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Factors Supporting the Wellbeing of Undergraduate Students in Health Sciences

by

Nthabiseng Desiree Mofokeng

Submitted in partial fulfilment of the requirements of the degree
MAGISTER EDUCATIONIS
(Educational Psychology)

in the
Department of Educational Psychology
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Supervisor
Professor Irma Eloff

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Declaration of Originality

I, **Nthabiseng Desiree Mofokeng** that the mini-dissertation titled "Factors supporting the wellbeing of undergraduate students in Health Sciences" which I hereby submit for the degree Magister Educationis in the Department of Educational Psychology, Faculty of Education at the University of Pretoria, is my own work and has not been previously submitted by me for a degree at this or any other tertiary institution.

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Ethics Statement

The author, whose name appears on the title page of this dissertation, has obtained the applicable research approval for the research described in this work. The author declares that she has observed the ethical requirements in terms of the University of Pretoria's Code of Ethics for researchers, and the guidelines for responsible research.

Nthabiseng Desiree Mofokeng
November 2023

Dedication

Ntate Nuku Abraham le Mme Elizabeth Mathabelo Mofokeng baseng ba fetile lefatsheng laba phelang.

Batsoali ba nang lerato le tlhokomelo. Kea leboha ka ho nthutha, 'me habohlokoa ka ho fetisisa ho lumela ho' na bophelong bohle ba ka. Ke nehelana ka buka ena ho lōna. Ke leboha Molimo ka ho mpha mpho ea lona joaloka batsoali. Ke ea le rata ka pelo yohle, hape kea le hloloheloa haholo.

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- ❖ To myself: may this be a reminder of what not giving up looks like.

Abstract

This study aimed to describe and explore factors that support the wellbeing of undergraduate students in a Faculty of Health Sciences through a positive psychology framework. This study forms part of a broader project at the university known as the *Wellbeing Project*. The rationale for undertaking the study was to help deepen the understanding of the factors supporting the wellbeing of undergraduate students in the Health Sciences.

Wellbeing is a subjective understanding of one's interpretation of an occurring phenomenon that has impacted one. For this reason, this study followed a convenience and purposive sampling method in selecting participants. Participants were undergraduate students enrolled in various academic programmes in the Health Sciences. These students were purposefully selected from different contextual backgrounds to try to obtain a more holistic, insightful explanation of factors affecting their wellbeing. Initially undergraduate students from the Health Sciences participated in face-to-face rapid interviews and a focus group session. For this master's degree study one focus group session (n=6) in the Faculty of Health Sciences and 427 face-to-face brief interviews with undergraduate students in the Health Sciences were analysed.

Theoretically, the positive emotions(P), engagement (E), relationships(R), meaning (M), accomplishment (A), health (H) theoretical model guided the study. In the interviews students were able to briefly describe the distinctive factors that contributed to their own wellbeing, in answer to the question "*Which factors support your wellbeing at the university*?" In the focus group session, they were given an opportunity to provide a more comprehensive and extensive explanation of factors that affected their wellbeing. The study reports on findings from a secondary analysis of both the interviews and the focus group.

Keywords: wellbeing, positive psychology, PERMA(H), supportive factors, undergraduate students, Faculty of Health Sciences.

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6 December 2023

To whom it may concern

This letter confirms that I have language edited and proofread the master's thesis

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List of Acronyms/Abbreviations

AR   Audio recording

BI   Brief interview

IPA   Interpretative Phenomenological Analysis

IT   Information Technology

PERMA   Positive Emotions, Engagement, Relationships, Meaning, Accomplishment

PERMA(H)   Positive Emotions, Engagement, Relationships, Meaning, Accomplishment,
            Health

SADC   South African Development Community

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CHAPTER 1: INTRODUCTION TO THE STUDY

1.1 INTRODUCTION AND RATIONALE

This study is part of an ongoing Student Wellbeing project that aims to explore and describe the factors that support the wellbeing of undergraduate students (Eloff, 2021; Eloff & Graham, 2020; Eloff & Guse, 2019; Eloff et al., 2021; Eloff et al., 2022) at a large, urban university in South Africa. The study specifically focused on the wellbeing pertaining to the factors that support students in the Faculty of Health Sciences at the same institution.

Medical institutions are encountering various challenges with regard to preparing their students for any professional and societal apprehensions they may have (Gordon, 2003; Laack et al., 2010). The importance of addressing students in the Health Sciences specifically may not only help improve the students' wellbeing, but also help combat the lowering of professional standards, compassion fatigue, professional misconduct, societal responsibility and self-reported suboptimal patient care (Benbassat, 2014). The curricula of South Africa in the Health Sciences faculties are complex and demanding. The complexity of the integration of theoretical content into practical education that is to be implemented by undergraduate students during their clinical training can pose a challenge. As Sommer and Dumont (2011) state: "academic performance, on the other hand was significantly predicted by adjustment and academic overload" (p. 392); hence the concern about their wellbeing. Medical institutions are aware of the stress undergraduate students and graduates frequently experience (Gordon, 2003; Bergmann et al., 2019), for they are required to master modules that entail high credit loads in addition to logging extensive hours of practical training that inevitably affect their wellbeing. Therefore, because of high loads of stress, being anxious or depressed may result in physical manifestations such as muscle tension, nausea and fatigue (Mey & Yin, 2015) which may have a drastic impact on daily functioning in students' lives. Benbassat (2014, as cited in Glass, 2006) notes that "these observations as well as recurring

instances of students' misconduct have raised concerns that some features of the medical learning environment foster distress and undesirable values and, thereby impede the development of medical professionalism" (p. 598).

Student wellbeing is regarded as multifaceted with various inherent supporting factors. It has been suggested that there is no one best theoretical framework of wellbeing but that various approaches can be useful in exploring the abstract construct of wellbeing and providing concrete domains that are to be developed, measured and sustained (Butler & Kern, 2016). The focus of this study is predominantly on the factors that are defined by Seligman's (2011) PERMA theory based on wellbeing, that is, positive emotion (P), engagement (E), relationships (R), meaning (M) and accomplishment (A) (Butler & Kern, 2016), as well as Farmer and Cotter's (2021) PERMA(H) theory adopted to explore the wellbeing – incorporating the physical health aspect (nutrition and exercise) of tertiary students in the Health Sciences. This study aims to deepen understandings of factors regarded as important in South Africa contributing to the wellbeing of undergraduate students in the Health Sciences. The continued understanding and support of wellbeing is a potential interdisciplinary matter which might be addressed at various levels within a system encompassing individuals, organisations, communities and nations (Huppert & So, 2013).

1.2   LITERATURE REVIEW

Mental health among tertiary students has been a primary concern for many years (Mey & Yin, 2015). Clinical practice is characterised by uncertainty and the ability to be able to manage this is believed to be imperative for tertiary students (Benbassat, 2014). With regard to the South African context, research pertaining to the wellbeing of undergraduate students in the Health Sciences is still growing. Below I consider the role positive psychology can play in the challenge of adjusting to university life.

1.3   Positive Psychology and Adjustment to University Life

Positive psychology is regarded as the search for what constitutes a life of happiness, engagement and feeling fulfilled (Seligman, 2004). The study of positive psychology also pertains to the scientific study of positive individual traits an individual possesses, the positive experiences as well as the development of these traits in certain institutions (Duckworth et al., 2005). For this

reason, the study of what contributes to the wellbeing of undergraduate students in the Health Sciences may be of help. The wellbeing of students is measurable through the use of a positive psychology contextual framework. Furthermore, positive psychology pertains to the study of processes and conditions contributing to the optimal functioning and flourishing of people, groups and institutions (Gable & Haidt, 2005). As mentioned earlier, Seligman formulated the PERMA model that contains five domains which contribute to achieving meaning and happiness in one's life (Seligman, 2011). The PERMA(H) (Farmer & Cotter, 2021) model expands on the PERMA model and also includes the health aspect focusing on the physical health – such as nutrition and exercise – which contributes to wellbeing. The undergraduate student's wellbeing is affected by all these PERMA(H) domains. However, it is imperative to note that all students are unique and that their contextual background is a contributing factor in determining which domains aid in achieving optimal functioning and which domains take precedence. The individual's discernment of what is good and positive is usually influenced by a set of cultural norms or some value system (Gable & Haidt, 2005) that they hold in high regard. Wellbeing is about the individual's holistic life functioning, hence the emphasis on the occurrence of the ultimate synthesis of functioning effectively as well as feeling good (Huppert, 2009).

In the past 20 years the environment where formal education commences has changed (Oadas et al., 2011). With regard to having to adjust to a whole new way of living an undergraduate university student inevitably experiences change when embarking on a new journey of their academic pursuit, such as changes that are evident through having to leave home to attend university, having to learn and acquire new study methods as well as the acquisition of new friends (Mistry, 2018). These inevitable and necessary changes need to be managed in order to prevent feelings of despair that would result in one's mental health being compromised and to promote one's wellbeing where one finds oneself flourishing. Therefore, the creation of a learning environments in which undergraduate students are encouraged and trusted instead of being condemned or demeaned for their mistakes is regarded as important (Bensabaat, 2014). It is inevitable that undergraduate students in their learning environment will encounter distinct challenges or stressors which may have a detrimental effect on their mental and physical wellbeing (Talwar, 2016).

Even in existing comprehensive research on coping processes literature addressing cultural diversity when it comes to coping mechanisms and the effect on wellbeing as well as physical vitality is scarce (Willers, et al., 2013) though it is growing. It is through the consideration of these domains and interconnectedness across these domains that it may be possible to drive associations with wellbeing (Kern et al., 2015) and gain more insight into the factors that support undergraduate students' wellbeing.

1.4 PURPOSE OF THE STUDY

The purpose of this research was to explore and describe the factors that support the wellbeing of undergraduate students in Health Sciences. The study aimed to develop insight into factors deemed important to students which may be used to optimise support of students in the Health Sciences in the future. Research pertaining to tertiary student wellbeing within the context of South Africa is still growing, hence the use of predominantly international literature concerning the wellbeing and student support in this study. In the Royal College of Psychiatrists (2011, as cited in Mistry, 2018) indicates that

> there have been increasing numbers of students drawn from backgrounds with historically low rates of participation in higher education and growing numbers of international students… the changes that have taken place in the demographics of the student population mean that epidemiological research becomes rapidly obsolete. (p. 7)

The need for current studies seems to be evident. This study may therefore help to increase knowledge of factors supporting the wellbeing of undergraduate students.

1.5 RESEARCH QUESTIONS

This study was led by the following primary question:

- *Which factors support the wellbeing of undergraduate students in Health Sciences*?

In order to address the primary question with more clarity the following secondary questions were formulated:

- In relation to the PERMA(H) model theory, which constructs are indicated as most significant in supporting the wellbeing of undergraduate students?
- Which factors are dormant in supporting the wellbeing of undergraduate students in the Health Sciences?
- In what ways do undergraduate students feel unsupported in terms of their wellbeing in a South African university?

1.6 WORKING ASSUMPTIONS

- Undergraduate students in the Health Sciences are aware of the factors that support their general wellbeing.
- Undergraduate students in the Health Sciences exhibit awareness of the importance of maintaining a positive state of mental health during their academic pursuit.
- Undergraduate students in the Health Sciences are open to learning new habits and to continue pursuing their existing habits that promote optimal mental and psychological functioning.

1.7 CONCEPT CLARIFICATION

1.7.1 Undergraduate Students

The term 'undergraduate students' in this study refers to the students in a Faculty of Health Sciences, at a large, urban South African university, who are enrolled in various undergraduate programmes, namely dentistry (BChD), clinical associate (BCMP), dietetics (BDietetics), nursing (BNurs), occupational therapy (BOccTher), oral hygiene (BOH), physiotherapy (BPhysio), radiography (BRad), sports science (BSportSci) and medicine (MBChB).

1.7.2 Wellbeing

According to Kern et al. (2015 as cited in Huppert, 2014) "wellbeing is an abstract construct that includes both feeling good and functioning well" (p. 263). Wellbeing is defined as the overall subjective description of one's own life experience (Ryan & Diener, 2009). Wellbeing is characterised as being more than the mere absence of negative functioning (Butler & Kern, 2016).

1.7.3 PERMA(H) Theory Domains

In this study the PERMA(H) model introduced by Seligman (2011) has been used to characterise the five domains pertaining to wellbeing namely: positive emotion (P), engagement (E), relationships (R), meaning (M), accomplishment (A) and health (H). The first element for happiness and living a meaningful life is positive emotion; negative emotions can be overridden by positive emotions (Seligman, 2011). The second element is engagement in activities which is essential in the provision of subjective experiences allowing an individual the chance to examine their levels of patience, sensitivity, intelligence as well as their emotions (Seligman, 2011). The third element of relationships refers to the belief of individuals that they possess a certain drive to pursue and maintain positive relationships (Seligman, 2011). The fourth element of meaning is defined by Seligman (2011) as "belonging to and serving something that you think is bigger than you are" (p. 234). Lastly, the element of accomplishment refers to the progression of an individual attaining their goals through means of feeling that they can accomplish daily activities they have set out to accomplish as well as having the sense of having achieved them (Kern et al., 2015). There is a sixth element of health (pertaining to physical exercise and nutrition) aspect which has been added and extended onto this working model (Butler & Kern, 2016; Farmer & Cotter, 2021).

1.7.4 Various Wellbeing Factors

These are numerous existing factors (such as psychosocial, physical and mental) that are the causal factors that students deem significant in having an influence on them in terms of supporting their wellbeing. In this study, the factors will be related to the central constructs of the PERMA(H) theoretical framework of wellbeing.

1.8   THEORETICAL FRAMEWORK

1.8.1 Introduction

This study is based on the positive psychology framework of the PERMA(H) theory model pertaining to wellbeing. The main objectives of positive psychology are to establish and further improve the quality of human strengths and virtues that result in the production of a worthy life (Froh, 2004). The domains will explore and explain the intrinsic and extrinsic factors which

holistically impact the wellbeing of undergraduate students in the Health Sciences. These domains of the model identified will then provide the conceptual pathway to explore the wellbeing of undergraduate students in the Health Sciences (Șuteu & Dragulin, 2016).

1.8.2 The PERMA(H) Model Theory

As discussed earlier, the factors of wellbeing established by Seligman (2011) are: positive emotions (P), engagement (E), relationships (R), meaning (M), accomplishment (A) and health (H). Positive emotions are characterised as ones that portray happiness such as joyfulness, being bubbly and contentment (Seligman, 2011). Emotions affect a student's mental, physical, and psychological functioning which influence the decision-making process as regards the engagements in any form of activity. Engagement means being occupied and participating in certain activities as well as organisations (Kern et al., 2015). The intentional pursuit of attaining positive relationships as well as sustaining them is an intrinsic motivation that individuals seek out with regard to the third element of positive relationships (Seligman, 2011). Hence the quality of life is affected by an individual's relationships. The notion of being a part of something greater than oneself and being of service is the descriptive definition of meaning (Seligman, 2011). The fifth element which is accomplishment is described as the motive to attain, excel and be competent at something whether or not one feels emotionally positive, discerns no meaning or enjoys meaningful relationships (Seligman, 2011). The sixth element of the model is the health (diet and exercise) aspect, though the primal focus of the PERMA model is on psychosocial concerns (Butler & Kern, 2016; Farmer & Cotter, 2021).

1.9 PARADIGMATIC PERSPECTIVE

1.9.1 Epistemological Paradigm

This study makes use of a phenomenological orientation in the interpretivist epistemological paradigm. Phenomenological research entails the description of the lived experience of one or more people of a phenomenon (Dowding et al., 2011). The lived experience of being an undergraduate student in the Health Sciences affects one's wellbeing. It is imperative that the description conveys the essence of the experience (Dowding et al., 2011). Interpretive phenomenology does not concern itself with making distinctions between description and

interpretation: it draws on the hermeneutic tradition (Willig, 2013). As Dowding et al. (2011) state: "it involves both 'what was experienced' and 'how it was experienced'" (p. 298). Interpretivism contends that truth and insight are personally, historically and culturally situated, built on the basis of the students' experiences and comprehension of their experiences (Gemma, 2018).

1.9.2 Methodological Approach

The methodological approach for this study was qualitative. Qualitative research is concerned with identifying the meaning of a phenomenon from the point of view of the individuals (Creswell, 2014). It also concerns itself with finding meaning within a specific context (Willig, 2013). In this regard, the purpose of qualitative data collection is the gathering of specific details about an event or phenomenon in great detail (Willig, 2013). In this study, the phenomenon was students' experience of their wellbeing. The qualitative approach offered me the chance to develop an idiographic comprehension of individuals and their perspective of their social reality (Biggerstaff & Thompson, 2008). Findings might provide fundamental reports concerning the representation of "the Other" (Denzin & Lincoln, 2005); in this instance undergraduate students from various ethnic backgrounds.

1.10 RESEARCH METHODOLOGY

1.10.1 Research Design: Interpretative Phenomenological Research

The study employed an interpretative phenomenological research design in which data were collected through brief interviews and a focus group. The study made use of the Interpretative Phenomenological Analysis (IPA) framework. Phenomenology concerns itself with exploring one's experience from a personal or first-person point of view (Dowding et al., 2011). In this regard, interpretative phenomenology aims to attain a better comprehension of the nature and aspects of a phenomenon as it occurs (Willig, 2013). Furthermore, an experience is explained through momentary perceptions by making use of the gestalt phenomenon (Reiners, 2012). Wellbeing is a subjective understanding of one's interpretation of an occurring phenomena. Therefore, by incorporating a description with the interpretation of a phenomenon, comprehension is attained through the hermeneutic tradition perspective (Willig, 2013). In essence, interpretative phenomenology concerns itself with how individuals perceive elements and experiences rather

than only imparting a description in accordance with a specific set of scientific criteria (Pietkiewicz & Smith, 2014). Exploring events and experiences contributing to student wellbeing may help support student wellbeing, simultaneously aiding in combatting dropout rates as well as adjusting to living and functioning optimally in the university environment.

1.10.2   Selection of Participants

This study followed a convenient and purposive sampling method in selecting participants. Convenience sampling entails the deliberate act of selecting participants that meet certain practical criteria, for instance, the willingness of participants to participate in the study (Etikan et al., 2016). Availability is another significant criterion (Hedt & Pagano, 2011). Purposive sampling refers to a predetermined decision to select specific participants possessing the required characteristics for the intended study (Etikan et al., 2016). In this study the focus was on undergraduate students from different contextual backgrounds to try to obtain a more holistic, insightful explanation of factors affecting their wellbeing. All the undergraduate students from the Health Sciences who participated in the face-to-face brief interviews and a focus group session formed part of the comprehensive Student Wellbeing project at the university and were selected for this study. The biographical details of the participants are summarised in Table 1.1.

Table 1.1: The Faculty of Health Sciences Biographical Findings of Participants

	Phase 1: Brief Interviews	Phase 2: Focus Group
Number of Participants (n)	427	6
Gender		
Females	315	6
Males	112	0
Age Range (years)	19-58	19-22

1.10.3 Data Generation and Documentation

This study was part of an ongoing Student Wellbeing project at a large, urban South African university and was launched through the use of brief interviews and a focus group session in all faculties at the institution. For this study, one focus group session (n=6) and 427 brief interviews were conducted with undergraduate students in the Health Sciences. While interviews often have a primary focus they are adaptable towards the inclination of the participants' responses (Stuckey, 2013). In this study, students were able to mention and briefly describe the distinctive factors that contributed to their wellbeing in answer to the question "*What contributes to your wellbeing as a student at the university*?" In the focus group session, they were given an opportunity to provide a more comprehensive and extensive explanation of factors that affect their wellbeing. Willig (2013, as cited in Wilkinson, 2008) notes that "research has shown that focus groups are well suited to exploring 'sensitive' topics and the group context may facilitate personal disclosures'" (p. 644). Furthermore, sharing experiences in group conversation may have evoked more experiential reflection than individual interviews (Palmer et al., 2010) which were short and to the point. More clarity and insight may have been gained using a focus group.

Using semi-structured interviews as well as a focus group helped the researcher to gather historical data (Creswell, 2014) which was needed for this study. This is because the process of inquiring about the wellbeing of students in the Health Sciences through directly observing them engaging in their personal activities and engagements was a challenge (Creswell, 2014). Language barriers as well as the subjective interpretation of what wellbeing is may have caused ambiguity in answering the interview question. In this way, the focus group may have helped to compensate for any language barrier difficulties, or any form of ambiguity encountered during the semi-structured interview process because of the extended time afforded by a focus group discussion. The brief interviews and focus group session were conducted by fieldworkers who were students from the helping professions and the focus group was facilitated by an experienced researcher from the helping professions.

The findings of the focus group interview were audio taped and transcribed. The recordings were transcribed meticulously and included additional information such as indications of pauses and

mishearing (Biggerstaff & Thompson, 2008). The findings from the interviews were recorded on paper by either the fieldworker or the participants themselves, and the paper responses were then captured electronically.

1.10.4 Data Analysis and Interpretation

Interpretative Phenomenological Analysis (IPA) was developed to analyse intense social cognition and subjective experiences (Biggerstaff & Thompson, 2008). The benefit of using IPA is the focus on the texture of experiences (Willig, 2013). The interpretative analysis entails established steps that grant the researcher an opportunity to identify themes (Willig, 2013). This may be achieved through triangulation which pertains to the use of various data sources such as face-to-face interviews and focus group transcriptions to assemble comprehensible themes (Creswell, 2014). In addition, the themes are incorporated into meaningful clusters which affords the researcher an opportunity to perform cross case analyses should they wish to (Willig, 2013). In summary, IPA analysis requires reading and repeatedly reading texts (Willig, 2013). The researcher would then determine and label the emergent themes that represent a section of the content being analysed (Willig, 2013). Lastly, a table is formulated entailing the structured themes identified (Willig, 2013). Using the IPA framework can reveal rich data but is also complicated and time consuming (Pietkiewicz & Smith, 2014).

1.11 ETHICAL CONSIDERATIONS

This study was conducted as a subset of a Student Wellbeing study at a large, urban South African university. Ethical clearance was obtained for the data generation (GW0180232) for brief interviews and the focus group session that took place at the Faculty of Health Sciences. This study also obtained ethical approval from the Ethics Committee (EDU092/20) for secondary data analysis as well the compilation of this dissertation.

The participants were thoroughly informed of the research and gave their consent to participate in the research before the commencement of data accumulation (Willig, 2013). The researcher made it clear that should the participants want to withdraw they were permitted to do so during the study (Creswell, 2014) prior to publication/s. The researcher verified that no physical harm was to occur

during the sessions and that preservation of the student's wellbeing and dignity were always maintained (Willig, 2013). The researcher protected the confidentiality of data generated and the information acquired (Willig, 2013). This study guaranteed the anonymity of participants (Creswell, 2014).

Personal reflexivity (Table 3.11) entails reflecting on social identity, perceptions and beliefs regarding life and how that has influenced the data analysis (Willig, 2013). This is achieved through evaluating one's thought processes in journal writing showing awareness of the fact that multiple realities exist (Noble & Smith, 2015). In addition, this allowed the researcher to be aware of her personal experiences that might result in methodological bias (Noble & Smith, 2015). Furthermore, online supervision meetings helped to monitor personal reflexivity during the analysis of findings.

