Students' Perceptions of Student Support Services at a Nursing Campus

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Abstract

The main purpose of this study was to describe students' perceptions of student support services at a selected nursing campus in the eThekwini District of KwaZulu-Natal, South Africa. The content analysis of Elo and Kyngäs guided the research process. Non-probability purposive sampling was used to recruit fourth-year nursing students undertaking the diploma in nursing (general psychiatry, community) and midwifery (R425), and eight students were individually interviewed. The students' perceptions of student support services revealed four categories, namely diversity of student support, relevance of feedback, peer mentoring, and applicability of non-academic support. The researcher recommends that a broader study on student support services at the campuses of the KwaZulu-Natal College of Nursing be undertaken. Standardisation of student support services is needed as well as making the services known to students, possibly in the form of a booklet or online information. Another recommendation is the improvement of library services in the form of better access and equity related to information technology and internet usage, the extension of library hours, and the hiring of an assistant librarian. Lastly, the development and formalisation of a peer mentoring policy involving the clinical department are recommended.

Keywords: academic support; content analysis; nursing students; student support

Introduction and Background Information

Student support is a group of activities used to enhance student academic performance (Sajienė and Tamulienė 2012). Several studies conducted on student support services found that these services ensure student retention and success, specifically during the first year, as high dropout rates often occur during the first semester (Van Zyl, Gravett, and De Bruin 2012). This is in line with the Connecticut State Board of Education (2010), which states that schools with a continuum of developmental, preventive, remedial and support services enhance the capacity of all students to achieve academic success and personal well-being, and that without these services, students with problems are at risk of educational failure.

These services include academic and non-academic support. Non-academic support services play a major role in sustaining students in tertiary institutions, as the students acquire more knowledge and skills if they are more involved in activities outside the classroom (Barney, Bernham, and Haslem 2014). Academic support services help students in many ways, such as acquiring excellence through transition, excellence through self-knowledge, and excellence through resources (Junio-Sabio 2012).

Student support in any higher education institution (HEI) is essential and the lack thereof has a negative impact on students' progress and can lead to premature exit from the programmes (Sajienė and Tamulienė 2012). Therefore HEIs should invest in student support services to increase their teaching effectiveness and to improve students' success. Investing in support services in higher education (HE) is based on the assumption that most first-year students are not fully prepared for tertiary education. This in turn affects the graduation rates as indicated by the South African Department of Education that South Africa has a graduation rate of 15 per cent, which is one of the lowest in the world (Department of Higher Education and Training 2014).

Hamshire, Willgoss and Wibberley (2013) indicated that for health professions students in particular, factors leading to poor success are related to personal issues, financial problems and academic difficulties. Provision of quality patient services is a priority for health professionals; and the use of technology in healthcare has been reported to improve nurses' decision-making and competencies thereby increasing the quality of healthcare. Computer-based information systems can provide assistance to nurses in healthcare environments; therefore technology is one of the support services that is valuable for nursing students (Sati Gürdas and Kaya 2014).

Statement of the Research Problem

Despite many measures that have been implemented in HEIs to enhance academic support, students worldwide still experience difficulties adjusting to college or university, leading to poor academic achievements (Torenbeek, Jansen, and Hofman 2011). This problem is further aggravated by the fact that students from low socio-

economic backgrounds may have complex social, economic and cultural factors that may affect the institution's capacity to support them effectively and these students tend to be less equipped for HE, and therefore more likely to drop out (White 2014). Owing to the effects of apartheid, many South African students from disadvantaged communities entering higher education remain underprivileged and underprepared, and, as a result, they underperform and drop out of the system at an alarming rate (McGhie 2012). Other challenges in HE include the language barrier, pregnancy, and HIV and AIDS (Hurst 2015; Verhoef 2016).

