, demotivating, and or awkward. For instance, Jess described the negative effects it had on her and her boyfriend, who was studying at the same university:

When it's, like, you're sat in front of a screen every day in the same room it's kind of draining which I think is why at the end of January I hit a point where I was like I need to go home surrounded by my family – Jess.

I think it depends on your course, but then again saying that I know that I've got a partner that does (course name) here and he's just online and it's probably killing him really - Jess.

Maria described how online learning had dampened her experience of studying in a different country:

This is the hard part. I'm an international student so I had to travel all through my country to come here and then I just end up in my room on my bed or desk just having these Zoom meetings, so this made things harder for me – Maria.

These experiences, as indeed do most of those recounted in the 'Trials and Tribulations in the Learning Environment' theme, speak once more to what Antonovsky referred to as frustrating and punishing experiences. And thereby they show that on the whole participants (John was the only exception in this) did not experience load balance in their learning environments. They also point to a GRD relevant to social ties when learning was online. By social ties, Antonovsky (1979) meant social contacts in the form of individuals and groups, including family, friends, and informal and formal groups, people we see and interact with regularly. Jess had felt the need to go home to her family, which suggests that learning online, rather than in-person, had meant fewer social ties in her learning environment than she had experienced when learning was in-person. Similarly, Maria's comment also suggests she experienced the loss of some of her social ties at this time.

Participants also experienced online learning as demotivating. They lost interest in learning, as explained, by Bryony for example (who's comment also points to fewer social ties than when teaching was in-person) and Maria:

It felt very isolating and I struggled to muster the energy to go and sit in my office and watch the videos because I was just like, oh, what's the point? As I say, I struggled a lot with the online seminars with the participation. It was hard to motivate myself to do anything because I was like, well, it's just boring
- Bryony.

We lost interest and motivation. There was nothing nice about the course
- Maria.

Viewed through my salutogenesis lens, these feelings of demotivation, as illustrated by Bryony and Maria's experiences, could speak to underload (Figure 4: 7).

Referring to the experience of the workplace by way of illustration, Antonovsky (1987, p.113) hypothesised:

When our work experiences are continually such that we are seldom called on to exercise our abilities or to actualize our potentials, when they are always unidimensional and monotonous, we can never come to have confidence that the world is manageable¹⁹.

The demotivation participants felt with respect to online learning suggests they experienced their online learning environments as somewhat “unidimensional and monotonous”. However, online learning was not a continual aspect of their degree courses and it is unlikely, therefore, they experienced underload more generally. Further, the frustrating and punishing experiences recounted in this theme, including online learning, attest to the unlikeliness of my participants having experienced underload.

The other effect of online learning participants described was that it made them feel awkward, especially during breakout room activities. This was largely due to a lack of interaction in said rooms. As Michelle, Maria, and John recounted:

There was a few of them that never had the cameras on and it's so hard to talk to somebody without a camera on and things like that – Michelle.

It just I think makes things more awkward because we sat in our rooms, cameras off, microphones off and by the time we were in the rooms no one sees no one - Maria.

¹⁹ To recap, manageability is a component of SOC.

Yeah, and you get put into a breakroom to talk about whatever they've asked you to talk about it and it's just awkward, like no one really knows what to say, no one really knows how to communicate. In the online seminars it's just it's not the same. There's like a block I think, like the interaction of actually being human just doesn't work when you're on a screen with a bunch of classmates or whatever. I don't know. I can't really explain it - John.

Analysed through my salutogenesis lens, far from underload, these and similar examples signified participants' online learning environments as contributing to overload. Evidently, they did not have resources to interact with their fellow students, be those internal or external resources. However, regarding breakout room activities in particular, contrary to most participants, a small minority - Alice and Laura – had experienced these as interactive:

I know a lot of people don't like the breakout rooms, but I quite enjoy them with the discussions and stuff like that and sometimes you're put in with people you don't know. I would encourage lecturers and stuff to keep doing it. I know some people don't enjoy it, but I think it's a really good time to discuss topics - Alice.

Yeah, Zoom. All right once we got going with them, after the initial weirdness of it, seeing yourself on screen. It's the norm now. I don't mind it, it's fine. And it can be interactive so it's all right. I've not minded it - Laura.

Evidently, both Alice and Laura did have internal and or external resources that enabled them to interact online.

Positive experiences aside, moving to online learning during periods of lockdown was mainly recounted in terms of negative experiences. As I have already

suggested, viewed through my salutogenesis lens, it spoke to reduced social ties (GRD) and to frustration and punishment. It could also be viewed as having disrupted consistency in participants' experiences. On account of the frequent changes to the C-19 pandemic restrictions, the online learning experience brought about by lockdowns was not a stable one. Rather, there was ongoing uncertainty as to whether there would be a sudden move back to campus and what this would entail, hence limiting predictability.

Moving on from online learning to lectures as undesirable events, a minority of my participants, namely, Ellie, John, and Bryony, highlighted lectures as seemingly experienced in this way. In fact, Ellie expressed a particular dislike of lectures, partly because she found them unhelpful in informing assessment tasks. However, she described finding it hard to remain motivated during lectures even when they did relate to her assessment task. She also described feeling *talked at*, somewhat in common with John and Bryony, who reported feeling read to in lectures:

Lectures are just, urgh...You just sit there, and you're just talked at. I feel like lecturers almost felt like they could just regurgitate information at you. I'd find myself getting so irritated because, again, I'd know I'd have assessments and I'd know how I was going to find out the information that I'd need to use, like I'd use the online library and stuff like that to find my information. A lot of the time I didn't even use notes that I took in lectures. Sometimes I didn't even take notes. I still managed to do well in my assessments and sometimes it just felt like I'd turn up to my lectures and I left not feeling like I'd gained a lot and it got to the point sometimes where I was like I could not turn up and I'd still feel fine, I'd still feel confident to do the assessments. But even having an hour

lecture, five minute break, an hour lecture, that's not productive. That's not a good use of anyone's time I don't think - Ellie.

You don't get to pick your own modules in the first year so I guess there would have been one or two lectures where I was just a bit, felt a bit braindead – you feel like they're reading the information to you and it's a bit harder to sit down - John.

We had one lecturer that just read us the PowerPoint slides that we could see on the screen and literally nothing else and I felt like, well, that was a waste of my time, I could have read that on my own - Bryony.

From a salutogenesis perspective, it can be seen that Ellie had clearly experienced lectures as frustrating in their lack of utility, as had Bryony with respect to one of her lecturers. And all three had experienced some lectures as somewhat punishing. However, for John, this was seldom, and only concerned modules he had not self-selected. Linked to this, both John and a small minority of other participants expressed liking being able to choose some of their modules, which speaks to participation in shaping outcome, at least in terms of choosing to undergo an experience.

The other example of undesirable events participants seemingly experienced in their learning environments came in the form of disappointments. These appeared to bring to bear varying degrees of frustration. In the main, disappointments related to having felt let down or of having missed or lost out on opportunities. Bryony described how lecturers had let students down during a period of lockdown:

I don't know if this is for every course but I do feel like some of the lecturers on my course could have done more than they did during lockdown to make

sure that people were remaining engaged with the course. I mean I know that it was done quite quickly towards the end, but I felt like the online seminars that we had back in the very beginning of it when it first went online, I felt like they were a bit rubbish if I'm honest. I didn't really feel like much effort had been put into them - Bryony.

Participants who recounted situations where they had missed out on things largely experienced this during periods of lockdown. Several related how they had missed out on opportunities to interact with their peers and, in some cases, with academic staff. As the following transcript excerpts highlight, opportunities for interaction were experienced as limited:

We had a drop-in session and for the first time since we've gone online, it was the first time that we could actually speak to each other and actually talk about how everyone is and what we've been up to and what we're watching and you know, that was really nice and that was such a nice thing to do but that happens rarely - Jess.

Maybe if we had just had half an hour's Zoom meeting at the end where we could come together just us fellow students to discuss things and have that time, but you know, it's something you don't realise - Michelle.

I think it's about more casual relationships that aren't just around the academic, so just chatting to people. I would see my course leader just in the ground floor of (building name) and you'd just chat for two minutes before going to a lecture and it's just like how are you? How are you doing? Are you finding it okay? Da, da, da, da. You don't have that anymore – Alice.

Earlier, I described participants' accounts of how online learning had been devoid of interaction (in most cases). I also suggested that this may have contributed to overload on account of the absence of resources to support interaction in the online environment. Jess and Michelle's comments, however, suggest that interaction had been supported in some cases, albeit infrequently. Added to this, all three comments highlight the negative impact of lockdown on the social ties and social supports participants had experienced when learning was in-person. Further, Jess and Michelle's comments reflect experiences pointing to commitment as a GRR (Figure 4: 3) when learning was in-person. Antonovsky (1979) postulated that embeddedness in social networks in the form of immediate social settings to which we are committed is a crucial GRR when that social network is reciprocally oriented (from hereon I refer to this GRR as commitment). In explaining commitment, he used Kanter's (1968 as quoted in Antonovsky, 1979, p.116) conceptualisation: "commitment is the process through which individual interests become attached to the carrying out of socially organized patterns of behavior which are seen as...expressing the nature and needs of the person". Kanter (1968, as cited in Antonovsky, 1979) described three types of commitment: continuance, cohesion, and control commitment²⁰. Respectively, these refer to evaluation of the worthwhileness of remaining in a group; the degree to which one is attached to a group and its members; and judgment regarding a group's moral legitimacy (Antonovsky, 1979). Thus conceptualised, commitment can be seen to align with social identification²¹ and to incorporate connectedness. I suggest that participants who shared how they had missed the informal interactions they had enjoyed with

²⁰ Continuance, cohesion and control commitment can be seen in the 6th GRR category in Figure 1, Chapter Three.

²¹ To recap, social identification refers to "individual member's relationship" to a group they identify as being part of (Postmes et al., 2012, p.599).

their peers when learning was in-person most likely experienced cohesion commitment.

Moving on to disappointment associated with experiences of having lost out on things, some participants had themselves or knew others who had clearly lost out in relation to some aspect of their learning environment. Jess, for instance, who wanted to, was unable to attend some taught sessions on account of the time and effort involved in seeking a sandwich year placement. However, ultimately she had found this to be worth her while because the sandwich year, she said, helped her secure employment. Lizzy, on the other hand, reported how some students lost out on having a *good* academic advisor:

I missed lectures and seminars because I was across the country going to interviews. I did 13 interviews I think up and down the country - Jess.

I think the people that didn't have the good advisor, I think they were just a bit infuriated by it, especially when they were all speaking to each other, like, oh, this is what it's like but because I'm like, oh, mine's (referring to her academic advisor) really good, I can talk to her, I think that's when they (referring to her fellow students) were like, okay, we're not getting what we should be getting - Lizzy.

Whilst Jess clearly experienced a punishing situation, albeit felt to be worthwhile, Lizzy talked about the frustration felt by students who were losing out on a *good* advisor. Frustration, more than punishment, was what other participants' experienced with regard to losing out. Lizzy, on the other hand, had experienced a *really good* academic advisor, a social support. This had to do with the advisor's

responsiveness and helpfulness, contrary to participants' experiences of academic staff incorporated in the next subtheme.

Shortfalls in Care

In this, the final subtheme in the 'Trials and Tribulations in the Learning Environment' theme, I am referring to shortfalls in care participants described on the part of academic staff. I use 'care' to refer to positive student-staff interpersonal relations and the provision of support for students that can reasonably be argued forms part of an academic's remit. In terms of shortfalls affecting the former, participants described academic staff who were difficult to approach and, in a small minority of cases, were disrespectful. Further, with regard to support, they recounted support needs that were not addressed, and points in their degree course where support from academic staff diminished.

Starting with staff approachability and respectfulness, most participants described academic staff they had experienced as difficult to approach. For example, Jess explained how she had felt unable to approach a member of academic staff and Ellie shared how she and her peers had felt scared and intimidated by one of the academics teaching on their course:

I'd never felt like I could approach her, so I didn't and ultimately, I didn't do very well in my work... She didn't ever come across to me as someone that I could go talk to – Jess.

I didn't feel intimidated by - actually, no, that's a lie. I felt intimidated by this one woman I remember. So in second year we had this seminar tutor and she used to be a secondary school teacher so she very much taught the seminars in the same way that you would teach a secondary class, but like a

misbehaving one and she was terrifying. She was awful. She really scared me. She scared everyone to be fair – Ellie.

Ellie, referring to the same member of staff, also described having felt that she and her fellow students were not respected by her:

She spoke to us as if we were children and she was an adult and she knew better, and we didn't know anything. So I feel like she didn't have the same respect for us that she wanted us to have for her – Ellie.

Analysed through my salutogenesis lens, these shortfalls in the quality of student-staff relations are likely to have had a negative impact on participants' experiences of social supports, a GRR (Figure 4: 2), in their learning environments. Antonovsky (1979, p.114), in the light of findings from extensive research, strongly contended that social supports is "a GRR of deep, immediate interpersonal roots". This contention can be seen to reflect that of Langford et al. (1997) (cited in Chapter Two) that social support is contingent upon strong relational ties within our social network. Therefore, in the event of negative student-staff relations, arguably students are unlikely to perceive the staff concerned as social supports, someone they can rely on for social support²². There are times, Antonovsky (1987, p.112) argued, when the quality of our interpersonal relations has greater significance than our intrapersonal resources: "if one is feeling bad, can one count on others?" Ellie's report of feeling intimidated and disrespected by a member of staff points not only to not perceiving the member of staff concerned as a social support, but also of a somewhat punishing experience.

²² By social support, I mean "an exchange of resources between two individuals perceived by the provider or the recipient to enhance the wellbeing of the recipient" (Shumaker & Brownell, 1984, p.11).

Other apparent shortfalls in care participants described concerned unaddressed support needs. Viewed through my salutogenesis lens, this will likely have contributed to overload as a result of participants' internal demands of others (in this case academic staff) being ignored (Figure 4: 8). To explain, in theorising about load balance, Antonovsky (1987) related the balance of overload and underload to both internal and external stimuli (in the form of demands). Internal stimuli, he explained, can be demands made of oneself or of others. And load balance in this regard, he added, relies on experiencing a balance of four possible responses to one's action: "ignored, refused, channeled, and encouraged and approved" (Antonovsky, 1987, p.97-99). Overload, he continued, occurs in the event our internal demands are too often met with the negative of the possible responses. Several participants recounted occasions when they had sought support to no avail, thus having their internal demands ignored: As Jess and Lizzy recounted:

He's not listening to any of our questions. He's not answering any of our questions. He's ignoring our issues. We're really peed off by it. We're just - I'm done with it. I'm not motivated to do it anymore - Jess.

Just like it's not worth their time almost. You've sent this email but they're probably busy with other things, you're like, okay, my email isn't as important as someone else's. I'm also here trying to get a degree as someone else is so why isn't mine? You just expect it to come straight back or at least being forwarded on to someone that could help or just anything but if you're just being completely ignored it just makes you feel tiny doesn't it, a bit insignificant – Lizzy.

It seems Jess, who was clearly frustrated by her experience, as were her fellow students, was seeking informational support. Lizzy, on the other hand, for whom the situation had been taxing, did not specify the type of support she had sought. However, most comments regarding this particular shortfall were in respect of needing informational support²³ (I am referring here to information besides taught subject matter – further clarification for example). Indeed, several participants indicated that they had received no or limited informational support in their learning environments. Similarly, others expressed having received information that was unclear. Respectively, Jess recounted how she and her peers had *been left in the dark* and Jayne, how things had not been adequately explained. Niamh, on the other hand, expressed a desire for early and practical direction, which suggests this was limited in her experience:

One of the lecturers, I mean the module leader has just kind of left us to get on with it by ourselves with very little direction. We're just left in the dark – Jess.

There were things that I either didn't understand that weren't explained to me straight away or when they were it was a bit sort of – They explained to a certain point and then just 'oh you know what I mean now' and actually sometimes I didn't – Jayne.

It would be nice if tutors said at the very, very start, you know, the introduction to the module or something, they straightaway explained a piece of work and maybe if they said, you know, I'm not going to tell you when you should be

²³ By way of reminder, I am using Cutrona and Suhr's (1992, p.155) conceptualisation of informational support, namely, a type of "action facilitating support" including advice, factual input, and feedback relating to actions. Esteem support, they described as a form of "nurturant support" involving "expressions of regard for one's skills, abilities and intrinsic value.

doing your work because it's each to their own, but for those that want to know I'm going to give you a timeline of what I'd aim for if I was doing this piece of work – Niamh.

Viewed through my salutogenesis lens, absence of and issues concerning informational support point to limited social supports as a GRD, and also to limited consistency. With respect to the latter, earlier I explained how Antonovsky (1979) described consistent experiences as predictable, structured and stable. Arguably, a learning environment cannot be experienced as structured in the absence of clear and timely information. Further, an absence of clear information will have contributed to limited predictability which, by way of reminder, Antonovsky (1979) contended compromises the development of the comprehensibility component of SOC.

Other unaddressed support needs concerned an expressed need for support having seemingly gone unnoticed, as recounted by a few participants. Lucy, for example, in the context of a friendship break-down, said of a member of academic staff:

She'd never picked up afterwards (following a meeting with Lucy and her then friend regarding suspected collusion) that we had then moved seats to the other side of the room and that we weren't speaking or anything like that – Lucy.

Similarly, Alice's comment also suggests an unseen need for support:

I don't think I've had much help with dealing with – I mean when I say failure it's not a proper failure but with a grade that you don't like – Alice.

It seems both Lucy and Alice were experiencing lack of emotional support which points, once more, to limited social supports.

The other apparent shortfall in care experienced by some participants was that of diminishing support. Jess (who like Lucy and Alice, seemingly needed emotional support) and Maria (who apparently lacked informational support), for instance, described diminishing support during the third year. This was in the context of a period of lockdown:

Uni's not doing anything, Uni's just saying here's a live chat and you're like, that's not what I need, I need more support from my lecturers and tutors and everything, I need someone actually calling or something just to check you're okay. So I had to go home - Jess.

Because we're doing group work at the moment, but we see each other once a week (less frequently on account of lockdown) and I'm like, I don't know what we're doing. I couldn't tell you what we're doing – Maria.

Seemingly, Jess was feeling let down by her tutors and lecturers as her social supports during a period of lockdown. Maria, on the other hand, is describing less contact with her social supports (a GRD) and how this affected her. Others felt support as diminishing after the first year of study. For example, as Lizzy, who seemed to be saying her academic advisor was her only social support by way of academic staff, recounted:

I think second year I felt more on my own than first year. I think first year they really concentrate on because that's the big year to get you all to stay, easing you all in and then second year I definitely felt more on my own just having an Academic Advisor – Lizzy.

Lizzy's comment brings me to the end of the largely frustrating and or punishing experiences comprising the theme 'Trials and Tribulations in the Learning

Environment’. However, Table 2 provides a more complete summary of how the theme, and thereby participants’ learning environments, was characterised when viewed through my salutogenesis lens. This summary points, in the main, to GRDs and overload, including the latter’s overall effect in terms of frustration and punishment. The next theme, ‘Care and Acknowledgement in the Learning Environment’, speaks more to load balance than to overload, however.

Table 2

Summary of Theme One ‘Trials and Tribulations in the Learning Environment:

‘Heavy Workload’	Experienced and emphasised by most participants and characterised by: insufficient time as a GRD; overload (not perceiving resources and lack of IRT); and punishing experiences as an outcome of overload. Two participants found heavy workload rewarding (in one case, only at times), however.
‘Assessment Challenges’	Experienced and emphasised by several participants and characterised by: insufficient time as a GRD; overload (not perceiving resources); punishing experiences as an outcome of overload; limited predictability; and some evidence of limited participation in shaping outcome.
‘Undesirable Events’	Experienced and emphasised by several participants, to a large extent a feature of the move to online learning, and characterised by: insufficient time as a GRD; limited social ties as a GRD; limited social supports as a GRD; the GRR commitment; an aspect of underload; overload (not perceiving resources); frustration and punishment as an outcome of overload; lack of stability affecting consistency and predictability; and some evidence of choosing to undergo an experience. One participant found online learning to be a rewarding experience.
‘Shorfalls in Care’	Experienced and emphasised by several participants and characterised by: limited social ties as a GRD; limited social supports as a GRD; overload (internal demands ignored); frustration and punishment as an outcome of overload; and limitations to structure affecting consistency and predictability.

Care and Acknowledgment in the Learning Environment

In terms of how many experiences it incorporates, this is the smallest of my themes. And whilst the previous theme includes experiences indicative of social

support from academic staff being wanting, this theme encompasses experiences where lecturers/tutors²⁴ had been supportive. Viewed through my salutogenesis lens, this shows inconsistency in participants' learning environments. On a more positive note, however, the social support, both received and perceived²⁵, participants described in this theme suggests the presence of external resources to meet demands, thus contributing to load balance. Besides social support, and also evidencing social ties, participants indicated that at one time or another they had experienced feeling seen in their learning environments. To take account of these slightly different experiences, I divided the theme into two subthemes: 'Social Support' and 'Academic Staff who See Their Students'. I explain what I mean by these concepts in the relevant sections below.

Social Support

Almost all participants recounted receiving social support in the learning environment from friends and or peers. In the main, this involved helping each other with assessment tasks. Often, however, they did not specify the nature of the support received. Rather they simply referred to friends and peers as supportive. With regard to academic staff, all participants recounted receiving and or perceiving social support from one or more of their lecturers/tutors. However, reflecting the situation regarding support from students, they did not always specify the nature of this support. Where they did, however, it was mainly informational support, support that was wanting in the subtheme 'Shortfalls in Care'. Also mirroring the situation regarding support from students, support from staff was often linked to assessments.

²⁴ Some participants referred to academic staff as lecturers and others called them tutors. Some used both interchangeably.

²⁵ I use Sarason et al's. (1990, as cited in Haber et al., 2007) conceptualisation of received and perceived support wherein the former is understood as being in receipt of support and the latter as perceiving that support is available should it be needed.

Social support from friends and peers participants described was mainly mutual support and, as I have alluded to, involved helping each other with assessment tasks, something several participants attached a great deal of value to. In the following examples, respectively, Laura describes such mutual assessment support whilst Alice emphasises the value she attached to it:

Me and (friend's name), my friend, we used to go to each other's house and practice on each other, we'd do this presentation in front of each other just to try and calm our nerves - Laura.

Both the two people in my group were really supportive, really encouraging, and inspiring. We all probably went through a bit of that, of, oh, I feel a bit lost in this task but then when one person's feeling like that, other people aren't so we can bring each other up. I think that was a really positive experience.

Definitely – Alice.

A small minority of participants described support relevant to matters other than assessment. Michelle described how she was welcomed on to the course:

Yes, it was (student name) who had shown me around, one of the girls, and she was on the third year and she then included me in the WhatsApp group straight away and tried to keep the contact there for me and help me out as much as she could, so she was really good - Michelle.

Analysed through my salutogenesis lens, experiences of support are indicative of friends and peers as social supports making this a GRR in participants' learning environments. Moreover, Alice's account, as evidenced by her emphasis on the collective - *we all* - speaks to the GRR, commitment. Similarly, Michelle's experience shows how commitment was encouraged in her learning environment.

Moving on to social support from academic staff (received and perceived), an example of received social support related by some of my participants was being signposted to support outside of their learning environment (herein defined) by their lectures/tutors:

I've been made aware of all the online resources (referring to the university's study skills support) and things – Bryony.

She was always willing to talk or chat about it or help you or point you in the right direction – Lizzy.

Similarly, a few students described how staff signposted them to assessment support. For Niamh, this related to support in the event of extenuating circumstances:

He was advising me about submitting a request to repeat an assessment for the summer. He was advising me on how to do that – Niamh.

As well as highlighting academic staff as social supports, signposting meant participants developed cognisance of SRRs²⁶ they could access in times of specific need.

Other accounts of received support related in the main to assessment support. Indeed, this was the type of informational social support my participants emphasised having received from their lectures/tutors. One example of this was the provision of formative feedback, which all of those concerned had valued. Rosie explained:

²⁶ To recap, Antonovsky (1979, p.99) postulated that SRRs are only useful in managing specific "situations of tension".

So I think it helped having those (formative tasks) as well because it meant that I could kind of gauge where I was at because as well the marking system at uni is much different from a school environment obviously, if you're getting 60s at school, you're thinking oh my god, I'm doing awfully but at university it's the complete opposite – Rosie.

To some extent, Rosie's experience reflects something Bryony said (as recounted earlier) regarding achieving lower grades at university, and which I mapped to unpredictability. Rosie's experience, on the other hand, is focused on the predictability afforded her by formative assessment tasks.

Other participants described how they received assessment support from staff in the form of timely and or clear assessment guidance. Ellie and Maria were cases in point:

Like they make it explicitly obvious what you're meant to do really and then if you are confused you just ask, and they just explain it in a bit more detail and that's been my experience with it – Ellie.

So many things on my mind about the literature review and by the time I asked her she gave me – it was a ten minute answer. It was like the lights above everything. Perfect timing. After that I just had a beautiful plan in my mind of how to structure my literature review – Maria.

Viewed through my salutogenesis lens, timely and clear guidance speaks to academic staff who were social supports in participants' learning environments. Added to this, in direct contrast to guidance that was unclear and untimely (recounted in the subtheme 'Shortfalls in Care'), such guidance suggests an element of structure and thereby consistency. As I have alluded to, by and large participants'

needed informational support; however, Rosie described a time where she and her fellow students received support for assessments:

I think we had two that were quite close together but then one of our tutors, I think a few people must have applied for an extension and then we said the same about having a deadline close, so she emailed us all and said I'm going to extend the assignment deadline – Rosie.

Rosie had found this support to have been extremely helpful. However, given it was a response to a *particular problematic situation* (my emphasis), it should be viewed as an SRR, although, once more, it evidences staff as social supports in participants' learning environments.

The other element of the subtheme 'Social Support' indicated by some participants' experiences is perceived social support from staff. Simply knowing there were lecturers/tutors they could rely on to provide support was something those concerned attached particular value to. However, as evidenced in the subtheme 'Shortfalls in Care' by experiences indicative of unapproachable and unresponsive academic staff, perceived support was not universally experienced. Regarded through my salutogenesis lens, once more this evidences inconsistency in participants' learning environments. Linked to this, some participants alluded to knowing who would provide support and therefore who to approach. In this sense, there was evidence of predictability: participants could predict a positive response from particular staff members. To return to lecturers/tutors who could be relied upon to provide support, Jayne and Lizzy said:

Like I had people coming to me just saying is everything okay, is there anything we can do. This was even before I started in my lectures or anything

and so that was really beneficial to me. At the time I didn't need anything because it had all been sorted in the end, but because it was the knowledge, it was the knowledge of the communication, the knowledge that although there were different times in the year where it mattered more or less it was always there – Jayne.

I know there are people that would email me back, so I ended up emailing someone else – Lizzy.

Analysing Jayne and Lizzy's accounts using my salutogenesis lens, Jayne's experience of *people* (my emphasis) proactively offering support portrays an environment rich in the GRR, social supports. Lizzy's comment, on the other hand, whilst also pointing to academic staff as social supports, highlights predictability in terms of members of staff they could rely upon to be responsive and speaks once more to inconsistency in respect of staff as social supports. Feeling seen by academic staff (the ensuing subtheme) was also experienced as an inconsistent phenomenon by some participants.

Academic Staff Who 'See' Their Students

Most participants described experiences indicative of having felt seen by some of the staff in their learning environments. By seen, I am referring to the opposite of feeling invisible, unheard, or neglected, and also to the presence of understanding (Pineda, 2022). Understood in this way, academic staff who see their students could be said to be contributing to a social climate characterised by “an atmosphere of helpfulness and protection”, a necessary antecedent to socially supportive behaviours (Langford et al., 1997, p/97) and therefore the GRR social supports. That participants seemingly felt seen was evident in the main in their

reports of their lecturers/tutors checking in with them, being understanding towards them and or their situation, and showing them respect (I describe each of these presently). Just as experiences of social support from academic staff contrasted with experiences recounted in the subtheme, 'Shorfalls in Care', so did findings described within this subtheme. Specifically, this relates to student-staff relations. Similarly, therefore, examined through my salutogenesis lens, these contrasting experiences point to inconsistency in participants' learning environments.

Starting with academic staff checking-in with students, several participants narrated how academic staff had taken an interest in them and in their welfare by means of checking-in with them, in some cases regularly, and in others early on in the course. Regarded through my salutogenesis lens, this points to these members of staff as social supports (GRRs). It also suggests that the staff concerned may well have been perceived as external resources, someone to turn to, thereby contributing to load balance. Jess and Rosie recounted:

They constantly asked if you're okay, how's your accommodation, all that sort of stuff – Jess.

There were always checking points, even if it was that it was for assignments, they'd always ask how are you getting on at uni in general and things like that, so even if it was a check-up for an assignment then there'd be wider conversation as well checking that you're all right and things like that - Rosie.

With regard to Jess's account, earlier I referred to her as saying that a tutor left students to get on with things by themselves, leaving them *in the dark*, and also as saying how she longed for staff to simply check-in with her during lockdown. Mapped

to salutogenesis, Jess's experience further illustrates the inconsistency my participants experienced with regard to social support from academic staff.

Moving on to participants' accounts of academic staff who were understanding towards them, these also signify their having felt seen in their learning environments. *She was a really nice tutor and, again, she's quite understanding,* Alice recounted. And Jayne described feeling her tutors understood her situation, something she clearly valued:

I mean I had some tutors even early on who understood straight away.

Whether they knew my condition or whether they had just been told that I had the additional support needs I guess, I don't know, but they got it and I was never made to feel like oh you're just being dramatic or oh this is something that we didn't know about or you haven't presented to us in a certain way before so now it's wrong, you know, this burdensome thing – because I know that, so I don't need people to tell me, which is what I've had in the past sometimes as well – it was liberating just to be who I was - Jayne.

Similarly, Michelle described how academic staff saw students as having a life outside of university, which was very important to her:

They appreciate that there is other things going on and you are not just a student. You have a lot of responsibilities that you're taking on all at the same time - Michelle.

Michelle's experience (and Ellie and John's experience of respectful staff in the next section) can be seen to conflict with that of Niamh's in the subtheme 'Heavy Workload'. She related how tutors on her course expect students to always be doing

their university work. These contrasting experiences clearly point to yet more inconsistency.

Other experiences indicative of participants having felt seen by academic staff relates to being treated with respect. To return to Pineda's (2022) conceptualisation of being seen, I deemed being treated with respect as preventing feelings of invisibility and neglect, hence including it in this sub-theme. More than half of my participants described experiences pointing to respect from some lectures/tutors. A few, it seems, felt respected on account of how assessment feedback was framed. As Bryony explained:

From the feedback that I've received in presentations and with group work it very much - even when you're being assessed on it the negatives aren't what's focused on so much, it's that's what you did well and here's how you can improve rather than, you know, it's not just like, well, that was all wrong and you need to do this - Bryony.

Ellie, in describing a member of staff she felt was intimidating, contrasted this with her experience of other staff, and said she felt respected by them:

*I feel like a lot of my other teachers and stuff they were like, oh, try and do as much as you can, if you don't get something done that's fine, I'd rather you just - they'd say stuff like I'd rather you show up and not have done any of the work that I've set but I'd rather you just show up. I feel like the difference was they spoke to us like we were their equal. **So how did those relationships make you feel?** On the whole, respected – Ellie.*

Similarly, others felt they were treated like adults. As John explained in relation to expectations:

Yeah, there was reading but it's not - I think that's another good thing, it's on you. I think you're treated a bit more like an adult, like it's your responsibility a little bit – John.

Each of these examples point to staff 'seeing' their students. Bryony's feedback, for example, suggests students being seen as deserving of sensitively delivered feedback, whereas Ellie and John were being seen as adult learners deserving of respect. However, viewed through my analytic lens, when these experiences are considered alongside those relayed in the subtheme 'Shortfalls in Care', once more, they speak to inconsistency in participants' learning environments. This said, however, the overall emphasis in this, the 'Care and Acknowledgment in the Learning Environment' theme, was tipped in favour of GRRs. Inconsistency was only evident when I looked across my themes. Table 3 (on the next page) provides a summary of how participants' learning environments were characterised when regarded through my salutogenesis lens.

Table 3

Summary of Theme Two Care and Acknowledgement in the Learning Environment:

'Social Support'	Experienced by all participants and emphasised by a minority. Characterised by: the GRR social supports; the GRR commitment; perceived resources to meet demands thereby contributing to load balance: predictability; and inconsistency when viewed in the light of the theme 'Trials and Tribulations in the Learning Environment'.
'Academic Staff Who See Their Students'	Experienced and emphasised by the majority of participants and characterised by: the GRR social ties; the GRR social supports; perceived resources to meet demands thereby contributing to load balance; and inconsistency when viewed in the light of the theme 'Trials and Tribulations in the Learning Environment'.

Connectedness in the Learning Environment

In a similar vein to the previous theme, when examined through my salutogenesis lens the theme 'Connectedness in the Learning Environment' is also largely indicative of social supports (GRRs) in participants' learning environments. This, in turn, suggests that some members of staff could be relied on as external resources to meet internal and external demands for action, thereby contributing to load balance. Further, connectedness²⁷ (I am referring here to attachment to groups of others) by definition aligns to embeddedness in a social network, an essential aspect of the GRR, commitment. Therefore, in the main, and somewhat mirroring the previous theme, this theme encompasses SOC strengthening conditions. Indeed, most of my participants recounted one or more experiences evidencing

²⁷ As I remarked in Chapter Two, connectedness has been defined as "the sense of belonging and subjective psychological bond that people feel in relation to individuals and groups of others (Haslam et al., 2017, p.1).

connectedness, making the theme slightly bigger in terms of the number of coded extracts included in it, than the previous one, but still smaller by far in this respect than the theme 'Trials and Tribulations in the Learning Environment'.

Connectedness With Each Other

That students had connected with each other was apparent, for example, in comments regarding friendship formation. Some participants pointed out that they had friends in their learning environments:

I'm friends with quite a lot of the girls on my course – Alice.

We (referring to her friends on the course) always went for Christmas drinks and stuff like and so it's sort of just ended (on account of lockdown). It was just like that's it, you're not coming in, it's all online and that were that – Laura.

I think that (having friends on the course) really helped with my wellbeing at uni because it meant that I always had - especially being around people, I was going to uni knowing who was there, I talked to a lot of people on my course so I found that really reassuring – Rosie.

Participants who referred to having friends on their course did so in the context of friends as a significant and supportive aspect of their learning environments, as evidenced by Rosie and also by experiences in the subtheme 'Social Support'. . Therefore, analysed using my salutogenesis lens, for many of my participants friends were more than social ties, they were also social supports and a group of people to whom they were committed.

As well as connecting as friends, some participants described experiences indicative of having connected as peers, as recounted by Michelle and Laura, for example:

To have such a support, a wonderful group of students, fellow students. That has been wonderful - Michelle.

We didn't have little groups, we were one group - referring to some personal difficulties, she said - I could open up about it.

Here, Laura is alluding to her peers as providing emotional support whereas, as I pointed out earlier, most of the social support my participants described was informational, and relevant in the main to assessments. Mapped to the salutogenesis constructs in my lens, on the other hand, both Michelle and Laura's reflections are illustrative of the connectedness and associated commitment some of my participants indicated having experienced towards their peer group.