CHAPTER 2: LITERATURE REVIEW

2.1   INTRODUCTION

This chapter discusses literature on wellbeing. The chapter elaborates generally on the wellbeing construct focusing on the wellbeing of undergraduate students in the Health Sciences. Furthermore, this chapter examines and discusses literature on factors supporting student wellbeing such as perceived stress and academic self-efficacy, help-seeking behaviours, sense of belonging and social support. The factors discussed are identified as influential in shaping the students' experience of university life; furthermore, these factors are primarily explored in literature as factors placing students' overall wellbeing in a broader global context. To conclude the chapter, a discussion regarding various aspects of supporting student wellbeing is presented. Positive psychology and the theoretical framework of the PERMA(H) model entailing the incorporation of the framework in this study is also discussed. Lastly, the chapter presents a discussion of how the PERMA(H) theoretical framework serves as a guide to this research study. Pursuing undergraduate studies is a phase of identity formation where significant life decisions are made (Eloff & Graham, 2020). More specifically, Health Sciences programmes are intended to train and produce competent, skilful, and highly knowledgeable graduates who will be responsible for providing health care services within communities (Naidoo et al., 2014). South Africa has a complicated health care landscape that is extensively burdened by physiological and psychological illnesses (Shopo et al., 2020). In general, faculties of Health Sciences mainly involve the active engagement with the community at large during one's studies and thereafter. For instance, the anticipation of perceived stress that stems from interacting with future patients and families (Smith et al., 2020) is a concern for undergraduate students. South Africa is regarded as a country that is saturated with elevated levels of violence and trauma (McGowan & Kagee, 2013), which increase the chances of undergraduate students in clinical training likely to encounter patient incidences related to violence and trauma. Equally important, the patient's affect is highly influenced by their social support, family structure and attitude of healthcare providers (Bester & Van Deventer, 2015). Therefore, some have argued that the fundamental principle of higher education institutions should be to focus primarily on the developmental, socioeconomic and environmental needs of

students in communities (van Eeden et al., 2021), and in particular, the student's overall wellbeing within the context of a university.

Mey and Yin (2015) noted that "transformation is a process of change that often produces ambiguity and uncertainty and induces anxiety amongst its community in an institution" (p. 540). Particularly for undergraduate students, it is a period of increased academic pressure that entails forging a pathway towards independence (Eloff & Graham, 2020). Students transitioning into university life may feel like they are not adequately experienced in managing their own lives as adults; before the commencement of university, their physiological and psychological needs generally were being taken care of by their loved ones (Laidlaw et al., 2016). Therefore, information on supporting factors that may influence the student's wellbeing is critical for the development of health promotion programmes that may help instigate, implement and sustain healthy behaviours (Ridner et al., 2016). In this way exploring what positive psychology concerning the PERMA(H) model theoretical framework has to offer may help contribute to the existing literature on supporting student wellbeing. Specifically, in the context of South Africa, this may offer fresh insights into how students' wellbeing may be promoted throughout their academic pursuits; it may also inform health promotional programmes interventions and ensure optimal wellbeing for students.

2.2 WELLBEING

Wellbeing is multifaceted and entails subjective and psychological dimensions (Ridner et al., 2016). The construct of wellbeing is not only the comprehension of positive emotions but also encompasses optimal thriving across multiple domains of life (Eloff & Graham, 2020). Furthermore, wellbeing constitutes the construct of happiness which entails three domains; namely, level of satisfaction, the absence of negative affect and level of joy or positive affect (Sahraian et al., 2013). There has been increased interest in and research focused on wellbeing among students by scholars across various disciplines where it has been argued that many aspects of wellbeing may be nurtured and encouraged within an institution or affected by how a university is experienced (Howell & Buro, 2015). The wellbeing construct is defined with reference to the influence on subjective wellbeing. More importantly, the explanation of wellbeing offers

clarification of why overall wellbeing is significant and how it ultimately influences an individual's interpretation of their subjective wellbeing.

2.2.1 Approaches to Wellbeing

Wellbeing is defined as multidimensional (Stamp et al., 2015). It is frequently explained through the hedonic and eudaimonic perspectives (García-Alandete, 2015). The hedonic approach is defined as one in which we strive to actualise our capabilities through means of pursuing intricate and meaningful goals (Henderson et al., 2013) and pleasure. The eudaimonic approach involves experiencing positive emotional states (Henderson et al., 2013) and meaningfulness. In recent findings, wellbeing has been defined as one's overall ability to accomplish one's goals, the acquisition of happiness and life satisfaction (Dodge et al., 2012; Sahraian et al., 2013). Wellbeing has many dimensions such as environmental mastery, positive relationships with others, purpose in life, personal development, autonomy as well as self-acceptance (Cobo-Rendón et al., 2020; Ridner et al., 2016).

Furthermore, within the context of wellbeing, studies have indicated that positive mental health results in flourishing and lowers the prevalence and incidence of depressive and anxiety disorders (Eloff & Graham, 2020). The PERMA(H) model theoretical framework discussed in this chapter accounts for several constructs that affect the wellbeing of the university students pursuing their undergraduate students in Health Sciences.

2.2.2 Wellbeing Influence on Subjective Wellbeing

Achieving a balance of academic pressures and social life may result in the occurrence of positive and negative affect. Therefore, in the context of university life and the pursuit one's undergraduate studies, it is imperative to understand what contributes to or supports a student's wellbeing. Subjective wellbeing entails focusing on people's emotional response to events, their positive and negative effects, and the perceptions they construct about their life satisfaction (Li et al., 2020; Ridner et al., 2016; Serrano et al., 2020). The factors affecting wellbeing have an influence on the perception of one's subjective wellbeing and satisfaction with one's own life. Also, it is imperative

to note that wellbeing in students not only sustains functioning within a university context but that transcends into their ability to function well into their future (Eloff et al., 2021)

2.3   UNDERGRADUATE STUDENTS

Literature indicates that mental health challenges, specifically depression and anxiety, are prevalent among undergraduate students (Mey & Yin, 2015; Ridner et al., 2016; Sahraian et al., 2013). Students encounter pressures and challenges that may interfere with their academic aspirations and career goals (Morgan & Robinson, 2003). Various factors of both academic and non-academic nature play a significant role in students' decisions to complete their intended course. The academic factors that are identified are include test anxiety, lack of developed study habits, inadequate critical thinking skills and incompetence in the use of technology to complete assignments as well as incompetence to manage the academic workload (Middleton et al., 2021). Non-academic factors pertain to components such as financial constraints, medical or mental health issues, a discrepancy between expectation and experience, insufficient or lack of family support, age, and gender (Middleton et al., 2021). In addition, students from diverse backgrounds may experience additional obstacles such as feelings of loneliness and isolation; hence, early identification of these factors is significant in ensuring student success (Middleton et al., 2021). Therefore, it would be beneficial to ascertain that students' futures are positively impacted by healthy subjective wellbeing. It would help to ensure optimal functioning as future employers and employees that will be responsible for ensuring optimal working environments as well as being responsible for the wellbeing of their employees and stakeholders (Eloff & Graham, 2020). It would be important to be able to identify supportive factors of undergraduate students' wellbeing.

Higher education institutions focus on providing additional support for a first-year student's transitioning into university to make it a smoother process for them. However, second and third year or final year studies also entail certain challenges (Eloff et al., 2021; Stamp et al., 2015). The second year is known for its unique stressors (Stamp et al., 2015). For instance, in many institutions the second-year academic performance contributes to the overall final grade of the one's final year; hence additional pressure to acquire good grades and perform better is experienced (Stamp et al., 2015). Third years have pressure in terms of preparing for postgraduate studies or finding

employment after their final studies which yet again constitutes another form of challenge (Stamp et al., 2015). As a result, elevated levels of depression may be experienced during the final year (Bewick et al., 2010). Therefore, identification of factors supporting the wellbeing of students may be significant in alleviating and reducing the occurrence of mental disorders such as anxiety and depression or learning how to manage and regulate the experience of these mental disorders. It is known that stress experienced in undergraduate training may have repercussions of psychological and emotional impairment throughout one's professional life which may ultimately affect the quality of patient care (Radcliffe & Lester, 2003).

2.4   STUDENTS IN HEALTH SCIENCES

Students pursuing studies within the Health Sciences in South Africa are enrolled for programmes such as dental, nursing, and so forth are required to learn a vast amount of knowledge, skills and new attitudes which results in elevated levels of experienced stress (Tuladhar, 2021). In most instances, medical programmes have curricula overloaded with facts to which students need to allocate an extensive amount of time to master the content and meet their expected academic outcomes (Naidoo et al., 2014). Therefore, the urgency of psychological distress experienced in Health Sciences needs to be attended to (Yamada et al., 2014). Psychological distress is linked to outcomes of inadequate academic performance, decreased levels of empathy for clients, the inability to willingly provide adequate care for chronically ill patients and cynicism (Yamada et al., 2014).

As Ugwu et al. (2008, p. 25) note: "stressors are those 'demands, hardships or frustrations' that cause stress in our life and work environment". For students in the Health Sciences, there are unique challenges that affect their wellbeing. Studies indicate life stressors such as finances, the uncertainty of their futures, and lack of time for themselves and their relationships (Hill et al., 2018). For instance, students studying dentistry report various stressors (Lin et al., 2020). The majority of undergraduate dentistry students report stressors concerning student accommodation, the curriculum as well as clinical and academic work that needed to be managed (Lin et al., 2020). Amidst the stressors of academics and handling the pressures of their learning environment medical students also deal with daily life stressors (Naidoo et al., 2014) that are tied to their specific

training. A study conducted by Alexander and Haldane as cited by Radcliff and Lester (2003) regarding the stress of medical students in their five years of studies reported that students experienced significantly elevated levels of stress in periods of increased levels of responsibility and their imminent graduation. Undergraduate students studying medicine reported that the transitioning period from preclinical to clinical training was stressful because clinical medical training was unfamiliar and seemingly endless in terms of the factual knowledge that one needs to accumulate (Radcliffe & Lester, 2003). This resulted in students encountering difficulties such as the inability to meet their family and peer expectations (Naidoo et al., 2014). A study on challenges that student nurses experienced revealed a lack of adequate support from more experienced professionals during their clinical practice as well as elevated levels of nervousness and anxiety experienced when exposed for the first time to a hospital setting (Suarez-Garcia et al., 2018). In addition, a review (Hill et al., 2018) reported themes that emerged as difficulties for students in the Health Sciences, including exposure to a patient experiencing chronic pain or death, ethical concerns, fear of being mistreated, adjustments (transitions from student to being a professional) and educational debt.

In Faculties of Health Sciences in Scotland and the United States of America a study reported that undergraduate students studying medicine raised the issue of competitiveness amongst students in their learning environment (Laidlaw et al., 2016). There was a fear of being stigmatised as individuals who struggled to handle academic pressures and stressors in their lives (Laidlaw et al., 2016). Furthermore, the students reported that they perceived their lecturers as insensitive to their needs or rather that they failed to detect they were stressed, even though more than half of the students reported experiencing emotional and psychological problems that impeded their academic work (Radcliffe & Lester, 2003).

Therefore, addressing and managing the mental health and wellbeing of health science undergraduate students may have the effect of broadening and supporting wellbeing at the societal level (Eloff & Graham, 2020). With regard to medical students specifically, elevated emotional distress is encountered which ultimately, unfortunately, may result in a deterioration of their learning and attitude to social issues (Benbassat, 2014).

2.5 FACTORS SUPPORTING WELLBEING

Undergraduate students need support because their initial experience at a tertiary institution affects their long-term process of acculturation, cultural and academic adaptation (Awang et al., 2014). Therefore, an exploration of factors that support and positively impact the wellbeing of students helps to attain insight into intervention planning processes that may enable successful outcomes when implemented. This is because there is a need for the provision of mental health care services (Lund et al., 2012). Research findings indicate that more than 13% of mental health disorders account for neuropsychiatric disorders and that nearly three quarters are linked to low- and middle-income countries (Lund et al., 2012). The factors that will be discussed below are perceived stress and academic self-efficacy, help-seeking behaviours of students, parental background education and how that positively or negatively affects student wellbeing, sense of belonging and social support. This is not an exhaustive list of factors that influence the wellbeing of undergraduate students; there is a need for the exploring and understanding more factors which, in collaboration with the factors discussed below. may help to support the wellbeing of undergraduate students in Health Sciences.

2.5.1 Perceived Stress and Academic Self-Efficacy

Perceived stress is described as the extent to which a student perceives their obligations and demands as excessive and experiences difficulty in coping as a result of academic disruption resulting in poor academic performance (Adams et al., 2016). Perceived stress can be a motivating factor to perform academically; however, it may also be a catalyst for the occurrence of health problems and may lead to decreased levels of academic performance (Lin et al., 2020). For instance, elevated levels of stress have the physiological effect of headaches and influenza (Deckro et al., 2002). Furthermore, students in higher education institutions perceive academic life as stressful as well as demanding; therefore, emotional and cognitive reactions to this stress are experienced, particularly as a result of external pressures and self-imposed expectations (Kausar, 2010). More sources of stress reported by students were sleeping habits, eating habits changing, and increased academic workload as well as new responsibilities (Kausar, 2010). In addition, university students perceived their academic workload, the difficulty of the curriculum and competition as very stressful (Kausar, 2010).

Academic self-efficacy is defined as a belief in one's ability to acquire desired results from behaviour in academic settings (Denovan & Macaskill, 2017). Denovan and Macaskill (2017) note that "students high in academic self-efficacy perceive tasks, difficulties, and setbacks as challenges to be overcome rather than threats" (p. 509). Furthermore, students with elevated levels of academic self-efficacy exhibit indirect and direct positive social behaviours and prefer engaging in deep learning instead of superficial learning (Dogan, 2015). Therefore, perceiving one's academic self-efficacy as adequate helps one to manage stress and this may act as a buffer to ensure one's overall wellbeing is maintained. That is, the use of problem-focused coping skills concerning their perceived academic workload can result in increased overall wellbeing and lowered levels of stress experienced (Denovan & Macaskill, 2017). Some students believe that learning to handle and efficiently cope with stress is a significant aspect of medical training, as stress is regarded by students as a powerful motivator to work hard (Radcliffe & Lester, 2003). Academic self-efficacy is a valid predictor of significant psycho-educational outcomes, for instance, regulating test anxiety and academic success (Putwain et al., 2013).

2.5.2 Help-Seeking Behaviours

Students are frequently regarded as vulnerable individuals who are reluctant to seek help for mental illnesses (Sagar-Ouriaghli et al., 2020). In particular, male undergraduate students are regarded as individuals who prefer not to share information regarding their emotional wellbeing and deny weakness as a means of self-preservation of autonomy and stoicism (Morgan & Robinson, 2003; Sagar-Ouriaghli et al., 2020). It is not surprising that undergraduate students preferred sharing the challenges they encountered at university with close family and friends (Morgan & Robinson, 2003).

A study conducted by Hinson and Swanson as cited by Al-Krenawi et al. (2009) found that students were likely to seek professional help when they were experiencing mental problems perceived as being sufficiently severe to be comprehended by family and friends. Self-concealment is defined as a personality characteristic of a student's predisposition to actively conceal personal information that is perceived as negative or highly distressing (Morgan & Robinson, 2003). Interestingly

though, self-concealers are more prone to entail positive help-seeking behaviours, for they reported that they were more likely to seek counselling despite their beliefs and attitudes towards therapy services (Morgan & Robinson, 2003). Furthermore, findings suggest that the perception of self-sufficiency, stigma, seeking help from friends and family, insufficient information regarding counselling resources, and lack of awareness or emotional competence to handle challenges are factors that prohibit students from seeking professional mental health care services (Bilican, 2013).

Furthermore, it was discovered that elevated levels of psychological distress, decreased levels of social support and positive attitudes towards counselling were important in predicting a student's intention to seek help when distressed (Morgan & Robinson, 2003). Equally important, research indicates help-seeking behaviours are mostly mediated by a student's acculturation (Al-Krenawi et al., 2009). Help-seeking behaviour is a process in some African cultures. As stated by Sodi and Phethi (2017), "in many African communities, help-seeking starts when a patient makes consultation with family members, then a diviner, and end with *inyanga* or doctor, although consultations may not always be that linear" (p. 286). Help-seeking behaviours may begin with Western health care system and then move to the use of traditional medicine (Shai & Sodi, 2015). Moreover, research findings emphasise how individuals of African descent preferred traditional services; for instance, consulting traditional healers and spiritual advisors (Obasi & Leong, 2009; Sodi & Phethi, 2017). It has also been argued that people of African descent may be under-diagnosed with mental illnesses because of the observed different symptom expressions (Obasi & Leong, 2009). Research findings also indicate that cultural barriers greatly influence Asians in seeking help for it is believed that in the Asian culture, mental illness may be an indication of an individual possessed by spirits or demons (Han & Pong, 2015). This reinforces the idea that help-seeking behaviours are largely influenced by one's cultural view of health, manifestation and expression of symptoms and chosen strategies of how and when to seek help (Sodi & Phethi, 2017).

2.5.3 Sense of Belonging

Walton and Cohen (2007) note that "the need for social belonging - or seeing oneself as socially connected - is a basic human motivation" (p. 82). The belongingness hypothesis stipulates that

even though attachments to positive relationships such as those experienced with parents and friends exist, a lack of sense of connection to a larger group or community will probably result in elevated levels of emotional distress and generally heightened levels of stress (Pittman & Richmond, 2008). Research indicates that students from social groups that are incessantly and traditionally underrepresented at higher education institutions are probably likely to experience subjective feelings of detachment at universities (Janke et al., 2017). Furthermore, individuals who worry that they may not belong in a specific setting in higher education institutions may interpret experiences with peer group work as a struggle and a confirmation of their perception of not belonging in that academic environment (Van Herpen et al., 2020).

The experience of feeling like an outsider is associated with an impeded view of difficulties in cultivating social identification with an aspired in-group of academics as opposed to students, who are regarded as continuing generation students (students who at least have a parent with an academic qualification) are more at ease and believe that it is possible to merge into an academic social identification (Janke et al., 2017). Therefore, how undergraduate students interpret themselves in social contexts is significant as they try to fathom and determine who they can become in that specific context (Van Herpen et al., 2020). Furthermore, first-generation students may find it a challenge to integrate the social category aspect of "being an academic" into their social self (Janke et al., 2017). Hence, to facilitate the promotion of a sense of belonging in first-year undergraduate students, the encouragement of their perception and academic context awareness is very significant (Van Herpen et al., 2020).

Furthermore, the exploration of a sense of belonging later in a student's career is important to help combat attrition in the later years, for research suggests that a sense of belonging declines after the first semester of one's first year (Miller et al., 2019). Subsequently, the students will experience elevated levels of a sense of belonging and seek emotional and behavioural engagement at institutions (Gillen-O' Neel, 2019).

2.5.4 Social Support

Social support is defined as existing relationships that offer individual support or perceived support (Wilcox et al., 2005). Social support may be one of the significant factors in terms of helping

students seek support for their mental health and overall wellbeing; also, the perception of available social support safeguards one's mental and physical health (Hwang et al., 2017; Walton & Cohen, 2007). Social support is conceptualised through Weiss's work as cited by Wilcox et al. (2005) entailing six functions of personal relationships, namely: a sense of reliable alliance and being offered guidance, attachment formation opportunities, social integration, an opportunity to be nurtured, and being reassured of being valued.

The quality of life has been known to intensify through the means of elevated levels of social support and having healthy relationships with friends and family (Park et al., 2015). Research on wellbeing indicates that the presence of positive relationships allows one to feel included, supported and cared for by others, which buffers an individual from being diagnosed with a mental condition such as depression, thereby encompassing better physical health and behavioural patterns optimal for psychological growth and goal attainment (Eloff et al., 2021). Research indicates that the academic performance of students was strongly associated with social capital\ namely factors such as level of trust and support from friends and family (Oranye et al., 2017). The comprehension of social support as a beneficial resource that students attain from loved ones and friends is significant, also reliant upon by students and benefits them to varying degrees (Rayle & Chung, 2007). In addition, family support has been regarded as being a supportive social support buffer as it influences students' perception of themselves (Yamada et al., 2017). Overall, findings indicate how having a social network support system from peers and family positively affects your emotional and physical wellbeing (Oranye et al., 2017).

However, inadequate or a perceived lack of social support is also associated with high levels of mental problems in students and low academic self-perception (Park et al., 2015). Furthermore, the perceived lack of social support, as well as emotional support, has been regarded as a significant factor in heightening levels of anxiety and distress amongst students (Eloff et al., 2021). Equally important, mental distress has also been associated with limited social support and conflict with friends (Mboya et al., 2020). The absence of social support and safety in a social environment has implications of deprivation in terms of supportive social resources (Oranye et al., 2017). Research findings indicate that the lack of adequate perceived and actual social support resulting in the social integration not occurring resulted in students experiencing frequent homesickness and

challenges in making friends (Wilcox et al., 2005). In some instances, lower levels of support were positively correlated with students engaging in frequent alcohol and drug use, such as elevated smoking and excessive drinking particularly during periods of examinations (Reeve et al., 2013). Consequently, the academic performance of students who did not access a good support network of friends declined compared to students who did have adequate forms of social support (Oranye et al., 2017).

These factors discussed above are significant and necessary in helping students attain optimal wellbeing for the purpose of their academic endeavours. They are interlinked and are indicators of the wellbeing as undergraduate students on their academic journey. Supporting student wellbeing is discussed below to show how optimal wellbeing may be achieved through making use of aforementioned factors as well as the theoretical framework constructs for this research study.

2.6   SUPPORTING STUDENT WELLBEING

Higher education institutions are where a student is accountable for his or her health and wellbeing in its entirety (Ridner et al., 2016). Coping mechanisms are presumed to have two primal functions, namely: handling and managing the problem causing stress as well as controlling and regulating stressors (Kausar, 2010). The learning environment and support systems of an institution are external factors that may help students to adjust to and cope with university (Stamp et al., 2015). Proactive coping strategies involve task-oriented and emotion-oriented processes which are known to help in terms of better adjustment to university life as evident in self-reports on the benefits of combatting the occurrence of depression amongst students (Kausar, 2010).

Mental illness or the optimal functioning of an individual in challenging circumstances is likely dependent on multifaceted interactions of biological, social, cultural, and genetic factors (Stamp et al., 2015). In an institution intent on providing an atmosphere that supports, accommodates, and promotes individuality and growth among students, a focus on the social aspect may help reduce the number of occurrences of mental illnesses amongst students. This may be attained by means of academic institutions proactively and continuously monitoring mental health problems (Hawker, 2012) and being intentionally mindful in terms of exploring supporting factors that affect

the wellbeing of its students. The university may need to take into consideration students' beliefs regarding the world and life and how these beliefs may be integrated into interventions to improve students' sense of belonging and subjective wellbeing (Li et al., 2020).

Furthermore, the promotion of peer relationships in Health Sciences may play a significant role in aiding students in preventing poor academic performance and psychological distress (Yamada et al., 2017). In particular, the use of positive emotions may be of help in terms of acquiring surviving-promoting personal resource capabilities (Melo & Anderson, 2016). Research findings indicate that students who experience positive emotions – such as the feeling of being happy – are flexible and committed to their academic goals (Eloff et al., 2021). For students to experience positive emotions, they would need to be guided in terms of effectively coping with their stressors through exercise and meditation while avoiding unhealthy behaviours such as substance abuse (Almomani & Almomany, 2021). The counselling service centres of institutions may be of help in promoting students' attainment of academic success (Morgan & Robinson, 2003) and promoting healthy outlets of dealing with the stress experienced at university.

Mental health literacy skills entail three domains: knowledge and comprehension of mental health problems; advancement of positive mental health; and an understanding of help-seeking behaviours (Gorczynski et al., 2017). This implies that there are various forms of student support that will positively impact their wellbeing. This may include various support structures such as the active use of adaptive learning, resilience building and the hosting of wellbeing webinars (Kotera et al., 2021). Student health centres in higher education institutions are encouraged to provide various forms of support, especially for their own identified vulnerable groups (Almomani & Almomany, 2021). Studies suggest that university students do not possess sufficient mental health literacy skills to recognise mental health problems and seek professional help when needed (Gorczynski et al., 2017). Stressors experienced by students may be addressed through the provision of peer education, student advisors, and peer education services. Universities could also consciously improve the quality of teaching and use better evaluation systems to track progress in terms of offering students these services (Chowdhury et al., 2017).

2.7 THEORETICAL FRAMEWORK

2.7.1 Positive Psychology

Positive psychology is regarded as the inquiry of what constitutes a life of happiness, engagement and feeling fulfilled (Seligman, 2004). Positive psychology is defined as the scientific study of people's strengths that enable them to thrive or flourish in their communities (Farmer & Cotter, 2021). Positive psychology was a concept deemed to focus solely on happiness; however, Seligman subsequently implemented a paradigm shift through a much larger focus on wellbeing (Farmer & Cotter, 2021). In terms of this view, to fully comprehend the wellbeing construct through the lens of positive psychology, virtues and strengths need to be considered (Seligman, 2004). Character strengths are considered to be good qualities that show up in one's attitudes, feelings and actions (Park et al., 2004). The character strengths identified by Peterson and Seligman (2004) are: modesty, leadership, forgiveness, self-regulation, spirituality, humour, hope, fairness, social intelligence, vitality, love, kindness, integrity, creativity, curiosity, love of learning, perseverance, prudence, appreciation of beauty and excellence, gratitude, citizenship, bravery, perspective and open-mindedness (Coetzee & Schreuder, 2013). Seligman (2004) argues that when wellbeing is attained through making use of our strengths and virtues, authentic happiness permeates the individual's life.

