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Undergraduate students' experience regarding wellness support services at universities offering health sciences programmes

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Abstract

Students experience academic stress when confronted with high academic workloads while adapting to university life. Studies have found that health science programmes place additional academic stress on students. Student support is an important measure implemented by universities to minimise student dropouts, reduce failure rates and enable success in academic departments in health science universities. The purpose of this study was to explore and describe the experiences of undergraduate students regarding student wellness support services implemented by universities as an intervention measure to assist students in health sciences to cope with academic demands and stress. An explorative descriptive qualitative design was employed to explore and describe the experiences of undergraduate students regarding academic student support services. Students studying towards a health science undergraduate degree at three universities in the Gauteng Province, South Africa, were recruited by email to participate in the study. Purposive sampling was used, and nineteen students consented to participate in the study. The data were collected between November 2023 and April 2024 through synchronous online focus groups that followed a semi-structured interview. Thematic analysis was used for qualitative data analysis, where transcribed data were coded, and units of meaning were grouped to formulate themes. Three themes emerged, namely: (1) support service indicators, (2) student support challenges and (3) holistic wellness support provision. The study revealed that students experience academic stress, thus signaling a need for academic support. However, students face barriers when accessing support, as universities also face limitations in providing adequate support. Universities should enhance holistic wellness support provision to foster a supportive environment that boosts the accessibility of services to meet the diverse needs of the students.

Keywords Undergraduate students, Academic stress, Student wellness support programmes, Academic support services, Health sciences programmes



1 Introduction

The universal challenges for higher education institutions, particularly at universities offering health sciences programmes are high dropout rates and poor academic performance [5, 7, 35, 50]. Available literature highlights additional challenges beyond academic responsibilities creating academic stress for students [23, 27]. These include personal and environmental challenges related to personal resilience, self-efficacy, physical lifestyle, food insecurity and socioeconomic factors [36, 46].

Though academic stress is often assumed to be a normal part of students' university life, it is well-documented globally that the distress students experience during tertiary education limits success and throughput rates [4, 48, 59]. Education in health science professions involves training in advanced competencies that require research skills, knowledge of health, and the application of that knowledge to promote well-being, cure diseases, and meet the health needs and expectations of individuals and populations [26, 47, 11] affirm that the integration of practical training and clinical practice in health sciences programmes can therefore further increase the students' workload as they require students to be available during specific hours. All of these components serve as sources of stress for students [1, 67]. These problems are further intensified by the fact that students entering universities are from diverse backgrounds compounded by social, economic and cultural factors that may affect the institution's capacity to support them effectively [68].

It has been reported that students at university experience challenges with academic-life balance regarding time management and fulfilling academic responsibilities while also prioritising personal well-being, social activities, and physical health [55]. Studies on role participation and academic-life balance reveal that many students in health sciences struggle with balancing their personal, social and academic lives, citing heavy workloads and limited free time as substantial barriers [22]. Waheed and Malik [65] add that the struggles that students encounter with balancing roles can lead to increased stress and may have potentially negative impacts on academic performance or personal well-being. Acquiring life skills to achieve this balance can enhance academic performance and mental health, foster personal development, improve physical health, and prepare students with essential life skills for the future [37].

Universities provide support for students to improve academic success, especially in health sciences education, where the impact of stress is reported to be particularly high [4, 48, 59]. The South African Council for Higher Education (CHE) emphasises that student support services play a pivotal role in facilitating student personal development, improvement in academic achievement, and reduction in dropout rates (CHE, [14]). A study by Henrico (2022) on sustaining student wellness in higher education institutions notes that although a range of existing strategies to address current wellness challenges within higher education (HE) are described in the literature, strategies to focus on the wellness initiatives in higher education are limited.

Mashiya [40] emphasises that the provision of academic student support is essential to positively influence student success and retention. Scholars in student support have argued that university access without student support is tantamount to no opportunity for many students [28, 62]. Understandably, then, several studies have linked effective academic student support services with positive academic outcomes [38, 46]. The CHE's Institutional Audits Directorate Report on the Quality Enhancement Project conducted

at South African universities stressed the importance of both academic and non-academic support and development of holistic programmes to integrate students' academic and social lives (CHE, [13]).

For many universities in South Africa, university wellness support services typically include mental health support, counseling, substance abuse and student health services, as well as academic support offerings. Some universities offer confidential 24-hour crisis hotlines (CHE,[14]. *Higher Health*, a national non-profit organisation in South Africa, has partnered with various public universities in South Africa to provide integrated health and psychosocial services, reaching students across all public universities and colleges [29].

Holistic wellness support provision to enhance academic success should be incorporated in holistic support to enhance student wellness in terms of physical, social, emotional, spiritual, financial, environmental, and occupational factors [61]. Koen et al. [36] advised that a holistic wellness support approach, emphasising the interdependent dimensions of wellness, should be considered as part of a positive holistic learning environment. Ashwin and McVitty [6] also recommend that effective learning should incorporate the provision of intellectual, social, and emotional support to help students develop expertise and security in their learning. Student support services emphasising all dimensions of student wellness could be important in enhancing student progression, retention, and success [21, 33]. The application of a holistic wellness approach might help address students' academic stress and future life challenges [44, 46].