Participants described enablers of connectedness with each other. For example, of small groups, Bryony said - *the smaller groups are better for me, big groups I just kind of get lost* (Bryony), whereas Jess reasoned that it was on account of being in a small group that students had got to know each other, a supposition other participants shared – *because the course is so small you talk to everyone, we all noticed that we were very similar in interests and what we like to do* (Jess). Relatedly, but referring to working in non-friendship groups as an enabler of connectedness, Alice recounted:

I think it's a really good idea to get people - so you're not with the same people every week, you're not always sticking with friends so this person who doesn't have a friendship (referring to a student Alice believed had no friends on the course) maybe, they could form that, and I think that definitely happened throughout the year, different people getting closer with more people and stuff like that, so yeah - Alice.

Participants also highlighted barriers to connectedness in their learning environments namely online learning (which also featured in the sub-theme, 'Undesirable Events') and being in a big group. Of online learning as a barrier, Lizzy and Bryony said:

I think it would have been hard to build up a relationship, especially because it's been online and over emails compared to in person is very different. You don't really get to know someone over an email. You chat to them in person, within five minutes you know a bit more about them than over 100 emails – Lizzy.

I think it must have been around Christmas time and because of the modules that we'd had in first semester and the way that they went we felt so disconnected. We were like I wish I'd took a year off and waited for COVID to be over and done and then come back – Bryony.

Lizzy seemingly saw being part of a big group as a barrier to connectedness – so *second year I didn't really get to talk to her that much because we were just in a big group of people.* From the perspective of salutogenesis, barriers to connectedness could be said to equate to barriers to social ties, social supports and commitment as potential GRRs thus having a negative effect on participants' GRR-RDs continuum.

One of my participants – Lucy - evidently did not experience connectedness with university friends and or peers, although she did during an Erasmus experience:

They're straightaway wanting you to find friends, connect with each other, connect with the university which I've never felt with (university name) that I've ever got. They did all sorts. We had a lot of group discussions that were really open, even in big lectures, big lecture theatres. They would encourage us to

connect on LinkedIn. What else did they do? All kinds of things like social events, they were like this person is not from (university name) make sure they go into this or, ah, we've got this big game, football game next week, find someone that's not from (university name) and ask them if they want to go with them. Really good. It just made you feel part of like a little family which sounds really cringy when I say that but it's really nice to have – Lucy.

Viewed through my salutogenesis lens, Lucy (in her home university) evidently experienced limited social ties and commitment as GRDs. However, in her Erasmus university, especially given her comment, *it just made you feel like part of a little family*, she seemingly experienced the GRRs social ties and commitment which was something she particularly valued. Indeed, the experience of commitment in their learning environments was seemingly valued by several of my participants. Jess and Alice, for example, who emphasised their group as a collective, valued commitment to the extent they were extremely keen to go back to university after lockdown to see people and be with them. Having earlier expressed that hers was *a really sociable group*, Jess said about herself and her peers:

I'm like, okay, I'm still doing my work, but I don't know whether that's because there's been this mad push that we could go back in and that hopefulness. We're all saying we want to finish uni on campus because it won't feel the same if we finish from home – Jess.

Similarly, Alice expressed her own and her peers' disappointment at not being able to return to campus to experience her peers in person:

I'd say this year there's obviously been a lack of physical seeing people. We all really miss just seeing each other in person. Even when the government

advice was that we could be in person we were online and that was something I couldn't really get my head around and I know why they were doing it because it's making it safer for everyone and it's probably reducing the spread but when they could have done it in person, they didn't but we were basically saying we want to be in person, we want to see everyone – Alice.

The impact of lockdown, apparent in Jess and Alice's accounts above and in those of many others, was clearly a recurring feature of my participants' experiences of their learning environments.

Connectedness With Academic Staff

Also indicative of several participants having experienced connectedness in their learning environments were comments relevant to having known and enjoyed positive relations with academic staff. To some extent, this links back to participants' reports of positive experiences of lecturers and tutors captured in the subtheme 'Academic Staff Who See Their Students'. This, the theme 'Connectedness in the Learning Environment', shows how in some cases these experiences extended into a sense of connectedness with academic staff. Thus, they were far removed from those recounted in the subtheme 'Shortfalls in Care' which emphasised shortcomings in student-staff relationships. Therefore, the inconsistency across themes I described earlier (regarding the quality of student-staff relations my participants experienced) also traversed this theme.

Connectedness with academic staff was evident in participants' accounts of how they had known some of their tutors from the outset of their course and had them follow them through their degree: *she knew me from the beginning* (Michelle);

my tutor is the same tutor since first year and she's been by my side all the time (Maria). Other accounts saw significance attached to having known tutors from previous modules, or of already knowing a new academic advisor, as Lizzy and Rosie related, respectively:

A couple (I've had in Year 2 and now I've had them in final year so you kind of recognise them and they recognise you. I think that's a bit nicer where you already know them a bit and you know their teaching styles; you know their marking styles, which is easier – Lizzy.

But the person (academic advisor) I had in second year I also had teach me in first year, so I knew him already which I think helped with that (having him as her new academic advisor in the second year of study) – Rosie.

Examined through my salutogenesis lens, participants' accounts of knowing their tutors speaks to consistency, with Lizzy and Rosie's comments emphasising the predictability component.

Participants also spoke of the intimacy they had with particular members of academic staff. Jess and Ellie, for example, described how this intimacy affected them:

I think when you first move away from home you don't lose your parents, but you lose that figure in your life that's guiding you and is - Yeah, and that's what's really scary, this is the first time you're by yourself and all alone and you have to cook your dinner and you spend the first year of your life living off pasta because that's all you can cook as well! I think that relationship that you have with your lecturers is really quite helpful because it feels like you've got that senior person to you, you don't feel like you're all alone, you've still got

people there to talk to normally and it's not just the people that you live with or the people on your course. Sometimes you just need that person to just talk about something different or something that you're not going to hear when you get back to your flat – Jess.

I feel like I was very lucky with the lecturers that I had. They were all easy to get on with. If you get to know someone who's teaching you as a person it doesn't feel like you're being taught almost. You feel like you're just chatting with someone about that subject, almost it becomes more conversational which I think is nice – Ellie.

Jess and Ellie's comments bring the theme 'Connectedness in the Learning Environment' to a close. How participants' learning environments were constituted in terms of GRRs and the three life experiences in respect of this theme is summarised in Table 4. Table 5, on the other hand, shows where salutogenesis constructs were seemingly located within and across themes.

Table 4

Summary of Theme Three Connectedness in the Learning Environment:

'Connectedness With Each other'	Experienced by most participants and emphasised by some. Characterised by: the GRR social ties; the GRR social supports; the GRR commitment; and perceived resources to meet demands.
'Connectedness With Academic Staff'	Experienced by most participants and emphasised by some. Characterised by: the GRR social ties; the GRR social supports; perceived resources to meet demands; consistency; and inconsistency when viewed in the light of the theme 'Trials and Tribulations in the Learning Environment'

Table 5

Summary of Evidence of Salutogenesis Constructs Within and Across Themes:

Social ties (GRR)	<p>Academic Staff Who See Their Students: experiences in this subtheme show some members of academic staff interacting with students beyond their teaching as social contacts/social ties.</p> <p>Connectedness: shows some academic staff as social ties (extending to some participants feeling connected to some staff).</p> <p>Connectedness: also shows friends and peers as social ties (extending to groups to whom participants were committed).</p>
Social supports (GRR)	<p>Social Support: shows friends, peers, and some academic staff as providers of social support and thereby social supports. Support from friends and or peers was mainly with assessment tasks as was support from staff (sign posting to study skills/assessment support, formative feedback and timely and clear guidance). The subtheme also shows staff proactively offering support (skills/assessment support, formative feedback and timely and clear guidance).</p> <p>Academic Staff Who See Their Students: shows some staff displaying behaviours antecedent to social support (staff who were understanding and respectful (includes providing respectful feedback).</p>
Commitment (GRR)	<p>Social Support: shows emphasis on friends and peers as a collective and, in one case, the encouragement of connectedness.</p> <p>Connectedness: indicates commitment regarding friends and peers on the same course (in all but one case).</p>
Lack of time (GRD)	<p>Heavy Workload: suggests insufficient time to manage volume of tasks and information, competing due dates, and the occurrence of new modules alongside outstanding assessment tasks.</p> <p>Assessment Challenges: suggests insufficient time to process module content due to close proximity of due date and module end. Also shows group assessment challenges as impinging on time.</p>

Lack of social ties (GRD)	Undesirable Events: indicates that the move to online learning severed some learning environment social ties for several participants.
Lack of social supports (GRD)	Shortfalls in Care: shows some academic staff experienced as unapproachable and or disrespectful thereby precluding them from presenting as social supports. Shortfalls in Care: shows unaddressed and unrecognised support needs pointing to some academic staff not having being perceived as social supports. Also indicates diminishing support during lockdown and after the first year.
Predictability (relates to consistency)	Assessment Challenges: indicates limited predictability regarding academic writing conventions and lower grades (context is transition to and through the course). Shortfalls in Care: points to limited predictability in the form of unclear and untimely information. Social Support: shows formative feedback affording predictability and how some participants could predict which staff would be supportive. Connectedness: shows knowing tutors as affording predictability.
Stability (relates to consistency)	Undesirable Events: uncertainty surrounding whether teaching and learning would be on-campus or online seemingly caused instability.
Structure (relates to consistency)	Shortfalls in Care: indicates structure was limited in the presence of unclear and untimely information. Social Support: indicates the presence of structure in the event of clear and timely information.
Inconsistent experiences	Viewed together, the ' Trials and Tribulations... ' theme and the ' Care and Acknowledgement... ' theme point to inconsistency relevant to social support from academic staff, including clear and timely information, quality of student-staff relations (including staff approachability, interest in students, understanding and respect). The ' Connectedness... ' theme also shows evidence of positive student-staff relations inconsistent with experiences recounted in the ' Trials and Tribulations... ' theme.
Underload	The ' Trials and Tribulations... ' theme suggests that none of my participants experienced underload.

Load balance	<p>The ‘Trials and Tribulations...’ theme suggests that in all but one case, my participants did not experience load balance.</p> <p>Heavy Workload: two participants spoke of having a lot to do at points but seemingly with recovery time thus contributing to load balance.</p> <p>Social Support: shows social support from some staff as a resource to meet demands contributing to load balance. Academic Staff Who See Their Students: staff who checked in may have been perceived as external resources.</p>
Overload	<p>Heavy Workload: too much to do; too much information to contend with; competing assessment due dates (compounded by the type of assessment and affecting day to day life); new modules and outstanding assessment clashes, all pointing to overload.</p> <p>Assessment Challenges: close proximity of due dates and module end and group assessment challenges suggests overload.</p> <p>Undesirable Events: vast majority of participants seemingly lacked resources for online interaction.</p> <p>Assessment Challenges: undesired assessment methods largely experienced (for all but one participant) in the context of more than a degree of frustration and punishment.</p> <p>Undesirable Events: shows some lectures and online learning as frustrating and punishing.</p> <p>Shortfalls in Care: seeking support (mainly informational) to no avail meant internal demands ignored - overload.</p>
Participation in shaping outcome	<p>Assessment Challenges: group assessment evidenced limited participation in decision making.</p> <p>Undesirable Events: a minority of participants described self-selecting some modules. This evidences a degree of participation in decision making (choosing to undergo an experience).</p>

Chapter Summary

In this chapter, I have presented my findings regarding my first two research questions. Said questions were concerned with GRRs and GRDs and the three life experiences arising from GRRs, respectively. Taken together my participants described learning environments constituted, to varying degrees, of social ties, social supports, and commitment. However, these were also experienced as GRDs as was time as a material resource. Indeed, the emphasis on GRDs in the theme 'Trials and Tribulations in the Learning Environment', the largest of my three themes, saw most of my participants located nearer the deficit end of a hypothetical GRR-RDs continuum. Linked to this, the move to online learning, a consequence of lockdown, was frequently implicated in respect of GRDs. In terms of the three life experiences arising from GRRs, inconsistency and overload were much more evident than consistency and load balance and seemingly participants experienced limited participation in shaping outcome. These findings lend support to the notion that the three life experiences needed for a strong SOC are contingent upon sufficient GRRs. I discuss my findings in the upcoming chapter (Chapter Six).

Chapter 6. Discussion

In response to a dearth of evidence regarding how to create mental health-enabling learning environments (Fernandez et al., 2016; Worsley et al., 2020), focusing on inter and extra personal factors, the aim of my research was to gain an understanding of the undergraduate learning environment from the perspective of the theory of salutogenesis. In line with pragmatism philosophy, my rationale for seeking said understanding was to inform the development of SOC strengthening undergraduate learning environments as part of a whole university settings approach to student mental health (focusing on the contribution of academic staff). As I explained in Chapter Three, and once more in the previous chapter, having a strong SOC has repeatedly been associated with better mental health in students. My research questions were:

1. How is the undergraduate learning environment characterised in terms of generalised resistance resources and generalised resistance deficits?
2. How is the undergraduate learning environment characterised in terms of consistency, a balance of underload and overload, and participation in shaping outcome?
3. How might academic staff cultivate mental health-enabling undergraduate learning environments as part of a whole university approach to students' mental health?

In essence, thematic analysis (TA) of my data and subsequent salutogenesis analysis of the themes that emerged suggests the following with respect to my research questions: that the undergraduate learning environment is seemingly characterised more by GRDs than GRRs (research question 1) and that in terms of the three life experiences provided by GRRs, seems to be characterised by greater

inconsistency and overload than consistency and load balance, respectively, and that participation in shaping outcome appears to be somewhat limited (research question 2). The latter of these life experiences, however, is an aspect of salutogenesis in the undergraduate learning environment my research did not reveal much about (I return to this issue in discussing the limitations of my research).

In the previous chapter, I presented the themes that emerged from TA of my data. I also conveyed what my analysis of said themes using a salutogenesis lens (from hereon I shall refer to this only as analysis) revealed about the learning environment with respect to the salutogenesis constructs of interest therein (Table 5 in Chapter Five provides a summary). In this chapter, in answer to my research questions, and with reference to my themes, I discuss what my analysis (salutogenesis analysis, not TA) revealed. I focus first on GRRs, relating them to Antonovsky's (1987) hypothetical GRR-RDs continuum (applies to research question 1) and then on each of the three life experiences in turn (applies to research question 2). Lastly, I consider the limitations of my research.

GRRs and GRDs in the Undergraduate Learning Environment

My first research question asked how the undergraduate learning environment is characterised with respect to GRRs and GRDs. By way of reminder, Antonovsky (1987, p.28) saw GRRs and GRDs as a "unified concept" on a hypothetical GRR-RDs continuum. Location towards the GRR end of said continuum, he maintained, increases our likelihood of experiencing consistency, load balance, and participation in shaping outcome, these being the three life experiences he postulated strengthen SOC. In the main, analysis of my themes suggests there may be more GRDs in the learning environment than GRRs, thereby contributing to location towards the GRD end of a GRR-RDs continuum. The GRRs, including instances of their apparent

absence (GRDs), I discuss in this section are social ties, involving friends/peers and academic staff, social supports, in the form of friends/peers and academic staff, and commitment. I discuss each one in turn. I end the section with a brief discussion about the GRR material resources focusing on time and how my analysis suggests insufficient time is a commonly experienced GRD. I continue discussion relevant to time in the section on underload overload balance (which relates to research question 2).

By way of preamble to the ensuing sections, it is important I point out what may be perceived as a somewhat unconventional approach to comparing and contrasting my findings to those of others. Since, to the best of my knowledge, no other studies have investigated how the undergraduate learning environment is characterised in terms of the salutogenesis constructs of interest in my research, I was unable to make direct comparisons between mine and others' findings. To take account of this, I inferred salutogenesis constructs in the findings of others. As such, I refer to said findings at the level of what participants recounted (excluding verbatim examples) as opposed to the overall findings of the studies concerned.

The GRR Social Ties in the Undergraduate Learning Environment

Friends and Peers. My analysis of the themes 'Care and Acknowledgment in the Learning Environment' and 'Connectedness in the Learning Environment' suggests that social ties, in the form of friends and peers, is a commonly experienced GRR in the undergraduate learning environment when learning is on campus. This is contrary to a finding of Baik et al. (2019), however, many of whose participants appeared to have experienced limited social ties with peers since several suggested that the facilitation by staff of student-student interaction would benefit students' wellbeing (Baik et al., 2019). That Baik et al's. (2019) finding in this

regard is contrary to mine points to variation across undergraduate learning environments with respect to the availability of friends and peers as social ties therein. In a similar vein, my analysis of the theme 'Trials and Tribulations in the Learning Environment' revealed variation regarding the availability of social ties between online and on-campus learning environments. In this respect, compared to physical in-person learning, the online learning environment is seemingly lacking the GRR social ties and thereby likely to result in location towards the GRD end of a hypothetical GRR-RDs continuum. This is consistent with the apparent experiences of some of Lister et al's. (2021) distance learning participants who reported feeling isolated in the online learning environment as a barrier to students' mental wellbeing. This suggests they had themselves experienced isolation or the lack of social ties therein. Taken together, mine and Lister et al's. (2021) findings suggest that in the interest of creating mental health-enabling online learning environments in particular, facilitation of peer interaction could be extremely beneficial. Indeed, the sub theme 'Undesirable Events' revealed that students value opportunities to interact with peers when learning is delivered online. Added to this, the themes 'Care and Acknowledgment in the Learning Environment' and 'Connectedness in the Learning Environment' show how students attach a great deal of value to interaction with peers, as did Baik et al's. (2019) participants as described earlier.

Academic Staff as Social Ties. In terms of academic staff as social ties, analysis of the subtheme 'Academic Staff Who See Their Students' and the theme 'Connectedness in the Learning Environment', revealed experiences indicative of the possibility that only some academic staff are experienced as social ties in the learning environment. Drawing on Antonovsky's (1979) theorising with respect to social ties, I am referring here to staff who interact with students beyond the act of

teaching, inviting interaction by being approachable, respectful and understanding for example. That only some members of academic staff are seemingly experienced in this way is consistent with the findings of Weston et al. (2017) and Volstad et al. (2020) whose participants highlighted that *some* (my emphasis) staff were approachable, thereby protecting them against stress and promoting flourishing, respectively.

Whilst my analysis of the subtheme 'Academic Staff Who See Their Students' and the theme 'Connectedness in the Learning Environment' suggests that only some members of academic staff are experienced as social ties, analysis of the subtheme 'Shortfalls in Care' points to the possibility of a lack of staff as social ties as a significant GRD in this respect. Indeed, in comparison, the 'Shortfalls in Care' subtheme is more populated in terms of the number of experiences recounted therein resulting in location towards the GRDs end of an imaginary GRR-RDs continuum with respect to academic staff as social ties in the learning environment. This contention finds support in the findings of Baik et al. (2019) several of whose participants suggested that to benefit students' mental health staff should be more approachable and understanding. Likewise, students participating in Larcombe et al's. (2013) study apparently experienced members of academic staff as difficult to approach, as evidenced by the suggestion that students' wellbeing would benefit from academic staff being more approachable and understanding and taking an interest in students. And similarly, participants in Aruah et al's. (2020, p.547) study apparently experienced, or knew someone who had, staff who were disrespectful. Since the availability of social supports (the GRR I discuss next) is contingent upon the quality of interpersonal relations (Antonovsky, 1979) it is important that all

academic staff present themselves as social ties in the learning environment through coming across as approachable, respectful and understanding.

The GRR Social Supports in the Undergraduate Learning Environment

Friends and Peers as Social Supports. The next GRR I discuss in answer to my first research question is social supports. Starting with friends and peers, the subthemes 'Social Support' and 'Connectedness With Each Other' suggests that students attach great importance to positive relations with both friends and peers. In salutogenesis theory, positive interpersonal relations, as I explained in the preceding section, are an important prerequisite to the GRR social supports. In line with this notion, my analysis suggests that positive relations with friends and peers is indeed associated with availability of social supports in the learning environment. In fact, it (my analysis) suggests that friends and peers as social supports is a commonly experienced GRR. Others' findings also speak to the experience of peers as social supports in the learning environment, although not in salutogenesis terms. These include Weston et al. (2017) whose participants identified experiencing support from peers as protecting against stress, and McBeath et al. (2017) and Skoglund et al. (2021) whose participants reported experiencing support from peers as mental health and wellbeing enabling.

Something my analysis also indicates is that not every student gets to experience this particular GRR (peers as social supports in the learning environment) therefore making it a GRD in such cases. Somewhat consistent with this finding is that some of Larcombe et al's. (2022) participants suggested that mechanisms be put in place to facilitate peer support. Arguably, this points to limited social supports in the form of peers in their learning environments. Given, as highlighted in Chapter Two and Three, the strength of evidence in support of social

support as an enabler of mental health and SOC, respectively, that mechanisms be put in place to foster peer support is arguably a wise suggestion indeed. Linked to this, although my research was not done to test the theory of salutogenesis, characteristics of the learning environment that have been associated with mental health or viewed by students to be mental health-enabling (as evidenced in Chapter Two) are closely aligned to the GRRs and life experiences postulated by Antonovsky (1979) to strengthen SOC. This to my mind makes fostering each one in the undergraduate learning environment yet more worthy of our attention.

Academic Staff as Social Supports. Whilst my analysis suggests social supports in the form of friends and peers as a common GRR in the undergraduate learning environment, it also suggests that perhaps only some academic staff are experienced in this way. This finding speaks, once more, to the significance of positive interpersonal relations to the GRR social supports since my analysis points to students experiencing more by way of positive relations with peers than they do with staff. Moreover, that academic staff are apparently less likely to present as social supports is reinforced by a finding of Lister et al. (2021) whose participants identified *some* (my emphasis) staff as supportive, stating they felt such staff to have contributed to their mental wellbeing. Added to this, a finding of Lister et al. (2023) also lends support to the possibility that the undergraduate learning environment may be wanting in terms of academic staff as social supports. Participants in their study suggested that tutors being *more* (my emphasis) supportive would benefit students' mental wellbeing.

The sub theme 'Academic Staff Who See Their Students' points to a particular type of support from staff students value in the learning environment, this being regular check-in with students to enquire about their welfare and support needs. This

is somewhat consistent with a finding of Oates et al. (2020) and Lister et al. (2023) whose participants said that in the interest of mental wellbeing, they wanted educators and tutors (respectively) to check-in with them regularly to enquire about their welfare. The subtheme 'Shortfalls in Care', on the other hand, suggests that academic staff are experienced less as social supports as degree courses progress. Correspondingly, Basson and Rothmann (2019) found that students' perceptions of lecturer support declined over time. In terms of Antonovsky's (1987) hypothetical GRR-RDs continuum, therefore, it appears students are positioned towards the GRD end with respect to staff as social supports, moving closer towards it as they progress through their degree. This is arguably concerning given the significance (I referred to earlier) of social support to mental health, students' mental health included. Moreover, the types of support (mainly informational) from academic staff the 'Shortfalls in Care' theme revealed as wanting, it is reasonable to contend, does not extend beyond academics' professional role. Indeed, Baik et al. (2019), citing Biggs and Tang (2011) and Ramsden (2003), argued that they are fundamental components of good teaching.

The GRR Commitment in the Undergraduate Learning Environment

Here I discuss what my analysis revealed about how the undergraduate learning environment is seemingly characterised in terms of the GRR commitment. In this respect, my analysis of the theme 'Connectedness in the Learning Environment' suggests that when learning is on campus, by and large, undergraduate students experience embeddedness (equates to experiencing connectedness) in learning environments to which they feel committed and have this

commitment reciprocated²⁸. In other words, commitment appears to be a commonly experienced GRR. To an extent consistent with this finding is the connectedness with peers and academic staff Lane et al's. (2018) respondents evidently experienced in their learning environments. I say this because connectedness to instructors and peers was commonly reported in response to being asked what supports students' mental health. This finding shows experience of such connectedness. Connectedness, however, as I have alluded, is an essential feature of the GRR 'commitment' not 'commitment' in itself.

Analysis of the theme 'Connectedness in the Learning Environment' also points to how experiencing commitment in the learning environment is not a given. It appears some students can go through their university degree without ever having experienced commitment. My research did not reveal the possible extent of this issue, however, since a minority of participants did not discuss experiences that may have been indicative of 'commitment'²⁹. This not to say they did not experience it; discussion relevant to experiences signifying commitment simply did not arise in a minority of interviews. I return to this issue in discussing the limitations of my research later in the chapter.

To return to connectedness as an essential feature of the GRR commitment, analysis of the theme 'Connectedness in the Learning Environment' indicates that connectedness, like commitment, is not something all students get to enjoy. This is

²⁸ To recap, Antonovsky (1979) postulated that embeddedness in social networks, in the form of immediate social settings, to which we are committed is a crucial GRR when that social network is reciprocally oriented. He called this GRR commitment.

²⁹ In explaining commitment, Antonovsky used Kanter's (1968 as quoted in Antonovsky, 1979, p.116) conceptualisation: "commitment is the process through which individual interests become attached to the carrying out of socially organized patterns of behavior which are seen as...expressing the nature and needs of the person". Thus defined, I remarked that commitment can be seen to align with social identification.

notwithstanding its potential benefits to mental health through contributing to the GRR commitment and in turn to a strong SOC. Moreover, sense of belonging, an essential feature of sense of community (which is essentially the same as connectedness³⁰), has been directly associated with good mental health in students, as evidenced in Chapter Two (I return to sense of belonging and mental health a little later). It is reasonable to suggest, however, that SOC may have been at play in mediating these associations. That not all students enjoy connectedness in the learning environment finds support in a finding of Oates et al. (2020) whose participants wanted to connect with their educators (to use their term) and peers and valued such connectedness as contributing to good mental health. This suggests, in line with my findings, that some participants experienced connectedness and thereby more likelihood of commitment whereas others (those who wanted connectedness) did not. Similarly, Townes O'Brien et al's. (2011) participants reimagined their law school as one where they were more connected to their fellow students which lends further support to my analysis in this regard.

Analysis of the sub theme 'Connectedness With Each Other' suggests that connectedness and thereby commitment, SOC and mental health, can be compromised when learning is online. Dinu et al's. (2022) findings calls this hypothesis into question, however. Specifically, they found that low connectedness with the university (not the learning environment herein defined but including it) predicted better mental wellbeing in students (Dinu et al., 2022). However, to recap, they attributed this finding in part to students who experienced low connectedness to their university prior to lockdown (the context of their study) benefitting from its

³⁰ I explained this similarity in the literature review.

disruption to connectedness for everyone³¹. Added to this, my contention that students experiencing connectedness *is* (emphasis intended) important to mental health, whether this is by virtue of its contribution to the GRR commitment or not, finds support in the findings of Gopalan, et al. (2022), Dingle et al. (2022) and Peoples et al. (2023). All of these studies found positive associations between students' sense of belonging (an essential component of sense of community/connectedness) in the university (once more, wider than the learning environment herein defined but including it) and measures of good mental health. And similarly, participants in McBeath et al. (2017) and Skoglund et al's. (2021) studies expressed that a strong sense of belonging in the university protected and enhanced, respectively, their mental health and wellbeing. Supporting this assumption, a number of students participating in Larcombe et al's. (2022) study experienced not feeling they belong in their university as a risk factor for psychological distress.

Based on my finding that connectedness is likely compromised when learning is online and indeed the evidence in support of sense of belonging (an essential component of connectedness) as predicting students' mental health, fostering connectedness for all students who want it is arguably imperative to creating mental health-enabling learning environments. Supporting this contention is a finding of Baik et al. (2019) whose participants stressed the need to foster a sense of community among students as a means of enhancing mental wellbeing. As I have alluded to, from the perspective of the theory of salutogenesis, sense of community as I understand it (that is, as closely aligned to connectedness) is essential to cultivating

³¹ To recap, I interpreted this as meaning respondents with low connectedness to the university were not as affected by this because under the circumstances perhaps they expected to feel low connectedness and did not feel alone in this.

the GRR commitment in the undergraduate learning environment. Linked to this, the theme 'Connectedness in the Learning Environment' revealed being part of a small group and working in non-friendship groups as enablers of connectedness and being part of a big group as a barrier. Consistent with this are findings of Skoglund et al. (2021) and also of Oates et al. (2020). The former described how participants experienced learning in small groups as bringing about connectedness with peers. And the latter said participants experienced being in big groups as a barrier to connectedness.

To return to how my analysis of the theme 'Connectedness in the Learning Environment' suggests that experiencing the GRR commitment in the learning environment is clearly not a given, this situation is concerning. I say this not only because commitment is a hypothesised GRR (Antonovsky, 1979) but also because it can be seen to equate to social identification (I defined social identification in Chapter Two) which has been associated with mental health in students. By way of reminder, McIntyre et al. (2018) found a positive correlation between strong social identification with university friends and low psychological distress with said identification outperforming social identification with other social groups. Added to this, further support for the importance of commitment can be found in Jetten's (2012) social cure model of health which holds that where social identification with a social group exists, in turn the group becomes a health enhancing context. My literature review revealed a dearth of research into undergraduate students' experiences of social identification (commitment), however, making this an area warranting further investigation.

The GRR Material Resources in the Undergraduate Learning Environment.

I draw discussion relevant to my first research question to a close with a brief consideration of insufficient time as a GRD relevant to the undergraduate learning environment. In the previous chapter I explained why I deemed time to be an example of the GRR material resources. My analysis did not reveal time as a GRR, however. Indeed, my analysis of the subthemes 'Heavy Workload' (this was heavily populated in terms of the number of experiences recounted) and 'Assessment Challenges' suggests that students experience quite the opposite, that insufficient time is a commonly experienced GRD and that by and large this relates to assessment practices and partly to information overload. Consequently, students position on a hypothetical GRR-RDs continuum is likely balanced very much in favour of the GRD end, especially when limited social ties and social supports relevant to academic staff are also brought into the mix and, in the case of some students, lack of connectedness and thereby the GRR commitment. Added to this, the subtheme 'Heavy Workload' suggests that insufficient time as a GRD is responsible for a great deal of stress in students. This may well be due to its effect on the life experience underload overload balance which I discuss in the ensuing section. I return to the GRD insufficient time in the next section, hence the brevity of this one.

The Three Life Experiences in the Undergraduate Learning Environment

Starting with the life experience 'consistency', in this section I address the second of my research questions: how is the undergraduate learning environment characterised in terms of consistency, underload overload balance, and participation in shaping outcome?

Consistency in the Undergraduate Learning Environment

Analysis of my themes taken together indicates that students experience a great deal of inconsistency in the learning environment. This makes sense given their seeming location towards the GRD pole of a hypothetical GRR-RDs continuum. This relates to Antonovsky's hypothesis that it is location towards the GRRs end of said continuum in terms of the availability of GRRs that leads to the three life experiences, consistency, underload overload balance and participation in shaping outcome. Inconsistency was evident both within and across my themes, as can be seen in Table 5 (Chapter Five). Viewed together, the subthemes 'Academic Staff Who See Their Students', 'Social Support', and 'Connectedness With Academic Staff' point to inconsistency regarding the quality of student-staff relations, for example, and thereby the availability of staff as social ties and in turn as social supports. Somewhat corresponding with this finding is a finding of Oates et al. (2020) whose participants seemingly experienced support from their mentors as an inconsistent characteristic of their learning environment. Said participants expressed a desire for mentors to be consistently supportive, which suggests they were not experienced in this way. These were midwifery students, however, who were referring to placement mentors not academic staff in the learning environment. This said, it is a finding that arguably supports the importance to students of consistent experiences and thereby an important life experience to aim to achieve in the learning environment. In salutogenesis terms, of course, consistent experiences are considered essential to the development of a strong SOC which means aiming to ensure location towards the GRRs end of Antonovsky's (1979) hypothetical continuum is very important.

Analysis of the subthemes 'Shorfalls in Care' and 'Social Support' when taken together shows that students seemingly experience inconsistency in the learning environment with respect to informational support from academic staff. In the previous chapter I explained how in this regard I am referring to information over and above taught subject matter. I also explained that included in this is advice, factual input, and feedback (as per Cutrona and Suhr's (1992) conceptualisation). The subthemes in question ('Shorfalls in Care' and 'Social Support') suggest that students experience a combination of clear and timely information and the lack thereof thereby compromising their experience of the learning environment as structured (an important component of consistency in salutogenesis terms). That students sometimes experience lack of clarity of information finds support in a finding of Townes O'Brien et al. (2011) whose law student participants reimagined their law school as one with more guidance and clearer expectations, thus suggesting it was not experienced in this way. Lack of clarity regarding expectations appeared also to have been experienced by veterinary students who participated in Weston et al's (2017) research who perceived this lack of clarity as causing students stress.

A form of informational support some of my participants evidently experienced as clear (it was described as helpful) was formative feedback, and in a small minority of cases, summative feedback. This clarity, I suggested, will likely have fed into a sense of predictability (another component of consistency in salutogenesis terms) and thereby consistency in the form of knowing what was expected of them. This is contrary, however, to some participants' experiences of knowing what to expect in terms of academic writing conventions and grades at university. It is also contrary to a finding of Lister et al. (2023) a number of whose participants suggested that

students' mental wellbeing would be improved if feedback was consistent and helpful, which suggests that for those concerned it was not.

A final point relating to the life experience consistency and its presence in the learning environment relates to continuity. In this regard, analysis of the subtheme 'Connectedness With Academic Staff' implies that students enjoy continuity in the learning environment in relation to academic staff who teach or academically tutor them. In other words, it seems they prefer to experience the same staff at least more than once. Consistent with this finding is a finding of Oates et al. (2020, p.5) some of whose participants expressed feeling supported and equipped to manage the emotional side of their course in the presence of "consistent contact with the same tutor". This finding also speaks to the importance of social ties in the learning environment.

Underload Overload Balance in the Undergraduate Learning Environment

In this section I continue to address the second of my research questions, this time regarding how the undergraduate learning environment is seemingly characterised with respect to the life experience underload/overload balance. By way of reminder, Antonovsky (1979) theorised that the development of a strong SOC relies on one's experiences being largely predictable and rewarding but with some degree of frustration and punishment. The outcome, he continued, is determined by one's underload/overload balance. The theme 'Trials and Tribulations in the Learning Environment' suggests that the undergraduate learning environment is experienced as fraught with frustration and punishment (resulting in the main from assessment type, format and timing for example) hence pointing to overload. This said, my research was conducted during the C-19 pandemic and attendant periods of lockdown. Notwithstanding this caveat, however, the extent of this theme (Trials and

Tribulations in the Learning Environment) in terms of the number of experiences it encompasses, many of which bear no relation to the effects of lockdown/s, suggest that overload is a common characteristic of the undergraduate learning environment. My analysis also revealed achieving underload overload balance in the learning environment is possible, however, despite the challenges inherent therein. I base this contention on the experiences of two of my participants who, prior to lockdown, appeared to be enjoying a balance of underload and overload.

To return to overload, the theme 'Trials and Tribulations in the Learning Environment' implies that students experience too heavy a workload in that they have too much work to do in the time they have to do it, this being to an extent it impinges on their day to day lives. This contention finds support in a finding of Oates et al. (2020) whose participants described the relentlessness of their course as impinging on their ability to escape study to spend time with loved ones for example. It also finds support in the findings of Mokgele and Rothmann (2014) and Basson and Rothmann's (2019) a number of whose participants responded positively to the following statements: "the workload in some of my subjects is too much", "my studies take up so much time that I do not have time to relax", and "during the semester, I feel physically drained at the end of the day" (Basson & Rothmann, 2019, p.340).