2.7.1.1 *Positive emotions, engagement, relationships, meaning, accomplishment and health model theory*
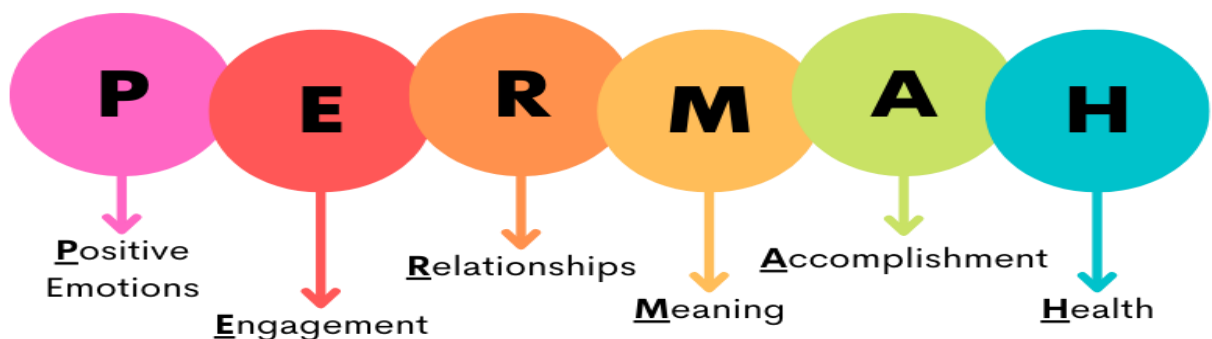
Figure 2.1: PERMA(H) Model Theory

Source: Aquatics & Recreation Victoria (2023)

The six elements of PERMA(H) namely: positive emotions (P), engagement (E), relationships (R), meaning (M), accomplishment (A) and health (H), are discussed below to explore how these may be interlinked to the factors influencing the wellbeing of undergraduate students in the Health Sciences. The PERMA(H) model is regarded as a depiction of wellbeing: the presence of one element may ultimately imply the existence or presence of the other elements of the PERMA(H) model (Farmer & Cotter, 2021). Equally important, the wellbeing domains contribute to the individual's subjective wellbeing: an individual pursues each domain for its own sake and not in the hopes of acquiring another domain. Lastly, each domain is defined and measured independently of the other domains (Seligman, 2012).

2.7.1.2 Positive emotion

Positive emotion is the momentary expression of positive emotions such as flow, pleasure, serenity, contentment, hope, glee and ecstasy (Seligman, 2004). Positive emotions experienced may help in terms of positively affecting the student's wellbeing. Experiences of positive emotion may lead to students engaging with their environment in a helpful and adaptable manner (Farmer & Cotter, 2021). In addition, experiencing positive emotions may result in lower levels of depression, elevated life satisfaction, better knowledge attainment skills and creativity as well as heightened emotional intelligence and attainment of social cohesion (Eloff et al., 2021).

The exclusion of exercising character when trying to attain positive emotion may result in feelings of emptiness, depression and the absence of meaning (Seligman, 2004). However, character formation and the exercising of one's character may lead to authenticity (Seligman, 2004). The positive feelings that draw on a student's virtues and strengths are authentic (Seligman, 2004). Virtues and strengths of an individual help in times of need or ill-fortune (Seligman, 2004). The six core virtues of strength are wisdom and knowledge, temperance, justice, love, humanity as well as spiritual transcendence (Seligman, 2004). In addition, the 24 Strength list includes curiosity or interest, the love of learning, creativity, wisdom, valour, perseverance, integrity or authenticity, kindness, leadership, forgiveness, humility, self-control, appreciation of beauty, optimism or hope,

spirituality, gratitude, active open-mindedness, vitality, intimacy, social intelligence, fairness, teamwork, playfulness and prudence (Isaacowitz & Seligman, 2003).

2.7.1.3 Engagement

Engagement concerns itself with flow (Farmer & Cotter, 2021). Flow is the conquering of challenges because of one's capabilities of meeting the challenges one is presented with (Seligman, 2004). The experience is described as time stopping during an important activity coupled with a sense of loss of self-consciousness (Farmer & Cotter, 2021). Engagement is also associated with commitment. Commitment is thus interlinked with an individual's environmental mastery and sense of purpose in life (Stamp et al., 2015). As Stamp et al. (2015) note "theoretically this makes sense as managing the multiple and complex demands of student life likely necessitates deep engagement and persistence" (p. 173). As an individual is mindful of their goals and actions guarding against any form of distractions occurring, having the flexibility to switch between goals through being aware of their changes in their environment is necessary and achievable (Melo & Anderson, 2016).

The possibility of intense engagement with schoolwork is probable at home where flow may be attained, and the use of one's strengths is optimal during weekends (Seligman, 2004). Students may regard a sense of optimal environment to be one of the factors to be considered in terms of achieving the state of flow. Seligman (2004) states that flow may be attained by an individual who can identify their signature strengths, make use of their strengths daily, and lastly do work that utilises most of their signature strengths (Seligman, 2004). Ultimately, attaining the flow experience in any activity is relevant to one's wellbeing as it may solicit a sense of proficiency as a result of performing at a heightened level (Farmer & Cotter, 2021). However, it bears repeating that an individual should be mindful of their strengths and make use of them more often to reach the ultimate state of flow (Seligman, 2012).

2.7.1.4 Positive relationships

Relationships are defined as entailing feelings of being associated with an individual, society, or community (Vermaas, 2015). Furthermore, close positive relationships are regarded as a

fundamental need of human existence (Tansey et al., 2018). Seligman notes that individuals seek out and sustain positive relationships (Vermaas, 2015). In addition, mental health and wellbeing are affected by positive relationships (Farmer & Cotter, 2021)**.** Relationships, whether platonic or romantic, are regarded as forces that help people initiate and sustain happiness (D'raven & Pasha-Zaidi, 2016). Furthermore, these relationships are perceived to entail caring, kindness and acts of support which inevitably contribute to better mental and physical health and greater social integration (D'raven & Pasha-Zaidi, 2016).

The relational domain is concerned with the progression and sustenance of positive relationships and social engagements (Eloff et al., 2021). This domain overlaps with the dimension of positive emotions and relations encompassing warm and trusting interpersonal relationships (Eloff et al., 2021). The positive relationships encompass a sense of connectedness, an open and safe space to share emotions and love with others (Tansey et al., 2018). Relationships entail being satisfied with one's social support system and feelings of being cared for and loved by others (Vermaas, 2015). In addition, positive relationships encompass a healthy existence amongst individuals which is indicative of how harmony with family and friends magnifies the human need for being accepted in a group setting to experience a sense of belonging (D'raven & Pasha-Zaidi, 2016). Hence the presence of positive relationships in one's life is associated with better health and positive outcomes, and decreased risks of depressions (Vermaas, 2015).

2.7.1.5 Meaning

The PERMA(H) model regards meaning as one's belief that their own life is of value and that their life belongs to something greater than themselves (Farmer & Cotter, 2021). As such, failures encountered by individuals are buffered by the belief that they are part of a greater plan (Seligman, 2006). The belief that one is living a meaningful life that entails a sense of purpose is also an indication of being deeply involved in and committed to what one is doing (Stamp et al., 2015).

Meaning making in one's life is a self-organising structure where the purpose informs an individual's activities and goals while simultaneously buffering them against experiencing extensive negative emotions (D'raven & Pasha-Zaidi, 2016). It would appear that an individual's attitude toward their relationship with their spiritual practice or being is significant in terms of

determining whether they are happy or not (Sahraian et al., 2013). This is because meaning not only stems from religious aspects but also entails positive regard one receives from conducting one's life from a moral point of view (D'raven & Pasha-Zaidi, 2016). Therefore, the interpretation of meaning in an individual's life also entails a sense of purpose as to why a person does something (D'raven & Pasha-Zaidi, 2016). A meaningful life constitutes being of service to something bigger than self and humanity has formed many institutions such as religion, political parties, or even family that allow one to be of service to mankind (Seligman, 2012). In the context of religion, it is often thought that hope is instigated by religion, resulting in troubled individuals being capable of facing their tribulations (Seligman, 2006). Positive subjective wellbeing is interlinked to hope, specifically concerning life satisfaction among individuals (Denovan & Macaskill, 2017).

2.7.1.6 Accomplishment

Seligman described accomplishment as a means of having the desire to achieve something, which means an individual also has perseverance which is a more significant factor than the actual accomplishment being attained (Tansey et al., 2018). That would then mean that a sense of accomplishment is reliant upon a person's perception of making progress towards goals and entails a sense of achievement in their own life (Tansey et al., 2018). Accomplishment is regarded as a skill intensified through effort (Seligman, 2012). Other factors that are a contributor to a sense of accomplishment of a goal are the rate at which the task is performed, the rate of learning, effort and self-discipline (Seligman, 2012). Accomplishments provide more meaning to individuals when they are experienced intrinsically instead of being extrinsic (D'raven & Pasha-Zaidi, 2016). Accomplishment (i.e achievement) may be an outcome of production of demonstration of skill or mastery (Farmer & Cotter, 2021). Accomplishment or achievement is frequently attained for its own sake, even when it has no meaning, does not produce any positive emotion or positive relationships (Seligman, 2012). Furthermore, accomplishment is a significant factor in contributing to positive functioning (Gander et al., 2017). The accomplishment construct is regarded by scholars as significant in contributing to one's overall wellbeing (Croom, 2015).

2.7.2 Health: PERMA Plus Model

The PERMA plus model components are strongly associated with resilience and wellbeing which entail optimism, physical activity, nutrition and sleep (Iasiello et al., 2017) which are the health dimensions of the model (Butler & Kern, 2016; Farmer & Cotter, 2021), that broadly discuss the Health aspect. The components of the PERMA Plus model are discussed below to provide a brief explanation of what each construct entails that encompasses the health aspect of the PERMA(H) model. This study primarily focused on physical activity and nutrition.

2.7.2.1 Optimism

Optimism is defined as general expectancy that an individual will experience good outcomes in the future (Gómez-Molinero et al., 2018; Mohindru & Sharma, 2019). Optimism is regarded as a positive emotional construct that aids significantly in building wellbeing and resilience (Madeson, 2017). Optimism has two components: "dispositional optimism" and "learned optimism" (Gómez-Molinero et al., 2018). Learned optimism is a trait that people use as an adaptive attributional style to describe adverse situations and dispositional optimism is faith in better outcomes in the future instead of anticipating adverse outcomes (Gómez-Molinero et al., 2018). When challenges are encountered, the emotions of individuals range from eagerness and enthusiasm to feelings of anxiety, anger and depression; therefore, the variations of feelings experienced correlates to differences in optimism observed (Carver et al., 2010). Therefore, individuals encountering problems may experience optimism or pessimism (Carver et al., 2010). With that said, optimistic individuals expect outcomes in their favour even when challenges are encountered which ultimately results in a combination of positive feelings (Carver et al., 2010). Optimists are regarded as individuals who are cognisant of negative events, but their thought processes are constructive and non-fatalistic (Foregeard & Seligman, 2012). Regulation of self that results in vigour to persevere when challenges arise in the hopes that the outcome desired shall ultimately be achieved which results in optimism actualised (Mohindru & Sharma, 2019).

2.7.2.2 Physical activity

Physical activity is associated with wellbeing in various forms (Madeson, 2017). Physical activity helps to regulate the release of acetylcholine which has a calming effect (Happell et al., 2011). The

physiological altercations that occur before and after commencement of physical activity such as elevations in body temperature and muscle relaxation affect one's mental health in a positive manner (Happell et al., 2011). Also, physical activity is known to help reduce the risk of many chronic diseases, such as heart failure, diabetes, chronic obstructive pulmonary conditions and coronary heart disease (McFadden et al., 2017).

Physical activity is also known to reduce the occurrence of depression (McFadden et al., 2017). Studies indicate that with increased levels of participation in some form of physical activity, there is a reduction in anxiety and depressive symptoms (Tyson et al., 2010). The involvement in certain physical activities entails other forms of advantages; for instance, the opportunity for participating in social engagements can add psychosocial benefits and the possibility of attaining positive emotional experiences (Hawker, 2012). Regular physical activity is not only known to protect one from physical, psychological and emotional ailments but also to improve one's quality of life (Joseph et al., 2014). Health-related quality of life is defined as the perception of one's subjective wellbeing, happiness and satisfaction with one's overall life (Kruger & Sonono, 2016).

2.7.2.3 Nutrition

Nutrition and food consumption are significant conditions that affect an individual's quality of life (Schnettler et al., 2015). There has been significant research associating mental health and wellbeing to nutrition (Madeson, 2017). A person's nutritional status is impacted by multiple factors such as the availability of food, the environment, an individual's life stage and one's socioeconomic status (Wattick et al., 2018). The right amount of a balanced intake of nutrients helps to decrease the risk of chronic illnesses, improve mental wellbeing and helps one to manage weight (Aceijas et al., 2017). Depression is regarded as one of the leading causes of health impairments globally and is strongly linked to poverty and deprivation in low- and middle-income countries (Lund & Cois, 2018). Therefore, nutrition plays a part in the management of the occurrence of depression through the production of neurotransmitters through nutrients (minerals, vitamin B, and amino acids) (El Ansari et al., 2014). Furthermore, dietary changes and specific food preferences have been known to alter one's psychological state momentarily (Firth et al, 2020). Hence the intake of selective and significant nutrients is correlated to one's overall psychological functioning (Davison et al., 2017).

2.7.2.4 Sleep

Sleep is a physiological state that plays a role in sustaining and restoring health and wellbeing (Cvejic et al., 2018). Wellbeing is also influenced by one's quality of sleep (Ridner et al., 2016). Neuro-imaging findings suggest that the effects of sleep deprivation influence the deactivation and activation of the prefrontal cortex thereby impacting an individual's self-control capacity (Liu et al., 2020). Neurochemistry research demonstrates that good sleep hygiene promotes mental and emotional resilience, whereas sleep deprivation is known to lead to emotional vulnerability and propel negative thinking (Madeson, 2017). Essentially, sleep disturbances may be categorised in the form of sleep habits, duration of sleep hours and the quality of sleep (Chiang & Arendt, 2017). Sleep disturbances entail a variety of sleep complaints such as waking early in the mornings, difficulty in falling asleep and remaining asleep, poor sleep quality and non-restorative sleep (Li et al., 2018).

Research findings suggest that adequate sleep prepares the brain to experience positive feelings (Stoica, 2015). Therefore, to experience optimal daily functioning and preserve one's wellbeing, sleep ought to be regulated. Research findings suggest that there is a complex association between affect and sleep; inadequate sleep may adversely affect emotional wellbeing while certain emotional states may result from compromised sleep (Kahn et al., 2013). Decreased levels of sleep are associated with challenges in controlling one's positive and negative affect, attention, and interpersonal behaviour (Ghumman & Barnes, 2013).

2.8 THEORETICAL FRAMEWORK SUPPORTING THE RESEARCH STUDY

The theoretical framework supporting this study draws on positive psychology with specific relation to the PERMA(H) constructs as discussed earlier. Each wellbeing construct in the PERMA(H) theoretical framework has three properties: it can be measured independently of the other constructs, it is pursued for its own sake, and it contributes to one's wellbeing (Khaw & Kern, 2014).

Research indicates that the number of students who require treatment for mental health disorders exceeds the resources of counselling centres and institutions (Eloff & Graham, 2020). The

exploration and descriptive analysis of factors used by the PERMA(H) theoretical framework may result in fresh insights into how undergraduate students' wellbeing may be positively influenced. In particular, environmental mastery may help students easily engage with their academic studies resulting in the attained state of flow (Seligman, 2010). In this way optimal levels of wellbeing attained by students at university may enhance their learning which ultimately leads to academic achievement (Eloff et al., 2021). Attaining long-term mental health requires a level of resilience. Resilience is defined as the ability to recover and bounce back from challenging situations to establish order in one's environment (Turner & Scott-Young, 2017). Equally important, resilience contributes to attaining optimal mental health and wellbeing and is positively correlated with academic engagement and accomplishments (Turner & Scott-Young, 2017). Positive relationships enhance the likelihood of students experiencing positive emotions. This could lead to personal development which could bring forth a sense of self-acceptance and autonomy. As such, meaning making is reinforced and continuously practised as students continue to feel and believe that their lives have a sense of purpose.

This theoretical framework emphasises how wellbeing constructs can be independent of each other, allowing variations and multiple factors gathered within the study to be individually accounted for. The purpose of exploring these factors is to help students attain optimal functioning in life for which the attainment of adequate subjective wellbeing is imperative (Khaw & Kern, 2014). The PERMA(H) theoretical framework is deemed appropriate for the current study in that it provides an exploratory lens through which the complexities of wellbeing of students in Health Sciences may be explored.

2.9   CONCLUSION

In the context of South Africa, the challenge is no longer necessarily attaining access to a university, but rather remaining at university and successfully completing academic degree and diploma programmes. Equally important, psychologically transitioning from the status of a child to that of a university student, as well as successfully immersing yourself in a foreign environment (Cross et al., 2009), may present unique challenges in terms of wellbeing. In addition to coping

with stressors in daily life, students have to deal with stressors specific to their studies and their learning environment (Naidoo et al., 2014).

This chapter provided an overview of existing literature on wellbeing and supporting psychological factors that affect a student's wellbeing. The theoretical framework was discussed and how it will be used to guide the study and interpret the findings obtained for this study.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This study implemented a non-experimental, exploratory and descriptive form of inquiry drawing on a positive psychology framework. Data were generated and analysed following qualitative protocols.

This chapter describes the underlying methodological paradigms that govern this research study. An explanation regarding the research methodology of the research design, selection of the participants and procedures that were adhered to for the generation as well as documentation of data is presented in this chapter. Furthermore, a detailed explanation regarding the approach used to analyse and interpret the data is discussed, including a rationale for the choices throughout the research process. The advantages and challenges of the methodological strategies implemented in the study are also considered. An explanation regarding ethical considerations is presented, including considerations of validity and reliability in terms of the trustworthiness of this study.

3.2 Student Wellbeing at University

Contextual realities in South Africa indicate the need for tailored assessments of students' wellbeing and their mental health (Eloff & Graham, 2020). This study at the Faculty of Health Sciences was conducted as a subset of a broader *Student Wellbeing* project. This project is aimed at adding to what I known about factors that undergraduate students deem significant in contributing to their wellbeing.

Research has found that elevated levels of wellbeing in university students result in behavioural and cognitive processes that impact self-regulated learning (Eloff et al., 2021). It is imperative for university students to develop further second order learning capabilities, since this will help initiate self-driven and self-regulatory, cognitive learning approaches that will support them in their

learning (Gaeta et al., 2021). Also, students will be able to handle academic pressures and responsibilities irrespective of their future professional endeavours (Gaeta et al., 2021).

The *Student Wellbeing* project also aims to improve existing intervention strategies that are aimed at supporting the wellbeing of students to better inform and equip them to handle academic, social, emotional and psychological challenges they may encounter. In the Health Sciences clinical practice experience is a prerequisite in the varied degrees; therefore, in-person and adherence to on-campus occurrences help students experience opportunities that far exceed formal academic activities (Eloff, 2021), which is a valuable learning life experience.

3.3   The Current Study

The current study describes and explores factors supporting the wellbeing of undergraduate students using a qualitative, phenomenological approach by conducting a secondary analysis of an existing data set. Convenience and purposive sampling were implemented. Data were generated through brief face-to-face interviews (n=427) and a focus group (n=6). The data were analysed by means of IPA. The data analysis produced research findings to the question of what undergraduate students deemed significant in supporting their wellbeing.

Secondary data analysis entails the use of existing data to generate answers to research questions that may differ or be similar to questions asked in the original research (Long-Sutehall et al., 2011). The raw dataset that was gathered for this specific study was collected at the Health Sciences Faculty. Other raw datasets were also collected from other faculties. However, the raw data set for students from the Health Sciences Faculty has only been analysed as part of the broader study. Specificity is needed in terms of the factors that support undergraduate students in the Health Sciences because of the tailored requirements for their Health Sciences programmes.

3.4   Paradigmatic Perspective

A paradigmatic perspective helps to direct research efforts (Feilzer, 2010). This study used the interpretivist epistemological paradigm. The interpretivist epistemological perspective was applied through phenomenology which will be elaborated upon in order to provide a better

understanding of the choice of research methods, participants, and instruments for the current study.

3.5 Epistemological Paradigm

The phenomenological stance is used in the form of an interpretative epistemological paradigm. Phenomenological research aims to describe daily experiences to comprehend a concept or phenomenon (Priest, 2002). The state of wellbeing of undergraduate students enrolled in Health Sciences is affected by their daily experiences in terms of their academic and social demands. Therefore, the substance of maintaining wellbeing is of interest in this study. Hence a description of their lived experiences and the factors supporting their wellbeing is imperative to capture the essence of attaining and sustaining their wellbeing (Dowding et al., 2011).

Interpretivism, in turn, concerns itself with meaning making with the primary focus on comprehending social phenomena (Bhattacharya, 2008). Interpretative epistemology examines an individual's subjective beliefs and attitudes which are dependent upon real-world phenomena (Scotland, 2012). In particular, the research process constitutes that after the initial disclosure of meaning it is then explored and described in terms of its lived experience (Bhattacharya, 2008). This alluded to how one's construct of reality is formulated with the primary focus on the use of language and aspects of one's independent world (Scotland, 2012). Undergraduate students in the Health Sciences are diverse. As such, interpretivism permits multiple constructs to be explored and described in a way the undergraduate students subjectively define their worldviews and lived experiences. Interpretative phenomenology concerns itself with comprehending individuals' experiences of their world and their selves (Palmer et al., 2010).

3.5.1 Advantages of Interpretivism

Interpretivism accounts for one's subjective truth and knowledge, taking into consideration one's culture and history which are drawn on to comprehend one's experiences (Ryan, 2018). Tertiary institutions are characterised by many levels of student diversity which afford students considerable opportunities for the occurrence of intercultural interactions (Colvin et al., 2014). This is regarded as significant as it implicitly cultivates an atmosphere of inclusion which may

lead to successful outcomes in cultivating diverse representation of individuals in universities, and in the context of the current study.

The interpretative approach does not rely on rules and judgements; instead, it is concerned with the characterising traits that an individual expresses as values that influence judgements (Smith, 2008). As a result, any criterion may be interpreted in any period and in multiple circumstances (Smith, 2008). This allows for the accommodation of, as well as generation of, many possible strategies that may be implemented in helping undergraduate students in the Health Sciences feel supported by the institution.

Interpretivism is characterised as ideographic research, which accounts for people's cases or events. It has the capacity to allow for diverse meanings, events and voices (Rahman, 2020). The sense of belonging experienced by students through participation in the current study may encourage many forms of engagement which may support them.

3.5.2 Challenges of Interpretivism

Researchers may find it difficult to distinguish their own unique beliefs and values which influence and inform the collection, interpretation and analysis of gathered information (Ryan, 2018). Hence the importance of the practice of reflexivity which helps to ensure rigour as well as provide quality in the researcher's work (Dodgson, 2019). The rigour of this study through reflexivity occurred through applying criteria for the evaluation of trustworthiness of qualitative research, namely transferability, creditability, dependability, authenticity and confirmability as discussed further below in detail.

Generalisation is deemed as fluid and dynamic in interpretivist research. A contention exists that interpretivism instead addresses generalisation through means of implicit accounts of external validity, confirmability and transferability (Williams, 2000). This study does not attempt to generalise its findings. Instead, it aims to account for the variations of beliefs and values that exist amongst undergraduate students, specifically the supporting factors they deem significant for their wellbeing.