Although HEIs are promoting academic support programmes, several studies point out a number of institution- or student-related factors that hinder adequate student support, such as the lack of knowledge of the existing support services, stigmatisation and services offered after hours and therefore some students being unable to attend as their safety is not guaranteed at night (Roberts and Dunworth 2012). It is not also unusual to find some of the HEIs facing problems with either the implementation or sustaining of student support services. This is evident in the KwaZulu-Natal College of Nursing (KZNCN), whereby except for student orientation on admission, there has been no uniformity in the types of services offered by individual campuses and sub-campuses. Through the KZNCN learner information guide and rules, each institution formulates its own internal campus policies, and offer different support services at different levels. This approach may not be the best way to maintain standards and promote students' academic success across the KZNCN.

Purpose of the Study

The purpose of the study was to describe students' perceptions of support services at a selected nursing campus in the eThekwini District of KwaZulu-Natal, South Africa.

Research Objectives

- Describe the students' perceptions regarding the support services offered at a selected nursing campus.

- Describe the factors promoting student access to support services at a selected nursing campus.

- Describe the factors hindering student access to support services at a selected nursing campus.

Definition of Keywords/Concepts

Nursing campus: A KZNCN campus in the eThekwini District.

Perception: A belief or opinion often held by many people and based on how things seem (*Cambridge English Dictionary*, s.v. "perception").

Students: Fourth-year students enrolled in a comprehensive four-year diploma qualification in General, Psychiatric and Community Health Nursing and Midwifery, in accordance with SANC Regulations, Government Notice No. R425 of 22 February 1985, as amended.

Student support services: Services provided by a higher education institution, which fulfil the students' emotional, academic and social needs and which are a precondition for increasing students' individual welfare and academic success (Sajienė and Tamulienė 2012).

Research Methodology

A qualitative content analysis approach by Elo and Kyngäs (2007) guided the study. The aim of content analysis is to obtain a condensed but broad description of the phenomenon under study (Elo and Kyngäs 2007).

Research Setting

The study took place at a nursing campus in the eThekwini District and the researcher was a former lecturer at the research site. Choosing one research site was based on the lack of uniformity in types of support services offered by the different KZNCN campuses.

Research Participants

Non-probability purposive sampling was used to invite participants who had experience with student support services and who were considered to be "information rich" (Mammen and Sano 2012, 468). They were chosen after they had complied with the inclusion criteria that they must be fourth-year nursing students doing the four-year diploma, must have used support services and must voluntarily participate in the study.

Data Collection Process

After obtaining ethical clearance (HSS/0708/015H) and permission from the KwaZulu-Natal College of Nursing, the Department of Health and the research site, the researcher met with the campus principal at the research site to discuss the research process. The researcher was then introduced to the students by a campus lecturer. The purpose and the process of the study were explained to the prospective participants and all the willing participants signed the informed consent form. Arrangements were then made to conduct face-to-face individual interviews at the convenience of the students at their residence, as this was the venue chosen by the participants. The interviews were conducted in English using a semi-structured interview guide and were audio-taped with permission from the participants; occasionally the researcher used probes for clarity.

Although the researcher is a former lecturer and was known to the participants, this did not create any difficulties during the interviews, as participants felt free to talk. The data collection continued until no new data were obtained. The researcher has mental health training; and believed that this would have helped her to deal with participants who could be distressed by the interviews. The data collection was done between March and September 2016.

Data Analysis

The data were analysed using Elo and Kyngäs' (2007) three phases of content analysis, namely preparation, organising, and reporting. During the preparation, the researcher listened to the audio-taped data and then transcribed the data verbatim to ensure maintenance of originality. Data transcribing helped the researcher to familiarise herself with the data and to identify certain similarities or patterns (Erlingsson and Brysiewicz 2013). The researchers read and reread the data transcripts to get a better understanding of what the whole data were about (Elo and Kyngäs 2007; Erlingsson and Brysiewicz 2013). During analysis, the data were first organised into smaller parts called "meaning units" which were then condensed and codes were generated (Clarke and Braun 2013; Erlingsson and Brysiewicz 2013). These codes were then grouped into categories and this constituted the manifest content. The data analysis was carried out by both authors.

