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THE ROLE OF HIGHER EDUCATION APPRENTICESHIP ON APPRENTICES' MENTAL HEALTH & WELLBEING

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Abstract

The briefing article considers the roles of apprenticeship delivery features on the mental health and wellbeing (MHW) of apprentices in Higher Education, arguing that there is the need for empirical research in this area. This stems from the very little (if not no) attention that the area has received. Some of the recommended empirical investigations include whether the influence of the apprenticeship delivery features on the MHW of apprentices differ because of the differences in industries, for example, construction, environmental sciences and healthcare. If this is the case, to what extent is it applicable? There is also the need to understand the extent to which the personal characteristics of apprentices impact on their MHW. The study also shows that the MHW of apprentices is likely to improve if learning and teaching strategies in universities are better connected (or go hand-in-hand) with work-based learning or activities. However, this is subject to investigation. The proposed research will contribute to the limited knowledge in relation to the mental health of future professionals (including apprentices) that are currently studying in higher education institutions.

Introduction and Rationale

'Job security, long hours, time away from family, lack of support from HR and late payment' are key contributors to the poor mental health and wellbeing (MHW) of workers (Sherratt and Turner 2018). Future professionals (including apprentices) in higher education are no strangers to this, especially those in the building and civil engineering construction industry. Psychosocial stressors such as long working hours and job strain are positively associated with cardiovascular diseases (Kivimaki et al. 2015).

Despite the extensive research on MHW, there is very little research on the 'mental wellbeing of future professionals currently studying to enter the profession' (Scott-Young et al. 2020: 1) how much more apprentices. Specifically, how the delivery features of higher education apprenticeship influence the MHW of apprentices remains underexamined if not unexamined. For example, in examining whether there is a relationship between alcohol and drug (AOD) use, psychological wellbeing, and the workplace psychosocial environment of young apprentices in the Australian construction industry, Pidd et al. (2017) found that the young apprentices are at risk of poor mental health and alcohol and drug-related harm. However, the study focuses on workplace psychosocial environment not the influence of the features of the entire delivery of the apprenticeship programmes.

The delivery of apprenticeship programmes and the characteristics of the apprentices are different from the traditional full-time and part-time students. Apprentices are likely to have less hours to study, a different method of assessment, limited integration with the school, and, more work pressure (especially because of the learning element) than their counterparts, non-apprentices. This indicates the likelihood of negative differences in their MHW compared to non-apprentices. Focusing on the UK, this article contributes to addressing this gap in knowledge by demonstrating the roles of apprenticeship delivery features on the MHW of apprentices in Higher Education, arguing that there is the need for empirical research in this area. It concludes by highlighting selected recommended empirical investigations. Higher education is tertiary education where a degree or equivalent is awarded on completion of level

6. However, a diploma of higher education is awarded on exit at level 5. Apprentices combine practical training in job with study.

The role of Apprenticeship delivery features on mental health and wellbeing

Mental Health and wellbeing, and students

In occupational safety and health, health including MHW has received a lower level of attention compared to safety (Finneran and Gibb (2013). Possible explanations include that injuries (which are usually easily related to safety) can have immediate implications and are tangible; and, according to Stevenson and Farmer (2017), the focus on MHW by the regulator needs to increase.

However, recently, there has been growing interest in occupational health (including MHW) in many sectors (Centre for Mental Health 2017) with industries such as building and civil engineering construction paying more attention to the MHW of workers through programmes such as Mates in Mind in the UK (Sherratt and Turner 2018; Scott-Young et al. 2020). The Covid-19 situation has exacerbated this (Talevi et al. 2020) and broadened the scope, covering other sectors and the public with key stakeholders (including the government) showing interest.

Pre Covid-19, it is estimated that while mental health is the biggest cause of disability in the UK, 1 in 4 people experience one mental health condition yearly (National Institute for Health and Care Excellence (NICE) 2019). Estimates show the effect of the poor mental health of workers on the economy. In 2016/17, UK lost over £34.9 billion to presenteeism, sickness absence, and staff turnover (Centre for Mental Health 2017). This means that poor mental health has economic and health implications (Stevenson and Farmer 2017).

Students are by no means exempt from this. Scott-Young et al. (2020) show that while university studies contribute to poor mental health in performing arts, biological sciences, medicine and health, younger construction professionals in universities are vulnerable. The characteristics of the industry may account for this (Pidd et al. 2017). Lambert et al. (2019) submit that students with improved ideal wellbeing are more likely to perform better.

