

**Students' perceptions of student support services at a  
selected nursing campus in the EThekweni District**

**Submitted in partial fulfilment of the degree of Masters in  
Nursing Education at the School of Nursing and Public  
Health, University of KwaZulu-Natal**

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## Declaration

I, Nokuthula Nkosingiphile Tholumusa Ndlela, declare that:

1. The work described in this dissertation has not been submitted to UKZN or another tertiary institution for purposes of obtaining an academic qualification, whether by myself or any other party.
2. All the sources of information used and quoted have been acknowledged by a complete reference.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Dedication**

This study is dedicated firstly to my late dad, Mr T, and my mother, Malita. Dad, you taught me to be the woman I am today, never to quit, but to keep pressing on, to keep shining all the time and mostly to give my all to anything that I have to do in life, and Mom, you gave me the spirit of endurance. For that reason I will forever hold you dearly in my heart.

Secondly I dedicate this study to my participants: without you this study would not exist. I therefore thank you for your time and patience.

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I thank my family for your support, patience and encouragement during the study process.

My sincere appreciation goes to my supervisor, Prof. Petra Brysiewicz, who guided my steps with words of encouragement along the way. Without your support, Prof., I would not have made it.

Alex, you took me from novice to expert when it comes to computer skills, from writing to “cleaning” of the document. You are my hero.

Sbo, my friend, thank you for your full support with material and non-material things. May God richly bless you.

Last, but not least, I thank my colleagues at PMC for your support and encouragement and for asking me the simple question, “How is your study going?” Reassuring me you said, “Don’t worry you will make it!” These words kept me going.

## **Abstract**

### **Introduction**

The students are the heart of any Higher Education Institution (HEI) and many students come into Higher Education Institutions (HEIs) underprepared for the activities and challenges of tertiary institutions. As a result, they may underperform and sometimes exit the institution without completing the course.

### **Purpose**

The purpose of the study was to describe students' perceptions of student support services at a selected nursing campus in the EThekweni District.

### **Research approach**

A qualitative content analysis approach guided the research and the study was conducted at one nursing campus in the EThekweni District. Non-probability purposive sampling was used to recruit fourth-year nursing students undertaking the R425 programme, who were individually interviewed. The inclusion criteria were that participants should be R425 fourth-year nursing students, had to have made use of the support services offered on the campus (e.g. orientation programme, mentoring programme, academic support and financial support) and had to participate in the study voluntarily. No new data was uncovered after interviewing eight (8) participants.

### **Findings**

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. From these categories a further eleven sub-categories emerged as follows: students' orientation: accessible teachers and remediation: library services: availability of LRC: clinical support: information, unlimited support and student empowerment: lack of guidance: unkind mentors: sports and stress reduction: psychological support and stress reduction: and importance of financial support.

### **Recommendations**

The study recommends further research into student support services in all KZN CN campuses and sub-campus, and the development of a mentoring policy at the research site.

## List of abbreviations

|        |  |
|--------|--|
| DoE:   | Department of Education                        |
| DoH:   | Department of Health                           |
| EDP:   | Extended Degree Programme                      |
| EDS:   | Ethnically Diverse Students                    |
| FET:   | Further Education and Training                 |
| HE:    | Higher Education                               |
| HEI:   | Higher Education Institution                   |
| HEMIS: | Higher Education Management Information System |
| HRM:   | Human Resource Management                      |
| KZNCN: | KwaZulu-Natal College of Nursing               |
| LRC:   | Learner Representative Council                 |
| NEA:   | Nurse Education Association                    |
| NPHE:  | National Plan for Higher Education             |
| NSFAS: | National Student Financial Aid Scheme          |
| OSCE:  | Objective Structured Clinical Evaluation       |
| SANC:  | South African Nursing Council                  |
| SI:    | Supplementary Instruction                      |
| TEFSA: | Tertiary Fund for South Africa                 |
| TSA:   | Technikon South Africa                         |

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# CHAPTER 1 INTRODUCTION

## 1.1 Background to the study

Students are the heart of any Higher Education Institution (HEI) and therefore their support, including academic support, is one essential function of any HEI (Junio-Sabio, 2012). Brailsford (2011) stated that HEIs should invest in student support services and believed that this kind of investment would increase the HEI's teaching effectiveness. Investing in support services in higher education is based on the assumption that most first-year students are not fully prepared for tertiary education (McGhie, 2012; Brailsford, 2011; Ntakana, 2011). Cech, Metz, Babcock and Smith (2011) reported that several institutions of higher education have developed student support services for the purpose of mitigating through the barriers to educational success. Academic support is a group of activities used to enhance student academic performance (Torregosa & Morin, 2012; Sajienė & Tamulienė, 2012). Academic support services help students in many ways, like acquiring excellence through transition, excellence through self-knowledge, and excellence through resources, among other things (Junio-Sabio, 2012).

Several studies conducted on student support services found that these services ensure student retention and success, specifically during the freshman year / first year, as high dropout rates occur during the first semester (van Zyl, Gravett, & de Bruin, 2012; Carolana & Kruger, 2011; Bewick, Koutsopoulou, Miles, Slaad, & Barkham, 2010). 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.

At Texas, International University and the University of Wisconsin-Milwaukee, both in the USA, when peer mentoring was implemented to enhance academic success of ethnically diverse students, retention and graduation rates were increased (Anonson, Desjarlais, Nixon, Whiteman, & Bird, 2008). A study of Peters (2010) on the impact of remediation, conducted at Ivy Tech Community college in Indiana indicated that

remedial students performed as well as those who did not require remediation in college-level courses (Peters, 2010). The literature further indicates that students acquire more knowledge and skills and can be retained in tertiary institutions if they are more involved in activities outside the classroom (Barney, Bernham, & Haslem, 2014; Kirkham & Ringelstein, 2008). This suggests that support services enable students to continue in the programme (Sajiené & Tamulienė, 2012; Cameron, Roxburgh, Taylor, & Lauder, 2010). Therefore, a lack of student support has a negative impact on students' progress and can lead to premature exit from the programmes (Sajiené & Tamulienė, 2012; Carolana & Kruger, 2011; Noone, 2008).

According to Ntakana (2011), at the Walter Sisulu University in the Eastern Cape, academic support is reported to increase students' success through a wide range of student support services offered to assist students to attain their full potential. These services include academic, emotional, social, cultural, physical, and health and wellness support (Ntakana, 2011). According to van Zyl and Blaauw (2012), at the University of Johannesburg, an extended orientation programme is offered to first-year students, and consistently high academic performance has been recorded for students who participate in the programme, as compared to those who do not (van Zyl & Blaauw, 2012). Counselling services are also found to be an important aspect of student support, as tertiary institutions, cannot function properly without the support capacity provided by counselling and development centres (Ntakana, 2011). For this reason, the University of the Western Cape (UWC) started providing online counselling services when face-to-face counselling services were found to be insufficient to cope with campus and students' needs (Schreiber & Aartun, 2011).