Ethical Consideration

The three primary ethical principles for protecting study participants, namely beneficence, respect for human dignity, and justice, were adhered to. To ensure beneficence, the participants were informed that data collection would take about 20 minutes (per interview) and that they would be interviewed twice (owing to member checking) (Polit and Beck 2012). To ensure respect for human dignity, the participants were requested to sign an informed consent form to voluntarily participate in the study after being satisfied with the information on the leaflet. They were also made aware of their right to withdraw from the study at any time without any penalty or effects on their current programme of study (Birchall 2014; Burns 2011; Polit and Beck 2012). Justice was ensured by selecting participants based on the study needs and explaining to them that there were no benefits for participating in the study. During data collection, privacy was maintained by providing a private and secure venue, keeping all data confidential and using pseudonyms during the data collection. Data will therefore not be traced back to an individual participant and were used only for the purpose of the study (Burns and Grove 2016; Creswell 2009; Polit and Beck 2012).

Trustworthiness

Shenton's criteria were used to ensure trustworthiness. These criteria are: credibility, transferability, dependability and confirmability (Shenton 2004). Credibility was ensured by selecting participants who had experienced the phenomena. These participants were informed about their participation rights to ensure that the data were

collected from genuinely willing participants prepared to offer data freely (Shenton 2004). The findings were first reviewed and discussed with the research supervisor to develop the categories, and arrangements were then made to do member checking (Erlingsson and Brysiewicz 2013; Isaacs 2014). Transferability was ensured by providing a thick description of the participants' responses during the data transcription, and direct participant quotes during the data analysis (Elo and Kyngäs 2007).

Dependability was ensured by providing detailed research steps and the research approach. All the steps planned in the proposal were followed during the research process, and the study was conducted under the guidance of an experienced qualitative research supervisor. This is advocated by Cope (2014) when she posits that dependability can be achieved when another researcher concurs with the decision trails at each stage of the research. To achieve confirmability, the researcher used the content analysis approach to obtain a thick description of the students' perceptions of student support services used at the campus. Reflexivity was maintained during the data collection and rich quotes from the participants were provided during the presentation of the findings (Charlés et al. 2014). Accuracy of the gathered data was ensured by the research supervisor, who is experienced in qualitative research (Graneheim and Lundman 2004).

Findings

There were eight fourth-year students who participated in the study, both male and female, and all were 20 years of age. The findings revealed four categories, namely diversity of student support, relevance of feedback, peer mentoring, and applicability of non-academic support.

Diversity of Student Support

The diversity included academic and non-academic support services. Academic support included a one-week orientation at the campus and clinical area, accessible teachers and remediation, availability of library services, a learner-representative council (LRC) and clinical support. The students explained how they benefitted from this support:

> I had no idea who was who and what was where. Orientation gave me confidence because I knew now if I had to be asked where to go and search certain things I was able to … (PJ)

> They also offer extra classes especially towards exams we got extra classes like on Saturdays sometimes Sundays, or we even maybe leave late after 4 [pm] because at school we leave at 4 and so teachers will stay with us may be until 6, 7 or half past. (Lulu)

Although there was a huge diversity of support services, students explained that they had limited access to some services offered by the campus:

We were offered library services, we were actually given time to go to the library, and though there was one librarian, she was able to help. Additional books were available in the library, and we were able to print assignments if we needed to. (Zaa)

There are computers in our institution but you cannot find us free to use it may be like internet, we as students we are paying to use internet on our phones. (Bheki)

Relevance of Feedback

The campus offered different forms of feedback to students which were received within a reasonable time range. Forms of feedback that were highlighted included one-on-one feedback and writing notes on test scripts. The students perceived immediate feedback as relevant to their training and success, as they were able to understand where they had underperformed and how to improve in that particular area. One-on-one discussions between students and teachers allowed students to ask questions and get clarity on any information following that particular evaluation. Writing notes or comments on tests scripts was perceived by most students as less effective in the sense that the reader could misinterpret the written comments, and at times students might be lazy to read these comments and the teacher might not put everything in writing.

