Rationale for Well-being in Learning Environments
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Why Well-being in Learning Environments?

In a post-secondary institution, the learning environment is a central and crucial setting for creating a healthy campus community. Positive well-being is a key predictor for learning and student success. Research indicates that well-being is associated with deep learning, and that teaching practices contribute to experiences of well-being (Adler, 2016; Fernandez et al, 2016, Harward, 2016; Zandvliet, Stanton & Dhaliwal, 2019). The experiences involved in learning can have either a positive or a negative impact on health and well-being and there is evidence from the elementary, secondary schools and higher education settings that classroom culture, course design, curriculum, assessment, assignments, physical spaces and instructors themselves may all have the ability to impact student well-being (Adler, 2016; Di Placito-De Rango, 2018; Farr, 2018; Fernandez et al, 2016; Hammond, 2004; Joint Consortium for School Health, 2010; Stanton, Zandvliet, Black & Dhaliwal, 2016).

“...The college experience poses significant and complex challenges to student well-being. Traditionally, these challenges have been addressed in residential halls, campus clinics, and counseling centers – everywhere but the classroom.” (Georgetown University, 2011, p. 3).

Student health and well-being are important factors for student success and retention (Caulfield, 2007; El Ansari & Stock, 2010; University of Minnesota, 2008; Larson, 2009) and as such, are integral to the core business of Simon Fraser University. Guidelines for mental health promotion in higher education state that “improved general mental well-being will impact on institutional reputation, staff and student recruitment and retention, performance in general and on community relations” (Crouch, Scarffe & Davies, n.d., p.2).

Across North America, there is increasing concern regarding the mental health and well-being of students in higher education settings (ACHA, 2016; Evans, Bira, Gastelum, Weiss & Vanderford, 2018; Mackean, 2011; Washburn, Teo, Knodel & Morris, 2013) and increasing recognition that students’ learning experiences can play an important role in creating positive mental health and enhancing student experiences (Di Placito-De Rango, 2018; Farr, 2018). A Canadian cohort of over 42,000 students found that 67% of respondents had felt very lonely within the last 12 months, nearly 60% had felt things were hopeless, and 42% had felt so depressed it was difficult to function (ACHA, 2016). At SFU, mental health and well-being have been identified by undergraduate and graduate students as key areas of concern in relation to student experience. For example, in 2018 several student consultations on this topic identified the relationship between learning experiences and well-being as important areas of focus (SFU Semester in Dialogue Report, 2018; SFU, 2019). These findings also align with findings from the Teaching and Learning Centers’ Report on Undergraduate Students’ Perceptions of their Learning Experiences at SFU (Neal & Schell, 2018), and other evidence that has identified students’ sense of belonging and connection in relation to their learning experiences is
important (Stanton, Zandvliet, Dhaliwal & Black, 2016; SFU UGSS 2013-2018).

There is growing recognition that the transition into higher education poses many challenges to a student’s health and well-being (Goh, 2009; Hefner & Eisenburg, 2009; Mori, 2000; Robotham & Julian, 2006; Royal College of Psychiatrists, 2011, Stixrud, 2012), and that these challenges need to be addressed not only by providing information and resources for students, but also by ensuring that classroom and campus environments support health and well-being (Crouch, et al., n.d.; Dooris, 1998; Dooris, Cawood, Doherty & Powell, 2010; Dooris, 2012; Escolme, James & Aylward, 2002; James, 2003; Royal College of Psychiatrists, 2011; Washburn, Teo, Knodel & Morris, 2013). In addition, it is recommended that curricula should also recognize mental well-being in order to enhance learning in the post-secondary setting (Burgess, Andersen & Westerby, 2009).

Many SFU and external reports have identified the importance of strategically enhancing student well-being through learning experiences (Farr, 2018; Okanagan Charter, 2015; Semester in Dialogue Report, 2018; SFU Public Square Resilience Event Dialogue Report, 2018; Keeling, 2014; Health Advisory Committee Report, 2018). This aligns with recommendations in the Okanagan Charter: An International Charter for Health Promoting Universities & Colleges (2015), that calls on institutions of higher education to embed health into all aspects of campus culture, across the administration, operations and academic mandates. This Charter has been signed by representatives from 42 countries and was signed by President Petter in 2015. This initiative also aligns with strategic priorities at SFU related to student experience, and the Teaching Assessment Working Group Report (2019).

Creating Conditions for Well-being in Learning Environments at SFU

There are a variety of ways through which the learning environment can enhance health and well-being. For example, the learning environment can impact the level of stress that students feel, the degree to which they feel connected to others and the extent to which they feel meaningfully engaged in their university experience.