The theme 'Trials and Tribulations in the Learning Environment' also suggests that students find heavy workload stressful and anxiety provoking. Consistent with this finding are the findings of Mokgele and Rothmann (2014) and Basson and Rothmann (2019) whose studies revealed associations between study demands (their measure of workload) and poor psychological wellbeing and lower flourishing, respectively. Also lending support is a finding of Larcombe et al. (2022); participants who experienced high work overload (as measured by the Work Overload Scale)

scored higher on measures of depression, anxiety and stress than those with lower scores. Similarly Weston et al's. (2017) participants reported heavy workload as a high risk factor for stress.

As I alluded to earlier, heavy workload can impinge on students' time to complete the required tasks and to relax. Therefore, my findings and those of the studies cited here, in support, show insufficient time as a common and stressful GRD in the undergraduate learning environment. Time as a resource, on the other hand, has been linked to less stress (Benson & Whitson, 2022). Support for the view that insufficient time to meet demands causes students stress can be found in the findings of Benson and Whitson (2022). Specifically, they found perceived adequacy of time as a resource to be a statistically significant predictor of less stress in psychology undergraduates (Benson and Whitson, 2022) thereby highlighting sufficient time to meet demands as an important GRR in the undergraduate learning environment.

The theme 'Trials and Tribulations in the Learning Environment' suggests that a common reason why students experience heavy workload and thereby time as a GRD as opposed to as a GRR in the learning environment is the timing of assessment, including close proximity of assessment due dates to one another. This finds support in the findings of Lister et al. (2021), Weston et al. (2017), and Larcombe et al. (2013). Lister et al's. (2021) participants experienced close due dates as a barrier to their mental wellbeing and Weston et al's. (2017) participants said it was stress inducing. Similarly, students who participated in Larcombe et al's. (2013) study suggested that better timing of due dates would improve students' wellbeing. These and my findings beg the question, however, whether it is an

absence of other requisite resources required to meet the demands of competing due dates that compromise students' mental health rather than insufficient time.

Linked to the above, the subtheme 'Social Support' implies that students do indeed experience the absence of requisite resources as causing competing assessment due dates to be particularly stressful. For instance, the same subtheme ('Social Support') incorporates several comments indicative of participants having experienced informational support relevant to the undertaking of assessment tasks as wanting. Informational support of this nature was experienced by students participating in Lane et al's. (2018) study as fostering students' wellbeing. Specifically, instructors suggesting effective study strategies for the course was a high scoring preferred teaching practice in this regard. Similarly Lister et al. (2021) and Lister et al. (2023) reported that students identified the acquisition of study skills as *an enabler of* and as *the greatest enabler of*, respectively, their mental wellbeing. Unlike Lane et al's. (2018) study, however, these studies did not identify whether students were referring to the acquisition of study skills in the context of the learning environment, elsewhere, or both. My findings suggest that students want direction from academic staff regarding study skills development, including sign posting to skills workshops. Somewhat consistent with this is that students who participated in Baik et al's. (2019) research suggested that students' mental wellbeing would be improved if *teachers* (my emphasis) gave more advice on skills development. Corresponding with my findings, this suggests that they experienced insufficient support in this regard.

To continue with the question of whether it is the absence of requisite resources other than sufficient time that results in competing due dates causing overload and attendant stress; the desire for study skills support in the learning

environment highlighted by mine and others' findings suggests this may well be the case. To return momentarily to the first of my research questions, perhaps the learning environment would not be characterised by insufficient time as a GRD in the presence of adequate informational support, including information pertaining to time management. This, of course, has implications for embedding study skills in the curriculum, especially since more and more students are engaged in paid work alongside their studies, latterly more so on account of the cost of living crisis (Neves & Stephenson, 2023). This must make it extremely difficult for students to find time to attend study skills workshops as well as their timetabled sessions even in the event said workshops are delivered online.

Linked to better providing students with requisite resources (in the form of informational support) as a means of preventing the problem of lack of time as a GRD, the subtheme 'Social Support' suggests that students particularly value formative assessment and feedback. I discussed this earlier in relation to the life experience consistency and the sense of predictability formative tasks likely afford. That students apparently attach a great deal of value to formative assessments finds support in a finding of Larcombe et al. (2013) whose participants valued the experience of formative assessments, stating that more formative assessments would improve students' wellbeing. It also finds support in a finding of Baik et al. (2019) whose participants identified more feedback on assessment tasks as an enabler of students' mental wellbeing, and similarly in the fact that in Townes O'Brien et al.'s. (2011) study students reimagined a law school more conducive to students' mental wellbeing as one where there was more feedback. Also lending support to the finding that students attach particular value to feedback is that participants in

Weston et al's (2017) research identified insufficient feedback from tutors as a risk factor for stress.

The desire for informational support pertaining to the undertaking of assessment tasks highlighted by my research and the studies cited above, sees alignment between the theory of salutogenesis and aspects of Deci and Ryan's (1985) self-determination theory (SDT) (I referred to SDT in Chapter Two). To recap, SDT holds that individuals have an "innate psychological need for competence" and that when this need, and others (the need for autonomy and relatedness) are not met, mental health is compromised (Deci & Ryan, 1985, p.227). From a salutogenesis perspective, on the other hand, competence would act as an internal resource to meet demands, thereby contributing to a balance of underload and overload and strengthening SOC (and consequently mental health). That these two generally accepted theories are so closely aligned in this respect lends support to Antonovsky's (1979) contention that possessing the necessary internal resources to meet demands prevents overload. This close alignment also suggests that the undergraduate learning environment would be more salutogenic in the presence of informational support aimed at strengthening said internal resources. This suggestion brings me to the end of my discussion relevant to the life experience underload overload balance in the learning environment. Still in answer to the second of my research questions, I move on now to the last of the three life experiences postulated to arise in the presence of GRRs namely participation in shaping outcome.

Participation in Shaping Outcome in the Learning Environment

As I have alluded to, my research did not achieve much of a sense of how the undergraduate learning environment is characterised in terms of the life experience

participation in shaping outcome. I am inclined to attribute this to my chosen method of data generation (I am referring here to the options in the drop-down menu of the 'Our Journey' tool), a matter I highlighted earlier with respect to the GRR commitment and to which I return in discussing the limitations of my research. Something I did ascertain with regard to this life experience, however, was that a few of my participants got to choose some of their modules, something they valued being able to do. Thus, those concerned took part in choosing to undergo an experience in this respect, an aspect of participation in shaping outcome³². Added to this, my analysis of the theme 'Trials and Tribulations in the Learning Environment' suggests that in the absence of involvement in deciding how they should be managed, students may experience group work in the context of limited participation in shaping outcome. To return to how my research showed students experiencing and valuing being given choice in what modules to study, this finds some support in a finding of Lane et al. (2018) whose participants attributed great importance to the experience of being given choice. This was choice in assignments, however. In fact, choice in assignments emerged as the most preferred teaching practice for wellbeing in Lane et al's. (2018) study. Added to this, being given choice, in this case regarding the format of assessments, was identified as a means of improving students' wellbeing by participants in Larcombe et al's. (2013) research. Being given choice in the format of assessments in particular, especially regarding group assessment, may be a useful means of providing the life experience participation in shaping outcome in the learning environment. Whilst this suggestion relates once more to assessment, salutogenesis on the other hand emphasises the importance of choice per se.

³² This concerns participation in decision making which Antonovsky (1987) theorised involves taking part in choosing to undergo the experience concerned, in judging the legitimacy of the "rules of the game", and in addressing tasks and problems arising from the experience.

Specifically, I am referring here to the choosing to undergo an activity aspect of participation in decision-making.

Participation in decision-making, Antonovsky (1979) hypothesised, contributes to the development of the meaningfulness component of SOC. This aspect of salutogenesis sees yet another link with Deci and Ryan's (1985) hypothesis that people have "innate psychological needs for competence, autonomy and relatedness" (Deci & Ryan, 1985, p.227). The link this time applies to autonomy, which Martela and Riekkii (2018) asserted has been acknowledged in psychology as a significant contributor to meaningfulness. When individuals are given autonomy in choosing activities, they stated, then said activities are more likely to be experienced as meaningful (Martela & Riekkii, 2018). With this in mind, I contend that it is doubtful my participants experienced more by way of choice than self-selecting some modules. Arguably, had they done, they would have emphasised such experiences in their interviews, this being on account of their meaningfulness. Linked to this, as I have alluded to, participants who said they were able to self-select modules valued this opportunity. Indeed, one said that he was more able to engage with lecturers on modules he had selected, thereby lending more support to the importance of choice and its postulated link to meaningfulness, both in relation to salutogenesis and SDT.

The importance of choice is also supported by the findings of Neufeld & Malin, (2020) and Herrera et al., (2021). Respectively, they found significant associations between experiencing teacher-autonomy support, and psychological wellbeing and flourishing. In both studies, these associations were mediated by autonomy satisfaction, including being given choice. These findings also lend support to my earlier contention that my participants appeared to have experienced little by way of choice in their learning environments (a component of participation in decision-

making) since, once more, had they, then surely they would have discussed such experiences in their interviews. In the light of this assumption, I cautiously suggest that the undergraduate learning environment may well be limited with regard to the life experience 'participation in shaping outcome'. This cautious suggestion brings me to the end of my discussion, the key messages of which I summarise in concluding the thesis in the next and final chapter.

The Limitations of My Research

My research was conducted in one institution with a small sample of students. And whilst my intention was to obtain a heterogeneous sample, this was not possible in the event (I return to the largely homogeneous nature of my sample a little later). Further, participants were self-selecting and as such may have held stronger views about their learning environments than their counterparts. These factors, of course, mean my findings cannot be regarded as generalisable to the wider cohort and to other higher education institutions. This said, my literature review revealed students from a wide range of courses both in the UK and abroad sharing similar experiences to those of my participants. This supports Morgan's (2007) contention that the likelihood of research findings being so unique as to have no applicability at all in similar contexts is most improbable. Morgan (2007) also explained that from a pragmatism perspective³³ the significance of research findings is the extent to which they are capable of providing direction for action in similar contexts. In this respect my findings offer important insights, arising from a novel and innovative approach to research, for course teams and individual academics interested in creating salutogenic learning environments for students' mental health. Moreover, taking

³³ By way of reminder, my research was underpinned by pragmatism philosophy.

heed of the advice of Newton et al. (2020), in disseminating my findings I will be able to provide details both of the context of my research and how rigor was ensured, including pragmatic rigor. Consequently, others interested in creating salutogenic learning environments for students' mental health will be able to make informed judgments as to the potential usefulness of my findings to their context. Linked to this, both the methodological and pragmatic rigor of my research is such that others can have confidence in my findings.

To return to the fact I was unable to obtain a heterogeneous sample, my participants were, in the main, 20-21 year-old white British individuals identifying as heterosexual females and studying on a full-time basis. Whilst there were exceptions, one student identifying as male for example, the fact my sample was largely homogeneous meant diversity of experiences of the undergraduate learning environment was not adequately represented. As such, future research into salutogenic conditions in the undergraduate learning environment should strive to obtain sample heterogeneity. Notwithstanding the homogeneity of my sample, however, my research still obtained a novel understanding of potential mental health-enabling conditions in the undergraduate environment from students' perspective upon which to inform practice related decisions. By novel understanding, I am referring to the fact I sought students' voices as experts in their experience (Busher, 2012) whilst not, at the same time, placing the onus on them to assess which of their experiences are good for mental health. I see this as a significant strength of my research, especially since I used a highly respected theory in the field of health promotion in the process.

To return to limitations, the focus of this section, a further limitation of my research relates to my use of the Our Journey tool (Coughlan et al., 2019) to

interview my participants. In using said tool, I did not use prompts that would have ensured all concepts in my research question were explored with each participant. Whilst I do not regard this a major limitation, since the tool still generated plentiful data, I am of the view that the use of prompts relevant to salutogenesis concepts (using familiar terms instead) would have yielded yet more pertinent (to my research questions) data. Most especially, I would have acquired a better understanding of how the learning environment is characterised with respect to peers as social supports, commitment, and participation in shaping outcome. Also, I would have gained a better understanding regarding GRDs. In other words, where participants did not recount experiences indicative of particular GRRs, I was unable to ascertain in my analysis whether these were absent or simply not discussed. If I were to use the Our Journey tool again to explore students' experiences of salutogenesis constructs, therefore, I would take care to ensure all the GRRs and life experiences were explored through the use of prompts but using everyday language.

Finally, whilst not a limitation in the true sense of the word, the data generation phase of my research took place during a period of lockdown. This meant my participants were experiencing online as opposed to in-person learning. As such, all discussed their online learning environments to varying degrees. On the one hand, this no doubt meant experiences that would otherwise have been recounted were overlooked. On the other hand, however, it meant I really got a sense of the value the majority of participants attached to their friends and peers and the connectedness most had felt when learning was on campus (as evidenced by its loss when teaching was online). Whilst I cannot be certain, I doubt I would have arrived at the theme 'Connectedness in the Learning Environment' were it not for the move to online learning experienced by my participants and its attendant loss of

connectedness. On a separate note, but still relevant to lockdown, that the data generation phase of my research occurred during a period of lockdown meant I had to conduct my interviews online. I worried this might result in participants being less communicative than they would be in a (physically) in-person interview. However, as it transpired, I had no cause for concern in this respect since all were apparently relaxed and most forthcoming, for which I am extremely grateful. Their contribution allowed me access to their experiences of the learning environment on which to base a salutogenesis analysis of inter and extra-personal learning conditions therein. Consequently, I have been able to arrive at several suggested possibilities for practice relevant to the development of salutogenic undergraduate learning environments for students' mental health.

Chapter Summary

In this chapter I have discussed the findings that arose from my salutogenesis analysis of the themes that emerged from my data, highlighting that this necessarily (on account of a dearth of similar research to mine) involved a novel approach to comparing my findings with those of other researchers. Evident in the chapter is that others' findings generally find in support of mine. Similarly, the chapter shows how constructs that align with or are closely related to the salutogenesis constructs of interest in my research have been associated with students' mental health, lending further support to their significance in creating mental health-enabling learning environments. I also considered the limitations of my research in this chapter emphasising that notwithstanding said limitations, the strengths of my research were such that my findings are capable of informing salutogenic actions in similar contexts.

Chapter 7. Possibilities for Practice and Thesis Conclusion

In this chapter I answer my third research question: how might academic staff cultivate mental health-enabling undergraduate learning environments as part of a whole university approach to students' mental health? This emphasis on academic staff (including course teams) is not, of course, to deny the role of other university personnel and of systems in a whole university approach to mental health; rather, it links back to the thesis prologue and my interest in better understanding how, as academics, we can create student mental health-enabling conditions in the learning environment herein defined. I also use this chapter to address the final two of my research objectives and to conclude the thesis.

My final two objectives were:

- To be able to suggest possible salutogenic actions that could be usefully applied in the undergraduate learning environment in the interest of students' mental health.
- To encourage, through careful dissemination, the application and evaluation of suggested possible salutogenic actions in the undergraduate learning environment.

Possibilities Versus Recommendations

I hold with the view of Thompson (2021) that doctoral research is rarely conducted in such a manner as to form the basis for far-reaching recommendations. What they are capable of doing, however, is undergirding the development of a set of possibilities (Thompson, 2021). In terms of my research, this equates to possible salutogenic actions that might usefully be applied in the learning environment to promote students' mental health. This focus on possibilities that might usefully be applied also relates to my use of Dewey's pragmatic inquiry (and to the fact my

findings are not generalisable, as highlighted in the previous chapter). Since my research did not involve the third stage of Dewey's inquiry method (for reasons I explained in Chapter Four) the possibilities I presently suggest might help course teams (by course teams I mean teams of academic staff) cultivate salutogenic learning environments are not assertions of useful knowledge. By way of reminder, the third stage of Dewey's pragmatic inquiry involves testing actions applied to a problematic situation for the purpose of verification (Maxcy 2003 citing Rockefeller, 1991). This relates to the concept of warranted assertibility (as also discussed in Chapter Four³⁴), the achievement of which relates to my final research objective: to encourage, through careful dissemination, the application and evaluation of suggested possible salutogenic actions in the undergraduate learning environment. As I explained in Chapter Four, this relates to my desire (following completion of the thesis) to inspire fellow academics to apply and evaluate, working alongside students in this regard, some of my suggested possibilities as befitting their learning environments. In part, this desire links to pragmatism's intersubjectivity³⁵, the accomplishment of which will rely on clear and thorough reporting of my research in higher education academic journals, conferences and the like. Further, drawing on Kinchin's (2019, p.156) notion of developing "pedagogic health literacy" to generate positive narratives for seeking institutional support for health enabling working environments (as discussed in Chapter One), I contend that emphasising developing "pedagogic health literacy" in the field of student mental health could usefully inform

³⁴ To recap, warranted assertibility is arrived at when actions have been found to have the desired consequences, hence the need for evaluation (the third stage of Dewey's Inquiry method).

³⁵ To recap, intersubjectivity involves joint action in pursuit of a common goal (Biesta & Burbules, 2003) the goal in this case being to establish salutogenic learning environments for undergraduate students' mental health.

how as academics we seek institutional support for developing mental health-enabling learning as well as working environments.

Possible ways salutogenesis for mental health could be cultivated in the learning environment include: 'Embedding Salutogenesis in Policies and Procedures'; 'Making Students' Workloads More Manageable'; Strengthening Interpersonal Relations in the Learning Environment'; 'Strengthening Support in the Learning Environment' and 'Strengthening Connectedness in the Learning Environment'.

Suggested Possibilities for Practice

Embedding Salutogenesis in Policies and Procedures

In addition to the specific salutogenic possibilities for mental health I highlight in the ensuing sections, and in response to my finding that GRDs appear more prevalent than GRRs in the learning environment, I suggest that course teams might do well to embed salutogenesis in course level policies and procedures. This, of course, would have to be insofar as institutional policies allow. Importantly, this suggested possibility aligns with one of the principles of the Okanagan Charter for Health Promoting Universities, that health must be embedded in all university policies and procedures. My research revealed the learning environment as seemingly frustrating and challenging, as opposed to largely rewarding but with a degree of frustration and punishment (I am using Antonovsky's terms here). Embedding salutogenesis in course level policies and procedures, so that salutogenesis guides course level decision making, may well help turn this apparent situation on its head as indeed might embedding salutogenesis in course design.

Making Students' Workloads More Manageable

Movement towards the GRR end of a hypothetical GRR-RDs continuum with respect to time as a GRR could be achieved with better coordination of how many tasks students are given to do outside of taught sessions (such as pre-session reading). Course teams, therefore, could agree on how much academic work students can realistically achieve per week at each level of study and make sure they are not given work to do that is over and above what was agreed to be a reasonable amount. This level of coordination could ensure that students are not inadvertently overloaded. In terms of information overload, consideration could be given to the pace at which information is disseminated, especially during the first year of study. Similarly, course teams could consider how they might assist students in differentiating essential from peripheral information so as to assist them in prioritising. One way of doing this might be to adopt a 'less is more' approach to written information provided via virtual learning sites and course documentation for example. As well as saving students time, having less information to sift through may well afford a better sense of structure and predictability. In turn, this would likely contribute to the life experience consistency in the learning environment and thereby the comprehensibility component of students' SOC.

Location nearer the positive end of a GRR-RDs continuum with respect to the impingement on time brought about by heavy workload could also be achieved through examining assessment strategies and practices. This might help to avoid students experiencing time pressure beyond what they are able to manage without feeling stressed. Whilst I acknowledge the difficulties associated with this particular suggestion, I believe that with careful scrutiny of current practices and the involvement of students (in the interest of participation in shaping outcome), it should

be possible to achieve improvement. Indeed, in light of my findings, I am of the view that course teams would probably do well to consider assessment as a priority area for salutogenic action. In this respect, I am referring to designing assessment in a way that allows adequate time between a module ending and its assessment due date, that does not involve intense pressure points, and that avoids students having to spend time on challenging situations (here I am referring to challenges associated with group assessments). Further, course teams might contemplate the extent to which they are succeeding in equipping students with the necessary resources to effectively manage their assessments. This could include, as revealed by my findings, giving clear and timely guidance, helpful feedback, and ensuring support in the learning environment for study skills development and time management.

Regarding the latter two, course teams could give careful consideration to embedding study skills across their courses especially since more and more students are having to work and are thereby unlikely to have time to attend additional study skills sessions that may be provided by their institutions. Success in equipping students with the necessary resources would mean course teams contributing to an underload overload balance for students thereby strengthening the manageability component of students' SOC and in turn enhancing their mental health.

Strengthening Interpersonal Relations in the Learning Environment

To ensure all students who want to enjoy fellow students as social ties in the learning environment can, academic staff could consider extending relationship building activities beyond induction by making them a regular feature of taught sessions. By this I mean setting time aside perhaps for students to engage in interactive activities aimed specifically at enriching student-student interaction, and consistently and frequently ensuring students have opportunities to work in non-

friendship groups. When teaching is delivered online, course teams could develop strategies to ensure student-student interaction is not compromised. My findings showed that students enjoy opportunities for informal interaction (as in nothing to do with taught content) with their peers when learning is online. This included setting time aside at the start of taught sessions rather than launching straight into covering subject matter.

Course teams could also strengthen students' SOC by ensuring consistency in positive student-staff relations so that all academic staff present as social ties in the learning environment. For instance, on an individual level, academic staff might consider how they come across to students. In line with my findings, this relates mainly to appearing approachable, respectful and understanding. They might also consider the manner in which they deal with students' requests for support. For example, they could make sure they always do respond (my findings revealed that some do not) and that they always respond helpfully (once more, my findings revealed this is not always the case). On a course level, managers could work with human resources to build salutogenesis into their recruitment processes, making clear their expectations in terms of student-staff relations and requiring applicants to demonstrate their interpersonal skills and attributes. Involving students in the selection process might also be good practice in this respect. Course teams could also ensure all staff actively get to know their students, knowing them by name for example and ascertaining their interests through classroom activities. Creating learning environments where academic staff are consistently experienced as social ties is another way of contributing to consistency and thereby strengthening the manageability component of students' SOC and consequently their mental health. Moreover, as I have already alluded, where staff are viewed as social ties they are

also more likely to be perceived as social supports in the learning environment, thereby furnishing students with a further GRR (social supports).

Strengthening Support in the Learning Environment

Course teams could benefit students' SOC and thereby their mental health by establishing consistent approaches to the provision of support that is within academics' professional role, including autonomy support. In fact, linking back to lack of time as a GRD, students' need for additional informational support might be reduced in the presence of clear and timely guidance, especially in relation to the undertaking of assessment tasks. This also links to the possibility of embedding time management and other study skills in the curriculum. In terms of emotional support, on the other hand, universities have pastoral care systems in place that involve academics acting as academic tutors/advisors. However, course teams, in ensuring all academic staff come across as approachable and compassionate, could compliment this system by enabling students to raise issues with any academic staff member. It may well be that students' need for support concerns the staff member directly or that they simply need sign posting to their named advisor/tutor or to other assistance.

Strengthening Connectedness in the Learning Environment

By emphasising ways of enhancing connectedness (including when learning is online), course teams could help more students feel embedded in their student network as a group to which they feel committed. As such, course teams would furnish their students with yet another crucial SOC strengthening GRR, this time in the form of commitment. This could start with perhaps more emphasis on connectedness enriching activities during induction. And in line with my finding that students find connectedness in small groups and through frequent opportunities to

work in non-friendship groups, course teams might want to consider the extent to which they provide such opportunities with a view to increasing their efforts in this regard. This might involve facilitating more by way of small-group project work (I am not referring here to assessment) and, as previously mentioned, consistently ensuring plenty of opportunities for students to work in non-friendship groups. Course teams might also consider using specific tools aimed at the enhancement of connectedness in higher education such as Bridgstock and Tippett's (2019) connectedness learning model which includes teaching and learning strategies that foster connectedness.

Implications of My Suggested Possibilities for Practice

The foregoing suggested possibilities for practice, and indeed my research more generally, recognise that a whole university approach to student mental health requires action beyond individualistic approaches to the enhancement of student mental health. As important as these are, Townes O'Brien et al. (2011, p.182) strongly contended, and I agree, that "reforms must go further, they must go into the classroom, the assessment regime, the curriculum, and the social milieu". In a similar vein, Baik et al. (2019) contended that only if we change the student experience will we see improvements to students' mental health (they used mental wellbeing but in the context of mental health). The suggested possibilities I have offered relate to changing the student experience to one where, for the benefit of their SOC and mental health, students enjoy more GRRs in the learning environment and thereby the three life experiences postulated to arise from these. Based both on my findings and the associations that have been found between a strong SOC and students' mental health, I am confident that my suggested possibilities warrant consideration. In this regard, I mean consideration by individual members of

academic staff, course teams, and course-level managers committed to creating mental health-enabling learning environments for their students as part of a whole university approach to students' mental health. Further, my discussion has shown how studies have found associations between factors postulated by Antonovsky to be GRRs and good mental health in students. This provides further justification for my suggested possibilities. Similarly, my discussion has highlighted research where students identified GRRs and the three life experiences (albeit not in those terms) in their learning environments as contributing to good mental health. Added to this, further justification for my suggested possibilities can be found in the alignment of self-determination theory, and indeed Jetten's (2012) social cure model of health, both of which have been linked to mental health, with salutogenesis concepts. Finally, the rigorous approach I took to my research also lends support to the *potential usefulness* (note emphasis) of my suggestions.

The above said, I acknowledge that to varying extents the possibilities I have suggested are likely already in place in some learning environments. In this respect, they are intended to deepen understanding of other salutogenic actions that could also be usefully applied. Further, said possibilities are undoubtedly multifarious and might appear demanding of academic staff and course teams. Indeed, in the thesis introduction, I highlighted how the demands on academics' time and resources resulting from factors associated with the neoliberalising of higher education are such that staff often work significantly more than their contracted hours (Fontinha et al., 2019). Arguably, however, developing a salutogenic learning environment for mental health should not involve academic staff going beyond their professional role. As I alluded to earlier, it should be possible to achieve salutogenic learning environments for students' mental health through good teaching practice such as

emphasising the social dimensions of teaching and learning (Baik et al., 2019) as opposed to doing additional work. This is not to deny the challenges that creating such learning environments would likely bring to bear, however, especially, as shown by Jones et al. (2021), where this involves reforms associated with assessment.

Thesis Summary and Concluding Remarks

Summary

Underpinned by pragmatism philosophy and thereby with a view to informing practice, the aim of my research was to gain an understanding of how the undergraduate learning environment is characterised with respect to inter and extra-personal mental health-enabling conditions from the perspective of salutogenesis. Such understanding, I reasoned, could be used to inform academic staffs' contribution to a whole university settings approach to students' mental health. Specifically, my focus was on the development of learning environments conducive to strengthening students' SOC and thereby their mental health. This interest originated in a personal need to understand how one of my academic tutees, who died by suicide, experienced her undergraduate learning environment in terms of possible contributing factors to poor student mental health therein. However, this need to understand mental health risk factors in the undergraduate learning environment later transpired into an interest in mental health-enabling factors and still later, to an interest in gaining insight into how the learning environment is characterised with respect to SOC strengthening inter and extra-personal factors (specific GRRs and the three life experiences). I interviewed 12 undergraduate students, and a recent graduate, using a data generation tool called the 'Our Journey' tool. I analysed the data generated using Braun and Clarke's (2006) approach to thematic analysis. This culminated in three themes, 'Trials and

Tribulation in the Learning Environment', 'Care and Acknowledgement in the Learning Environment' and 'Connectedness in the Learning Environment'. Finally, using a salutogenesis lens I designed for the purpose, I analysed these themes as a means of answering the first two of my three research questions: 1) How is the undergraduate learning environment characterised in terms of generalised resistance resources and generalised resistance deficits? 2) How is the undergraduate learning environment characterised in terms of consistency, a balance of underload and overload, and participation in shaping outcome?

In answer to the first of my research questions, salutogenesis analysis of my themes suggests that the undergraduate learning environment is characterised more by GRDs than it is GRRs. This, in salutogenesis terms, translates to the presence of more stressors in the learning environment than resources. Whilst it could be argued that this might be explained by the fact data generation took place at a time students could not be on campus due to C-19 restrictions, my findings strongly suggest that this is not the case. In answer to the second of my research questions, salutogenesis analysis of my themes, unsurprisingly, given they are postulated to arise from GRRs, suggests that the undergraduate learning environment is not characterised by 'consistency' and an 'underload overload balance' but by inconsistency (GRRs are seemingly experienced inconsistently) and overload. With respect to the life experience participation in shaping outcome, however, on account of a limitation affecting its data generation phase, my research did not reveal much about how the learning environment is characterised in this regard. This said, given as I alluded to a little earlier that the three life experiences are dependent on location towards the GRRs end of a hypothetical GRR-RDs continuum, it could reasonably be assumed

that participation in shaping outcome may well also be limited in the learning environment.

My research was not without its limitations, all of which I have highlighted, making reference to implications for future research where relevant. These limitations notwithstanding, however, I strongly contend that the strengths of my research (evidence of which permeates the thesis) were such that my findings are capable of informing salutogenic actions on the part of academic staff/course teams for student mental health in similar contexts. This, of course, is in line with my philosophical stance, that of pragmatism and relates to my third research question: how might academic staff cultivate mental health-enabling undergraduate learning environments as part of a whole university approach to students' mental health? It also relates to my final two research objectives: 1) to be able to suggest possible salutogenic actions that could usefully be applied in the undergraduate learning environment in the interest of students' mental health and 2) to encourage, through careful dissemination, the application and evaluation of suggested possible salutogenic actions in the undergraduate learning environment. My emphasis on possibilities for practice rather than far-reaching recommendations relates to the view that doctoral research (mine included) is seldom conducted in a manner capable of supporting far-reaching recommendations (Thomson, 2021) and to my philosophical stance and use of Dewey's scientific method of inquiry.

My findings suggest a number of possible ways academic staff/course teams might create inter and extra-personal salutogenic conditions for students mental health in the undergraduate learning environment, including:

- **Making students' workloads more manageable by:**
 - Reducing task and information overload.

- Developing assessment strategies and practices that avoid students experiencing time pressure. This may well be a priority.
- And or ensuring students are equipped with the necessary resources to effectively manage the undertaking of assessments, including competing due dates.
- **Strengthening interpersonal relations by:**
 - Having a course focus on peer and student relationship enrichment activities.
 - Giving careful consideration to ensuring positive staff-student relations is a *consistent* (note emphasis) characteristic of the learning environment.
 - Carefully considering how to ensure *all* (note emphasis) academic staff come across as approachable and understanding and also respectful towards students.
 - Actively getting to know students.
- **Strengthening support by:**
 - Ensuring *consistent* availability of perceived and received support that is within academics' professional role.
 - Ensuring clear and timely assessment guidance with a view to avoiding the need for additional informational support (ensuring students have requisite resources to manage their assessments is also relevant in this regard).
- **Strengthening connectedness by:**
 - Emphasising connectedness enrichment activities, starting at induction.
 - Ensuring frequent and ongoing opportunities for students to work closely together in small groups and also in non-friendship groups.

- Consider using specific approaches to building connectedness in the learning environment (the connectedness learning model for example).

Added to the suggested possibilities my findings highlighted as potentially useful to cultivating salutogenic learning environments for students' mental health, I also contend that course teams should seriously consider embedding salutogenesis in course level policies and procedures and in course design. This relates to the relevant principle in the Okanagan Charter for Health Promotion. The possibilities I have suggested could be used to inform policies, procedures and course design in this regard.

Concluding Remarks

By analysing student experiences of the undergraduate learning environment through a salutogenesis lens, my research has shown it to be somewhat limited with respect to inter and extra-personal salutogenic conditions for mental health therein. Further, it has revealed where action is likely most needed in this regard and possible ways of creating learning environments that are more salutogenic in a way that largely involves academic staff/course teams doing things differently rather than adding to their workload. This is an important consideration not only because of the interdependence of staff and student mental health but because staff mental health is important in its own right (as recognised by the whole university approach to mental health). Further, my research has contributed to filling what appears to be a substantial (if not total) gap in knowledge relevant to mental health-enabling factors in the learning environment herein defined (as students' only guaranteed point of contact with their university) from a salutogenesis perspective. Therefore, further research is needed in this regard and should take account of the limitations I have

identified in mine. Moreover, in the interest of finding out what potential salutogenic actions most likely work, the field of student mental health would benefit from evaluation studies of their application, with a view to establishing warranted assertibility and thereby salutogenic learning environments for students mental health.

Word Count: 62,153

References

- Abu-Kaf, S., & Khalaf, E. (2020). Acculturative stress among Arab students in Israel: the role of sense of coherence and coping strategies. *International Journal of Environmental Research and Public Health*, 17(14), 5106-5106.
<https://doi.org/10.3390/ijerph17145106>
- AlFaris, E. A., Naeem, N., Irfan, F., Qureshi, R., & van der Vleuten. (2014). Student centered curricular elements are associated with healthier educational environment and lower depressive symptoms in medical students. *BMC Medical Education*, 14(1), 192-192. <https://doi.org/10.1186/1472-6920-14-192>
- Alfeld-Liro, C., & Sigelman, C. K. (1998). Sex differences in self-concept and symptoms of depression during the transition to college. *Journal of Youth and Adolescence*, 27(2), 219-244. <https://doi.org/10.1023/A:1021667813858>
- Andrews, B., & Wilding, J. M. (2004). The relation of depression and anxiety to life-stress and achievement in students. *The British Journal of Psychology*, 95(4), 509-521. <https://doi.org/10.1348/0007126042369802>
- Anfara, V. A., Mertz, N. T. (2015). Setting the stage. In V. A. Anfara, & N. T. Mertz. (Eds.). *Theoretical frameworks in qualitative research* (pp.1-20). SAGE.
- Antonovsky, A. (1979). *Health, stress, and coping*. Jossey-Bass Publishers.
- Antonovsky, A. (1987). *Unravelling the mystery of health*. Jossey-Bass Publishers.
- Antonovsky, A. (1991). The structural sources of salutogenic strengths. In C. L. Cooper, & R. Payne. (Eds.). *Personality and stress: individual difference in the stress process* (pp.67-104). John Wiley & Sons.
- Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. *Health Promotion International*, 11(1), 11-18.
<https://doi.org/10.1093/heapro/11.1.11>

- American Psychological Association (2018) Interpersonal Relations. In APA.org dictionary. Retrieved February 2023 <https://dictionary.apa.org/interpersonal-relations>
- Arthur, J. (2012). *Research methods and methodologies in education*. SAGE
- Aruah, D. E., Emeka, O. M., Eze, V. O., Okonkwo, U. U., & Agbo, G. C. (2020). Perspectives of college students on the causes and prevention of suicide in Nigerian universities. *Journal of Psychology in Africa*, 30(6), 542-550. <https://doi.org/10.1080/14330237.2020.1842592>
- Avagimyan, A., Khachatryan, R., Oganov, R., Sarrafzadegan, N., Chernova, A., Ivashkina, M., & Ionov, A. (2020). Influence of exam stress on the development of stress-induced diseases of cardiovascular system among students. *Kardiologija v Belarusi*, 12(2), 235-264. <https://doi.org/10.34883/PI.2020.12.2.010>
- Baik, C., Larcombe, W., & Brooker, A. (2019). How universities can enhance student mental wellbeing: the student perspective. *Higher Education Research & Development*, 38(4), 674-687. <https://doi.org/10.1080/07294360.2019.1576596>
- Ball, S. J. (2001). Performativities and fabrications in the education economy: towards the performative society. In D. Gleeson, & C. Husbands. (Eds.). *The performing school: managing teaching and learning in a performance culture*. Routledge Falmer.
- Barden, N., & Caleb, R. (Eds.). (2019). *Student mental health and wellbeing in higher education: a practical guide*. SAGE.
- Barker, E. T., Howard, A. L., Villemare-Krajden, R., & Galambos, N. L. (2018). The rise and fall of depressive symptoms and academic stress in two samples of

university students. *Journal of Youth and Adolescence*, 47(6), 1252-1266.

