

RESEARCH ARTICLE

How do different communities of pharmacy students in the United Kingdom approach study and personal support?

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Abstract

Objectives: This study aimed to discover how a diverse pharmacy student population in the United Kingdom engages with academic and non-academic support, and what might prevent them from doing so. **Methods:** Pharmacy students (in all years of study) completed an online survey seeking information on: demographics; confidence in studying; and where/how students seek academic and personal support. The survey outcomes were statistically analysed to compare differences between Black, Asian and Minority Ethnic (BAME) and white students. **Results:** When seeking help from academic staff, 38.8% of BAME students felt they were negatively perceived. All students are significantly more likely to seek help for academic issues than for personal and well-being ones, with most students preferring to ask family and friends rather than university support mechanisms. **Conclusion:** The results strongly indicate that support mechanisms present within universities to help students are seldom utilised and may explain the reduced academic performance of both white and BAME students.

Introduction

Student numbers have increased by almost 40% over the past couple of decades (Bolton, 2020), as widening participation (WP) strategies have encouraged individuals from different socio-economic or cultural, backgrounds, and those with disabilities, to attend university and increase social mobility (Reay, 2003). Often under-represented in the university environment, students from non-traditional backgrounds may feel they do not belong in the higher education (HE) environment, which can lead to feelings of isolation (Bowl, 2001), higher levels of stress and anxiety and higher drop-out rates (Krause, 2005). Medical and pharmacy students have additional stressors such as higher workloads and pressure to succeed which can exacerbate these issues (Fischbein & Bonfine, 2019a).

Academic staff have traditionally supported students with their studies, as well as having a responsibility for pastoral care in personal tutor roles, but in the last few years universities have extended pastoral, emotional and academic support to aid transition, student retention and success (Crosling, Heagney, & Thomas, 2009). This includes student services departments, student support & guidance tutors (SSGTs), who can offer support on all issues, as well as the Student Unions, who can provide guidance and support on a range of academic and personal issues. It is vital to ensure that all support mechanisms are aware of the help-seeking behaviours of increasingly diverse students, as many students in need are not accessing these services.

There is no one definition of help-seeking behaviour but it generally refers to an individual first making a decision as to whether help is needed and then initiating contact with formal services or informal support networks to gain assistance with a problem (Eisenberg, Golberstein, & Gollust, 2007; Heerde & Hemphill, 2018). The type of help sought can be further divided into: instrumental help-seeking where a student seeks help only when needed (White, 2011); inappropriate help-seeking where the student seeks advice which could have been found autonomously; or not seeking help at all. Instrumental help seeking is viewed more positively than inappropriate help seeking but how staff react to the latter may colour a student's university experience and whether they later seek help when it is essential (Chowdhury & Halder, 2019), especially when students may already feel stigmatised when asking for help. This may be for a number of reasons. Some have not been encouraged to do so in their younger years (Heerde & Hemphill, 2018); others view seeking academic help as a threat to self-worth (Ryan, Hicks, & Midgley, 1997), evidence of low ability (Butler & Neuman, 1995); or suffer perceived stigma and embarrassment of being labelled (Gulliver, Griffiths, & Christensen, 2010; Payakachat *et al.*, 2013; Rockich-Winston & Wyatt, 2019). Students may also feel that they already have to prove themselves socially, so will not seek the help they need for fear of being seen as less able to cope than the others (Thomas, 2001). Studies in both the United States of America (US) and United Kingdom (UK) have also shown that those who feel they are seen as stereotypes have higher levels of anxiety, do not perform well, and thus realise the stereotype threat they were trying to avoid (Evans *et al.*, 2015; Steele & Aronson, 1995).

There are more overt reasons as to why students may not seek help such as insufficient knowledge of available services (Russo-Gleicher, 2013) or lack of confidence in speaking English, which can be a cause of social isolation (Cotton *et al.*, 2016; Ray *et al.*, 2019). As many so-called 'home' students have English as an additional language (EAL) this may not be immediately apparent. Additionally, students may have feelings of being an outsider due to a lack of cultural representation in staff and/or students (Bunce *et al.*, 2019; Evans *et al.*, 2015; Jabbar *et al.*, 2020; Lundberg & Schreiner, 2004). Where low cultural representation occurs, there can be a lack of cultural competence, *i.e.* failing to understand family or other cultural obligations (Babal *et al.*, 2020; Douglas *et al.*, 2008; Stevenson, 2012). It is unsurprising, therefore, that some students lack a sense of belonging and suffer from social isolation in HE (Bush, 2012; Hoffman *et al.*, 2002; Pickford, 2016). Not seeking academic or pastoral help