It is important to acknowledge that, although South Africa faces challenges in HE as in any other country, the South African higher education (HE) system regards the transition from high school to HE as a critical time that a student must successfully negotiate in order to succeed in HE (van Zyl & Blaauw, 2012). In South Africa, higher education has, in many respects, accomplished remarkable achievements since 1994, one of these is a significant increase in access to HEI for black students, though there is still a significant difference in participation rates for black and white (Council on Higher Education, 2016), but a range of serious problems related to academic support continue to affect the system, with a high attrition rate being one of them (Wolhuter, 2011). Reasons for high dropout rates include: lack of finance, poor

academic preparation and lack of career guidance (van Zyl & Blaauw, 2012). This has led to the South African Department of Education (DoE) implementing a number of measures aimed at encouraging HEIs to improve student success, of which monetary intervention in the form of the National Student Financial Aid Scheme (NSFAS) is one (van Zyl & Blaauw, 2012). This government intervention is vital for the majority of poor black working-class students who are unable to afford tuition fees, which negatively impacts on graduation rates (Bozalek & Boughey, 2012).

Although higher education institutions are promoting academic support programmes, several studies point out a number of institution- or student-related factors that hinder adequate student support, such as lack of knowledge of the existing support services, stigmatisation and services offered after hours and therefore some students unable to attend as their safety is not guaranteed at night (Roberts & Dunworth, 2012; Ntakana, 2011). Due to the importance of student support in higher education and the paucity of research within nursing colleges in South Africa, the current study investigated the perceptions of students regarding the use of student support services in the R425 programme at a selected nursing campus in the EThekweni District.

## **1.2 Problem statement**

Despite many measures that have been implemented in HEI to enhance academic support, students worldwide still experience difficulties adjusting to college or university, leading to poor academic achievement (Torenbeek, Jansen, & Hofman, 2011). According to White (2014), 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. In addition, first-year students from low socio-economic backgrounds tend to be less equipped for HE, and therefore more likely to drop out (Klinger & Murray, 2012; McGhie, 2012). 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.

In South Africa, the national plan for HE indicates high dropout rates in HE institutions with a 30 per cent drop-out rate in first year, 20 per cent in second year and 22 per cent in third year (Letseka & Maile, 2008). Some authors suggested that

there is a link between poverty, dropout rates and graduation rates in HE, as approximately 60 per cent of students who drop out of college or university are from poor families (Letseka & Maile, 2008). Due 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).

According to 2012 Department of Higher Education and Training statistics compiled by the Department of Education (2014), South Africa has a graduation rate of 15 per cent, which is one of the lowest in the world. The Higher Education Management Information System (HEMIS) also indicated that students remain registered well beyond the normal time required to complete their courses, between 2006 and 2013 the average annual growth rate for first-time students entering higher education was 1.7% compared to average annual growth rate of 4.7 % of students who have been previously in the institution (Cloete, 2016).

Other challenges in HE include the language barrier, pregnancy, and HIV & AIDS. The English language is a problem in colleges and universities, not only in South Africa. A study conducted by Prymachuk, Easton, and Littlewood (2009) investigating factors associated with attrition in nursing education in the UK revealed that having English as a second language contributed to academic difficulties and student attrition. In South Africa, the complex linguistic setting creates a challenge for higher education institutions (Hurst, 2015). Although the post-1994 period has opened doors for historically disadvantaged groups, black students in particular, to gain admission to historically white universities where English is used as a medium of instruction, the English language remains a major problem for this group of students as they studied English as a First Additional Language for matric (Hurst, 2015; Sebolai, 2013).

English language proficiency plays a central role in enabling students to engage with their courses and be successful (Hurst, 2015). A study by Wyk (2014), at the University of the Free State, in SA revealed that approximately 65 per cent of students with English as a second language struggle to understand academic content in English. Most South African HEIs have responded to this challenge by

introducing academic literacy (AL) programmes to empower these students with the necessary reading, writing and thinking skills (Wyk, 2014; Sebolai, 2013).

The literature further indicates that pregnancy could lead to poor student success if there are no relevant support services in place. While the number of pregnant and parenting students in higher education increases, there are few resources available for these students, and the tertiary institutions that do provide services do not adequately promulgate them to the campus community, therefore these students experience added pressure and stress while pursuing their studies (Brown & Nichols, 2013). According to Bayod (2015), at the Cor Jesu College in the Philippines, students who were either pregnant or were already mothers encountered many difficulties in their studies, ranging from time-balancing, academic demands, financial demands and emotional difficulties. As a result of these experiences, the college developed a policy for the support of pregnant students which allowed them to continue with their studies. A guidance and counselling centre was established for pregnant and “mommy” students, and the former were expected to have monthly medical checkups and attend monthly counselling sessions for their psycho-emotional health (Bayod, 2015).

According to the periodical report compiled by Wiley (2013), a similar approach is indicated by a letter from the office for civil rights at the department of education at San Francisco, urging support for students who are pregnant or are parents, explaining that pregnant students should receive the same special services that any other students with temporary medical conditions received. It also said that students' absence should be excused for as long as the doctor deemed it necessary (Wiley, 2013).

According to Barnes (2013), in 2007, at the University of the Western Cape, South Africa, it was reported that about two students gave birth in residences in the previous three years, without the residence staff's knowledge about the pregnancies. This happened because the institution did not have medical facilities to deal with such eventualities, and the campus health clinic was not designed to cater for such situations (Barnes, 2013). Since then the university has implemented a policy regarding pregnant students. This policy states that pregnant students have to vacate their rooms in the residence halls. This has led to pregnant students

commuting to and from the institution. Due to financial difficulties, some students would miss some lectures up until they delivered and could be accommodated back in the residence (Barnes, 2013).

HIV & AIDS literature revealed that education programmes can result in significant changes in knowledge and attitudes related to HIV & AIDS, which is found to be prevalent among students (Verhoef, 2016). The people in charge of running these programmes must be trained to be able to impart knowledge effectively (Sarma & Oliveras, 2013). The HIV & AIDS epidemic is found to be creating challenges for HE in many developing countries, and, especially in the Sub-Saharan African region, this is likely to result in a sharp decline in the graduating rates and skilled personnel entering the labour market (Simmons, Mbarika, Mbarika, Thomas, Tsuma, Wade et al., 2011). A study by Mkumbo (2013) revealed that, although students in higher education demonstrate a comprehensive knowledge of HIV & AIDS, they still do not practise safe sex. This study therefore recommended that an HIV & AIDS package be designed to target young people in HEIs. According to Mkhize (2004), an HIV counselling and testing site was launched at the University of Zululand, South Africa, in 2004, with the support of the Department of Health. According to Mbatha (2014), at some HEIs in South Africa, (although HIV & AIDS programmes exist) students still face daily challenges. These include the fear of accessing condoms in front of the staff at the clinic, not enough condoms being provided for the entire student community, fear of being stigmatised if known to be on ARVs and ARVs not being provided at the campus clinic. This led to students not adhering to the general safety rules and therefore becoming infected with HIV/AIDS and/or spreading the infection (Mbatha, 2014).