Paideya and Bengesai [54] have noted that student support services are not prioritised and are often placed at the periphery of institutional targets. White [68] explained that student support services, which are integral to the retention and completion of university studies, are often overlooked. Barnes et al [9] add that effective holistic university wellness support services are characterised by a university's willingness to adapt itself to its students' needs rather than forcing students to adapt to university-dictated systems. Deasy et al. [18] state that student support services are not easily accessible or beneficial to students. Despite these misgivings, it is positive that there seems to be consensus on the need for wellness support services in universities offering health sciences programmes [39, 45, 47].

The authors wanted to consider student voices and experiences when making decisions about appropriate wellness support services that could address the needs of students. It is assumed that hearing the voices of students on their experiences might assist in the improvement of wellness support services that are offered to students at health sciences universities.

Therefore, this study aimed to explore and describe the experiences of undergraduate students regarding wellness support services at universities where they were enrolled for health sciences programmes at the time of study. The objectives of the study were (1) to explore and describe the subjective views of the students about university-based support services at health sciences universities, and (2) to explore and describe students' experiences by providing a comprehensive account that will assist to enhance holistic wellness support services at health sciences universities.

2 Methods

The authors employed an exploratory descriptive qualitative design [56, 31]. An explorative design helped the authors to gain insight into the views of the students about university-based wellness support services at their universities [56, 31]. The use of an exploratory descriptive design required a social constructivist paradigm to provide an opportunity for the first author to conduct focus groups with the university students in order to gain insight into their experiences of university-based wellness support services [17, 53].

2.1 Design

The authors employed an exploratory descriptive qualitative design [56, 31]. An explorative design helped the authors to gain insight into the views of the students about university-based wellness support services at their universities [56, 31]. The use of an exploratory descriptive design required a social constructivist paradigm to provide an opportunity for the first author to conduct focus groups with the university students in order to gain insight into their experiences of university-based wellness support services [17, 53].

2.2 Population

Participants were recruited from three South African universities offering health sciences programmes situated in the Gauteng Province. Geographical location differentiated the three universities, with two of the universities situated in urban areas and one university in a township. The three universities offered undergraduate health science programmes to a diverse student population. Participants were recruited through student communication platforms used at the three different universities to dispatch messages to students. Although students were recruited from all three universities, there were no participants who responded from one of the selected universities, which is situated in an urban area. Participants from this university did not respond, notwithstanding numerous reminders and opportunities created for participation. Participants from universities in both urban and township areas were therefore represented in this study.

2.3 Research settings

The two universities where the participants provided consent to take part in the study offer services to support the health and wellness of their undergraduate students. Identifying information about the universities that granted permission for students to participate in the study is withheld for ethical reasons. University 1, situated in an urban area, provides comprehensive services, including but not limited to student health and wellness services, psychological and emotional support services, disability services, as well as academic and career support. University 2, situated in a township area, has a health and wellness centre for medical and counselling support, a financial aid office for financial assistance, a variety of academic development programmes, and peer education programmes to support students' well-being. Each of the two universities has a support team comprising psychologists, social workers, academic advisors, and life coaches.

2.4 Sampling

The authors used purposive sampling to select relevant 'information-rich' participants to gain deep, contextual insights into the participants' experiences about university-based student wellness support services [16]. Inclusion criteria for participation in the focus groups included: a) full-time undergraduate students registered for a professional health science degree, b) students who have utilised support services at their university.

The participants were recruited to participate in either of the two focus groups, depending on their availability. Dilshad and Latif [19] suggest that the size of focus groups should range from six (6) to twelve (12) participants. Nineteen participants ($n=19$) met the criteria for participation and were included in the study (refer to Table 1). Participants participated in either focus group discussion 1 or 2. Focus group 1, including students from university 1, had 9 participants, while 10 participants from university 2 joined focus group 2.

Table 1 above represents the demographic profile of participants in the two focus groups, from the two universities where participants agreed to participate in the study.

2.5 Data collection

An email explaining the purpose of the study and the invitation for participation was sent to potential participants. The potential participants were requested to indicate their willingness to participate in focus group discussions by responding by email to the first author. The nineteen students that consented to participate in the focus groups were requested to complete a short online demographic form.

Proper arrangements to accommodate participants' academic schedules were made to enable the participants to join online focus groups. Focus groups were scheduled at times when the participants were available and not attending lectures or involved in academic-related commitments. Each focus group discussion took approximately 90 min.