Interpretivism does not concern itself with challenging the existing culture presented by participants, which ultimately minimises any forms of disagreement that may be initiated by a researcher (Walker & Dewar, 2000). The explorative analysis of this study affords a particularised comprehension of the culture of undergraduate students in the Health Sciences, to help instigate and offer a descriptive analysis of factors supporting undergraduate students in the Health Sciences. Furthermore, the implicit research aims of this study are to raise awareness and inform existing approaches within the institution through means of exploration and the description of the existing experiences of student wellbeing in the Health Sciences.

3.6   Methodological Paradigm

The qualitative methodological approach is used for this study. Qualitative research is defined as a means of exploration and comprehension of a group of people or individuals who are part of a social phenomenon or a problem experienced by a person (Creswell, 2009). Qualitative research has three main components: process, comprehension, and meaning (Merriam & Tisdell, 2015). The qualitative process entails analysis and interpretation of information obtained by means of questions that generate general themes using induction (Creswell, 2009). This form of research focuses on comprehending a phenomenon on a deeper level by obtaining quality responses through one's study of pursuit (Alharahsheh & Pius, 2020). In this study, the process of qualitative IPA was used to comprehend, interpret and make meaning of supporting factors deemed significant by undergraduate students in the Health Sciences. This form of inquiry can illustrate representation and diversification amongst undergraduate students that may be considered by the institution when student support is considered. In this way a meaningful and psychologically congruent depiction of their views on wellbeing may be offered.

3.6.1 Advantages of Qualitative Research

Qualitative research is concerned with identifying the meaning of a phenomenon from the point of view of the individuals (Creswell, 2014). It also concerns itself with the definitive meaning within a specific context (Willig, 2013). This study focused on the wellbeing of undergraduate students in the Health Sciences, specifically in the context of an urban South African university. It aimed

to explore how undergraduate students in the Health Sciences perceived their wellbeing to be supported to help understand the factors deemed significant by the students that support their wellbeing.

Qualitative research allows multiple constructs to be formulated, incorporating diverse perspectives that account for various ways in which the research question may be addressed, making allowances for different answers and formulations to the question posed (Creswell, 2014). This would then allow for a comprehensive and detailed view of understanding and ways of supporting undergraduate students. The analysis of data may also help to account for different views presented by undergraduate students in the Health Sciences. Accounting for an experience through variations of the phenomenon allows for the contextual richness of that specific phenomenon to be presented. Qualitative research makes allowances for researchers to gather data in natural settings where research can be conducted within that specific real context in which the issue experienced is being inquired about occurs (Creswell, 2014).

3.6.2 Challenges of Qualitative Research

Qualitative research requires the researcher to set aside their biases and refrain from making judgements about the issue that participants find themselves in as to whether it is good or not, or whether it is inappropriate or appropriate (Yilmaz, 2013). This may be avoided if researchers involved in the study explicitly state their predispositions, biases and orientation (Yilmaz, 2013). In addition, this study accounted for similar viewpoints present in the findings that the undergraduate students shared in addition to acknowledging and reporting findings that were diverse. This is presented in the discussion of findings in Chapter 4. Therefore, as Kapoulas and Mitic (2012) state, qualitative research is a "quest for in-depth comprehension and awareness of the problems and phenomena" (p. 360). The perception of the degree of transparency is dependent on the researcher's ability to articulate existing similarities and variations and make them apparent to readers of the study (Dodgson, 2019).

Trustworthiness pertains to the understanding and illustration of a coherent sense of the study conducted where the findings develop using inductive qualitative content analysis (Graneheim et

al., 2017). The challenge of qualitative inquiry is to persuade readers of its trustworthiness by accounting for the research process (Graneheim et al., 2017). This criterion is achieved through demonstrating the trustworthiness of the study process.

3.7   RESEARCH DESIGN

3.7.1 Location Site of the Study

As stated earlier, this study of an ongoing *Student Wellbeing* project at a large, urban South African university was conducted through the use of brief interviews and focus group sessions in all faculties at the university. For this specific study the interview data were gathered at the Faculty of Health Sciences which is located on a campus close to hospitals. The campus comprises various Health Science related buildings and lecture halls, such as physiology, anatomy and pharmacology. The gathering of data for this study occurred outside lecture halls of the various buildings on campus.

Figure 3.1: Various Facilities in a Lecture Hall Building

The campus also comprises animal and BSL-Information Technology (IT) laboratories. In addition, the Occupational Therapy Construction Unit as well as a public Hospital and District Hospital are within proximity to the campus. The accommodation sites available for students within the area are the International Students' Apartments, undergraduate female residence, an undergraduate male residence and mixed residences.

Figure 3.2: A Health Sciences Campus and The Second Image where Fieldwork is in Progress

3.7.2 Methodological Process

This study used a phenomenological qualitative research design. Brief face-to-face interviews of 427 participants were implemented and one in-person focus group session with six participants to collect data occurred. The brief interviews were conducted by eight trained fieldworkers who were postgraduate students in the helping professions. The focus group was conducted by an experienced researcher in the helping professions.

Interviews are defined as verbal interchanges where one individual (researcher) seeks to elicit information from the other individual (Longhurst, 2003). It is a method of gathering data where one individual asks questions (interviewer) and there is another individual who is the respondent. The interview can occur face-to-face or telephonically (Whiting, 2008). For this study a face-to-face method was preferred to try to attain a student's first response of factors that they thought were imperative in supporting their wellbeing. The reason for using qualitative methods such as interviews and focus groups was to make provision for deeper comprehension of social phenomena to occur (Gill et al., 2008). It was regarded as important for the study to articulate the diverse and multiplicity of factors supporting the wellbeing of undergraduate students in the faculty.

The decision to make use of brief interviews was to allow participants privacy, personal engagement and confidentiality so they would feel more comfortable with truly relaying what they perceived as significant factors that contributed to their wellbeing. The interviews were intentionally brief to increase participation. The use of a focus group, in addition to the brief interviews, was to allow deep exploration of student wellbeing as well as to note any similarities

or disparities experienced as a collective group of factors supporting undergraduate students in the Health Sciences.

Research interviews are intended for the use of exploration of participants' views, their experiences, beliefs, and/or intrinsic as well as extrinsic motivations pertaining to certain matters (Gill et al., 2008), which was the intended goal of this study. The brief interview question posed to undergraduate students as well as the subsequent focus group session helped to reveal the student's interpretation of the definition of wellbeing, followed by what supported their overall wellbeing.

3.7.2.1 Brief interviews and focus group semi-structured interviews

For this study, brief interviews were conducted with undergraduate students in the Health Sciences. As a form of qualitative data collection brief interviews aligned with the use of semi-structured interviews where the researcher poses questions asking participants a series of predetermined albeit open-ended questions (Ayres, 2008). In this instance, only one open-ended question was posed to all participants. Interviews are used to gain insight through a two-way communication system with participants in the study (Pathak & Intratat, 2012). In this study interviews took place between the student-participant and the fieldworker/s. Semi-structured interviews, also referred to as informal interviews, or 'soft interviews' are interviews that allow semi-directive communication to occur with research participants (Longhurst, 2003). A similar dynamic emerged in the brief interviews.

Semi-structured questions were incorporated into the focus group session discussed below, where students had the opportunity to discuss in depth the themes that had emerged during the brief interviews. Semi-structured interviews enable a researcher some form of freedom to describe their area of particular interest by means of the questions they pose to their participants to elicit possible responses in greater depth (Horton et al., 2004). Interviews often have a primary focus. However, they are adaptable in their response to participants' responses (Stuckey, 2013).

In the brief interview sessions only one question was posed to the undergraduate student which was "What contributes to your wellbeing as a student at the university?" *(see Appendix D).* For the

focus group sessions, more semi-structured questions were used *(see Appendix E)*. This form of inquiry allows the researcher to have some form of control over the topics discussed, while simultaneously permitting participants to express their thoughts and ideas more openly. Furthermore, the data collection has no restrictions to the set of responses to each question (Ayres, 2008), allowing participants the liberty of expressing their thoughts and opinions. This is to encourage subjective responses from participants pertaining to a certain situation or phenomenon they have encountered or are presently experiencing (McIntosh & Morse, 2015; Longhurst, 2003).

As stated, several face-to-face brief interviews (n=427) were conducted with undergraduate students in the Health Sciences as illustrated in the table summary above and the more in-depth table below. Table 3.1 illustrates an overview of key features identified in semi-structured interviews and how these features are applicable to this study.

Table 3.1: Overview of Key Features of Semi-structured Interviews and Application to This Study for the Brief Interviews and Focus Group

KEY FEATURES OF SEMI-STRUCTURED INTERVIEWS	APPLICATION TO THIS STUDY
Location and setting are occasionally outside the context of everyday events.	The location of the study was on the campus of the Faculty of Health Sciences in between lectures
Session forged ahead for a designated time.	The sessions for the brief interviews and focus group took place in four-hour blocks from Monday to Friday over a 10-day period in May 2018
The session entails a set of question/s that are predetermined.	Brief interview question posed to the participants, "What contributes to your wellbeing as a student at the university?" and for the focus group semi-structured interview questions were used. *(see Appendix D)*
Other questions occur during the occurrence of the session.	Brief interview: None Focus group: *(see Appendix E)*
Sessions usually last for 30 minutes to a couple of hours.	Brief interview: Less than 10 minutes Focus group: Approximately 1- 2 hours

Source: Adapted from DiCicco-Bloom and Crabtree (2006)

3.7.2.2 Focus group

A single exploratory focus group was used for this study that entailed engaging six students enrolled in the Health Sciences. Focus groups are a useful tool to explore group dynamic behaviours, interactions as well as norms (Lloyd-Evans, 2006). Longhurst (2003) defines a focus group as an amount of people usually between six and 12, who gather to discuss a particular topic that has been preselected by the researcher. The six participants had a focus group session with an experienced researcher from the helping professions where various questions regarding their wellbeing were asked.

The use of the qualitative research method of focus groups allows the researcher to collect data from a group of individuals in a short time (Wilson, 2012). The data collection of the study had time constraints to help accommodate various students in the Health Sciences in varying programmes.

The facilitation process occurs in a manner that individuals are given the liberty of exploring the specific topic however they deem fit (Longhurst, 2003). More importantly, the decision to make use of a focus group was taken to allow the generation of data that may have not been obtained from the semi-structured interviews (Connelly, 2015). Focus groups are ideal for multicultural or developmental contexts (Lloyd-Evans, 2006). Provision regarding certain data, for instance beliefs, meanings, perceptions that underlie certain behaviours or viewpoints shared by the collective group can be explored (Acocella, 2012; Lloyd-Evans, 2006). In this study, various open-ended questions were posed in the focus group session. The undergraduate students were asked how they defined wellbeing and were encouraged to elaborate on the factors they deemed significant in supporting their wellbeing as well as any minor changes the university may implement that would contribute to supporting their wellbeing *(see Appendix E).*

A key distinction between brief interviews and a focus group session is that with focus groups, the intention is to allow interaction amongst the members of the group (Longhurst, 2003). Attainment of shared perceived notions regarding psychological factors is imperative due to future aspirations

of improving how student wellbeing may be supported at the University of Pretoria collectively. Table 3.2 illustrates the benefits of using focus group sessions and how this applies to this study.

Table 3.2: Overview of Strengths of the Use of Focus Groups and Application to This Study

STRENGTHS	APPLICATION TO THIS STUDY
Groups provide an optimal platform where sensitive issues may be discussed among individuals whose lives are impacted by the same matter.	Participants were allowed to discuss how they perceived the notion of wellbeing and discovered how other students interpreted this phenomenon.
Groups offer a sense of control of the research process to the participants encouraging participation from the members of the group as well as empowerment.	Participants expressed their views and opinions when they felt the need to and were heard and validated.
Groups provide rich and good data on group beliefs, views, and rationale for collective thought processes and action.	A variety of themes emerged from attempts to discuss what wellbeing entailed (discussed in Chapter 4).
Groups are ideal for individuals who may have literacy difficulties.	Participants were given the liberty to verbally express themselves should they had felt that expressing themselves in writing was a form of constraint in expressing their thoughts and feelings.
Groups enable the gathering of abundant data.	Diverse and unique views on the theme of wellbeing were expressed by participants.

Source: Adapted from Laws et al. (2003)

For this specific study in the Health Sciences, one focus group session (n=6) in the Faculty of Health Sciences was used to generate various viewpoints of undergraduate students regarding their personal interpretation of wellbeing and factors that supported their wellbeing. In the focus group session, they were allowed to provide a more comprehensive and extensive explanation of factors that supported their wellbeing within the allocated period of collecting the data. Willig (2013, as cited in Wilkinson, 2008) noted that "research has shown that focus groups are well suited to exploring 'sensitive' topics and the group context may facilitate personal disclosures" (p. 644). Furthermore, as students in the Health Sciences shared their experiences, the group conversation may have evoked more experiential reflection than individual interviews (Palmer et al., 2010). The

focus group session and the number of participants was intended to offer a safe space for the students to openly share their views and opinions. As a result, more clarity and insight may have been gained from the focus group session. To conclude, focus groups help researchers to create the optimal environment for understanding collective social action, accessing group beliefs, attitudes and beliefs that may not have been noticed (Lloyd-Evans, 2006). For this study semi-structured interview questions for the focus group session were used to create such an optimal environment.

3.7.3 Limitations of Focus Groups and Brief Interviews

The reason for using brief interviews and semi-structured questions in the focus group was to make allowances for the students to describe factors supporting their own wellbeing. Semi-structured interviews are flexible in their approach and when students decide to discuss a certain question that intrigued them, they are permitted to do so. The researcher may start thinking about his or her experiences similarly or differently which may also allow new information and the comprehension of the research phenomenon to be compromised (Oplatka, 2018). Hence the need to apply criteria of trustworthiness. Focus groups may also result in conformity by means of agreement with the most influential individual in a group session and focus may be directed instead to giving responses perceived as appropriate for the group context (Carey, 2016). A limitation of this focus group specifically was that it was attended by females only. This may have influenced the shared opinions and viewpoints. The transcript revealed some degree of conformity particularly pertaining to the definition of wellbeing. Perhaps this phenomenon may be attributed to the commonality of various shared course modules, the learning experience within the various departments, interaction with the same lecturers and the overall experience of the Health Sciences campus as a student.

This variance in understanding wellbeing may also have led to contamination of the discussion, as there may have been a tendency of convergence of positions that may have prohibited diversification of opinions (Acocella, 2012). On the other hand, leadership skills and homogeneity of members may alleviate most concerns (Carey, 2016). This may be combatted by the selected trained and skilled fieldworkers and focus group facilitators who have the ability to establish rapport by creating a safe space for students and a willingness of participants to share their

thoughts. Rapport building and earning trust through a careful, thorough introduction to the research study helps to ensure the acquisition of authentic information from group members. The same applies to maintaining confidentiality when handling the data (Carey, 2016) both in the brief interviews as well as the focus group session.

3.8   SELECTION OF CASE AND RESEARCH PARTICIPANTS

This study followed a convenience and purposive sampling method in selecting participants. Convenience sampling is regarded as a form of non-random sampling where individuals of the target population are selected for a specific criterion they would have to meet; for instance, ease of access and proximity of where the study may take place, availability of the participants, and keenness to participate in the study (Etikan et al., 2016). The focus was on undergraduate students in Health Sciences, attending lectures and clinicals at the Health Sciences campus. The purposive sampling method is regarded as a judgemental sampling method for it involves the researcher's judgement on which participants would be ideal for the objectives of this study (Etikan & Bala, 2017). In addition, IPA (discussed below) is well suited to purposive samples, for it complements the strategic analysis of single case analyses (Smith et al., 2009). Therefore, the researcher may need to strategically focus on the individuals that may share the same views and opinions to attain the required information of the study (Etikan & Bala, 2017). The study aimed at obtaining holistic, insightful explanations of factors supporting students' wellbeing who, through sharing the same contextual environment, may or may not mention similar factors that support their wellbeing.

The participants for this study were selected according to the following criteria:

- All the participants were registered at the university in the Health Sciences Faculty.
- All participants communicated in English.
- All participants were available for the generation of data during university hours, the specific four-hour blocks allocated for the data to be collected.
- Participants in the study signed consent forms indicating their voluntary participation in the study.

A total of 315 males and 112 females participated in the brief interviews. The focus group consisted only of females. The age range of participants in the overall study at the Health Sciences was 19 years to 58 years. Figure 3.3 and Table 3.3 below presents an overview of the biographical information of the participants who were selected to take part in the study.
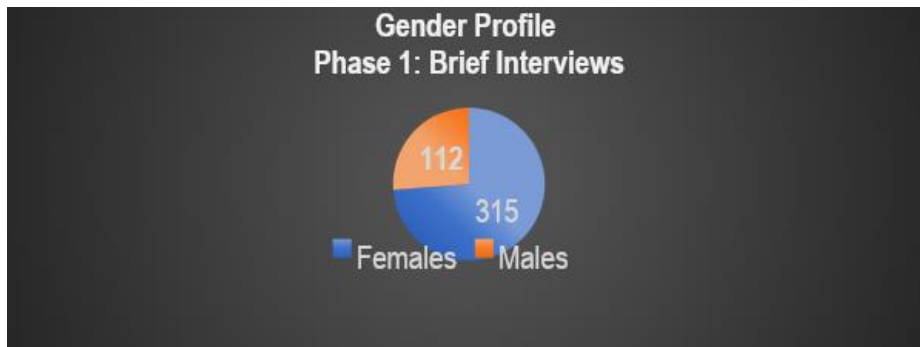
Figure 3.3: Phase 1 Brief Interviews - Overview of Faculty of Health Sciences Biographical Data of Participants

Table 3.3: Overview of Faculty of Health Sciences Biographical Data of Participants

	Phase 1: Interviews	Phase 2: Focus Group
Number of Participants (n)	427	6
Gender		
Females	315	6
Males	112	0
Age Range (Years)	19-58	19-22
Mean Age Range	21.9	20.5
Standard Deviation	2.6	1.05

The age range of participants in the brief interviews (n=427) age range was 19 years to 58 years, with the average being 21.9 years and a standard deviation of 2.6. The participants in the focus group session were females and males. The students were from Gauteng, Limpopo, KwaZulu-Natal, Free State, Eastern Cape, Mpumalanga, North-West and Western Cape provinces. The

participants were from different ethnic and language backgrounds. The participants in the focus group were from South African, the South African Development Community (SADC), other African countries and non-African countries enrolled in various programmes in the faculty of Health as indicated below in Table 3.4 where the attributes of the participants are detailed in more depth.

Table 3.4: Biographical Variables of Undergraduate Students from the Brief Interviews (n= 427)

Attribute	**Frequency**	**Percentage (%)**
Ethnicity		
White Students	157	36.8
African Students	220	51.5
Indian Students	30	7.0
Coloured Students	7	1.6
Other	13	3.0
Home Language		
Afrikaans	92	21.6
English	111	26
isiNdebele	8	1.9
isiXhosa	15	3.5
isiZulu	45	10.5
Northern Sotho (Sepedi)	42	9.8
Southern Sotho (SeSotho)	21	4.9
Setswana	32	7.5
Siswati	17	4.0
Tshivenda	13	3.0
Xitsonga	12	2.8
Other	19	4.5

Citizenship		
South African Citizenship	403	94.4
SADC Country	14	3.3
Non-African	4	0.9
Other-African	6	1.4
Programmes		
Sport Sciences	18	4.2
Medicine	168	39.3
Dietetics	19	4.5
Clinical Medical Practice	30	7.0
Radiography in Diagnostics	32	7.5
Dentistry	30	7.0
Nursing	48	11.2
Occupational Therapy	16	3.8
Oral Hygiene	6	1.4
Physiotherapy	25	5.9
Other	35	8.2
Total	-	100

The ages of the participants in the focus group (n= 6) ranged from 19 to 22 years, the average age being 20.5 years and a standard deviation of 1.05. The participants in the focus group session were all females. The students were from the Gauteng, Limpopo and KwaZulu-Natal provinces. The participants were from different ethnic and language backgrounds. The participants in the focus group were South African undergraduate students in the Faculty of Health Sciences enrolled in various programmes within the Faculty of Health Sciences except for one student enrolled in the Faculty of Natural and Agricultural Sciences (which offers gateway programmes into Health

Sciences) as indicated below in Table 3.5 where the attributes of the participants are detailed in more depth.

Table 3.5: Biographical Variables of Undergraduate Students from the Focus Group Session (n=6)

Attribute	Frequency	Percentage (%)
Ethnicity		
White Students	3	50.0
African Students	2	33.3
Indian Students	1	16.7
Coloured Students	-	-
Home Language		
Afrikaans	2	33.3
English	2	33.3
isiNdebele	-	-
isiXhosa	1	16.7
isiZulu	-	-
Northern Sotho (Sepedi)	-	-
Southern Sotho (SeSotho)	1	16.7
Setswana	-	-
Siswati	-	-
Tshivenda	-	-
Xitsonga	-	-
Other	-	-
Citizenship		
South African Citizenship	6	100
Programmes		

BHSc in Nursing Sciences	3	50.0
BHSc in Occupational Therapy	2	33.3
BSc in Entomology	1	16.7
Total	-	100

3.9   Data Generation and Documentation

Data were generated through brief interviews and a focus group session with the undergraduate students. Interview data were captured in writing and the focus group session was audio recorded. The organisation of data should be standardised and rigorous to ensure the security and validity of study results (Mack, 2005). The documentation of data collected from the brief interviews and focus group were transcribed and password protected. The brief interviews were transcribed *in situ,* and the audio recording from the focus group was transcribed by an independent transcriber after the focus group interview. It is imperative that the documentation and generation of data was consistent specifically for large, long-term, and team-based projects that entail substantial amounts of data generated in various site settings (Mack, 2005). The Student Wellbeing project was sited in various settings (faculties within the university). Therefore, for the purpose of the current study, careful management pertaining to the generation and documentation of the data for undergraduate students in the Health Sciences was adhered to; this also applied to the preservation of the data.

3.9.1 Brief Semi-Structured Interviews

Data from the face-to-face brief semi-structured interviews were recorded and captured on paper by either the fieldworker or the participants themselves. The paper responses were then captured electronically and securely stored by means of password-protection. Social sciences data collection methods have traditionally been using pen-and-paper (Weber et al., 2005; Zhang et al., 2012). An audio voice recorder was used to record the focus group session which resulted in a verbatim record thus helping to account for the credibility of the study (McMillan. & Schumacher, 2010). The accessibility of a digital file allows for recorded data to be re-used and reanalysed in other studies where different certain research designs may be imposed on the original data

collection (Tessier, 2012). The transcriptions of the interviews were coded according to each respondent's number. The recording for the transcript of the interviews categorised each response in terms of the participant's race, age, gender, language, province, citizenship and the specific qualification the participant is studying. Furthermore, the transcript recorded the identity of the data capturer and fieldworker as well as the participants' responses to the brief question posed of what contributes to their wellbeing. The data from the brief interviews, including the biographical data, were thus collated into an Excel spreadsheet. The password-protected spreadsheet was provided to me by the principal investigator of the *Student Wellbeing* study. This explains how compiling a secondary data analysis on the raw data collected by the fieldworkers was possible.

3.9.2 Focus Group Data

The data generation of the focus group consisted of the audio recording of the focus group discussion, which was then transcribed using a smooth verbatim protocol for data analysis purposes. For an accurate analysis process to occur, the level of transcription should ideally complement the intended analysis of the study; for instance, an in-depth description of knowledge, values, held beliefs, and attitudes of participants would require lengthier units of texts included in the transcript (McLellan et al., 2003). This was applied and adhered to in transcribing the focus group session, where time allocations were also recorded in the script as well as verbatim responses of the participants. This allowed the researcher to account for variations in the social phenomena that were articulated and experienced by the participants (McLellan et al., 2003).

Secondary data analysis should be transparent through detailed accounts of the methodological and ethical considerations (Goodwin & O' Connor, 2006; Long-Sutehall et al., 2011). As a new researcher on the broader Wellbeing Project, the researcher needed to sign a confidentiality agreement form stating that all raw data shall be handled with integrity and kept confidential. The dataset from the focus group was password protected.