After writing test then the teacher will call you on one to one basis, then she will give feedback where you did right or where you didn't make it, and also she will make a follow up where you didn't do well to ensure that you catch up … (John)

Feedback for formative and summative you get it before end of block but for the comprehensive and practical exam you get it immediately. (Bheki)

Peer Mentoring

The peer mentoring programme enabled students to access information, to have unlimited support and to feel empowered by the process. As mentees, students could access from their mentors any kind of information valuable to them at any time; therefore they experienced unlimited support, both with academic matters and in the clinical setting.

In the nurses' home she [mentor] would come every once in a while random check-ups or I would go to her, she said if I had any problems I am also welcomed. (PJ)

I was once mentored, as a support for other people when I didn't know anything I could access help, and I am able to give same help to juniors who recently came to the programme. (Amanda)

With experience and information you get from them, you are empowered to want to learn and do more so that when your turn comes to be a mentor you will try to do more than your mentor. (Lulu)

Applicability of Non-academic Support

Students felt an overwhelming workload, both in college and in the wards. In the wards they could sometimes be exposed to traumatic experiences owing to the nature of the work in the nursing profession. Students explained how sports and psychological support through the school councillor helped to reduce their stress:

> With sports, since our profession is difficult and challenging, so you see a lot of things that are traumatising sometimes, with sports to relieve pressure of all of this plus the books … you enjoy yourself and you forget about stress for a moment. (Lulu)

> There is a lecturer who deals with personal matters, maybe when you can't cope in class or you have family crisis, there is lecturer who is consulted. (Londiwe)

All students were Department of Health bursary holders receiving grants in the form of a stipend, and the availability of financial support was regarded as the most important form of support.

> Most of us here we don't have money to go to varsity … our parents are unable to finance us … so it helps to ease the pressure of just financial stress that comes with not having money, because you are able to buy your own books; you are able to help out your family as well, and you are able to support yourself and be independent. (Sli)

> We use stipend[s] to buy books [and] sometimes when we want to travel to [an] outside institution maybe you find that hospital or college transport is not available, so it assist[s] us with bus fares. (John)

Discussion

The main findings are discussed as follows: diversity of students' support, relevance of feedback, peer mentoring, and applicability of non-academic support.

The students spoke about the existence of a wide diversity of support services, which included students' orientation on admission both in the campus and in the clinical area, relevance of feedback, peer mentoring, and applicability of non-academic support. The orientation made their learning process easier. In line with this, study findings by Fontaine (2014) revealed that a two-day comprehensive orientation for nursing students in the US was found to have set the tone for students' behaviour, and acquainted them with programme demands, the campus and resources available (Fontaine 2014). The study of Edmonds (2013) titled "I want to be a nurse" revealed that an introduction to nursing pre-course orientation helped reduce attrition rates among nursing students at first-year level. In the current study the teachers were accessible at all times and provided extra classes and remedial teaching, especially during examination times. All this helped students to go through the course with ease knowing that they had the full support from their teachers and this improved their academic success.

Congruent with these findings, study findings by Heydari, Yaghoubinia, and Roudsari (2013) indicated that a supportive relationship between student and teacher could form the basis for students' health promotion and maintain students' interest in the profession. The study by Chanock et al. (2012) revealed that extra tutorials for students who were struggling to engage with their first year semester's work, resulted in rising the marks to As and Bs and decreasing fails despite lower entry scores. Although there were library services at the campus, the students had limitations in terms of access to the Internet and they spent less time on computers. The LRC bridged the gap between lecturers and students and, through the leaders of this forum, students' academic and social matters were freely discussed. During students' clinical placement, professional staff played a major role in guiding them with clinical skills and expectations. In line with this, study findings by McSweeney (2014) revealed that staff behaviour, in engaging with students in the clinical area, was reported to be supportive, making students feel positive about themselves, which increased their motivation to learn.

Different forms of feedback received by students included one-on-one discussions between students and teachers, and teachers writing notes on scripts. Most students preferred a one-on-one discussion that enabled them to ask questions and get clarity from their teachers. The students indicated that it was not always possible to read written feedback as they could be lazy or they could misinterpret what was written. According to Blair et al. (2014), writing comments on test scripts is a one-way transmission model of feedback providing a full stop to the feedback process and therefore preventing further discussion. Immediate feedback was perceived by students as relevant to their training and success, as they could immediately link their performance to the remarks, and therefore improve on that particular area. Study findings by Rush et al. (2014) showed that immediate feedback had a positive impact on students' learning and confidence, and was felt to be an assessment form that should be used continuously.