Possible association between apprenticeship delivery features and mental health and wellbeing

Unlike the traditional full-time or part-time studentship arrangements, apprenticeship is a tripartite agreement between the employer, higher education provider and the apprentice (QAA 2019). In some cases in higher education, its provision can be subcontracted. Parties such as employers, employer representative bodies, and professional, statutory and regulatory bodies develop them (ibid). The delivery is based on work-based learning (Mulkeen et al. 2017) and higher institution learning. By implication, they are paid while working and studying. However, its practicality and workability in achieving the set objectives is debateable. All above, suggests complexity in delivery and the imperativeness of adequate collaboration among stakeholders of which there are serious implications if lacking or limited. The implications of the aforesaid for apprentices MHW is poorly understood.

Furthermore, full-time apprentices have 80 per cent of contracted time allocated to working for the employers and the remaining 20 per cent for studying. However, the 20 per cent is mainly spent on lectures/seminars/workshops in universities hence limited or no time is allocated for independent reading. Consequently, independent reading is in apprentices' own time, resulting in long hours during out of office times (example weekends). Balancing work, study and family responsibilities becomes very challenging, especially for those with a child(ren) and/or spouse. No doubt, these have implications for apprentices MHW because studies show that work-life balance improves the MHW of workers (Lingard et al. 2007). However, how and to what extent this apprenticeship delivery feature impacts on the MHW of

apprentices and the implications for their performance at work and learning is poorly understood.

In some cases, employers are more interested in their businesses (Mulkeen et al. 2017) resulting in little support for the apprentices' studies. Some employers are unable to fulfil their obligations (Chankseliani and Relly 2015) such as allocating apprentices to the relevant department in line with apprentices' current learning. Admitted that, in some cases, this may be beyond employer's ability because of the scope of on-going works and organisational characteristics such as size. The same is applicable to higher education institutions in areas not limited to framing learning and teaching in university to connect with work-based learning/activities (c.f. Mulkeen et al 2017). In other words, the relevant support that the apprentices need for work and study are not provided, leaving them with limited skills, knowledge and experiences. Maqsoom et al. (2018) found that when young workers struggle to perform at work because of limited experiences and skills and receive no support from the employers or co-workers, this impacts on the MHW. The lack of social support which can also come from the workplace is a major determinant of MHW problem, of which students are no exception (Pidd et al. 2017; Alsubaie, et al (2019). While Alsubaie et al. (2019) examine the impacts of social support on university studies and confirmed the above, how it applies to apprentices (given the difference between them and the traditional full-time students) are unexamined. Specifically, it will be good to understand if and how the feature of higher education apprenticeship (HEA) impacts on the MHW of apprentices and the implications for their performance at work and learning.

The differences between full-time traditional students and apprentices have resulted in growing calls for more nuanced ways of addressing the learning and teaching needs of apprentices compared to the traditional students to ensure inclusivity (Mulkeen et al 2017). For instance, some academics struggle to blend teaching and learning on Visual Learning Environments (VLEs) (Mulkeen et al 2017). This is where these apprentices depend on the VLE. Hence, the apprentices' sense of belonging to the university is reduced and attrition rate is increased, hence a stressor with implications for their MHW. There is the need to understand whether the MHW of apprentices will improve if learning and teaching strategies in universities connect with work-based learning/activities

Studies found that some students are more vulnerable to MHW (Pidd et al. 2017; Scott-Young et al. 2020) because of the features of the industry (Pidd et al. 2017). Given that apprentices are different from the traditional students, there is the need to examine if the differences between them influence HEA based on industries (for example, construction, environmental sciences and healthcare) in relation to MHW.

The evidence in Pidd et al. (2017) and Scott-Young et al. (2020) are instructive that age, gender, class of study, are key contributors to the MHW of people including students. Apprentices are of mixed age groups, all genders and have various (including family) responsibilities. Some already have honours degrees and have various years of industrial experiences. This suggests the difference in interests, priorities and responsibilities, hence different types or levels of stressors. Older and experienced workers handle stress differently and better than the young inexperienced workers (Maqsoom et al. 2018). The background so far demonstrate the need to examine if and to what extent the personal characteristics (e.g., age, family responsibilities, level of education) of apprentices impact on their MHW.

Concluding remarks

This article demonstrates that further studies are required to understand the roles of HEA on the MHW of apprentices. While students' MHW suffer due to university studies and other factors, the experiences of apprentices are likely to be worse because of the difference between the HEA model and that of traditional full-time or part-time students. There is the

need to redefine the workload of apprentices and their independent reading time to align with their needs, as the entire programme is paid employment. While apprenticeship has benefits such as gaining industrial experience and being paid while studying, and graduating without debts, the negative implications of the delivery systems (including apprentices MHW) must be addressed for optimum apprentice experience, impact and wellbeing.

