

Exploring the emotional wellbeing of undergraduate diagnostic radiography students during work-based learning in South Africa: A journey of challenges and resilience

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This study explored the emotional wellbeing of undergraduate diagnostic radiography students during work-based learning (WBL) in South Africa, focusing on how they experience, manage, and build resilience amid the challenges encountered in clinical practice. Support structures are perceived to be available for undergraduate diagnostic radiography students in South Africa; however, this area is under-researched. The paper presents the open-ended component of a cross-sectional online survey conducted across five higher education institutions in South Africa that offer radiography training. Some maladaptive coping mechanisms were observed; however, a few participants demonstrated resilience despite the challenges they faced. Although WBL placements are essential for developing radiography students' competencies, they often expose learners to emotionally damaging environments. Traumatic and emotionally intense clinical encounters are a common and challenging part of radiography education and training, often causing distress but also offering important learning opportunities when supported appropriately.

Keywords: Emotional wellbeing, work-based learning, diagnostic radiography, resilience

Health science students have been reported to experience distressing experiences during their undergraduate training, which disrupts their emotional wellbeing (Klein & McCarthy, 2022; Wati et al., 2025; Yalim et al., 2024). Examples of these emotionally challenging encounters include, but are not limited to, patient safety events (Sattar et al., 2024), death and dying (van de Venter & Engel-Hills, 2022a), the unprofessional behavior of members in the workplace (Weurlander et al., 2018), and the result of a lack of effective mentoring (Ebrahim et al., 2024; Javornická et al., 2024). Emotionally challenging encounters are increasingly noted during the students' work-based learning (WBL) component of the curriculum (Bell et al., 2024), which forms part of the work-integrated learning (WIL) framework. According to Zegwaard et al. (2023), WIL is an umbrella term for a variety of work-focused learning models, including WBL. WBL, as a point of reference in this paper, is a pedagogical approach in which students are placed in a clinical environment and allowed to apply their newly acquired theoretical knowledge (Murtazin et al., 2020).

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Wellbeing can be explained as “a positive state experienced by individuals and societies” (WHO, 2025; para 1), determined through a positive psychological lens (Snyder et al., 2021) for optimal human functioning (Park et al., 2022). Although a state of wellbeing often involves reference to social, economic, and environmental factors (WHO, 2025), it also addresses other factors, such as intellect, spirituality, and emotion (Stoewen, 2017). The current research focuses on the concept of emotional wellbeing. Emotional wellbeing refers to a positive balance between pleasant and unpleasant experiences and their associated cognitive attributes (Drewery et al., 2019; Langeland, 2023). According to Gautam et al. (2024), emotional wellbeing is not isolated to specific individuals or communities and, as a result, affects everyone.

The undergraduate diagnostic radiography curriculum comprises a large WBL component, in which students rotate between the academic (on campus) and clinical (workplace) environments to experience, develop, and achieve clinical competencies imperative for the real world of work (Dlamini et al., 2024). As per the Professional Board for Radiography and Clinical Technology (PBRCT, 2020), diagnostic radiographers are responsible for producing medical images of optimal quality for interpretation by medical doctors to aid diagnosis. Whilst doing so, they rotate through a variety of work areas where emotionally complex situations may occur (Thomas et al., 2023). Diagnostic radiographers, furthermore, work closely with other healthcare teams (Wahid et al., 2025), which can pose interpersonal challenges and affect students' emotional wellbeing.

Of importance is that undergraduate diagnostic radiography students often possess limited amounts of professional and/or workplace experience. This may be due to the majority of students enrolling for tertiary studies directly after completing their secondary school-leaving certificates (Thomas & Koch, 2023). Being placed in a clinical environment for the first time may prove challenging when attempting to navigate emotionally distressing encounters (Girn et al., 2022). As a result, students may experience increased levels of anxiety, stress, and depression (Weerakoon & Chandrasiri, 2022), and this, in turn, may increase their drop-out rates (McAnulla et al., 2020).