3.10 ANALYSIS AND INTERPRETATION

3.10.1 Secondary Data Analysis

The analysis of the secondary data aimed at exploring factors that supported student wellbeing in the context of being an undergraduate student in the Health Sciences. Johnston (2017) states that "secondary data analysis is analysis of data that was collected by someone else for another primary purpose" (p. 619). In the current study, the data was not collected for another purpose, but rather the secondary analysis was conducted to analyse a subsection of a comprehensive dataset in greater depth. It may be defined as making use of existing research findings to advance scientific and/or methodological understandings or formulate new forms of methodological processes (Irwin, 2013), in this instance for a specific group of participants. Table 3.6 below presents an overview of five types of secondary data analysis. This study aimed at conducting a supplementary analysis of the raw dataset gathered from the Health Sciences participants.

Table 3.6: Overview of Five Types of Secondary Data Analysis

Term	Description
Supra-Analysis	Explores new theoretical, methodological, or empirical research questions.
Supplementary Analysis	Entails an in-depth analysis of an emergent issue.
Re-Analysis	Collected raw data is re-examined to verify or authenticate and support the primary analysis of the initial dataset.
Amplified Analysis	Refers the merging of two or more initial studies to make comparisons or enlarge a sample.
Assorted Analysis	Merging secondary data analysis with the initial primary research.

Source: Heaton (2004)

Secondary data analysis is used to explore new ideas (Goodwin & O' Connor, 2006; Irwin, 2013) as is the case in the current study. During the preparation process of secondary data analysis, an assessment should be made of whether the primary raw datasets and the secondary questions are essential, by ensuring that the intended research questions for the secondary analysis study are relatively similar to those of the primary research (Long-Sutehall et al., 2011).

During the initial supervisory conversations about possibilities for the current study, it became apparent that the existing dataset in the Student Wellbeing project needed an in-depth analysis within certain scientific disciplines. The Health Sciences undergraduate students expressed concerns about their wellbeing to leaders in the faculty. Also, interest was piqued by the researcher's own undergraduate studies that entailed modules from the Health Sciences Faculty. These modules were intriguing, while simultaneously cognitively demanding entailing clinical practical sessions which in hindsight influenced overall wellbeing. This is how the focus of and interest in the current study emerged. The secondary analysis in the current study would therefore be regarded as *supplementary analysis.*

3.10.2 Interpretative Phenomenological Analysis (IPA)

For this study, IPA for analysing data was implemented. Interpretive phenomenological analysis (IPA) was developed to analyse extensive social cognition as well as participants' subjective experiences (Biggerstaff & Thompson, 2008). The IPA holds the assumption that people have an innate desire to make sense of a phenomenon they experienced; meaning conferred onto the experience becomes a significant experience in that it inherently represents the actual experience (Smith et al., 2009). Palmer et al. (2010) captured the essence of IPA by noting that "thus, IPA aims to understand and make sense of another person's sense-making activities, concerning a given phenomenon, in a given context" (p. 99). The benefit of using IPA is that it permits the researcher to focus on the texture of experience (Smith et al., 2009; Willig, 2013). Equally important, IPA concerns itself with a specific moment in time and the significance of the experience to that individual (Smith et al., 2009). That is, individuals participate in certain activities in their world, and it is assumed that their performances are significant and embody existential consequences

(Smith et al., 2009). In this study, the enquiry was based on how wellbeing was supported by factors within the specific context of the Faculty of Health Sciences and students enrolled for a Health Sciences undergraduate qualification. The IPA entails certain steps that grant the researcher an opportunity to identify emerging themes (Willig, 2013). This may be achieved through triangulation which involves the use of various data sources such as face-to-face interviews and focus group transcriptions to assemble comprehensible themes (Creswell, 2014).

The brief interviews were analysed using the IPA method. It is imperative to reiterate how IPA is concerned with a participant's account and perception of the phenomenon (Smith et al.,1999). That is, the individual's meaning making of the experience is of the first order in IPA research, followed by the second order which is when the researcher (myself) makes sense of the information provided by the participant (Smith et al., 2009). In particular, the first order prioritises the reconstruction of the original phenomenon, while the latter would then make use of theoretical perspective to make meaning of the phenomenon (Smith et al., 2009), using the positive psychology lens with the focus on the PERMA(H) theory model.

Furthermore, IPA is primarily focused on cognitions, the specific fundamental comprehension of what the participant thinks or believes about the specific research question (Smith et al., 1999). It relies extensively on the use of interpretation (Smith et al., 2009). Interpretation entailed the analysis of the rich data on either a conceptual, linguistic or descriptive level as Smith et al. (2009) suggests; however, it should be noted that not all three levels were consistently present in the texts analysed. The focus group of the undergraduate students in the Health Sciences also made use of interpretative phenomenology because interpretative focus groups make allowance s for a reduction of the risk of 'missing the mark' and hence elevate the trustworthiness of the data by having purposefully selected participants from similar educational and/or cultural backgrounds (Redman-MacLaren et al., 2014). Essentially, interpretation focuses on the meaning making of the presented text and is strongly influenced by the moment when the interpretation occurs (Smith et al., 2009). Table 3.7 below describes the key features of IPA and how they are applicable to this study.

Table 3.7: Overview of Key Features for IPA

Term	Description	Current Study
Experience	The intrigue in comprehending the participant's lifeworld; the intentional addressing of certain aspects that matter to people; comprehension of the context of the concrete and meaningful world of individuals.	Exploration and attempt to make meaning and comprehend the factors supporting the wellbeing of undergraduate students in the Health Sciences occurred.
Idiography	The comprehension of concrete, distinct and unique aspects of the phenomenon, simultaneously respecting the integrity of an individual.	Interpretation of the experience of an undergraduate student in the Health Sciences occurred with the intent of upholding anonymity of participants and simultaneously highlighting distinct aspects of significant factors that support student wellbeing in the Health Sciences.
Interpretation	The wayfinding and management of a double interpretative engagement process.	The use of several methods to formulate various interpretations regarding the wellbeing phenomenon and meaning making of factors of wellbeing deemed significant by Health Science undergraduate students took place, while attempting to safeguard credibility (discussed below in the section of the trustworthiness of the study).
Developing Interpretative Layers	The hermeneutics of curiosity and that of empathy by means of attempting to surface concealed meaning from the apparent or literal meaning.	Engagement in an in-depth interpretation of the findings occurred, exploring literal and concealed meanings of factors impacting student wellbeing, indicated by the participants in the Health Sciences.
The Concept of the Gem	The ability to elucidate and intensify interpretation and comprehension of a phenomenon.	The engagement in meaning making of wellbeing and identification factors through the perception of undergraduate students in the Health Sciences took place by also making use of theoretical lens of positive psychology.

Source: Adapted from Eatough and Smith (2008)

Indicated below is the process of analysing data, highlighting the fact that IPA does not make use of a single method but instead draws on common principles (Palmer et al., 2010). The process is regarded as repetitive and a form of an inductive cycle (Palmer et al., 2010). Table 3.8 below gives a description of the process adhered to in the current study.

Table 3.8: Overview of Common Principles for Analysis of Data using IPA

Common Process of IPA Analysis	Application to this Study
1. Initial step would be to read and reread the original data. Making notes helps to analyse the content being read which results in exploration of semantic content occurring and free association.	The transcribed data of the study was read and reread for comprehension and meaning with the intent to understand and analyse the findings gathered from Health Science undergraduate students.
2. Focus on developing themes as they emerge from the portions of transcripts and analyse the notes that help the themes emerge.	Notes of emergent themes analysed for interpretation.
3. Integrate the information through identifying connections across the developed themes.	Links were made between the brief interviews and focus group with the intention to succinctly develop a comprehensive discussion of the findings in Chapter 4.
4. Maintain open-mindedness to account for new cases and themes emerging and attempt to bracket previously identified themes.	New emergent themes recorded and reported on: also discussed in Chapter 5 as future research recommendations.
5. Identify more patterns across the data collected, attempt to identify shared higher-order qualities while simultaneously being mindful of idiosyncratic occurrence.	To reiterate, the discussion of the findings in Chapter 4 was to collectively gather data regarding factors supporting the wellbeing of undergraduate students, while being aware of distinct patterns emerging of descriptions of the definition of wellbeing and factors supporting the participants' wellbeing. Also, unique findings pertaining to factors for the wellbeing students in Chapter 4 were noted.
6. Use the identified patterns to interpret and deepen the analysis using metaphors as well as making use of a theoretical framework.	The meaning making process and metaphorical interpretations from emerging themes from the data aimed to be summative and informative, simultaneously being informed by the theoretical framework (lens of Positive Psychology – PERMA(H), theoretical framework).

Source: Finlay (2011)

3.11 Trustworthiness of the Research Study

Using trustworthiness evaluation criteria for a qualitative study ensures that adequate reporting of the research process pertaining to the data generation, analysis, and documentation was achieved (Elo et al, 2014). Qualitative criteria for establishing the trustworthiness of a study were published by Guba in 1981 as well as Guba and Lincoln in 1982 and 1985 (Anney, 2014), which is imperative to this study. Pertaining to this study, the criteria for assuring trustworthiness are confirmability, creditability, dependability, and transferability (Guba, 1981; Lincoln & Guba, 1985). Measures to strengthen authenticity (Collier-Reed, 2009) have been applied to this research process. Table 3.11. below presents an overview of the criteria of trustworthiness along with the definitions specified for each criterion as well as how the criteria were applied to this study.

Table 3.11: Overview of Descriptions of Criteria for Ensuring Trustworthiness and Application to this Study

Criterion	Definition of Criterion	Assurance of Criterion for the Study
Confirmability	Refers to the concern of attaining objectivity in a research study and primarily focusing on findings reliant upon the participant's perceptions and experiences instead of the researcher's (Shenton, 2004).	Member checking verification using virtual online sessions occurred with my supervisor which provided guardrails against my own views and perceptions influencing the final findings of the study. In addition, there was continued consultation of emerging literature in the field throughout the course of the research writing.
Credibility	Refers to the data collected from individuals is also accurately presented and interpreted (Lincoln & Guba, 1985).	The credibility of the study is achieved by means of thoroughly checking the transcription trails, verification scrutiny, merging and formulating coherence of data collected and accounting for the rich collected narratives (Slevin & Sines, 1999). Two data sources were used: brief interviews and a focus group implementing convergence of research findings. Debriefing sessions with my supervisor through the research process occurred to help broaden insights into the study and decrease bias of the study. Accuracy checking of the transcripts of the interviews and the focus group continuously occurred throughout the analysis process of the data which was conducted by the researcher.

Dependability	Refers to the notion that research findings may be replicated and are consistent (Amankwaa, 2016).	A comprehensive framework in Chapter 1 regarding the conduct and overall research process of this study was provided. As Shenton (2004) noted, "in order to address the dependability issue more directly, the processes within the study should be reported in detail, thereby enabling a future researcher to repeat the work, if not necessarily to gain the same results" (p. 71). In the research writings of Lincoln and Guba, dependability and credibility are closely linked, where dependability ensures the credibility of the study, and may be achieved by means of overlaying methods, for instance focus groups and individual interviews (Shenton, 2004). Narrative accounts were implemented through accurate and consistent recording of the data (Slevin & Sines, 1999). The raw data was audio-tape recorded and transcribed verbatim and served as evidence of participants' responses which may be used in other research inquiries.
Transferability	Refers to the research findings applying from one context to another context (Drisko, 1997).	For transferability enhancement rich data needs to be available to the researcher, using various sites for data gathering and making use of a systematic approach (Slevin & Sines, 1999). Wellbeing research findings from undergraduate students in the Health Sciences may be assessed to determine whether these findings were evident in other student groups and if so, then shared strategies to be implemented in the future may be applied to other fields at the university.
Authenticity	Refers to the researcher's ability to adequately present non-related realities and lived experiences of participants (Connelly, 2016).	The ability to display a variety of realities relays the definition of authenticity in the context of qualitative research (Eloff et al., 2014). Transparency of the data gathered was portrayed through a discussion of research writings and in the discussions (Chapter 4) providing densely contextual descriptions of the phenomenon. The focus group and brief interview transcripts are extensive, abundant and detailed in text.

3.12 Ethical Considerations

Research at the institution where the study was conducted requires ethical approval, guidelines and norms that need to be adhered to before its commencement. Ethical clearance was obtained for the data generation (GW0180232) for face-to-face brief interviews and the focus group session that took place at a Faculty of Health Sciences. Furthermore, in line with the rules and ethical

regulations that needed to be adhered to in the study, the principal researchers of the study and fieldworkers requested permission to execute the study on the specific site as well as engage with the selected participants (Creswell, 2014). The brief interviews were conducted by the fieldworkers with the principal investigator in proximity. No physical harm occurred during the sessions and students' wellbeing and dignity were maintained as could be determined during the interview (Willig, 2013). Fieldworkers were trained to assess expressions of social-emotional distress during the brief interviews and had relevant referral information to Student Counselling Services, ready on site. No instances of social-emotional distress were reported. The researcher protected the confidentiality of data generated as well as the information acquired (Willig, 2013). This study protected the anonymity of participants (Creswell, 2014).

Ethical considerations are applicable to secondary data analysis also (Long-Sutehall et al., 2011). Hence ethical clearance was obtained to conduct secondary data analysis with the assurance that the primary data set would be handled and managed with confidentiality throughout the process of the data analysis and write-up of results and discussions. This study also obtained ethical approval from the Ethics Committee at the Faculty of Education (EDU092/20) for secondary data analysis as well as compilation of this dissertation. Reflexivity requires a researcher to be explicit regarding their actual practice of reflexivity to demonstrate the study's rigour (Dowling, 2008). Personal reflexivity entails reflecting on social identity, perceptions and beliefs regarding life and how that may influence the data analysis (Willig, 2013). Virtual supervision sessions were held to discuss themes that emerged from analysing the raw data.

3.13 Conclusion

This chapter aimed to address and review the research paradigms that guided this study. Furthermore, a detailed description of the research process adhered to was provided as well as accounting for the trustworthiness of the study and ethical considerations that were adhered to. The questions a secondary data analysis researcher should ask when conducting the study are: Is there sufficient data in the primary transcripts that will help answer the topic of interest? (Long-Sutehall et al., 2011). Is there some form of logical alignment between the data generated and analysis methodology technique chosen? (Long-Sutehall et al., 2011). For this research study pertaining to

the factors supporting the wellbeing of undergraduate students in the Health Sciences, there was a sense of coherence between the questions posed and the gathered from the primary dataset. Coherence was achieved in this study by formulating the primary question along the lines of the overall aim of the *Student Wellbeing* project.

CHAPTER 4: RESEARCH FINDINGS AND DISCUSSION OF THE STUDY

4.1   INTRODUCTION

This chapter presents the research findings and discussion pertaining to the factors supporting the wellbeing of undergraduate students. The findings discussed reflect the participants' understanding and own unique interpretation of the concept of wellbeing. I also discuss a unique finding regarding a specific factor that supports wellbeing of students at the Faculty of Health Sciences, their learning environment, aesthetics and serenity. A discussion of the six themes and related sub-themes identified using IPA and the PERMA and PERMA(H) (Positive Emotions, Engagement, Relationships, Meaning, Accomplishment and Health) theoretical frameworks is included. It is worth noting that the findings of the study in relation to the theoretical framework resulted in participants indicating more than one PERMA(H) factor that supported their wellbeing when answering the research question "What contributes to your wellbeing as a student at the university?" Hence, the ellipses included signify omitted information when quoting verbatim statements that do not concern that particular domain being discussed. IPA suggests that analysis and discussion of findings using quotations from participants may be conducted in three ways: linguistically, descriptively as well as conceptually as proposed by Smith et al (2009). Therefore, direct quotations are included to support the identified themes in the current study. As Yilmaz (2013) notes, "direct quotations document the participants' depth of feelings, experiences, thoughts about what is happening and meaning at a personal level".

The findings for each theme that emerged are also presented in relation to existing background literature, following my own analysis and discussion of a particular PERMA(H) domain. This chapter aims to highlight the findings of the study, as well as to present new knowledge (the unique finding) of the study, specifically related to undergraduate students in the Health Sciences at a large, urban, South African university. A brief inclusion on how participants felt that their

wellbeing was not being supported is also discussed as well as factors that were dormant in supporting wellbeing of undergraduate students.

4.2   DEMOGRAPHICS OF RESEARCH PARTICIPANTS AND DESCRIPTION OF IDENTIFIERS

As thoroughly discussed in Chapter 3, the participants for this study were undergraduate students from the Faculty of Health Sciences. For confidentiality and anonymity purposes, student research participants were given unique identifiers for their responses provided in the study. For the brief interviews, numbers were given to each response of the participant which will be used in the study (e.g. BI 623). For the focus group, a detail rich text transcript of an audio recording (AR) of one hour and 44 minutes was used to describe the content of the focus group. The entire conversation was transcribed, and the six individual participants were not given unique identifiers; therefore, analysis regarding the findings will occur through reference to specific lines from the recording (e.g. AR p.3 lines 114-117). In instances where the university was mentioned in the raw data, squared brackets were used for the purposes of anonymity, e.g. [the university].

4.3   DEFINITION OF WELLBEING THROUGH THE LENS OF PARTICIPANTS

In order to provide a departure point for presenting the findings of the study, the conceptualisation and understanding of "wellbeing" as articulated by participants in this study is firstly explored. In the focus group session, participants were asked to elaborate further on how they understood what was meant by wellbeing. Wellbeing was defined by the participants as follows: *"Well it's kind of a holistic thing but (about) how to be emotionally well you know, academically like in all aspects of your life, that is your wellbeing and they will contribute to each other like (for) your functioning ja"* (AR p.1 lines 20-21); *"It's holistic that it's not being free from stress, because that will never happen but it's being able to handle all of your stresses so that it does not impair the way you function so ja balanced"* (AR p.1 lines 34-36). The participants defined wellbeing as attaining balance in their social and academic contexts which highlighted the desire to attain a sense of holistic (social and academic) wellbeing. They also referred to regulating their life demands and handling the stress experienced to maintain to obtain optimal daily functioning. It appears the participants were aware that their studies involved frequent exposure to stressful events which

resulted in distress, and the need for the capacity and management to function daily within a stressful environment or maintain a sense of eustress. *"I am a second year Nursing student and to me … I would think that it's a good social and like life balance because nursing can sometimes be demanding, so it's dealing with your social side as well as working and handling school and stress"* (AR p.1 lines 37-40). It also appeared that participants realised the possible negative impact stress could have and the need to be able to constantly attain a sense of equilibrium in their academic and social life.

It was paramount to ask how participants defined wellbeing because the wellbeing concept is multidimensional and, in some instances, this results in dimensions of wellbeing accounted for instead of the overall concept (Kaya & Erdem, 2021). As seen above, some participants explained wellbeing as multifaceted. Furthermore, linguistically, participants alluded to the positive psychological definition of wellbeing as defined by Seligman comprising components in relation to the significance of relationships (R): *"I would think that it's a good social and like life balance'* (AR p.1 lines 37-40), experiencing positive emotions (P) and achievement (A): *"Well it's kind of a holistic thing but (about) how to be emotionally well you know, academically like in all aspects"* (AR p.1 lines 20-21). The term *"holistic"* was mentioned often to reiterate what a balanced life consisted of and the importance of it. Dodge et al. (2012 as cited in Kaya & Erdem, 2021) stated that wellbeing also entails the individual's resource pool and their hardships encountered as well as how the hardships and resources impact the individual's social, psychological and physical aspects (Kaya & Erdem, 2021). In these times it has become increasingly evident that mental health challenges among health care students and medical professions are both frequent and harmful (Vollmer-Conna et al., 2020). These conceptualisations (of the wellbeing definition discussed above) align with related studies that demonstrate that participants are aware that self-regulation is an essential skill in achieving academic success in the higher education context (Eloff et al., 2021). Being able to cope effectively and employing efficient coping strategies result in the ability to manage stressors and can lead to better health outcomes which are vital for studying in the Health Sciences (Awoke et al., 2021).

4.4   UNIQUE FINDING

A unique finding emerged from the data that falls outside the scope of the chosen theoretical framework for the study. This finding emerged consistently across the data set and is therefore intentionally presented here prior to the major themes and sub-themes that did develop within the theoretical framework. In addition to the themes and sub-themes identified within the theoretical framework, an additional unique theme concerned the learning environment regarding the physical aspects and sense of equanimity experienced on campus – specifically in terms of aesthetics and serenity. Although it could not be accurately mapped onto the theoretical framework, its consistent occurrence in the research analysis warrants a discussion.

4.4.1 Learning environment: Aesthetics and Serenity

"Beauty leads you back to what you have lost. Beauty reminds you of what remains forever immune to cynicism. Beauty beckons in a manner that straightens your aim. Beauty reminds you that there is lesser and greater value. Many things make life worth living: love, play, courage, gratitude, work, friendship, truth, grace, hope, virtue, and responsibility. But beauty is among the greatest of these." Jordan Bernt Peterson (2021)

This unique finding is related to the significance of a learning environment where aesthetics and serenity within the environment are evident, and how these two components were deemed significant in supporting the participants' wellbeing. Equally important, participants mentioned the feelings experienced when situated in a physically calming and well-maintained environment, that further supporting them. Reference to the physical description of the Health Sciences Faculty obtained from the rapid brief interviews (phase 1) regarding the campus environment were expressed as follows:

> BI 2193: *The environment and facilities on campus, i.e., trees, scenery, coffee shops, library, etc, contribute largely to my wellbeing as they provide a support structure.*

> BI 2377: *Clean and open environment.*

> BI 1796: *A healthy environment (trees, healthy grass).*

BI 2166: *The nature, green trees and great buildings.*

Participants emphasised how the physical nature of the campus contributed to supporting their wellbeing. The environment reflected a balance of nature (trees) as well as essential learning facilities that helped them conduct their learning process (such as learning buildings, practical equipment). These elements within their learning environment were visually appealing and attractive, further helping them experience what appeared as perhaps a relative state of calm and ease. Participants elaborated further on the feelings elicited by experiencing serenity within the campus environment (as indicated above as) and further elaborated on how the scenery perpetuated the experience of equanimity: "*The general environment of the [...] campus (Health Science Faculty) is very modern and relaxing*" (BI 2178); "*Beautiful gardens that make me happy and calm*" (BI 2243) and "*Clean environment, greenery creates peaceful environment. Pleasant atmosphere*" (BI 625). Positive emotions were experienced and acknowledged amidst the academic pressures that result in experiencing stress. Participants experienced the duality of being aware of the serenity the campus environment provided as well as being cognisant enough of the modernised learning environment that was well-kept and provided a very pleasing aesthetic. In essence, this was deemed a very significant factor in supporting their wellbeing. Furthermore, participants further elaborated on how this experience supported their wellbeing: "*visually stimulating (pleasant) environment on campus, socialising with other students, pleasant living environment (safe, clean, lots of trees, living amidst a community of other students)*" (BI 2190) and "*There are many areas to relax such as parks and recreational spaces*" (BI 2442).

The participants were able to compartmentalise their psychological experiences on campus, as seen in their ability to acutely provide a description of the physical and relate it to the emotions experienced within their environment. This also highlights the participant's exceptional ability to conceptualise their own realities. The ability to be aware and acknowledge their learning environment as a balancing act, where positive emotions and distress are experienced, can be commended. As Peterson (2021) states, beauty could help alleviate cynicism, which helps them reassess and recalibrate their minds from time to time and helps them continue to pursue their academic goals. In support of Peterson's statement regarding beauty, one participant eloquently explained the effect that nature and its beauty has on the psyche: "*Getting out of this city and into*

the countryside: seeing where the horizon meets the sky for 360's time in nature" (BI 2158), has a positive effect in terms of elevating one's wellbeing. This unique identifier has aided students in supporting their wellbeing and resulted in improved and elevated mood states.