Through a literature review, a number of key ways in which the learning environment can impact student well-being have been identified. These are drawn from elementary and secondary schools, higher education settings, as well as workplace settings. There is a remarkable overlap between the kinds of psychosocial conditions that are cited as determinants of well-being within these diverse settings. These conditions include opportunities for social interaction, sense of control over workload and opportunities to make a valued contribution (Harter, Schmidt, and Keyes, 2002; Hammond, 2004; Morrison & Kirby, 2010). In addition, factors such as optimal level of challenge, instructor support, positive classroom culture and access to resources have been shown to impact students overall well-being and success (Cotton, Dollard & Jonge, 2002; Hoffman, Richmond, Morrow & Salomone, 2002; Morrison & Kirby, 2010; Rowe et al., 2007; Wyn et al., 2000). These psychosocial conditions combine together to create a healthy or unhealthy setting that can impact well-being.

Using literature, as well as qualitative examples from SFU instructors and students, an interactive diagram has been created to summarize some of the key conditions for well-being in learning environments.
Since 2012, over 150 faculty members, instructional staff, and graduate students have joined the Well-being in Learning Environments network at SFU and have shared examples of the ways in which they are creating conditions for well-being and positive student experience through their teaching practice. This innovative project is a partnership between the SFU Teaching and Learning Center and SFU Health Promotion, and it has received international recognition and awards including a Best Practice Award from the American College Health Association (2015) and an Innovation Award from the Canadian Association of College and University Student Services (2014). The project has also inspired similar projects to be developed at other institutions including George Brown College, The University of British Columbia, Camosun College; Ryerson University; The University of Calgary, & The University of Texas at Austin). The project was also featured by EAB (2019) in a publication entitled Expanding Well-being Initiatives through Faculty Partnerships. This project was co-created through input from students, staff and faculty at SFU and is therefore designed to meet the unique needs and experiences of our community.

Since 2012, we have worked with faculty and students at SFU to publish several articles related to this initiative and the impacts it is having on students (Ardiles, Hutchinson, Stanton, Azlan & Dhaliwal, 2017; Mroz, Black, Stanton, Dhaliwal & Hutchinson, 2016; Stanton, Chernenko, Dhaliwal, Gilbert Goldner, Harrison, Jones & Mroz, 2013; Stanton et al, 2016; Stanton, Black, Dhaliwal & Hutchinson, 2017; Zandvliet, Stanton & Dhaliwal, 2019).
Impacts on Students

For a student, a healthy learning environment can translate into the following characteristics which are all linked to their academic and personal success as well as their long term health and well-being.

- Social Connectedness
- Belonging
- Positive self-esteem
- Empowerment
- Autonomy
- Engagement
- Healthy living
- Resilience
- Happiness

These characteristics are described in further detail below.

Social connectedness and belonging. Social support and social connectedness have been shown to impact many aspects of health and well-being including health behaviour choices, depression, anxiety, self-esteem, risk of heart disease and other physical ailments, recovery time from illness and overall longevity. School connectedness has also been shown to impact academic achievement and learning outcomes (Bond, et al., 2007; McNeely et al., 2002; Putnum et al., 2000; Sochet et al., 2006).

“A sense of belonging and connectedness in school community is not only protective of health but is also identified as contributing to improved academic achievement and engagement” (Rowe et al., 2006, p.524).

Positive self-esteem. Self-esteem can have positive impacts on self-rated health status, health seeking behavior, health behaviour choices, resilience, interpersonal relationships, academic achievement and mental health (King, Vidourek, Davis & McClellan, 2005; Hammond, 2004).

Hammond (2004) found that long term health outcomes “were mediated by relatively immediate impacts of learning upon psychosocial qualities; self-esteem, self-efficacy, a sense of purpose and hope, competences, and social integration” (p. 551). The learning environment therefore had a direct impact on psychosocial factors such as self-esteem, which then had long term impacts on health.

Empowerment and autonomy. A sense of autonomy and control is commonly cited as one of the three psychological needs that contribute to enhanced intrinsic motivation, well-being and improved individual functioning and resilience (Reis, Sheldon, Gable, Roscoe, & Ryan, 2000; Cotton et al., 2002; Ryan & Deci, 2000; New Economics Foundation, 2008).

“It is only more recently that we have begun to understand the significance of fostering a sense of agency and autonomy for peoples’ well-being, and in turn noted the benefits it can have for individuals’ education and learning experiences” (New Economics Foundation, 2008, p. 16).

Engagement. Evidence suggests that volunteering or otherwise making a valuable contribution to society is good for a person’s individual well-being as well as for society as a whole (Brown, Nesse,
Brown’s study in 2003 found that “mortality was greatly reduced in individuals who reported providing instrumental or emotional support, compared to those who did not, and this effect remained after adjustment for a host of potential health, behavioural, and socio-demographic confounders” (as cited in Huppert, 2009, p. 151).