Diagnostic radiography training in South Africa is offered by eight higher education institutions as a four-year professional qualification (van de Venter & Engel-Hills, 2022b). The offering of these qualifications is regulated by the Health Professions Council of South Africa (HPCSA), more specifically, through the PBRCT (HPCSA, 2025). Although the HPCSA established a health committee that lends emotional wellbeing support to undergraduate students (HPCSA, 2020), an understanding of the same students' emotional wellbeing during WBL remains limited. The current research explored the emotional wellbeing of diagnostic radiography students in South Africa from a WIL perspective. It further provides recommendations for implementing tailored, potentially improved, sustainable, and evidence-based student support mechanisms.

METHODOLOGY

This paper presents the findings from the open-ended questions of an online questionnaire from a larger study conducted by Lewis et al. (2025). Open-ended questions do not provide predetermined responses, allowing participants to answer in their own words. In this way, participants can express themselves without losing the accuracy of their thoughts by selecting from predetermined options. As a result, individualized, personal, and unique responses are collected (Albudaiwi, 2017; Rouder et al., 2021). The literature indicates that responses to open-ended questions may consist of a few words, biased by preceding closed-ended questions in the questionnaire (Christian et al., 2007; Smyth et al.,

2009). This concern was negated in the present study as participants largely provided rich narrative responses.

The study was set in South Africa at higher education institutions offering training in diagnostic radiography. Students in the first year of their four-year undergraduate degree spend six months at university, thereafter, they rotate between the university and WBL placements. Their rotation can be either alternating between two weeks at the university and two weeks at WBL placements, or a semester at the university and a semester at WBL. The rotation is institution-dependent, but these are the two models currently used in South Africa. WBL occurs at clinical training centers in either the private or public sector. All clinical training centers are accredited by the HPCSA to train students affiliated with a specific higher education institution. In most instances, the clinical training centers are located close to the higher education institutions, and therefore, students do not have to travel far for WBL placements.

At the time of data collection, 1434 undergraduate diagnostic radiography students were registered at these higher institutions. Five of the eight higher education institutions were randomly sampled. The study response rate was 24.2% based on 265 returned questionnaires from the approximate sample of 1094 diagnostic radiography students at the time of data collection. However, the response rates to individual questions varied, with only 170 participants completing all questions in the questionnaire. The inclusion criteria were South African diagnostic radiography students aged 18 or older who had completed at least one WBL placement.

Data Collection Procedure

Following ethical clearance (REC-2058-2023) and gatekeeper permissions from the five randomly sampled higher education institutions, diagnostic radiography students were informed of the study with permission from the department heads at their institutions. The email addresses of the heads of departments were available on the institution's website. A study advert containing a link to the study information letter was shared with the heads of departments at the five selected institutions to disseminate among diagnostic radiography students at their institutions. Prospective participants clicked a link in the study information letter to access the consent page for the online, anonymous questionnaire hosted on QuestionPro. Agreement to participate in the study provided access to a questionnaire based on a previous study (Girn et al., 2022). The questionnaire was contextualized to South Africa and was validated through content validity and a pilot study. The questionnaire was reviewed by medical imaging academics and piloted among five 2022 final-year diagnostic radiography students from one higher education institution. No changes were suggested to the questionnaire from the pilot study. Internal consistency was also reported (Lewis et al., 2025). The questionnaire had four open-ended questions:

1. If you have experienced distress during clinical placement, why did the emotionally challenging situation/ these emotionally challenging situations make you feel distressed?
2. Upon reflection, do you think that your response(s) to your emotionally challenging situation affected your wellbeing?
3. Please share details of any emotionally challenging situations you have experienced.
4. Do you have any comments to make with respect to the effect of emotionally challenging situations on emotional wellbeing during clinical placements?

Data collection took place from November 2023 to April 2024.