Some studies indicate that natural environments may increase wellbeing in terms of mood elevation, experiencing pleasure and overall physical health (Sun et al., 2021). A learning environment impacts the students' behaviour and has a significant effect on their accomplishments, satisfaction and sense of overall wellbeing (Hamid et al., 2013). Equally important, efforts at improving the students' learning environments through cultivating a nurturing environment need to be prioritised to help to decrease students' emotional distress (Benbassat, 2014) BI 2191 said "*The campus environment also peaceful and good when taking breaks one can be able to use the available space for a peace of mind".* Cross et al. (2009, p. 23) state that "a university campus represents a very important space in social life where individuals experience ideological upheavals regarding place, location, identity and desire". Equally important, being situated in natural settings which have nature elements (trees, flowers, grass or even oceans) is regarded as restorative (Huggins, 2022). Environmental conditions at home, the institution, or community can have a huge impact on students' academic experience (Oranye et al., 2017). More specifically, a learning environment is where a student learns to negotiate their vital needs from their institution that will help their learning process while simultaneously acknowledging and adhering to institutional administrative and academic provision (Cross et al., 2009). The essential components of a learning environment do not only entail student-lecturer communication and learning curricular activities; rather, but they also encompass the inclusion of appropriate physical structures and services that support the students' development and preparation for being a professional practitioner (Hamid et al., 2013).

4.5 FINDINGS OF THE STUDY

4.5.1 Interpretive Phenomenological Analysis Using the PERMA(H) Model and Existing Literature

The findings on ways in which students' wellbeing is supported in the Health Sciences in this study are presented in sub-themes under the key themes of the PERMA (Seligman, 2011) and PERMA(H) (Farmer & Cotter, 2021) theoretical frameworks. A discussion centred on the theoretical framework regarding the themes identified of factors supporting wellbeing of undergraduate students in Health Sciences then follows. The interpretive phenomenological analysis (IPA) of the data is incorporated within the discussion of the findings, while simultaneously using verbatim statements from the brief interviews as well as the focus group findings to further enrich the discussion towards the end of the chapter. Table 4.5 presents the key findings from the study, where participants during the brief interview phase were asked the question "*What contributes to your wellbeing as a student at the university*?"

Table 4.5: Overview Table of Themes and Sub-themes Identified in the Study

What Contributes to Your wellbeing as a Student at the University?	
Themes	**Sub-themes**
4.5.2.1 Theme 1: Positive Emotions	a) Interest/Love b) Gratitude
4.5.2.2 Theme 2: Engagement	a) Participating in Residence Activities b) Engaging in Programmes offered on campus and/or residence
4.5.2.3 Theme 3: Relationships	a) Accessing Social Support by Family and Friends b) Utilising Support from Lecturers and Academic Staff
4.5.2.4 Theme 4: Meaning	a) Belief in a Benevolent Higher Power b) Engaging in Spiritual Practices
4.5.2.5 Theme 5: Accomplishment	a) Academic Achievement b) Awareness of Procrastination Consequences
4.5.2.6 Theme 6: Health +	a) Physical Activity/ Extra curriculars b) Nutrition

4.5.2.1 Theme 1: Positive emotions

In the Seligman's PERMA(H) theoretical framework positive emotion is defined as the momentary expression and experience of positive emotions such as flow, pleasure, serenity, contentment, gratitude, interest, love, hope, glee and ecstasy (Seligman, 2004). Positive emotions predominantly experienced and mentioned by participants in the study were that of gratitude for studying (sub-theme Interest/Love) and interest and/or love for their desired course (sub-theme Gratitude) that they were enrolled for. The experience of positive emotions regarding the process of having been mentored has also helped to form an optimistic perception of being a future mentor, discussed below under theme 2, as it predominantly related to the experience and outcome of having been mentored. In this section, I discuss the sub-themes of Interest/Love and Gratitude.

a) Interest/Love

Interest and/or love is defined as a form in which an individual undertakes new academic information and skills (Renninger et al., 2004). Equally important, this illustrates the occurrence of cognitive engagement when an individual is highly interested in a particular content (Renninger et al., 2004). Interest and/or love of studying was emphasised by participants and interpreted by me as follows:

Participants have a set expectation and standard for the kind of education they would hope to attain from their institution: "*A quality of education: high level of education*" (BI 2459). This is accompanied by the eagerness to learn and an anticipated challenge and opportunity for exposure to new information: "*Studying and learning new things developing our brains*" (BI 2214). It is the piqued interest that further enhances their positive affect towards their chosen enrolled study course: "*I am looking forward for [the university] giving me much*" (BI 2332). The positivity centred on attaining a specific academic goal is accompanied by accumulation of knowledge: "*Training to reach and achieve my goals*" (BI 2332).

b) Gratitude

Participants expressed gratitude as a positive emotion experienced as an undergraduate student in the Faculty of Health Sciences. Gratitude is defined as an aspect and position of being thankful (Nelson, 2009). In relation to psychology, gratitude is regarded as a pleasant and activating emotion that influences the cognitive disposition (Nelson, 2009).

"*Being a [name of university] student contributed so much into my life as a whole. I'm learning a lot of things on a daily basis even though there is challenges sometimes. It is a privilege to be a student here*" (BI 2268). Linguistically the participant made use of the terms "contributed so much" and "privilege" to describe how they felt being enrolled at the institution. One would interpret this as an honour and being grateful for studying at the university, furthermore and that their self-concept has been given a new narrative that further enhances their wellbeing as an individual. This is further reiterated by how challenges experienced are interpreted through a positive affect lens and a growth opportunity: "*Understanding that I struggle through tests and work for my own good or gain, contribute to my wellness as a student*" (BI 2329). Both the participants above noted their experiential phenomenon as one without daily challenges that a student may encounter (i.e. academic pressure). They also have the ability to be mindful and grateful for daily occurrences and positive projections of their lecturers: *"To be able to go to class with a full stomach, to know that the lecturers have your best interest at heart"* (BI 2731).

Theme 1 entails the focus on positive emotions experienced by undergraduate students. Gratitude and the love of interest were explored. Research conducted by Penman and Eliss (2009) on the love of learning as well as intrinsic motivation were factors that institutions hoped were values and attitudes students would acquire. This study did not primarily focus on how it linked to their wellbeing, but our current study concurs that love of learning is an intrinsic motivator for students. Findings pertaining to gratitude conducted by Froiland (2018) and Mason (2019) support the findings of this study. Furthermore, a positive psychology intervention study conducted during the COVID-19 pandemic regarding gratitude and its impact on mental wellbeing had positive outcomes (Geier & Morris, 2022). Moreover, in terms of literature, gratitude was expressed by

students for overall health and not primarily academic endeavours (Naito et al., 2005; Salvador-Ferrer, 2017).

4.5.2.2 Theme 2: Engagement

This theme encapsulates the findings of Health Science undergraduate students in relation to the engagement wellbeing construct. Two sub-themes emerged: these are participating in residence activities and engaging in programmes offered on the university campus and/or residences. The sub-themes identified all allude to Seligman's construct definition of engagement. According to Seligman (2004), achieving flow requires three steps: finding one's hallmark strengths, using those abilities regularly, and completing work that makes the most of those strengths. As a result of operating at a higher level, achieving the flow experience in any activity is important for one's wellbeing (Farmer & Cotter, 2021). That is, persistent attainment of flow is to be established in these activities which all impact how their academic pursuits and being an undergraduate student is experienced.

**a)	Participating in residence activities**

Engagement described by Seligman (2004) entails a form of commitment that an individual undertakes in participating in a certain activity or event. In this study, residence participation is where students living in University of Pretoria residences actively engage in activities or events planned by their residences. Participants further discussed how events and activities that occurred in residence helped contribute to their wellbeing. A discussion below regarding programmes being offered at the university highlights the significance of managing academic and societal apprehensions the students may encounter.

The participants expressed how residence participation helped contribute holistically to their wellbeing accounting for how these forms of engagement also supported relational opportunities instead of only physical activity engagement: "*My residence contributes to the majority of my wellbeing. Being able to live in [university residence] has provided me with the people and support base needed to withstand the pressures of university. Namely all interactive Res events*" (BI 2269).

Various activities were mentioned indicating continuous interest and engagement with the different extracurricular activities: *"Residence activities (i.e. series, expressions, sports), academic mentorship programmes, family support programmes"* (BI 2414). A participant appeared to be proudly affiliated with the institution: "*Recently began playing in the RES league for rugby"* (BI 2439). Residence activities and relational support were a stress buffer in relation to the academic pressures experienced by the participant "*I take time to take part in doing activities. I enjoy such as res activities and hanging out with my friends*" (BI 2376).

b)   Engaging in Programmes Offered on Campus and/or Residence

Participation in programmes on campus and in residences presented as a form of engagement for participants in this study. Mentorship offered on campus and residences is designed to help a student to handle the academic and social pressures they encounter during their academic pursuits. As Baik et al. (2019) note, using various projects, programmes and initiatives, mental health literacy and stress management, universities may be able to support students. In addition, other campus and residence activities offered by the university are aimed at first years in helping them adjust from the high school to university life t as well as significantly helping to maintain and/or improve their academic performance.

Mentorship programmes extend across different academic professions. They all have a similar goal: support, whether emotional aspect or academic: "*The mentorship programme, lecturers that care and are involved, faculty environment, extra class to ensure I understand my modules*" (BI 2283). "*The support structures of the university (e.g. mentorship programmes etc) and diversified learning by using online learning*" (BI 2274). "*Mentorship programmes, tutors, knowing that we have psychologists on campus should I have problems, time-management workshops"* (BI 2280). One participant alluded to meaning making of their experiences and knowing that support was offered through these engagements made university life that more meaningful for them: *"The support I have within res makes a difficult degree and the overall experience of university more worthwhile and beneficial. Things such as our mother - daughter system in res, and our amazing mentorship programmes makes me feel so supported and loved when times are tough emotionally and academically*" (BI 2454). Participants made an effort to state that the actual participation in

the engagement is what supported their wellbeing; in one case it led to the aspiration of passing that experience forward, having experienced holistic support where positive affect in terms of acquiring wisdom, becoming hopeful and grateful:

> *Mentorship programmes. In just one year, I was assigned a mentor by the name Jonathan. He was in second year and he helped me adopt to university and was free to talk whenever I needed him. He did not only help me with academic things but also personal things. This motivated me to become a mentor too and pass on kindness and wisdom to the next generation students. Thank you (BI 2267).*

Theme 2 encapsulates engagement across programmes instigated by the university and residences in relation to supporting student wellbeing. A study by Knifsend (2020) indicates the positive benefits of supporting student wellbeing through engagement by minimising loneliness, social anxiety and instilling a sense of belonging. Mentorship programmes and/or individual mentoring proved to be effective in offering support for students (Collings et al., 2014; Rehman et al., 2014; Stratton & Miller-Perrin, 2023) which correlate with findings of this study.

4.5.2.3 Theme 3: Relationships

This theme encapsulates the findings of Health Science undergraduate students with regard to their relationships and how this supports their wellbeing. Two sub-themes emerged that were regarded as factors that supported undergraduate students' wellbeing. The sub-themes of relationships in this study are accessing social support from family and friends and utilising support from lecturers and the academic staff. The sub-themes identified allude to Seligman's (2010) construct definition of Relationships. The component of relationships is the conviction that people have a particular urge to seek out and keep up healthy relationships (Seligman, 2010). That is, an atmosphere is created in terms of experiencing shared emotions and having or experiencing a sense of openness in one's relational experiences which allows an occurrence of feeling safe and supported within a relationship, in this instance as an undergraduate student in the Health Sciences.

a) Accessing social support from family and friends

Social support is regarded as a network of individuals that are derived from the community, family and friends (Alsubaie et al., 2019). In this specific context, the community is that of university.

Participants referred to how the accessibility of various important individuals in their lives impacted their wellbeing at university. They also mentioned their ability to access the social support necessary from their community aids in protecting their mental health and quality of life when undergoing adjustments regarding the social, academic and emotional aspects of university life (Alsubaie et al.,2019).

Familial and friendship support is deemed a vital foundational element in contributing to the participant's wellbeing: "*A good support structure that I receive from my friends and family. I am a res student and we have a lot of traditions that encourage a close community and this allows us to help each other through our tough times at university. This contributes to my wellbeing in university*" (BI 2394).

Sharing with a (student) stranger seem to be imperative to participants in this study. The provision of being emotionally understood even by a person who is not a friend but a student themselves was adequate support at that specific time in need. The provision of being emotionally understood even by a person who is not a friend but a student themselves was adequate support at that specific time in need:

> *I am a very social orientated person. Having conversations with people in real life helps keep me sane. I enjoy talking to strangers. Having people or rather friends who support you is good for my wellbeing. Understanding that I struggle through tests and work for my own good or gain contribute to my wellness as a student. Socialising is good for me, in its varying forms* (BI 2329).

This form of support was a substitute for and emulated the benefits of attending therapy or actively participating in sport: a form of stress release and container for psych-emotional support for participants:

> *My friends are the only thing contributing to my wellbeing. We are able to talk about things that are stressful for example. And since I do not have enough time to take up a hobby due to the workload nor do I have time to actually see the school psychologist, my friends are the only support system I have on campus* (BI 2327).

Friendships possess an element of decision making in the form of friends one would associate with. One participant stated how the quality of their friends, not mere companionship, was an important factor in contributing to their wellbeing: "*The choice of friends that I have contributes to my wellbeing*" (BI 2393).

b) Utilising support from lecturers and academic staff

The support from lecturers affects the wellbeing of participants implicitly and explicitly. The formation of a good relationship with a non-parental authoritative figure helps university students to form a positive rapport with their lecturers (Eloff et al., 2021). Positive relationship experiences with lecturers and academic staff (tutors and mentors) help students become confident in their academic pursuit and supports their overall wellbeing.

It was evident that participants felt that it was crucial that they had readily available support from lecturers, academic staff and peers: "*The lecturers and facilitators contribute to my wellbeing. They are so supportive and always there when we need them*" (BI 2173); "*Supporting peers in the same degree of study*" (BI 2289); "*Access to people who we can talk to like other students, lecturers and professionals when we have problems etc. Lecturers who are involved*" (BI 2182); *"It is mostly the relationship I have with most of my classmates and lecturers that help me in the day-to-day learning*" (BI 2199). Participants mentioned how it was also helpful to have lecturers who were passionate and well prepared on the modules they taught: "*Lecturers who are interesting and interested in their subject area" (*BI 2228). It was mentioned that consistency and reliability were also important to students: *"The attendance of lecturers for their lesson every day"* (BI 2098) stemming from lecturers. Also, the attitude of the lecturers: *"Supportive and approachable lecturers"* (BI 2261) and lecturers going beyond their job expectations: "*Extra academic support provided by lecturers and tutors. Friendly and helpful attitude of [university] staff*" (BI 625) and "*Support from fellow students and lecturers and the environment ([Health Sciences] campus), it is peaceful*" (BI 2209) and "*Encouraging lecturers*" (BI 2433). In this study, participants discussed the importance of quality content being provided by lecturers, understanding what is expected from them as students and the learning process (organisation of content theory and the lecturers being organised and efficient in carrying out their work helped) in acquiring and understanding the

knowledge. The presence of structured communication helped to alleviate stress and manage the expected outcomes as students.

Theme 3 focused on psychosocial support offered by various individuals in students' lives. Family and friends support is an important factor for student wellbeing and experiencing positive emotions as indicated by the findings of Brannan et al. (2013), Friedlander et al. (2007), Alsubaie et al. (2019) and Mishra (2020). A study conducted by Boulton et al. (2019) also demonstrated the importance of relational support, through academic engagement.

4.5.2.4 Theme 4: Meaning

This theme encapsulates the findings in relation to the "meaning" wellbeing construct as it presents for undergraduate students in the Health Sciences. Two sub-themes emerged that were regarded as factors that impact undergraduate students' wellbeing. The sub-themes of meaning are presented as belief in a benevolent higher power and engaging in spiritual practices. The sub-themes identified all allude to Seligman's construct definition of meaning. That is, the belief that one's life is greater than their own (Seligman, 2010). Meaning may be derived from religious beliefs and positive regard one attains through means of living a life in accordance to society's definition of moral conduct (Seligman, 2010). Meaning in life has been found to be a critical component of resilience, particularly during difficult times (Schnell & Krampe, 2020). A sense of purpose in life and the need to make meaning of one's experiences in relation overall lived experience is an accepted resilient psychological resource.

a)   Belief in a benevolent higher power

In general, spirituality is the belief in a supernatural power; this belief can provide a feeling of direction and comfort when facing difficulties (Walker, 2020). In this study the participants explained how God (Jesus Christ) was a significant Being in having a strong impact and supporting their wellbeing. The religion to which the participants were affiliated was predominantly Christianity. Family members also helped to strengthen and reaffirm their religious belief which impacted their wellbeing as illustrated in the excerpts below.

Spiritual belief (believing in a Higher Being) provides protection and emotional strength: "*God is protecting and guiding me in all that I do as a student contributes to my wellbeing*" (BI 2509). Participants felt that it was important to indicate whom they believed in: "*God (I mean Jesus neh)*" (BI 2344); "*Belief in Jesus Christ*" (BI 2349) and *"Faith above all things*" (BI 2342). The constant belief in the pervasive presence of a Higher Being was indicated below in these two excerpts:

> *"My spirituality plays a big role in my wellbeing as student and also as a human being living on planet earth. My faith in the Omnipotent Being who created the Heavens and the Earth helps to get me through tough times and helps me get through each and every day with faith that all will go well for my good. The confidence and self-esteem is sustained through the believe that this Omnipotent Being is in love with me and He is always watching over me, so that all goes well"* (BI 2151).

> *My mother's active involvement in the church contributes a lot in my wellbeing. My mother's amount of confidence, belief, faith, and perseverance helps me to continue to work as hard and do well in everything I do. She influences me in a huge way because of her fighting spirit and she is truly inspirational person in my life. My level of belief and determination is where she really influence me in the amount of belief I have for God as well* (BI 2503).

This specific above excerpt also indicated how the practice and belief in a Higher Being for participants stemmed from childhood or even before entering university and was a relationally passed down practice and belief system from the family.

b) Engaging in spiritual practices

Participants also regarded themselves as spiritual beings who engaged in some form of spiritual practice. Furthermore, accompanying the specific belief and how it is expressed is through various forms of spiritual practices participants participate in. The excerpts below account for the various forms of practice that participants participate in which support their wellbeing as undergraduate students in the Health Sciences.

Participants mentioned attending a specific congregation or belonging to that specific congregation: "*Local church I attend*" (BI 2480); "*I attend the ZCC church at main campus […]*

which is a church I grew up in" (BI 2519); "*Spiritual (church)*" (BI 2484); and "*Going to church*" (BI 2207). Having a form of mindfulness practice (prayer and meditation): "*In my opinion, prayer has played a major role in assisting me to cope in the university as studies do get overwhelming and stressful*" (BI 2448) and "*Spiritual, daily prayer and meditation is essential*" (BI 2504). A form of ritual practice through singing was deemed significant in expressing a belief practice: "*Worshipping makes me happy*" (BI 2347). For some participants, church and God was unified where the practice became a formed habit strengthening their relationship with God that further supported their wellbeing: "*Church always reminds me that everything is possible if I believe that God is my provider. Also gives me faith and hope*" (BI 2271) and "*Going to church on Sunday attending cell on Wednesdays and each every day waking up and eating and taking a shower then pray are the things that contribute to my wellbeing*" (BI 2248).

Theme 4 focused primarily on meaning making and how that influenced their wellbeing with regard to feeling supported. Nell (2014) conducted a study on factors that were regarded as significant for meaning making by university students, and religion and belief in a Higher Being was amongst the sources, as in the findings presented above. Research findings reported how spiritual practices helped support student spiritual wellbeing, in particular Taheri-Kharameh et al. (2016), and also alleviating anxiety and depressive symptoms (Leung & Pong, 2021; Taheri-Kharameh et al.,2016).

4.5.2.5 Theme 5: Accomplishment

A sense of success comes from working for and achieving goals, succeeding in a task, and having the drive to complete the task at hand (Seligman, 2011). Seligman described accomplishment as a means of having the desire to achieve something (Tansey et al., 2018). This requires that an individual also has perseverance which is a significant factor within the actual accomplishment being attained (Tansey et al., 2018). This theme encapsulates how wellbeing presented in terms of accomplishment for the undergraduate students in the Health Sciences in this study. Two sub-themes emerged that were regarded as supporting undergraduate students' wellbeing: a) academic

achievement and b) awareness of procrastination consequences. Brief interview excerpts are provided below with interpretations of how this construct impacted and supported their wellbeing.

a) Academic Achievement

Academic achievement in the context of [...] was regarded as a factor that supported the wellbeing of participants. This construct indicated academic growth and understanding with regard to the specific course in the Health Sciences Faculty. Furthermore, this stimulated the participants' motivation to continue doing well and aided in increasing their self-concept. This was demonstrated through experiencing academic satisfaction. Academic satisfaction refers to an individual's own level of contentment and the pleasure derived from being an undergraduate student (Mirhosseini et al., 2020). The excerpts below describe how academic achievement supported their wellbeing.

Wellbeing was mentioned repeatedly by participants as a holistic construct entailing emotional and academic aspects that needed to be regulated: "*Many factors such as academic success, doing well makes me feel good*" (BI 2436). Achieving well academically was seen as an important factor that contributed to their overall wellbeing: *"Passing all my modules"* (BI 2101). Results were seen as evidence of sheer academic effort: "*Achievement also contributes as it creates a sense of accomplishment and that hard work pays off"* (BI 2296); "*Good marks*" (BI 2351) and "*Good marks - fair assessment*" (BI 2378). Academics emerged as a priority for participants: "*Focusing on academic success. My academics influence my wellbeing*" (BI 2376). As the reason for being enrolled at the institution academic achievement was seen to have a huge impact on wellbeing: "*Passing tests and exams* (basically doing well *in my school work*)" (BI 2368). It affirmed the attainment of knowledge and its link with wellbeing: *"Understanding academic work and getting good grades. Well mental wellbeing"* (BI 793).

b) Awareness of procrastination consequences

Procrastination in academic work is most observed and studied as academic procrastination (Nazari et al., 2021). In relation to procrastination, participants expressed the importance of time

management and how that may be a contributing factor to their state of mind. resulting in excessive experienced of anxiety, physical ailments and delays in academic activities that also may cause poor academic outcomes (Nazari et al., 2021). Indicated below are excerpts from data that explain and show awareness of the implications of procrastination:

Participants explained how their time was used in relation to academic responsibilities, and how that influenced their academic results and their overall wellbeing: *"Time management also is a critical issue when it comes to a student's wellbeing; it can control how one feels in certain days which basically contributes to a student's wellbeing"* (BI 2474). Time dedicated to studies was believed to have an effect on results achieved: "*To manage my time correctly, make use of each and every free second I get, pass the test with 70%*" (BI 2354). One participant explained how planning helped in terms of alleviating stress: *"My ability to plan in advance and work consistently enables me to avoid academic stress. My constant dedication to academics enables good results, which lessens my stress*" (BI 624).

Theme 5 highlighted the importance of academic achievement and awareness of probable consequences of academic procrastination particularly in relation to time management. The study conducted by Kaya and Erdem (2021) supports the importance of academic achievement and how that supports overall wellbeing of students. Literature findings discuss the positive correlation of time management to success rates in academic achievement (Nasrullah & Khan, 2015) as supported above in the findings.

4.5.2.6 Theme 6: Health

Physical health is a connected outcome that may be considered a crucial component of flourishing, even though PERMA(H) focuses on predominantly psychosocial functions (Butler & Kern, 2016). The health aspect is discussed below under the sub-themes of physical activity/ extra curriculars and nutrition. Research indicates that physical activity results in wellness benefits that are also inclusive of overarching benefits in socio-emotional and academic functioning (Hosker et al., 2019). Healthy nutrition choices by undergraduate students resulted in favourable conditions for

probable academic success (Reuter et al., 2021). Participants alluded to these two constructs supporting their wellbeing.

a) Physical Activity/ Extra curriculars

Physical activity and/or extracurricular activities were described as a source of supporting wellbeing. Increased levels of physical activity were correlated with increased levels of overall wellbeing (social, mental and emotional), while lower levels of physical activity were associated with noticeable symptoms of anxiety and depression (Rodríguez-Romo et al., 2022). Participants described how engaging in physical activity helped them in their overall wellbeing. Students prioritised exercise and felt being intentional about it was necessary.

