

Article

Factors That Affected South African Students' Sense of Self-Perceived Academic Competence During the COVID-19 Lockdown and the Rapid Transition to Online Learning

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Abstract: The COVID-19 pandemic lockdown restrictions had significant impacts on the well-being and academic functioning of students worldwide. When universities closed campuses and moved teaching and learning online, students faced numerous challenges. The researchers conducted a study to establish which factors most affected South African students' academic competence during the initial months of lockdown and the shift to online learning. Using an online survey that focused on students' wellness, perceived academic competence and coping behaviour, data were collected from 3239 university students. Multiple linear regression showed that students' subjective sense of intellectual wellness, coping behaviour, satisfaction with support from the university, and mental health were strong predictors of academic competence. Other factors that influenced students' academic competence were emotional and spiritual wellness, perceptions of safety and security, and hopefulness. Females, undergraduates, and Faculty of Law students reported higher perceptions of academic competence. These findings have practical implications for universities as they identify factors that contribute to students' academic competence, especially during times of crisis and online learning. Academic and support services staff at universities may find the findings valuable when developing policies to provide appropriate resources and services to promote and sustain students' academic functioning.



Academic Editor: Luigi Vimercati

Received: 6 January 2025

Revised: 25 January 2025

Accepted: 27 January 2025

Published: 31 January 2025

Citation: Law-van Wyk, E.; Visser, M.; Masenge, A. Factors That Affected South African Students' Sense of Self-Perceived Academic Competence During the COVID-19 Lockdown and the Rapid Transition to Online Learning. *COVID* **2025**, *5*, 17. <https://doi.org/10.3390/covid5020017>

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Keywords: academic competence; university students; online learning; mental health; COVID-19 pandemic

1. Introduction

Studies demonstrated that the pandemic and lockdowns hampered the education system worldwide and interrupted education at all levels [1]. The most common response by institutions of higher learning (IHLs) was to close campuses, cancel all contact classes and transition to online learning. In South Africa, the Minister of Higher Education, Science, and Technology announced the closure of all IHL until 15 April, giving students until 20 March 2020 to vacate residences. South African universities house thousands of students from poor and working-class households. When universities moved classes online, students from underprivileged backgrounds dreaded returning home to under-resourced settings for fear of being left behind [2]. Since face-to-face classes had previously been the primary medium of instruction in South Africa, the shift to online learning raised concerns about its impact on students' well-being, academic functioning and sense of academic competence.

Research findings on the effect of online learning on students' performance are conflicting. While some research found no significant difference in the academic performance of

students enrolled for online vs. in-person classes [3], other researchers found that at-risk or academically less prepared students, in particular, experienced challenges and poorer learning outcomes [4,5]. Consequently, the rapid transition to online learning was expected to lead to poorer academic performance and increased dropout rates in the country, especially because universities in South Africa were unprepared and students were still relatively unfamiliar with online learning [6].

Research conducted during the pandemic showed that students' ability to adjust to online learning was impacted by personal attributes, such as their grade point averages (GPAs) [3] and motivational mindsets [7]. Students with higher GPAs and positive mindsets adapted better to online learning, showed greater engagement in their academic work, and experienced lower levels of stress. A systematic literature review of research across various world regions showed that students preferred face-to-face learning, given the challenges associated with online learning, such as the unavailability of spaces conducive to learning; mental health issues such as stress, anxiety, and depression; and the lack of basic needs such as food, shelter, and electricity [6]. In light of the aforementioned, personal attributes, as well as intrinsic and extraneous variables, can either enhance or impede students' academic competence, particularly in the realm of online learning. Considering the novelty of the COVID-19 pandemic and online learning within the South African context, it was essential to establish which factors might empower students to develop the skills needed to improve academic competence and to assist IHLs in improving student outcomes by adapting support services to improve academic competence in online and traditional contact class settings. In so doing, IHLs could improve student outcomes and ensure more effective learning experiences overall.

Students worldwide faced numerous challenges during the pandemic that could potentially impede their general well-being and academic functioning [8]. Campus closures resulted in various losses, including the loss of housing, internship opportunities, research projects, campus work, and social and peer support [9]. In South Africa, many students lacked the necessary information and communication technology (ICT). They had to continue studying in non-conducive environments with inadequate study spaces, distractions, overcrowding, and additional household and caretaking responsibilities [6,10,11]. They also experienced feelings of fear and anxiety, grief, financial stress, loss of freedom, depression, social anxiety, and isolation [12]. In one study, 45.6% of a large student sample experienced symptoms of anxiety, and 35.0% reported symptoms of depression [13]. Factors such as severe discomfort during the lockdown, academic adjustment difficulties, and social isolation were found to have contributed most to emotional difficulties. Moreover, female and first-year students and those residing in informal settlements were identified as being at higher risk for mental health challenges during the pandemic [13]. Pre-pandemic research had identified depression and anxiety as disruptors of the cognitive processes necessary for learning [14]. Depression can negatively affect attention, verbal and visual memory, and verbal reasoning [15]. Even relatively short periods of social isolation can result in reduced cognitive functioning [16]), while changes in sleep quality can impair cognitive functioning and result in reduced overall intellectual capacity [17]. In fact, students reported significant disruptions to their sleep patterns during the pandemic [18].