when necessary, however, can lead to poor performance, under achieving and ultimately students leaving higher education (Grant-Vallone *et al.*, 2003). Unresolved issues also cause unnecessary emotional distress which in turn has been seen to initiate or exacerbate mental health issues (Kitzrow, 2003). Although attitudes towards seeking mental health treatment seem to have improved more in young adults than older adults, only 18-34% of young people aged 16-25 with high levels of depression or anxiety symptoms seek professional help, preferring instead to speak to friends or family (Gulliver *et al.*, 2010). A recent US study discovered over 36% did not seek help at all (Fischbein & Bonfine, 2019a). Barriers to seeking mental health support have been listed as concerns about confidentiality; confidence in handling the problem on their own; belief that treatment will not help; stigma and embarrassment; or not recognising symptoms, which translates to poor mental health literacy (Gulliver *et al.*, 2010). As 25% of university students suffer from mental health issues, this is a key issue – especially for those on health-related courses (Aronin & Smith, 2018).

This study's aim was to discover how a diverse pharmacy student population engages with academic and non-academic support, and what might prevent them from doing so. The authors hypothesis was that there would be differences in specific groups of students, especially in terms of ethnicity.

Methods

Questionnaire development

The design of the survey was based on the background literature focusing emphasis on help-seeking behaviours and approaches (Arday, 2018; Cotton *et al.*, 2016; Gorczynski *et al.*, 2017; Payakachat *et al.*, 2013; Webb & Cotton, 2018). Emphasis was taken to compare between white and BAME (Black, Asian and Minority Ethnic) students given that the evidence in the literature highlighted those cultural differences may exist in help seeking behaviour.

The survey questions were divided into demographics, confidence in studying, and where and how students seek academic and personal support. A wide range of questions examining the perceptions of the students on seeking help and support were written as a 6-point Likert scale to avoid neither/nor mid-point responses and provide quantitative data. These Likert scale questions focused on how students felt their cultural identity was represented in university groups, their confidence in self-studies, the likelihood that they would ask for help at university on

academic and personal issues, and what degree of academic and wellbeing support would be provided by family. The survey was created using JISC online survey software.

Settings and participation

The study was approved by the school's research ethics committee. Master of Pharmacy (M.Pharm.) students across all four years of the course were included within the study and there were no exclusion criteria. Students were invited to participate in the anonymous study via recruitment advertisements on the School of Applied Sciences, University of Brighton, virtual learning environment (Blackboard), which provided links to the questionnaire. Additionally, students across all years were informed about the study at the beginning of their face-to-face lectures and given guidance on how to access the questionnaire. Participant information was provided within these lectures, but also was present online on the opening page of the survey. Once reviewing the online participation information, students were required to provide consent via a compulsory tick box at the start of the questionnaire. Given the anonymised nature of the survey students could opt-out at any point whilst completing the survey but were unable to opt-out if they had completed and submitted the entire survey.

Data analysis

The authors compared white students with those from a Black, Asian, Minority Ethnic (BAME) background. All data was analysed to obtain a normalised frequency or percentage of responses to the Likert scale, due to the different response rates from white and BAME students. Normalised frequency or percentage data was presented for BAME and white students in divergent stacked plots. For statistical comparison between BAME and white students, chi-squared analysis was carried out using GraphPad Prism 9, where $P < 0.05$ was considered significant. To assess the internal consistency of the survey, the authors conducted a Cronbach's Alpha analysis. The value ranged from 0.83 to 0.94 showing that the internal consistency of this survey is excellent.