<https://doi.org/10.1007/s10964-018-0822-9>

Barkham, M., Broglia, E., Dufour, G., Fudge, M., Knowles, L., Percy, A., Turner, A., & Williams, C. (2019). Towards an evidence-base for student wellbeing and mental health: definitions, developmental transitions and data sets.

Counselling and Psychotherapy Research Journal, 19, 351-357.

<https://doi.org/10.1002/capr.12227>

Barry, M. M. (2022). Foreword by Margaret M. Barry. In M. B. Mittelmark, G. F.

Bauer, L. Vaandrager, J. M. Pelikan, S. Sagy, M. Eriksson, B. Lindström, & C.

M. Magistretti. (Eds.). *The handbook of salutogenesis* (Second edition., pp. v-

vi). <https://link.springer.com/book/10.1007/978-3-030-79515-3>

Basson, M., & Rothmann, S. (2019). Pathways to flourishing among pharmacy

students: the role of study demands and lecturer support. *Journal of*

Psychology in Africa, 29(4), 338-345.

<https://doi.org/10.1080/14330237.2019.1647953>

Bauer, G. F., Roy, M., Bakibinga, P., Contu, P., Downe, S., Eriksson, M., Espnes, G.

A., Jensen, D., Canal, D. J., Lindström, B., Mana, A., Mittelmark, M. B.,

Morgan, A. R., Pelikan, J. M., Saboga-Nunes, L., Sagy, S., Shorey, S.,

Vaandrager, L., & Vinje, H. F. (2019). Future directions for the concept of

salutogenesis: a position article. *Health Promotion International*, 1-9.

<https://doi.org/10.1093/heapro/daz057>

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: desire for

interpersonal attachments as a fundamental human motivation. *Psychological*

Bulletin, 117(3), 497-529. <https://doi.org/10.1037/0033-2909.117.3.497>

- Behar, R. (2003). Ethnography and the book that was lost. *Ethnography*, 4(1), 15-39.
<https://doi.org/10.1177/1466138103004001002>
- Benson, O. M., & Whitson, M. L. (2021). The protective role of sense of community and access to resources on college student stress and COVID-19-related daily life disruptions. *Journal of Community Psychology*, 50(6) 2746-2764.
<https://doi.org/10.1002/jcop.22817>
- Berg, L. D., Huijbens, E. H., & Larsen, H. G. (2016). Producing anxiety in the neoliberal university. *The Canadian Geographer*, 60(2), 168-180.
<https://doi.org/10.1111/cag.12261>
- Berger, R. (2015). Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15(2), 219-234.
<https://doi.org/10.1177/1468794112468475>
- Biesta, G. J. J. (1994). Education as a practical intersubjectivity, *Educational Theory*, 44, 299-317. <https://doi.org/10.1111/j.1741-5446.1994.00299.x>
- Biesta, G. J. J. (2010). Pragmatism and the philosophical foundations of mixed methods research 1. In A. Tashakkori. & C. Teddlie (Eds.). *SAGE handbook of mixed methods in social & behavioral research* (pp. 95-118). SAGE.
- Biesta, G. J. J., & Burbules, N. C. (2003). *Pragmatism and educational research*. Rowman & Littlefield.
- Bingham, A. J., & Witkowsky, P. (2022). Deductive and inductive approaches to qualitative data analysis. In C. Vanover, P. Mihas, & J. Saldana. (Eds). *Analyzing and interpreting qualitative data: after the interview*. SAGE.
- Birks, M., Chapman, Y., & Frances, K. (2008). Memoing in qualitative research: probing data and processes. *Journal of Research in Nursing*, 13(1), 68-75.
<https://doi.org/10.1177/1744987107081254>

- Bíró, E., Ádány, R. & Kósa, K. (2011). Mental health and behaviour of students of public health and their correlation with social support: a cross-sectional study. *BMC Public Health*, 11, 871. <https://doi.org/10.1186/1471-2458-11-871>
- Bloodgood, R. A., Short, J. G., Jackson, J. M., & Martindale, J. R. (2009). A change to pass/fail grading in the first two years at one medical school results in improved psychological wellbeing. *Academic Medicine*, 84(5), 655-662. <https://doi.org/10.1097/ACM.0b013e31819f6d78>
- Bonner, A., & Tolhurst, G. (2002). Insider-outsider perspectives of participant observation. *Nurse Researcher*, 9, 7-19. <https://doi.org/10.7748/nr2002.07.9.4.7.c6194>
- Bracha, E., & Hoffenbartal, D. (2015). The existence of sense of coherence in teaching situations among student-teachers. *Procedia – Social and Behavioral Sciences*, 180, 722-729. <https://doi.org/10.1016/j.sbspro.2015.02.185>
- Brance, K., Chatzimpyros, V., & Bentall, R. (2023). Increased social identification is linked with lower depressive and anxiety symptoms among ethnic minorities and migrants: a systematic review and meta-analysis. *Clinical Psychology Review*, 99, 102216. <https://doi.org/10.1016/j.cpr.2022.102216>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Brewster, L., Jones, E., Priestley, M., Wilbraham, S. J., Spanner, L., & Hughes, G. (2022). 'Look after the staff and they would look after the students': cultures of wellbeing and mental health in the university setting. *Journal of Further and*

Higher Education, 46(4), 548-560.

<https://doi.org/10.1080/0309877X.2021.1986473>

Bridgstock, R., & Tippett, N. (2019). *A connected approach to learning in higher education*.

<https://www.elgaronline.com/edcollchap/edcoll/9781788972604/9781788972604.00007.xml>

Brinkmann, S. (2012). *Qualitative inquiry in everyday life*. SAGE.

Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nurture reconceptualized in developmental perspective: a bioecological model. *Psychological Review*, 101(4), 568-586. <https://doi.org/10.1037/0033-295X.101.4.568>

Brown, P. (2016). *The invisible problem? Improving students' mental health*.

[STRICTLY-EMBARGOED-UNTIL-22-SEPT-Hepi-Report-88-FINAL.pdf](#)

Brunero, S. J., Jeon, Y. H., & Foster, K. (2015). The journey of positioning self as both mental health nurse and qualitative researcher: a critical reflection. *Journal of Mental Health Nursing*, 22(7), 543-548.

Bryman, A. (2016). *Social research methods* (Fifth edition.). Oxford University Press.

Bryman, A., Bell, E., Reck, J., & Fields, J. (2022). *Social research methods*. Oxford University Press.

Buckingham, J. (2020, May 21). *The new Stepchange is an opportunity to renew our efforts on mental health*. <https://wonkhe.com/blogs/the-new-stepchange-is-an-opportunity-to-renew-our-efforts-on-mental-health/>

Busher, H. (2012). Students as expert witnesses of teaching and learning.

Management in Education, 26(3), 113-119.

<https://doi.org/10.1177/0892020612445679>

Caelli, K., Ray, L., & Mill, J. (2003). Clear as mud: toward greater clarity in generic qualitative research. *International Journal of Qualitative Methods*, 2(2), 1-13.

<https://doi.org/10.1177/160940690300200201>

Caravaca- Sánchez, F., Muyor-Rodriguez, J., & Sebastián, J. (2022). Risk and protective factors associated with suicidal behaviour during the COVID-19 pandemic crisis amongst college students in Spain. *Social Work in Mental Health*, 20(6), 625-644. <https://doi.org/10.1080/15332985.2022.2048336>

Carlock, J. (2020). *Developing information literacy skills: a guide to finding, evaluating, and citing sources*. University of Michigan Press.

Cawood, J., Dooris, M., & Powell, S. (2010). Healthy universities: shaping the future. *Perspectives in Public Health*, 130(6), 259-260.

<https://doi.org/10.1177/1757913910384055>

Chamberlain, K. (2000). Methodolatry and qualitative health research. *Journal of Health Psychology*, 5(3), 285-296. <https://doi.org/10.1177/135910530000500306>

Charles, S. T., Karnaze, M. M., & Leslie, F. M. (2022). Positive factors related to graduate student mental health. *Journal of American College Health*, 70(6), 1858-1866. <https://doi.org/10.1080/07448481.2020.1841207>

Charmaz, K. (2006). *Constructing grounded theory: a practical guide through qualitative analysis*. SAGE.

Cherryholmes, C. H. (1992). Notes on pragmatism and scientific realism.

Educational Researcher, 21(6), 13-17. <https://doi.org/10.2307/1176502>

- Chu, J. J., Khan, M. H., Jahn, H. J., & Kraemer, A. (2016). Sense of coherence and associated factors among university students in China: cross sectional evidence. *BMC Public Health*, 16, 336 <https://doi.org/10.1186/s12889-016-3003-3>
- Clarke, V., & Braun, V. (2013). *Successful qualitative research: a practical guide for beginners*. SAGE.
- Clarke, V., & Braun, V. (2014). Thematic analysis. In A. C. Michalos. (Ed.). *Encyclopedia of quality of life and well-being research*. <https://link.springer.com/referencework/10.1007/978-94-007-0753-5>
- Conley, C.S., Huguenel, B. M., Shapiro, J. B., & Kirsch, A. C. (2023). Developmental trajectories and predictors of psychological well-being and distress across the college years. *The Journal of Higher Education (Columbus)*, ahead-of-print (ahead-of-print), 1-30. <https://doi.org/10.1080/00221546.2023.2171213>
- Cooper, S., & Endacott, R. (2007). Generic qualitative research: a design for qualitative research in emergency care? *Emergency Medicine Journal*, 24(12), 816-819. <https://doi.org/10.1136/emj.2007.050641>
- Coughlan, T., Lister, K., & Freear, N. (2019). Our Journey: designing and utilising a tool to support students to represent their study journeys. In *Proceedings of the 13th Annual Internaitonal Technology, Education and Development Conference (INTED) 2019*, 3140-3147. <https://oro.open.ac.uk/59195/1/Our%20Journey%20Coughlan%20Lister%20Freear%202019.pdf>

- Creswell, J. W. (2003). *Research design: qualitative, quantitative, and mixed methods approaches*. SAGE.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: choosing among five approaches* (4th ed.). SAGE.
- Crotty, M. (1998). *The foundations of social research meaning and perspective in the research process*. SAGE.
- Crowley, C., & Munk, D. (2017). An examination of the impact of a college level meditation course on college student wellbeing. *College Student Journal*, 51(1), 91-98. <https://eric.ed.gov/?id=EJ1132231>
- Cutrona, C. E., & Suhr, J. A. (1992). Controllability of stressful events and satisfaction with spouse support behaviours. *Communication Research*, 19(154), 154-174. <https://doi.org/10.1177/009365092019002002>
- Dadaczynski, K., Okan, O., Messer, M., & Rathmann, K. (2022). University students' sense of coherence, future worries and mental health: findings from the German COVID-HL-survey. *Health Promotion International*, 37(1), daab070. <https://doi.org/10.1093/heapro/daab070>
- Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behaviour*. Plenum.
- Deci, E. L., & Ryan, R. M. (2008). Hedonia, eudaimonia, and well-being: an introduction. *Journal of Happiness Studies*, 9(1), 1-11. <https://doi.org/10.1007/s10902-006-9018-1>
- Deci, E. L., Schwartz, A. J., Sheinman, L., & Ryan, R. M. (1981). An instrument to assess adults' orientations toward control versus autonomy with children:

- reflections on intrinsic motivation and perceived competence. *Journal of Educational Psychology*, 73(5), 642-650. <https://doi.org/10.1037/0022-0663.73.5.642>
- Dell'Olio, M., Vaandrager, L., & Koelen, M. (2018). Applying salutogenesis to the experiences of students with disabilities in the Netherlands. *Journal of Postsecondary Education and Disability*, 31(1), 75-89. <https://files.eric.ed.gov/fulltext/EJ1182347.pdf>
- Denscombe, M. (2008). Communities of practice: a research paradigm for the mixed methods approach. *Journal of Mixed Methods Research*, 2(3), 270-283. <https://doi.org/10.1177/1558689808316807>
- Denscombe, M. (2010). *The good research guide for small-scale social research projects* (Fourth edition.). Oxford University Press
- Denzin, N. K. (2012). Triangulation 2.0. *Journal of Mixed Methods Research* 6(2), 80-88. <https://doi.org/10.1177/1558689812437186>
- Denzin, N. K., Lincoln, Y. S. (2011). Introduction. In N. K. Denzin, & Y. S. Lincoln. (Eds.). *The SAGE handbook of qualitative research* (4th ed.). SAGE.
- Denzin, N. K., & Lincoln, Y. S. (2012). *The landscape of qualitative research*. SAGE.
- Department for Education (DfE). (2021, December 14). *How we're supporting students with their mental health*. [How we're supporting students with their mental health - The Education Hub \(blog.gov.uk\)](#)
- DfE. (2023). *Higher education mental health implementation taskforce terms of reference*. [https://assets.publishing.service.gov.uk/media/64db98bec8dee400d7f1d29/Higher Education Mental Health Implementation Taskforce ToR.pdf](https://assets.publishing.service.gov.uk/media/64db98bec8dee400d7f1d29/Higher_Education_Mental_Health_Implementation_Taskforce_ToR.pdf)

- de Pury, J., & Dicks, A. (2021). *Stepchange: Mentally Healthy Universities*.
[Stepchange: mentally healthy universities \(universitiesuk.ac.uk\)](https://www.universitiesuk.ac.uk/stepchange)
- del-Pino-Casado, R., Espinosa-Medina, A., Lopez-Martinez, C., & Orgeta, V. (2019). Sense of coherence, burden and mental health in caregiving: a systematic review and meta-analysis. *Journal of Affective Disorders*, 242, 14-21.
<https://doi.org/10.1016/j.jad.2018.08.002>
- Dickinson, J. (2022, February 19). *Why are universities being allowed to be vague about in-person contact hours?* <https://wonkhe.com/wonk-corner/why-are-universities-being-allowed-to-be-vague-about-in-person-contact-hours-2/>
- Dillon, D. R., O'Brien, D. G., Heilman, E. E. (2000). Literacy research in the next millennium: from paradigms to pragmatism and practicality. *Reading Research Quarterly*, 35(1), 10-26. <https://www.jstor.org/stable/748284>
- Dingle, G. A., Han, R., & Carlyle, M. (2022). Loneliness, belonging, and mental health in Australian university students pre- and post-COVID-19. *Behaviour Change*, 39, 146-156. <https://doi.org/10.1017/bec.2022.6>
- Dinu, L. M., Byrom, N. C., Mehta, K. J., Everett, S., Foster, J. L. H., & Dommett, E. J. (2022). Predicting student mental wellbeing and loneliness and the importance of digital skills. *Journal of Further and Higher Education*, 46(8), 1040-1053. <https://doi.org/10.1080/0309877X.2022.2038780>
- Dodd, A. L., Priestley, M., Tyrrell, K., Cygan, S., Newell, C., & Byrom, N. C. (2021). University student well-being in the United Kingdom: a scoping review of its conceptualisation and measurement. *Journal of Mental Health*, 30(3), 375-387. <https://doi.org/10.1080/09638237.2021.1875419>
- Dodgson, J. E. (2019). Reflexivity in qualitative research. *Journal of Human Lactation*, 35(2), 220-222. <https://doi.org/10.1177/0890334419830990>

- Dooris, M. (2005). Healthy settings: challenges to generating evidence of effectiveness. *Health Promotion International*, 21(1), 55-65.
<https://doi.org/10.1093/heapro/dai030>
- Dooris, M., Cawood, J., Doherty, S., & Powell, S. (2010). Healthy universities: concept, model and framework for applying the healthy settings approach within higher education in England.
<https://core.ac.uk/download/pdf/6113134.pdf>
- Dooris, M., Doherty, S., & Orme, J. (2022). Applying salutogenesis in higher education. In M. B. Mittelmark, G. F. Bauer, L. Vaandrager, J. M. Pelikan, S. Sagy, M. Eriksson, B. Lindström, & C. M. Magistretti. (Eds.). *The handbook of salutogenesis* (Second edition., pp. 307-320).
<https://link.springer.com/book/10.1007/978-3-030-79515-3>
- Dooris, M., Kokko, S., & de Leeuw, E. (2022). Evolution of the settings based approach. In S. Kokko, & M. Baybutt. (Eds.). *Handbook of settings based health promotion*, pp.3-22 https://link.springer.com/content/pdf/10.1007/978-3-030-95856-5_1?pdf=chapter%20toc
- Dooris, M., Wills, J., & Newton, J. (2014). Theorizing healthy settings: a critical discussion with reference to Healthy Universities. *Scandinavian Journal of Public Health*, 42(15), 7–16. <https://doi.org/10.1177/1403494814544495>
- Duncan, E. A. S., & Nicol, M. M. (2004). Subtle realism and occupational therapy: an alternative approach to knowledge evaluation. *British Journal of Occupational Therapy*, 67(10), 453-456. <https://doi.org/10.1177/030802260406701006>
- Economic and Social Research Council (ESRC) (2022, January 28). *Framework for research ethics*. <https://www.ukri.org/councils/esrc/guidance-for-applicants/research-ethics-guidance/framework-for-research-ethics/>

- Eriksson, M. (2019). Research supervision as a mutual learning process: introducing salutogenesis into supervision using 'the collegial model'. *Health Promotion International*, 34, 1200-1206. <https://doi.org/10.1093/heapro/day088>
- Eriksson, M., & Lindström, B. (2005). Validity of Antonovsky's sense of coherence scale: a systematic review. *Journal of Epidemiology and Community Health*, 59, 460-466. <https://doi.org/10.1136/jech.2003.018085>
- Eriksson, M., & Lindström, B. (2006). Antonovsky's sense of coherence scale and the relation with health: a systematic review. *Journal of Epidemiology and Community Health*, 60(5), 3760381. <https://doi.org/10.1136/jech.2005.041616>
- Eriksson, M., & Mittelmark, M. B. (2017). The sense of coherence and its measurement. In M. B. Mittelmark, S. Sagy, M. Eriksson, G. F. Bauer, J. M. Pelikan, B. Lindström, & G. A. Espnes. (Eds.). *The handbook of salutogenesis* (pp. 97-106). <https://link.springer.com/book/10.1007/978-3-319-04600-6>
- Espinosa-Salido, P., Perez Nieto, M. A., Baca-Garcia, E., & Ortega, M. P. (2021). Systematic review of the indirect relationships of thwarted belongingness and perceived burdensomeness in suicide. *Clinica Y Salud*, 32(1), 29-36. <https://doi.org/10.5093/clysa2020a27>
- Feilzer, M. (2010). Doing mixed methods research pragmatically: implications for the rediscovery of pragmatism as a research paradigm. *Journal of Mixed Methods Research*, 4, 6-16. <https://doi.org/10.1177/1558689809349691>
- Feng, L., & Zhang, L. (2022). Perceived teacher support, peer relationship, and university students' mental health: the mediation of reality and internet altruistic behaviors. *Frontiers in Psychology*, 13, 999524. <https://doi.org/10.3389/fpsyg.2022.999524>

- Fernandez, A., Howse, E., Rubio-Valera, M., Thorncraft, K., Noone, J., Luu, X., Veness, B., Leech, M., Llewellyn, G., & Salvador-Carulla, L. (2016). Setting-based interventions to promote mental health at the university: a systematic review. *International Journal of Public Health*, 61(7): 797-807.
<https://doi.org/10.1007/s00038-016-0846-4>
- Fontinha, R., Easton, S., & Van Laar, D. (2019). Overtime and quality of working life in academics and non-academics: the role of perceived work-life balance. *International Journal of Stress Management*, 26(2), 173-183.
<https://doi.org/10.1037/str0000067>
- Friedrichs, J., & Kratochwil, F. (2009). On acting and knowing: how pragmatism can advance international relations research and methodology. *International Organization*, 63, 701-131. <https://doi.org/10.1017/S0020818309990142>
- Galante, J., Dufour, G., Vainre, M., Wagner, A. P., Stochl, J., Benton, A., Lathia, N., Howarth, E., & Jones, P. B. (2018). A mindfulness-based intervention to increase resilience to stress in university students (the Mindful Student Study): a pragmatic randomised controlled trial. *Lancet Public Health*, 3(2), e72-e81. [http://dx.doi.org/10.1016/S2468-2667\(17\)30231-1](http://dx.doi.org/10.1016/S2468-2667(17)30231-1)
- Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World Psychiatry*, 14(2), 231-233.
<https://doi.org/10.1002/wps.20231>
- Gambetta-Tessini, K., Marino, R., Morgan, M., Evans, W., & Anderson, V. (2013). Stress and health-promoting attributes in Australian, New Zealand, and Chilean dental students. *Journal of Dental Education*, 77(6), 801-809.
<https://doi.org/10.1002/j.0022-0337.2013.77.6.tb05532.x>

- Garcia-Moya, I., & Morgan, A. (2017). The utility of salutogenesis for guiding health promotion: the case for young people's well-being. *Health Promotion International*, 32(4), 723-733. <https://doi.org/10.1093/heapro/daw008>
- Gariépy, G., Honkaniemi, H., & Quesnel-Vallée, A. (2016). Social support and protection from depression: systematic review of current findings in Western countries. *British Journal of Psychiatry*, 209(4), 284-293. <https://doi.org/10.1192/bjp.bp.115.169094>
- Garista, P., Pocetta, G., & Lindström, B. (2019). Picturing academic learning: salutogenic and health promoting perspectives on drawings. *Health Promotion International*, 34(4), 859-868. <https://doi.org/10.1093/heapro/day027>
- Geyer, S. (1997). Some conceptual considerations on the sense of coherence. *Social Science Medicine*, 44(12), 1771-1779. [https://doi.org/10.1016/s0277-9536\(96\)00286-9](https://doi.org/10.1016/s0277-9536(96)00286-9)
- Gopalan, M., Linden-Carmichael, A., & Lanza, S. (2022). College students' sense of belonging and mental health amidst the COVID-19 pandemic. *Journal of Adolescent Health*, 70(2), 228-233. <https://doi.org/10.1016/j.jadohealth.2021.10.010>
- Graeser, S. (2011). Salutogenic factors for mental health promotion in work settings and organizations. *International Review of Psychiatry*, 23(6), 508-515. <https://doi.org/10.3109/09540261.2011.637909>
- Gray, D. E. (2014). *Doing research in the real world* (Third edition.). SAGE.
- Grayson, J. P. (2007). Sense of coherence, problem freedom and academic outcomes of Canadian domestic and international students. *Quality in Higher Education*, 13(3), 215-216. <https://doi.org/10.1080/13538320701800134>

- Greco, A., Brugnera, A., Adorni, R., Tasca, G. A., Compare, A., Vigano, A., Fattirolli, F., Giannattasio, C., D'Addario, M., & Steca, P. (2022). The role of sense of coherence in reducing anxiety and depressive symptoms among patients at the first acute coronary event: A three-year longitudinal study. *Journal of Psychosomatic Research*, 160, 110974.
<https://doi.org/10.1016/j.jpsychores.2022.110974>
- Gregory, D., Johnston, R., Pratt, G., Watts, M., & Whatmore, S. (2011). *The dictionary of human geography*. Wiley.
- Greimel, E., Kato, Y., Müller-Gartner, M., Salchinger, B., Roth, R., & Freidl, W. (2016). Internal and external resources as determinants of health and quality of life. *PLoS One*, 11(5), e0153232.
<https://doi.org/10.1371/journal.pone.0153232>
- Grevenstein, D., Agular-Raab, C., Schweitzer, J., & Bluemke, M. (2016). Through the tunnel, to the light: why sense of coherence covers and exceeds resilience, optimism, and self-awareness. *Personality and Individual Differences*, 98, 208-217. <http://dx.doi.org/10.1016/j.paid.2016.04.001>
- Guba, E. E., & Lincoln, Y. S. (2005). Paradigmatic controversies, contradictions, and emerging confluences. In N. Denzin, & Y. S. Lincoln. (Eds.). *The SAGE handbook of qualitative research* (3rd ed., pp.191-216)
- Gulliver, A., Farrer, K., Bennett, K., Ali, A., Hellsing, N., & Griffiths, K. (2018). University staff experiences of students with mental health problems and their perceptions of staff training needs. *Journal of Mental Health*, 27(3), 247-256.
<https://doi.org/10.1080/09638237.2018.1466042>
- Haber, M. G., Cohen, J. L., Lucas, T., & Baltes, B. B. (2007). The relationship between self-reported received and perceived social support: a meta-analytic

review. *American Journal of Community Psychology*, 39(1-2), 133-144.

<https://doi.org/10.1007/s10464-007-9100-9>

Hagerty, B. M. K., Lynch-Sauer, J., Patusky, K. L., Bouwsema, M., & Collier, P.

(1992). Sense of belonging: a vital mental health concept. *Archives of*

Psychiatric Nursing, 6(3), 172-177. <https://doi.org/10.1016/0883->

[9417\(92\)90028-H](https://doi.org/10.1016/0883-9417(92)90028-H)

Hall, R., & Bowles, K. (2016). Re-engineering higher education: the subsumption of academic labour and the exploitation of anxiety. *Workplace*, 28, 30-47.

<https://doi.org/10.14288/workplace.v0i28.186211>

Hammond, C. (2002). *Learning to be healthy*. Institute of Education, University of London.

Han, C., & Huang, J. H. (2022). Chinese college students' perceived teacher autonomy support and engagement: a moderated mediation model.

International Journal of Learning, Teaching and Educational Research, 21(7),

269-285. <https://doi.org/10.26803/ijlter.21.7.14>

Hanssen, G., & Utvær, B. K. (2022). Sense of coherence among apprentices in vocational education and training in Norway: exploring general resistance resources in work-based learning. *International Journal for Research in Vocational Education and Training*, 9(3), 363-389.

<https://doi.org/10.13152/IJRVET.9.3.4>

Haslam, C., Cruwys, T., Haslam, A., & Jetten, J. (2017). Social connectedness and health. In Pachana, N. A. (Ed.). *Encyclopaedia of Geropsychology* (pp. 2174-2182). Springer.

Haslam, C., Jetten, J., & Haslam, A. (2012). Advancing the social cure: implications for theory, practice, and policy. In J. Jetten, C. Haslam, & S. A. Haslam.

- (Eds.). *The social cure: identity, health, and well-being* (pp. 319-343). Taylor & Francis Group.
- Hatlevik, I. K. R., Hovdenak, S. S. (2020). Promoting sense of coherence in medical education using transformative learning activities. *Advances in Medical Education and Practice, 11*, 807-816. <https://doi.org/10.2147/AMEP.S266960>
- He, F. X., Lopez, V., & Leigh, M. C. (2012). Perceived acculturative stress and sense of coherence in Chinese nursing students in Australia. *Nurse Education Today, 32*(4), 345-50. <https://doi.org/10.1016/j.nedt.2011.05.004>
- Heiman, T. (2004). Examination of the salutogenic model, support resources, coping style, and stressors among Israeli university students. *The Journal of Psychology, 138*(6), 505-520. <https://doi.org/10.3200/JRLP.138.6.505-520>
- Hernández-Torrano, D., Ibrayeva, L., Sparks, J., Lim, N., Clementi, A., Almukhambetova, A., Nurtayev, Y., & Muratkyzy, A. (2020). Mental health and well-being of university students: A bibliometric mapping of the literature. *Frontiers in Psychology, 11*, 1226. <https://doi.org/10.3389/fpsyg.2020.01226>
- Herrera, D., Matos, L., Gargurevich, R., Lira, B., & Valenzuela, R. (2021). Context matters: teaching styles and basic psychological needs predicting flourishing and perfectionism in university music students. *Frontiers in Psychology, 12*, 623312. <https://doi.org/10.3389/fpsyg.2021.623312>
- Hewitt, R. (2019). *Measuring well-being in higher education*. HEPI. <https://www.hepi.ac.uk/wp-content/uploads/2019/05/Policy-Note-13-Paper-May-2019-Measuring-well-being-in-higher-education-8-Pages-5.pdf>
- Hickman, L. M., Neubert, S., & Reich, K. (2010). *John Dewey between pragmatism and constructivism*. Fordham University Press.

- Hicks, O. (2018). Curriculum in higher education: confusion, complexity and currency. *Higher Education Research and Development*, 5(July 2018), 5-30. <https://www.fdadvising.com/wp-content/uploads/2020/04/HERDSARHE2018v05p05.pdf>
- Higher Education Statistics Agency (HESA). (2021, January 27). *Higher education student statistics: UK 2019/20 – student numbers and characteristics*. HESA. <https://www.hesa.ac.uk/news/27-01-2021/sb258-higher-education-student-statistics/numbers>
- Hochwalder, J. (2019). Sense of coherence: notes on some challenges for future research. *Psychological Reports*, 1-8. <https://doi.org/10.1177/2158244019846687>
- Hochwalder, J. (2022). Theoretical issues in the further development of the sense of coherence construct. In M. B. Mittelmark, G. F. Bauer, L. Vaandrager, J. M. Pelikan, S. Sagy, M. Eriksson, B. Lindstrom, & C. M. Magistretti. (Eds.). *The handbook of salutogenesis* (Second edition., pp. 569-579). <https://link.springer.com/book/10.1007/978-3-030-79515-3>
- Hochwalder, J., & Saied, V. (2018). The relation between sense of coherence and daily hassles among university students. *Health Psychology and Behavioral Medicine*, 6(1), 329-339. <https://doi.org/10.1080/21642850.2018.1538802>
- Holdsworth, S., Turner, M., & Scott-Young, C. M. (2018). Not drowning, waving. Resilience and university: a student perspective. *Studies in Higher Education*, 43(11), 1837-1853. <https://doi.org/10.1080/03075079.2017.1284193>
- Holland, R. (1999). Reflexivity. *Human Relations*, 52(4), 463-484. <https://doi.org/10.1177/001872679905200403>

Holt, M., Monk, R., Powell, S., & Dooris, M. (2015). Student perceptions of a healthy university. *Public Health*, 129(6), 674-683.

<https://doi.org/10.1016/j.puhe.2015.03.020>

Horne, A., Yuen, J. J., Beveridge, T. S., & McClean, S. (2022). Grade-focused interactions in higher education: has the pursuit of good grades replaced learning. *Advances in Physiology Education*, 46, 752-762.

<https://doi.org/10.1152/advan.00021.2022>

Houghton, A. M., & Anderson, J. (2017). *Embedding mental wellbeing in the curriculum: maximising success in higher education*. [http://s3.eu-west-](http://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/hea/private/hub/download/embedding_wellbeing_in_he)

[2.amazonaws.com/assets.creode.advancehe-document-](http://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/hea/private/hub/download/embedding_wellbeing_in_he)

[manager/documents/hea/private/hub/download/embedding_wellbeing_in_he](http://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/hea/private/hub/download/embedding_wellbeing_in_he)
[1568037359.pdf](http://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/hea/private/hub/download/embedding_wellbeing_in_he)

Hughes, G., Panjwani, M., Tulcidas, P., & Byrom, N. (2018). *Student mental health: the role and experiences of academics*.

[180129 student mental health the role and experience of academics student minds pdf.pdf \(studentminds.org.uk\)](https://www.studentminds.org.uk/180129_student_mental_health_the_role_and_experience_of_academics_student_minds_pdf.pdf)

Hughes, G., & Spanner, L. (2019). *The University Mental Health Charter*.

https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/191208_umhc_artwork.pdf

Hughes, G., Upsher, R., Nobili, A., Kirkman, A., Wilson, C., Bowers-Brown, T.,

Foster, J., Bradley, S., & Byrom, N. (2022). *Education for mental health:*

enhancing student mental health through curriculum and pedagogy. Advance

HE. [https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-](https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/advance-)

[document-manager/documents/advance-](https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/advance-)

[he/AdvHE_Education%20for%20mental%20health_online_1644243779.pdf](https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/advance-he/AdvHE_Education%20for%20mental%20health_online_1644243779.pdf)

- Hurst, C. S., Baranik, L. E., & Daniel, F. (2013). College student stressors: a review of qualitative research. *Stress and Health, 29*, 275-285.
<https://doi.org/10.1002/smi.2465>
- Jayman, M., Glazzard, J., & Rose, A. (2022). Tipping point: the staff wellbeing crisis in higher education. *Frontiers in Education, 7*, 929335.
<https://doi.org/10.3389/feduc.2022.929335>
- Jenkins, T. M., Kim, J., Hu, C., Hickernell, J. C., Watanaskul, S., & Yoon, J. D. (2018). Stressing the journey: using life stories to study medical student wellbeing. *Advances in Health Sciences Research, 23*, 767-782.
<https://doi.org/10.1007/s10459-018-9827-0>
- Jeong, Y. J., & Koh, C. K. (2021). Female nursing graduate students' stress and health: the mediating effects of sense of coherence and social support. *BMC Nursing, 20*(40). <https://doi.org/10.1186/s12912-021-00562-x>
- Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed methods research: a research paradigm whose time has come. *Educational Researcher, 33*(7), 14-26.
<https://doi.org/10.3102/0013189X033007014>
- Jones, E., Priestley, M., Brewster, L., Wilbraham, S. J., Hughes, G., & Spanner, L. (2021). Student wellbeing and assessment in higher education: the balancing act. *Assessment and Evaluation in Higher Education, 46*(3), 438-450.
<https://doi.org/10.1080/02602938.2020.1782344>
- Jones, M. C., & Johnston, D. W. (2006). Is the introduction of a student-centered, problem-based curriculum associated with improvements in student nurse well-being and performance: an observational study of effect. *International Journal of Nursing Studies, 43*, 941-952.
<https://doi.org/10.1016/j.ijnurstu.2005.10.013>

- Kahlke, R. M. (2014). Generic qualitative approaches: pitfalls and benefits of methodological mixology. *International Journal of Qualitative Methods*, 13, 37-52. <https://doi.org/10.1177/160940691401300119>
- Kahlke, R. M. (2018). Reflection/commentary on a past article: “generic qualitative approaches: pitfalls and benefits of methodological mixology”. *International Journal of Qualitative Methods*, 17, 1-3. <https://doi.org/10.1177/1609406918788193>
- Kahu, E. R., & Nelson, K. (2018). Student engagement in the educational interface: understanding the mechanisms of student success. *Higher Education Research and Development*, 37(1), 58-71. <https://doi.org/10.1080/07294360.2017.1344197>
- Kase, T., Endo, S., & Oishi, K. (2016). Process linking social support to mental health through a sense of coherence in Japanese university students. *Mental Health & Prevention*, 4, 124-129. <https://doi.org/10.1016/j.mhp.2016.05.001>
- Kelemen, M., & Rumens, N. (2012). Pragmatism and heterodoxy in organization research: going beyond the quantitative/qualitative divide. *International Journal of Organizational Analysis*, 20(1), 5-12. <https://doi.org/10.1108/19348831211215704>
- Kennedy, D. (2016). Is it any clearer? Generic qualitative Inquiry and the VSAIEEDC model of data analysis. *The Qualitative Report*, 21, 1369-1379. <https://doi.org/10.46743/2160-3715/2016.2444>
- Kern, A., Heininger, W., Klueh, E., Salazar, S., Hansen, B., Meyer, T., & Eisenberg, D. (2017). Athletes connected: results from a pilot project to address knowledge and attitudes about mental health among college student athletes.