The COVID-19 pandemic infringed on students' social well-being. A group of South African first-year students reported having had fewer opportunities to gain independence and social skills during the pandemic, which deterred their development [12]. One study showed that relationships emerged as the most prominent factor safeguarding students' well-being [19], while another showed spirituality played a protective role in students' subjective well-being and promoted their ability to process COVID-19-related stress and

loss [20]. Students who reported higher levels of spirituality also reported better coping, such as positive reappraisal, and lower levels of avoidance and loss of control [21].

While students faced a number of threats to their wellness and academic functioning during the pandemic, Janse van Rensburg found that South African students' resilience and adaptability were improved by developing daily routines, connecting with friends and family, continuing their studies through online platforms, and managing their negative emotions by relaxing, exercising, and practising religion [22]. Slight age and gender differences were revealed in another study, where female students used problem-focused coping, such as planning and seeking instrumental support to navigate academic challenges during the transition to online classes [23]. They also slept, studied, and worshipped more, while males coped by working on academics, exercising, and playing video games. Senior students employed more active coping strategies, while younger students tended to disengage and use avoidant strategies [23]. Madrigal and Blevins found that during the pandemic, most students (64.83%) used emotion-focused coping strategies, such as socialising and reframing or accepting the situation. Others (28.82%) employed problem-focused coping strategies to address challenges directly through seeking resources, while 13.55% used avoidance coping strategies (such as substance use) [24].

Based on the literature, the unprecedented circumstances created by the COVID-19 pandemic and lockdowns significantly impacted students' wellness and coping behaviour, which could have affected their self-perceived academic competence, i.e., academic self-confidence, academic self-efficacy, motivation, and approaches to learning. In this study, academic competence was operationalised by drawing from the concepts of academic enablers as defined by DiPerna and Elliot [25]; academic self-concept, academic self-efficacy, and self-regulated learning as defined by Ferla and colleagues [26]; and psychological capital as defined by Ortega-Maldonado and Salanova [27]. Psychological capital is a set of positive psychological resources that encompasses lower-order variables, such as self-efficacy, optimism, hope, and resilience [27]. Academic competence was defined as a student's ability to manage uncertainty related to the academic year by remaining hopeful while demonstrating high self-efficacy in self-regulating behaviour towards learning; remaining interested, motivated, engaged, and productive in academic work; managing distractions; and remaining open to experiences with optimism and commitment to resilience and goal-directed behaviour.

This study aimed to understand how the COVID-19 pandemic and lockdown, together with the rapid transition to online learning and students' satisfaction with support offered by the university, affected students' holistic wellness, how they coped, and how all of these factors impacted their academic competence. By analysing the factors that most influenced the students' sense of academic competence during this crisis, the researchers sought to contribute to the literature on tertiary students' well-being and coping ability and to show which variables might play a prominent role in enhancing and safeguarding academic competence in general, but especially during times of increased uncertainty.

2. Materials and Methods

Using an online survey, cross-sectional quantitative research was conducted among students at a South African university after three months of lockdown during the COVID-19 pandemic in 2020.

2.1. Data Collection Instruments

The online survey included questions about the respondents' demographic characteristics, such as gender, age, faculty, academic level (undergraduate vs. postgraduate), and region of origin (domestic vs. international). Given the pandemic's significant impact

on people's wellness, the researchers constructed scales for eight dimensions of wellness according to Swarbrick and Yudof's model and coping informed by Carver's Brief COPE questionnaire [28,29]. The eight dimensions of wellness model is illustrated in Figure 1 [28].



Figure 1. Eight dimensions of wellness.

The three-point Likert scales used as the response format were coded so that higher scores reflected better wellness, coping, and academic competence. After exploring the dataset through descriptive analysis (e.g., frequency tables, means, and standard deviations) and analysing the suitability of the data for factor analysis [30], the 78 survey items were subjected to exploratory factor analysis (EFA). All nine factors had eigenvalues greater than one and could be labelled according to a dimension of wellness (Table 1). Environment wellness, however, was thought to consist of two factors, namely personal freedom and safety and security, which was thought to be conceptually sound as the COVID-19 lockdown impacted people's sense of freedom and safety and security. Reliability was assessed using Cronbach's alpha. The factored scales, final items per scale, eigenvalues, cumulative variance, and reliability of the scales are presented in Table 1.

Academic competence (dependent variable) was assessed based on the students' responses to questions about how certain they were that they could complete the 2020 academic year, their level of dis/engagement in their studies, whether they remained interested in their academic work and remained motivated, whether they planned and managed to meet their study goals, whether they were proficient in managing distractions, their ability to self-study, and whether they were able to adapt to online learning.