Data Analysis

The responses to the four questions were analyzed completely blindly and anonymously. All the open-ended responses were captured on an Excel spreadsheet provided by the statistician without any association with a respondent number or identifier. Due to the sensitive nature of the study, the researchers deemed this the best approach to ensure participants could not be identified, either directly or indirectly. Therefore, the narratives obtained from the open-ended questions were analyzed in a completely anonymized manner, ensuring that no information could be associated with any specific student, province, or institution.

The open-ended question responses were analyzed using Braun and Clarke's (2021) thematic analysis. Braun and Clarke's thematic analysis involves six steps. In the first step, the first and second authors read and reread the open-ended responses independently. They then independently generated initial codes and searched for themes. The authors then met to review the themes, and after consensus, the themes were named, defined, and written. Having an independent analysis of the data ensures credibility in qualitative data analysis.

FINDINGS

Participants' demographics are shown in Table 1. Most of the 265 participants were aged 21–23 years (48.7%), predominantly female (69.4%), second-year students (39.6%), and in the public sector (52.7%).

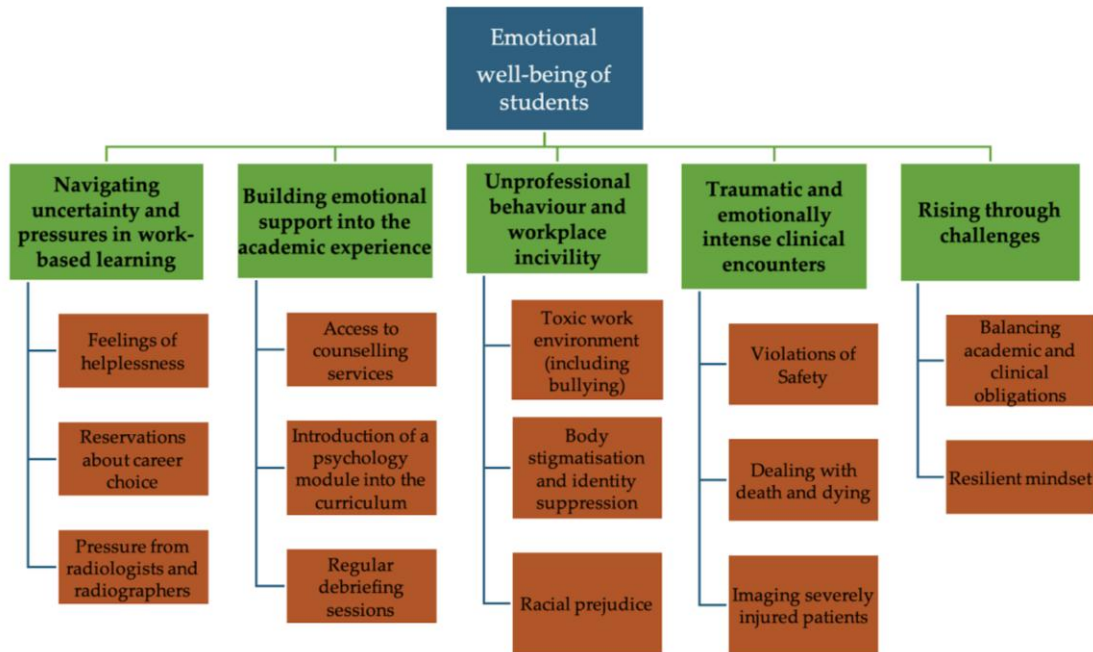
TABLE 1: Participants' demographics.