Drawing on all the points so far, some propositions and hypotheses need empirical investigation:

- Apprentices getting allocated paid independent reading times are more likely to balance work, study and life.
- Employers are more likely to meet their obligations in the apprenticeship programmes than academic institutions.
- Large organisations are likely to offer social support to apprentices than the smaller ones.
- The tripartite model of collaboration has no influence on the MHW of apprentices.
- There is no difference in the influence of the HEA on apprentices MHW based on types of industry.
- The personal characteristics of apprentices have no impact on their MHW.
- The MHW of apprentices is likely to improve if learning and teaching strategies in universities are connected to work-based learning or activities.

The next stage is the empirical study where the above and other factors will be investigated. Research of this nature will contribute to providing insight into the limited knowledge on the mental health of future professionals.

References

Alsubaie, M M, Stain, H J, Webster, L A D, Wadman, R (2019) The role of sources of social support on depression and quality of life for university students. *International Journal of Adolescence and Youth*, 24 (4), pp. 484-496. DOI: 10.1080/02673843.2019.1568887

Centre for Mental Health (2017) Mental health and work: The business cost Ten years on. Report. Available at https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth_Mental_health_problems_in_the_workplace.pdf (Accessed 28 June 2020)

Chankliani, M and Rely S J (2015). From the provider-led to an employer-led system: Implications of the Apprenticeship Reform on the private Training Market. *Journal of Vocational Education and training*, 67(4), 515 -528.
<https://doi.org/10.1080/13636820.2015.1076499>

Finneran, A. and Gibb, A., (2013). CIB W099: safety and health in construction: research roadmap report for consultation. CIB Publication 376. Rotterdam, The Netherlands: CIB General Secretariat.

Scott-Young, C M, Turner M, and Holdsworth S (2020): Male and female mental health differences in built environment undergraduates, *Construction Management and Economics*, (no Vol and issues yet) DOI: 10.1080/01446193.2020.1748213

Stevenson, D., and Farmer, P. (2017). Thriving at work: the independent review of mental health and employers. Department of Work and Pension, London.

Kivimäki, M, Jokela, M, Nyberg, S T, Singh-Manoux, A, Fransson, E I, Alfredsson, L, et al. (2015) Long working hours and risk of coronary heart disease and stroke: a systematic

review and meta-analysis of published and unpublished data for 603 838 individuals. *The Lancet*. 386(10005):1739–46. [https://doi.org/10.1016/S0140-6736\(15\)60295-1](https://doi.org/10.1016/S0140-6736(15)60295-1)

Lambert, L, Passmore, H A, Scull, N, Al Sabah, I., Hussain, R (2019) Wellbeing Matters in Kuwait: The Alnowair's Bareec Education Initiative. *Social Indicators Research*, 143 (2), pp. 741-763. DOI: [10.1007/s11205-018-1987-z](https://doi.org/10.1007/s11205-018-1987-z)

Lingard, H, Brown, K, Bradley, L, Bailey, C (2007) Improving Employees' Work-Life Balance in the Construction Industry: Project Alliance Case Study. *Journal of Construction Engineering and Management*, 133(10), 807-815. DOI: [10.1061/\(ASCE\)0733-9364\(2007\)133:10\(807\)](https://doi.org/10.1061/(ASCE)0733-9364(2007)133:10(807))

Maqsoom, A, Mughees, A, Safdar, U, Afsar, B, and Ali Zeeshan B (2018) Intrinsic psychosocial stressors and construction worker productivity: impact of employee age and industry experience. *Economic Research-Ekonomiska Istrazivanja*, 31 (1), 1880–1902. <https://doi.org/10.1080/1331677X.2018.1495571>

Mulkeen, J, Abdou, H A, Leigh, J and Ward, P (2017) Degree and Higher Degree level Apprenticeship: an empirical investigation of stakeholder perceptions of challenges and opportunities. *Studies in Higher Education*, 4(2), 333- 346, DOI:10.1080/03075079.2017.1365357.

National Institute for Health and Care Excellence (NICE) (2019) NICE Impact Mental health. <https://www.nice.org.uk/Media/Default/About/what-we-do/Into-practice/measuring-uptake/NICEimpact-mental-health.pdf>

Pidd, K, Duraisingam, V, Roche, A, Trifonoff, A (2017) "Young construction workers: substance use, mental health, and workplace psychosocial factors", *Advances in Dual Diagnosis*, <https://doi.org/10.1108/ADD-08-2017-0013>

Sherratt, F and Turner, M (2018) Exploring the hidden social consequences of working in construction with Q Methodology: developing a study for Australia and the UK. Proceedings of the CIB W099 and TG59 Conference, Salvador, Marketing Aumentado, Salvador, Brazil, pp. 283–291.

Talevi, D., Socci, V., Carai, M., Carnaghi, G., Faleri, S., Trebbi, E., Di Bernardo, A., Capelli, F., Pacitti, F., (2020) Mental health outcomes of the CoViD-19 pandemic *Riv Psichiatr* 2020;55(3):137-144. doi [10.1708/3382.33569](https://doi.org/10.1708/3382.33569)