Despite all the knowledge of the importance and challenges accompanying the provision of student support services, it is not unusual to find some of the HEIs facing problems with either the implementation or sustaining of student support services. This is evident in a DoE report (Department of Higher Education and Training, 2014), compiled in 2006 on Further Education and Training (FET) regarding student support services, which revealed that there is no common conceptualisation on how to implement student support services across the board, and that each individual institution develops its own policies and procedures. There

is no budget allocated for this support and many institutions do not have a full-time staff member responsible for student support (Department of Higher Education and Training, 2014).

In nursing education, during the South African Nursing Council (SANC) tours to different nursing campuses in KwaZulu-Natal in 2012, SANC delegates identified a gap in the use of student support services at college level, KwaZulu-Natal College of Nursing (KZNCN), and recommended that the individual nursing campuses put in place student support services to enhance their academic success. As the regulator of nurses and midwives in South Africa, the mission of the SANC is, among others, to set and maintain standards of education, training and practice, to provide mandatory guidance and additional advice to people, and to develop education programmes, as stated in Nursing (South African Nursing Council, 2005). At the KZNCN, except for student orientation on admission, there has been no uniformity in the types of services offered, but, with guidance from the KZNCN learner information guide and rules, the individual campuses and sub-campus formulate their own internal campus policies, and offer different support services at different levels. However, this approach may not be the best way to maintain standards and promote students' academic success across the KZNCN (KwaZulu-Natal College of Nursing, 2015). Furthermore, no studies have been conducted at this college to ascertain what students want, yet this information would be vital for use by the college staff in promoting and supporting students' academic success.

### **1.3 Purpose of the study**

The purpose of this study was to describe the perceptions of students regarding the use of student support services in the R425 programme at a selected nursing campus in the EThekweni District.

### **1.4 Research objectives**

The objectives of this study were to:

- 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.

### **1.5. Research questions**

The research questions of this study were:

- What institutional engagement services (support services) are offered at this campus?
- Would you regard institutional engagement services (support services) as useful?
- What are your feelings about student engagement services (support services)?
- What are the challenges to students' access to the support services provided?

### **1.6 Significance of the study**

Polit and Beck (2012) state that there is general agreement that research findings provide strong evidence for informing nurses' decisions and actions, therefore the findings of this study may provide valuable information about student support services to both students and academic staff. It may identify gaps in the current practice and highlight possible changes to be initiated. Findings from this study could form the basis for articulating and enhancing the existing student support services at the research site.

As nursing education in South Africa is in the process of being transformed into higher education, it is imperative for nursing education institutions to be brought in line with the proceedings and guidelines for HE. This means that public nursing colleges must start working toward gaining the status of institutions of higher education (South African Nursing Council, 2005) and support services are an essential part of any HEI.

The findings of the current study might increase the body of knowledge, especially at the research site campus and contribute to further studies of this nature.

## **1.7 Operational definitions**

### **1.7.1 Students**

In the current study, students were fourth-year students enrolled in a comprehensive four-year diploma qualification in General, Psychiatric and Community Health Nursing and Midwifery, in accordance with SANC Regulation No. R425 of 22 February 1985, as Amended.

### **1.7.2 Nursing campus**

In the current study, nursing campus refers to the KZN CN campus in the EThekweni District.

### **1.7.3 Student support services**

This refers to the system of services provided by a higher education institution, which fulfils the students' emotional, academic and social needs and is a precondition for increasing students' individual welfare and academic success (Sajiené and Tamuliené, 2012).

### **1.7.4 Perception**

Perception is defined as an attitude or understanding based on what is observed or thought (Encarta Dictionary, 2004) .

## **1.8 Conceptual framework**

Tinto's Model of Institutional Departure was adopted as a conceptual basis for this study (Tinto, 2005). This model was chosen because of its clear description of how factors from outside and inside the school environment can contribute to either the success or failure of an individual in an HEI. Tinto's model identifies three key areas necessary for students' success, namely: students' entry characteristics, institutional engagement, and student engagement, which, together, determine the students' outcomes. The model guided the development of objectives, literature search, methodology and discussion of the study findings. Please refer to Figure 1.1.

# CONCEPTUAL FRAMEWORK

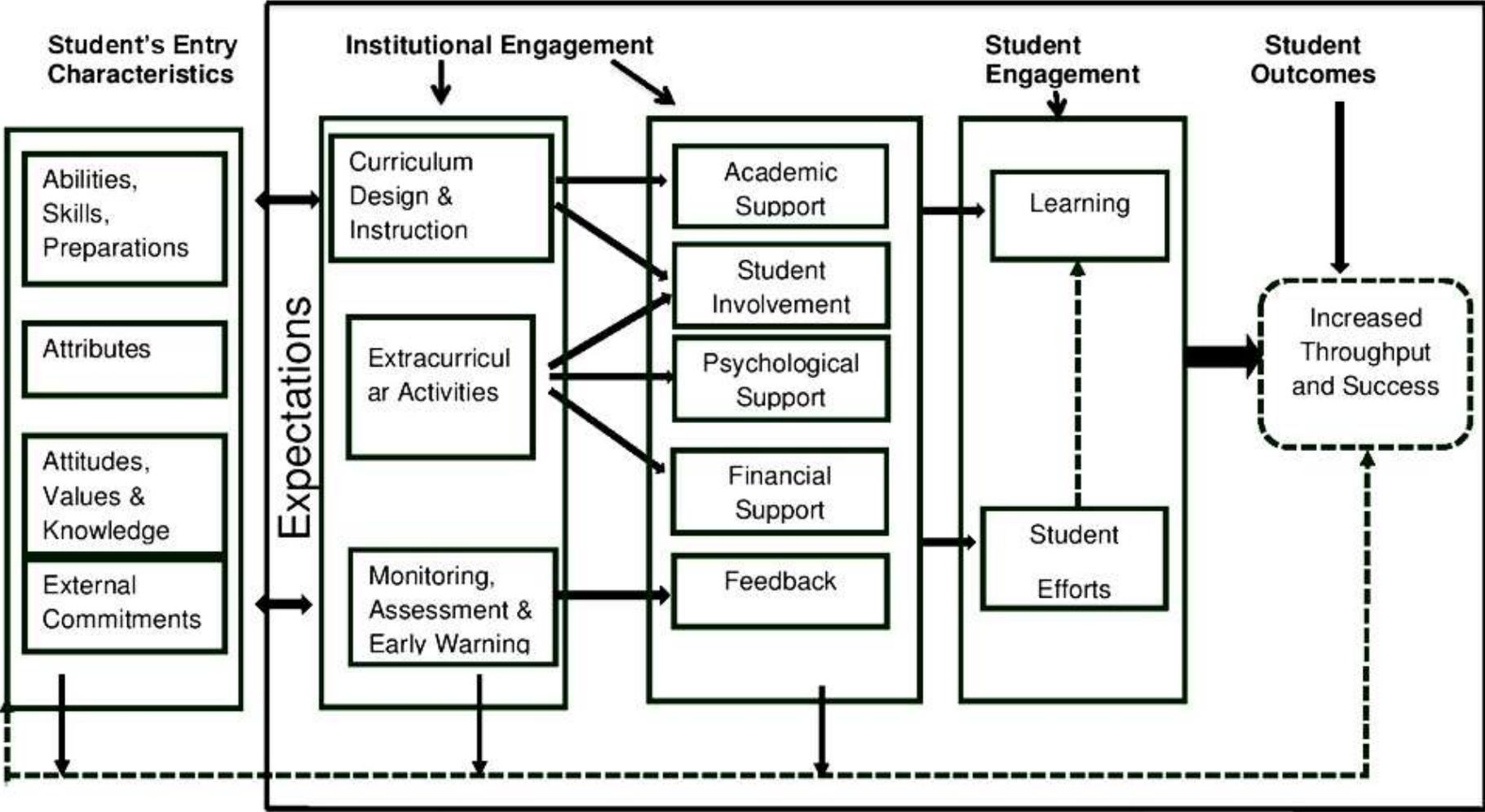


Figure 1.1: A student throughput model (Tinto, 2005)