Table 1 Participant information

| Participant | Gender | Degree registered for | Year Level |
|---|--------|---------------------------------------|------------|
| FOCUS GROUP 1 (including students from University 1 in an urban area) | | | |
| Participant 1 | M | Medicine | 2 |
| Participant 2 | F | Occupational Therapy | 2 |
| Participant 3 | F | Human Nutrition and Dietetics | 2 |
| Participant 4 | M | Medicine | 3 |
| Participant 5 | F | Sports Science Medicine | 3 |
| Participant 6 | M | Medicine | 1 |
| Participant 7 | F | Physiotherapy | 3 |
| Participant 8 | F | Speech-Language Pathology & Audiology | 2 |
| Participant 9 | F | Medicine | 4 |
| FOCUS GROUP 2 (including students from University 2 in a township area) | | | |
| Participant 10 | M | Occupational Therapy | 3 |
| Participant 11 | M | Occupational Therapy | 3 |
| Participant 12 | F | Occupational Therapy | 4 |
| Participant 13 | F | Medicine | 4 |
| Participant 14 | F | Occupational Therapy | 2 |
| Participant 15 | F | Physiotherapy | 3 |
| Participant 16 | F | Speech-Language Pathology & Audiology | 3 |
| Participant 17 | F | Human Nutrition and Dietetics | 2 |
| Participant 18 | F | Medicine | 4 |
| Participant 19 | F | Physiotherapy | 2 |

The data were collected between November 2023 and April 2024. The online focus groups were conducted via Microsoft Teams to lessen travel burdens and enable easy access for the participants. At the start of the proceedings, the purpose of the study was reiterated and informed consent was obtained from each participant as well as permission to record the proceedings. Recordings were done through Microsoft Teams.

The first author, skilled with interview skills, facilitated the online focus group discussions, assisted by two experienced research assistants. One research assistant acted as a moderator while the other acted as an observer and took notes during the focus group discussions.

A semi-structured interview guide, increasingly prevalent in medical education research was used to guide the discussions [10, 42]. The questions in Box 1 were asked during the online focus groups:

2.5.1 Box 1: focus group questions

1. What are your university and academic life experiences (including challenges) as a health profession student?
2. What were your experiences when you used student support services at your university?
3. What do you think should be recommended to the university to improve the wellness of students?
4. What do you think should be part of the holistic wellness support offered to help students cope with academic demands?
5. If you had an opportunity to develop guidelines for the provision of student support services to improve student wellness, what would you recommend for enabling student academic success?

The recordings of the audio-recorded online focus group were transcribed verbatim by the first author following data collection. All identifying information was removed and the participants were assigned numbers in the transcripts to protect their identities.

2.6 Data analysis

The steps of the framework method were followed to ensure a thorough and systematic analysis of the qualitative data obtained during the focus groups [25].

Step 1 familiarisation with the data

The verbatim transcripts for the two online focus groups were checked and verified against the audio recordings by the first author to become thoroughly familiar with their content. The verified transcripts were then confirmed with the two research assistants who assisted with data collection. The transcripts were analysed manually as this enabled the authors to fully immerse themselves in the data.

Step 2 coding

This step involved a coding process, a description that is assigned to excerpts of raw data [25]. The inductive coding method was used to analyse the transcribed data to formulate themes [25, 17, 58]. The first author read and reread all transcripts carefully and then

coded units to reduce and condense the data. The coding units were then grouped using an inductive coding process (bottom-up approach), which came directly from the data. Thematic analysis was used to systematically interpret textual data from the transcripts to identify codes, subthemes, and themes within the content of the transcripts [17]).

Step 3 developing a working analytical framework

The first author grouped similar codes to form broader themes. The second and third authors also read the transcripts and independently verified the codes. These were compared to those of the first author, and the codes and descriptors were modified based on discussion to confirm the validity of the codes. The data were repeatedly re-coded by the three authors until consensus was reached, resulting in some individual codes being merged.

Step 4 applying the analytical framework

The codes were then organised into subthemes and themes to reflect the participants' experiences of student support services [17]). The subthemes and themes were formed directly from the data without being bound by previously established frameworks [58].

Step 5 charting data into the framework

The coded data were organised into a table, helping to visualise the themes across different participants.

Step 6 interpreting the data

Consensus was sought from the second and third authors on interpretations of the findings through continuous engagement to minimise researcher bias. This engagement assisted with further identifying patterns, relationships, and key themes to move towards a comprehensive interpretation of the data.

2.7 Ensuring the quality of the research

Ahmed [2] asserts that ensuring trustworthiness is crucial in qualitative research and recommends that researchers should strive to establish trustworthiness through rigorous methods, transparency, and critical self-reflection. Trustworthiness describes the overall quality, credibility, and integrity of the research process and its findings, ensuring that data, interpretations, and methodologies are dependable and accurate, encompassing core concepts such as credibility, transferability, dependability, and confirmability [2]. The criteria suggested by Ahmed [2] for ensuring the trustworthiness and rigor of this study were implemented through strategies demonstrating the dependability and confirmability of the study findings, demonstrating a commitment to ethical data practices, and thereby building trust in the research process. A diverse sample of participants was recruited to ensure that a wide range of perspectives were captured. An audit trail of data analysis processes, including all the records of the raw data, transcripts, and notes to refer to as needed, was created to ensure transparency and trackability of data. The audit trail was beneficial in detailing research processes, including data collection procedures and analysis steps that allowed verification of findings. The first author applied reflexive thinking and bracketing of her own biases, not to impose her own perspectives on the data throughout the research process. A record of detailed descriptions of

Table 2 Themes and subthemes identified

| Themes | Sub-themes |
|--|---|
| 1. Support service indicators | 1.1 Overwhelming academic stress 1.2 Role imbalance |
| 2. Student support challenges | 2.1 Limited access to support 2.2 Lack of resources 2.3 Unpleasant encounters with service providers 2.4 Student vulnerability |
| 3. Holistic wellness support provision | 3.1 Institutional support and practices 3.2 Multimodal support provision 3.3 Comprehensive support provision |

findings provided rich and thick descriptions of the data, including participant quotes and contextual information, allowing assessment of the validity of the findings. Regular meetings were held with the second and third authors to review the analysis procedures, emerging concerns, and to obtain consensus on differences in interpretation encountered during the analysis.