Journal of Clinical Sport Psychology, 11(4), 324-336.

<https://doi.org/10.1123/JCSP.2016-0028>

Khandelwal, P., & Ramos Salazar, L. (2019). *Issues from selecting flexible incentive practices in recruiting students for health-related qualitative studies*. SAGE.

Kinchin, I. M. (2019). The salutogenic management of pedagogic frailty: a case of educational theory development using concept mapping. *Education Sciences*, 9(2). <https://doi.org/10.3390/educsci9020157>

Kleiveland, B., Natvig, G. K., & Jepsen, R. (2015). Stress, sense of coherence and quality of life among Norwegian nurse students after a period of clinical practice. *Peer J*, 29(3), e1286. <https://doi.org/10.7717/peerj.1286>

Knight, J., & Johnson, J. (1999). Inquiry into democracy: what might a pragmatist make of rational choice theories? *American Journal of Political Science*, 43(2), 566-589. <https://doi.org/10.2307/2991807>

Knopf, J. (2006). Doing a literature review. *Political Science and Politics*, 39(1), 127-132. <https://doi.org/10.1017/S1049096506060264>

Koelen, J. A., Mansueto, A. C., Finnemann, A., de Koning, L., van der Heijde, C. M., Vonk, P., Wolters, N. E., Klein, A., Epskamp, S., & Wiers, R. W. (2022). COVID-19 and mental health among at-risk university students: a prospective study into risk and protective factors. *International Journal of Methods in Psychiatric Research*, 31(1), e1901. <https://doi.org/10.1002/mpr.1901>

Kotera, Y., & Ting, S. (2021). Positive psychology of Malaysian university students: impacts of engagement, motivation, self-compassion and well-being on mental health. *International Journal of Mental Health and Addiction*, 19, 227-239. <https://doi.org/10.1007/s11469-019-00169-z>

- Krantz, G., & Ostergren, P. O. (2004). Does it make sense in a coherent way? Determinants of sense of coherence in Swedish women 40 to 50 years of age. *International Journal of Behavioral Medicine*, 11(1), 18-26.
https://doi.org/10.1207/s15327558ijbm1101_3
- Kvale, S. (2007). *Doing interviews*. SAGE.
- Kvale, S., & Brinkmann, S. (2015). *Interviews: learning the craft of qualitative research interviewing* (Third edition.). SAGE.
- Lane, K., Teng, M. Y., Barnes, S. J., Moore, K., Smith, K., & Lee, M. (2018). Using appreciative inquiry to understand the role of teaching practices in student well-being at a research-intensive university. *The Canadian Journal for the Scholarship of Teaching and Learning*, 9(2). <https://doi.org/10.5206/cjsotl-rcacea.2018.2.10>
- Langford, C. P. H., Bowsher, J., Maloney, J.P., & Lillis, P. (1997). Social support: a conceptual analysis. *Journal of Advanced Nursing*, 25, 95-100.
<https://doi.org/10.1046/j.1365-2648.1997.1997025095.x>
- Lansimies, H., Pietila, A., Hietasola-Husu, S., & Kangasniemi, M. (2017). A systematic review of adolescents' sense of coherence and health. *Scandinavian Journal of Caring Sciences*, 31(4), 651-661.
<https://doi.org/10.1111/scs.12402>
- Larcombe, W., Baik, C., & Finch, S. (2022). Exploring course experiences that predict psychological distress and mental wellbeing in Australian undergraduate coursework students. *Higher Education Research & Development*, 41(2), 420-435.
<https://doi.org/10.1080/07294360.2020.1865284>

- Larcombe, W., Tumbaga, L., Malkin, I., Nicholson, P., & Tokatlidis, O. (2013) Does an improved experience of law school protect students against depression, anxiety and stress? An empirical study of wellbeing and the law school experience of LLB and JD students. *Sydney Law Review*, 35(2), 407-432. <http://dx.doi.org/10.2139/ssrn.2147547>
- Lewis, J. & Bolton, P. (2023, May 30). *Student mental health in England: statistics, policy, and guidance*. <https://commonslibrary.parliament.uk/research-briefings/cbp-8593/>
- Limarutti, A., Maier, M. J., & Mir, E. (2021). Exploring loneliness and students' sense of coherence (S-SoC) in the university setting. *Current Psychology*, 42, 9270-9281. <https://doi.org/10.1007/s12144-021-02016-8>
- Lister, K., Andrews, K., Buxton, J., Douce, C., & Seale, J. (2023). Assessment, life circumstances, curriculum and skills: barriers and enablers to student mental wellbeing in distance learning. *Frontiers in Psychology*, 14, 1076985. <https://doi.org/10.3389/fpsyg.2023.1076985>
- Lister, K., Seale, J., & Douce, C. (2021). Mental health in distance learning: a taxonomy of barriers and enablers to students mental wellbeing. *Open Learning: The Journal of Open, Distance and e-Learning*, 102-116. <https://doi.org/10.1080/02680513.2021.1899907>
- Lomas, T., Waters, L., Williams, P., Oades, L. G., & Kern, M. L. (2020). Third wave positive psychology: broadening towards complexity. *The Journal of Positive Psychology*, 16(5), 650-674. <https://doi.org/10.1080/17439760.2020.1805501>
- Loveday, V. (2018). The neurotic academic, casualisation, and governance in the neoliberalising university. *Journal of Cultural Economy*, 11(2), 154-166. <https://doi.org/10.1080/17530350.2018.1426032>

- Lupton, D. (2020). *Doing fieldwork in a pandemic* (crowd-sourced document).
<https://docs.google.com/document/d/1clGjGABB2h2qbduTgfqribHmog9B6P0NvMgVuiHZCl8/edit#heading=h.ze8ug1cck5lo>
- Macaskill, A. (2013). The mental health of university students in the United Kingdom. *British Journal of Guidance and Counselling*, 41(4), 426-441.
<https://doi.org/10.1080/03069885.2012.743110>
- Macaskill, A. (2018). Undergraduate mental health issues: the challenge of the second year of study. *Journal of Mental Health* 27(3), 214-221.
<https://doi.org/10.1080/09638237.2018.1437611>
- Magistretti, C. M. (2022). The sense of coherence in the life course. In M. B. Mittelmark, G. F. Bauer, L. Vaandrager, J. M. Pelikan, S. Sagy, M. Eriksson, B. Lindström, & C. M. Magistretti. (Eds.). *The handbook of salutogenesis* (Second edition., pp. 117-122). <https://link.springer.com/book/10.1007/978-3-030-79515-3>
- Manwell, L. A., Barbic, S. P., Roberts, K., Durisko, Z., Lee, C., Ware, E., & McKenzie, K. (2015). What is mental health? Evidence towards a new definition from a mixed methods multidisciplinary international survey. *BMJ Open*, 5, e007079. <http://doi.org/10.1136/bmjopen-2014-007079>
- Martela, F., & Riekkari, T. J. J. (2018). Autonomy, competence, relatedness, and beneficence: a multicultural comparison of the four pathways to meaningful work. *Frontiers in Psychology*, 9, 1157-1157.
<https://doi.org/10.3389/fpsyg.2018.01157>
- Mason, J. (2018). *Qualitative researching* (Third edition.). SAGE.
- Mato, M., & Tsukasaki, K. (2017). Factors promoting sense of coherence among university students in urban areas of Japan: individual-level social capital,

- self-efficacy, and mental health. *Global Health Promotion*, 26(1), 60-68.
<https://doi.org/10.1177/1757975917691925>
- Maxcy, S. J. (2003). Pragmatic threads in mixed methods research in the social sciences: the search for multiple modes of inquiry and the end of the philosophy of formalism. In A. Tashakkori, & C. Teddlie. (Eds.). *Handbook of mixed methods in social and behavioral research* (pp. 51-89). SAGE.
- McBeath, M., Drysdale, M. T. B., & Bohn, N. (2018). Work-integrated learning and the importance of peer support and sense of belonging. *Education + Training*, 60(1), 39-53. <https://doi.org/10.1108/ET-05-2017-0070>
- McIntyre, J. C., Worsley, J., Corcoran, R., Woods, P. H., & Bentall, R. P. (2018). Academic and non-academic predictors of student psychological distress; the role of social identity and loneliness. *Journal of Mental Health*, 27(3), 230-239.
<https://doi.org/10.1080/09638237.2018.1437608>
- Merriam, S. B., & Tisdell, E. (2016). *Qualitative research: a guide to design and implementation* (4th ed.). Jossey-Bass.
- Mind. (2022). Stress. [stress-2022.pdf \(mind.org.uk\)](https://www.mind.org.uk/stress-2022.pdf)
- Milligan, L. (2016). Insider-outsider-inbetween? Researcher positioning, participative methods and cross-cultural educational research. *Compare: A Journal of Comparative and International Education*, 46(2), 235-250.
<https://doi.org/10.1080/03057925.2014.928510>
- Mir, E., Maier, M. J., Gritsch, A., & Jenull, B. (2009). The university: a coherent setting? Measuring students' sense of coherence. *Prävention und Gesundheitsförderung*, 4(1), <https://doi.org/10.1007/s11553-008-0149-6>
- Mittelmark, M. B., & Bauer, G. F. (2017). The salutogenic model. In M. B. Mittelmark, S. Sagy, M. Eriksson, G. F. Bauer, J. Pelikan, B. Lindström, & G. Espnes.

(Eds.). (2017). *The handbook of salutogenesis* (pp.7-13).

<https://link.springer.com/book/10.1007/978-3-319-04600-6>

Mittelmark, M. B., & Bauer, G. F. (2022). Salutogenesis as a theory, as an orientation and as the sense of coherence. In M. B. Mittelmark, G. F. Bauer, L. Vaandrager, J. M. Pelikan, S. Sagy, M. Eriksson, B. Lindström, & C. M. Magistretti. (Eds.). *The handbook of salutogenesis* (Second edition., pp. 10-17). <https://link.springer.com/book/10.1007/978-3-030-79515-3>

Mittelmark, M. B., Bauer, G. F., Vaandrager, L., Pelikan, J. M., Sagy, S., Eriksson, M., Lindström, B., & Magistretti, C. M. (Eds.). (2022). *The handbook of salutogenesis* (Second edition.). <https://link.springer.com/book/10.1007/978-3-030-79515-3>

Mittelmark, M. B., Sagy, S., Eriksson, M., Bauer, G. F., Pelikan, J., Lindström, B., & Espnes, G. A. (Eds.). (2017). *The handbook of salutogenesis*. <https://link.springer.com/book/10.1007/978-3-319-04600-6>

Moeller, R. W., Seehuus, M., & Peisch, V. (2020). Emotional intelligence, belongingness, and mental health in college students. *Frontiers in Psychology*, 11(93). <https://doi.org/10.3389/fpsyg.2020.00093>

Mokgele, K. R. F., & Rothmann, S. (2014). A structural model of student wellbeing. *South African Journal of Psychology*, 44(4), 514-527. <https://doi.org/10.1177/0081246314541589>

Morgan, D. L. (2007). Paradigms lost and pragmatism regained. *Journal of Mixed Methods Research*, 1(1), 48-76. <https://doi.org/10.1177/2345678906292462>

Morgan, D. L. (2014). Pragmatism as a paradigm for social research. *Qualitative Inquiry*, 20, 1045-1053. <https://doi.org/10.1177/1077800413513733>

- Morgan, D. L. (2017). *Integrating qualitative and quantitative methods: a pragmatic approach*. SAGE.
- Morrish, L. (2019). *Pressure vessels: the epidemic of poor mental health among higher education staff*. [HEPI-Pressure-Vessels-Occasional-Paper-20.pdf](#)
- Morris-Paxton, A. A., Van Lingen, J. M., & Elkonin, D. (2017). Wellness and academic outcomes among disadvantaged students in South Africa: an exploratory study. *Health Education Journal*, 76(1), 66-76.
<https://doi.org/10.1177/0017896916650707>
- Mushonga, D. R., & Henneberger, A. K. (2020). Protective factors associated with positive mental health in traditional and non-traditional Black students. *American Journal of Orthopsychiatry*, 90(1), 147-160.
<https://doi.org/10.1037/ort0000409>
- Myint, K., Jacobs, K., Myint, A. M., Lam, S. K., Henden, L., Hoe, S. Z., & Guillemain G. J. (2021). Effects of stress associated with academic examination on the kynurenine pathway profile in healthy students. *PLoS One*, 16(6), e0252668.
<https://doi.org/10.1371/journal.pone.0252668>
- Natvig, G. K., Hanestad, B. R., & Samdal, O. (2006). The role of the student: salutogenic or pathogenic? *International Journal of Nursing Practice*. 12. 280-287. <https://doi.org/10.1111/j.1440-172X.2006.00583.x>
- Neufeld, A., & Malin, G. (2020). How medical students' perceptions of instructor autonomy-support mediate their motivation and psychological well-being. *Medical Teacher*, 42(6), 650-656.
<https://doi.org/10.1080/0142159X.2020.1726308>

- Neves, J., & Stephenson, R. (2023). *Student academic experience survey 2023*.
<https://www.hepi.ac.uk/wp-content/uploads/2023/06/Student-Academic-Experience-Survey-2023.pdf>
- Newton, J., Dooris, M., & Wills, J. (2016). Healthy universities: an example of a whole-system health-promoting setting. *Global Health Promotion*, 23(1), 57-65. <https://doi.org/10.1177/1757975915601037>
- Newton, P. M., Da Silva, A., & Berry, S. (2020). The case for pragmatic evidence-based higher education: a useful way forward? *Frontiers in Education*, 5(583157), 1-13. <https://doi.org/10.3389/feduc.2020.583157>
- Nguyen, M. H., Le, T. T. & Meirmanov, S. (2019). Depression, acculturative stress, and social connectedness among international university students in Japan: a statistical investigation. *Sustainability*, 11(878), 878.
<https://doi.org/10.3390/su11030878>
- Nosheen, A., Riaz, M. N., & Batool, N. (2014). Cross-cultural study on social support, sense of coherence, and outcomes in Pakistan and Germany. *Pakistan Journal of Commerce and Social Sciences*, 8(2), 445-452.
<https://api.semanticscholar.org/CorpusID:22185865>
- Oates, J., Topping, A., Watts, K., Charles, P., Hunter, C., & Arias, T. (2020). 'The rollercoaster': a qualitative study of midwifery students' experiences affecting their mental wellbeing. *Midwifery*, 88, 102735-102735.
<https://doi.org/10.1016/j.midw.2020.102735>
- Office for Students. (2018). *Office for Students challenge competition: achieving a step change in mental health outcomes for all students*.
<https://dera.ioe.ac.uk/id/eprint/32292/>

- Office for Students. (2023, July 10). *Mental Health Challenge Competition: Achieving a step change in mental health outcomes for all students*. [Mental health Challenge Competition: Improving mental health outcomes - Office for Students](#)
- Okanagan Charter: an international charter for health promoting universities and colleges (2015)
https://www.acha.org/documents/general/Okanagan_Charter_Oct_6_2015.pdf
- Okumura, R., Suzuki, T., Bai, Y., & Mukawa, K. (2012). Stress coping ability in nursing students: studies on the influence factor of sense of coherence. *The Journal of Japan Hospitals Association*, 31, 71-79. Retrieved from
<https://europepmc.org/article/med/22988741>
- Olmos-Vega, F. M., Stalmeiger, R. E., Varpio, L., & Kahlke, R. (2023). A practical guide to reflexivity in qualitative research: AMEE Guide No, 149. *Medical Teacher*, 45(3), 241-251. <https://doi.org/10.1080/0142159X.2022.2057287>
- O'Reilly, E., McNeill, K., Mavor, K. I. & Anderson, K. (2014). Looking beyond personal stressors: an examination of how academic stressors contribute to depression in Australian graduate medical students. *Teaching and Learning in Medicine*, 26, 56-63. <https://doi.org/10.1080/10401334.2013.857330>
- Ormerod, R. (2006). The history and ideas of pragmatism. *Journal of the Operational Research Society* 57(8), 892-909.
<https://doi.org/10.1057/palgrave.jors.2602065>
- Ormerod, R. (2020). Pragmatism in professional practice. *Systems Research and Behavioural Science*, 38, 797-816. <https://doi.org/10.1002/sres.2739>

- Palaganas, E. C., Sanchez, M. C., Molintas, M. P., & Caricativo, R. D. (2017). Reflexivity in qualitative research: a journey of learning. *The Qualitative Report*, 22(2), 426-438. <https://doi.org/10.46743/2160-3715/2017.2552>
- Palfreyman, D. (2009, May 6). *The student experience – where’s the contract?* Speech given by David Palfreyman of the Oxford Centre for Higher Education Policy Studies, at “The student experience – what’s the deal?” conference. <https://www.hepi.ac.uk/2009/05/06/the-student-experience-wheres-the-contract/>
- Patton, M. Q. (2015). *Qualitative research and evaluation methods* (Fourth edition.). SAGE.
- Peker, K., Bermek, G., & Uysal, O. (2012). Factors related to sense of coherence among dental students at Istanbul university. *Journal of Dental Education*, 76(6), 774-782. <https://doi.org/10.1002/j.0022-0337.2012.76.6.tb05313.x>
- Peoples, J. E., Butler-Barnes, S. T., Stafford, J. D., Williams, S., & Smith, I. (2023). Exploring the association between mental health climate and depression: the protective role of positive mental health and sense of belonging among Black college students. *Journal of American College Health*, 1-12. <https://doi.org/10.1080/07448481.2022.2155466>
- Percy, W. H., Kostere, K., & Kostere, S. (2015). Generic qualitative research in psychology. *The Qualitative Report*, 20(2), 76-85. <https://doi.org/10.46743/2160-3715/2015.2097>
- Pijpker, R., Vaandrager, L., Bakker, E. J., & Koelen, M. (2018). “Unravelling salutogenic mechanisms in the workplace: the role of learning.” *Gaceta Sanitaria*, 32(3), 275-282. <https://doi.org/10.1016/j.gaceta.2017.11.006>

- Pineda, K. (2022, May 17). *The importance of being seen*. Humantold.
<https://humantold.com/blog/the-importance-of-being-seen/>
- Piper, R., and Byrom, N. (2017). *Student voices in the development of a whole university approach to mental health and wellbeing*. Student Minds.
<https://www.studentminds.org.uk/studentvoices.html#:~:text=We%20believe%20that%20those%20with,and%20wellbeing%20at%20their%20institution.>
- Postmes, T., Haslam, A., & Jans, L. (2013). A single-item measure of social identification: reliability, validity, and utility. *British Journal of Psychology*, 52, 597-617. <https://doi.org/10.1111/bjso.12006>
- Punch, K. (2014). *Social research: quantitative and qualitative approaches* (Third edition.). SAGE.
- Rakizadeh, E., & Hafezi, F. (2015). Sense of coherence as a predictor of quality of life among Iranian students living in Ahvaz. *Oman Medical Journal*, 30(6), 447-454. <https://doi.org/10.5001/omj.2015.88>
- Reed, D. A., Shanafelt, T. D., Satele, D. W., Power, D. V., Eacker, A., Harper, W., Moutier, C., Durning, S., Massie, F. S., Thomas, M. R., Sloan, J., & Dyrbye, L. N. (2011). Relationship of pass/fail grading and curriculum structure with well-being among preclinical medical students: a multi institutional study. *Academic Medicine*, 86(11), 1367-1373.
<https://doi.org/10.1097/ACM.0b013e3182305d81>
- Rohe, D. E., Barrier, P. A., Clark, M. M., Cook, D. A., Vickers, K. S., & Decker, P. A. (2006). The benefits of pass-fail grading on stress, mood, and group cohesion in medical students. *Mayo Clinic Proceedings*, 81(11), 1443-1448.
<https://doi.org/10.4065/81.11.1443>
- Rorty, R. (1991). *Title essays in Heidegger and others*. Cambridge University Press.

- Royal College of Psychiatrists. (2011). *Mental health of students in higher education*.
[college-report-cr166.pdf \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/college-report-cr166.pdf)
- Ridley, N., & Byrom, A. (2018). Developing a case based learning curriculum with a salutogenic perspective. *Midwifery*, 64, 124-127.
<https://doi.org/10.1016/j.midw.2018.06.006>
- Robey, D., Taylor, W. T. F., & Grabowski, L. J. (2019). Pragmatic rigor: principles and criteria for conducting and evaluating practitioner scholarship. *Engaged Management Review*, 2(3). <https://doi.org/10.28953/2375-8643.1053>
- Robson, C., & McCartan, K. (2016) *Real world research: a resource for users of social research methods in applied settings* (Fourth edition.). Wiley.
- Runswick-Cole, K. (2011). Interviewing. In P. Banister, G. Bunn, E. Burman, J. Daniels, P. Duckett, D. Goodley, R. Lawthom, I. Parker, & K. Runswick-Cole, J. Sixsmith, S. Smailes, C. Tindall, & P. Whelan. *Qualitative methods in psychology: a research guide* (Second edition.) pp. 88-99. McGraw-Hill Education.
- Sagy, S., & Antonovsky, H. (2000). The development of the sense of coherence: a retrospective study of early life experiences in the family. *Journal of Aging and Human Development*, 51(2), 155-166. <https://doi.org/10.2190/765L-K6NV-JK52-UFKT>
- Saldaña, J. (2021). *The coding manual for qualitative researchers* (Fourth edition.). SAGE.
- Sánchez-Ordóñez, J. M., & Gimeno-Navarro, M. A. (2022). Healthy universities: concepts, dimensions and approaches for the construction of healthy university environments. *Hacia la Promoción de la Salud*, 27(1), 234-250.
<https://doi.org/10.17151/hpsal.2022.27.1.16>

- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23, 334-340. [https://doi.org/10.1002/1098-240x\(200008\)23:4<334::aid-nur9>3.0.co;2-g](https://doi.org/10.1002/1098-240x(200008)23:4<334::aid-nur9>3.0.co;2-g)
- Scardera, S., Perret, L., Quellet-Morin, I., Gariépy, G., Juster, R., Boivin, M., Turecki, G., Tremblay, R. E., Côté, S., & Geoffroy, M. (2020). *JAMA Network Open*, 3(12), e2027491. <https://doi.org/10.1001/jamanetworkopen.2020.27491>
- Sheldon, E., Simmonds-Buckley, M., Bone, C., Mascarenhas, T., Chan, N., Wincott, M., Gleeson, H., Sow, K., Hind, D., & Barkham, M. (2021). Prevalence and risk factors for mental health problems in university undergraduate students: a systematic review with meta-analysis. *Journal of Affective Disorders*, 287, 282-292. <https://doi.org/10.1016/j.jad.2021.03.054>
- Shirka, N. (2000). The relationship of hardiness, sense of coherence, sports participation, and gender to perceived stress and psychological symptoms among college students. *The Journal of Sports Medicine and Physical Fitness*, 40(1), 63-70. <https://pubmed.ncbi.nlm.nih.gov/10822911/>
- Shumaker, S. A., & Brownell, A. (1984). Toward a theory of social support: closing conceptual gaps. *Journal of Social Issues*, 40(4), 11-36. <https://doi.org/10.1111/j.1540-4560.1984.tb01105.x>
- Skoglund, A., Batt-Rawden, K. B., Shröder, A., & Moen, Ø. L. (2021). Perception of student life as promoting mental health and wellbeing. A study of first-year students in a Norwegian university. *International Journal of Mental Health Promotion*, 23(4), 487-497. <https://doi.org/10.32604/IJMHP.2021.016199>
- Slavin, S. J., Schindler, D. L., & Chibnall, J. T. (2014). Medical student mental health 3.0: improving student wellness through curricular changes. *Academic Medicine*, 89(4), 573-577. <https://doi.org/10.1097/ACM.000000000000166>

- Sletta, C., Tyssen, R., Løvseth, L. T. (2019). Change in subjective well-being over 20 years at two Norwegian medical schools and factors linked to well-being today: a survey. *BMC Medical Education*, 19(1), 45-45.
<https://doi.org/10.1186/s12909-019-1476-3>
- Slevitch, I. (2011). Qualitative and quantitative methodologies compared: ontological and epistemological perspectives. *Journal of Quality Assurance in Hospitality & Tourism*, 12, 73-81. <https://doi.org/10.1080/1528008X.2011.541810>
- Slootjes, J., Keuzenkamp, S., & Saharso, S. (2017). The mechanism behind the formation of a strong sense of coherence (SOC): the role of migration and integration. *Scandinavian Journal of Psychology*, 58, 571-580.
<https://doi.org/10.1111/sjop.12400>
- Sohrabi, M. R., Malih, N., Karimi, H. R., & Hajhashemi, Z. (2019). Effect of general medical degree curricular change on mental health of medical students: a concurrent controlled educational trial. *Iran Journal of Psychiatry*, 14(1), 40-46. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6505047/#:~:text=Conclusions%3A%20The%20results%20revealed%20that,health%20status%20of%20medical%20students>.
- Steca, P., Adorni, R., Zanatta, F., Giannattasio, C., & D'Addario, M. (2022). *Longitudinal profiles of physical activity, sense of coherence, and quality of life in adults over 50 with cardiovascular disease*. 16th European Congress of Sport & Exercise Psychology, Padua, 11-16 July, 2022.
<https://boa.unimib.it/handle/10281/420758>
- Suri, H. (2011). Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal*, 11(2), 63-75. <https://doi.org/10.3316/QRJ1102063>

- Suárez-Reyes, M., Serrano, M. M., & Van den Broucke, S. (2019). How do universities implement the health promoting university concept? *Health Promotion International*, 34, 1014-1024.
<https://doi.org/10.1093/heapro/day055>
- Thompson, M. P., Tyson, J. S., Hege, A., & Seitz, C. (2023). COVID-related stress, risk for suicidal behavior, and protective factors in a national sample of college students. *Journal of American College Health*, 1-9.
<https://doi.org/10.1080/07448481.2023.2186140>
- Thomson, P. (2021, August 16). *does a thesis conclusion have "recommendations"?* patter. <https://patthomson.net/2021/08/16/does-the-doctoral-thesis-conclusion-have-recommendations/>
- Thorley, C. (2017). *Not by degrees: improving students' mental health in the UK's universities*. IPPR. https://www.ippr.org/files/2017-09/1504645674_not-by-degrees-170905.pdf
- Thorne, S., Kirkham, S. R., & MacDonald-Emes, J. (1997). Interpretive description: a noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing & Health*, 20(2), 169-177.
[https://doi.org/10.1002/\(sici\)1098-240x\(199704\)20:2<169::aid-nur9>3.0.co;2-i](https://doi.org/10.1002/(sici)1098-240x(199704)20:2<169::aid-nur9>3.0.co;2-i)
- Togari, T., & Yamazaki, Y. (2012). A causal relationship between sense of coherence and psycho-social work environment: from one-year follow-up data among Japanese young adult workers. *Global Health Promotion*, 19(1), 32-42. <https://doi.org/10.1177/1757975911429870>
- Togari, T., Yamazaki, Y., Takayama, T. S., Yamaki, C. K., & Nakayama, K. (2008). Follow-up study on the effects of sense of coherence on well-being after two year in Japanese university undergraduate students. *Personality and*

Individual Differences, 446(6), 1335-1347.

<https://doi.org/10.1016/j.paid.2007.12.002>

Torinomi, C., Lindenberg, K., Möltner, A., Herpertz, S. C., & Holm-Hadulla, R. M. (2022). Students' mental health during the COVID-19 pandemic: the impact of coping strategies, sense of coherence, and social support. *International Journal of Environmental Research and Public Health* 19, 16423.

<https://doi.org/10.3390/ijerph192416423>

Townes O'Brien, M., Tang, S., & Hall, K. (2011). Changing our thinking: empirical research on law student wellbeing, thinking styles and the law curriculum.

Legal Education Review, 21(2), 149-182. <https://doi.org/10.53300/001c.6247>

Tsuno, Y., & Yamazaki, Y. (2007). A comparative study of sense of coherence (SOC) and related psychological factors among urban versus rural residents in Japan. *Personality and Individual Differences*, 43(3), 449-461.

<https://doi.org/10.1016/j.paid.2006.12.014>

UUK. (2015). *Student mental wellbeing in higher education: good practice guide*.

<https://www.m25lib.ac.uk/wp-content/uploads/2021/02/student-mental-wellbeing-in-he.pdf>

Van Teijlingen, E., & Hundley, V. (2002). The importance of pilot studies. *Nursing Standard*, 16(40), 36-36. <https://doi.org/10.7748/ns2002.06.16.40.33.c3214>

Vinje, H. F., Ausland, L. H., & Langeland, E. (2017). The application of salutogenesis in the training of health professionals. In M. B. Mittelmark, S. Sagy, M. Eriksson, G. F. Bauer, J. M. Pelikan, B. Lindström, & G. A. Espnes. (Eds.). *The handbook of salutogenesis* (pp. 97-106). <https://link.springer.com/book/10.1007/978-3-319-04600-6>

- Volstad, C., Hughes, J., Jakubec, S., Flessati, L., Jackson, L., & Martin-Misener, R. (2020). "You have to be okay with okay": experiences of flourishing among university students transitioning directly from high school. *International Journal of Qualitative Studies on Health and Well-being*, 15(1), 1834259. <https://doi.org/10.1080/17482631.2020.1834259>
- Walliman, N. (2016). *Social research methods: the essentials* (Second edition.). SAGE.
- Walsh, R. (2003). The methods of reflexivity. *The Humanistic Psychologist*, 31(4), 51-66. <https://doi.org/10.1080/08873267.2003.9986934>
- Watling, C. (2015). Tackling medical student stress: beyond individual resilience. *Perspectives on Medical Education*, 4(3), 105-106. <https://doi.org/10.1007/s40037-015-0190-z>
- Watson, D., Wallace, J., Land, C., & Patey, J. (2023). Re-organising wellbeing: contexts, critiques and contestations of dominant wellbeing narratives. *Organization*, 30(3), 441-452. <https://doi.org/10.1177/13505084231156267>
- Weich, S., Brugha, T., King, M., McManus, S., Bebbington, P., Jenkins, R., Cooper, C., McBride, O., & Stewart-Brown, S. (2011). Mental well-being and mental illness: findings from the Adult Psychiatric Morbidity Survey for England. *The British Journal of Psychiatry*, 199, 23-28. <https://doi.org/10.1192/bjp.bp.111.091496>
- Weston, J. F., Gardner, D., & Yeung, P. (2017). Stressors and protective factors among veterinary students in New Zealand. *Journal of Veterinary Medical Education*, 44(1), 22-28. <https://doi.org/10.3138/jvme.0116-014R1>

Weziak-Bialowolska, D., Bialowolski, P., Lee, M. T., Chen, Y., VanderWeele, T. J. & McNeely, E. (2022). Prospective associations between social connectedness and mental health. Evidence from a longitudinal survey and health insurance claims data. *International Journal of Public Health*, 67, 1604710.

<https://doi.org/10.3389/ijph.2022.1604710>

White, C. B., & Fantone, J. C. (2010). Pass-fail grading: laying the foundation for self-regulated learning. *Advances in Health Sciences Education*, 15, 469-477.

<https://doi.org/10.1007/s10459-009-9211-1>

Williams, G. C., & Deci, E. L. (1996). Internalization of biopsychosocial values by medical students: a test of self-determination theory. *Journal of Personality and Social Psychology*, 70(4), 767-779. <https://doi.org/10.1037//0022-3514.70.4.767>

World Health Organization. (1986). *Ottawa Charter for Health Promotion: first international conference on health promotion*, Ottawa, 21 November 1986.

https://www.healthpromotion.org.au/images/ottawa_charter_hp.pdf

World Health Organization. (2004). *Promoting mental health: concepts, emerging evidence, practice (Summary Report)*.

<https://apps.who.int/iris/bitstream/handle/10665/42940/9241591595.pdf>

Wohlin, C. (2014). Guidelines for snowballing in systematic literature studies and a replication in software engineering.

file:///C:/Users/dspd/Downloads/Wohlin%20-%202014%20-%20Guidelines%20for%20Snowballing%20in%20Systematic%20Literature%20Studies%20and%20a%20Replication%20in%20Software%20Engineering-compressed.pdf

- Worsley, J., Pennington, A., Corcoran, R. (2020). What interventions improve college and university students' mental health and wellbeing? A review of review-level evidence. <https://whatworkswellbeing.org/wp-content/uploads/2020/03/Student-mental-health-full-review.pdf>
- Wray, S., & Kinman, L. (2021). *Supporting staff wellbeing in higher education*. [ES Supporting Staff Wellbeing in HE Report.pdf \(ucu.org.uk\)](#)
- Yang, D., Chen, P., Wang, H., Wang, K., & Huang, R. (2022). Teachers' autonomy support and student engagement: a systematic literature review of longitudinal studies. *Frontiers in Psychology*, 13, 925955. <https://doi.org/10.3389/fpsyg.2022.925955>
- Yano, K., Kase, T., & Oishi, K. (2019). The effects of sensory-processing sensitivity and sense of coherence on depressive symptoms in university students. *Health Psychology Open*, 6(2). <https://doi.org/10.1177/2055102919871638>
- Ying, Y. W., Lee, P. A., & Tsai, J. L. (2007). Predictors of depressive symptoms in Chinese American college students: parent and peer attachment, college challenges and sense of coherence. *American Journal of Orthopsychiatry*, 77(2), 316-323. <https://doi.org/10.1037/0002-9432.77.2.316>

Appendices

Appendix A. My Search Strategy

The databases I used were SCOPUS, Web of Science, and EBSCO Host (selecting CINAHL Complete, MEDLINE, British Education Index, and ERIC). Using Boolean operators, phrase searches, and truncation I conducted two separate searches, one to arrive at sources concerned with mental health-enabling factors, the other to search for sources concerned with prevention of and or protection against mental health problems. I also repeated each search omitting “learning environment” and associated permutations as its inclusion proved limiting given the dearth of literature focusing on the learning environment as understood in my research. I searched titles, abstracts and key words and sorted the items retrieved by relevance. I also used the snowball technique to follow up on potentially relevant studies cited by others.