Participation in various sports was considered a supporting factor in relation to their wellbeing: "*Sport participation and going to gym is mainly the only activities that keep me healthy and happy*" (BI 2304). Participants felt that various forms of involvement in a sport contributed to supporting their wellbeing: "*Watching, playing, coaching football*" (BI 1793). Also *"I swim to release stress*" (BI 2194). Gym was considered a facility that participants felt appealed to them and accommodated their student lifestyle; "*Physically, I go to gym every morning (or when I can) due to work circumstances on Thursday and Friday, not going to gym interferes with my physical wellbeing. Gym is a stress reliever and helps my emotional wellbeing as well*" (BI 2492). Also *"Gym, physical health is important for endurance with studies. Main campus has a gym, it would be appreciated this side*" (BI 2244).

b) Nutrition

Food is a vital source of nutrition. Knowledge regarding a healthy diet and perceived health, along with other factors (such as culinary skills) have an impact on food behaviour as reported by students (Belogianni et al., 2022). Participants described how the construct of healthy nutrition was an important factor in supporting their wellbeing.

Diet is a factor supporting participants; wellbeing: "*Food*" (BI 987). Access to healthy food: "*Proper food with reasonable prices at the cafeterias*" (BI 2422) and affordability played a huge role in determining which food was consumed by participants: "*Food, healthy food of a reasonable price*" (BI 2440). The act of preparing their own meals is a supporting factor in relation to their wellbeing: "*Additionally, being able to prepare my food for the week is very comforting and relieves stress*" (BI 2158). Accessibility to healthy foods while being afforded the opportunity to socialise was considered a vital component in supporting wellbeing: "*On campus we have healthy foods we can buy and we can develop our social skill and fulfil the needs by interacting with students and friends, studying and learning new things developing our brains*" (BI 2214).

Theme 6 focused on psychosocial health, particularly physical activity and dietary behaviours. Psychological wellbeing of students was positively affected by physical participation in various activities. This response finds strong support in literature (Herbet, 2022; Kovalenko et al. 2020; Pietsch et al., 2022). In addition, literature findings regarding dietary intakes (particularly plant based and meditation diets) positively affected student wellbeing (Jackson & DiPlacido, 2020). However, in this study, the type of diet was not expanded on, though students were aware that nutritionally dense foods were preferred.

4.6.1 Challenges to Support Experienced in the Context of this Urban University

The above excerpts indicated positivity regarding how participants felt their wellbeing was supported. However, not all participants shared these attitudes: *"Honestly, my wellbeing has been negatively contributed to, it's been compromised. I've gained knowledge, but in terms of wellbeing, […]. hasn't contributed anything"* (BI 2224). The lack of support in the context of […] was experienced in several constructs and shall be discussed in this section. The constructs that were mainly highlighted by students were that of limited academic resources, academic overload which resulted in less relational time and decreased holiday time with loved ones.

Participants expressed how they felt academic material was very costly and how the inaccessibility to these resources was non-supportive of their overall wellbeing: *"Well one thing I have found is that the study material is sometimes inaccessible for people that don't have, like aren't financially*

able" (AR p. 6 lines 299 - 360). *"Like textbooks are really ridiculous"* (AR p.6 lines 302). *"I agree"* (AR p. 6 line 303). Participants further indicated that even though certain academic materials were available, they were not adequate to meet the academic needs of the large population of their Health Sciences Faculty:

> (cross speech) *And then you have like one textbook in the library... and I mean if you have a class of say ten people [that] can't afford to buy the textbook, what are they gonna do if you have to study from the textbook to pass this module ... so it's very inaccessible ... and that's something I feel like that's something [that] can be compensated for* (AR p.6 lines 304-312).

Participants articulated how academic workload, accompanied by practicums and decreased holidays: "*School overload, not getting enough rest, starting the year early are not getting enough rest between quarters. Doing class and clinicals on the same day*" (BI 2396) negatively impacted their wellbeing:

> *Being able to see my family (which I can't because we work unpaid on weekends and public holidays), a good support system at the university, which we don't have, i.e. psychologist or someone who can protect students' rights in hospital, lunch breaks (which we don't get), family medicine ... is not understanding nor helpful despite being focused on holistic health, tired, overworked, stress[ed] doctors = bad patient care!* (BI 2215).

Students felt the primary self-care needs were also not being met because of academic demands on them:

> *Nothing, everything is hectic, we write many tests, we must see patients, we must be at school at 7:00 and knock off at 17:00 and yet we still have to study and prepare for next days school work. We hardly have time to rest and eat. When we write tests we must be at school by 6:30am* (BI 2381).

The mental and physical distress experienced by participants left them with a sense of feeling overwhelmed and apathetic:

> *Having enough time to study between, when the end of the lecture to when it's test time, Lots of test at the same time get to be too overwhelming and I end up having to fail one to pass the other. This degrades my wellbeing. Only having one week of holidays also degrades my wellbeing and just leaves me demotivated* (BI 2109).

4.5.2 Factors Dormant in the Context of this Urban University

Upon the analysis of the findings gathered, dormant constructs were apparent which also may aid in supporting the wellbeing of participants. However, more in-depth analysis would be required as participants mentioned these constructs, but the factors were not further elaborated on. Three constructs were prominent: quality sleep, financial wellbeing, support from (romantic) partners and the patterns of behavioural interactions that were reported regarding engagement with superiors.

Participants expressed how the lack of sufficient sleep experienced when studying in the Health Sciences Faculty had a negative physiological impact on them: *"No that is the thing right, we are aware that sleep is a necessity and we need it"* (AR p. 32 lines 1573-1574). They expressed their need for rest: "*We can feel it in our bodies"* [need to sleep] (AR p. 32-line 1575).

Finances were important to participants as that had an impact on specific activities that would be possible to participate in at the university: *"Financial wellbeing is important to carry out your desired activities to keep up with social life and school"* (BI 2490). Furthermore, it was discussed that towards the end of the year students experienced lack of food and how that may also be impacted by lack of student funds:

> *Ja also just financial programmes (cross speech) there are like seriously impoverished people that literally do not eat and there's not a lot of support for that like I mean for now like in res people, their student meal accounts run out like Octoberish because they eat all of their meals in the dining hall because that's the money they have and then last year people could take out loans but like this year they can't do it so people physically do not have money so you're ended up people who have to donate food like students who already don't have a lot of money donate out of the goodness of their heart, but like two minute noodles ... or like it's gotten to the point where the dining halls that they operate as a business not as a charity have soup kitchens for students that's how bad it is because there's not adequate support from the university* (AR p. 18 lines 788-799).

During the focus group session, participants further elaborated on the relational support of their significant romantic partners. One specific participant elaborated on the reliance of their partner being able to relate to their academic stress as the partner was a student themselves:

I'm lucky I have a long-term partner so we've been through ___ in matric first and second year together and he's studying an LLB so between the two of us like we can understand each other's stress so luckily that's been very beneficial 'cos my parents sometimes don't really grasp how stressed I am nowadays you know so for me that's very… beneficial (AR p. 11 lines 452-456).

Emotional support was an important factor in supporting their wellbeing: *"My boyfriend who helps me by listening when I am emotionally distraught"* (BI 2492). Participants expressed their negative emotional experience encountered during practicums that left them feeling inadequate: *"The way doctors treat us. Mentally it is more comforting and caring when a doctor cares enough to be nice and doesn't treat us like unpaid labour"* (BI 2500). They elaborated specifically on the negative relational experience encountered from their superiors exacerbated by the lack of adequate rest: *"We are tired and work long hours that makes us sad. People especially doctors (supervisors) and patients who do not like you are negative towards you and they make you feel incompetent put a big downer on my wellbeing"* (BI 2467). The concern was the negative self-concept participants experienced from constant negative feedback encountered from their superiors, and not negating how physically demanding their academics were: "*Being busy 5 to 7 everyday makes us exhausted and very negative … doctors that keep telling us how bad we, incompetent we are and how difficult this year is"* (BI 2468).

Decreased mental health has been linked to pervasive academic stress encountered in university (Bergmann et al., 2019). Bergmann et al. (2019) note that academic demands negatively impact wellbeing and social life (such as reduction in spending time with loved ones, exacerbated financial concerns). Therefore, further research would be of help to offer better tailored support to students in the Health Sciences. Exploration of the supervisor and student interaction is also imperative to provide insight into how to reduce the negative experience of this phenomena. As Eloff et al. (2021) state: "taking the interrelatedness of the dimensions of wellbeing into account, the impact that student-lecturer relationships have on academic performance and a sense of belonging is indicative of its effect on students' overall wellbeing" (p. 1781).

4.6 CONCLUSION

This study found that there were supporting factors regulating and conditioning the wellbeing of undergraduate students' various facets of life such as their sense of purpose and meaning in life, personal growth, positive relations with other individuals, personal growth, autonomy, environmental mastery and self-acceptance (Cobo-Rendón et al., 2020).

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter the researcher provides the study's overall conclusions and recommendations. The study's overarching goal was to explore and describe factors supporting the wellbeing of undergraduate students in the Health Sciences. Furthermore, the study intended to increase the knowledge of factors that students from different backgrounds deem significant in contributing to their wellbeing. This study forms part of an ongoing study on student wellbeing at the institution. Using secondary data analysis on a subsection of the data set relating to students in the Health Sciences the study sought deepen our understanding of the factors supporting the wellbeing of undergraduate students in Health Sciences.

This chapter presents an overview of preceding chapters addressing the research questions that were posed in Chapter One. In addition, the potential contribution of the study is discussed, challenges and limitations of the study are highlighted, as well as recommendations for future research studies and institutional practice implementations regarding the findings of supporting the wellbeing of undergraduate students in Health Sciences. Lastly the researcher's personal reflections and concluding remarks are included.

5.2 OVERVIEW OF PRECEDING CHAPTERS

Chapter 1 of this study set the background to the study and the main argument defining the focus of this research study. It entailed a provision of the purpose and rationale of undertaking the study with the topic aimed at exploring factors that support undergraduate students in the Health Sciences. Working assumptions about the study were stipulated, key concepts of the study were clarified, and an introduction to the literature review and theoretical framework guiding the study was included. A brief introduction regarding the methodological, epistemological paradigms and preferred research design were introduced. This chapter's conclusion addressed ethical guidelines employed in the study as well as quality criteria that were adhered to for the study.

Chapter 2 focused on the existing literature pertaining to factors that support undergraduate students' wellbeing. International and national literature resources were discussed. The literature review revealed various factors that support student wellbeing namely: academic self-efficacy, help-seeking behaviours, a sense of belonging and social support. The definition of wellbeing and a broader exploration of literature regarding undergraduate students and an intentional focus on undergraduates in the Health Sciences was also presented. Furthermore, an explanation regarding the theoretical framework guiding the study was provided, drawing on Martin Seligman's PERMA(H) theory model.

Chapter 3 discussed interpretivism as the epistemology of the study. A qualitative research method was the selected methodological paradigm because a qualitative methodology allows for an in-depth analysis and interpretation of the findings. A description of secondary data analysis, along with the methods of brief interviews and focus group research design was provided. A justification of the research design procedure was included with an explanation of the use of IPA for analysing the data providing an in-depth explanation of the ethical guidelines adhered to in the process of data generation and documentation, along with the quality criteria implemented.

Chapter 4 presented a discussion regarding the research findings of the study from the main themes that emerged from the data analysis along with the related sub-themes. The analysis was conducted through the lens of interpretative analysis by using the PERMA(H) theoretical framework model of the factors that contribute to supporting the wellbeing of students in the Health Sciences. The unique findings regarding the study were discussed and the findings were also discussed through the lens of existing literature. A unique finding related to aesthetics and serenity as a supportive factor for wellbeing was explored, supporting factors in relation to the PERMA(H) theoretical framework were discussed and the fact that some students felt that their wellbeing was not supported was also covered.

Chapter 5 addressed the questions posed in Chapter 1 in relation to the description and exploration of factors supporting student wellbeing, specifically in a Faculty of Health Sciences. It indicates the potential contributions of the study, challenges and limitations of the study, recommendations as well as personal reflections by the researcher that conclude the dissertation.

5.3 REFLECTING ON THE RESEARCH QUESTIONS

The sub-questions that were listed in Chapter 1, which aided in guiding the study are addressed below with an incorporation of a reflection on the primary question of the research study "Which factors support the wellbeing of undergraduate students in Health Sciences?"

5.3.1 Secondary Research Questions

5.3.1.1 Secondary research question 1

- *In relation to the PERMA(H) model theory, which constructs are indicated as most significant in supporting the wellbeing of undergraduate students?*

Participants indicated various factors that stood out when considered in relation to the PERMA(H) theoretical model. These are evident in Chapter 4 Table 4.5 and were clustered as sub-themes. The constructs were interest and love for the course, gratitude for learning and being affiliated with the university in relation to the positive emotion construct, engagement which encompassed participating in various residence activities that were available and engaging in programmes offered on campus and/or by the residences. In terms of social support, significant constructs indicated by participants were their existing family and friendships relationships and possible new development of relations, either with fellow classmates or generally students enrolled specifically within the Health Sciences or university itself. Another factor was the support of the lecturers and academic staff from the university, mainly tutors. Meaning making was indicated in the form of belief in a benevolent Higher power that stemmed usually from upbringing and the continuous engagement in spiritual practices. In terms of accomplishments, the participants mentioned academic achievement and doing well in their studies and the awareness of procrastination consequences. The health aspect, as it pertains to the theoretical framework, was that of nutrition – in terms of conscious decisions of eating healthy food and participation in extra curriculars that required physical endurance.

5.3.1.2 Secondary research question 2

- *Which factor/s are dormant in supporting the wellbeing of undergraduate students in the Health Sciences?*

The study indicates factors across the PERMA(H) theoretical framework as supportive factors for wellbeing for participants in this study. However, a more fine-grained analysis of the data within each domain also showed that interactional patterns between students and their superiors needed to be explored: quality sleep, financial wellbeing and relational support in terms of a significant other may be dormant factors that can be optimised more comprehensively.

A unique finding that emanated from this study was that participants indicated the role of aesthetics and serenity as a factor that supported their wellbeing. Participants believed that the appearance of the building was visually stimulating, and its state of serenity helped in alleviating their everyday stresses. Alteration of moods in a positive manner (experiencing glee) that resulted in experiencing pleasure and overall physical health (Sun et al., 2021) was also indicated by participants.

5.3.1.3 Secondary research question 3

- *In which ways do undergraduate students in Health Sciences feel unsupported in terms of their wellbeing in a South African university?*

The students felt that they were not adequately financially supported. The financial aspect was in relation to the inability to afford academic resources i.e. textbooks. Students felt that they were physically and emotionally negatively impacted by the academic demands of the university, the academic workload was time consuming which lessened the quality time spent with loved ones and further perpetuated their experience of negative emotions. Students felt they were not being psychologically supported and this also negatively impacted their ability to practise as healthcare professionals in training.

5.3.2 Primary Research Question

- *Which factors support the wellbeing of undergraduate students in Health Sciences?*

This study aimed to describe and explore the factors that support the wellbeing of undergraduate students in Health Sciences. The participants provided their own subjective interpretation of wellbeing which then helped set the basis of understanding which constructs would be imperative in sustaining their wellbeing. Wellbeing was deemed as depending on a holistic balance of social and academic life. From that perspective, constructs that aided in attaining and maintaining the balance were implemented in their lives. Although the factors mentioned were unique to each participant, some dominant themes and sub-themes emerged across all the wellbeing domains, as conceptualised within the PERMA(H) theoretical framework. In terms of the various domains, evidence suggests that positive emotions, engagement, relationships, meaning, accomplishment and healthy behaviour were key areas, indicating a balanced portal of factors acknowledged by these students. According to the findings of the brief interviews and focus group sessions, meaning making, accomplishing and sustaining good achievement in marks contributed to supporting their wellbeing. Furthermore, relational support – whether familial contexts, friendships, peers or colleagues as well as lecturers and academic staff within the university – was also a contributing factor. Engagement in various programmes and activities in the university and residences along with the availability of access to good nutrition and engaging in extracurricular activities also helped them feel supported.

5.4   CONTRIBUTIONS OF THE STUDY

This study contributes to understandings of the wellbeing of undergraduate students in the Health Sciences, specifically in the South African context. The study highlights factors that are significant in helping student deal with academic and societal apprehensions they are experiencing during their years of study at an urban university. The study also presents a unique finding, i.e. the role of aesthetics and serenity, as a key factor in supporting student wellbeing.

Methodologically the study combined brief interviews and a focus group as data collection strategies. This provided authentic responses (brief interviews), as well as opportunities for deeper engagement on the specificities of factors that support the wellbeing of these participants (focus group). In addition, the secondary analysis provided some measure of objectivity during the data analysis in that the researcher was slightly distanced from the data.

5.5   CHALLENGES AND LIMITATIONS OF THE STUDY

Despite its advantages, secondary data analysis eliminates the experience of a researcher interacting directly with participants. Therefore, a possible challenge would be to be able to fully account for the human experience and the complexity surrounding the research theme. Documentation in the form of actual written and recorded content may help in capturing the accounts relayed by students; however, it is still limited in fully presenting and conceptualising what the student meant. In addition, this emphasises how researcher biases and contextual background may have influenced the interpretation of gathered data. This has been accounted for through reflexivity in this study.

It is important to point out that the study was affected by the COVID-19 pandemic, which resulted in the need for social distance and migration to online learning (e-learning) strategies to be implemented in terms of learning. The secondary data analysis was conducted on data that had been collected pre-Covid and the period of data analysis was extensive. During this period of data analysis, the structural learning environment was altered, which may impact the findings from pre-Covid era, affecting social interactions and may be regarded as an impediment to students' learning experiences. Furthermore, the study focused on undergraduate students in the Health Sciences which may vary significantly from undergraduate students in other scientific disciplines. However, some limited transferability may be possible in making use of comparative research through the lens of comparing what may be similar in professional learning contexts (the faculties and students) and generating data that may be appropriate to that specific context. The wellbeing of students in various professional fields constitutes an important research field.

5.6 RECOMMENDATIONS

Suggested below are recommendations for the **education of undergraduate students in Health Sciences** as well as recommendations for future research. They are all drawn from the findings of this study.

5.6.1 Recommendations for the Education of Undergraduate Students in Health Sciences

- Strengthen aspects that are indicated as supportive of student wellbeing such as engagement in mentorship programmes, student residence activities, support from lecturers, encouraging time with friends and family, allocating time for spiritual belief activities, celebrating academic achievements and scheduling time for physical activity and good nutrition.
- Invest in readily available Student Counselling Services that are responsive to the time demands of undergraduate students in Health Sciences.
- The training of psychologists in varying categories (counselling, clinical, and educational) should be more open to experiential learning and training to be of better help to students in Health Sciences specifically and to implement strategies better suited to the needs of undergraduate students in professional fields in general. This should also incorporate gained insight pertaining to significant factors for students to function at their optimal wellbeing capacity. The use of lay counsellors and peer-to-peer support groups regarding the provision of a space implemented in being a containment for students to consider aspects of wellbeing could also be made available to students.
- Workshops where mental health professionals are trained in facilitating or helping students to engage in aspects that help strengthen their wellbeing can be developed.
- Online resources where students can access psychological support asynchronously and/or in their own time should be optimised.

5.6.1 Recommendations for Future Research

To attain further information regarding factors that contribute to the student's wellbeing proposed future research suggestions may be inclusive of the following:

- A comparative study among the various professional disciplines may be conducted in order to understand factors imperative to a specific professional discipline.
- A qualitative study accounting for the impact of financial inequities and how that impacts a student's wellbeing.
- An in-depth study of the interactions between student learning environments (aesthetics) and wellbeing.
- A more in-depth explorative study of the interactional patterns between students and supervisors during clinical practicums.
- A qualitative study on leisure activities of undergraduate students in Health Sciences.

5.7 PERSONAL RESEARCHER REFLECTION

"Hope does not reverse trauma; it aids in the reconciliation of what's left. True power is when your hope and trauma can live in the same place without one cancelling the other out." – Sarah Jakes Roberts

I have had the honour and privilege of being selected by my supervisor to participate in a study that was dear to my heart. I remember how I sat in her office and spoke of a research study centred on exploring wellbeing pertaining to students in their undergraduate studies as I had found my journey of being an undergraduate student challenging. I migrated from the Natural and Sciences Faculty and experienced the academic work as challenging while simultaneously demanding. My undergraduate degree also entailed modules from the Faculty of Health Sciences and that piqued my interest in exploring how students experienced their learning environment and what specific factors contributed to their wellbeing.

During the course of my studies, and also taking into consideration the factors explored in this study, I have come to realise that factors deemed significant by participants vary according to their

needs at that certain time and in terms of which of those constructs take precedence and shape their phenomenon. During my master's coursework one factor that became imperative to me was familial support. That also became deeply apparent after the traumatic loss of my late mother in 2021. This loss stopped my world, questioned my resilience, and presented a new form of identity as this meant I had no living parents. A new cycle of life had been entered unexpectedly: grief and reformation of my identity. Feelings of anxiety and Post Traumatic Stress Disorder were experienced where reliance on therapy and medication were also factors that aided in supporting my wellbeing. Questions of continuing my studies and whether I would finish were gnawing at me and also the constant feeling of disappointing my supervisor were always in my mind. I was also leaning onto hope and the truth and belief that my parents would want me to pursue my dreams and continue – well into life.

The participants' supportive factors are of the utmost importance in relation to sharing insight into what contributes to their wellbeing and lived phenomenon. I became cognisant of making sure to remain as objective as possible, within my subjectivity, and to strive to remove any biases when interpreting the findings through reflexivity under the guidance of my supervisor.. I am grateful to have worked on this mini-dissertation and have acquired growth, healing and the lived experience of what being resilient means.

5.8   CONCLUDING REMARKS

The aim and rationale for undertaking this exploratory and descriptive study was to determine which factors contribute to supporting the undergraduate students' wellbeing in Health Sciences. The study revealed that students were well aware of factors that supported their wellbeing, indicating that overall, actively pursued wellbeing across all wellbeing domains as constituted within the PERMA(H) theory model and explored through the positive psychology lens were important. Their professional learning environment also did possess the necessary facilities and infrastructure that helped to promote their wellbeing even though more flexibility in terms of the availability of support services seems to be needed. Findings discussed in this study mentioned significant factors specific to supporting students that should be considered and further investigated through further research as the recommendations suggested.

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APPENDICES

APPENDIX A: Consent Form Phase 1

STUDENT WELLBEING

CONSENT FORM

(Phase 1)

We are conducting a study on student wellbeing at the […], under the auspices of the Vice-Principal Academic. Students from all faculties are involved. Your responses will be anonymous. You have the right to withdraw from this study at any point, without any negative consequences.

The data collected from the study will be stored for a period of 15 years and may also be re-used in subsequent studies on student wellbeing in the future.

Please note that beyond the demographic information you volunteer, this is an anonymous survey. For this reason, please use existing platforms to support you with possible wellbeing related concerns as this survey is for background purposes and does not constitute a reporting or supporting process. We hope to use findings from this study to support student wellbeing at […].

_____

I hereby provide consent for the data collected to be used for the study of student wellbeing:

Name:_____

Student Number: _____

Signature: _____

Date: _____

If you have questions or queries regarding the study, you are welcome to contact

Prof Irma Eloff

APPENDIX B: Consent Form Phase 2

STUDENT WELLBEING

CONSENT FORM

(Phase 2)

We are conducting a study on student wellbeing at the […], under the auspices of the Vice-Principal Academic.

Students from all faculties are involved.

Your responses will be anonymous.

Your responses during the focus group/s will be audiotaped and may be transcribed.

You have the right to withdraw from this study at any point, without any negative consequences.

The data collected from the study will be stored for a period of 15 years and may also be re-used in subsequent studies on student wellbeing in the future.

Please note that beyond the demographic information you volunteer, this is an anonymous survey. For this reason, please use existing platforms to support you with possible wellbeing - related concerns as this survey is for background purposes and does not constitute a reporting or supporting process.

We hope to use findings from this study to support student wellbeing at […].