Variable	Category	n	%
Age group (years) N = 253	18–20	94	35.5
	21–23	129	48.7
	≥ 24	30	11.3
Year of study N = 265	1 st year	29	10.9
	2 nd year	105	39.6
	3 rd year	71	26.8
	4 th year	60	22.6
Gender N = 265	Female/woman	184	69.4
	Male/man	71	26.8
	Gender non-binary	6	2.3
	Prefer to self-identify	3	1.1
	Prefer not to say	1	0.4
Clinical training center N = 264	Private	125	47.3
	Public	139	52.7

While this study draws on data collected from students, the insights gained transcend the student perspective and hold significance for all three stakeholders (higher education institution, students, and

industry/hospital partners) within the WIL approach. Five central themes were created from the data (Figure 1), namely: Navigating uncertainty and pressures in work-based learning; Building emotional support into the academic experience; Unprofessional behavior and workplace incivility; Traumatic and emotionally intense clinical encounters; and Rising through challenges. These themes are presented below with supporting quotes. Bold text indicates grammatical and spelling errors that were corrected.

FIGURE 1: Graphic illustration of themes and subthemes.



Theme 1: Navigating Uncertainty and Pressures in Work-Based Learning

This theme portrays the internal struggles students are confronted with daily as they navigate demanding clinical environments. Many participants expressed feelings of helplessness when faced with unrealistic expectations and limited support from radiologists and radiographers. Due to the hierarchical landscape of the radiography profession, students often believed they were undervalued and suppressed by the radiologists and radiographers. One participant stated, "I felt distressed due to the position I had been placed in, for example, being challenged to do a procedure I am not familiar with, and working with skeleton staff with limited help." From another participant, "I felt distressed due to a qualified radiographer putting too much pressure on me, in terms of doing all the portable X-rays all day long."

Working with a verbally abusive radiologist, who did not understand that working with difficult patients (trauma or disabled patients) reduces the chances of producing **high-quality** images. I felt as though all my hard work from previous examinations was just overlooked, and I was judged for my errors at that time only. Which I found to be discouraging and made me feel as if I will never be good enough, regardless of all the compliments I would get from my **tutor**. (Participant)

Sparked by difficult clinical experiences and emotional fatigue, many participants questioned their choice of career, which created feelings of uncertainty and giving up.

Honestly, my experience at work has made me hate this profession. All the time I go to work, I just feel like just taking another profession, I love being in class and everywhere else except at work, specifically my workplace. (Participant)

Another participant reported that, “Emotionally challenging situations may hamper the enthusiasm and will of students. These challenges sometimes make us feel like giving up or changing careers.”

A key partner in WIL is the external stakeholder, which in this case is the industry (hospital) partners who offer WBL placements for students. The role of these industry partners as a component of WIL is to provide students with real-life, authentic learning experiences (Spante et al., 2025) and help better prepare students for their future profession. However, this learning experience is challenged when students feel disempowered, and this environment prompts them to reconsider their intended career path.

Theme 2: Building Emotional Support into the Academic Experience

This theme underscores the critical need for structured psychological support for students. Participants emphasized the importance of accessible counselling services to assist students in managing emotionally demanding situations commonly encountered during clinical placement. The inclusion of a dedicated psychology module within the curriculum was identified as a key recommendation, with students perceiving it as essential for fostering an understanding of emotional wellbeing, stress management, and effective coping strategies. Additionally, the implementation of regular debriefing sessions was proposed as a valuable mechanism for reflection, emotional processing, and peer support throughout clinical placements.

Honestly speaking, I believe a positive mindset or positive emotion brings the best in a person. I believe there's a lot of work that needs to be put into the wellbeing of medical professionals, especially in my field of radiography. I also believe the exclusion to be part of the psychology module at the university has created a state where we are slightly lacking when it comes to how we handle psychological and emotional **states**. I also believe there needs to be a good [...] in allowing students to also take part in activities that help with their mental being and getting to know each other and the experiences we have from our different practices. (Participant)

From one participant, “I suggest that more debriefing sessions happen where students are able to open up and discuss what happens during WIL. For my year, we’ve only had it once, and it was during our earlier years.” From another participant, “I suggest sessions where we talk about our experiences”.

The educational institution plays a pivotal role in the tripartite partnership model of WIL (Spante et al., 2025). Given that WBL is a compulsory component in most radiography programs in South Africa, these institutions should provide adequate support systems to ensure students are appropriately prepared for their WBL placements, which will then ensure that effective learning takes place.