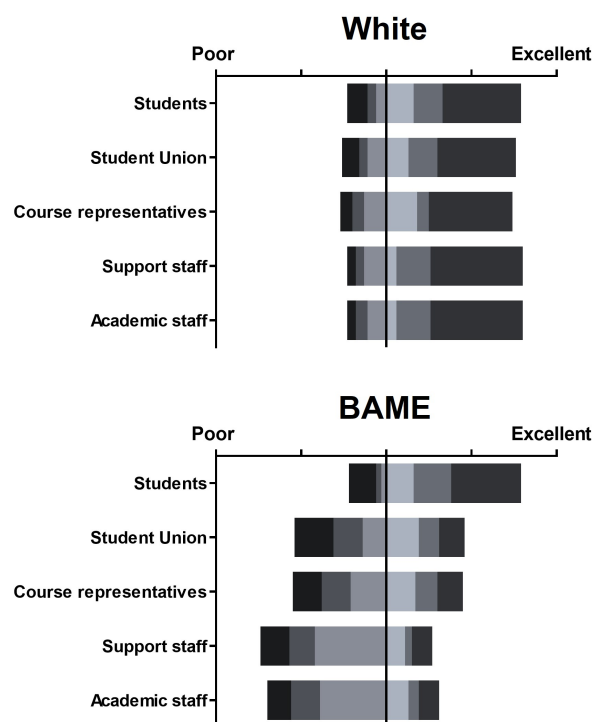
Results

Response rate, demographics, and perceived representation

The survey was available to students from all four years of the pharmacy programme, with a response rate of 23.7%

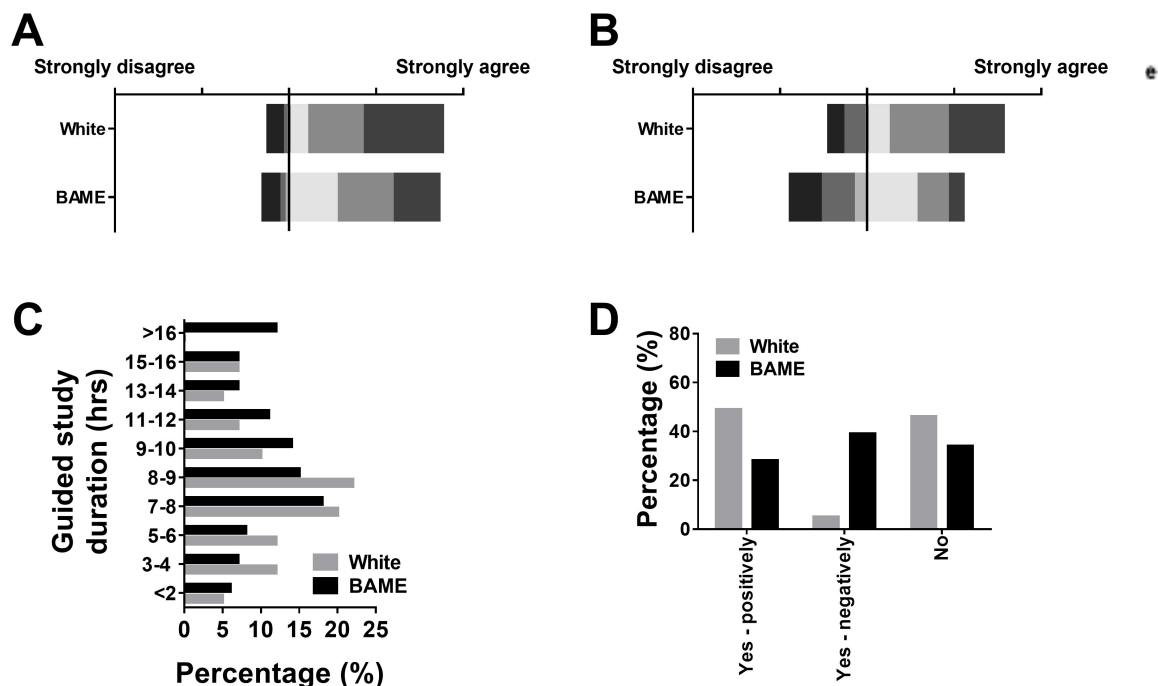
(139/585). The response rates by year are 18.6% for first year (32/172), 22.7% for second year (31/136), 28.3% for third year (43/152) and 26.4% for fourth year (33/125). Of the students who completed the survey, 71.5% students identified as BAME (98/139) and 29.5% students identified as white (41/139). Within the BAME student group, 16 students identified as Black (11.5%), 41 identified as Asian (29.4%), 22 as Arab (15.8%) and 19 as mixed race/other (13.7%). Data throughout the study were shown as pooled across all years to compared responses between BAME and white students as no difference in the response between years was observed.

Figure 1 shows the perceived representation of BAME and white students to different groups present within a university. The white students feel excellent presentation across all groups, whereas for BAME students, excellent representation is only observed in the student cohort. BAME students felt a significantly poorer representation in student union, course representatives, support staff and academic staff ($p < 0.05$, Chi-squared test) when compared to white students.