2.8 Findings

This study aimed to explore and describe the experiences of undergraduate students regarding wellness support services at universities offering health sciences programmes. During the formulation of themes, the authors considered social constructivism as it is based on the notion that reality is socially constructed and should be based on the individual's understanding and interpretation of the world around them [34]. The authors based their findings on the students' experiences of accessing support services. Table 2 shows an outline of the identified themes and subthemes that emerged from the analysis. Participants provided insights on three themes: (1) support service indicators; (2) student support challenges; and (3) holistic wellness support provision.

2.9 Theme 1: support service indicators

This theme focuses on students' experiences related to factors prompting the need to seek support from wellness support services offered by the two universities. The theme highlights the negative effects of academic stress on the students' ability to enact responsibilities associated with the student role. It encompasses two subthemes: overwhelming academic stress and role imbalance.

2.9.1 Subtheme 1.1: Overwhelming academic stress

The first subtheme involves the students' experiences of *overwhelming academic stress* associated with their academic programmes in health sciences education. Participants acknowledged that they experienced difficulties coping with the heavy academic workload that challenges and overwhelms them. As one participant pointed out, the high academic workload in health sciences overwhelms students.

"... we run very stressful degrees that require you to study a lot and all the modules and everything else that all the faculty of health sciences students face..." (Participant 6, Year Level 1, University 1).

"Also, as a medical student with a prior bachelor's and honors, I agree that the workload [for a medical degree] is a bit ridiculous; there are not enough hours in a day." (Participant 9, Year Level 4, University 1).

The other participants noted that students experience difficulties adapting to the academic pressures of the academic environment and the demands of their chosen programmes. Students in health sciences frequently struggle to adapt to the academic environment, confronting pressures from demanding coursework, regular assessments, and the requirements for self-directed learning. This can lead to increased stress, anxiety, and even depression. Supplementary examinations were identified as an added stressor leading to fear of failure and impending financial stressors when a student may be faced with the possibility of repeating only a few modules for a whole year. These were supported by two participants who mentioned that:

“It’s very difficult for students in the health sciences faculty... as a first-year medical student, and this year was quite tough academically, adapting to the lifestyle of what medicine is...” (Participant 6, Year Level 1, University 1).

“... it’s the stress of a supplementary exam. And I think it’s not commonly known that it’s so stressful... because if I don’t pass the exam... then I will have to literally waste the year of my life and repeat the year again just to do only one module.” (Participant 1, Year Level 2, University 1).

2.9.2 Subtheme 1.2: Role imbalance

The second subtheme involves role imbalance, characterised by difficulties in prioritising daily tasks and accommodating all important academic and student life obligations. Students mentioned finding it difficult to strike a harmonious balance between adequate time to study, exercise, rest, sleep and create time for attending to personal obligations. Participants shared that balancing multiple roles can be quite stressful and may lead to mental and physical health problems such as fatigue, headaches, muscle tension, anxiety, depression, and sleep disturbances.

Students mentioned that academic obligations enhanced the repression of personal needs and made it challenging for them to balance their student life and obligations related to academic responsibilities. Time constraints limit time for studying, and difficulties in balancing extracurricular activities with personal life obligations. Two participants added their views to demonstrate this difficulty of academic-life balance:

“... to find the balance between being a healthy person and still maintaining good academic habits is difficult... getting enough sleep, getting time to eat and exercise was quite challenging, especially in the first semester. I would sleep, you know, 2–4 hours... I feel like it’s very easy to be an unhealthy person for the sake of your academics” (Participant 4, Year Level 3, University 1).

“...it has been a challenging journey, the first challenge being the issue of balancing between the schoolwork and the personal life and most of the things that are happening in one’s life... so at the bottom of everything is the issue of balancing academics, work, and personal life” (Participant 10, Year Level 1, University 2).

2.10 Theme 2: student support challenges

This theme deals with a combination of factors that pose difficulties for students to access support services at the university. It encompasses four subthemes: limited access to support, lack of resources, unpleasant encounters with service providers and student

vulnerability. These challenges arose due to restrictions imposed by the institution-based processes, service provider-related issues or student-related challenges.

2.10.1 Subtheme 2.1: Limited access to support

The first subtheme deals with frustrations associated with *limited access to support*. Access to support was identified as a major hurdle for participants when they needed assistance. Some of the challenges limiting access to support included difficulty getting help when encountering a crisis where immediate intervention is needed.