Theme 3: Unprofessional Behavior and Workplace Incivility

This theme describes students' clinical encounters with unprofessional behavior, which they considered created a toxic work environment. Feelings of exploitation, ridicule, and victimization were communicated. A sense of discrimination in the form of direct and indirect racism inflicted feelings of

inadequacy among students. Occurrences of body shaming and bullying were explained in the stories shared. It is evident that these negative remarks from colleagues in the workplace have left students feeling emotionally challenged.

Students would be exploited and blamed for incidents they were not responsible for. They were not given a chance to **share their side** of the story, as it would be disregarded. This eventually created a toxic environment for students and radiography staff that it overlaps to the next group of students in the following clinical rotations. (Participant)

One participant reported, "Bullying and harassment in the workplace by a colleague. This situation can make it difficult to do optimal work in the department. I felt scared of victimization (after a complaint has been charged)." Another participant stated, "Qualified radiographers are being unprofessional and rude towards students. Taking advantage of students to do most of the work."

Yes. I am naturally a very bubbly person, always happy & all, but after hearing all of that, I started thinking low of myself, I dimmed my light, I started not participating as much in certain things to avoid any comments being made. I started hating the place I worked & the people. I no longer had excitement when waking up in the morning for my clinical practice. (Participant)

One participant stated that, "I work in private practice where students are the lowest of the low. I get body shamed, insulted, and treated unfairly on a daily basis." Another participant reported that, "I was told to stop being myself."

Workplace incivility harms students' self-esteem and motivation to learn, undermining the core purpose of WBL. A lack of sensitivity toward students' cultural, linguistic, and social diversity further intensifies feelings of exclusion and marginalization. As students are in the early stages of their professional journey, it is crucial that they feel valued and supported in the development of their professional identities. Environments that lack inclusion and psychological safety hinder learning and compromise students' ability to engage and develop within their profession.

Theme 4: Traumatic and Emotionally Intense Clinical Encounters

This theme captures the significant emotional burden experienced by radiography students as they are exposed to the often-distressing realities of clinical practice. Several participants described feeling overwhelmed and emotionally affected after imaging patients with severe injuries. These encounters frequently evoked deep personal reflection. The emotional impact was further intensified in situations involving patient death, which participants identified as particularly triggering and difficult to process. These findings highlight the emotional vulnerability of students in clinical settings and underscore the need for structured emotional support and debriefing mechanisms to help them navigate such experiences.

One affected participant reported, "Patient died, it triggered something in me since I had recently lost one of my parents."

The paediatric patient was admitted for non-accidental injuries, and the patient was in a lot of pain and hysterical, and seeing the patient in pain made me very emotional, and I was not sure if touching or moving them in any manner caused more pain or not. (Participant)

Another participant stated, "First clinical placement was **extremely** traumatic to me because I was under a lot of pressure and new to the environment. I dealt with a severely ill patient".

There were experiences of compromised personal safety in the form of sexual harassment and/or inappropriate behavior. This evoked feelings of fear and distress. The participants indicated that they were unsure of how to respond or react to these encounters. One participant opted not to share the full story due to the sensitive nature of the encounter.

I was sexually harassed by a receptionist in the kitchen. I literally froze and did not say anything. I just left. I was scared of telling my clinical tutor because I knew that person was going to lose their job. I told a radiographer who was close to the receptionist to please stop doing that because I will report them. (Participant)

From one participant, "I wrote what distressed me and I took it down because it is so sensitive, I choose not to give details but it revolves around sexual harassment. I hope that is enough." Another participant highlighted "A clinical tutor trying to impress other staff members at my **expense**. She yelled and intimidated me in front of staff and no one said anything about it, a staff member mocked my beliefs."