Search One

“higher education” OR university OR “tertiary education” OR “post-secondary” OR “post-compulsory” OR “higher education”

AND

“learning environment” OR “educational environment” OR “academic environment” OR “study environment” OR “learning conditions” OR “teaching practices” OR classroom OR curricul*

AND

“mental health” OR “mental wellbeing” OR “mental wellness” OR flourish*

AND

salutogen* OR assets OR promot* OR enhance OR enabl* OR facilitat* OR predict

Search Two

“higher education” OR university OR “tertiary education” OR “post-secondary” OR “post-compulsory” OR “higher education”

AND

“learning environment” OR “educational environment” OR “academic environment” OR “study environment” OR “learning conditions” OR “teaching practices” OR classroom OR curricul*

AND

“mental health problems” OR depression OR anxiety OR stress OR “psychological distress”

AND

protect* OR buffer OR prevent

Appendix B. Characteristics of the Articles I Selected for the Literature Review

Author/s & Date (full references are shown after the table)	Relevance	Author Authority	Comprehensiveness
AlFaris et al. (2014)	This study measured the impact of course reforms on undergraduate students' mental health (measured in terms of lower levels of depression). Most of the reforms in question pertained to the learning environment as I have defined it.	Lead author, Professor Eiad Abdelmohsen AlFaris is Chair of Medical Education Research and Development at King Saud University. He has published extensively, including several articles relevant to students' mental health.	The article covers essential topics in discourse pertaining to the influence of curriculum on student outcomes, including mental health. Added to this, key terms are defined and a wide variety of sources are drawn upon.
Aruah et al. (2020)	Here the focus was on students' views of factors within the university (including the learning environment as I define it) that could contribute to the prevention of student suicide. Whether participants were under or post graduate or both was not specified, however.	Lead author, Dr. Diane Ezeh Aruah, is a lecturer in the <i>'Department of Mass Communication' at the University of Nigeria Nsukka. She has four previous publications, published in peer reviewed journals.</i>	Important topics relevant to student suicide are explored including, for example, prevalence and possible risk factors (intra, inter and extra-personal) within the university context. How to create learning environments conducive to suicide prevention is also covered.
Baik et al. (2019)	Asked undergraduate students what their university (including the learning environment herein defined) could do to improve students' wellbeing. Interchangeable use of mental health, mental wellbeing and	Lead author, Professor Chi Baik, is Professor of Higher Education in the Melbourne Centre for the Study of Higher Education. She has published extensively on a range of student experience related	The article draws on a wide range of sources to evidence the prevalence of student mental health issues both on an international and local level. Other important topics of conversation in the field of

Author/s & Date (full references are shown after the table)	Relevance	Author Authority	Comprehensiveness
	wellbeing. Findings included factors in the learning environment herein defined.	matters, including students' mental wellbeing.	student mental health are also covered. These include, for example, high risk groups, increased demand for services, and deleterious outcomes. Although key terms are not defined, the article is otherwise comprehensive.
Basson and Rothmann (2019)	Investigated how overload and lecturer support (both of which are conditions in the learning environment herein defined) are associated with undergraduate students' flourishing.	Lead author, Dr. Marietta Basson, is a Senior Lecturer at North-West University in South Africa. This is the second article she has written with a focus on students' flourishing.	Key terms are defined and flourishing is explored as a concept both in and of itself as well as with regard to pathways within the learning environment to flourishing (and languishing). Holistic benefits of flourishing are also explored and the article draws on a wide variety of sources.
Benson and Whitson (2022)	In the context of the potential impact on mental health of the C-19 pandemic, this study investigated factors potentially protective against stress, including perceived adequacy of resources. Participants were mainly undergraduate students. Findings included	Lead author, Olfunke Benson, is a PhD student. This is her first publication. However, the article is co-authored by Professor Melissa Whitson who has published extensively in peer reviewed journals and won awards for her contribution to academia. Both authors are	The article starts with a helpful overview of the C-19 pandemic and its multiple deleterious effects. It also highlights studies which have examined its impact on particular groups and how the study reported in the article builds on this work. It also reports on protective factors against the potential

Author/s & Date (full references are shown after the table)	Relevance	Author Authority	Comprehensiveness
	factors in the learning environment herein defined.	based at the University of New Haven.	harmful effects on students of the pandemic and defines its key terms. The article draws on a wide range of sources.
Bloodgood et al. (2009)	Examined associations between the use of pass-fail grading (a feature of the learning environment) and undergraduate students' mental health (measured in terms of psychological wellbeing).	Dr. Robert Bloodgood, lead author, is Professor of Cell Biology at the University of Virginia's School of Medicine. He has published extensively in peer reviewed journals, including on matters concerning the educational environment of medical students.	Information in this article covers significant topics in the conversation relevant to grading schemes and their potential impact on students' (in this case medical students) mental health. It also addresses the potential pitfalls of pass-fail grading and presents counter arguments. Potential advantages are also conveyed. Other topics pertinent to discussion relevant to students' mental health are also covered.
Dingle et al. (2022)	In the context of the C-19 pandemic, Dingle and colleagues investigated associations between undergraduate students' sense of belonging in the university (naturally includes the learning environment) and good mental health outcomes (as in lower	Lead author, Genevieve Dingle, is Professor of Clinical Psychology and Director of Clinical Psychology Programmes at the University of Queensland. She has previously published in peer reviewed journals on matters	Pertinent issues relevant to the context (C-19) of the study reported in the article are covered as are risk and protective factors relevant to students' mental health, both in the context of C-19 and more generally. Key concepts are defined and explored.

Author/s & Date (full references are shown after the table)	Relevance	Author Authority	Comprehensiveness
	psychological distress and mental wellbeing).	relevant to students' mental health.	
Feng and Zhang (2022)	This study investigated the relationship between peer relationship satisfaction, which has relevance to the learning environment, and students' mental health (measured using the General Health Questionnaire).	Linlin Feng, lead author, works at Shandong Normal University in China. She has authored and co-authored previous publications concerning higher education students. However, it was not possible to ascertain her current role or educational status.	The article covers potential benefits inherent in the learning environment both generally and in terms of students' mental health. It also emphasises international concern regarding students' mental health and possible contributing factors. Other key topics of conversation about student mental health are also covered and the article draws on a wide range of sources.
Gopalan et al. (2022)	This study investigated whether undergraduate students' sense of belonging with their institution (which naturally includes the learning environment herein defined) protects against adverse mental health (measured as symptoms of depression and anxiety).	Maithreyi Gopalan, lead author, is Assistant Professor of Education and Public Policy at Pennsylvania State University. She is also a Social Science Research Institute co-funded faculty member. She has published extensively on a range of topics relevant to education, including higher education.	Key concepts are defined in the article and several factors pertaining to students' sense of belonging, including how this varies across particular groups, are covered. Loneliness and other indicators of lack of sense of belonging are also covered as are the benefits to students of experiencing a sense of belonging with their university.

Author/s & Date (full references are shown after the table)	Relevance	Author Authority	Comprehensiveness
Herrera et al. (2021)	Investigated whether teacher autonomy support (occurs in the learning environment herein defined) is associated with undergraduate students' flourishing.	Lead researcher, Professor Dora Herrera (PhD), works in the psychology department at the Pontifical Catholic University of Peru and is a member of the research group 'Motivation and Emotion'. She has written several (30+) articles across a range of topics, including teaching styles and their relationship with students' flourishing.	The article defines its key concepts of interest and underlying theories and is also comprehensive in its description of challenges faced by music students (all participants were studying music). Other essential topics covered include the potential benefits to students of factors in the learning environment. A wide range of sources are drawn upon.
Lane et al. (2018)	Lane and colleagues surveyed undergraduate students with respect to their preferred teaching practices for wellbeing (understood in terms of the World Health Organization's definition of mental health – see thesis, p.7).	Lead researcher, Kathleen Lane, is educated to master's level and is Programme Leader for a Canadian organisation called 'Well at Work'. Her background is in public health. She has no previous publications. Co-author Professor Steven Barnes, however, is educated to PhD level and is Professor of Teaching and Director of an undergraduate programme in neuroscience. He works at the University of British Columbia and has published several	This article is limited in its comprehensiveness compared to the other articles I selected. Few essential topics relevant to student mental health were covered and few sources - compared to said other articles - were drawn upon. Key concepts were defined, however, and the nature of the study, including the stages involved, were given particular attention. The relevance of the topic of investigation made the article highly pertinent.

Author/s & Date (full references are shown after the table)	Relevance	Author Authority	Comprehensiveness
		articles in peer reviewed journals.	
Larcombe et al. (2013)	This study investigated associations between improvements to undergraduate curriculum and lower levels of anxiety, depression and stress.	See below:	In this article, prevalence of mental health issues affecting the student population is covered as are other issues in the conversation about student mental health. This includes risk and protective factors, for example. The article draws on a very wide range of sources.
Larcombe et al. (2022)	This study explored the extent to which typical course experiences and situational stressors predict (mainly) undergraduate students' scores on measures of wellbeing and psychological distress. Mental health and mental wellbeing were used interchangeably.	Lead author, Associate Professor Wendy Larcombe, is a Principal Fellow with the Centre of the Study of Higher Education, working alongside Professor Chi Baik (above). Her research interest is factors that influence the mental health of students in Australia's universities. She is educated to PhD level and has published widely in the field of student mental health/wellbeing.	This article covers several pertinent topics relevant to student mental health discourse. This includes, for example, that risk factors are similar across institutions and that how to make learning environments more mentally healthy is little understood. It also draws on an extensive range of sources.
Lister et al. (2021)	Lister and colleagues asked students (mainly undergraduate) to recount their	See below:	Several key topics of discussion relevant to the field of student mental health are

Author/s & Date (full references are shown after the table)	Relevance	Author Authority	Comprehensiveness
	<p>university experience with respect to perceived barriers to and enablers of mental health in the distance learning environment. They adopted the WHO definitions of mental health as wellbeing (see thesis p.7). Findings included factors in the learning environment as I define it.</p>		<p>highlighted in this article. Examples include: the contentious nature of terminology; the frequency with which assessment strategies are implicated in mental health problems; and a need to take a 'social model' approach to tackling the student mental health crisis. Key terms are defined and a wide range of sources are drawn upon.</p>
<p>Lister et al. (2023)</p>	<p>This study sought students' views on university barriers to and enablers of student mental wellbeing and suggestions relevant to changes the university could make in the interest of students' mental wellbeing. Whether respondents were undergraduate, postgraduate, or both was not specified. Findings included factors in the learning environment as I define it.</p>	<p>Dr. Kate Lister, lead author, is a Professor of Education and Associate Dean at 'Arden University'. She is a prominent researcher focusing on accessibility, inclusion and wellbeing in higher education. She is also an Expert Associate at Advance Higher Education.</p>	<p>This article is similar to the above in terms of its comprehensiveness. Much the same topics relevant to student mental health are discussed, key terms are explained, and a wide range of sources are used.</p>
<p>McBeath et al. (2018)</p>	<p>Undergraduate students were asked what university factors</p>	<p>Lead author, Margaret McBeath, is a PhD student in</p>	<p>This article is comprehensive in that it covers common topics in</p>

Author/s & Date (full references are shown after the table)	Relevance	Author Authority	Comprehensiveness
	protect students' mental health and wellbeing. Findings included factors in the learning environment herein defined.	the School of Public Health and Health Systems at the University of Waterloo in Canada. She has published eight times in peer reviewed journals focusing on factors relevant to students' mental wellbeing.	discussion relevant to student mental health including, for example, prevalence and risk factors. Further, it covers important topics relating to the protective factors of interest in the study it reports upon. Added to this, key terms are defined and a range of sources are used.
McIntyre et al. (2018)	This study assessed strong identification with university friends (which naturally includes friendships within the context of the learning environment herein defined) as a predictor of lower levels of depression and anxiety. Participants were undergraduate students.	Dr. Jason C. McIntyre, lead author, is a Senior Lecturer in psychology at Liverpool John Moore's University. His research interests lie in the social determinants of mental health and mental health care. He has published widely in peer reviewed journals across a range of mental health related topics.	Several important topics in the conversation about student mental health are covered in this article. These include, for example, how mental health problems are more prevalent in an age group where attending university is becoming more common, demands students face (both within university and more generally), other risk factors, and resilience factors. Key concepts are carefully defined and the article draws on a wide range of sources.
Mokgele and Rothmann (2014)	The focus of this article was understanding the relationship between peer support and	I was unable to retrieve details of the lead author. However, co-author, Professor	The authors discuss several issues of pertinence in the field of student mental health. For

Author/s & Date (full references are shown after the table)	Relevance	Author Authority	Comprehensiveness
	lecturer support and undergraduate students' psychological wellbeing.	Sebastiaan Rothmann (PhD) is Research Director at North-West University, South Africa. He has published extensively including articles relevant to extra-personal influences on mental health and flourishing.	instance, they cover how demanding higher education can be and how students are often unprepared for these demands. Other pertinent topics they discuss include how successful intervention requires a better understanding of study-related factors that predispose students to mental health problems and how student mental health is interdependent with staff mental health. The article draws on a wide variety of sources.
Neufeld and Malin (2020)	This study investigated the relationship between teacher-autonomy support and undergraduate students' psychological wellbeing.	First author, Dr. Adam Neufeld, is a family physician and researcher. His research interest is in self-determination theory with a focus on how best to support motivation, health, and wellbeing within healthcare and educational contexts. He has published extensively in peer reviewed journals. He is affiliated with the University of Calgary.	This article recognises medical students' mental health as an area of increasing concern and emphasises the significance of conditions in students' immediate learning environment to their wellbeing. However, there is little by way of discussion of topics pertinent to student mental health more broadly than within the context of medical education. This said, the article is comprehensive in terms of

Author/s & Date (full references are shown after the table)	Relevance	Author Authority	Comprehensiveness
			what it offers by way of understanding modifiable conditions conducive to mental health in the learning environment.
Oates et al. (2020)	In this study, undergraduate midwifery students were interviewed about their experience of being a midwifery student in terms of their mental wellbeing. Findings included experiences in the learning environment herein defined.	Lead author, Dr. Jennifer Oates, is a Senior Personal Tutor, Lead for Wellbeing, and Senior Teaching Fellow at the University of Surrey. She is an Associate Editor for the Journal of Interprofessional Care and is also on the Editorial Board of the Journal of Mental Health and Psychiatric Nursing. Added to this, she has the role of Expert Representative for Nurse Education for the Royal College of Nursing Mental Health Forum and is a Lay Member of Mental Health Act Tribunals. She has authored and co-authored several publications focused on mental health and wellbeing.	This article is comprehensive in terms of topics covered pertaining to the mental health and wellbeing of midwifery students, which the authors discuss mainly in the context of the mental health of healthcare students. Topics covered include possible reasons why midwifery students are particularly predisposed to mental health issues and policy implications associated with this. The article is particularly comprehensive in its coverage of possible health enhancing factors in students' learning environment and the authors draw on several sources.
Peoples et al. (2023)	Investigated the association between students' sense of belonging to their university	Janiene Peoples, lead author, is a PhD candidate at 'Washington University in	With its main focus on the experiences of Black students, this article provides

Author/s & Date (full references are shown after the table)	Relevance	Author Authority	Comprehensiveness
	and depression levels (students were under and postgraduate).	StLouis'. She is involved in several research projects focusing on mental health and mental health disorders. She has also worked for several years as Well-being Coach helping students improve their health and wellbeing. She has authored and co-authored several publications focused on students' mental health.	comprehensive coverage of issues pertaining both to Black students' mental health as well as the mental health of the student population in its entirety. It considers several key topics in the field, including prevalence and risk and protective factors. Deleterious effects of depression are also covered and the reference list is extensive.
Reed et al. (2011)	Examined associations between curriculum characteristics and undergraduate students' mental wellbeing.	Lead author, Dr. Darcy Reed, is a medical doctor and researcher. Whilst affiliated with 'Mayo-Clinic Rochester', she has worked on several publications published in peer reviewed journals and focusing on undergraduate medical education.	This article covers important topics in the conversation about the use of pass-fail grading as a means of protecting (medical) students' mental health. It also addresses potential drawbacks of using pass-fail grading and presents counter arguments. Important topics relevant to the curriculum and mental health are also covered and the authors draw on a range of sources.
Rohe et al. (2006)	Investigated the relationship between the use of pass-fail	Dr. Daniel Rohe, lead author, is a psychologist who works at	In this article there is comprehensive coverage of the

Author/s & Date (full references are shown after the table)	Relevance	Author Authority	Comprehensiveness
	grading and less perceived stress.	the 'Mayo-Clinic, Rochester'. He has achieved Lifetime Achievement and Excellence Awards for his contribution to Psychology. He has published extensively and has several research interests, including the impact of assessment on students' wellbeing.	deleterious effects of multi-interval grading on medical students' mental health. Other common topics in discussion about medical students' mental health in particular are also covered and the use of pass-fail grading is given careful attention, drawing on a range of sources making the article comprehensive.
Skoglund et al. (2021)	Asked undergraduate students to recount their experiences of student life felt to have contributed to mental health and wellbeing. Findings included factors pertaining to the learning environment as I define it.	Dr. Anne Skoglund, first author, is an Assistant Professor at the 'Norwegian University of Science and Technology'. Both her research and teaching are focused on health-related topics. She has published, as lead author, three articles relevant to students' mental health.	Drawing on an extensive range of sources, this article is comprehensive in its coverage of significant topics in the conversation about student mental health. Examples include risk factors for mental health problems, students as a particularly vulnerable group, and university conditions conducive to students' mental health.
Slavin et al. (2014)	Investigated the relationship between curriculum reforms and better mental health (as in lower levels of anxiety,	Lead author, Dr. Stuart Slavin, is a medical doctor and Vice President for Well-Being with the Accreditation Council for Graduate Medical Education.	Written within the context of medical education and drawing on an extensive range of sources, this article is comprehensive. Topics

Author/s & Date (full references are shown after the table)	Relevance	Author Authority	Comprehensiveness
	depression, and stress) in undergraduate students.	He has published extensively on matters relevant to medical education including its relationship with mental health.	discussed relevant to the field of medical students' mental health include, for example, their particular vulnerability to mental health problems (thought to be on account of the demands of medical education), types of mental health problems medical students are susceptible to and matters relevant to intervention.
Sohrabi et al. (2019)	Investigated associations between curriculum reforms and good mental health (lower levels of psychological distress) in undergraduate students.	First author, Mohammad-Reza Sohrabi of 'Shahid Beheshti University of Medical Sciences', Iran, is a Professor of Community Medicine and Editor in Chief of the peer-reviewed journal, 'Social Determinants of Health'. He has published extensively across a range of topic pertaining to determinants of health.	Relative to some of the other articles I used, this one draws on fewer sources and is generally less comprehensive. However, it emphasises important topics in medical student mental health discourse including, for example, prevalence of mental health problems in medical students compared to other undergraduate students and the general population. It also highlights a dearth in literature pertaining to how medical education could be improved in the interest of mental health.

Author/s & Date (full references are shown after the table)	Relevance	Author Authority	Comprehensiveness
			Due to its relevance and author credibility, I deemed the article a credible source for my purposes.
Townes O'Brien et al. (2011)	Asked participants (undergraduate students and also staff) to reimagine the learning environment (law school) as more conducive to students' wellbeing. Used wellbeing and psychological wellbeing interchangeably. Findings included factors in the learning environment as I define it.	First author, Molly Townes O'Brien, is an Honorary Associate Professor at 'Australian National University' and Senior Fellow of the Higher Education Association. She has published extensively on matters relevant to students' mental wellbeing in the context of the educational environment.	Located in legal education, this article draws on a wide range of sources and is comprehensive in its coverage of potential intra and extra-personal contributing factors to increasing rates of depressive symptoms in law students.
Volstad et al. (2020)	Asked undergraduate students to recount their experiences of flourishing during their transition to student life. Findings included factors in the learning environment herein defined as contributing to flourishing.	Dr. Christina Volstad, first author, is a Mental Health Nurse Clinician and is affiliated with Alberta Health Services (Calgary, Canada). She has published several papers on students mental health and wellbeing (flourishing).	Drawing on an extensive range of sources, this article is comprehensive in its coverage of significant topics in the conversation about student mental health. Examples include prevalence of student mental health problems, risk factors, and the need to focus on university-related factors that keep students well.
Weston et al. (2017)	Asked students to identify university-related factors they	Lead author, Professor Jenny Weston is Dean of Veterinary	Written within the context of veterinary education, this

Author/s & Date (full references are shown after the table)	Relevance	Author Authority	Comprehensiveness
	felt protected them against stress. Whether students were under or postgraduate was not specified. Findings included factors in the learning environment as I define it.	Medicine at 'Massey University', New Zealand. Among her research interests are wellbeing in the context of veterinary education.	article draws on a wide range of literature and is thorough in its coverage of topics relevant to student mental health discourse. For example, it highlights veterinary students as an at-risk group and puts forward both intra and extra-personal possible reasons why. Further, it highlights how students on other health profession courses are also more at-risk and how this is related both to study and non-study factors.

References

- AlFaris, E. A., Naeem, N., Irfan, F., Qureshi, R., & van der Vleuten. (2014). Student centered curricular elements are associated with healthier educational environment and lower depressive symptoms in medical students. *BMC Medical Education*, 14(1), 192-192. <https://doi.org/10.1186/1472-6920-14-192>
- Aruah, D. E., Emeka, O. M., Eze, V. O., Okonkwo, U. U., & Agbo, G. C. (2020). Perspectives of college students on the causes and prevention of suicide in Nigerian universities. *Journal of Psychology in Africa*, 30(6), 542-550. <https://doi.org/10.1080/14330237.2020.1842592>
- Baik, C., Larcombe, W., & Brooker, A. (2019). How universities can enhance student mental wellbeing: the student perspective. *Higher Education Research & Development*, 38(4), 674-687. <https://doi.org/10.1080/07294360.2019.1576596>

- Basson, M., & Rothmann, S. (2019). Pathways to flourishing among pharmacy students: the role of study demands and lecturer support. *Journal of Psychology in Africa*, 29(4), 338-345. <https://doi.org/10.1080/14330237.2019.1647953>
- Benson, O. M., & Whitson, M. L. (2021). The protective role of sense of community and access to resources on college student stress and COVID-19-related daily life disruptions. *Journal of Community Psychology*, 50(6) 2746-2764. <https://doi.org/10.1002/jcop.22817>
- Bloodgood, R. A., Short, J. G., Jackson, J. M., & Martindale, J. R. (2009). A change to pass/fail grading in the first two years at one medical school results in improved psychological wellbeing. *Academic Medicine*, 84(5), 655-662. <https://doi.org/10.1097/ACM.0b013e31819f6d78>
- Dingle, G. A., Han, R., & Carlyle, M. (2022). Loneliness, belonging, and mental health in Australian university students pre- and post-COVID-19. *Behaviour Change*, 39, 146-156. <https://doi.org/10.1017/beh.2022.6>
- Feng, L., & Zhang, L. (2022). Perceived teacher support, peer relationship, and university students' mental health: the mediation of reality and internet altruistic behaviors. *Frontiers in Psychology*, 13, 999524. <https://doi.org/10.3389/fpsyg.2022.999524>
- Gopalan, M., Linden-Carmichael, A., & Lanza, S. (2022). College students' sense of belonging and mental health amidst the COVID-19 pandemic. *Journal of Adolescent Health*, 70(2), 228-233. <https://doi.org/10.1016/j.jadohealth.2021.10.010>
- Herrera, D., Matos, L., Gargurevich, R., Lira, B., & Valenzuela, R. (2021). Context matters: teaching styles and basic psychological needs predicting flourishing and perfectionism in university music students. *Frontiers in Psychology*, 12, 623312. <https://doi.org/10.3389/fpsyg.2021.623312>
- Lane, K., Teng, M. Y., Barnes, S. J., Moore, K., Smith, K., & Lee, M. (2018). Using appreciative inquiry to understand the role of teaching practices in student well-being at a research-intensive university. *The Canadian Journal for the Scholarship of Teaching and Learning*, 9(2). <https://doi.org/10.5206/cjsotl-rcacea.2018.2.10>
- Larcombe, W., Baik, C., & Finch, S. (2022). Exploring course experiences that predict psychological distress and mental wellbeing in Australian undergraduate coursework students. *Higher Education Research & Development*, 41(2), 420-435. <https://doi.org/10.1080/07294360.2020.1865284>

- Larcombe, W., Tumbaga, L., Malkin, I., Nicholson, P., & Tokatlidis, O. (2013). Does an improved experience of law school protect students against depression, anxiety and stress? An empirical study of wellbeing and the law school experience of LLB and JD students. *Sydney Law Review*, 35(2), 407-432. <http://dx.doi.org/10.2139/ssrn.2147547>
- Lister, K., Andrews, K., Buxton, J., Douce, C., & Seale, J. (2023). Assessment, life circumstances, curriculum and skills: barriers and enablers to student mental wellbeing in distance learning. *Frontiers in Psychology*, 14, 1076985. <https://doi.org/10.3389/fpsyg.2023.1076985>
- Lister, K., Seale, J., & Douce, C. (2021). Mental health in distance learning: a taxonomy of barriers and enablers to students mental wellbeing. *Open Learning: The Journal of Open, Distance and e-Learning*, 102-116. <https://doi.org/10.1080/02680513.2021.1899907>
- McBeath, M., Drysdale, M. T. B., & Bohn, N. (2018). Work-integrated learning and the importance of peer support and sense of belonging. *Education + Training*, 60(1), 39-53. <https://doi.org/10.1108/ET-05-2017-0070>
- McIntyre, J. C., Worsley, J., Corcoran, R., Woods, P. H., & Bentall, R. P. (2018). Academic and non-academic predictors of student psychological distress; the role of social identity and loneliness. *Journal of Mental Health*, 27(3), 230-239. <https://doi.org/10.1080/09638237.2018.1437608>
- Mokgele, K. R. F., & Rothmann, S. (2014). A structural model of student wellbeing. *South African Journal of Psychology*, 44(4), 514-527. <https://doi.org/10.1177/0081246314541589>
- Neufeld, A., & Malin, G. (2020). How medical students' perceptions of instructor autonomy-support mediate their motivation and psychological well-being. *Medical Teacher*, 42(6), 650-656. <https://doi.org/10.1080/0142159X.2020.1726308>
- Oates, J., Topping, A., Watts, K., Charles, P., Hunter, C., & Arias, T. (2020). 'The rollercoaster': a qualitative study of midwifery students' experiences affecting their mental wellbeing. *Midwifery*, 88, 102735-102735. <https://doi.org/10.1016/j.midw.2020.102735>
- Peoples, J. E., Butler-Barnes, S. T., Stafford, J. D., Williams, S., & Smith, I. (2023). Exploring the association between mental health climate and depression: the protective role of positive mental health and sense of belonging among Black college students. *Journal of American College Health*, 1-12. <https://doi.org/10.1080/07448481.2022.2155466>

- Reed, D. A., Shanafelt, T. D., Satele, D. W., Power, D. V., Eacker, A., Harper, W., Moutier, C., Durning, S., Massie, F. S., Thomas, M. R., Sloan, J., & Dyrbye, L. N. (2011). Relationship of pass/fail grading and curriculum structure with well-being among preclinical medical students: a multi institutional study. *Academic Medicine*, 86(11), 1367-1373. <https://doi.org/10.1097/ACM.0b013e3182305d81>
- Rohe, D. E., Barrier, P. A., Clark, M. M., Cook, D. A., Vickers, K. S., & Decker, P. A. (2006). The benefits of pass-fail grading on stress, mood, and group cohesion in medical students. *Mayo Clinic Proceedings*, 81(11), 1443-1448. <https://doi.org/10.4065/81.11.1443>
- Skoglund, A., Batt-Rawden, K. B., Shröder, A., & Moen, Ø. L. (2021). Perception of student life as promoting mental health and wellbeing. A study of first-year students in a Norwegian university. *International Journal of Mental Health Promotion*, 23(4), 487-497. <https://doi.org/10.32604/IJMHP.2021.016199>
- Slavin, S. J., Schindler, D. L., & Chibnall, J. T. (2014). Medical student mental health 3.0: improving student wellness through curricular changes. *Academic Medicine*, 89(4), 573-577. <https://doi.org/10.1097/ACM.000000000000166>
- Sohrabi, M. R., Malih, N., Karimi, H. R., & Hajhashemi, Z. (2019). Effect of general medical degree curricular change on mental health of medical students: a concurrent controlled educational trial. *Iran Journal of Psychiatry*, 14(1), 40-46. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6505047/#:~:text=Conclusion%3A%20The%20results%20revealed%20that,health%20status%20of%20medical%20students>
- Townes O'Brien, M., Tang, S., & Hall, K. (2011). Changing our thinking: empirical research on law student wellbeing, thinking styles and the law curriculum. *Legal Education Review*, 21(2), 149-182. <https://doi.org/10.53300/001c.6247>
- Volstad, C., Hughes, J., Jakubec, S., Flessati, L., Jackson, L., & Martin-Misener, R. (2020). "You have to be okay with okay": experiences of flourishing among university students transitioning directly from high school. *International Journal of Qualitative Studies on Health and Well-being*, 15(1), 1834259. <https://doi.org/10.1080/17482631.2020.1834259>
- Weston, J. F., Gardner, D., & Yeung, P. (2017). Stressors and protective factors among veterinary students in New Zealand. *Journal of Veterinary Medical Education*, 44(1), 22-28. <https://doi.org/10.3138/jvme.0116-014R1>

Appendix C. Salutogenesis Model Key

Arrow A: Life experiences shape the sense of coherence.

Arrow B: Stressors affect the generalised resistance resources at one's disposal.

Line C: By definition, a GRR provides one with sets of meaningful, coherent life experiences.

Arrow D: A strong sense of coherence mobilises the GRRs and SRRs at one's disposal.

Arrow E: Childrearing patterns, social role complexes, idiosyncratic factors, and chance build up GRRs.

Arrow F: The sources of GRRs also create stressors.

Arrow G: Traumatic physical and biochemical stressors affect health status directly; health status affects extent of exposure to psychosocial stressors.

Arrow H: Physical and biochemical stressors interact with endogenic pathogens and "weak links" and with stress to affect health status.

Arrow I: Public and private health measures avoid or neutralise stressors.

Line J: A strong sense of coherence, mobilising GRRs and SRRs, avoids stressors.

Line K: A strong sense of coherence, mobilising GRRs and SRRs, defines stimuli and non-stressors.

Arrow L: Ubiquitous stressors create a state of tension.

Arrow M: The mobilised GRRs (and SRRs) interact with the state of tension and manage a holding action and the overcoming of stressors.

Arrow N: Successful tension management strengthens the sense of coherence.

Arrow O: Successful tension management maintains one's place on the health ease/dis-ease continuum.

Arrow P: Interaction between the state of stress and pathogens and "weak links" negatively affects health status.

Arrow Q: Stress is a general precursor that interacts with the existing potential endogenic and exogenic pathogens and "weak links."

Arrow R: Good health status facilitates the acquisition of other GRRs.

(Antonovsky, 1979, as cited in Mittelmark & Bauer, 2017, p.9)

Appendix D. Research Information Flyer

You are no doubt aware that university study can contribute to poor mental health! Wouldn't it be great if we could find out how it might do the exact opposite, by contributing instead to good mental health.....

I want to recruit 20 third-year students to help me explore this possibility.....Would you be interested?

Your participation would involve:

- An introductory meeting (online) with me so we can meet prior to the research, and I can answer any question you may have
- One, possibly two, online research interviews with me to discuss your views about:
 1. Aspects of university study you feel were mentally healthy
 2. Aspects of university study that you feel could be mentally healthy

If you are interested in taking part:

- Please complete the expression of interest form in the email from your course leader.
- Using your SHU account, send it to me at: Pamela.E.Dewis@student.shu.ac.uk by **January 5th, 2021**
- From the expressions of interest I get, I will select 20 students. Selection will be based on achieving as diverse a sample as possible so that a variety of positions in relation to the research topic can be represented Therefore, expression of interest does not guarantee participation.
- Selected students will receive details about the research before being asked if they wish to consent.

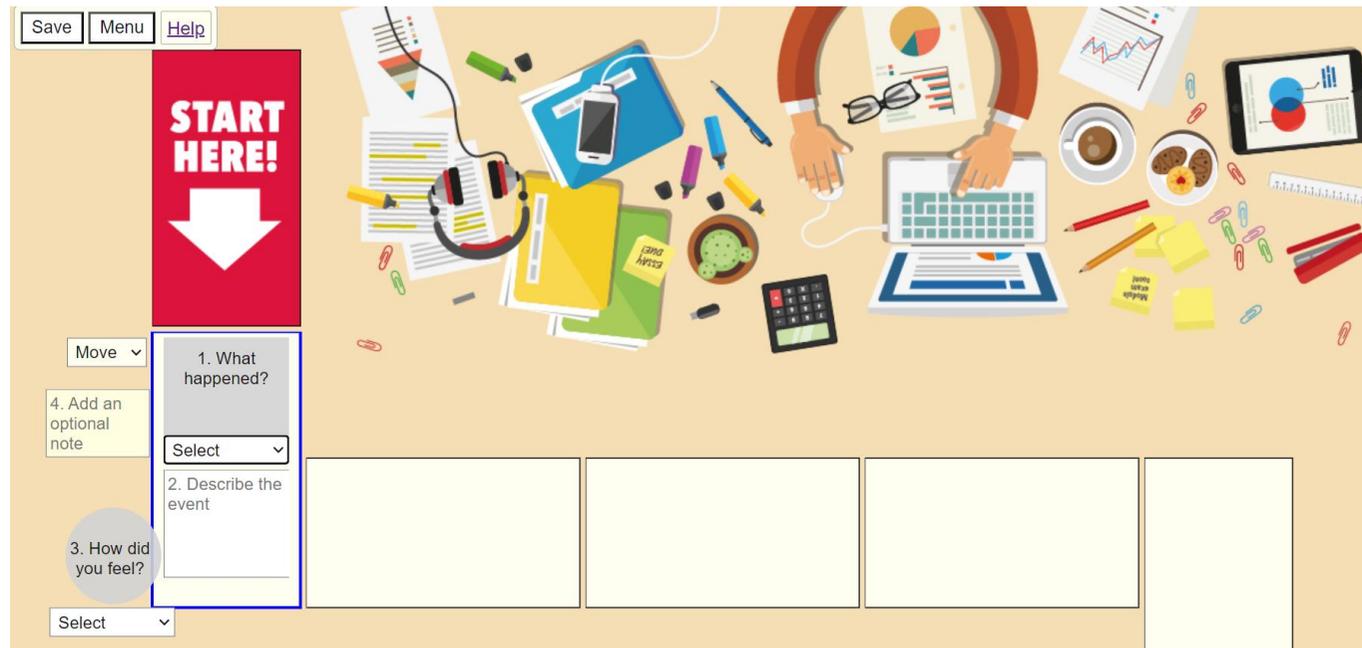
IMPORTANT!!

Expressing an interest in this research is entirely optional and not to do so will not reflect badly upon you in any way, shape, or form!!

The research will commence towards the end of January 2021 and will take place online (using Zoom).

Thank you for taking the time to read this!!

Appendix E. Coughlan et al's. (2019) 'Our Journey' Tool



This tool provides a means for students to narrate aspects of their study journey. It includes a journey board and a wide range of events ('what happened?') students can choose from, add to the board and reflect upon. The aim is to generate narrative relevant to different aspects of the student journey. Event-types cover the student journey in its broadest sense, including modules studied, assessment, moving home, and so on. The final stage involves reflection, where students consider the impact of each of the chosen events (they can select emojis to illustrate feelings in this regard – 'How did this make you feel?'). When utilised for the purposes of research interviews, 'Our Journey, involves asking students to provide verbal narrative which the interviewer records as they listen. The completed representation of the student's experience then provides a useful visual representation that can be revisited, reflected upon and used to direct further questioning (Coughlan et al., 2019). Link to the 'Our Journey' tool - <https://iet-ou.github.io/our-journey/tool/>

Appendix F. The Our Journey Drop-Down Menu

The 'What happened'? drop-down menu in the 'Our Journey' tool includes the following options:

Figuring things out: Considering study; Finding information; Registering; Admin and forms; Communication; Study goal.