The *Brief COPE questionnaire* [29] informed survey items and reflected the subcategories of problem-focused, adaptive, and non-adaptive emotion-focused coping within the context of COVID-19. The coping scale consisted of 19 items and had a reliability of 0.781. The students' satisfaction with the support they received from the university was assessed with one question, rated on a sliding scale (1–100).

Table 1. Validated factored scales and reliability.

Factor Label/Name of Scale	Number of Items	Eigenvalue	Cumulative Variance	Cronbach's Alpha
1 Personal freedom (Environmental wellness)	5	18.156	18.156	0.749
2 Emotional wellness	13	4.683	22.839	0.900
3 Spiritual wellness	3	3.627	26.466	0.822
4 Academic competence	12	2.996	29.462	0.900
5 Intellectual wellness	6	2.618	32.080	0.894
6 Safety and security (Environmental wellness)	5	2.091	34.171	0.613
7 Social wellness	5	1.513	35.684	0.752
8 Physical wellness	3	1.622	37.306	0.824
9 Financial wellness	6	1.513	38.819	0.718

The survey also included three existing scales to comprehensively explore students' emotional wellness. *The Patient Health Questionnaire for Depression and Anxiety* (PHQ-4) [31] formed part of the emotional wellness scale and was used to screen for depression and anxiety. Clinically, the PHQ-4 is used as an ultra-brief screening tool [31]. It consists of two depression (PHQ-2) and two anxiety (GAD-2) items, which were previously found to have good internal reliability (>0.80) and construct and clinical validity and have been widely used in research [31,32].

The Perceived Hope Scale (PHS) developed by Krafft and colleagues measures hope as a positive expectation about the future, which can be particularly relevant when people feel unable to cope. The PHS has demonstrated good validity and internal consistency, with Cronbach's alpha ranging from 0.87 to 0.89 [32].

The Mental Health Continuum—Short Form (MHC-SF) consists of 14 items, answered on a 4-point scale, and assesses mental health as defined by Keyes [33]. Six of the items measure psychological well-being, three (from Bradburn's affect scale) assess emotional health, and five (from Keyes) assess dimensions of social well-being. High scores indicate flourishing mental health, whereas low scores indicate languishing mental health [33]. The scale has been used in research worldwide and has demonstrated good internal consistency (>0.80) and validity in South Africa [34,35].

In this study, the PHS and the MHC-SF were subjected to confirmatory factor analysis (CFA), while the reliability of all three existing scales was assessed using Cronbach's alpha. CFA demonstrated good to excellent goodness-of-fit indices for the MHC-SF and PHS, indicating their high validity and reliability (see Table 2).

Table 2. Goodness-of-fit indices and reliability for existing scales.

Goodness-of-Fit Index	MHC-SF	PHS	PHQ-4
χ^2/df	8.381	5.385	-
CFI	0.990	0.997	-
TLI	0.988	0.995	-
RMSEA	0.048	0.036	-
SRMR	0.048	0.030	-
Number of items in the instrument	14	8	4
<i>Cronbach's alpha</i>	0.910	0.895	0.836

2.2. Participants

In July 2020, after three months of lockdown and two months of online learning, the Qualtrics XM survey link was sent to all registered students (N = 48,571). The 5074 students who completed the survey constituted a 10.4% response rate. After controlling for missing values, 3239 questionnaires were included in the analysis. A self-selected volunteering sample was used.

2.3. Data Analysis

Data were analysed using IBM SPSS Statistics Version 26. A descriptive analysis was performed after confirming that the constructed scales accurately measured the dimensions of wellness as intended (through EFA) and validating the use of the existing scales on the current dataset (through CFA). Mean scores for all the scales were calculated and standardised for comparison. All the predictor variables were entered into a standard multiple linear regression analysis using the General Linear Model (GLM) to model the relationship between the dependent and independent variables. This allowed the researchers to assess how the independent variables (i.e., demographic variables, the dimensions of wellness, coping, hopefulness, and satisfaction with support provided by the university) predicted academic competence as the dependent variable [30].

3. Results

3.1. Characteristics of Respondents

The sample included 83.3% undergraduate and 67.1% female students. In 2020, the gender representation at the institution was 57.35% females and 42.64% males, with 68% in undergraduate and 31.85% in postgraduate studies [36]. The sample was, therefore, over-representative of females and undergraduate students. Most respondents (59.2%) were between 18 and 21 years old and all the faculties were represented (Table 3).

Table 3. Demographic characteristics.

		Frequency	Percentage
Gender	Male	1063	32.8
	Female	2172	67.1
	Missing	4	0.1
Age	18–21	1918	59.2
	22–25	922	28.5
	26–29	194	6.0
	30–34	81	2.5
	35 and above	122	3.8
	Missing	2	0.1
Year of study	Undergraduate	2696	83.3
	Postgraduate	517	16.0
	Other	26	0.8

Table 3. *Cont.*

	Frequency	Percentage
Health Sciences	267	8.2
Engineering, Built Environment, and IT	690	21.3
Natural and Agricultural Sciences	714	22.0
Economic and Management Sciences	622	19.2
Humanities	370	11.4
Faculty of registration		
Education	293	9.0
Veterinary Sciences	87	2.7
Theology	29	0.9
Other (i.e., Gibbs)	17	0.5
Law	147	4.5
Missing	3	0.1

3.2. Dimensions of Wellness, Coping, Hope, and Satisfaction with Support

The values were transformed (standardised) to range from 0 to 100 to compare the means of all the scales. Table 4 presents the means and standard deviations of all the scales.