Note: BAME students felt there was a significantly poorer representation within university groups when compared to white students ($p < 0.05$, Chi-squared test)

Figure 1: How well does varying university groups represent the cultural identity of white (n = 41) and BAME (n = 98) pharmacy students



Note: (A) Responses of student when asked 'I am confident in my ability to study successfully at University?' (B) Responses from students when asked to provide their perception on the following question 'I find it easy to study without much direction from teaching staff'. (C) Number of hours students are focused on guided/independent study. (D) When students use these forms of communication to seek help, how they perceive they are viewed.

Figure 2: Understanding how pharmacy students' study and interact with academic staff

Understanding the approach to study and interaction with academic staff

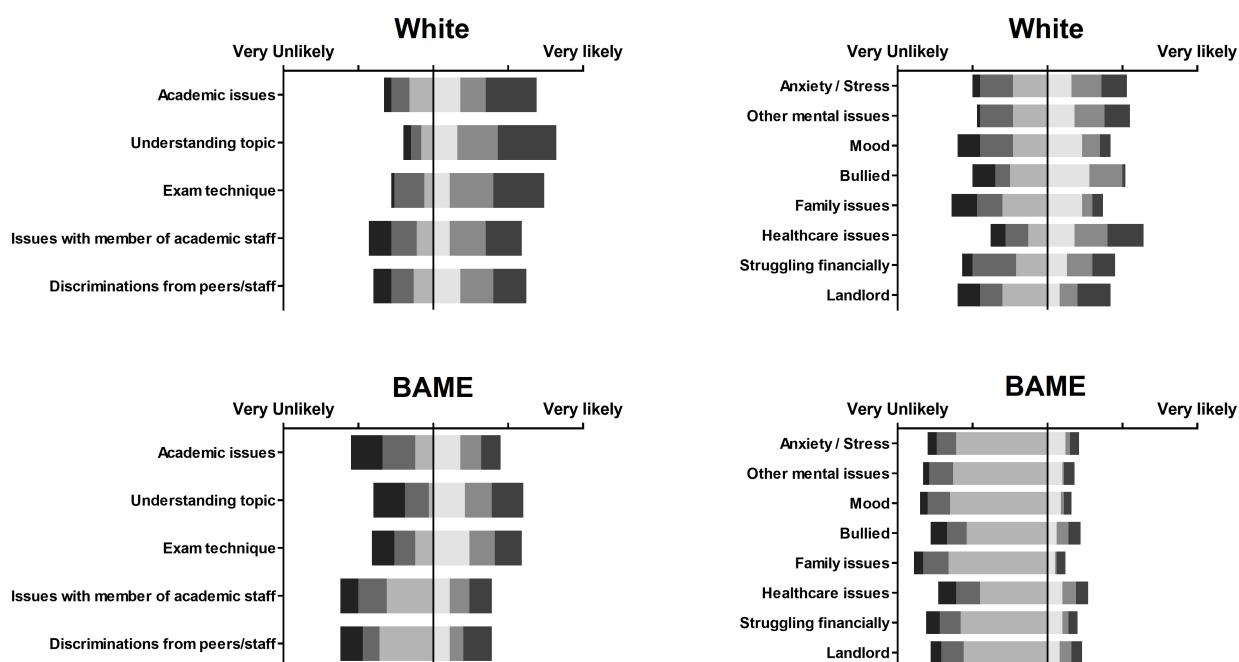
One of the first aspects the authors explored was the number of students who felt that English was their first language. For white students 19.6% indicated that English was not their first language, however this was significantly larger for BAME students (47.9%, $p < 0.001$). Students were asked about their motivation or reasons of pursuing pharmacy as a degree to study at university. There was no difference between BAME and white students for motivation when associated with student life experience or career benefits, although there was significant difference ($p < 0.05$) for interest in the subject between white students (78.0%) and BAME students (67.3%). However, BAME students (30.6%) were more likely to study pharmacy due as a result of family pressure compared to just 7.3% of white students ($p < 0.01$).

Figure 2A shows that BAME students feel less confident in their own ability to study successfully at university when compared to white students ($p < 0.01$). Figure 2B shows that BAME students also perceived that they find it more difficult to study without direction from academic staff,

when compared to white students ($p < 0.01$). When comparing the time spent on guided study by both groups, BAME students spent significantly more time on it each week than white students (Figure 2C, $p < 0.05$). Lastly students were asked how they felt they were perceived when interactions occurred between themselves and academic staff when they seek help. There was a significant difference between BAME and white students ($p < 0.001$): only 27.6% of BAME students felt this was a positive interaction, whilst 48.8% of white students felt this was a positive interaction. However, 38.8% of BAME students felt this was a negative interaction, whilst only 4.9% of white students felt this was a negative interaction (Figure 2D).