Additionally, participants mentioned that they have full-day academic programmes and found it difficult to conveniently plan appointments that suit their academic schedules within support services consultation times. Support was also believed to be uncoordinated due to bureaucratic processes limiting easy access. One participant highlighted that these restrictions led to students who were seeking support not getting any support at all. Two participants explained the difficulties with scheduling regular support:

“...you schedule a day today, the next day [session] could be after two weeks or three weeks.” (Participant 11, Year Level 3, University 2).

And on top of that, you also do have those clinicals in between, oftentimes you struggle to schedule a time where you are available because at times you are also never on campus yourself...” (Participant 14 Year Level 2, University 2).

Additionally, accessing support for students with disabilities was mentioned as another challenge at universities. It was further reported that one of the universities that participated in the study has no dedicated disability units to support students with disabilities. The struggles to access the necessary support to reasonably accommodate their learning needs are demonstrated by a participant who decried that:

“.. there is no support for students with disabilities ...it will be very beneficial that at a university like ours... we should have what I'd call a disability centre...” (Participant 11, Year Level 3, University 2).

2.10.2 Subtheme 2.2: Lack of resources

The second subtheme involved the apparent lack of resources limiting adequate provision of support. Several participants shared their experiences with the impact of staff shortages when seeking support:

“I think we have one or two psychologists for like the whole university, you can imagine, meaning that you're going to have to wait for long... [for a consultation]” (Participant 12, Year Level 4, University 2).

“...we need more psychologists in the university because one psychologist is counseling more than 5000 students. It's one thing that is also a problem, that's why it's also difficult to find them...” (Participant 10, Year Level 3, University 2).

Adequate resources to create a conducive and enabling environment for holistic wellness were identified as a limitation. Some of the limited resources for physical activities were raised:

“But there’s not a lot of resources for that [recreation/leisure], I mean, there’s the campus gym that’s very, very small, it’s very limited in what you can do. ... there are no recreational areas for students, ...” (Participant 6, Year Level 1, University 1).

Students also felt that there is limited availability of affordable, healthy options for meals within the university. This was experienced as a stumbling block and a disservice to students who cannot afford expensive meals:

“The campus does have access to good, relatively healthy food, and it’s just expensive, that’s the issue ...like a lot of the ...uhh..., you know, cafes, they are really expensive, and profit-driven” (Participant 8, Year Level 2, University 1).

2.10.3 Subtheme 2.3: Unpleasant encounters with service providers

The third subtheme involves *unpleasant encounters with service providers* at dedicated units, such as academic or psychosocial support services. Unpleasant encounters with providers of support reportedly influence students’ help-seeking behaviours. Most participants reported that understaffing challenges and overloading of support service staff with many requests to provide support impacted access to wellness support. Most participants shared frustrating experiences related to difficulty getting any form of response from service providers when requesting support. The participants said:

“I emailed the person [staff providing service] and they only got back to me, like..., I think it was two or three months later, and I was like, there’s no point.” (Participant 8, Year Level 2, University 1).

“So, there are times whereby you go for a scheduled appointment, and they are also just not on campus... and you are constantly having to reschedule meetings.” (Participant 10, Year Level 3, University 2).

Some of the participants raised their challenges related to limited access to continued support. One participant expressed their frustration:

“I think two challenging factors I’ve experienced in terms of making it difficult to be continuous with sessions with our support here at the university. So, you end up at some point being discouraged to continue with therapy...” (Participant 11, Year Level 3, University 2).

Other students reported a perceived lack of empathy from service providers. This raised feelings of disconnection with the service providers and affected the students’ support-seeking attitudes, contributing to irregular attendance or discontinuation of support sessions. Participants felt that though providers of support may be qualified to provide the service to students, they did not necessarily demonstrate compassionate care and were sometimes unable to establish rapport with the students seeking support. Participant 12 expressed disappointment with the service, highlighting the importance of students’ ability to identify with and connect to a service provider to build rapport.

“...as much as you can have someone listening to you, you’d sometimes want them to understand how you’re feeling” (Participant 12, Year Level 4, University 2).

2.10.4 Subtheme 2.4: Student vulnerability

The fourth subtheme involves *student vulnerability* due to various factors, such as mental or physical health issues and personal circumstances. One participant expressed that

not getting assistance is frustrating and makes students vulnerable to feelings of helplessness. The participant raised the frustration as:

“And I think that’s the frustrating problem that I experienced here at campus, that because we don’t have many options, it kind of... like hinders you from getting the help that you need with urgency.” (Participant 12, Year Level 4, University 2).

Another participant referred to their own vulnerability as being “stabbed by a knife”, in order to illustrate the importance of access to services when they are required:

“...I think what I’ve learned is that therapy is more like when you are stabbed with a knife, you bleed, and we cannot wait for tomorrow or three days...” (Participant 11, Year Level 3, University 2).

In addition to experiencing academic stress, life stressors compromised their mental health as they tried to cope with the demands of student life, as one participant pointed out:

“And, also the other thing, being a medical student, there’s a lot that happens around you, and you’re still expected to wake up early in the morning and go to class and enjoy everything that happens there and go on as if nothing is happening around you... everything has to go on.” (Participant 13, Year Level 4, University 2).