### **1.8.1 Students' entry characteristics**

Students come to HEIs with diverse abilities, skills and tertiary preparedness; diverse attributes such as age, gender, race and religion; diverse attitudes, values and knowledge. These students also have different external commitments from their families and communities; therefore, it is important to know the individuals' pre-entry attributes to be able to assist them according to their needs (Tinto & Pusser, 2006; Tinto, 2005). In the current study, students came from multicultural settings and included teenagers and adults, males and females, mostly from disadvantaged communities while a small percentage of students had a nursing background. Some adult students were married with children and some were active community and/or church members.

### **1.8.2 Expectations**

The students' background characteristics and attributes contribute to individual educational expectations and commitments in HE. Students come to HEIs with high expectations of the institution and the institution has certain expectations of them. The institutional expectations therefore influence student success because expectations shape how individuals respond to each other and to the multiple demands upon their time and energies (Tinto & Pusser, 2006; Tinto, 2005). During student orientation at the research site, students are informed of all the campus expectations and how their training will ensue over the four years. For the Faculty this is designed to ease the pressure on students as they are given guidance and knowledge concerning their training.

### **1.8.3 Institutional engagement**

Institutional commitment is a condition for student success. It is more than just words and mission statements, but the willingness of the institution to finance resources and provide the incentives needed to enhance student success (Tinto & Pusser, 2006; Tinto, 2005). According to Tintos' model, institutional engagement/commitment means being engaged in effective curriculum design and provision of updated modes of instruction; provision of extracurricular activities; and student monitoring, assessment and observation of early warning signs. This model further stipulates that academic support, student involvement, psychological support and provision of feedback

promote students' engagement, and in this way, students put more effort into their learning resulting in increased throughput and success (Tinto & Pusser, 2006; Tinto, 2005).

### **1.8.3.1 Curriculum design and instruction**

HEIs should provide educational environments that promote student success by designing a curriculum that will engage students. This curriculum involves innovative teaching strategies, e.g. cooperative or collaborative learning and problem-based learning. Lastly, students can also be encouraged to form learning communities (study teams) (Tinto & Pusser, 2006; Tinto, 2005). In the current study, teachers encouraged students to do group work and to form study groups.

#### **1.8.3.1.1 Academic support**

Unpacking Tinto's model, Torenbeek et al. (2011) argue that students tend to remain in college when they have clear goals and perceive that their institution is a suitable vehicle to achieve these goals. The continuity of their efforts is determined by integration with their academic programme and the amount of support provided by the college. Academic support increases the students' ability to learn, thereby improving their success. This is important to the success of students who enter HEIs underprepared, especially those from low-income backgrounds.

In the current study the following academic support was offered to students. On admission they were oriented to both the campus and the clinical area and teachers were accessible at all times, providing extra classes and remedial work. Library services were available for their use; they had a learner representative council where they could discuss their concerns; they received immediate feedback following theoretical and clinical assessments. Support was provided by professionals in the clinical area, as well as by teachers and clinical facilitators, and a student mentoring programme was launched in 2010.

#### **1.8.3.1.2 Student involvement**

Tinto and Pusser (2006) and Tinto (2005) state that students should be involved in both curricular and extracurricular activities, as the more they are engaged, the greater the likelihood of persistence at college. Equally important is the fact that

students who are more engaged show greater learning gains. Student engagement happens when students put effort into the opportunities that are offered, take part in understanding what they learn and incorporate it into their lives, rather than earning marks for success (Theron & Bitzer, 2016). The current study found that students were encouraged to form study groups, and were given individual or group work to prepare for class presentations and discussions. Each class had the chance to mentor junior students from the inception of the mentoring programme.

#### **1.8.4 Extracurricular activities**

In the current study, extracurricular activities included student involvement, student psychological support, and financial support.

##### ***1.8.4.1 Student involvement***

As an extracurricular activity, students had sports activities inside and outside the campus setting. Through sports activities, students were able to relax and forget about stressful situations especially in the clinical area, and in this way, they could concentrate better on their studies and their performance was improved. This is in line with a study by Barney et al. (2014), showing that after engaging in physical action, students forgot about stressors in their lives and felt like they could accomplish their school responsibilities better. At this campus, students were able to form long-lasting relationships with peers that they met through sports, whereby they could share the challenges of their learning and maybe get help from them. In this way, their stress was relieved knowing that they had someone to talk to or as a point of reference. Sopa (2014), states that through basketball games, the students' affective relationships were observed and the groups were able to work collectively in decision-making.

##### ***1.8.4.2 Psychological support***

Psychological support in the form of student counselling and mentoring contributes to students' success in HEIs. This kind of support is imperative, as students coming to HEIs are from diverse cultural backgrounds. These programmes are important, especially to underrepresented students, e.g. on predominantly white campuses. In a formal way, support is provided through mentoring programmes that attach student peers and faculty to new students. Programmes like this can help guide new students

through first year and beyond, while providing important role models for student success (Tinto & Pusser, 2006; Tinto, 2005). In the current study, the mentoring programme eased the pressure and fear of the unknown on new students as they had the privilege of unlimited support from their mentors. Students also received psychological support in the form of individual counselling through the campus student counsellor. Counselling services were both academic and personal, according to students' needs. They could either voluntarily visit the counsellor or be referred by campus teachers.

#### **1.8.4.3 Financial support**

Tinto and Pusser (2006) and Tinto (2005) argue that financial aid is important for student success, especially for students from low-income backgrounds. Some HEIs employ work-study programmes as part of their institutional student success initiatives. Lack of financial support can lead to students dropping out of the course, thereby lowering throughput rates. In the current study, students were bursary holders of the Department of Health and received a monthly stipend. All students qualified for the stipend once admitted to the campus, but continuous eligibility was determined by students' performance in each semester, i.e. if the student failed a demoting subject, the stipend would be withheld until that subject or module was passed and the student was promoted to the next level.