Understanding if students will seek help for academic and personal issues and who they are most likely to approach for support

One key aspect of the study conducted was to understand if students would seek help if they experienced specific academic or personal issues. Figure 3 shows how likely BAME and white students would be to seek help if they



Note: Data generated was normalised to the number of respondents from each group.

Figure 3: Divergent stacked bar graphs showing the likelihood that students would ask for help at university for academic and personal issues

faced academic or personal issues whilst studying pharmacy at university. No observed differences were found in help-seeking between both white and BAME students between the four years of the course or with gender.

There was no difference in how BAME and white students sought help for understanding a topic of study or gaining support for examination techniques. However, BAME students were less likely to seek help when compared to white students for support on academic issues (study support, timetabling or study support), issues with a member of academic staff or discrimination by peer/academic staff ($p < 0.01$).

With regards to seeking personal support, BAME students were less likely to seek help if: suffering from anxiety/stress or other mental health issues; have low mood; have been bullied; experiencing family issues; have healthcare issues, struggling financially; or have landlord issues when compared to white students ($p < 0.05$). In all areas more than 75% of BAME students would not seek help for any type of personal issue experienced whilst conducting their studies. Although BAME students were less likely to seek help, over 50% of white students would also not seek help for low mood, experiencing family issues, struggling financially, or having landlord issues.

In order to understand who students would approach for help and support on a range of academic and personal

issues, the authors asked them to highlight all groups they felt were appropriate to their needs. Table I shows the percentage responses for varying groups within the university for a range of academic issues. Any responses greater than 20% were highlighted. For academic issues, 35.9% of white students would approach the personal tutor, followed by the module leader (25.0%), whilst 33.6% of BAME students chose the personal tutor, and then family or friends (23.6%). To gain an understanding of the topic, white students would approach the module leader first (46.0%), followed by the personal tutor (22.2%). The BAME students also chose the module leader first (39.4%), with the second most popular choice being family and friends (23.9%). The pattern for exam technique was identical for BAME and white students, where both groups would approach module leader, personal tutor, and family and friends. For issues with a member of academic staff, BAME students would approach family and friends (32.6%) and the personal tutor (23.0%). There was more widespread distribution as to who white students would approach, with the most popular being family and friends (21.0%). They would also consider student services, student union, SSGT, course leader and personal tutor. Lastly, if they had experienced discrimination from peers, white students would approach family and friends (28.8%) and the student support and guidance tutor (20.0%), whilst 37.7% of BAME students would seek support from family and friends.

Table I: Who would white and BAME students' approach for help in academic situations?

	Academic issues		Understanding a topic		Exam technique		Issues with member of academic staff		Discriminations from peers	
	White (%)	BAME (%)	White (%)	BAME (%)	White (%)	BAME (%)	White (%)	BAME (%)	White (%)	BAME (%)
Student Services	4.7	6.4	0.0	0.7	1.4	1.9	12.3	10.4	15.0	12.3
Student Union	0.0	0.7	0.0	0.0	0.0	0.0	13.6	5.2	12.5	7.2
Student Support Guidance Tutor	6.3	2.9	0.0	0.0	0.0	0.6	18.5	3.0	20.0	5.1
Course leader	17.2	13.6	11.1	14.1	10.0	10.6	13.6	14.1	6.3	10.1
Module leader	25.0	14.3	46.0	39.4	30.0	23.0	4.9	7.4	2.5	5.1
Personal tutor	35.9	33.6	22.2	15.5	32.9	32.9	13.6	23.0	11.3	18.8
Outside services	0.0	1.4	0.0	1.4	1.4	1.2	1.2	2.2	1.3	1.4
Family & Friends	9.4	23.6	17.5	23.9	21.4	28.0	21.0	32.6	28.8	37.7
Other	1.6	3.6	3.2	4.9	2.9	1.9	1.2	2.2	2.5	2.2

Note: Data normalised to the number of responders.

Table II: Who would white and BAME students' approach for help for their personal wellbeing?