Healthy living. Higher education classrooms provide an opportunity to educate students about healthy living and health behaviours which can greatly contribute to their long-term health and well-being. This is a way to integrate personal and academic learning (Georgetown University, 2011). Health education is particularly important for student populations as this is a life period where students are developing habits that will impact their future lifestyle choices (Robotham & Julian, 2006).

In a curriculum infusion program at Georgetown University, “Students go beyond merely absorbing information; by integrating readings and class discussions with their personal life experiences, they can explore in-depth how issues of health and wellness relate to their lives” (Georgetown University, 2011, p. 4).

Resilience. Resilience is the ability to cope with stressors in a positive way and maintain mental health despite adversity (Herrman, Stewart, Diaz-Granados, Berger, Jackson, & Yuen, 2011). Resilience is associated with many long term health benefits and results from a combination of personal resources, environmental supports and triggers (Herrman et al., 2011).

“When stress is perceived negatively or becomes excessive, students experience physical and psychological impairment” (Murphy & Archer, 1996, p.1). Resilience helps to mitigate the negative consequences of stress which can include chronic disease, depression, decreased self-esteem, decreased sense of connectedness and unhealthy behaviours. Building student resilience and finding ways to help students experience positive eustress as opposed to harmful distress is an important component of a healthy learning environment.

Happiness. Positive psychology literature has shown that positive emotional states are linked to improved overall functioning, learning, resilience and health (Fredrickson, 2006). “Happy people are healthier, more productive, and more socially engaged” (Cohen, 2006, p. 203).

“Positive emotions appear to broaden peoples’ momentary thought-action repertoires and build their enduring personal resources...through experiences of positive emotions then, people transform themselves becoming more creative, knowledgeable, resilient, socially integrated and healthy individuals” (Fredrickson, 2004, p. 1369).
Impacts on Academics

Several studies have outlined that well-being concerns can negatively impact student retention, learning, and academic achievement (California Education Supports, 2009; Felsten & Wilcox, 1992; Goh, 2009; University of Minnesota, 2008; Patterson & Kline, 2008; Stixrud, 2012). For instance, stress has been linked to a decrease in GPA among college students (Felsten & Wilcox, 1992). At SFU, students consistently report stress and anxiety as the top factors that impact their academic performance (American College Health Association, 2016), which is consistent with students at other post-secondary institutions.

Within the university context, students’ health and well-being have also been shown to be positively correlated with academic success and learning (El Ansari & Stalk 2010; DeBerard, Spielmans and Julka, 2004; Caulfield, 2007; Larson, 2009; University of Minnesota, 2008). “It is widely accepted that health and well-being are essential elements for effective learning (El Ansari & Stalk, 2010, p. 2).”

Creating a healthy campus community with learning environments that recognize well-being is also beneficial to student retention and experience (DeBerard et al., 2004; Hoffman et al., 2002). “All things considered, the greater a student’s “sense of belonging” to the university, the greater is his or her commitment to that institution [satisfaction with the university] and the more likely it is that he or she will remain in college (Hoffman et al., 2002, p. 228).”

In summary, there is a growing body of literature outlining the linkages between student well-being, student development, and academic success (California Education Supports, 2009; DeBerard et al., 2004; Greenberg, O-Brien, Zins, Weissberg, Resnik, Fredericks & Elias, 2003; Malti & Noam, 2008; University of Minnesota, 2008; Swancer, 2005; Warwick et al., 2006). In 2010, the American College Health Association developed a new framework for advancing student health in higher education institutions which recognizes that “individual health, community well-being and academic accomplishment are all mutually reinforcing components of a healthy campus” (as cited in Warwick et al., 2006, p. 24). Others note the strong link between mental health and student learning: “mental health is both an important input into student academic success and an outcome” (Malti & Noam, 2008, p. 16).

Within the elementary and secondary school systems, the health promoting school paradigm has been used as a framework for building school environments that foster both emotional health and student engagement. Simovska and Sheehan (2000) describe how “genuine student participation, both within the classroom and in the broader school environment can be an avenue for building quality relationships, promoting self-esteem, connecting students to their school environment, increasing resilience and empowering students to influence their surroundings” (p. 216). Student engagement, student well-being and student success are seen to be mutually supportive and the approaches used to foster each are overlapping. It is therefore important for health professionals, faculty and instructional staff to work together to foster improved student outcomes. Collectively a contribution can be made to the education of the whole person that has the potential to simultaneously foster resilience, well-being and civic engagement among higher education students.
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