Table 4. Summary of standardised descriptive statistics for the scale scores.

	Mean *	Median	Std Deviation	Minimum	Maximum
Academic competence	51.0	50.0	24.95	0.00	100.00
Personal freedom	37.8	35.7	23.89	0.00	100.00
Safety and security	83.6	91.7	18.46	0.00	100.00
Social wellness	56.7	58.3	23.12	0.00	100.00
Physical wellness	34.9	33.3	31.92	0.00	100.00
Intellectual wellness	53.4	50.0	28.56	0.00	100.00
Financial wellness	38.3	33.3	25.19	0.00	100.00
Emotional wellness	59.5	61.5	23.32	0.00	100.00
Mental wellness	52.7	52.4	22.77	0.00	100.00
Spiritual wellness	55.9	50.0	29.51	0.00	100.00
Coping	52.2	52.9	16.53	0.00	100.00
Hopefulness	53.6	50.0	24.71	0.00	100.00
Support from the University	64.2	70.0	26.95	0.00	100.00

* higher scores reflected better wellness, coping, hope, and satisfaction.

As shown in Table 4, the students reported experiencing average academic competence and significant challenges to their personal freedom and physical and financial wellness, but a positive sense of safety and security. Their social, emotional, and spiritual wellness was at the upper end of the average range, indicating high-average emotional well-being, and they reported average coping ability and levels of hopefulness. Furthermore, the students reported higher-than-average satisfaction with the support received from the university during the lockdown and transition to online learning.

A frequency analysis of the responses on some of the wellness items included in the final scales explained students' experiences of wellness during the pandemic (see Table 5).

Academic competence: Although the students experienced moderate academic competence (51.0) during the lockdown and the rapid shift to online learning, many reported fears,

anxieties, and difficulties with focus and self-study, with a need for direction and support. Nearly one-third struggled with procrastination, and less than 20% percent preferred online classes to physical lectures (see Table 5).

Table 5. Selected items on wellness scales.

Wellness Dimension	Statement	%
Academic Wellness/Competence	I procrastinated during the lockdown and was unable to get work done.	32.1
	I had too many internal distractions (fears, anxiety, thoughts, interests) to focus on work.	40.3
	I prefer online classes to going to campus and attending lectures.	19.9
	I did not care much about my academics during this time.	15.8
	I had significant difficulty engaging in self-study as I required direction and support.	30.9
Personal Freedom	My social functioning/interactions with others were limited (social restrictions).	42.6
	My physical freedom was restricted by being confined.	38.9
Safety and Security	I had to send money home to sustain my family during the lockdown.	20.4
	My immediate family or I had difficulty obtaining enough food during the lockdown.	10.9
Social Wellness	Although I connected through electronic means, I felt a sense of isolation and loneliness.	56.7
	I felt a general breakdown in my relationships with others.	32.3
Physical Wellness	COVID-19 and the lockdown negatively affected my health, fitness, and well-being.	50.6
	I had fewer opportunities for physical activity and exercise.	44.3
Intellectual Wellness	Difficulty with concentration	33.4
	Difficulty remembering and recalling information	18.6
	Difficulty learning new material/information	23.8
Financial Wellness	I fear for my future financial ability to work and provide for myself in a post-COVID world.	56.9
	I fear that the negative economic implications of COVID-19 lockdowns will affect me in the future.	70.3
Emotional Wellness	I feel down, depressed, or hopeless.	30.2
	I have little interest or pleasure in doing things I previously enjoyed.	23.2
	I feel nervous, anxious, or on edge.	40.3
	I am unable to stop or control worrying.	34.7
	I experience feelings of uncertainty, unease, or stress.	45.2
	I think about suicide.	5.0
	My self-esteem or self-confidence has been reduced.	27.4
Mental Wellness (MHC-SF)	I am satisfied with life.	24.7
	Our society is a good place or is becoming a better place for all people.	7.7
	The way our society works makes sense to me.	6.4
	I am good at managing the responsibilities of my daily life.	29.3
	I was challenged to grow and become a better person.	36.4
Spiritual Wellness	I relied on my religion and fellow believers to get through the experience.	35.3
	I engaged more in prayer/yoga/meditation/and other spiritually meaningful activities.	37.2

Personal freedom: The students expressed significant discomfort with having their social interactions limited, their physical freedom restricted, and being confined (see Table 5).

Safety and security: Although most participants did not experience significant threats to their safety and security (see Table 5), some did, particularly in terms of financial and

food security. While 20.4% sent money home to family, 10.9% reported that they themselves or their immediate families had difficulty obtaining enough food during the lockdown.