#### **1.8.5 Monitoring, assessment and early-warning system**

According to Tinto, student monitoring, assessment and early warning will lead to early identification of students' needs so that appropriate steps can be taken to assist individual students (Tinto & Pusser, 2006; Tinto, 2005). Common assessments in HE are entry assessments to screen for appropriate placement of students in coursework, first semester assessments to identify early warning signs and classroom assessments. These assessments have a direct impact upon student success. Many institutions employ early classroom assessments to trigger early identification of problems and appropriate intervention efforts (Tinto & Pusser, 2006; Tinto, 2005). In the current study, pre- course interviews were carried out to select college-ready students and only those who passed the interviews would be accepted. Once accepted, the class teacher / "group mother" and the subject teachers were responsible for monitoring students throughout the course and they worked hand-in-

hand to promote students' success. Student assessments were formative and summative, both in theory and clinical. During formative assessments, weak/underperforming students were identified and subsequently assisted with preparation for summative assessments. Students were given feedback after each assessment or evaluation.

#### **1.8.5.1 Feedback**

According to Tinto and Pusser (2006) and Tinto (2005), a carefully constructed assessment programme entailing feedback on students' programme and performance is critical to institutional success. Feedback can be provided on different assessment techniques used inside and outside the classroom, e.g. feedback on how the student benefits from the use of that particular form of assessment. The faculty can get feedback on what is and what is not learnt in the classroom. Depending on the form of feedback received, there could be improvement in the teaching strategies, thus increasing students' success. In the current study, forms of feedback used were one-on-one discussion between teacher and student, writing notes on scripts, and pinning up the final examination results on the notice board. Students mentioned that feedback was always immediate, except for final assessments. This motivated them to perform even better.

#### **1.8.6 Student engagement**

According to Tinto and Pusser (2006) and Tinto (2005), the more the students are engaged in the discussions and planning of the activities of their studies, the more effort they will put into their work, resulting in increased throughput and success. In the current study, through discussions in the SRC, students are able to communicate their suggestions and concerns to the campus management and KZNCN. All this contributes to consensus and happy students who will in turn pay more attention to their studies, thereby increasing their success.

### **1.9 Conclusion**

According to Tinto and Pusser (2006) and Tinto (2005), the students have to successfully commit to and integrate into the academic and social spheres of the tertiary institution to be able to persist and be successful in their studies. Tinto's model further stipulates that factors outside and inside the school environment can contribute

to students' success or failure at HEIs. Therefore, it is the duty of every HEI to be fully engaged with its students from the time of admission by identifying their pre-entry characteristics, providing them with both academic and non-academic support, close monitoring throughout the course, and immediate and effective feedback. All these actions will increase the students' efforts to learn, and therefore students' throughput and success will be increased (Tinto & Pusser, 2006; Tinto, 2005). For the purpose of this study, institutional engagement was discussed since the researcher was interested in describing the students' perceptions of the support services offered at the campus.

## CHAPTER 2 LITERATURE REVIEW

### 2.1 Introduction

A literature review is an organised written presentation of what has been published on a topic by scholars, and includes a presentation of research conducted in the selected field of study (Burns & Grove, 2016; Fink, 2013; Creswell, 2009; Petticrew & Roberts, 2008) The literature review for this study was carried out on student support services and the researcher was guided by the conceptual framework during the literature search.

The following databases were used: EBSCOHost; Academic Search Complete, Education Source, ERIC, Health Sources, Library, Pubmed and MEDLINE (Medical Literature Online), PsycINFO, Humanities, CINAHL (Cumulative Index to Nursing and Allied Health Literature).

**Literature search terms:** The following literature search terms were used: *support services in Higher Education, categories of support services, student support, student support services, orientation, peer mentoring, academic support, financial support, personal support, educational support, and nurse support.*

### 2.2 Historical background of student support services

According to Jasen (2011), in 1965, the government of the USA started preparing high school students for tertiary education, supported by the 1964 Economic Opportunity Act. In 1968, two additional programmes (Student Support Services and Talent Search) were funded to assist with educating and preparing those who were interested in receiving a postsecondary education certificate or degree. In 1999, the three programmes became known as TRIO Programmes, and continue to be referred to as TRIO, although there has been the addition of other programmes. To date, these programmes include Talent Search, Student Support Services, Educational Opportunity Centres, McNair Post Baccalaureate and Staff Training (Jasen, 2011).

Student mental health services were also created at many American universities during the interwar years, in association with the mental hygiene movement of that era. This was influenced by American trends and the rising public concern over the problems students were experiencing on Canada's expanding campuses, students'

distress was revealed at conferences, seminars and surveys conducted. For this reason student organisations, in co-operation with the Canadian Mental Health Association, began a concerted campaign for improved services in the early 1960s (Jasen, 2011).

### **2.2.1 Student support services on campus**

According to Kwa-Zulu Natal College of Nursing (2015), the Kwan-Zulu Natal College of Nursing (KZNCN) was established in 2005 by merging three separate nursing colleges into one to promote a single standard across the province and address inequity. The KZNCN, in association with the University of KwaZulu-Natal and the University of Zululand, is the administrator of 11 campuses and 14 sub-campuses in KZN province. Therefore, they formulate all college policies and decentralise them to the campuses and sub-campuses in respect of the programmes offered. Each campus and sub-campus offers different programmes. The research site offers the R425 programme, a one-year diploma in midwifery (R254), a one-year diploma in primary health care nursing science (R48) and a two-year bridging programme (R683). For the R425 programme (offered at 10 campuses) there is a learner information guide and rules with an overview of what the students should expect throughout the course at different levels, plus subject guides Kwa-Zulu Natal College of Nursing (2015).

There has, however, been no uniformity in terms of student support services at all the different campuses and sub-campuses of the KZNCN, since student support services are the responsibility of the individual campus. This has led to the individual campuses providing different forms of student support at different intervals. This action is supported by the KZNCN strategic plan (KwaZulu-Natal College of Nursing, 2014), which stipulates that, although a single curriculum exists for each programme, its implementation is decentralised under the supervision of the campus head and the academic board.

Since the inception of the R425 programme in 2005 at the research site, the campus management has drawn up a plan for student support services according to the learner information guide and subject guides. These support services keep changing and expanding according to the needs and the types of students enrolling in the programme. To date, the services provided at this campus include student orientation on admission, the provision of extra classes and remedial teaching, library services,

learner representative council structure, clinical support, feedback, student counsellor, financial support, and a mentoring programme for new students launched in 2010 (KwaZulu-Natal College of Nursing, 2015).

### **2.3 Reasons for using student support services**

Due to changes in higher education, and in response to perceived changing student needs, support structures within institutions have continued to grow and develop (Jacklin & Le Riche, 2009). An investigation into retention, as opposed to attrition, in nursing and midwifery programmes in 2009 showed student support services as enabling students to continue on the programme, and personal instructors were seen as helpful in providing pastoral support and academic support (Cameron et al. (2010). A similar study conducted by Noone (2008) in New Zealand, indicated that a lack of support and the problems experienced during the training of nurses resulted in isolation and insurmountable barriers to becoming a registered nurse, which contributed to their premature exit from programmes. In the current study, the teachers were easily accessible for students in need and provided extra classes and remedial teaching, which was beneficial for students' persistence in college and success. The class teacher services were seen as valuable to students, as they were able to communicate freely with their class teachers and so-called "group mothers".