The authors believe student safety should always be the number one priority, whether on or off campus. There is a clear need for the academic institution and external stakeholders to work together to ensure student safety in the workplace. As indicated by the participants, there is a reluctance to share sensitive experiences, which can imply a lack of safe and supportive reporting procedures within the clinical environment. These factors create a hostile learning environment that threatens students' wellbeing and compromises WIL's overall quality and outcomes.

Theme 5: Rising Through Challenges

The narratives revealed that students often struggle with balancing academic and clinical obligations. There is constant pressure to perform well in both settings. Despite the negative encounters students experienced during workplace learning, this theme also demonstrates the students' resilience and the use of positive thinking to overcome challenges. Some participants reframed their negative experiences into opportunities for personal growth and development. This positive mindset helped them push through adversities.

I experienced significant emotional challenges while balancing my academic studies and assignments with my clinical rotations. The time commitment required for clinical rotations sometimes left me with limited opportunities to focus on completing assignments, resulting in heightened stress levels and negatively impacting my overall wellbeing. (Participant)

One participant claimed, "It had a positive effect. I understand that I have to build myself up. It really helps talking to my classmates because they understand." Another participant reported, "Emotionally challenging situations have affected me both positively and negatively. The negative situations have affected my emotional wellbeing but have made me a stronger person and have shaped me as a person and future radiographer." One participant stated, "Honestly speaking, I believe a positive mindset or positive emotion brings the best out of a person."

While evidence of resilience was observed among some students, it was not characteristic of all, as maladaptive mechanisms were also present. This underscores the need to incorporate resilience-building strategies into the academic curriculum of radiography programs. Integrating such interventions could better prepare students to cope with the emotional and professional challenges

encountered during WIL, ultimately enhancing their wellbeing and capacity to succeed in their professional roles.

DISCUSSION

This study explored the emotional wellbeing of South African radiography students within WBL environments, a critical component of the WIL in radiography education and training. Findings indicate that clinical placements are often emotionally demanding, with students reporting unrealistic expectations, limited guidance, and hierarchical structures as major stressors. It can then be argued that students' expression of reconsidering the profession could stem from exposure to such behavior. Previous studies in radiography have similarly highlighted how unsupportive clinical interactions undermine student wellbeing, with significant proportions of learners linking emotional distress to staff dynamics (Girn et al., 2022; Lewis et al., 2025). The emotional demands of WIL are not unique to radiography. Studies in hospitality, law, marketing, management, and health sciences, among others, report stress, anxiety, loneliness, and tiredness during WIL (An et al., 2023; Diver, 2020; Ramgoolam-Atchiamith et al., 2022; Warren-James et al., 2021; Yacub et al., 2024). Zegwaard and Adams-Hutcheson's (2025) New Zealand study reported that of the 146 students undertaking WIL in various study fields (teacher education, engineering, business/management studies, and nursing), 93.8% rated experiencing slight to severe stress about work colleagues and supervisors. The lack of consistent supervision contributes to isolation and self-doubt, compounding students' physical and emotional fatigue (Tudor et al., 2025). However, Buchan et al. (2023) found that supervisors are challenged by staff shortages, limited time, administrative tasks, and a lack of remuneration to provide optimal supervision. Poorly prepared and disengaged students further contributed to supervisor effectiveness.

Participants described experiences of hostility, verbal abuse, and lack of empathy from clinical staff, findings consistent with evidence from nursing and medical education, where hierarchical behaviors, poor feedback, and incivility contribute to stress and disengagement (Abate & Greenberg, 2023; Griffin & Baverstock, 2023). Within radiography WIL, similar hierarchies were found to limit students' confidence, dialogue, and interprofessional learning. Power imbalances and inconsistent supervision created emotional strain, echoing Zegwaard and Adams-Hutcheson's (2025) report that workplace relationships are a major source of stress during WIL. Training institutions should therefore prioritize preventive measures such as mentorship training, structured reflection, and policies against incivility to promote wellbeing and resilience in radiography clinical learning environments (Dannenberg et al., 2025; Hay & Fleming, 2025; Soniassy et al., 2025).