Financial wellness: Some students worried about their families' financial security, more than 50% feared for their own post-COVID financial security, and approximately 70% were concerned about a possible negative economic effect of COVID-19 in the future.

Physical wellness: Half of the students felt that the lockdown had impaired their health, fitness, and well-being, and 44.3% reported exercising less.

Social wellness: More than 50% of the students felt isolated and lonely, almost a third reported breakdowns in relationships, and fewer than 20% enjoyed relationships and felt connected to others.

Intellectual wellness: During the lockdown, the students reported challenges with intellectual functioning. Many experienced moderate difficulties with concentration, 33.4% reported extreme difficulties, 23.8% struggled with learning new material and processing information, and almost 20% reported poor memory.

Emotional wellness: While the majority of the students (59.5%) reported moderate emotional well-being, just over 30% reported symptoms of depression; 40.3% felt anxious most of the time; more than 45% experienced uncertainty, unease, or stress; and 27.4% reported reduced self-esteem and self-confidence.

Mental wellness: Almost 25% of the students felt satisfied with their lives, could manage the responsibilities of daily life, and had experiences that challenged them to grow—which indicates fair emotional and psychological well-being. However, many encountered challenges regarding their social well-being, as only 7% experienced society as a good place, and 6% indicated that the way society operated seemed logical.

Spiritual wellness: About a third of the students relied on their religion and spirituality to manage their experience of the pandemic and lockdown.

3.3. Coping

Many students used problem-focused coping strategies to deal with the pandemic, such as adhering to government and WHO protocols (73.8%) and seeking information to remain safe (59.7%). However, only 25.3% sought academic support, and 31.5% maintained a routine to remain productive in their academic work (see Table 6).

Table 6. Coping strategies (selected responses).

	Always
I followed and adhered to protocols as outlined by the WHO and the South African Government.	73.8%
I sought more information about the virus to inform myself on how to stay safe.	59.7%
I sought academic support (e.g., from lecturers, tutors, or classmates).	25.3%
I felt well-equipped (psychologically) to deal with the lockdown period.	18.7%
I accepted what was happening and remained positive and hopeful.	28.2%
I tried to find meaning/purpose related to the situation and remained focused on my personal goals.	32.8%
I tried to maintain a routine and remained productive.	31.5%
I relied on my religion and spirituality to cope with the experience.	35.2%
I maintained contact with my social support systems (e.g., friends and family), shared my concerns, asked for help and felt emotionally supported.	40.5%
I had significant difficulty coping with the impact of COVID-19 and/or the lockdown period.	25.0%
I tried to escape the experience by sleeping more than usual, using substances or engaging excessively in entertainment (YouTube, watching series, etc.).	30.9%
I would describe COVID-19 and the lockdown experience as traumatic.	21.1%

The students appeared more inclined to use adaptive emotion-focused coping strategies, such as maintaining contact with their social support systems (40.5%), relying on religion and spirituality (35.2%), accepting what was happening and remaining positive and hopeful (28.2%), finding meaning or purpose in the situation, and remaining focused on personal goals (32.8%). However, 30.9% of the students reported attempting to avoid or escape the experience by sleeping, watching movies, and using substances. More than 20% experienced the lockdown as traumatic and had significant difficulty coping.

3.4. Variables Predicting Academic Competence

Multiple linear regression was used to determine which independent variables (e.g., demographic variables, wellness variables, coping, hopefulness, and satisfaction with support) best predicted the students' sense of academic competence (Table 7).

Table 7. Parameter estimates with robust standard errors.

Dependent Variable: Academic Competence							
Parameter	B (Unstandardised)	Robust Standardised Error ^a	T	Sig. *	95% Confidence Interval		Partial Eta Squared
					Lower Bound	Upper Bound	
Intercept	-4.566	3.116	-1.465	0.143	-10.677	1.544	0.001
Male	-2.582	0.742	-3.481	0.001	-4.036	-1.128	0.004
Female	0 ^b						
Health Sciences	-5.283	1.787	-2.956	0.003	-8.787	-1.779	0.003
EBIT	-5.257	1.664	-3.159	0.002	-8.520	-1.995	0.003
NAS	-4.614	1.624	-2.842	0.005	-7.798	-1.431	0.003
EMS	-3.636	1.643	-2.213	0.027	-6.857	-0.415	0.002
Humanities	-5.041	1.762	-2.860	0.004	-8.496	-1.585	0.003
Education	-4.368	1.852	-2.359	0.018	-7.999	-0.737	0.002
Veterinary Sciences	-4.742	2.193	-2.163	0.031	-9.041	-0.443	0.002
Theology	-8.270	3.317	-2.493	0.013	-14.774	-1.767	0.002
Law	0 ^b						
Undergraduate	4.009	1.025	3.910	0.000	1.998	6.019	0.005
Postgraduate	0 ^b						
Safety and Security	0.050	0.021	2.441	0.015	0.010	0.091	0.002
Intellectual wellness	0.399	0.016	25.554	0.000	0.369	0.430	0.176
Emotional wellness	-0.080	0.021	-3.851	0.000	-0.121	-0.039	0.005
Coping	0.408	0.031	13.047	0.000	0.347	0.469	0.053
Hopefulness	0.044	0.021	2.117	0.034	0.003	0.084	0.001
Mental wellness	0.096	0.023	4.082	0.000	0.050	0.142	0.005
Spiritual wellness	-0.033	0.012	-2.766	0.006	-0.056	-0.009	0.003
University support	0.116	0.013	8.633	0.000	0.090	0.143	0.024