_____

I hereby provide consent for the data collected to be used for the study of student wellbeing:

Name: _____

Signature: _____

Date: _____

If you have questions or queries regarding the study, you are welcome to contact Prof Irma Eloff

APPENDIX C: Biographical Data Template

QUESTIONNAIRE FOR STUDENT WELLBEING	
Please fill or mark the appropriate space	
BIOGRAPHICAL INFORMATION	**FOR OFFICE USE ONLY**
1. **Respondent number**	**V1**
2. **Province** (the province that you call 'home') Eastern Cape	
Free State	**V2**
Gauteng	
KwaZulu-Natal	
Limpopo	
Mpumulanga	
North-West	
Northern Cape	
Western Cape	
3. **Citizenship**	
	V3
1 SA citizen	
2 SADC country	
3 Other African country	
4 Non-African	
4. **Gender**	**V4**
1. Male **2. Female** **3. Other**	

5. **Age:** _____years	**V5**
6. **Race:**	**V6**
Black White Indian Coloured Other	
7. **Degree or diploma programme:**	**V7**
8. **Home Language**	
Afrikaans Sesotho (Southern Sotho) English Setswana (Tswana) IsiNdebele (Ndebele) SiSwati (Swati) IsiXhosa (Xhosa) Tshivenda (Venda) IsiZulu (Zulu) Xitsonga (Tsonga) Northern Sotho (Sepedi) Other	**V8**

Focus group facilitator:_____ Campus: _____

APPENDIX D: Brief Wellbeing Questionnaire

STUDENT WELLBEING AT […]

ONE QUESTION

We are conducting a study on student wellbeing at the […]. If you are willing to participate in this study, please answer the following question, by sharing the first response that comes to your mind:

What contributes to your wellbeing as a student at the University?

_____

_____

Participation in this project is voluntary and your response will be kept anonymous. By providing a response to the question above, you are also providing your consent.
You will be asked to share your student number as proof of registration as a student at the […], but it will not be connected to your answer. For statistical purposes, we do need you to fill the biographical data template.

Fieldworker name:_____

Field Notes: _____

_____

_____

APPENDIX E: Focus Group Questions for Facilitators

STUDENT WELLBEING

PHASE 2

WHY DO CERTAIN FACTORS CONTRIBUTE TO STUDENT WELLBEING?

General short introduction:

What is wellbeing? (in very simple terms without referring to factors that contribute).

We distinguish between the *hedonic* tradition which explores wellbeing as feelings, which would refer to non-cognitive expressions of an individual or a community's experience or state; and which is empirically measurable. The *eudemonic* tradition, on the other hand, views wellbeing as a relational activity and a long-term practice of 'being well' (definition of Harward (2016), in the collection of essays on *Wellbeing and Higher Education)*.

You can also read up on the PERMA theory of Wellbeing in Positive Psychology, as preparation. We use "conversational learning" during the focus groups.

Background to the project: Shortly explain that there was a preceding phase where students noted in an open-ended questionnaire which factors contribute to their wellbeing. This phase will try and clarify those factors, or identify new factors not mentioned.

Ice-breaker and general question about contributing factors: "If you think about your life as a student at […], what is the first factor that you think of when I ask you: 'what contributes to your wellbeing'? If everyone had a chance to share their thoughts, one can ask: "Are there anything anyone else can think of that has not been mentioned but is also an important factor to consider?"

In the next section of questions, you want to probe to what extent the different factors (as identified from one batch of about 350 questionnaires, on which an initial familiarisation analyses was done by dr Sumari O'Neil) contribute to their wellbeing, and to what extent they feel that those factors are present or absent at […].

The questions need to be open ended, therefore ask:
"How does/do _____ contribute to your wellbeing?"
Probes for each factor should focus on deeper understanding and what the stance of that specific factor is at […]. Probe for examples from students' life/experiences.

A. Infrastructure at […]:
1. Surroundings i.e. gardens, seats, open spaces, buildings
2. Availability of parking
3. Access to clinics and health care providers
4. Cafeterias, restaurants and student centre
5. Fitness centres (walking trails on campus and […] gym)
6. Internet (access to wifi)
7. Lecture halls, lecture rooms and labs

B. Learning facilities and support:
1. Course / programme content (Probe about the relevance of the programmes and study material)
2. Online learning facilities (Probe about blended learning, access and content of ClickUP)
3. Tutorials
4. Library services
5. Lecturers

C. Social support:
1. Who constitutes the social support that contributes to wellbeing? (From the questionnaires it those mentioned are family, friends, day houses)
2. What are the most important relationships in your life?

D. Psychological and emotional support:

1. Who constitutes the psychological and emotional support that contributes to wellbeing? (From the questionnaires it those mentioned are faculty advisors, counsellors and psychologists on campus, wellbeing sessions presented at the res and on campus)

E. Academic support:

1. Who constitutes the academic support that contributes to wellbeing? (From the questionnaires it those mentioned are lecturers who care and believe in the student and tutors)
2. How does the FLY@ programme contribute to wellbeing? (some students explicitly mentioned it, although it is not clear *how* it helps them; do probe this)
3. Who do they see as mentors that support them academically? (A number of students mentioned mentors contribute to their wellbeing, yet, it is unclear who these mentors are, and if in fact they have mentors, or is it factors that they feel will contribute but is absent at the moment; explore).

F. Achievement/accomplishment

1. What do you see as accomplishment as a student?
2. Wellbeing research with people around the globe shows the importance of 'accomplishment' and 'achievement' to our wellbeing. Why do you think this is important? (probe about accomplishment as a measure of hope for a better life/the privilege to create your own future)
3. How important is accomplishment at […] (in your studies) to your wellbeing? (Why? Share some examples from your life.)

G. Own capabilities:

1. How do you contribute to your own wellbeing? (Explain)
2. How important do you think you are in determining your own wellbeing?
3. Probe the following factors that were mentioned by the students in phase one included commitment to studies, time-management, and ability to balance work and rest and organisational skills; if it does not come up from the group.

H. Recreational activities:

1. Students mentioned that activities such as sports or hobbies contribute to their wellbeing. How do these activities contribute to your wellbeing?
2. What activities do you take part in? Are they part of campus life, or do you do it outside varsity life?

I. Spirituality/religion:

1. How do you think your own spirituality contributes to wellbeing?
2. Are there religious or spiritual activities that are part of campus life that you attend, or is it mainly outside varsity life?
3. Do you have meaning in your life? Why/why not? (This is a high-sensitivity question, and therefore left as optional for inclusion. Therefore you can assess the atmosphere in the focus group and then decide whether you wish to include it or not. Please observe all participants' reactions if you do include it and follow up afterwards, if you deem it necessary).
4. What do you think brings meaning to the life of a […] student?

J. Basic needs:

1. We know that for anyone to enjoy more sophisticated aspects of life, such as accomplishment, one would need to satisfy basic human needs. Which do you think needs attention if I say: food, hygiene, transport, and security? (If security does is not specifically mentioned, probe more since it was an aspect mentioned several times by the students, especially in terms of security when parking off campus, while many mentioned how the safety on campus contributed to their overall wellbeing). Probe the current status of the aspects mentione, e.g. Do you feel safe on campus? Why?
2. How do you think does "being part of life on campus" contribute to a student's wellbeing? (Being part of something, enculturated into university life both social and academic was mentioned).
3. Do you think that if students' are proud of […] it will contribute to their wellbeing? How? (Some students mentioned that they are so proud to be studying at the best university, and that contributes to their wellbeing).

K. General questions:

1. What do you think is the smallest thing that the university can do that will have the greatest positive impact on the wellbeing of students?

2. Are there factors (other than the ones mentioned already) that are missing that you would like to add as factors that contribute to student wellbeing at […]?

3. What is the most important thing that you think the leaders of the university should know about your wellbeing?

APPENDIX F: Fieldworker Confidentiality Form

STUDENT WELLBEING

FIELDWORKER

CONFIDENTIALITY AGREEMENT

As a Fieldworker in the Student Wellbeing at […] project:

- I will keep all the research information shared with me **confidential** by not discussing or sharing the information in any form or format (e.g. tape or audio recordings, transcripts, field notes, photographs).
- I will keep all the research information in any form or format (e.g. tape or audio recordings, transcripts, field notes, photographs) secure while it is in my/our possession.
- After I have collected the data and submitted it to the project researcher/s I will destroy all research information in any form or format (e.g. tape or audio recordings, transcripts, field notes, photographs, information stored on a hard drive) that I may have.
-
- I, the undersigned, acknowledge and accept these commitments.

Fieldworker name: _____

Fieldworker student number: _____

Fieldworker signature: _____

Date: _____

Place: _____

APPENDIX G: Notes for Focus Group Coordinators

STUDENT WELLBEING AT UP

PHASE 2

WHY DO CERTAIN FACTORS CONTRIBUTE TO STUDENT WELLBEING?

Selection criteria for focus group participants:

1. Registration as a student of the [..]
2. Undergraduate [...] student
3. Second year (chronological) student or onwards

Preparatory notes:

- Confidentiality & Anonimity
- Listening skills, participants as experts; building rapport.
- Clarifying questions
- Avoiding leading questions
- Time management
- Difficult situations (non-responsiveness; one participant dominating; staying with the focus of the discussion)

Remember to take:

- Two recording devices (extra batteries, enough space)
- Writing pad and pen
- Consent forms for your participants

Focus group facilitator tasks:

- Recruit participants
- Facilitate focus group
- Audiorecordings (plus back-up) of focus group/s
- Email or submit audiorecording (password protected)

APPENDIX H: Extracts From Brief Interview Transcript (Themes & Sub-themes)

Theme Analysis		
Themes	**Sub - Themes**	**Extract Examples**
4.5.2.1 Theme 1: Positive Emotions	a) Interest/Love b) Gratitude	…I am looking forward for [the university] giving me much… = (BI 2332). understanding that I struggle through tests and work for my own good or gain, contribute to my wellness as a student = (BI 2329)
4.5.2.2 Theme 2: Engagement	a) Participating in Residence Activities b) Engaging in Programmes offered on campus and/or residence	The support structures of the university (e.g. mentorship programmes etc) and diversified learning by using online learning = (BI 2274). residence activities (i.e series, expressions, sports), academic mentorship programmes, family support programmes =(BI 2414).
4.5.2.3 Theme 3: Relationships	a) Accessing Social Support by Family and Friends, b) Utilising Support from Lecturers and Academic Staff	the choice of friends that I have contributes to my wellbeing = (BI 2393). the attendance of lecturers for their lesson everyday, = (BI 2098)
4.5.2.4 Theme 4: Meaning	a) Belief in a Benevolent Higher Power b) Engaging in Spiritual Practices	Belief in Jesus Christ = (BI 2349) Spiritual, daily prayer and meditation is essential = (BI 2504).
4.5.2.5 Theme 5: Accomplishment	a) Academic Achievement b) Awareness of Procrastination Consequences	to manage my time correctly, make use of each and every free second I get, pass the test with 70%,= (BI 2354) good marks = (BI 2351)
4.5.2.6 Theme 6: Health +	a) Physical Activity/ Extra curriculars b) Nutrition	gym, physical health is important for endurance with studies. Main campus has a gym, it would be appreciated this sides = (BI 2244) food = (BI 987)

Qre No	Province	Citizens	Gender	Age	Race	Quali	Faculty	Langua	Whats Contributes to Wellbeing?
1770	Gauteng	SADC Co	Male	21	Black	mbchb	Health S	SiSwati (	receive at res contributes to my wellbeing
2158	Gauteng	SA Citize	Female	21	White	MBChB	Health S	Afrikaans	Getting out of this city and into the countryside: seeing where the horizon meets the sky for 360'. Time in nature. Additionally, being able to prepare my food for the week is very comforting and relieves stress.
2168	Gauteng	SA Citize	Female	21	White	BDietetics	Health S	English	wellbeing, the food I eat, exercise I do and the impact of friends and family around me.
2169	Gauteng	SA Citize	Female	21	White	BDietetics	Health S	English	the openness and support that ▮ gives. Friends also contribute to my wellbeing.
2173	KwaZulu	SA Citize	Female	21	Black	BCMP	Health S	IsiZulu (	The lecturers and facilitators contribute to my wellbeing. They are so supportive nd are always therewhen we need them. We also have house committees that are also helping us with anything and everything within their abilities.
2176	Eastern (	SA Citize	Female	21	White	BDietetics	Health S	English	food, coffee, time-off, sport
2180	Mpumala	SA Citize	Female	21	White	BRad	Health S	English	safety serives offered, cafeteria, access to wi-fi
2189	Gauteng	SA Citize	Female	21	Black	Bnurs	Health S	Northern	the study programme, it helps me to plan my week/month. Unfortunately this is not always the case. As a result; I tend to slack and not attend classes. Lecturer attitude is also important especially approachability.
2199	Mpumala	SA Citize	Male	21	Black	MBChB	Health S	SiSwati (	most of my classmates and lecturers that help me in day to day learning. Friends that are around me are the ones who contribute more to my wellbeing. Again, the university culture how things are done also contribute a lot to my wellbeing as a student of the ▮
2204	Gauteng	SA Citize	Female	21	White	Bcur	Health S	Afrikaans	scubadiving, movies, relaxing at home, sleeping, wi-fi, excercising
2208	Limpopo	SA Citize	Female	17	Black	BCMP	Health S	Tshivend	Dancing and writing poems, going to chirch and always smiling.
2212	Limpopo	SA Citize	Female	17	Black	Oral hygiene	Health Sciences	Tshivend	The residence ▮ is so nice because I have a beautiful view and to the fact that I have my own room, and everyone is so kind, they are supportive they are more like a family to me.
2226	KwaZulu	SA Citize	Male	21	Black	Bcur Nursing	Health Sciences	IsiZulu (	Financial stress, expoure to different illnesses and conditions during training for the degree. "not illegible" of time to attend to psychological health, which has lead to depression, excessive use of alcohol and other risky behaviours. Pressure from the family members, pressure to do well in school and be a good individual. "not illegibel" of time to go home, leads to feeling isolated.

APPENDIX I: Extracts From Focus Group Transcript

TRANSCRIPTION OF INTERVIEW – FACULTY OF HEALTH SCIENCES
AUDIO LENGTH – 1:43:45

INTERVIEWER: 1	All right okay so now that everything is recording welcome again everyone thank you so much for coming I know it's a busy time of year so I thank you I appreciate it okay so I just wanna reiterate to you guys as you .... Saw on the consent forms and as we discussed all your answers will be kept confidential and anonymous and you won't be able to be identified in any way so you can speak freely okay ... then also like I said ... I just wanna repeat as well ... for ____ she came a few minutes late just a bit of background to the project so this is the second phase the focus group is the second phase there will also be a third phase after this which is so each phase is basically just stream lining it more and more so this phase with the focus group is then ... to work on ... after the first phase which was then like I said questionnaires ... with the students to find out which factors contribute to wellbeing and student wellbeing at [ ] .. so this is then to delve a bit deeper into those factors and to also find out if anything else was left out of those factors okay so before we start any questions about ... the project okay all right so just as a bit of an icebreaker ... I thought we could just go around and introduce ourselves ... say what you are studying and what you consider to be wellbeing or what you understand as wellbeing ... okay let's start here	
RESPONDENT: 19	Hi everyone I'm Inge ... studying Occupational Therapy and in my opinion, wellbeing is ... well it's kind of a holistic thing but how to be emotionally well you know academically like in all aspects of your life that is your wellbeing and they will contribute to each other like your functioning ja thanks which is explain that	
INTERVIEWER: 24	Everyone what do I say now, Hi, I'm [ ] I study @[ ] ...] and basically what she said	
INTERVIEWER: 2	Anything else that ... you think Inge left out	
RESPONDENT: 27	we do actually speak about this a lot	02:17
INTERVIEWER: 28	Okay	
RESPONDENT: 29	So, we have similar views on it	
INTERVIEWER: 30	Okay	
RESPONDENT: 31	Sorry	
INTERVIEWER: 32	No problem	
RESPONDENT: 33	Okay I'm ____ also studying second year Occupational Therapy and ... I think for wellbeing also like you said it's holistic that it's not being free from stress because that will never happen but it's being able to handle all of your stresses so that it does not impair the way you function so ja balanced	
RESPONDENT: 37	Okay, hi I'm ____ I'm a second year Nursing student and to me ... I would think that it's a good social and like life balance because nursing can sometimes be demanding so it's dealing with your social side as well as working and handling school and stress	
RESPONDENT: 41	Hi, I'm ____ and ... I think basically what Inge said is that it's ... it's not just okay also ____ it's not just not having stress it's being able to manage your stress effectively I mean that makes you it will contribute to your physical emotional mental health your social wellbeing all those type of things so I think it's being able to juggle everything effectively .... Everyone is like saying the same thing (laughs)	03:39
INTERVIEWER: 47	We'll start with you next time	
RESPONDENT: 48	I'm ... ____ and ja like wellbeing it's being able to manage in ... ja the stress and everything being able to ... cope with everything around you and ... without it affecting you	
INTERVIEWER: 51	Okay thanks for that I think you guys basically mentioned everything and from the research they've done on wellbeing they ... distinguish between ... hedonic tradition ... which explores wellbeing as feelings so like you	

	54	mentioned there is those psychological aspects those emotional aspects ...
	55	so the non-cognitive expressions ... of ... an individual or a community
	56	so we can also see [...] as a type of community ... and the expression of that
	57	and then in that way it's measurable in ... a way but obviously wellbeing is
	58	subjective to a certain degree as well so everyone experiences wellbeing to a
	59	different degree and differently and then also the you demonic tradition ...
	60	which views wellbeing as a relational activity so like you said between
	61	different aspects and between people as well and when we get to that I'll also
	62	ask you guys about how relationships contribute to your wellbeing or if they
	63	do help your wellbeing or hinder ... your wellbeing okay ... all right so ... if
	64	you think about your life as a student at [...] ... living in res ... studying ... at
	65	[...] coming into [-] every day ... your specific program that you study
	66	everything about your studies at [-] what is the first factor that you think of ...
	67	when I ask what contributes to your wellbeing so what's the first thing that
	68	pops into your mind?
17	RESPONDENT: 69	Friends
18	INTERVIEWER: 70	Friends okay
19	RESPONDENT: 71	Purpose
20	INTERVIEWER: 72	Purpose that's an interesting one ja ... what would you say about purpose?
21	RESPONDENT: 73	It's having something that means something to you and that you can provide
	74	meaning to others well whether we're in health faculty but for that person with
	75	people directly but it can also be in an indirect way what whatever your
	76	profession is but something that gives your life meaning
22	INTERVIEWER: 77	Okay
23	RESPONDENT: 78	In other words, ja meaningless life people ... have depression
24	RESPONDENT: 79	Okay I would say at this point in my life ... it's really bad but my academics
25	INTERVIEWER: 80	Ja
26	RESPONDENT: 81	Because if I'm not doing well then, I'm not like mentally in wellbeing like a
	82	good space
27	INTERVIEWER: 83	Ja
28	RESPONDENT: 84	So ja
29	INTERVIEWER: 85	And how does that as you say if you're not doing well how does that
	86	contribute to ... your psychological wellbeing
30	RESPONDENT: 87	I mean it's it just makes me like my confidence is goes down my confidence
	88	in myself I start doubting myself more you know I start to think like okay is this
	89	really what I wanna do like I'm so tired of school you know things like that like
	90	I'm ... not in a good space you know emotionally or mentally because I just
	91	can't get out of that
31	RESPONDENT: 92	Alright. And the problem with that is it isn't just one subject it then like it goes
	93	down to all the other subjects so instead of when you were just struggling
	94	with one you end up struggling with all of them because you have like a
	95	mental block towards
32	RESPONDENT: 96	Definitely
33	RESPONDENT: 97	All the other subjects
34	INTERVIEWER: 98	So, you guys would say that it has that ... inter-actionedness effect where it
	99	affects everything
35	RESPONDENT: 100	But I think it can also be the other way well I for myself it was the other way
		around not that with my academics wasn't doing well. When I wasn't doing
		well it was when I was not doing well then my academics was struggling
36	RESPONDENT: 101	Ja
37	RESPONDENT: 102	So, I think it can work both ways don't you think?
38	RESPONDENT: 103	Ja definitely
39	RESPONDENT: 104	Ja
40	RESPONDENT: 105	Cause then you can't get like a balance of everything
41	RESPONDENT: 106	Ja
42	RESPONDENT: 107	Something goes wrong like everything around you just goes wrong (Cumulative effect)
43	INTERVIEWER: 108	Ja balance is another interesting ____ related to wellbeing ... do you guys	07:42

	109 110 111	find it difficult to ... reach that balance between everything – social, academics, relationships (laughing) that's why kind of like juggling bit of a juggling act	
44	RESPONDENT: 112	Some weeks it goes well some weeks it doesn't	
45	INTERVIEWER: 113 114	Ja and what are some of the things you guys ... try and do or some of the things that help get you out of that negative ... state	
46	RESPONDENT: 115 116 117	I gym a lot I gym six times a week to try and get rid of that I don't wanna ... use the word aggression but anxiety slash aggression it's like why is my life not going well why	Exercise.
47	RESPONDENT: 118	It's a physical activity ✓ N8!!	
48	INTERVIEWER: 119	Ja	
49	RESPONDENT: 120	Being creative like making music or dancing or something like that ✓ Express Cirt	
50	RESPONDENT: 121	Expression of yourself like okay it's okay I can feel like this it's okay	
51	INTERVIEWER: 122	Ja	
52	RESPONDENT: 123 124 125 126	Sometimes when I feel like over stimulated, I just need to go sit in my room and stare at the wall for like a few hours (inaudible) just nothing wrong it's just like not literally stare at the wall no I don't do that, I just mean like being calm maybe listening to something just like having some chilled alone time ??	08:44 Stimes ? calms.
53	RESPONDENT: 127	Ok interesting	
54	RESPONDENT: 128 129 130 131	I think I haven't ... found a ... perfect way to deal with the stress because it feels like I bottle things and I just put it aside that in way you have to move on you can't sit in your little bubble for ever life has to go on at the end of the day so ja it's just one of those things that you get over	08:30 08:31
55	INTERVIEWER: 132 133 134 135 136 137 138 139 140 141	ja, interesting okay so now I'm gonna probe a little bit more ... about specific factors that contribute to your wellbeing at [...] ... and you guys can say if you and if there's one you think well I don't think it really affects my wellbeing at [...] you guys can say that as well or if there's something maybe else related to that ... that hasn't been mentioned you guys can say that as well okay so first of all ... how do you think the infrastructure at [...] contributes to your wellbeing so that could be for example ... parking I think it's all been difficult for at least one of us to find parking at some stage ... the buildings, the set up so how do you think some of those aspects contribute to your wellbeing here?	09:15 09:40
56	RESPONDENT: 142 143	So, this is just like physical things not necessarily ___ structure (cross speech)	10:13
57	RESPONDENT: 144	That's like a whole other question...	
58	INTERVIEWER: 145 146 147	Ja ... so all of that ... even like the ... if any of you guys use the fitness centres on ...I know _____ you mentioned physical activity I don't know if you make use of that here at[...](cross speech)	10:30
59	RESPONDENT: 148	It's not available ...	
60	INTERVIEWER: 149	Ok, alright	
61	RESPONDENT: 150	Ja [...], ja [...]has it (cross speech) LC f: (Gym @ cost of access)?	10:38
62	RESPONDENT: 151 152 153 154 155	I think our infrastructure is really good I think particularly the fact that we're on most of us are on[_____]campus not really here the parking is usually okay they're here and also, I think the environment there is really good it's like lots of vegetation it's open so it creates a therapeutic environment in a sense but here it's like a different story	
63	RESPONDENT: 156 157 158 159	I actually prefer it here like it's more chilled out 'cos I studied here two years ago two years at[_____] so they are like 'I wanna study' all the time and (laughing) working all the time and here it's more like you see people on the grass (cross speech) like calmer for me and just like so I like that en04b. peace.	11:14 11:21
		The campus itoelf?	
64	INTERVIEWER: 160 161 162 163	That's interesting to note that you guys see a difference between the different campuses that's quite interesting because obviously ... not all people not everyone that studies here for example maybe go to Prinshof campus so they won't know if there's a difference or not (laughing)	11:25
65	RESPONDENT: 164 165	There's also like a very high volume of people here versus there which is what I prefer about [...] it scares me to see a lot of people at one time it's	