Participants raised fear of stigma from seeking help and are scared that sharing their challenges may enable those providing support to use it against them:

“I think it’s not easy to tell people directly involved with our academics, our personal challenges” (Participant 14, Year Level 2, University 2).

Trust issues tend to affect the therapeutic relationship with support services. Students may not believe that providers of service understand their challenges and that they are willing to help them.

2.11 Theme 3: holistic wellness support provision

Participants shared their opinions regarding recommendations related to institutional processes, good practices, and resources that universities should put in place to normalise help-seeking and destigmatise the use of support services. They recommended that the provision of comprehensive support, implemented in a variety of ways, can be effective in addressing the diverse needs of students. The recommendations encompass three subthemes: institutional processes and practices, multimodal support provision and comprehensive support provision.

2.11.1 Subtheme 3.1: Institutional support and practices

The first subtheme proposes that institutional support and practices should provide resources directed at holistic wellness support provision.

The students recommended that dedicated wellness units should be part of providing holistic support. The students suggested that universities offering health sciences programmes should ensure that there are dedicated wellness units that are well-staffed to provide services to students without the impact of personnel pressures.

“...we really need to be doing a lot more on having like, maybe something called a Wellness Centre, where there is a whole lot more staff employed specifically for that” (Participant 14, Year Level 2, University 2).

Participants recommended that services provided to support students should be integrated to address the comprehensive needs of students related to many aspects of their wellness, such as mental, physical, emotional, social, financial and spiritual wellness. Food security and access to opportunities for supporting physical and mental health were identified as important enablers conducive to positive learning, alleviating stress and promoting academic success.

“I think the first step is rather for the ‘varsity’ [university]... to cover mental health, we cover the food things, we cover physical wellness, we cover like how supported you feel...” (Participant 5, Year Level 3, University 1).

Students recommended good teaching and learning practices that can assist in coping with heavy workloads to minimise academic stress, such as study material being timeously shared to help students prepare and understand lecture content better during contact lectures. One participant highlighted the benefits of enabling students to access learning material beforehand to better cope with academic workload and prepare for lectures by saying:

“...in that first semester, in one of our modules, we had a lecturer who would prerecord lectures for us and to me at least, it feels like something that can help a lot of students to cope better, especially in terms of understanding the heavier content and the very intense content.” (Participant 7, Year Level 3, University 1).

2.11.2 Subtheme 3.2: Multimodal support provision

The second subtheme focuses on using multimodal approaches when providing support to students. This involves using a variety of intervention methods to address problems experienced by students to enhance academic performance and success. Support approaches related to adjustment to university life, especially for first-year students, were recommended as an important service to prepare them for academic life and studying for a university degree.

“...they could try and do... maybe have like..., seminars, especially for first years..., who were still quite early in the degree, learning how to manage time and prioritise all your different tasks ...classes on different study methods, ... it is quite a shock, especially in the Health Sciences, to experience that kind of work” (Participant 9, Year Level 4, University 1).

Academic learning support was also reported as important in improving students' study methods and preparing them better for lectures. One participant highlighted that academic learning support is an important service to improve academic performance and success. The participant advised by saying:

“I do think that the academic support part is also very important, especially in our basic language skills ... we do have an English module, but I don't think it really gets into the core of the language to assist with writing skills ...” (Participant 14, Year Level 2, University 2).

Support from academic staff was appreciated and additional teaching support services recommended by participants included study methods, extra support classes, seminars, tutoring and learning support services such as assistance with academic writing skills. The additional teaching support services were recommended by a participant who narrated that:

“... especially for departmental modules, we need like..., for example..., tutors; at other universities, they have lecturers and also tutors; they are having extra classes and all that...” (Participant 10, Year Level 3, University 2).

Peer support was experienced as useful by many participants. One participant indicated that support at residences should be reinforced, as this was experienced as providing an opportunity to access social support, develop healthy friendships and therefore assist students to develop leadership and life skills.

“...I found that residence support services have been a lot more useful to me. And that mainly comes in the form of peer support ... that has often helped me - the seniors in my residence, who have helped me through a lot of this stuff. ... it's a lot easier for me to just go speak to peers ...and speak to seniors about certain academic and personal issues” (Participant 5, Year Level 3, university 1).

Participants recommend the establishment of a formalised peer support service, as they reported help-seeking and social connection with peers was easier than connecting with service providers at the formalised university support services.

“A formalized peer structure where you can approach them and you can say, hey, I'm struggling with this, or hey, this is something that I don't know what to do about it... is there any way you can help me?” (Participant 6, Year Level 1, University 1).

2.11.3 Subtheme 3.3: Comprehensive support provision

The third subtheme identified comprehensive support provision as an important consideration in enhancing the wellness of students. Most of the participants recommended that support should be comprehensive and address all aspects of life fundamental for healthy living and survival as a student. Life skills, including basic survival skills, adoption of healthy lifestyles, including a healthy diet, physical fitness habits, spiritual health, and recreation, were recommended as important habits in adopting a healthy life. The participant concerned advised that:

“...Wellness Centre can also have something more physical, maybe someone to advise us and maybe also take us through like exercises, because that's something that tends to lack because of the lack of time and the availability of wrong, convenient, unhealthy foods.” (Participant 14, Year Level 2, University 2).