* only significant coefficients included. ^a R squared = 0.539 (Adjusted R squared = 0.535). ^b this parameter is set to zero because it is redundant.

Overall, the results showed that the utility of the predictive model was significant. The R-squared value of 0.539 shows that the independent variables included in the model explain approximately 53.9% of the variation in the dependent variable (academic competence). The remaining 46.1% is attributed to other factors not accounted for by the model.

The level of study significantly predicted academic competence where undergraduates scored, on average, 4.009 units higher than postgraduates ($\beta = 4.009, p < 0.000$), although the effect size was small ($\eta^2 = 0.005$). Females showed slightly higher academic competence than males ($\beta = -2.582, p < 0.001; \eta^2 = 0.004$), and the faculty of registration showed some significance, while age and nationality had no significant predictive effect (see Table 7).

The most significant predictors were intellectual wellness ($\beta = 0.399; p < 0.001; \eta^2 = 0.176$), which predicted academic competence with large effect size, followed by coping ability ($\beta = 0.408; p < 0.001; \eta^2 = 0.053$), satisfaction with university support ($\beta = 0.116; p < 0.001; \eta^2 = 0.024$), and mental wellness ($\beta = 0.096, p < 0.001; \eta^2 = 0.005$). Safety and security and hopefulness somewhat predicted academic competence and, surprisingly, emotional and spiritual wellness had a slight negative impact on academic competence. Physical, social, and financial wellness were not significant predictors in this model (see Table 7).

4. Discussion

The study aimed to explore students' self-perceived sense of academic competence during the COVID-19 pandemic, focussing on how various factors, such as the lockdown's effects on their wellness, coping ability, hopefulness, and satisfaction with their institution's pandemic response in transitioning to online teaching and learning, may have influenced their academic competence.

The findings revealed that students experienced a moderate degree of academic competence during the initial months of online learning. A strong dislike of online learning was expressed by 51.2% of the respondents who preferred attending classes in person, and 27% reported struggling with adapting to the new medium of instruction. This finding aligns with the findings of other research conducted in South Africa during the pandemic [10,37]. Approximately a third of the respondents struggled with self-study, procrastination, managing internal distractions (i.e., fears and anxiety), and sustained motivation. The students who struggled significantly with self-directed learning may have relied on external guidance or a structured learning environment and lacked self-motivation, problem-solving skills and self-efficacy in learning, which could have impeded their sense of academic competence and actual academic performance. Other research demonstrated that more autonomous students, with a capacity for self-directed learning, were able to work independently during the lockdown [11,38]. In the regression analysis, the following variables were found to predict students' academic competence.

Demographic variables: Compared to males, postgraduates and students in other faculties, females, undergraduates, and students from the Faculty of Law demonstrated higher academic competence. It is important to note that male and postgraduate students may have been particularly vulnerable in terms of their academic competence during the pandemic and the rapid move to online learning.

Intellectual wellness: The students who rated their cognitive abilities higher also reported higher academic competence, which seemed conceptually and theoretically sound, given that cognitive processes, such as attention, processing speed, memory, and learning, and higher-order (executive) functions, such as problem-solving and critical thinking, are principal factors in the learning process [39]. To our knowledge, no studies conducted during the pandemic investigated students' subjective sense of intellectual wellness and its effects on academic competence. Students' sense of intellectual wellness and confidence in their cognitive abilities enhance their learning process and propensity to critically engage with learning material [40]. Confidence in their cognitive abilities helps them accept academic challenges, persist during periods of higher demand, and contribute to

independent learning, as students are more likely to take the initiative and rely on their own internal appraisals of their academic work. It also contributes to intrinsic motivation towards achieving their academic goals, which all contribute to higher perceived academic competence.

Coping: The students' ability to cope emerged as the second strongest predictor of academic competence, as 18.7% reported that they were psychologically equipped to cope with the consequences of the pandemic, which probably contributed to their ability to maintain their academic performance. These students employed active coping strategies and sought instrumental support for academic reasons. They also used adaptive emotion-focused coping strategies, such as acceptance, positive reappraisal, and seeking social support, and some relied on their religion and spirituality to cope with the experience. However, 25% of the respondents felt ill-equipped to manage the situation, and 31% used avoidant coping by sleeping more than usual, engaging excessively in various forms of entertainment, or using substances, which can be seen as negative or harmful coping strategies. International research also found that a small group of students coped with the pandemic and lockdown using non-adaptive emotional coping strategies detrimental to their psychological well-being and academic outcomes [24,41]. Indeed, our findings showed that almost one-third of the students lacked the appropriate coping skills to deal with crises and times of heightened academic demands.