	Anxiety/Stress		Other mental health		Low mood		Bullied	
	White (%)	BAME (%)	White (%)	BAME (%)	White (%)	BAME (%)	White (%)	BAME (%)
Student Services	3.2	3.7	3.5	4.9	5.2	4.9	3.4	6.7
Student Union	3.2	0.9	0.0	0.0	6.9	1.0	11.9	1.9
Student Support Guidance Tutor	35.5	13.9	35.1	13.6	29.3	8.8	30.5	8.7
Course leader	1.6	0.9	1.8	1.0	0.0	2.0	0.0	1.0
Module leader	1.6	0.0	1.8	0.0	0.0	0.0	0.0	1.0
Personal tutor	8.1	7.4	5.3	3.9	5.2	2.9	10.2	8.7
Outside services	3.2	3.7	7.0	7.8	3.4	4.9	0.0	1.9
Family & friends	37.1	60.2	36.8	59.2	43.1	69.6	37.3	63.5
Other	6.5	9.3	8.8	9.7	6.9	5.9	6.8	6.7

Note: Data normalised to the number of responders.

Table III: Who would white and BAME students' approach for help for their personal issues?

	Family issues		Healthcare issues		Financial issues		Landlord issues	
	White (%)	BME (%)	White (%)	BME (%)	White (%)	BME (%)	White (%)	BME (%)
Student Services	5.6	8.7	13.1	6.8	25.4	16.8	24.2	17.5
Student Union	3.7	1.9	8.3	0.9	16.9	2.8	15.2	7.0
Student Support Guidance Tutor	20.4	6.7	22.6	5.1	15.5	3.7	15.2	2.6
Course leader	0	0	4.8	1.7	0	0.9	1.5	0.9
Module leader	0	0	1.2	0	0	0	0	0
Personal tutor	11.1	5.8	8.3	10.3	0	0	1.5	0
Outside services	0	1.0	4.8	9.4	4.2	6.5	3.0	9.6
Family & friends	51.9	69.2	31.0	56.4	36.6	65.4	33.3	57.9
Other	7.4	6.7	6.0	9.4	1.4	3.7	6.1	4.4

Note: Data normalised to the number of responders.

Table II shows who white and BAME students would approach for issues associated with personal wellbeing. When experiencing anxiety and stress during exam time at university, white students would approach family and friends (37.1%) and the SSGT (35.5%). For BAME students the majority would speak to family and friends (60.2%). This pattern is similar for all other aspects of personal wellbeing. For other mental health issues, white students would approach family and friends (36.8%) and the SSGT (35.1%), whilst BAME students would mainly approach family and friends (59.2%). When experiencing low mood,

white students would approach family and friends (43.1%) and the SSGT (29.3%), whilst BAME students would mainly approach family and friends (69.9%). Lastly, when experiencing any form of bullying, white students would mainly approach family and friends (37.3%) and the SSGT (30.5%), whilst BAME students would seek support from family and friends (63.5%).

Table III provides insight into who white and BAME students would approach if they experienced any personal difficulty during their time at university. For any form of family issues, white students would mainly approach

family and friends (51.9%) and the SSGT (20.4%), whilst BAME students would mainly approach family and friends (69.2%). If suffering with any form of healthcare issue, white students would mainly approach family and friends (31.0%) and the SSGT (22.6%), whilst BAME students would mainly approach family and friends (56.4%). If struggling financially during their time at university, white students would mainly approach family and friends (36.6%) and student services (25.4%), whilst BAME students would again go to family and friends (67.4%). However, it is notable that 16.8% of BAME students would approach student services. A similar pattern emerges when students experienced any form of landlord issues: white students would mainly approach family and friends (33.3%) and student services (24.2%), whilst BAME students would mainly approach family and friends (57.9%). Again, it is notable that 17.5% of BAME students would also approach student services.

Understanding how often students gain support from family on academic and mental health issues

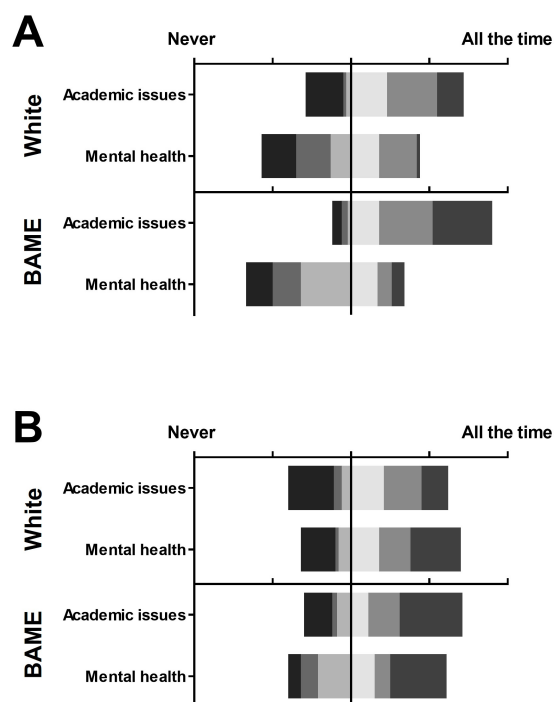
Given that the majority of white and BAME students would seek support for academic and well-being from family, Figure 4 illustrates how often this happened.