Students studying health professions programmes are in some way dissimilar to the general student population. Their education programmes can be very stressful emotionally and academically (Hamshire et.al., 2013). These students have to study and master detailed anatomical and pathological curricula, and at the same time, they have extended terms and have to finish a mandatory minimum number of placement hours to qualify for registration with the board of professionals. It is possible that these students experience stress at times, to the extent of exiting the course. Therefore, they need lot of support during their studies, be it personal support or counselling/psychological support (Hamshire et.al., 2013).

In South Africa, the University of the Western Cape face-to-face counselling services were overwhelmed by students' demands and the capacity was insufficient to respond to the range and depth of campus and students' needs. For this reason online counselling services were provided, which were successful in meeting students'

demands (Schreiber & Aartun, 2011). At Walter Sisulu University, student support services are offered to assist students attain their full potential and these include academic, emotional, social, cultural, health/wellness and financial support. The findings revealed that students preferred support that enhanced academic skills (Ntakana, 2011). The current study revealed that the availability of psychological/counselling support in the form of academic counselling and personal support was most helpful when students lost their loved ones or faced any other personal crisis.

## **2.4 Categories of student support services**

Globally, different HEIs use different types of student support services to promote student success rates. (Torregosa & Morin, 2012; Ntakana, 2011; Wilson, Mickinney, & Rapata-Hanning, 2011; Mugarura, 2010). In the current study, categories included academic support and extra-curricular/non-academic services to focus on holistic student support rather than focusing on isolated aspects, as some support services might not be of importance to some students. This is supported by a study by Roberts and Dunworth (2012), indicating that students who were aware of the availability of support services at their institution felt that not all the services provided were useful.

### **2.4.1 Academic support**

Academic support refers to services that are provided by higher education institutions aiming at fulfilling students' needs directly related to studies (Sajienė & Tamulienė, 2012). The impact of academic support is enhanced by the ability of students to interact with faculty and staff. This interaction can make a positive contribution to achievement in their studies (Lukosius, Pennington, & Olorunniwo, 2013). Dietsche (2012) points out that an early intervention for academically weak or unprepared students, through counselling or other support services, can improve persistence and academic performance. This is supported by Tintos' model highlighting the importance of monitoring, assessment of students and observing early warnings of underperformance, so as to intervene early to promote students' success (Tinto, 2005). In the current study, academic support included student orientation, remedial teaching, extra classes, library services, clinical support/accompaniment, and feedback.

#### **2.4.1.1 Student orientation on admission to college/university**

Orientation provides an opportunity for new students to assimilate and make sense of new information. Through a range of activities they get to socialise with the staff and senior students, which gives them a feeling of belonging in the higher education community (Crosling, Heagney, & Thomas, 2009). The commencement ceremony (freshman seminars) is one of the most meaningful and symbolic events in a student's career, as they reflect on the sacrifices and accomplishments of the past and are inspired by the hope, excitement and responsibility of the future (Shankari, Karki, Thapa, & Singh, 2012).

A study by Shankari et al,(2012), of knowledge and attitude scores of students before and after the orientation programme among the new medical students at Kist Medical College indicated that the orientation programme served as a forum for new students to be introduced to the course, the institution, teachers and friends, and this was perceived by students as its major strength (Shankari et al., 2012). The current study included a one-week orientation programme for new students, covering both theoretical and clinical activities and expectations. During the orientation, they were introduced to the course and teachers and were informed about the support services available and how to access them, as well as being shown around the college. In the clinical area they met with the clinical management and were shown around. This was perceived by students as fundamental to their academic success, since they knew what was expected of them, and how and where to get help.

In a study by Torregosa and Morin (2012), that involved Ethnically Diverse Students (EDS) in the USA, orientation was found to be essential for minority and indigenous nursing students coming from disadvantaged educational and financial backgrounds. These students are likely to lack crucial support on arrival at tertiary level, as they are often the first in the family or community to embark on HE level study, and therefore have no role models to assist them in their education (Torregosa & Morin, 2012). In a similar study by Gilmore and Lyons (2007), that was done in the South Eastern United States, on the implementation and evaluation of an eight-hour, comprehensive, face-to-face orientation programme, student attrition decreased from 20 per cent to less than 1 per cent after the orientation programme was extended and improved (Gilmore & Lyons, 2007). In the current study, most students came from disadvantaged

educational and financial backgrounds and some were the first in their family to access tertiary education. For these students, in particular, orientation was a necessity to align them with the demands of tertiary education. The current study did not, however, discover any information on the relationship between student orientation and academic performance at this campus.

According to Blair, Cline, and Wallis (2010), without clear and fitting information, even the most motivated learner may feel confused and lost. In addition, experiences in the first year tend to lay a foundation for later experiences at tertiary level, and many of the students who withdraw in later years may do so as a result of events that took place in their first year (Jardine, 2012; Horstmanshof & Zimitat, 2007).

#### ***2.4.1.2 Remedial teaching***

Even though students' access to HE has increased substantially over the past forty years, students' success has not improved at all. Students' success is measured by college persistence and qualification attainment and it is well known that many students arrive on college campuses underprepared (McGhie, 2012; Brock, 2010). In 75 per cent of the HEIs offering remedial courses in the United States, there are 28 per cent underprepared freshmen at both two- and four-year HEIs (Howell, 2011). The purpose of remedial teaching is to provide underprepared students with the skills necessary to successfully complete college courses and programmes and gain employment in the workforce. It is required instruction and support for students who are assessed by their institution of choice as being academically underprepared for postsecondary education and does not provide credits that count towards a degree or certification (Koch, Slate, & Moore, 2012; Peters, 2010). The literature reveals that students who take the required remedial courses are more likely to persist in college, compared to students with similar test scores and backgrounds who were not required to take remedial courses. However, it should be noted that remediation has the largest positive impact on students who have the lowest remediation needs (George Brown College in Collaboration with Academica Group Inc, 2011; Bettinger & Long, 2009).

According to van Schalkwyk, Bitzer, and van der Walt (2009), at Stellenbosch University, South Africa, the term Extended Degree Programme (EDP) describes the remedial support required by underprepared first-year students and their involvement in academic communities. EDP is funded by the Department of Education (van

Schalkwyk et al., 2009). A group of underprepared first-year students were enrolled in EDP in 2006, and the results were positive in that students changed their practices and had more confidence simply by knowing how things worked. The students perceived the programme as relevant for their ongoing participation in academia (van Schalkwyk et al., 2009).

In contrast, findings of Brock's (2010) study on remedial services suggest that many students who enrol in remedial education drop out of class and often out of college, and if they remain they make slow progress (Brock, 2010). Further explaining the slow progress, a study by Scotty and Xu (2016) in North California, US revealed that among 61 per cent of Hispanic students who took remediation, only 12 per cent had successful remediation. In the current study, the term remediation is used interchangeably with extra classes or supplementary instruction. The students who are accepted must have met all the requirements during interview screening.

#### **2.4.1.3 Supplementary instruction (SI) / Extra classes**

Supplementary Instruction (SI) is an academic support system that is more concerned with assisting students in challenging courses to learn course content, as well as developing their competency in reasoning and study skills. It can be facilitated by lecturers and or peer advisors (Ntakana, 2011; Barkley, 2010).