Satisfaction with institutional support: Another significant predictor of academic competence was the students' satisfaction with the support provided by the university. As students' satisfaction with support increased, so did their self-perceived academic competence. During the pandemic, the university provided support by transitioning teaching to online platforms, lending electronic devices to the students in need and providing free data bundles to ensure that students could access their study materials. The university regularly communicated with students and ensured that wraparound support from the Counselling Unit and library was available online and by phone. Lecturers became more accessible to support students both academically and emotionally. The university's support could have improved students' academic sense of safety and security, increased their engagement, and enhanced their academic performance, potentially leading to better personal and professional development.

Mental health: The results showed that better mental health predicted an increased sense of academic competence—a finding supported by previous research that found that the students who demonstrate higher levels of mental health (i.e., emotional, psychological, and social well-being) perform better academically [42]. The mental health scores of the students in this study were significantly lower than those of a study conducted at the same university one year earlier [43]. However, the cross-sectional nature of the research does not allow for a conclusion that the lower scores could simply be ascribed to the pandemic. The MHC-SF scores showed that although the respondents reported higher margins of psychological and emotional well-being, they seemed to experience lower levels of social well-being during the pandemic (see Table 5). This could reflect how the pandemic and lockdown exposed societal inequalities and sensitised the students to the vulnerabilities of certain communities and disparities in access to health care, education, and economic resources [44]), which could have affected their mental health and, ultimately, their academic competence.

Other variables with some predictive power over academic competence, though with lower practical significance, included emotional and spiritual wellness, safety and security, and hopefulness.

Emotional wellness: The students scored a high average on the emotional wellness scale (Table 4), indicating higher levels of emotional well-being during the initial months of

the pandemic. The regression analysis, however, showed that emotional wellness predicted a significant negative relationship (with a small effect) with academic competence. This implies that a decrease in emotional wellness would slightly increase academic competence and vice versa. This relationship can perhaps be related to the high stress experienced during the move to online learning and needing to work harder to adapt to this unfamiliar medium of instruction. International research similarly found that under academic pressure, engaged students demonstrated conscientiousness and commitment, leading to exhaustion [7]. These findings highlight the complex relationship between emotional wellness and academic competence and how various factors potentially influence the relationship between these variables.

Spiritual wellness: A similar finding was that academic competence might increase slightly as students' spiritual wellness decreased and vice versa, perhaps because the students who spent more time addressing existential questions during the pandemic did so at the expense of their academic work. Conversely, adapting to online learning might have required more time and effort at the expense of their spiritual pursuits. The closure of many places of worship probably also played a role. Although spirituality served as a coping mechanism to navigate pandemic-related stressors [19,45] and helped the students maintain better subjective well-being [19,46], it did not improve the students' sense of academic competence.

Safety and security: Most students experienced high safety and security (i.e., home and community, financial, and food security) during the pandemic (Table 4). Higher levels of safety and security marginally predicted higher academic competence. However, since 10.9% of the respondents or their immediate families experienced food shortages during the lockdown (Table 5), it is important to identify and support such students to enhance their sense of competence in order for them to achieve their academic potential.

Hopefulness: Hope is important in maintaining mental well-being as it fosters resilience when facing challenges [32]. Hopefulness was identified as a statistically significant predictor of academic competence, though with a small effect size. Individuals who maintained a hopeful outlook might have been better equipped to navigate challenges, remain emotionally healthy, and engage in effective coping strategies, which could have contributed to improving their sense of academic competence.

Although research during the pandemic showed that students were negatively affected by restrictions to personal freedom, social interaction, and lower physical and financial wellness [10,12], these variables did not predict the respondents' sense of academic competence. Therefore, interventions should focus more on variables that may improve academic competence.

5. Limitations

Generalising the findings of this study is impacted by the fact that females and undergraduates were over-represented. A volunteering sample was used, which opened up the possibility of self-selection bias. Additionally, the participants were recruited from a single institution. Furthermore, the unique contextual factors related to the COVID-19 pandemic, lockdown restrictions, and the abrupt shift to online learning may make applying the findings beyond these specific conditions challenging. The self-report survey used to collect data created a possibility for response bias as the participants' subjective perspectives might not have been fully aligned with objective and testable realities. For example, without objective indicators of the participants' actual academic performance (i.e., GPAs), subjective perceptions of academic competence may not be accurate. For ethical reasons, the researchers could not ask for identifying information; however, such objective data would have been valuable for comparison with the students' responses. These limitations

underlie the need for caution when interpreting the results. The strengths of the study were its large sample size and the fact that data were not collected retrospectively but during the first few months of the lockdown while the participants were living the experience.

