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# Quality of Life for Healthcare Students (QVES)

Report


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# SUMMARY

The quality of life for healthcare students (QVES) is a growing concern, both in universities and training institutes as well as on internship sites, particularly in healthcare facilities. Numerous surveys are regularly conducted among students from the various medical (MMOP: medicine, maïeutics, dentistry, pharmacy) and paramedical (nurses, nursing aides, physiotherapists, podiatrists, occupational therapists, etc.) disciplines. Although not methodologically robust, these surveys clearly show an increase in the ill-being of these students, exacerbated by the Covid crisis and in particular due to five major sources:

- **gender-based and sexual violence (GBSV)**, which was the subject of a national action plan in higher education and research in 2021;
- **the psychosocial risks (PSR)** towards which other sources of ill-being converge, which can take many forms, fatigue, loss of direction, failure, depression as well as suicidal risk;
- **financial insecurity**, exacerbated by the crisis, which healthcare students may experience, whose incomes are limited and can rarely be complemented by employment given the increasing heavy workload of the curriculum;
- **the working conditions in internships,** during which the student must be supervised and achieve a quality of working life (QWL) in order to put theoretical learning into practice, progress towards autonomy and thrive in a profession serving the sick;
- **addictions,** the growing problem of using various substances, which are supposed to calm stress and help overcome pressure, but which themselves are a source of failure, health and psychosocial risks, sometimes GBSV, particularly in a recreational setting, and insecurity.

The creation of the ***National Support Centre for the Quality of Life of Healthcare Students (CNA)*** in July 2019 on the recommendation of psychiatrist Dr Donata Mara's report, and under her chairmanship, has brought about the structuring of an organisation aimed at identifying good practices, making recommendations, training trainers and building a territorial network of ***"CNA references".*** A ***national counselling and guidance platform***, with psychologists and social workers, equipped with a website, a number and an email address, was set up in April 2021 at the request of the Ministries of Health and Higher Education.

In September 2021 these two ministries decided to internalise the CNA's services, under their joint management with regard to healthcare students, to the DGESIP in partnership with the DGOS. At the end of 2021, the two ministers submitted a request for **operational support** to IGAS and IGÉSR, in order to ensure the continuity of the CNA's services while strengthening the community-based support for struggling students, and to help provide the various stakeholders with clear ***processes*** and a ***vademecum*** of the rules to be observed.

The inspectors regularly worked with the teams of the central administration departments to support the internalisation of the CNA, now called the ***National Coordination for Healthcare Student Support (CNAES)*** for healthcare students.

They attended meetings of the ***Stakeholder Committee (SC)***, which regularly brings together, under the alternating chairmanship of the DGESIP and the DGOS, representatives of students, orders and conferences.

They monitored changes in the role of the ***national health mediator*** (and his/her team), in particular in the business supervision of the ***"CNAES platform"*** which was temporarily entrusted to them by the ministers, as well as that of ***regional/interregional mediators***. A decree is currently being finalised that will supplement the mediation function with those of support and advice, in particular for healthcare students, allowing mediation to be anchored in the mapping of benchmark stakeholders for healthcare student QoL support.

In addition, they brought together some of the "CNA referrers" already appointed within the establishments to better identify the existing local counselling units and their linkage with the work of the interministerial team aimed at completing, consolidating, equipping and deploying a structured network around **local "anchor points" that will be the future *"CNAES referrers".*** The mission therefore recommends appointing trainees, doctors and paramedics in each university and hospital. It provides **guidance** on the content of their mission statement, which a group of ministerial directorates is currently working on.

Moreover, the development of local, regional and national processes for managing difficulties, which can entail very diverse situations, and the vademecum setting out the doctrinal rules, required careful work to identify the multiple stakeholders and structures, their role and the link between their functions to clarify, for students as well as their teachers, supervisors, managers of institutions and universities or institutes, the most relevant contacts and approaches. The mission therefore liaised with the majority of local, regional and national stakeholders and met with directors of institutions and institutes, supervisors and teachers, deans and chancellors, conferences and federations, regional health agencies and regional councils, associations, mediators, etc. It also brought together students and was thus able to have a pragmatic, cross-functional, factual view of the actual situation in mid-2022, against a backdrop of the pandemic still present, reforms in most sectors and significant tensions in hospitals. In addition to the production of the expected deliverables (proposal of processes and vademecum template, to which the mission deemed it necessary to attach a ***"booklet"*** template explaining the role and missions of the main stakeholders, the whole being adapted and completed locally, in particular the contact details of the persons and resource sites), the drafting of this **report** and the formulation of findings and recommendations also appeared essential.

The first finding made by the mission is that the difficulties faced by healthcare students in most disciplines are indeed a reality, with specific characteristics identified in many of them, in particular linked to current hospital tensions for trainees who are most exposed to them.