Through mentoring, students received unlimited support and information from their mentors, and also felt empowered by the process. According to Deaton and Deaton (2012), the role of the mentor is, among others, to be a support system, to be a colleague and to provide scaffolding for effective mentoring to take place. Most students perceived the relationship between the mentor and mentee as that of a friend, mainly because they were of the same age group and residing together. This relationship enabled them to relate better and have better understanding with people of the same age in case they needed any academic or clinical help, and this made the learning process better and more efficient. This was supported by a study done by Salleh and Tan (2013), which showed that the mentoring process guided and supported practitioners to ease them through difficult transitions, thereby building self-confidence and self-esteem.

The students were engaged in sports activities inside and outside campus, and in this way they were able to reduce stress associated with having a lot of studying to do, and traumatising experiences in the clinical setting. This is in line with the study findings by Barney, Bernham and Haslem (2014), indicating that physical participation helped

students to reduce stress. Students said that after engaging in physical activities they forgot about stressors in their lives and felt they could accomplish their school responsibilities (Barney, Bernham, and Haslem 2014). Through sports, students were able to engage and socialise with their peers, thereby creating strong and long-lasting relationships, which were useful in relation to their future studies.

The school counsellor played an important role in supporting individual students with personal as well as academic problems. Most students found this service to have contributed to the success of their education, as it enabled them to cope and manage any stressful situation. In line with this, the study by Heise and Gilpin (2016) revealed that psychological support is more important for nursing students as the nature of nursing is stressful owing to hard work and short-staffing. The monthly stipend from the Department of Health assisted students with book purchasing, taking care of personal needs and sometimes even helping them to assist their families. This afforded them an opportunity to stay in the course knowing that they had less financial uncertainty. The above findings indicated that even with fully paid tuition fees there was a need for extra money to cater for students' additional prerequisites for their training. This is supported by the study findings by Crockford, Hordósy and Simms (2015), revealing that many students who were on study loans at Sheffield University in England were doing part-time work to be able to buy food, since their families could not support them financially. In South Africa, McMillan and Barrie (2012) state that although students get financial support from the National Student Financial Aid Scheme (NSFAS) and bursaries, almost three-quarters of students from disadvantaged communities would go without food for days, and could not afford access to the prerequisite learning materials like textbooks and readers. This is because the financial support in the institution is sometimes limited to tuition fees only.

Conclusion

Roberts and Dunworth (2012) state that providing a wide range of services will not automatically improve the learning experience unless they are provided in a way that ensures their effective utilisation. The institutions of higher education should be customer [student] oriented, meaning that they should act on customers' expectations, needs and wants; they should continuously identify their customers' expectations, needs and wants to improve the service (Koris et al. 2015). Student support refers to all services that facilitate student learning, and providing holistic student support will mean including both academic and non-academic support (Morgan 2013). The findings of this study indicated that student support services are vital for students' success in every HE institution, and both academic and non-academic support services are equally important. This study has shown that students appreciated the availability of support services and the participants highlighted how they benefited from the different support services offered, although they still felt that some of the services did not meet their expectations. Therefore, it is envisaged that the findings of this study may help the research site

identify gaps and improve in all the support services they are providing. This will in turn provide a platform for shaping support services offered by the KZNCN as a whole.

Recommendations

The researcher recommends that a broader study sampling at more than one of the KZNCN campuses be undertaken. Student support services should be standardised and made known and available to students in the form of a booklet or online information in the research site. Another recommendation is the improvement of library services in the form of better access and equity related to information technology and Internet usage, extension of library hours, and also the hiring of an assistant librarian. Lastly, it is recommended that a formalised peer-mentoring policy be developed that involved the clinical department as well.

Limitations

The study was done at one campus only; students from other campuses might have different experiences of student support services. The researcher was known to the participants.

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