Students in higher education face distinct challenges. Many have relocated from home and are adapting to newfound freedoms in their life choices, often accompanied by limited financial resources. Additionally, they transition from a structured learning environment to one that requires greater independence (Zegwaard & Adams-Hutcheson, 2025). The absence of structured psychological support in radiography curricula left students ill-equipped to manage these stressors (Aguilar-Ferrándiz et al., 2024; Chye et al., 2024; Lewis et al., 2025). Research suggests that integrating psychology education, debriefing, and resilience training enhances coping and reduces burnout (Aguilar-Ferrándiz et al., 2024; Chye et al., 2024; Lewis et al., 2025). Peer mentorship and accessible counselling are also shown to foster academic performance, resilience, and wellbeing (Girn et al., 2022; Noorodien-Fataar, 2012). Participants' accounts suggest South African institutions lack tailored counselling services and protected reporting channels for workplace abuse, underscoring an urgent need for systemic support.

Work-based learning provides transformative opportunities to integrate theory with practice; however, radiography students can also be exposed to trauma, death, and unsafe practices (Spacey et al., 2024; van de Venter et al., 2019). Vulnerable student populations may experience heightened stress and are likely to exit the WIL experience before effective wellbeing interventions are implemented (Dannenberg et al., 2025). Such experiences, if unsupported, generate moral conflict, distress, and disengagement (Hashemiparast et al., 2019; Spacey et al., 2024). Conversely, when addressed through mentorship, reflection, and structured exposure, these challenges can foster empathy, professional maturity, and technical competence (Girn et al., 2022; Lonn et al., 2023; Mokoena & Van Tonder, 2024).

Students face the dual burden of academic and clinical demands in WBL, often leading to fatigue, stress, and emotional exhaustion (Bwanga & Lidster, 2019; Carpio et al., 2025; Wasserman et al., 2025). Balancing assessments, patient care, and workplace expectations within inflexible environments heightens these pressures (Zegwaard & Adams-Hutcheson, 2025). Supportive mechanisms, mentorship, flexible scheduling, and workload recognition help sustain engagement (Chong et al., 2025; Hyde, 2015). Embedding resilience-building strategies within the psychology-informed radiography curriculum, structured reflection, and debriefing further equip students to adapt positively, reframe challenges as opportunities for growth, and sustain professional commitment in demanding clinical environments (Shengyao et al., 2024; Thomas et al., 2023). Work-integrated learning frameworks of wellbeing emphasize that shared responsibility among universities, supervisors, and host institutions is vital to sustaining student wellbeing and professional identity (Dannenberg et al., 2025; Hay & Fleming, 2025; Soniassy et al., 2025).

This study demonstrates that without adequate support, clinical placements can risk undermining the emotional wellbeing of radiography students. Strengthening psychological safety, mentorship, resilience-building, and institutional support is essential to preparing students for the emotional and professional demands of WBL.

CONCLUSION

Traumatic and emotionally intense clinical encounters are an unavoidable aspect of radiography education and training. Violations of safety, dealing with death and dying, and imaging severely injured patients each present unique challenges that can provoke anxiety, moral distress, and emotional discomfort in students. However, some of these same encounters, when accompanied by structured educational interventions, reflective opportunities, and adequate clinical supervision, can serve as powerful learning experiences. Addressing these challenges proactively within the curriculum is vital in preparing radiography students as competent imaging professionals and resilient and empathetic healthcare practitioners.

Rising through challenges in radiography education and training requires students to navigate the simultaneous demands of academia and clinical practice while cultivating a resilient mindset. Balancing academic and clinical obligations is essential for ensuring success across both domains, while resilience enables students to cope with the emotional and cognitive stressors encountered along the way. Together, these elements highlight the importance of institutional and supervisory support in equipping students with the tools necessary to survive and thrive in the demanding context of radiography training.