Technikon Free State, in South Africa, launched an SI programme to address the problem of underprepared students. Instead of identifying risk learners, risk subjects are identified and all learners are invited to attend sessions, which are not remedial, but rather offer enriching support (Deaton & Deaton, 2012; Barkley, 2010). The SI programme is offered to all students, thus eliminating the stigma attached to traditional support programmes specifically provided for weaker students. All students are invited to attend these sessions, which are not compulsory, and are offered by experts from outside the institution or post-graduate students (Barkley, 2010). In line with the above statement, the current study findings show that campus teachers provided extra classes to all learners who were willing, classes were mostly provided after hours and on weekends, and were not compulsory. Students thought that it was as a result of these classes that they were successful in their course of study.

#### **2.4.1.4 Clinical support and clinical accompaniment**

In a study done by Bigdeli, Pakpour, Aalaa, Shekarabi, Sanjari, Haghani et al. (2015) on the perceptions of nursing students regarding clinical environment in Iran University of Medical Sciences, findings revealed that effective and efficient clinical teaching forms an integral part of nursing education as it helps integrate theory and practice. It also provides students with opportunities to develop necessary knowledge and skills, as well as the necessary sensitivity to the values of those with whom they interact (Bigdeli et al., 2015). A study by McSweeney (2014) found that staff were supportive to students in the clinical area, making students feel positive about themselves, thereby increasing their motivation to learn. In a study by Mwai (2014), participants talked about how important it was for the clinical placement to be student-friendly, fair and inviting, for learning to occur. The findings of the current study indicated that, in spite of gross staff shortages, the ward staff still guided students with clinical skills and expectations. Students also attended in-service education talks available in the clinical setting. This contributed to their clinical competency.

According to the SANC perspective, clinical accompaniment is focused on conscious and purposeful guidance and support of students in the clinical areas (South African Nursing Council, 2012). Student accompaniment looks into unique student learning needs, the creation of learning opportunities that make it possible for students to grow from passivity to involvement and become critical-thinking practitioners. Setumo (2013) stated that during accompaniment, students could be empowered to develop skills and encouraged to accept responsibility for their own learning. Clinical accompaniment is deliberately planned to achieve specific outcomes, which can be oriented towards personal and professional development and socialisation (Beukes & Nolte, 2013; Department of Health, 2013). In the current study, clinical accompaniment was one of the support services in place, provided by teachers as well as clinical facilitators. However, the students still felt that more clinical accompaniment was needed, as professionals could not assist them at times due to gross staff shortages. These students indicated that the teachers had updated information, which was imperative for their studies. The idea of teachers doing more clinical accompaniment is supported by the study findings of Ospino (2010) in the USA, looking at a series of theological principles grounding what is presented as “pedagogy of accompaniment”. In this study, one of the principles found to sustain the

pedagogy of accompaniment was that educators and students are companions on the educational journey (Ospino, 2010). The South African Department of Health, in the *National strategic national plan for nurse education, training and practice*, further stipulates that nurse educators are fully responsible for clinical teaching and for assisting students to integrate theory at all levels (Department of Health, 2013).

## **2.4.2 Extracurricular activities**

Extracurricular activities included peer mentoring, psychological support and financial support.

### **2.4.2.1 Peer mentoring**

In higher education, teaching takes place in different ways. Instructors, highly trained in their area of expertise, engage students through technology, lectures, service learning projects, experiential activities, and more. Teaching also occurs between and among students as they work together and at times mentor each other in and outside the classroom (Colvin & Ashman, 2010). Student mentors are sometimes known as “peer mentors” (Gilmour, Kopeikin, & Douche, 2007). Peer mentoring is an intervention to improve the retention, academic success and educational experience of the students (Deaton & Deaton, 2012; Terrion & Phillion, 2008). It is defined as a mentoring relationship where the mentor and mentee are similar in terms of age and status. In peer mentoring an experienced student provides support and guidance to another student (Colvin & Ashman, 2010; Terrion & Phillion, 2008).

Finding a mentor at a big HEI is not easy, especially for a student who is a first-generation college student. Thus, at selected colleges and universities that have made a commitment to helping students, programmes have been set up for peer advising and tutoring, to provide opportunities for experienced students to serve as mentors for new students (Hope, 2015; McMillan & Barrie, 2012; Terrion & Phillion, 2008). Gilmour et al. (2007) reported that, when the effectiveness of a nursing mentoring programme in assisting first-year students making a transition was evaluated, students/mentees found mentors’ information and advice helpful, felt free talking about anything to their mentors, the mentors were encouraging and understanding and students felt they belonged to the team. Mentors felt that the programme was helpful, although some of the undergraduate students were not clear about the scope of the mentor’s role, so

the mentors suggested that first-year students should be prepared for mentoring. According to the mentors, mentees might want to be with friends or someone from the same background, so as to be able to communicate in their home language and not just English (Barker, Ngwenya, Morley, Jones, P.Thomasi, & Coleman, 2012; Gilmour et al., 2007).

Though instructors may not feel the same, peer teaching may have a greater impact on students than ordinary teaching in the classroom. Successful peer mentoring in HEI settings results from supportive relationships among students, mentors and instructors. Supportive mentoring is a gateway to the learning world and it is important for the mentor to be friendly, understanding, inclusive and willing to adjust if possible.(Mwai, 2014; Colvin & Ashman, 2010).

In summary, taking into account both social and pedagogic factors, the role played by peer mentoring in assisting new students through the vital transition phase of HEI life into their first year, represents a valuable and fully sustainable management tool, which HEIs need to fully utilise (Clark, Andrews, & Gorman, 2012).

#### ***2.4.2.2 Student counselling / psychological support***

Studying at HEIs is associated with significant stressors, Students may experience major changes in academic demands, financial difficulties, and maintenance of personal relationships; such stressors can affect academic performance (Jula, 2013). It is common for students to feel traumatised and guilty when considering what they have left behind in their home country that they begin to feel internally conflicted when they start to become attached to the tertiary institution, making counselling or personal support imperative at that moment This is because some students may feel out of place, given the diverse backgrounds they come from (Taylor & Francis Group, 2010; Tinto & Pusser, 2006).

Responding to high attrition rates among first-year midwifery students at Victoria University in Australia, Carolana and Kruger (2011) explored the issues of concern to these students. Results showed that, among other things, there was a clearly identified need for greater student support for first-year students, particularly in the form of counselling and easily accessible services. Bewick et al. (2010) did an investigation of students' psychological well-being from pre-registration to semester two of third year at a UK university, in which 66 per cent of students participated.

Results showed a greater strain on students' wellbeing once they started tertiary studies compared to pre-tertiary levels. Strain levels were generally high in semester one, with a significant reduction in semester two. Due to intensified student distress in HEIs, there is a need to ensure that they receive the necessary support throughout their studies to enable them to successfully complete their course (Bewick et al., 2010).