Study: Assessment; Due dates; Low scores; Milestones; Study experience; Study support.

Positives: Achievement; confidence boost; Peer support; Study success

Challenges: Barrier; Help needed; High pressure; Lost direction; No support; Problem; Time lost.

Life: Break from study; Finances; Jobs and employment; Low energy; Moving home; Repetition.

Appendix G. Pilot Study Interview Schedule

Assessment of the Suitability of the 'Our Journey' Tool

- 1) What are your thoughts in relation to the 'Our Journey' tool as a means of reflecting on the student journey?

Prompts: *Anything you particularly liked? If so, what did you like about this? Anything you particularly disliked? If so, what did you dislike about this?*

- 2) What are your thoughts in terms of its user-friendliness?

Prompts: *Engaging? If so, what was engaging? If not, why not? Clear/easy to understand? If so, what made it clear? If not, why not? Time taken?*

- 3) What are your thoughts in relation to its usefulness for my research? *Do you need me to remind you what the focus of this is?*

Prompts: *Prompting recollection? Stimulating relevant story telling in relation to the chosen events? Suitability of event cards?*

Appendix H. Segment of Immersion Memoing

Alice's experiences:

22/12/2021

Low score, well not really...

Alice selects low scores as her first topic of discussion. Like Niamh, Alice aspires to achieve a first-class degree. The low score she refers to is a mark of 64. She acknowledges the high bench mark she has set herself and how as a result she considers a mark of 64 to be low. She explains how upset she was at first receiving the mark in question and how she came round to thinking, don't dwell on this, just learn from it. On prompting, Alice talks about the inevitability of disappointment and the importance of bouncing back, being resilient (so much for the students are snowflake argument). However, related to this, on page 14 of the interview transcript, she mentions knowing students who don't take responsibility for their learning, instead just complaining that they don't know how to do things rather than seeking support. I can't say I've noticed this attitude in any of my participants which is not to deny Alice's view.

Alice also mentions how fear of failure is an issue for students, and that this originates in school. She says how failing an assignment would mean the end of the world for her, she couldn't dream of it...

She also talks about how university study is more independent meaning there's less support generally, that support is there but has to be sought.

Peer support

Alice selects peer support as her second topic of discussion. In contrast to Niamh, she describes a positive experience of working in a group with supportive peers. I should have asked if she was referring to assessed groupwork given this is what Niamh was referring to but I missed the opportunity. Ah well, moving on, she makes a point of the importance of support from her friends at uni and how she would struggle without them. I ask her if she's witnessed students who don't seem to have friends, and action on the part of academics to counter these situations. She has witnessed this and has experienced academics who deliberately allocate students to non-friendship groups sometimes and says that she has experienced this working. She moves on to online learning and surprisingly says that, compared to other students, she enjoys being in the breakout rooms but struggles with the internet lag's impact on communication.

I tell her it's nice to hear about her experiences and she responds that it's nice to reflect on her university experience, especially in the final year.

Due dates:

Like Niamh, Alice selects to discuss due dates. However, she's more positive about them, finds them motivating. She talks about submitting work for formative feedback as breaking the task down and providing structure. Niamh mentioned breaking the task down as helpful too. I think it was when she was talking about the supportive academic.

Alice does have a problem with due dates though, and Niamh raised this too. They both referred to material needed for assessment tasks not having been covered in time for the due date. She also doesn't like the fact they're often close together. She responds quickly when I ask her how she would manage them if she were in charge – I find myself impressed by how quickly both she and Niamh come up with alternatives. Is it because they've already pondered these issues I wonder or maybe talked about how they would prefer things were managed – I wish I'd asked at the time. It would have given me more of a sense of how much they are affected by the issues they raise.

Confidence boost

Next Alice tells me about an experience that boosted her confidence whilst at university. It applies to doing particularly well on an excel course attached to one of her modules. Discussing how this will add to her CV moves us on to discussing employability on the course. She says it's optional how much of that they engage in but that she hasn't done much because she's focused this year or "getting the grades". She mentions a few employability related things on her course though, and says they were helpful and made her excited for the future. Next, she talks about a central service. This isn't relevant but I felt it would be rude and a put-down to tell her not to talk about it, and there are pertinent points that arise from the discussion as it pans out.

Not seeing people

As the interview draws to a close, Alice laments being on campus. She misses seeing people face to face and the informal chit chat with fellow students and with staff. It's not the same online nor on campus come to that. The restrictions – windows open, freezing cold – have made it miserable.

Appendix I. Initial List of Codes

FEELING SUPPORTED 1/1, 1/3, 1/4, 1/6, 1/75, 1/97, 2/9, 2/34, 2/71, 3/80, 3/83, 3/85, 4/31, 5/3, 5/26, 5/31, 5/33, 6/10, 6/11, 6/15, 6/22, 6/29, 6/31, 6/32, 8/51, 8/70, 9/1, 9/4, 9/40, 9/53, 10/1, 11/3, 12/15, 12/27, 12/41, 12/47, 12/57, 12/63, P/5, P/10, P/25, 1/16, 3/58, 4/47, 7/14, 12/2, 12/13, 12/25, P/31, P/33, P/35

PROBLEMATIC 3/5, 3/29, 3/31, 3/51

ACADEMICS CHECKING-IN 1/5, 1/7, 1/38, 1/81, 3/81, 5/19, 8/45, 8/49, 8/65, 9/3, 9/6, 9/7, 9/13, P/8

FEELING PRESSURED 1/62, 9/44, 11/8, 12/76

PREFERRING ON CAMPUS 1/10, 1/30, 1/31, 1/41a, 1/43, 1/55, 1/56, 1/60, 1/96, 1/115, 2/75, 2/76, 2/78, 2/85, 2/89, 2/91, 4/4, 4/10, 4/49, 4/51, 5/34, 6/12, 6/17, 7/43, 8/68, 10/55, 11/25, 12/8, 12/52, 12/53, 12/74

STRUGGLING 1/77, 2/12, 2/33, 2/66, 3/47, 4/40, 4/41, 4/50, 4/52, 5/1, 5/36, 5/52, 8/28, 9/32, 9/46, 9/58, 10/53, 12/18, 12/55, 12/61, 12/75, 12/80, P/29

COULD BE MORE TIMELY 2/31

SIGNPOSTING 2/64, 2/68, 4/32, 8/29, 8/37, 8/52, P/26, 9/14, 4/16, 5/12

GETTING CLARIFICATION 2/3, 4/28, 5/17, 6/21, 6/23, 7/2, 5/41

HEAVY WORKLOAD 1/65, 1/98, 2/11, 2/13, 2/32, 2/33, 2/42, 2/43, 2/46, 2/56, 3/54, 3/59, 3/70, 5/51, 5/53, 6/7, 8/13, 9/43, 9/49, 9/50, 9/54, 9/60, 12/3, 12/78

ADDITIONAL DEMAND 1/61, 1/66, 3/15, 3/17, 3/32, 3/37, 8/25, 8/30, 9/33, 9/36, 12/73, P/4, P/6

NOT ABLE TO APPROACH ACADEMIC 1/93, 1/95

VALUING SUPPORT 2/15, 2/27, 3/88, 9/2, 9/5, 9/15, 9/17, 12/90, 1/2, 9/18, 12/33, 9/14, 11/5, 8/52, 4/47, P/9

POSITIVE EXPERIENCE 2/67

HELPFUL 2/70, 9/74

FEELING DEFLATED 1/113

FEELING LISTENED TO 3/78, 3/82, 3/84, 12/59

VALUING GUIDANCE 2/30, 2/49, 4/14, 6/27, 3/87, 5/15, 9/25, 5/7, 8/26, 9/68, 9/81, 9/61, 5/20

VALUING ACADEMICS CHECKING-IN 1/83, 1/38

FEELING CONFUSED 1/57, 1/69, 2/63, 3/14, 3/42, 3/69, 4/18, 4/19, 4/21, 4/23, 4/25, 5/9, 9/78, 10/19, 4/13, 4/24, 6/13, 7/53, 9/34, 9/82, P/2, 4/35, 4/36, 5/8, 5/10, 6/4, 6/19, 7/3, 8/35, 8/67, 5/40, 5/48, 2/77, 9/77, 9/84, 9/86, 7/54

FEELING RECOGNISED 3/88

KNOWING ACADEMICS 1/80, 5/18, 8/44, 8/63, 8/71, 9/11, 12/31, 8/79

NOT KNOWING ACADEMICS 8/41, 8/78, 8/39

VALUING KNOWING ACADEMICS 8/76, 8/79, 9/12, 8/74, 8/77, 8/53, 5/24, 1/84

GIVEN GUIDANCE 9/80, 9/81, 4/17, 5/2, 3/79, 4/27, 5/20, 4/53, 7/2

FEELING IGNORED 1/105, 3/33, 3/34, 8/82, 8/83

INTIMATE WITH ACADEMICS 1/32, 1/46, 1/88, 7/40, 8/46, 8/64, 8/66, 8/73, 9/9, 12/29

VALUING INTIMACY WITH ACADEMICS 1/91, 5/21, 5/23, 7/41, 8/81, 10/36

FEELING RESPECTED 7/42, 7/36, 7/38
VALUING FEELING RESPECTED 7/42
VALUING APPROACHABLE ACADEMICS P/24, P/28
VALUING FLEXIBILITY 10/37
ACADEMICS TAKING AN INTEREST 8/49
HELPING EACH OTHER 1/16, 5/30, 6/24, 12/102, 9/30, 2/14, 8/19, 5/46, 6/25, 12/55
MIXED FEELINGS ABOUT ONLINE 1/59
NOT FEELING LISTENED TO 3/30, 3/40, 4/34
NOT FEELING RESPECTED 7/37, 8/84, 8/86
ACADEMICS HIDING ANNOYANCE 11/13
VALUING CONTINUITY 5/22, 5/25, 5/29
GIVEN SHORT SHRIFT 3/74, 3/22
FEELING CRITICISED 5/16
NOT RATING ACADEMICS 1/92, 2/37, 7/17, 7/30, 11/22, 9/81, 10/43
ABLE TO APPROACH ACADEMIC 6/16, 8/47, 8/50, 9/8, P/27
VALUING STRUCTURED ROUTINE 1/8
ABLE TO ACCESS INFORMATION P/15
VALUING INTERACTION 1/34, 1/49, 1/53, 1/86, 1/87, 2/90, 1/45, 10/35, 12/6, 12/98
NOT FEELING SUPPORTED 1/94, 2/6, 2/66, 3/76, 4/33, 8/40, 8/43, 8/69, 10/7, 10/16, 12/32, 2/40, 3/86
ACADEMICS NOT CHECKING-IN 1/39, 1/82, 8/48, 10/27
VALUING CHOICE 7/59, 7/61, 7/62, 10/41, 10/47, 11/2, 11/24, 11/36, P/14
GIVEN AUTONOMY 2/8, 12/48
VALUING AUTONOMY 11/12
FREQUENT CHANGES 1/23
HIGHLY RATING AN ACADEMIC 1/37, 1/79, 1/87, 2/36, 3/77, 3/89, 4/26, 6/2, 6/14, 7/16, 7/18, 7/28, 7/35, 7/39, 8/36, 8/38, 8/42, 8/55, 8/56, 8/58, 8/72, 8/75, 8/80, 11/21, 12/10, 12/50, 12/83, 9/81, 8/34, 8/54
FEELING HAPPY 8/85, 9/42
PART OF A SOCIABLE GROUP 1/11, 1/73, 12/100
FEELING UNDERSTOOD 12/28, 12/34, 12/37, 12/86, P/7, P/11, P/13, 12/30, 12/84
MAKING FRIENDS 1/72, 2/21, 6/1, 6/39, 8/20, 9/20, 9/26, 9/28, 12/42, 10/32
VALUING UNI FRIENDS 1/15, 1/71, 1/74, 2/17, 2/18, 2/83, 6/35, 1/9, 1/42, 6/34, 8/61, 9/21, 12/89, 12/91, 12/40, 12/64, 2/72
VALUING FEELING UNDERSTOOD 12/85, P/12
ENCOURAGING ACADEMICS 7/33, 12/87
VALUING ENCOURAGEMENT 3/75

HIGH EXPECTATIONS 2/5, 2/39, 3/26, 3/53, 3/72, 6/3, 7/32
FEELING AWKWARD, 5/37, 7/48, 10/25, 11/29
FEELING UPSET 2/2, 2/10, 10/18, 12/16, 12/17, 12/21, 12/46. P/30, P/34
PRECLUDING FRIENDSHIP 10/24, 10/28, 2/22
FEELING MISUNDERSTOOD 3/25, P/19, P/21, 3/53
FEELING ANGRY 1/102, 1/107, 3/43, 8/59, 10/42
FEELING TRAUMATISED 10/23
FEELING FRUSTRATED 3/39, 3/41, 7/12
HAVING FRIENDS 2/16, 7/52
BEING WITH FRIENDS 2/23
HELP TO MAKE FRIENDS 9/30, 10/4, 10/5, 12/49, 2/19
VALUING HELP TO MAKE FRIENDS 2/20, 10/2, 10/6, 10/36, 12/49, 9/41
ENABLING CONNECTEDNESS 10/3, 10/11, 10/10, 4/2, 12/38
VALUING SMALL GROUPS 12/44
SOMETHING NEW 12/66
NEGATIVE EFFECT 2/44
GOOD OUTCOME 2/55, 2/58, 2/61
KNOWING FELLOW STUDENTS 1/12, 5/28
FEELING CONNECTED 10/12, 12/39, 12/43, 12/99, 12/101
NOT FEELING CONNECTED 10/13
LIMITED GROUP COHESION 2/23
LOSING BOND 1/33
LOSING INTIMACY WITH ACADEMICS 1/47
INSTILLING HOPE 5/32
COULD OPEN UP 6/30
INSTILLING EXCITEMENT 2/62
FEELING EXCITED 6/20
CONFIDENCE BOOST 2/11, 2/59
FEELING PROUD 2/60, 2/68
MANAGEABLE 7/1, 8/6, 9/51, 12/4
BEING WITH STRANGERS 12/95
INTERESTING 1/70, 9/85, 10/9, 11/32, 11/35
MOTIVATING 1/91, 2/26, 2/29, 2/45, 1/54 8/17, 8/22, 8/23, 8/33, 9/89, 12/88
LESS PRESSURE 8/5, 9/72, 4/47
LESS STRESSFUL 8/12, 8/15
NEEDING SUPPORT 5/5

NOT SUPPORTED TO MAKE FRIENDS 10/5
VALUING SUPPORT FROM FRIENDS 6/18
LIMITED DIRECTION 1/21, 1/25, 1/58, 1/104, 3/62
NOT GETTING CLARIFICATION P/3, 4/37, 4/39
FEELING ILL PREPARED 2/4, 4/12, 4/15, 5/13
UNINSPIRING 1/19, 1/28, 7/56, 1/99, 1/100, 11/20
NOT ENJOYABLE 9/30, 11/33
FEELING BORED 7/11, 7/23, 7/44, 7/46, 7/55, 4/45
NOT MUCH HAPPENING 11/10
NOTHING STOOD OUT 7/56
A LOT OF THE SAME 3/7
NOT MOTIVATING 7/27
DEMOTIVATING 1/89, 1/108, 1/110, 2/1, 2/80, 4/42, 4/45, 5/35, 5/38, 5/42, 8/24
FELT TO BE IRRELEVANT 1/101
DISAPPOINTING 2/76, 4/11
NOT USEFUL 7/13, 4/38, 7/15, 10/54
FEELING LET DOWN 1/20, 1/22, 1/29, 1/65, 1/103, 1/110, 4/40, 4/48, 10/17, 10/19 10/20, 3/36
MISSING OUT 1/67, 2/79, 4/43, 4/44, 5/39, 5/43, 12/51, 12/54, 12/56
LOSING OUT 8/60, 12/35
WASTED EFFORT 1/24
DISLIKED TEACHING PRACTICE 7/9, 7/25
DISLIKED ASSESSMENT PRACTICE 8/1
NOT IN CONTROL 3/4, 3/36
IN CONTROL 7/6
DEEMED UNFAIR, 3/18, 3/20, 3/21, 3/28, 3/44
DRAINING 1/41, 1/48
SEEING THE RELEVANCE 3/19, 3/49, 4/7
FEELING OVERLOADED 5/50, P/18
FEELING OVERWHELMED 3/38, 3/57, 3/60, 3/64, 3/66, 5/8, 5/14, 5/40, 5/44, 7/24, 8/18, 12/71, P/1, P/16
NEEDING MORE TIME 1/64, 9/35, 12/12, 12/72
FEELING PREOCCUPIED 3/65, 3/68, 3/71, 3/73, 6/5, 6/8, 9/56
CHALLENGING 1/13, 1/17,1/98, 2/65, 3/3, 3/12, 3/16, 5/4, 5/47, 6/26, 6/41, 7/6, 8/27, 8/32, 9/75, 9/79, 10/34, 10/31, 12/5, 12/22, 12/79, P/22
INTSTILLING FEAR 1/52, 1/85, 7/29, 7/31, 7/34, 10/14, 10/20, 10/30, 10/51
NOT CONTRIBUTING 3/2
STRESSFUL, 1/78, 3/1, 3/6, 9/29

LIMITED CONTACT HOURS 7/45

FEELING STRESSED 1/63, 1/68, 2/35, 2/47, 3/35, 3/45, 3/63, 3/67, 5/9, 6/7, 7/4, 9/23, 9/37, 9/47, 9/48, 9/57, 9/62, 9/69, 9/70, 9/76, 9/83, 9/88, 9/90

DEEMED HARMFUL TO MENTAL HEALTH 1/40, 1/96, 1/111, 2/48, 2/81, 2/86, 3/46, 3/48, 4/41, 4/52, 5/11

BAD EXPERIENCE 3/10

FEELING HINDERED 12/20

FEELING ANXIOUS 3/9, 3/11, 4/3, 6/24, 10/15, 10/21, 10/29, 10/49, 11/15, 12/19, 12/70, 12/94, P/32

NOT TIMELY 1/106, 2/41, 2/50, 3/50, 3/52, 3/55, 3/56, 6/28

PRECLUDING INTERACTION 1/14, 1/35, 1/36, 1/51, 2/24, 2/25, 2/73, 4/3, 4/5, 6/38, 7/10, 7/47, 7/50, 8/62, 9/31, 9/39, 11/27, 12/7, 12/97

NOT MINDING ONLINE 7/43, 11/26, 11/31

NOT MINDING BREAKOUT 6/36, 6/37, 12/62

VALUED ASSESSMENT PRACTICE 1/109, 2/52, 3/8, 4/8, 4/9, 4/46, 7/7, 8/2, 8/4, 8/7, 8/8, 8/9, 8/10, 8/11, 8/14, 8/57, 9/10, 9/24, 9/45, 9/50, 9/52, 9/54a, 9/63, 9/64, 9/65, 9/66, 9/67, 9/68, 9/71, 9/73, 11/19, 11/37, 12/23, 12/24, 12/65, 12/67, 12/69, 12/77, 12/92

VALUED TEACHING PRACTICE 1/18, 1/26, 2/23, 2/88, 2/87, 3/27, 4/1, 4/30, 7/19, 7/26, 7/51, 8/31, 8/87, 9/19, 9/22, 9/27, 9/30, 10/31, 10/55, 11/17, 11/18, 11/28, 11/30, 11/34, 12/9, 12/93

BENEFITTING FROM CHALLENGE 4/20, 4/22, 4/29, 12/81, 12/82, 12/96, P/36

VALUING CHALLENGE 11/9, 11/14

RATING THE CURRICULUM 2/53, 2/54, 2/57, 6/33, 7/58, 9/59, 9/87, 9/87, 10/38, 10/44, 10/46, 10/48, 10/50, 10/52, 10/56, 11/1, 11/4, 11/16, 12/14

VALUING PERIODS OF CALM 11/11

TIMELY 2/51, 7/5, 12/1, P/17

VALUING TIMELINESS P/20, P/23

GIVEN A SAY 3/13, 12/58

GIVEN CHOICE 7/60, 10/8, 10/40, 11/23

Appendix J. Candidate Themes and Subthemes

CARED FOR AND RESPECTED

SUPPORTIVE

FEELING SUPPORTED BY STAFF MEMBER/S 1/1, 1/3, 1/4, 1/6, 1/97, 2/9, 2/34, 3/58, 3/79a, 3/80, 3/83, 3/85, 4/31, 4/47, 5/3, 5/26, 5/33, 6/10, 6/11, 6/15, 6/29, 6/31, 7/14, 8/47a, 8/51, 8/70, 9/1, 9/4, 9/40, 9/53, 10/1, 11/3, 12/2, 12/13, 12/15, 12/25, 12/27, P/5, P/10, P/25, P/31, P/33, P/35

VALUING SUPPORT FROM STAFF MEMBER/S 1/2, 3/86a, 3/88, 4/47a, 8/52a, 9/2, 9/5, 9/14, 9/15, 9/17, 9/18, 12/33, 11/5, P/9

FEELING SUPPORTED BY FRIENDS AND PEERS 1/75, 5/31, 6/22, 6/32, 12/41, 12/47, 12/57, 12/63

HELPING EACH OTHER 1/16, 2/14, 5/30, 5/46, 6/25, 8/19, 9/30c, 12/55, 12/102

VALUING SUPPORT FROM FRIENDS 2/15, 2/27, 6/18, 12/90

ABLE TO APPROACH ACADEMIC 6/16, 8/47, 8/50, 9/8, P/27

VALUING APPROACHABLE ACADEMICS 1/91b, P/24, P/28

ENCOURAGING ACADEMICS 7/33, 12/87

VALUING ENCOURAGEMENT 3/75

HELP TO MAKE FRIENDS 2/19, 9/30b, 10/4, 10/5a, 12/49

VALUING HELP TO MAKE FRIENDS 2/20, 9/41, 10/2, 10/6, 10/36, 12/49a

ACADEMICS CHECKING-IN 1/5, 1/7, 1/38, 1/81, 3/81, 5/19, 8/45, 8/49a, 8/65, 9/3, 9/6, 9/7, 9/13, P/8

VALUING ACADEMICS CHECKING-IN 1/38a, 1/83

TREATED WELL

FEELING LISTENED TO 3/78, 3/82, 3/84, 12/59

FEELING UNDERSTOOD 12/28, 12/30, 12/34, 12/37, 12/84, 12/86, P/7, P/11, P/13,

VALUING FEELING UNDERSTOOD 12/85, P/12

FEELING RECOGNISED 3/88a

FEELING RESPECTED 7/36, 7/38, 7/42

VALUING FEELING RESPECTED 7/42a

ACADEMICS HIDING ANNOYANCE 11/13

HIGHLY RATING AN ACADEMIC 1/37, 1/79, 1/87, 2/36, 3/77, 3/89, 4/26, 6/2, 6/14, 7/16, 7/18, 7/28, 7/35, 7/39, 8/34, 8/36, 8/38, 8/42, 8/54, 8/55, 8/56, 8/58, 8/72, 8/75, 8/80, 9/81a, 11/21, 12/10, 12/50, 12/83

NOT A GREAT PLACE TO BE

NOT SUPPORTIVE

NOT FEELING SUPPORTED BY STAFF 1/94, 2/6, 2/40, 2/66a, 3/76, 3/86, 4/33, 5/5, 8/40, 8/43, 8/69, 10/7, 10/16, 12/32

FEELING ANGRY OVER LACK OF SUPPORT 3/43, 8/59
ACADEMICS NOT CHECKING-IN 1/39, 1/82, 8/48, 10/27
NOT ABLE TO APPROACH ACADEMIC 5/3a, 1/93, 1/95
INTIMIDATING ACADEMIC 1/85, 7/29, 7/31, 7/34, 10/14, 10/15
NOT SUPPORTED TO MAKE FRIENDS 10/5

NOT TREATED WELL

NOT FEELING LISTENED TO 3/30, 3/40, 4/34
FEELING MISUNDERSTOOD 3/25, 3/53a, P/19, P/21,
FEELING IGNORED 1/105, 3/33, 8/82, 8/83
FEELING ANGRY AT BEING IGNORED 1/107
FEELING LET DOWN 1/20, 1/22, 1/29, 1/65a, 1/103, 1/110, 3/36a, 4/40a, 4/48, 10/17,
10/19a, 10/20a
FEELING ANGRY AT BEING LET DOWN 1/102
NOT FEELING RESPECTED 7/37, 8/84, 8/86
GIVEN SHORT SHRIFT 3/22, 3/74
FEELING CRITICISED 5/16
HIGH EXPECTATIONS 2/5, 2/39, 3/26, 3/53, 3/72, 4/12, 4/15, 6/3, 7/32
NOT RATING ACADEMICS 1/92, 2/37, 7/17, 7/30, 9/81, 10/43, 11/22

WEIGHED DOWN

ONLINE LEARNING DRAINING 1/41, 1/48
FEELING PRESSURED BY ADDITIONAL DEMAND 1/62
FEELING PRESSURED BY WORKLOAD 9/44, 11/8
FEELING PRESSURED BY ASSESSMENT PRACTICE 12/76
FEELING OVERLOADED BY WORKLOAD 5/50
HEAVY WORKLOAD 1/65, 1/98a, 2/11, 2/13, 2/32, 2/33a, 2/42, 2/43, 2/46, 2/56, 3/54, 3/59,
3/70, 5/51, 5/53, 6/7a, 8/13, 9/43, 9/45a, 9/49, 9/50a, 9/54, 9/60, 12/3, 12/78
ADDITIONAL DEMAND 1/61, 1/66, 3/15, 3/17, 3/32, 3/37, 8/25, 8/30, 9/33, 9/36, 12/73
FEELING OVERWHELMED BY ADDITIONAL DEMAND 3/38, P/1, P/16, P/18
FEELING OVERWHELMED BY WORKLOAD 3/57, 3/60, 3/63, 3/64, 3/66, 5/44
FEELING OVERWHELMED BY AN ASSIGNMENT 5/40a, 5/44, 12/71
FEELING OVERWHELMED BY A TEACHING PRACTICE 7/24
FEELING OUT OF THEIR DEPTH 8/18
NEEDING MORE TIME 1/64, 9/35, 12/12, 12/72
STRUGGLING DUE TO ADDITIONAL DEMAND 1/77

STRUGGLING WITH WORKLOAD 2/12, 2/66, 5/1, 5/52, 9/46, 9/58, 12/55a, p/29
STRUGGLING 2/33, 4/41, 9/46, 12/89
STRUGGLING DUE TO ASSESSMENT PRACTICE 3/47, 9/32 10/53, 12/75, 12/80
FEELING PREOCCUPIED 3/65, 3/68, 3/71, 3/73, 6/5, 6/8, 7/12, 9/56, 6/41
CHALLENGING ASSESSMENT 2/65, 3/3, 3/12, 3/16, 3/24, 5/4, 5/47, 9/75, 9/79, 12/22
CHALLENGING WORKLOAD 6/26, 6/41, 7/6, 12/79
CHALLENGING TRANSITION 8/27
CHALLENGING TEACHING PRACTICE 10/34, 10/31, 12/5
ADDITIONAL DEMAND CHALLENGING 8/28, 8/32, , 12/22 12/79
STRESSFUL DUE TO ADDITIONAL DEMAND 1/63, 1/68, 1/77a
STRESSFUL ASSESSMENT PRACTICE 3/1, 3/6, 9/29
HEAVY WORKLOAD STRESSFUL 2/35, 2/47, 3/67, 6/7, 9/23, 9/47, 9/48, 9/57, 9/62, 9/69
FEELING STRESSED BY ASSESSMENT PRACTICE 3/35, 3/45, 3/67, 9/37, 9/76, 9/83, 9/90
LOW GRADES STRESSFUL 5/11, 9/70
FEELING ANXIOUS DUE TO ASSESSMENT PRACTICE 3/9, 3/11,4/3a, 6/24, 10/51
FEELING ANXIOUS BY TEACHING PRACTICE 10/49
FEELING ANXIOUS ABOUT ASSESSMENTS 11/15, 12/19, 12/45, 12/70, P/32
ANXIETY PROVOKING 10/20, 10/29
HARD DONE TO
LOSING OUT 4/38, 8/60, 10/54, 12/35.
MISSING OUT 1/67, 2/79, 4/43, 4/44, 5/39, 5/43, 12/51, 12/54, 12/56.
FEELING ANGRY OVER TIMING 10/42
WASTED EFFORT 1/24
DISLIKED TEACHING PRACTICE 7/9, 7/25
DISLIKED ASSESSMENT PRACTICE 3/18, 3/28, 8/1, 9/30, 11/33
FEELING ANGRY OVER ASSESSMENT PRACTICE 3/ 3/44
FEELING FRUSTRATED BY ADDITIONAL DEMAND 3/39, 3/41
NOT TIMELY 1/106, 2/50, 3/50, 3/52, 3/55, 6/28
NOT IN CONTROL 3/4(of grade) 3/36 (on account of assessment practice)
FEELING UPSET BY PROCESS 10/18
UNDERSTIMULATED
UNINSPIRING 1/19, 1/28, 1/99, 1/100, 7/56, 11/20
FEELING BORED 4/45a, 7/11, 7/23, 7/44, 7/46, 7/55

NOT MUCH HAPPENING 11/10

NOTHING STOOD OUT 7/56a

A LOT OF THE SAME 3/7

NOT MOTIVATING 7/27

DEMOTIVATING 1/89, 1/108, 1/110, 2/1, 2/80, 4/42, 4/45, 5/35, 5/38, 5/42, 8/24

FELT TO BE IRRELEVANT 1/101

(LECTURES) NOT USEFUL 7/13, 7/15

COMPREHENSIBILITY

BEING IN THE KNOW

SIGNPOSTING 2/64, 2/68, 4/16, 4/32, 8/29, 8/37, 8/52, 29/14a, P/26,

GIVEN GUIDANCE 3/79, 4/17, 4/27, 4/53, 5/2, 5/20, 6/40a, 7/2, 9/80, 9/81b

VALUING GUIDANCE 2/30, 2/49, 3/87, 5/7, 5/15, 5/20a, 5/32, 6/27, 6/40b, 8/26, 9/25, 9/61, 9/68, 9/81c

GETTING CLARIFICATION 2/3, 4/28, 5/17, 5/41, 6/21, 7/2a

BENEFITTING FROM CLARIFICATION 5/41a, 6/23

ABLE TO ACCESS INFORMATION P/15

VALUING STRUCTURED ROUTINE 1/8

VALUING CONTINUITY 5/22, 5/25, 5/29

TIMELY P/17

VALUING TIMELINESS P/20, 6/28

THINGS NOT CLEAR

LIMITED DIRECTION 1/21, 1/25, 1/58, 1/104, 3/62

NOT GETTING CLARIFICATION 4/37, 4/39, P3

FEELING CONFUSED 1/57, 2/63, 2/77, 3/14, 3/42, 3/69, 4/13, 4/19, 4/21, 4/24, 4/25, 4/35, 4/36, 5/8, 5/9a, 5/10, 5/12, 5/40, 5/48, 6/4, 6/13, 6/19, 7/3, 7/53, 7/54, 8/35, 8/67, 9/34, 9/77, 9/78, 9/82, 9/84, 9/86, 10/19, P/2

FEELING OVERWHELMED BY CONFUSION 5/8a, 5/14,

CONFUSION STRESSFUL 5/9

FREQUENT CHANGES 1/23

CONNECTEDNESS

FEELING CONNECTED

KNOWING ACADEMICS 1/80, 5/18, 8/44, 8/63, 8/71, 8/79, 9/11, 12/31

VALUING KNOWING ACADEMICS 1/84, 5/24 8/53, 8/74, 8/76, 8/77, 8/79a, 9/12,

INTIMATE WITH ACADEMICS 1/32, 1/46, 1/88, 7/40, 8/46, 8/64, 8/66, 8/73, 9/9, 12/29

VALUING INTIMACY WITH ACADEMICS 1/91, 5/21, 5/23, 7/41, 8/81, 10/36a

ACADEMICS TAKING AN INTEREST 1/81a, 8/49
ENABLING CONNECTEDNESS 4/2, 10/3, 10/10, 10/11, 12/38, 12/44
VALUING INTERACTION WITH STUDENTS 1/87a, 2/90, 10/35
VALUING INTERACTION WITH STAFF 1/53, 1/86, 2/90
VALUING INTERACTION WITH FRIENDS 1/26, 1/45, 1/49
PREFERRING ON CAMPUS 1/13, 1/30, 1/31, 1/40, 1/41a, 1/43, 1/55, 1/56, 1/60, 1/96a,
1/115, 2/72, 2/75, 2/76a 2/78, 2/82, 2/85, 2/89, 2/91, 4/4, 4/10, 4/40, 4/41, 4/49, 4/50, 4/51,
5/34, 5/36, 6/12, 6/17, 7/43a, 8/68, 10/55a, 11/25, 12/8, 12/52, 12/53, 12/61, 12/74,
HAVING FRIENDS 2/16, 7/52
BEING WITH FRIENDS 2/23a
MAKING FRIENDS 1/72, 2/21, 6/1, 6/39, 8/20, 9/20, 9/26, 9/28, 10/32, 12/42
VALUING UNI FRIENDS 1/9, 1/15, 1/42, 1/71, 1/74, 2/17, 2/18, 2/72a, 2/83, 6/34, 6/35,
8/61, 9/21, 12/40, 12/64, 12/89, 12/91
PART OF A SOCIABLE GROUP 1/11, 1/73, 12/100
KNOWING FELLOW STUDENTS 1/12, 5/28
COULD OPEN UP 6/30
FEELING CONNECTED 10/12, 12/39, 12/43, 12/99, 12/101

FEELING DISCONNECTED

NOT FEELING CONNECTED 10/13, 12/94
LIMITED GROUP COHESION 2/23b
LOSING BOND WITH ACADEMICS 1/33
LOSING INTIMACY WITH ACADEMICS 1/47
NOT KNOWING ACADEMICS 8/41, 8/78, 8/39

CAN'T INTERACT

PRECLUDING INTERACTION WITH FRIENDS 1/14, 1/34, 1/35, 1/45, 1/51, 6/38, 10/25,
12/7
PRECLUDING INTERACTION WITH ACADEMICS 2/73, 8/62, 9/39
PRECLUDING INTERACTION WITH STUDENTS 9/31
PRECLUDING FRIENDSHIP 2/22, 10/24, 10/28

VALUED LTA

POSITIVE RE LTA PRACTICES

NOT MINDING ONLINE 7/43, 11/26, 11/31
NOT MINDING BREAKOUT 6/36, 6/37, 12/62
LESS PRESSURE FROM COURSEWORK 8/5, 8/6, 8/12 (without exams) 9/72
VALUED ASSESSMENT PRACTICE 1/70, 1/109, 2/51, 2/52, 3/8, 4/8, 4/9, 4/46, 7/1, 7/5,
7/7, 8/2, 8/4, 8/7, 8/8, 8/9, 8/10, , 8/11, 8/14, 8/57, 9/10, 9/24, 9/45, 9/50, 9/51, 9/52, 9/54a,

9/63, 9/64, 9/65, 9/66, 9/67, 9/68a, 9/71, 9/73, 9/74, 9/85, 11/19, 11/37, 12/1, 12/4, 12/23, 12/24, 12/65, 12/67, 12/69, 12/77, 12/92