Finances were experienced as a stressor and participants recommended that the university should expand the financial services available to students. A participant pointed out that there is limited assistance with financing students, and said:

“Also, ..., there is not enough assistance with helping find bursaries and financing, so I'm working to help fund my degree.” (Participant 7, Year Level 3, University 1).

3 Discussion

This research explored and described the experiences of undergraduate students regarding wellness support services at universities offering health sciences programmes. Social constructivism helped the authors to state the subjective realities obtained from the undergraduate students included in focus group discussions. The current study highlighted the participants' experience of overwhelming academic stress due to high academic workload and adapting to the pressure of the academic learning environment. These findings are supported by Atalay et al. [7] and Alyahyan and Düşteğör [5] in the sense that students in health sciences experience overwhelming academic stress due to high academic demands, pressure to succeed, high workloads and financial burdens. Additionally, a study conducted by Alsulami et al. [4] identified challenges, including academic overload, competitive educational environments, time pressures, and examination anxiety as factors contributing to academic stress leading to poor academic performance. Numerous studies have been conducted on the overwhelming academic stress experienced by health sciences students, all of which report consequent mental and physical health problems [26, 50].

Participants in the current study also reported mental health problems, such as anxiety, depression and feelings of helplessness, as well as physical problems, such as ailments, fatigue, and sleep deprivation. Even though Alsulami et al. [4] identified examination anxiety and a competitive educational environment as particularly problematic, the participants of the current study emphasised the intense fear of failure and fear of repeating a year. They also referred to the competitive educational environment and the fear that they may not achieve their goals to qualify as healthcare professionals.

Concerns were raised about the experience of role imbalance related to academic-life balance and the repression of personal needs while trying to cope with academic demands and pressure. This aligns with previous studies that illustrated that students struggle to balance academic responsibilities with their personal life, relationships, and self-care [22, 55, 65]. The workload in health science programmes, as affirmed in this study and highlighted in the available literature by Alkatheri et al. (2019), is intense and leaves little time for students to participate in activities of daily living, leisure, and social activities, which can negatively impact their mental well-being. The academic-life imbalance leads to the experience of stress, burnout, and difficulty in fulfilling role expectations and personal needs [49, 55].

Waheed and Malik [65] add that role imbalance stems from time management struggles when attempting to juggle the academic workload and personal commitments. Picton [55] similarly emphasises the importance of work-life balance that needs to be learned as self-care skills during the undergraduate training of health sciences students in order to manage academic and clinical workloads. A study by Ellapathirana et al. [22] observes that social support and time management skills emerged as crucial for achieving a satisfactory work-life balance for medical professionals. Ellapathirana et al. [22] advise that universities should foster supportive environments and offer programmes that enhance students' social well-being and time management capabilities.

According to the findings shared in this study, difficulties in accessing timely and adequate assistance can impact students' wellness and academic performance. Students struggling with mental health crises or other emergencies may experience difficulties concentrating, attending classes, and completing assignments. Inadequate crisis support

can put students at risk, particularly those experiencing financial difficulties and other vulnerabilities. Zhang [69] argues that universities need to establish and improve students' emergency management protocols, improve the collaborative operations of emergency management resources, strengthen emergency management teams, and improve the emergency management capabilities of health and other crises experienced by students in distress.

The impact of resource limitations in compromising access to personal care resources, healthy food, accommodation, and essential technologies was highlighted in the current study. Limited resources, including financial, infrastructural, and staffing shortages, may significantly impact the provision of student support services, negatively affecting the well-being of students and hindering their academic success [32]. The participants of this study were concerned that a poorly resourced university environment with unaffordable or under-sourced recreational facilities and limited affordable food options affects the learning environment, thereby limiting academic performance and the success of students [51]. A review conducted by Winter and Olivia [66] in South African universities identified resource limitations to be barriers to the provision of adequate support to students. The authors reported these barriers as involving logistical constraints, inadequate funding, understaffing of mental health professionals, and persistent stigma surrounding mental illness.

Some of the participants in this current study tried to access wellness support services and they were confronted with unpleasant encounters with support service staff. Hyseni-Duraku [30] identified factors that minimise students' trust in support services that include concerns with confidentiality, unempathetic interactions with service providers and an unsupportive campus environment. Chetty and Kepkey [12] report similar findings to the current study, where students shared negative experiences of support services, such as a lack of competence by service providers, limited empathy, concerns over confidentiality, or disrespect, which erode trust and create reluctance to continue with support. The authors warn that limited trust in support services can result in students hesitating to seek help and thus not adhering to recommendations or discontinue support sessions prematurely. This is supported by Johnson et al [32] who pointed out that the student support service programmes' success is dependent on students' help-seeking behaviour.