It was also able to observe the mobilisation and abundance of local, regional and national healthcare student QoL initiatives, which must be welcomed and promoted, but above all structured and optimised. Students in the various disciplines are not all aware of or have knowledge of the approaches, actions and dedicated structures put in place, often for the implementation of the **various plans and regulations successively adopted** at national level (national strategy for quality of life at work, GBSV plan, national health strategy, Ségur, etc.). The report identifies part of this and cites inspiring examples of initiatives at local and regional level to clarify the links and give each student and stakeholder the keys to monitor, prevent, report, counsel, guide and manage suffering and implement appropriate actions, ensure follow-up, provide feedback (Retex), and capitalise on actions.

Another major observation is the **close interconnection** between the functioning and quality of life at work in the hospital, where almost all students of MMOP and paramedical disciplines carry

out internships, which directly impacts the quality of life of healthcare students, and consequently the attractiveness for the hospital's professions and therefore the curricula that lead to them.

This attractiveness is apparently currently supported by reforms (abolition of the PACES, national classification tests (ECNs) and entry exams for paramedical training, etc.) but, on the one hand, the intake capacities of universities and training institutes have not been increased proportionately, and on the other hand, according to the very recent surveys and Parcoursup data, a significant number of students drop out during their studies, or leave the hospital after graduation. An explanation often cited by both students and teachers is the lack of knowledge of high school students and those who advise them about the reality of studies and professions, especially at the time of hospital internships and being exposed to illness, suffering and death. The increasing pressure on human resources in healthcare institutions deteriorates QWL further and consequently the quality of life of healthcare students: hard work, often extensive working hours, in-house call duties, unattractive salaries and housing and transport costs, isolation, exacerbated by the Covid crisis, lack of availability of supervisors are all negative dynamic factors. The work and recommendations of this mission are specifically aimed at the continuous improvement of well-being, which depend on the quality of training and support for the healthcare professionals of tomorrow, but also closely on the ongoing considerations on the hospital.

Therefore, the recommendations are primarily aimed at better informing **future students** and in particular at better training high school counsellors on health career pathways and their constraints. The mission emphasises the need to consider the curricula with a focus on the main issue: **the patients' interests**. The primary reason for engaging in training to become a healthcare professional is the desire to care for patients, provide them with the comfort and attention they need and the best possible care according to the latest scientific data, in a timely manner to avoid lost opportunities. The enrichment of knowledge has made it necessary to gradually extend the duration of studies, increase the requirements and specialise at an increasingly earlier stage. At the same time, health needs have increased, both in outpatient and hospital settings and in the medical-social environment. The effects of numerus clausus and selection processes, but also societal changes in life choices (work-life balance) have **limited the number of healthcare professionals. However, there needs to be a sufficient number of qualified professionals on the one hand to meet the needs of patients, and on the other hand to share their expertise with students and train them in their future profession.** This situation is not satisfactory for students' development nor for the patients´ interests and sometimes devalues caregivers in their eyes.

More and more students choose to study in less demanding or less selective countries, or with different training systems, and return after having been authorised (or not) to work in France. The use of acting interns (FFI), doctors with a degree outside the EU or even better-paid temporary workers to be able to respond to both the influx of patients and absences due to sick leave, resignation or even a change of job add to the malaise experienced by both professionals and students. As a result, some, who are less motivated, find it difficult to bear the sacrifices to be made for their private lives. Awareness of reaching a limit, the need to reconcile the pursuit of excellence and the fundamental requirement to meet the needs of all patients across the territory has guided recent reforms.

It is essential **for subsequent work on health training to systematically assess and take into account the impacts of decisions on the quality of life of healthcare students**. The mission suggests **considering pathways that open up more opportunities for progression and development throughout the career**, especially for paramedical professions.

It would also be interesting to consider **the possibilities of gateways, especially for stressed healthcare professions.** The aim would be to allow students who don't thrive in a particular training course to move towards a different career path (if possible hard-to-fill positions). Similarly, from the outset, shorter, less specialised curriculum topics and career shifts after a few years of practice, preferably involving extending studies, could be requested.

Students engaging in the various training courses must then find **suitable organisations** in universities and institutes and on their internship sites, which are coordinated, accessible and known to their contacts, when they need counselling and support. This starts with the **information** that must be systematically delivered to them in all institutions during one **welcome day** per year, with time for **inter-discipline discussions**. The provision of a **welcome guide or booklet** adapted to their level and curriculum, which students wish to have available in paper and digital format, should be widespread. It will include the **healthcare student's vademecum**, based on the template proposed by the mission, and contact details, resource structures and other relevant local contacts, describing the functions (the booklet mapping the stakeholders, drawn up by the mission, may serve as a useful aid for this description).

Many of the mission's contacts have drawn attention to the changes observed in students from all disciplines, who, **once graduated, can become visibly and unconsciously little concerned by student malaise or in turn, ill-treatment.** It is therefore recommended to also set up, during the graduation ceremony or sometime afterwards, **an information session on the duties of future trainee supervisors**.