Figure 4A shows that BAME families were significantly more likely to discuss academic issues with their children than white families ($p < 0.05$). However, this trend was reversed for mental health issues, where white families were significantly more likely to discuss mental health issues with their children than BAME families ($p < 0.05$).

Figure 4B shows positively that both white and BAME families will help support academic issues as best as they can, however this was more prominent in the BAME group. Again, both white and BAME families are equally as supportive towards their children in providing help and support for mental health issues. In all circumstances there was greater than 50% of the responders who felt support to some degree was provided for academic and mental health issues.

Discussion

This study set out to discover how a diverse pharmacy student population engages with academic and personal support, and what might prevent them from doing so, with a view to addressing any issues that might emerge as seeking support is critical to foster the students' sense of belonging and aid their development during their studies.



Note: (A) shows how often white and BAME students discuss academic or mental health issues with family. (B) shows how often family are likely to help and support white and BAME students with academic or mental health issues.

Figure 4: Understanding the interaction between students and family

When the authors compared the student and staff communities within the University of Brighton, they found that white students felt more represented in the staff and student body. Whilst BAME students felt well represented in the student body, this was not the case for student representatives, the student union, or academic or support staff. This lack of representation can have profound impact on the wellbeing of the student and studies have shown that this can lead to students feeling isolated (Lin & Cheung, 1999; Stevenson, 2012). This disparity in the representation of staff and students in responsible roles within the academic community can also affect BAME students' sense of belonging; insufficient role models within academia may also lead to fewer seeking advice and help to support both academic and non-academic studies. Addressing the challenge of representation in academia is complex due to the leaky pipeline (Smith, 2017) and to build a greater sense of belonging it is critical to have academic and professional role models who can be invited to present and share their experience of studying at university. This may inspire more BAME pharmacy students to put themselves forward for roles such as course representative.

The authors found that white students felt more confident in their ability to study pharmacy successfully at university when compared to BAME students; however, the majority of both white and BAME students felt more positive about their ability to study pharmacy. There was, however, a difference in the ability to study independently and without guidance from academic members of staff. In line with other research, BAME students found it harder to study without guidance from academic staff (Gonida *et al.*, 2019). These findings may also indicate that BAME students may be less confident to study without assurances that their approach to learning is on the right trajectory and thus may require validation on their academic study from staff. As they also, on average, conducted more hours of independent/guided study than white students, the authors wanted to understand how they felt they were viewed when seeking help on academic issues. A significantly larger number of BAME students felt negatively viewed for seeking help than white students. This has been observed in other studies, where it has been reported that BAME students had a far higher level of self-stigma (Chowdhury & Halder, 2019; Fischbein & Bonfine, 2019b; Payakachat *et al.*, 2013). Other research has highlighted that communications between academic staff and students seeking help is critical to provide an inclusive safe space for the student to obtain a positive interaction, and thus ensure students have confidence to continue to seek support for academic issues (Payakachat *et al.*, 2013; Stevenson, 2012). Where students believe that staff do not have time for them, or are not interested, there is an increased risk of isolation and early withdrawal from courses (Webb & Cotton, 2018).

When seeking support, white students would ask for help for all aspects of academic issues including experiencing discrimination from members of staff. BAME students were more like to seek help when they did not understand an aspect of taught content or how to improve their examination techniques, but they were less likely to raise any aspects of personal issues or discrimination experienced from members of staff. These findings indicate that BAME students are less comfortable in challenging issues they experience from staff and are more likely to internalise this and just continue their academic studies. When it comes to asking for help for personal issues, other than healthcare issues, white students are less likely to seek help for low mood, family issues, financial issues, and landlord issues. In all personal issues BAME students were significantly less likely to seek help. In both white and BAME groups, there was a large proportion of students who do not seek support for all aspects of non-academic issues. This is a major problem as often such issues can

impact academic studies and therefore it is essential to get support to provide a comfortable experience at university (Webb & Cotton, 2018).

