

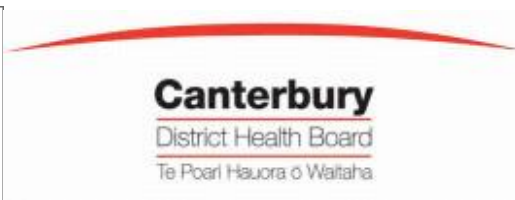


# Recognising the impact on students of a crisis event in an educational setting – developing response recommendations

Christchurch Earthquake Health Professionals Research Group

September 2012

## Executive Summary



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# Table of Contents

About the Christchurch Earthquake Health Professionals Research Group .....	4
Acknowledgements.....	6
Executive Summary .....	7
References .....	47

# About the Christchurch Earthquake Health Professionals Research Group

The Christchurch Earthquake Health Professionals Research Group is a collaboration involving health professionals from the University of Otago (Christchurch), the Canterbury District Health Board (CDHB), and the Christchurch Polytechnic Institute of Technology (CPIT) that was formed in July 2011 to investigate the impact of the Christchurch earthquakes and aftershocks on healthcare students learning and wellbeing. A brief description of the members in the group is located below.

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# Executive Summary

## Background

This study emerged from the earthquake experiences within the Canterbury Region, which commenced with a 7.1 earthquake in September 2010 and continue to this day. Recognition of the widespread impact of such events formed the basis for this research, which focussed on understanding the experiences of medical and nursing students engaged in tertiary level education. There is a paucity of existing international literature and knowledge in relation to the experiences of, and reaction to crisis by tertiary level students. The research presented here is a significant contribution to addressing this gap.

## Context

Existing research into the impact of crisis events on adult student learning is limited. The specific educational area focussed on in this study is that of tertiary level medical and nursing students. Christchurch hosts both a School of Medicine and undergraduate as well as postgraduate nursing education centres. In addition, the local District Health Board has a number of hospitals which take on new entry to practice and entry to specialty practice nursing students, who although registered are part of a supportive programme which includes expectations regarding continuing education. Following the earthquakes all of these institutions were affected to varying degrees, including loss of venues and access to resources for extended periods of time.

## Methods

Study aims:

- 1) Explore student reactions and adaptations to of a crisis situation
- 2) Identify ways in which positive adaptation can be facilitated
- 3) Formulate practice recommendations

Methodology:

A collaborative study was developed in response to the earthquake experiences, with representatives of the major organisations involved in medical and nursing education in the Canterbury area. This included the Centre for Postgraduate Nursing Studies, University of Otago, Christchurch; the Christchurch School of Medicine, University of Otago, Christchurch; the Department of Psychological Medicine, University of Otago, Christchurch; the Christchurch Polytechnic Institute of Technology and the Canterbury District Health Board. A convenience sample of tertiary level medical and nursing students was identified, and invitations to participate were disseminated.

A specific survey tool was developed to address the central questions. This included a combination of closed and open ended questions, rating scales, and psychometric tests. Measures used included the Depression, Anxiety, and Stress Scale (DASS); the PTSD Checklist (PCL); the Eysenck Personality Questionnaire – Brief Version (EPQ-BV); Work and Social Adjustment Scale (WSAS); Connor-Davidson Resilience scale (CD-RISC). These scales were selected because they were determined to be the most psychometrically sound for examining the variables of interest in this study.

## Results

This data was considered in relation to the four student sub-groups identified within the study:

- Undergraduate nursing students (UNursS)
- Nurses engaged in postgraduate studies (NursPS)
- Nurses engaged in continuing education (NursCE)
- 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> year undergraduate medical students (UMedS)

Findings have been presented in terms of qualitative and quantitative data. These include comparison of demographic profiles, thematic interpretation of free text responses, scoring and analysis of the specific measures. Key findings included:

Demographics:

- 469 students participated in the survey
- Response rates for the individual cohorts varied between 9-70%
- Over 90% of the nursing cohorts were female; less than 60% of the medical cohort were female
- Over 75% of the nursing cohorts identified as European only ethnicity; less than 50% of the medical cohort identified as European only

Measures of physical and mental health

- Self-reported mental health and physical health issues increased, subsequent to the earthquakes
- The NursPS cohort produced the highest mean score for resilience, followed by the NursCE cohort (CD-RISC; Connor & Davidson, 2003)
- The UNursS cohort consistently scored higher (greater severity) than the two other nursing cohorts (NursPS & NursCE), and UMedS cohort on the Depression, Anxiety and Stress Scale – DASS-21 (Lovibond & Lovibond, 1995) and the PTSD Checklist – PCL (Weathers, 1993), and in some comparisons this reached statistical significance.

Qualitative findings:

Qualitative data related to the nursing cohorts was subjected to thematic analysis and is presented here; the data specific to the medical cohort was restricted to the researcher assistant working with the School of Medicine cohort, due to privacy concerns.

Positive aspects of the experience were grouped under the following themes:

- Sense of community
- Enhanced relationships with family and friends

Perceptions of what the educational institution could do to help reduce the impact of the earthquake and aftershocks were varied across the groups but core consideration was evident in the following three areas:

- Communication
- Resource access
- Flexibility of course curriculum and processes

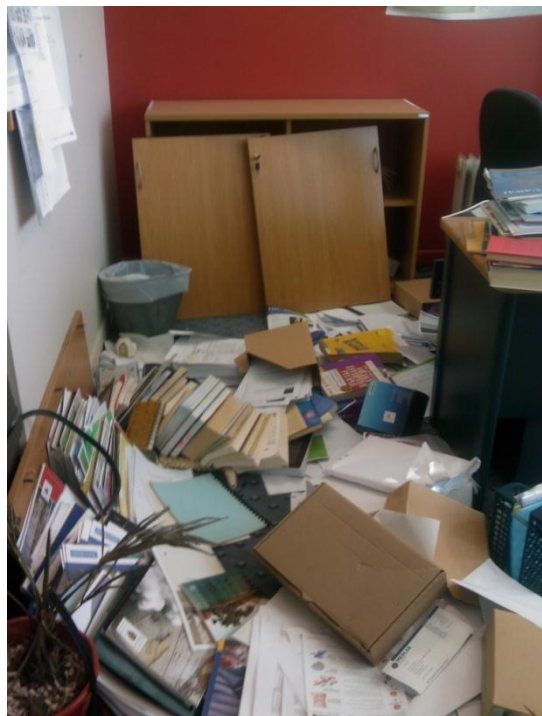
Perception of issues that have hindered learning post the earthquake events again provided specific concerns within each group, but could be considered in regards to the following core areas:

- Personal interpretation / meaning of events
- Resource limitations and constraints
- Competing priorities
- Altered patterns of daily living

### **Recommendations:**

Following analysis of the data, the following recommendations were formulated:

- That educational institutions actively develop a crisis response strategy that considers the potential for flexible course development
- That educational institutions acknowledge the expectations of students and incorporate planning for and education of staff in relation to crisis response
- That educators and educational institutions are aware of potential sequelae to crisis events and identify a response framework that supports students and acknowledges individual pathways to recovery and re-integration into the educational system
- Recognition that there can be positive elements associated with a crisis event, and the importance of identifying and fostering these



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