LIMITATIONS

The study had several limitations. The findings presented in this manuscript relied on self-reported data collected from the open-ended survey responses, which might have been influenced by various factors, such as socially desirable responses and the willingness to disclose sensitive challenges. Also, the study only focused on diagnostic radiography students in South Africa, and therefore, the findings cannot be generalized to other disciplines within radiography, nor can they be generalized to other healthcare professionals. In addition, the qualitative data were derived from written narratives rather than in-depth interviews, and the researchers might have missed the opportunity to fully explore the coping mechanisms used by students.

RECOMMENDATIONS

Based on the findings, it is proposed that intentional systemic interventions be created by both academic institutions and clinical training sites to support students during WIL. These systemic interventions may be psychological support for students during and after their clinical rotations. In addition to this, there should be regular debriefing sessions that both the higher education institutions and the clinical training sites can conduct. The appointment of mentors can assist students by addressing any challenges they encounter in their early years. Lastly, the matters related to emotional wellbeing can be incorporated into the official curriculum to raise awareness.

DISCLOSURE OF THE USE OF GENERATIVE AI

No generative AI was used in the writing of this manuscript.

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About the Journal

The International Journal of Work-Integrated Learning (IJWIL) publishes double-blind peer-reviewed original research and topical issues related to Work-Integrated Learning (WIL). IJWIL first published in 2000 under the name of Asia-Pacific Journal of Cooperative Education (APJCE).

In this Journal, WIL is defined as:

An educational approach involving three parties – the student, educational institution, and an external stakeholder – consisting of authentic work-focused experiences as an intentional component of the curriculum. Students learn through active engagement in purposeful work tasks, which enable the integration of theory with meaningful practice that is relevant to the students' discipline of study and/or professional development (Zegwaard et al., 2023, p. 38").

Examples of practice include off-campus workplace immersion activities such as work placements, internships, practicum, service learning, and cooperative education (co-op), and on-campus activities such as work-related projects/competitions, entrepreneurship, student-led enterprise, student consultancies, etc. WIL is related to, and overlaps with, the fields of experiential learning, work-based learning, and vocational education and training.

The Journal's aim is to enable specialists working in WIL to disseminate research findings and share knowledge to the benefit of institutions, students, WIL practitioners, curricular designers, and researchers. The Journal encourages quality research and explorative critical discussion that leads to the advancement of quality practices, development of further understanding of WIL, and promote further research.

The Journal is financially supported by the [WILNZ](#), [WACE](#), [WIL Australia](#), and the [University of Waikato](#).

Types of Manuscripts Sought by the Journal

Types of manuscripts sought by IJWIL are primarily in two forms: 1) *research publications* describing research into aspects of WIL and, 2) *topical discussion* articles that review relevant literature and provide critical explorative discussion around a topical issue. The journal will, on occasions, consider good practice submissions.

Research publications should contain; an introduction that describes relevant literature and sets the context of the inquiry. A detailed description and justification for the methodology employed. A description of the research findings - tabulated as appropriate, a discussion of the importance of the findings including their significance to current established literature, implications for practitioners and researchers, whilst remaining mindful of the limitations of the data, and a conclusion including recommendations.

Topical discussion articles should contain a clear statement of the topic or issue under discussion, reference to relevant literature, critical and scholarly discussion on the importance of the issues, critical insights into how to advance the issue further, and implications for other researchers and practitioners.

Good practice and program description papers. On occasions, IJWIL seeks manuscripts describing an example of good practice, however, only if it presents a particularly unique or innovative practice or it was situated in an unusual context. There must be a clear contribution of new knowledge to the established literature. Manuscripts describing what is essentially 'typical', 'common' or 'known' practices will be encouraged to rewrite the focus of the manuscript to a significant educational issue or will be encouraged to publish their work via another avenue that seeks such content.

By negotiation with the Editor-in-Chief, the Journal also accepts a small number of *Book Reviews* of relevant and recently published books.

Reference

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