**Isolation** is a significant source of suffering, which has been particularly, and undoubtedly permanently, exacerbated during the crisis, both in universities and institutes providing courses in video conferencing and where student life is often no longer very busy, and in internship venues with the need to eliminate shared time in departments in order to meet the needs of patients as a priority. There is a strong desire to **give students the feeling of entering into an internship and training community,** and to share with other professionals and students both case descriptions and more convivial interactions.

**The role of the supervisors** is key for students. They must be properly **trained, assessed and coordinated,** which is not always possible for all disciplines at all times. The mission recommends that trainee and intern coordinators/managers be provided with tools and informed by drawing up a **common document** describing their tasks, rights and duties, facilitating exchanges between them by encouraging them to get to know each other and to **build networks**, discussion groups and set up an annual coordinators' day. Sharing, recognising their efforts and with their agreement, positive assessments of students and good practices would also be a source of continuous improvement in the quality of their job and satisfaction, both for them and for students.

The QoL of healthcare students also involves the **compulsory training of department heads, supervisors and internship supervisors** in empathy, avoiding certain *wording* (for example sexist, insulting, injurious, devaluing words such as *"you will never be a good doctor",* etc.), and student management. It is advisable to promote the **integration of the concept of student well-being in all disciplines into the managerial objectives of supervisors** and to **append to the internship agreements** the commitments set out in a charter for teachers-students-supervisors on internship sites.

As discussed throughout this report, **internship working conditions** are a major source of psychosocial risks. All healthcare students must have the patients' interest as their main aim, which implies a significant work pace, extensive hours, working sometimes under pressure, alternating moments of satisfaction and despondency, dealing with very tough situations, which require manpower and some flexibility to meet needs that are sometimes impossible to anticipate and plan. It is essential that every student engaging in healthcare training is **clearly informed of the requirements inherent to these professions**. But being a healthcare professional doesn't mean being infallible, and pushing limits to the point of **exhaustion is always counter-productive**. Regulations have been gradually refined, in line with European rules, to ensure an essential balance (in particular, with regard to medical interns: maximum of 48 hours per week over 3 months, on-call and on-duty rest, training time, seniorisation, in particular at the beginning of residency, etc.). As the Council of State has recently reaffirmed, it is essential to clearly inform trainee supervisors to **ensure compliance with these regulatory obligations,** set out in the hospital's internal regulations, with a view to providing a safe working environment for interns and this being in the patients' interest.

Improving the QoL of healthcare students requires that each student experiencing difficulties receives support as early as possible, and therefore that **clear and well-known procedures,** coordinated between training and internship locations, are put in place everywhere. As mentioned above, this involves the designation of **"pillars" identified by all, the local CNAES referrers**, at least one per university and one per CHU, for the MMOP disciplines. As regards paramedical professions, the mission recommends appointing **at least one national CNAES referrer per discipline**. Each will set up their own network of correspondents in the various disciplines, and will be the correspondent of the other CNAES referrers and regional and national stakeholders, within a **network led by the ministries**. They will also be able to contribute to **sharing** the best practices, initiatives and tools of the various stakeholders, who should be able to access a **sharing site** and a **collaborative tool bank**.

The reporting systems or local units must be **coordinated** between training and internship locations, in particular with the establishment of a **joint university-hospital committee** bringing together the local stakeholders of the Healthcare Student QoL programme. **University Healthcare Services (UHS) and Occupational Health Services (OHS)** also play a central role, including to enable the **appointment of a treating physician near the study or internship location**, but some students suffer from a lack of resources, which needs to be addressed.

Furthermore, the continuous improvement of reception and working conditions during internships requires the systematic **institutional assessment** of internship services and training institutes by students on the one hand, and teachers on the other hand, on a number of quality of life criteria. These assessments could, subject to anonymisation and aggregation, be transmitted respectively by the student representatives and the deans to the regional health agencies so that they are informed of any difficulties at the internship locations.

In any event, they **should be informed in good time** of those likely to lead to an application for withdrawal of approval, so as not to be caught off guard just before the start of subsequent sessions.

The term **"omerta"** is used by many of the mission's points of contact, particularly with regard to GBSV, grassroots situations, fears of sanctions for the validation of the internship or practicum, etc. While some recent progress is recognised, there are still strong actions to be taken to end impunity for criminal acts, serious misconduct, including management misconduct, or non-compliance with law and regulations.

In addition to the **guidelines given in the attached processes and vademecum, information on the follow-up action given** to reporting is in itself educational, with the possible intervention of a **regional and/or national** pool of persons trained in the methodology for carrying out administrative investigations which could also be effective as well as dissuasive.

A package of simple measures is proposed to reduce the risks of **financial insecurity**. Addiction prevention should be the subject of a **"structuring impact plan to combat addiction" (PISA)** specifically targeting healthcare students.

Finally, the **follow-up and regular assessment of the impact** of the measures taken must be considered from the outset in order to objectively improve and, if **necessary, correct the guidelines and processes in good time**.