The stigma related to help-seeking continues to pose a formidable barrier to effective service provision, especially for university students [30]. The current study added that students' vulnerabilities, such as helplessness, compromised well-being, fear of stigmatisation and limited trust in the service, are barriers to seeking help. Disabato et al [20] added that barriers to students' help-seeking were distrust in mental health professionals, embarrassment, and a tendency toward self-reliance. Students may be hesitant to seek help due to the stigma surrounding mental health or a lack of awareness about available resources.

Mireku et al. [43] suggest that fostering student-centric policies and practices within student support services in higher education institutions is imperative and that universities should ensure that student voices are incorporated into institutional decision-making. A student-centered approach recognises the importance of putting students at the centre of support initiatives, enabling them to actively use appropriate platforms to register their concerns regarding support service provision and access [43].

Skakane et al. [60] advise that universities must put student support services in place to ensure that admitted students are supported holistically throughout their studies. Support services should be designed to promote conducive learning environments that promote the holistic development of students. Support services should motivate students to develop personally, emotionally, intellectually, and academically during their learning process at university and in their future professional lives [37].

The current study recommends the implementation of integrated wellness support with clear institutional support processes and practices, including well-staffed support services, and supportive teaching and learning practices. Early scholars in student support have argued that university access without student wellness support services is tantamount to no opportunity for many students [28, 62, 63]. Understandably, several studies have linked effective academic student support services with positive academic outcomes [38, 46].

The importance of considering multimodal support provisions encompassing curricular support, academic learning support and peer support was emphasised in the current study. Koen et al [36] supported the findings of this study and advised that a holistic wellness approach, emphasising the interdependent dimensions of wellness, should be considered as part of a positive holistic learning environment. Ashwin and McVitty [6] also recommend that effective learning should incorporate the provision of intellectual, social, and emotional support to help students develop expertise and security in their learning.

A study by Ndlela and Brysiewicz [52] recommended the standardisation of student wellness support services and the development and formalisation of peer mentoring to expand support for students. A supportive framework suggested by [64] suggests that student support, incorporating academic advice and peer support, can address underpreparedness for university learning, improve self-management, confidence and social integration needed for coping with academic responsibilities and adjustment to university life.

The authors embrace the advice by Henrico (2022) that higher education needs to take cognisance of the fact that students entering higher education may be inadequately prepared to cope with university demands and learning, leading to an increased risk of failure and dropping out. Barnes et al [9] emphasised that universities ought to recognise the diversity of students and support needs; acknowledge the breadth of student support services required, the range of students who require these services, and the modes of learning offered, including counselling, financial aid, and scholarship. Mireku et al [43] add that wellness support services should explore critical aspects of student wellness support services, such as mental health services, career guidance, and financial support, aligned with evolving student needs in higher education.

3.1 Study limitations

The qualitative approach used in this research was time-consuming and resource-intensive, with added challenges of recruiting participants who were willing to participate in the study. This caused delays in concluding this study. Students from only two of the three universities participated in the focus groups, which limited the diverse perspectives of students who participated in the study.

3.1.1 Recommendations for future research

The current study provided insights into the perspectives of students regarding wellness support services. This may contribute to the development of a holistic wellness approach for the provision of student support that may inform best practices at universities offering health sciences programmes. Future research should focus on the development and evaluation of early intervention strategies that are most effective in addressing the support needs of students and increasing access to confidential student support services.

Efforts should be directed toward exploring and strengthening social support networks to augment support offerings at universities. This could expand support to include mentorship programmes and identify the best practices for programme design and implementation. Fostering collaborations between university management and students can assist in creating supportive and inclusive learning environments that can enhance student-centred approaches in offering appropriate support.

4 Conclusion and implications for the provision of support to students

Students often face difficulties with integration into the university environment and managing academic demands. This may contribute to an experience of academic stress affecting academic performance and may even escalate to high rates of non-completion of studies. Universities implement wellness support services to combat this, but students experience challenges with these services, and they may fail to adequately assist students in navigating their challenges.

Research consistently highlights the importance of holistic support service provision for undergraduate health professions students in order to facilitate successful transitions and enhance learning outcomes.

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Author contributions

The first author, who is the principal investigator, was responsible for the conception and intellectual content and drafted the main text of the manuscript. All three authors reviewed the manuscript and were all responsible for the design and data analysis. All the authors consented to the authorship of this article. The last two authors are supervisors of the research.

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Data availability

The data generated during the current study is stored securely and is not available due to ethical reasons to ensure the privacy and confidentiality of the study participants.

Declarations

Ethics approval and consent to participate

This study was carried out in accordance with the relevant ethical guidelines and regulations for conducting research. Approval was granted by the Faculty of Health Sciences Research Ethics Committee (FHS-REC) at the University of Pretoria, Gauteng Province, South Africa (Ethics Clearance No.: 584/2020), where the research project was registered. The approval granted aligns with the Committee's outlined guidelines for conducting research involving human participants. All three universities where students were recruited permitted the research to be conducted.

Consent for publication

Participants in this study provided verbally informed consent for their data to be published for research.

Informed consent

Informed consent was obtained from all individual participants included in the study.

Competing interests

The authors declare no competing interests.

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