6. Recommendations

This research highlighted the need for university stakeholders to emphasise the factors that impact students' academic competence, including their intellectual wellness, coping behaviour, mental health, and satisfaction with institutional support. These play an important role in students' achievement and can no longer be ignored. Previously, support was offered mainly to self-identified high-risk students. This research showed that many students need skills to enhance their academic competence, especially in the online learning environment. Attention should be given to the following recommendations.

Cognition and learning: Identifying or developing and implementing a neuroscience-based programme to enhance students' cognitive skills could help identify and possibly address weaknesses in attention, concentration, memory, learning, and executive functions. Even without such a dedicated programme, developing an institutional strategy to enhance cognitive capabilities through distraction management and memory training workshops could benefit students' sense of academic competence and performance. The transdisciplinary field of Neuroeducation and insights generated from mind, brain, and education (MBE) sciences, which combine knowledge of the neural mechanisms of learning with education practices, could be used to enhance students' motivation, attention, memory, executive function, and learning experiences [47]. Finally, students could be sensitised to specific threats to brain health, such as substance abuse, lack of sleep, and untreated mental health difficulties, so that they can take responsibility for their intellectual wellness and the development of their academic competence.

Coping skills training: Since as many as 30% of the students lacked adequate coping strategies, the study highlighted the need to develop effective coping strategies. Universities should organise targeted campaigns to enhance students' problem-focused and adaptive emotional-focused coping strategies and steer them away from non-adaptive emotion-focused, avoidance, and harmful coping strategies such as substance use.

Importance of institutional support: This study's findings emphasise the importance of institutional support, which significantly impacts students' sense of academic competence. South African students exhibit diverse needs stemming from their socioeconomic, psychological, and academic characteristics. They require a comprehensive, needs-based approach to providing support while encouraging autonomy and independence in the learning process. A frequency analysis of our data showed that many students struggled to adjust to online learning as they lacked intrinsic motivation and self-study skills, a finding also confirmed by other research [5]. Therefore, students need to develop higher levels of academic independence through programmes that enhance self-study skills and motivation [48,49] to prevent disengagement or underachievement. Finally, providing institutional support through ICT equipment, dependable IT support services, and training in online learning management systems would greatly benefit students, especially those with higher technological needs, thereby enhancing access to and engagement in online learning.

Alleviating threats to safety and security and strengthening wellness campaigns: This study found that it is necessary to work towards alleviating mild to severe threats that affect financially insecure students, particularly those at risk of food insecurity. Many students facing environmental risks would benefit from support made possible by allocating funds towards initiatives such as food banks, meal programmes, and university housing [50]. A lifestyle education campaign promoting all forms of well-being (i.e., sleep, diet, and

exercise), incentivised through a 'campus currency system', could encourage students to take responsibility for their well-being.

Better-resourced campus counselling units to address mental health: Although most campuses have counselling centres, they are often understaffed or lack resources. Universities could place a stronger focus on preventative measures, such as mental health awareness and general life and academic coping skill training, and could add the social and emotional learning (SEL) curriculum [51] to the academic curriculum as accredited courses. Screening the mental health of all registered students could enable psychologists to identify and support at-risk students, whilst developing applications (Mental Health Apps) could play a pivotal role in assessing and developing their mental health and coping abilities, as recently shown by Mudau and colleagues [52]. This would enhance the efficiency of human support systems while catering to the preferences of the modern student population.

7. Conclusions

This study revealed the profile of students with a strong sense of academic competence, especially during times of crisis. Such students experience intellectual wellness and have confidence in their cognitive abilities. They employ effective coping strategies, including problem-focused coping and adaptive emotion-focused strategies, rather than avoidance strategies, and are satisfied with the support received from their institutions. They reveal better mental health and well-being, as well as a heightened sense of safety and security in terms of housing, food, and financial security. They also have hope for the future. Interestingly, students with a higher sense of academic competence might also experience slightly more emotional difficulties, such as stress and anxiety. According to the study, males and postgraduate students may face an increased risk of lower academic competence during times of crisis and through their study process.

Author Contributions: Conceptualisation, methodology, and investigation were conducted by E.L.-v.W. and M.V.; A.M. performed the formal analysis of statistical data. The original draft was prepared by E.L.-v.W., with subsequent review and editing carried out by M.V. and A.M. Supervision was provided by M.V., while project administration and funding acquisition were managed by E.L.-v.W. All authors have read and agreed to the published version of the manuscript.

Funding: This research was supported by the University of Pretoria through a postgraduate bursary.

Institutional Review Board Statement: Before any data were collected, ethical clearance (HUM019/0420) was obtained from the Ethics Committee of the Faculty of Humanities, University of Pretoria. The participants were informed about the purpose of the research and that participation was voluntary and anonymous to ensure honest responses. Contact details for psychological support services offered at the University were provided at the end of the survey.

Informed Consent Statement: All the subjects involved in the study gave informed consent before they completed the survey.

Data Availability Statement: Data is available from the author upon request.

Conflicts of Interest: The authors declare no conflicts of interest.

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