It was important to understand the reasons why a high proportion of white and BAME students said they were unlikely to seek academic and personal help. This would help to ensure that if they did seek help, they would be signposted to the best support mechanisms. For academic issues that involved study and exam techniques, both white and BAME students are more likely to approach module leaders or personal tutors. However, all students are more likely to seek support from family and friends than SSGTs. When considering wellbeing issues, white students would approach the SSGT, and family and friends, whilst BAME students are mostly approaching family and friends. For personal issues, white students would approach student services, SSGTs and family and friends, whilst again BAME students would solely confide in family and friends for support. What is paramount for white students, and to a greater extent BAME students, is the positive role of social support from family and friends (Fischbein & Bonfine, 2019a; Heerde & Hemphill, 2018; Moore, Sanders, & Higham, 2013), especially in terms of supporting mental well-being (Alsubaie *et al.*, 2019), the highest scoring area for BAME students in this study. Little, however, has been written on pharmacy students' attitudes to mental health problems and if/how they seek support for it (Fischbein & Bonfine, 2019a; Lewis & Cardwell, 2019), which is essential when taking the General Pharmaceutical Council (GPhC) standards into consideration.

Given the role family and friends play in supporting pharmacy students during their time at university, the authors explored how often these issues were discussed and if help was provided to support the students. Family and friends of both groups are more likely to discuss academic issues with students, but they also provide support on any mental health issues raised. Family and friends, therefore, play a pivotal role in supporting students during their journey in higher education (Moore *et al.*, 2013).

There are clear challenges in supporting students during their time in higher education. With noted attainment gaps in higher education for BAME students (Bhopal, 2017; Smith, 2017; Stevenson, 2012), it may be assumed that seeking support may be one of the many factors which may explain such differentials in degree outcomes. However, the authors findings highlight that whilst white students are impacted to a lesser extent than BAME students are, there was still a significant level of impact and therefore cause for concern. The lack of

utilisation of university support services may be due to the poor perception of these services in providing better support than family and friends and/or the lack of personnel who reflect the cultural diversity of the student population. Increasing the utilisation of support services is critical and this may be achieved with rebranding measures such as replacing 'student services' (considered too corporate by some study participants) with 'the wellbeing centre', similarly renaming SSGTs as wellbeing tutors, and generally replacing the word 'support' due to its negative perception (Payakachat *et al.*, 2013). Given the amount of money spent on student support – £3 million spent on the Student Space online support resource for just six months in 2020 (OfS, 2020) – it is vital that students know the money is being spent in the best possible way to aid the student experience. Changes in attitudes towards support services is critical as these are important resources that are present and support the academic journey of students and therefore much attention needs to be taken on how best to provide these services.

Limitations

The study was limited by its sample size ($n = 139$), being approximately 24% of the Masters of Pharmacy student population. The recommended sample size is 232 students (where z is 1.96 for a confidence level (α) of 95%) and the authors had a low sample size for the present study. However, when the authors presented the outcomes of the data to the students, they agreed with the findings. The present study could have been enhanced with focus groups to discuss results and some of the key findings in greater detail. This may help to better contextualise the observations from the survey.

Future direction

This is a surface level study, which has offered a general understanding of the issues affecting how students access support and the barriers to it. The initial findings provide insight into areas that require further quantitative and qualitative studies. These include understanding some of the key barriers to BAME and white students accessing support; for example, English language skills ('unprepared for academic learning'), and academic literacy skills – in particular progressing from guided to independent study. Additional investigation is also needed to discover why BAME students felt negatively perceived when seeking

guidance from academic staff, for instance if this was due to communication, or cultural aspects of the interaction. Moreover, each aspect needs further exploration to cover specific sub-groups and their intersectionality and discover where biases or challenges exist to ensure we can put the correct interventions in place to help students bridge this gap.

Conclusion

The present study focused on how students approached academic and personal support to aid their pharmacy education at university. Access to support is critical to aid students during their studies and the authors explored how white and BAME students approached the available support. The findings highlight that BAME students, and to a lesser extent white students, did not seek help for academic, wellbeing or professional issues they faced whilst conducting studies. For those who did seek support in both white and BAME groups, the primary group they approached were family and friends. These findings strongly indicate that support mechanisms present within universities to aid students are seldom utilised and may explain reduced academic performance of both white and BAME students.

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