VALUED TEACHING PRACTICE 1/18, 1/26, 2/23, 2/88, 2/87, 3/27, 4/1, 4/30, 7/19, 7/26, 7/51, 8/31, 8/87, 9/19, 9/22, 9/27, 9/30a, 10/31a, 10/37, 10/55, 11/17, 11/18, 11/28, 11/30, 11/32, 11/34, 10/54, 12/9, 12/93

RATING THE CURRICULUM 2/53, 2/54, 2/57, 2/62, 6/33, 7/58, 9/59, 9/87, 9/87a, 10/9, 10/38, 10/44, 10/46, 10/48, 10/50, 10/52, 10/56, 11/1, 11/4, 11/16, 12/14,

VALUING INTERACTION IN TAUGHT SESSIONS 7/21, 12/98

PRECLUDING INTERACTION GENERALLY AT TAUGHT SESSIONS 1/52, 2/24, 2/25, 4/3, 4/5, 5/37, 7/10, 7/22, 7/47, 7/50, 11/27, 12/97

BENEFITTING FROM CHALLENGE 4/20, 4/22, 4/29, 12/81, 12/82, 12/96, P/36

VALUING CHALLENGE OF ASSESSMENT PRACTICE 4/6,

VALUING CHALLENGE OF WORKLOAD 11/9, 11/14

MOTIVATING 1/54, 1/91a, 2/26, 2/29, 2/45, 3/88b, 3/88c, 8/17, 8/22, 8/23, 8/33, 9/89, 12/88

HAVING A SAY

VALUING CHOICE 7/59, 7/61, 7/62, 10/41, 10/47, 11/2, 11/24, 11/36

GIVEN CHOICE 7/60, 10/8, 10/40, 11/23, 11/35

VALUING AUTONOMY 11/12

GIVEN AUTONOMY 12/48

GIVEN A SAY 3/13, 12/58

Appendix K. Candidate Themes and Subthemes Post Phase Four (1)

CARED FOR AND RESPECTED

SUPPORTIVE

FEELING SUPPORTED BY STAFF MEMBER/S 1/1, 1/3, 1/4, 1/6, 1/97, 2/9, 2/34, 3/58, 3/79a, 3/80, 3/83, 3/85, 4/31, 4/47, 5/3, 5/26, 5/33, 6/10, 6/11, 6/15, 6/29, 6/31, 7/14, 8/36, 8/47a, 8/51, 8/55, 8/70, 9/1, 9/4, 9/40, 9/53, 10/1, 11/3, 12/2, 12/13, 12/15, 12/25, 12/27, P/5, P/10, P/25, P/31, P/33, P/35

VALUING SUPPORT FROM STAFF 1/2, 3/86a, 3/88, 4/47a, 8/36a, 8/38, 8/52a, 8/55a, 8/58, 9/2, 9/5, 9/14, 9/15, 9/17, 9/18, 12/33, 11/5, P/9

FEELING SUPPORTED BY FRIENDS AND PEERS 1/75, 5/31, 6/22, 6/32, 12/41, 12/47, 12/57, 12/63

HELPING EACH OTHER 1/16, 2/14, 5/30, 5/46, 6/25, 8/19, 9/30c, 12/55, 12/102

VALUING SUPPORT FROM FRIENDS 2/15, 2/27, 6/18, 12/90

ABLE TO APPROACH ACADEMIC 6/16, 8/47, 8/50, 9/8, P/27

VALUING APPROACHABLE ACADEMICS 1/91b, P/24, P/28

ENCOURAGING ACADEMICS 7/33, 12/87

VALUING ENCOURAGEMENT 3/75, 8/34

HELP TO MAKE FRIENDS 2/19, 9/30b, 10/4, 10/5a, 12/49

VALUING HELP TO MAKE FRIENDS 2/20, 9/41, 10/2, 10/6, 10/36, 12/49a

ACADEMICS CHECKING-IN 1/5, 1/7, 1/38, 1/81, 3/81, 5/19, 8/45, 8/49a, 8/65, 9/3, 9/6, 9/7, 9/13, P/8

VALUING ACADEMICS CHECKING-IN 1/38a, 1/83

TREATED WELL

FEELING LISTENED TO 3/78, 3/82, 3/84, 12/59

FEELING UNDERSTOOD 12/28, 12/30, 12/34, 12/37, 12/84, 12/86, P/7, P/11, P/13,

VALUING FEELING UNDERSTOOD 12/85, P/12

FEELING RECOGNISED 3/88a

FEELING RESPECTED 7/36, 7/38, 7/42

VALUING FEELING RESPECTED 7/42a

ACADEMICS HIDING ANNOYANCE 11/13

HIGHLY RATING ACADEMICS 1/37, 1/79, 1/87, 2/36, 3/77, 3/89, 4/26, 6/2, 6/14, 7/18, 7/28, 7/35, 7/39, 8/42, 8/72, 8/75, 8/80, 9/81a, 11/21, 12/10, 12/50, 12/83

NOT A GREAT PLACE TO BE

NOT SUPPORTIVE

NOT FEELING SUPPORTED BY STAFF 1/25b, 1/94, 2/6, 2/40, 2/66a, 3/76, 3/86, 4/33, 5/5, 8/40, 8/43, 8/69, 10/7, 10/16, 10/20, 12/32

FEELING ANGRY OVER LACK OF SUPPORT 3/43, 8/59
ACADEMICS NOT CHECKING-IN 1/25c, 1/39, 1/82, 8/48, 10/27
NOT ABLE TO APPROACH ACADEMIC 5/3a, 1/93, 1/95, 8/56
INTIMIDATING ACADEMIC 1/85, 7/29, 7/30, 7/31, 7/34, 10/14, 10/15
NOT SUPPORTED TO MAKE FRIENDS 10/5

NOT TREATED WELL

NOT FEELING LISTENED TO 3/30, 3/40, 4/34
FEELING MISUNDERSTOOD 3/25, 3/53a, P/19, P/21,
FEELING IGNORED 1/105, 3/33, 8/82, 8/83
FEELING ANGRY AT BEING IGNORED 1/107
FEELING LET DOWN 1/20, 1/22, 1/25a, 1/29, 1/65a, 1/103, 1/110, 3/36a, 4/40a, 4/48,
10/17, 10/19a, 10/20a
FEELING ANGRY AT BEING LET DOWN 1/102
NOT FEELING RESPECTED 7/37, 8/84, 8/86
GIVEN SHORT SHRIFT 3/22, 3/74
FEELING CRITICISED 5/16
HIGH EXPECTATIONS 2/5, 2/37, 2/39, 3/26, 3/53, 3/72, 4/12, 4/15, 6/3, 7/32
NOT RATING ACADEMICS 1/92, 7/17, 9/81, 10/43

WEIGHED DOWN

ONLINE LEARNING DRAINING 1/41, 1/48, 1/53a, 5/36
FEELING PRESSURED BY ADDITIONAL DEMAND 1/62
FEELING PRESSURED BY WORKLOAD 9/44, 11/8
FEELING PRESSURED BY ASSESSMENT PRACTICE 12/76
FEELING OVERLOADED BY WORKLOAD 5/50
HEAVY WORKLOAD 1/65, 1/98a, 2/11, 2/13, 2/32, 2/33a, 2/42, 2/43, 2/46, 2/56, 3/54, 3/59,
3/70, 5/51, 5/53, 6/7a, 8/13, 9/43, 9/45a, 9/49, 9/50a, 9/54, 9/60, 12/3, 12/78
ADDITIONAL DEMAND 1/61, 1/66, 3/15, 3/17, 3/32, 3/37, 8/25, 8/30, 9/33, 9/36, 12/73
FEELING OVERWHELMED BY ADDITIONAL DEMAND 3/38, P/1, P/16, P/18
FEELING OVERWHELMED BY WORKLOAD 3/57, 3/60, 3/63, 3/64, 3/66, 5/44
FEELING OVERWHELMED BY AN ASSIGNMENT 5/40a, 5/44, 12/71
FEELING OVERWHELMED BY A TEACHING PRACTICE 7/24
FEELING OUT OF THEIR DEPTH 8/18
NEEDING MORE TIME 1/64, 9/35, 12/12, 12/72
STRUGGLING DUE TO ADDITIONAL DEMAND 1/77

STRUGGLING WITH WORKLOAD 2/12, 2/33, 2/66, 5/1, 5/52, 9/46, 9/58, 12/55a, p/29
 STRUGGLING DUE TO ASSESSMENT PRACTICE 3/47, 9/32 10/53, 12/75, 12/80
 FEELING PREOCCUPIED 3/65, 3/68, 3/71, 3/73, 6/5, 6/8, 7/12, 9/56, 6/41
 CHALLENGING ASSESSMENT 2/65, 3/3, 3/12, 3/16, 3/24, 5/4, 5/47, 9/75, 9/79, 12/22
 CHALLENGING WORKLOAD 6/26, 6/41, 7/6, 12/79
 CHALLENGING TRANSITION 8/27
 CHALLENGING TEACHING PRACTICE 10/34, 10/31, 12/5
 ADDITIONAL DEMAND CHALLENGING 8/28, 8/32, , 12/22 12/79
 STRESSFUL DUE TO ADDITIONAL DEMAND 1/63, 1/68, 1/77a
 STRESSFUL ASSESSMENT PRACTICE 3/1, 3/6, 9/29
 HEAVY WORKLOAD STRESSFUL 2/35, 2/47, 3/67, 6/7, 9/23, 9/47, 9/48, 9/57, 9/62, 9/69
 FEELING STRESSED BY ASSESSMENT PRACTICE 3/35, 3/45, 3/67, 9/37, 9/76, 9/83, 9/90
 LOW GRADES STRESSFUL 5/11, 9/70
 FEELING ANXIOUS DUE TO ASSESSMENT PRACTICE 3/9, 3/11,4/3a, 6/24, 10/51
 FEELING ANXIOUS BY TEACHING PRACTICE 10/49
 FEELING ANXIOUS ABOUT ASSESSMENTS 11/15, 12/19, 12/45, 12/70, P/32
 CONFUSION STRESSFUL 5/9
 FEELING OVERWHELMED BY CONFUSION 5/8a, 5/14,
HARD DONE TO
 LOSING OUT 4/38, 8/60, 10/54, 12/35.
 MISSING OUT 1/67, 2/79, 4/41, 4/43, 4/44, 5/39, 5/43, 12/51, 12/54, 12/56
 FEELING ANGRY OVER TIMING 10/42
 WASTED EFFORT 1/24
 DISLIKED TEACHING PRACTICE 1/43, 1/55, 1/60, 1/96a, 2/75, 2/89, 2/91, 4/4, 4/41, 6/17, 7/9, 7/25, 7/43a, 11/25
 DISLIKED ASSESSMENT PRACTICE 3/18, 3/28, 8/1, 9/30, 11/33
 FEELING ANGRY OVER ASSESSMENT PRACTICE 3/ 3/44
 FEELING FRUSTRATED BY ADDITIONAL DEMAND 3/39, 3/41
 NOT TIMELY 1/106, 2/50, 3/50, 3/52, 3/55
 NOT IN CONTROL 3/4(of grade) 3/36 (on account of assessment practice)
 FEELING UPSET BY PROCESS 10/18, 10/29
UNDERSTIMULATED
 UNINSPIRING 1/19, 1/28, 1/99, 1/100, 2/82, 7/56, 11/20, 11/22

FEELING BORED 4/45a, 7/11, 7/23, 7/44, 7/46, 7/55

NOT MUCH HAPPENING 11/10

NOTHING STOOD OUT 7/56a

A LOT OF THE SAME 3/7

NOT MOTIVATING 7/27

DEMOTIVATING 1/89, 1/108, 1/110, 2/1, 2/80, 4/42, 4/45, 5/35, 5/38, 5/42, 8/24

FELT TO BE IRRELEVANT 1/101

(LECTURES) NOT USEFUL 7/13, 7/15

COMPREHENSIBILITY

BEING IN THE KNOW

SIGN POSTING 2/64, 2/68, 4/16, 4/32, 8/29, 8/37, 8/52, 29/14a, P/26,

GIVEN GUIDANCE 3/79, 4/17, 4/27, 4/53, 5/2, 5/20, 6/40a, 7/2, 9/80, 9/81b

VALUING GUIDANCE 2/30, 2/49, 3/87, 5/7, 5/15, 5/20a, 5/32, 6/27, 6/40b, 8/26, 9/25, 9/61, 9/68, 9/81c

GETTING CLARIFICATION 2/3, 4/28, 5/17, 5/41, 6/21, 7/2a

BENEFITTING FROM CLARIFICATION 5/41a, 6/23

ABLE TO ACCESS INFORMATION P/15

VALUING STRUCTURED ROUTINE 1/8

VALUING CONTINUITY 5/22, 5/25, 5/29

TIMELY INFORMATION P/17

VALUING TIMELY INFORMATION P/20

THINGS NOT CLEAR

LIMITED DIRECTION 1/21, 1/25, 1/58, 1/104, 3/62

NOT GETTING CLARIFICATION 4/37, 4/39, P3

FEELING CONFUSED 1/57, 2/63, 2/77, 3/14, 3/42, 3/69, 4/13, 4/19, 4/21, 4/24, 4/25, 4/35, 4/36, 4/50, 5/8, 5/9a, 5/10, 5/12, 5/40, 5/48, 6/4, 6/13, 6/19, 7/3, 7/53, 7/54, 8/35, 8/67, 9/34, 9/77, 9/78, 9/82, 9/84, 9/86, 10/19, P/2

FREQUENT CHANGES 1/23

CONNECTEDNESS

FEELING CONNECTED

KNOWING ACADEMICS 1/80, 5/18, 8/44, 8/63, 8/71, 8/79, 9/11, 12/31

VALUING KNOWING ACADEMICS 1/84, 5/24, 8/53, 8/74, 8/76, 8/77, 8/79a, 9/12

INTIMATE WITH ACADEMICS 1/32, 1/46, 1/88, 7/40, 8/46, 8/64, 8/66, 8/73, 9/9, 12/29

VALUING INTIMACY WITH ACADEMICS 1/91, 5/21, 5/23, 7/41, 8/81, 10/36a

ACADEMICS TAKING AN INTEREST 1/81a, 8/49, 8/80a

ENABLING CONNECTEDNESS 4/2, 10/3, 10/10, 10/11, 12/38, 12/44
VALUING INTERACTION WITH STUDENTS 1/87a, 2/90, 10/35
VALUING INTERACTION WITH STAFF 1/53, 1/86, 1/91a, 2/90, 6/12
VALUING INTERACTION WITH FRIENDS 1/26, 1/45, 1/49
PREFERRING ON CAMPUS 1/13, 1/30, 1/31, 1/54, 2/78, 4/10, 4/40, 10/55a, 12/61
HAVING FRIENDS 2/16, 7/52
BEING WITH FRIENDS 2/23a
MAKING FRIENDS 1/72, 2/21, 6/1, 6/39, 8/20, 9/20, 9/26, 9/28, 10/32, 12/42
VALUING UNI FRIENDS 1/9, 1/15, 1/42, 1/71, 1/74, 2/17, 2/18, 2/72a, 2/83, 6/34, 6/35, 8/61, 9/21, 12/40, 12/64, 12/89, 12/91
PART OF A SOCIABLE GROUP 1/11, 1/73, 12/100
KNOWING FELLOW STUDENTS 1/12, 5/28
COULD OPEN UP 6/30
FEELING CONNECTED 10/12, 12/39, 12/43, 12/99, 12/101

FEELING DISCONNECTED

NOT FEELING CONNECTED 1/56, 1/115, 4/49, 10/13, 12/8, 12/53, 12/94
LIMITED GROUP COHESION 2/23b
LOSING BOND WITH ACADEMICS 1/33
LOSING INTIMACY WITH ACADEMICS 1/47, 8/68
NOT KNOWING ACADEMICS 8/41, 8/78, 8/39

CAN'T INTERACT

PRECLUDING INTERACTION WITH FRIENDS 1/14, 1/34, 1/35, 1/45, 1/51, 2/72 (doesn't specify), 6/38, 10/25, 12/7, 12/52
PRECLUDING INTERACTION WITH ACADEMICS 2/72 (doesn't specify), 2/73, 8/62, 9/39
PRECLUDING INTERACTION WITH STUDENTS 2/72 (doesn't specify), 9/31
PRECLUDING FRIENDSHIP 2/22, 10/24, 10/28

VALUED LTA

POSITIVE RE LTA PRACTICES

NOT MINDING ONLINE 7/43, 11/26, 11/31
NOT MINDING BREAKOUT 6/36, 6/37, 12/62
LESS PRESSURE FROM COURSEWORK 8/5, 8/6, 8/12 (without exams) 9/72
VALUED ASSESSMENT PRACTICE 1/70, 1/109, 2/51, 2/52, 3/8, 4/8, 4/9, 4/46, 7/1, 7/5, 7/7, 8/2, 8/4, 8/7, 8/8, 8/9, 8/10, , 8/11, 8/14, 8/22a, 8/57, 9/10, 9/24, 9/45, 9/50, 9/51, 9/52, 9/54a, 9/63, 9/64, 9/65, 9/66, 9/67, 9/68a, 9/71, 9/73, 9/74, 9/85, 11/19, 11/37, 12/1, 12/4, 12/23, 12/24, 12/65, 12/67, 12/69, 12/77, 12/92

VALUED TEACHING PRACTICE 1/10, 1/17, 1/18, 1/26, 2/23, 2/88, 2/87, 3/27, 4/1, 4/30, 7/19, 7/26, 7/51, 8/22a (didn't specify) 8/31, 8/87, 9/19, 9/22, 9/27, 9/30a, 10/31a, 10/37, 10/55, 11/17, 11/18, 11/28, 11/30, 11/32, 11/34, 10/54, 12/9,12/93

RATING THE CURRICULUM 2/53, 2/54, 2/57, 2/62, 6/28, 6/33, 7/58, 9/59, 9/87, 9/87a, 9/89, 10/9, 10/38, 10/44, 10/46, 10/4810/50, 10/52, 10/56, 11/1, 11/4, 11/16, 12/14

VALUING INTERACTION IN TAUGHT SESSIONS 2/76a, 7/21, 12/98

PRECLUDING INTERACTION GENERALLY AT TAUGHT SESSIONS 1/52, 2/24, 2/25, 4/3, 4/5, 5/34, 5/37, 7/10, 7/22, 7/47, 7/50, 11/27, 12/97

BENEFITTING FROM CHALLENGE 4/20, 4/22, 4/29, 12/81, 12/82, 12/96, P/36

VALUING CHALLENGE OF ASSESSMENT PRACTICE 4/6,

VALUING CHALLENGE OF WORKLOAD 11/9, 11/14

MOTIVATED BY STUDENTS 8/17, 8/22, 8/33

DEADLINES MOTIVATING 2/29, 2/45

HAVING A SAY

VALUING CHOICE 7/59, 7/61, 7/62, 10/41, 10/47, 11/2, 11/24, 11/36

GIVEN CHOICE 7/60, 10/8, 10/40, 11/23, 11/35

VALUING AUTONOMY 11/12

GIVEN AUTONOMY 12/48

GIVEN A SAY 3/13, 12/58

Appendix L. Main Study Interview Debrief Form

Interview Debrief

Thank you for your participating in this study. It is greatly appreciated.

- ❖ By way of a reminder – **the study seeks to** find out what third-year students regard as learning, teaching and assessment conditions conducive to positive mental health and what changes they would recommend in the interest of making learning, teaching and assessment more mentally healthy, hence the term Salutogenic in the title.
- ❖ The interview may have given rise to some negative emotional reactions in you. If this is the case, please raise this with me if you feel able to, alternatively (or as well as) you can access support from the university's student wellbeing service (link removed from thesis version of appendix)
- ❖ A reminder of your right to withdraw your participation or withhold information – should you feel you no longer wish to participate in the study, you have the right to withdraw from it. You also have the right to withhold information. This you will be able to do up to the point of data analysis, which will begin in June 2021. Neither opting out of the study or withholding information will carry negative consequences for you.
- ❖ Access to the findings of the research – if you would like to receive a copy of the final report or a summary of the findings of the research, please let me know.
- ❖ Useful Contact Information: If at any time you have any questions or concerns regarding this study, its purpose or procedures, or if you have a research-related problem, please feel free to contact me (Pamela.E.Dewis@shtudent.shu.ac.uk)
- ❖ Please see the table on the next page if you have any questions concerning your rights as a research participant:

You should contact the Data Protection Officer if:

- you have a query about how your data is used by the University
- you would like to report a data security breach (e.g., if you think your personal data has been lost or disclosed inappropriately)
- you would like to complain about how the University has used your personal data

DPO@shu.ac.uk

You should contact the Head of Research Ethics (Professor Ann Macaskill) if:

- you have concerns with how the research was undertaken or how you were treated

a.macaskill@shu.ac.uk

Postal address: Sheffield Hallam University, Howard Street, Sheffield S1 1WBT Telephone: 0114 225 5555

Please keep a copy of this form for your future reference. Once again, thank you for your participation in this study!

Kind Regards,

Pam Dewis.

Appendix M. Participant Information and Consent Form

Title of Research:

*Promoting Mental Health Through Salutogenic Learning, Teaching and Assessment:
Undergraduate Students' Perspectives*

Researcher: Pam Dewis Pamela.E.Dewis@student.shu.ac.uk

Legal basis for research at Sheffield Hallam University: The University undertakes research as part of its function for the community under its legal status. Data protection allows us to use personal data for research with appropriate safeguards in place under the legal basis of **public tasks that are in the public interest**. A full statement of your rights can be found at <https://www.shu.ac.uk/about-this-website/privacy-policy/privacy-notice-for-research>. However, all University research is reviewed to ensure that participants are treated appropriately, and their rights respected. This study was approved by UREC with Converis number ERxxxxxxx. Further information at <https://www.shu.ac.uk/research/ethics-integrity-and-practice>

About the Research:

What is the research aiming to do?

To find out what third-year students regard as learning, teaching and assessment conditions conducive to positive mental health and what changes they would recommend in the interest of making learning, teaching and assessment more mentally healthy. The word salutogenic in the title of the research refers to what creates health.

Where and when will the study take place?

Somewhere private and comfortable on campus (city), large enough to facilitate social distancing if this is still a requirement at the time the research starts. If, however, we remain in lock-down, data collection will have to be done virtually. The research will commence towards the end of January 2021 and end towards the end of February 2021.

What will I be required to do?

- 1. Attend an introduction to the research session (30 minutes)** – to enable us (participants and me) to get to know each other a little prior to data collection and to establish mutual understanding of positive mental health, and of learning, teaching and assessment practice. During this meeting, I will provide details about the chosen method of data collection – but here’s a summary until then: I will be using the Open University’s ‘Our Journey’ tool, which enables students to recount stories about their student journey. It comprises a journey board, ‘cards’ representing aspects of university life (from which participants can select what they want to discuss), and ‘emojis’ to represent feelings aroused by the chosen experiences to stimulate further discussion. The ‘cards’ cover the student journey in its broadest sense including modules studied, assessment, moving home, and so forth. Given the proposed study has a specific focus on learning, teaching and assessment practices, only ‘cards’ relevant to this aspect of the student experience will be used. Therefore, the introductory meeting also provides an opportunity for participants to decide which of the ‘Our Journey’ tool ‘cards’ they consider relevant to learning, teaching and assessment (LTA) practices and an opportunity to suggest any additional ‘cards’ that could be added.
- 2. Complete a questionnaire** – at the meeting described above, participants will be asked to complete a psychological scale called the ‘Orientation to Life’ questionnaire. This is a 29-item scale and should not take longer than 5 – 10 minutes to complete. Individuals’ orientation to life is considered a key component of salutogenesis and refers to the extent to which we view life as comprehensible, meaningful, and manageable. The reason I am asking participants to complete the scale is to see whether perceptions about mentally healthy learning, teaching and assessment conditions vary according to one’s orientation to life.
- 3. Take part in a semi-structured interview** (could last up to 1 hour). The ‘Our Journey’ tool (outlined above) will be used to conduct the interview.

How long will the study last?

The data collection period will begin at the end of January 2021 and continue until 10-15 participants have been interviewed (approximately by May 2021). As such, the introduction session and interview will take place sometime during this time frame.

Do I have to take part?

Participation is entirely optional and if you do consent to take part, you can still withdraw from the research at any point before, during or after the data collection phase without incurring any negative consequences whatsoever. You can also decide to withhold some of the information you provide, again without incurring negative consequences. Once data analysis commences however, it will no longer be possible for you to withhold information. Data analysis will likely start 2 weeks after the interview has taken place.

Are there benefits to taking part?

Students participating in this research will gain insight into mental health literacy which could potentially benefit their own mental health. They will also potentially benefit others' mental health (through their contribution to knowledge), another well-known contributing factor to positive mental health. Also, as participants in research they will be able to experience first-hand key stages in the research process (e.g., ethical issues, recruitment and selection, data collection and so on) which may well assist them in conducting their own final year project.

Are there disadvantages in taking part?

No research is without its disadvantages to participants. In this case, there is a slight risk that the topic of the research (mental health) could give rise to negative emotions in some participants. However, the emphasis is on exploring conditions for positive mental health, making this a minimal risk. Participants are encouraged to discuss any issues of this nature with the researcher who will signpost them to relevant support services within the university if necessary.

Another potential disadvantage relates to participants' orientation to life score. Students with a low score may feel disappointed and or anxious. However, it is possible to strengthen one's orientation to life (otherwise known as sense of coherence) and students with a low score will be signposted to the most appropriate strategy/support for them to do so, on a case-by-case basis.

An obvious disadvantage is the amount of time participation in the research could take up – potentially, although this is not anticipated to exceed 2 hours. The researcher will aim to keep both the introduction session and the interview to time.

How will my identity be protected?

Data will be anonymised thus: Participant 1, Participant 2 etc. and pseudonyms will be used in the reporting of the findings.

After each focus group interview, the researcher will take a photograph of the 'Our Journey' tool outlined above. This will not include participants or any identifiable features.

How will information be protected?

- Through anonymisation – see the above. Anonymisation will also include the use of pseudonyms in the final research report (the researcher's thesis).
- All data will be uploaded to the university's secure central research data file store as soon as practically possible.
- Once uploaded, data will be disposed of securely
- There will only be one document where participants are identified by name and it is only the researcher who will have access to it. This document will not be available in hard copy and will remain safely stored in the university's secure central research data file store until completion of the research, at which point, names will be deleted.
- The university operates an open access policy in regard to anonymised data.

Who will be responsible for all of the information when this study is over?

- When the study is over, anonymised data will be stored in the university's secure research data archive for a period of 10 years for use in further inquiry by the researcher and or other researchers.

How will you use what you find out?

Findings will be reported in a doctoral thesis and it is envisaged that they will also be shared both at internal and external higher education research seminars and or conferences and possibly in academic journal articles.

Prior to consenting to taking part in the study you will be given an opportunity to ask any questions you may have regarding any of the above before being asked if you wish to consent to taking part.

Details of who to contact if you have any concerns or if adverse effects occur after the study are provided on the next page.

Researcher Details: Pam Dewis (Pamela.E.Dewis@student.shu.ac.uk)

You should contact the Data

Protection Officer if:

- you have a query about how your data is used by the University
- you would like to report a data security breach (e.g., if you think your personal data has been lost or disclosed inappropriately)
- you would like to complain about how the University has used your personal data
- DPO@shu.ac.uk

You should contact the Head of

Research Ethics (Professor Ann

Macaskill) if:

- you have concerns with how the research was undertaken or how you were treated
- a.macaskill@shu.ac.uk

Postal address: Sheffield Hallam University, Howard Street, Sheffield S1 1WBT

Telephone: 0114 225 5555

Participant Consent Form

(Please keep your copy of the consent form and the information sheet together).

Title of the Research Study:

*Promoting Mental Health Through Salutogenic Learning, Teaching and Assessment:
Undergraduate Students' Perspectives*

Please answer the following questions by selecting the response that applies:

1. I have read the Information Sheet for this study and have had details of the study explained to me
Choose an item.
2. My questions about the study have been answered to my satisfaction
Choose an item.
3. I understand that I am free to withdraw from the study within the time limits outlined in the Information Sheet, without giving a reason for my withdrawal or to decline to answer any particular questions in the study without any consequences to my future treatment by the researcher
Choose an item.
4. I agree to provide information to the researcher under the conditions of confidentiality set out in the Information Sheet
Choose an item.
5. I wish to participate in the study under the conditions set out in the Information Sheet (which includes the requirement that participants maintain confidentiality and that audio-recording of focus group interviews will be necessary)
Choose an item.
6. I consent to the information collected for the purposes of this research study, once anonymised (so that I cannot be identified), to be used for any other research purposes
Choose an item.

Participants Signature:

Participant's Name:

Participant's Contact Details:

Researcher's Signature:

Researcher's Name:

Researcher's contact details: (Name, address, contact number of investigator)

DATE:

Appendix N. Data Management Plan

Data Management Plan

Template for doctoral research projects

If your project funder requires a specific form of plan, please ensure that your plan meets the requirements. Please see the [Library Research Support portal page](#) and [this DCC page](#) for examples of funder specific plans.

1. What data will you collect or create?

Data will take the form of:

- Expressions of interest
- Electronic copies of completed psychological scales (SOC-29)
- A word-document identifying participants by name (temporary metadata)
- Audio files relevant to focus group interviews
- Anonymised transcriptions
- The researcher's field notes.
- Images of elicitation tool

2. How will your data be documented and described?

- Text will be recorded in word; images will be saved in JPEG format, and audio-files as MP3
- Documents will be saved using as much detail to differentiate them as possible
- Metadata form will be produced providing more detailed description, including context details
- Until completion of the research, one aspect of this metadata will be a document where research participants are identified by name. This will be for the researcher's use only

3. How will your data be structured, stored, and backed up?

- The data will be stored in a document folder called: Pam Dewis EdD Cohort 10 Thesis Data

- Clearly labelled separate folders will be used to differentiate data sources
- Audio files and JPEG images will be identified by the focus group interview they apply to and the date of said interview (e.g., Focus group 2, interview 1, 18-01-2021)
- Data will be stored on the university Q drive which is password protected and regularly backed up

4. How will you manage any ethical issues?

I have submitted a Converis application. Below are details from it, which are relevant to data management.

Expressions of interest – potential participants will be advised to use their student outlook account to email these to me. Expressions of interest belonging to both selected and non-selected students will be uploaded to the Q-drive. Non selected students' data will be securely deleted on the research start date (18/01/2021). Selected participants expression of interest forms will be anonymised by removing participant names and numbering the forms P1, P2

SOC-29 (SOC) scales will also be anonymised using the same method. They will also be scanned so that they can be uploaded to the Q-drive at which point hard copies will be shredded. On completion of the research – participant names will be deleted from the master document.

Audio recordings – these will be done using a university owned device and audio files will be uploaded to the Q drive as soon as possible after each interview. Once uploaded successfully (the researcher will check each one), the recordings will be deleted from the device. Audio files will be transcribed by the researcher using participant numbers to maintain anonymity and omitting any information that could reveal a participant's identity. Anonymised transcripts will be stored on the university's Q-drive. Audio files will be deleted on full completion of the research.

Researcher's field notes – these will comprise both handwritten and electronic notes. Handwritten notes will not identify participants (other than using P1,2,3 etc) and will be stored in a locked drawer in the researcher's office. They will be transferred into electronic format as soon as practically possible and uploaded to the Q-drive. Hand-written notes will be shredded as soon as they have been typed up.

Images of the elicitation tool – these will not include images of participants or any other identifying features. They will be taken using the researcher's personal vpn protected mobile device and saved to the university's Q-drive. The original image will be securely deleted from the researcher's device immediately they have been saved.

5. What are your plans for data sharing after submission of your thesis?

- Results of the research will be shared with participants. It is also anticipated that they will be shared at internal and external higher education conferences and ultimately in peer reviewed academic journal articles.

6. What are your plans for the long-term preservation of data supporting your research?

- When the study is over, anonymised data will be stored in the university's secure research data archive for a period of 10 years for use in further inquiry by the researcher and or other researchers.
- Detailed Metadata will accompany the data to enable researchers to use the data effectively to follow lines of inquiry and for validation purposes.

Appendix O. Assessment of Pragmatic Rigor

Principles and Criteria for Pragmatic Research Rohe et al. (2018, p.55-56)

Red font = my responses.

1. The principles of relevance: the strength of the connection between research and a problems that is judged to be important by stakeholders.		
DIMENSION	CRITERIA	RATING
Topic	To what extent is the topic rooted in an existing practical problem?	HIGH
	To what extent has the researcher established the significance of the topic to business and other stakeholders?	HIGH
Research Design	To what extent does the research design strengthen the relevance of the study?	HIGH
	To what extent does the researcher demonstrate practical knowledge of about the research context?	HIGH
	To what degree are the data generated from involvement in real problem situations?	MEDIUM
	To what extent does the research method engage directly with practitioners and other stakeholders as data sources?	MEDIUM
Findings	To what extent do the findings relate to the problem context?	HIGH
	To what extent does the explanation of the findings provide for multiple interpretations?	HIGH
	To what extent are possible biases and distortions addressed?	HIGH
Theoretical Basis	To what extent does the theoretical lens help to illuminate the practical aspect of the research questions and context?	HIGH
	To what extent does the theoretical framework fit the nature of the applied problem?	HIGH
	To what extent are the boundary conditions clearly stated so as to identify the relevant context of the theory?	HIGH

2. The principle of actionability: the extent to which research findings can implemented in organizations through interventions.		
DIMENSION	CRITERIA	
Causality	To what extent does the research indicate cause-and-effect relationships between variables that enable prediction or control of outcomes?	N/A
	To what extent does the research show sequential causal links in a process occurring over time?	N/A
	To what extent does the research explain the causal mechanisms accounting for the effects of antecedents on outcomes?	N/A
Operationality	To what extent does the research make pragmatic recommendations and give practical alternatives that can be implemented?	HIGH
Usability	To what extent does the research capture the complexity and diversity of the situation and provide direction to manage it?	HIGH
	To what extent does the study provide a logical set of actions linked to desired outcomes?	HIGH
3. The principle of comprehensibility: the extent to which research communicates findings at a level appropriate to the intended audience?		
DIMENSION	CRITERIA	
Style	How easily is the study understood without excessive knowledge of technical language, jargon, and acronyms?	HIGH
	Have long sentences and passive voice been minimized in the writing to ease comprehension?	MEDIUM TO HIGH
Format	To what extent is the study supported with visual models, charts, and other elements to enhance comprehension?	HIGH
	Is an executive summary included?	N/A
Audience Awareness	To what extent is the research written using terminology familiar to the audience?	MEDIUM
	To what extent does the research report make a positive emotional connection with the intended audience?	MEDIUM TO HIGH

4. The principle of ethical reasoning: the degree to which the application of research findings considers the range of stakeholders affected and equitably weighs the consequence to all stakeholders.		
DIMENSION	CRITERIA	
Social Benefit	To what extent does the study aim to develop knowledge that benefits business and society more broadly?	HIGH (regarding society)
Acknowledgement of Stakeholders	To what extent does the study acknowledge and involve plurality of stakeholder perspectives and interests regarding the business of societal problems studied.	LOW TO MEDIUM
Stakeholder	To what extent does the study consider the effects of the problem and proposed solution on all the diverse stakeholders?	HIGH