A study by Tarabochia (2016) on a stress education and reduction programme revealed that school counsellors were able to assist students to reduce stress and be successful in their education process. According to Fernandez, Salamonson, and Griffiths (2012), emotional intelligence and balance also had a positive correlation with academic achievement in a group of college nursing students in the United States. It was found that students with higher emotional intelligence were more motivated to pursue their interests and to think more expansively about subjects of interest (Fernandez et al., 2012). Therefore, the argument put forward by advocates of student counselling is that counselling could help students who otherwise would have failed, to complete their courses (Brailsford, 2011). To sum up, Mugarura (2010) argues that whenever lecturers respond to students' request for close personal assistance throughout their study period, students' throughput rate is increased.

#### ***2.4.2.3 Financial support***

A significant number of students do not make it to their second year of study owing to financial difficulties, and significantly, many studies indicate that financial support is a priority (Bond, 2014; White, 2014; Wray, Aspland & Barret, 2014; Hampshire, 2013). In a study done by Wilson et al. (2011), looking at retention of indigenous nursing students in New Zealand, one of the barriers to completion of training was lack of financial support. About 75 per cent of participants found undertaking a nursing degree caused financial hardship for them and 88 per cent found continuing in the nursing degree a consistent challenge. Financial support can therefore promote students' retention in college and improve graduation rates. This is supported by the 2013 periodicals report which showed that, at Montana College the graduation rates grew by 40 per cent between 2008 and 2010, with low tuition rates seen as one factor contributing to this increase (Wiley, 2013).

In contrast, Torregosa and Morin (2012) argue that financial support is offered in conjunction with many other student supports and therefore its contribution towards student success remains unknown, and, according to Cech et al. (2011), at Montana State University (MSU) financial support was rated as the least important factor. It is also not clear whether financial support in the form of stipends or scholarship eligibility is need-based or merit-based, since stipends are provided to students as long as they make continued progress in their studies (DeLapp, Hautman, & Anderson, 2008). At the research site stipends were also offered along with other students' support services and eligibility criteria were based on continued academic progress.

In South Africa public funding for HE is a significant investment, and the DoE ensures that large amounts of money are invested in students, as there is a national shortage of high-quality students in scarce skills areas (Styger, van Vuuren, & Heymans, 2015). The National Student Financial Aid Scheme (NSFAS) and Tertiary Fund for South Africa (TEFSA) loans or bursaries are granted in respect of a particular course of study, which must be specified in the loan or bursary agreement, and are paid by NSFAS directly to the HEI concerned. If the borrower or bursar does not perform satisfactorily in his or her studies, the board of NSFAS may terminate the finance (Wangenge-Ouma, 2012; Wangenge -Ouma & Cloete, 2008; Republic of South Africa, 1999). More than 80 per cent of students in HEIs depend on NSFAS to meet their education requirements (Gervase & Xesha, 2011). According to McMillan and Barrie (2012), although students are on NSFAS and bursary support in South Africa, many students from disadvantaged communities go without food for days, and cannot afford the prerequisite learning materials like textbooks and readers as the funds sometimes are not available at the time of admission. Other financial challenges reported included NSFAS not reaching students from rural areas, and lack of adequate resources to enable students to pass (Reddy, 2012).

This implies that, although the South African government has done a great deal to provide free education for disadvantaged students, these funds are not enough for individual students' needs and there are problems with accessing them timeously. This is supported by the current students' protest "#Fees must Fall" at all government HEIs in South Africa. Students argue that the NSFAS funding is inadequate, as it does not provide for all their educational requirements. This includes students who had good marks not qualifying for the funds, students who owe fees not having their

accounts settled therefore being unable to register the following semester or not receiving their results, middle-class employees not being able to afford tertiary fees for their children, yet they don't qualify for government funding. At some HEIs, students even raised money to support their fellow students from disadvantaged backgrounds. Some authors argue that this is because the South African government for 20 years has paid little or no attention to the critical role and significance of HE while other BRICS countries have provided substantial funding for HE (Graham, 2016; Butler-Adam, 2015; Wolhuter, 2014).

The KwaZulu-Natal College of Nursing (KZN CN), under the provisions of the KwaZulu-Natal Department of Health, also provides students' bursaries and stipends for the comprehensive four-year diploma qualification leading to registration as a Nurse (General, Community, Psychiatric) and Midwife, in accordance with SANC Regulation No. R425 nursing programme. Currently a total of R36 000.00 per student per annum is offered in the form of a stipend. On admission to training institutions, students are given bursary contracts, which are explained to them by a Human Resource Department representative before they sign the agreement. Subsection 5.1.8 of the nursing study loan agreement stipulates that in the event of the learner failing to meet the requirements for promotion, the study loan shall be put on hold until the learner successfully completes the failed portion (Human Resource Management, 2010). An advantage of this loan is that it is accessible immediately on admission to college, affording the student an opportunity to take care of the requirements of the course as stipulated on admission.

Education is key to achieving sustainable economic growth, and access to HE influences the growth potential of the economy. In many countries barriers to HE hinder economic development, especially in low- and middle-income groups whereby students will have difficulties in accessing study loans (Ntakana, 2011).

#### **2.4.3 Monitoring, assessment and early warning**

Different HEIs adopt different forms of student monitoring and assessment techniques in order to identify early any signs of underperformance and then apply effective measures to promote students' persistence and success at college (Tinto & Pusser, 2006; Tinto, 2005). Each assessment includes feedback to motivate and help students achieve their educational goals.

### **2.4.3.1 Feedback**

Effective use of feedback can support students' learning (Plan, Dixon & Ward, 2014). A study by Rush, Ooms, Marks-Maran and Firth (2014) found that immediate feedback promoted students' confidence. A feedback process analysis conducted at three universities in Catalonia by Ion, Cano and Ferrer (2014) revealed that effective and immediate feedback improved the teaching and learning process. According to de Kleijn, Mainhard, Meijer, Brekelmans, and Pilot (2013), effective feedback should be in the form of a dialogue between the student and the teacher. Writing notes on scripts is considered to be a one-way transmission of feedback preventing discussion (Dowden, Pittaway, Yost, & McCarthy, 2013). The literature revealed that in any HEI giving feedback to students was important, though at times there were limitations to the way it was given.

## **2.5 Benefits of student support services**

Student support services benefit students on a course in different ways. These include assisting first year students with adaptation in HEIs, enhancing academic performance, helping students to acquire knowledge and skills, and promoting a sense of belonging.

### **2.5.1 Assist first-year students to adapt in HEIs**

According to (Wolniak and Rekoutis (2016); Blair et al. (2010)) in their studies about the threshold of induction model, without clear and fitting information even the most motivated learner may feel confused and lost. In a study by Carolana and Kruger (2011) at Victoria University in Australia exploring the issues of concern to first-year midwifery students, undergraduate midwifery students often felt overwhelmed and unsupported, therefore greater support and nurturance was found to be necessary in their first three months of training. Extended orientation programmes at the University of Johannesburg yielded consistently higher academic performance for students who participated in the programme as compared to those who did not (van Zyl & Blaauw, 2012).

### **2.5.2 Enhance students' academic performance**

The study by Torregosa revealed that peer mentoring of ethnically diverse nursing students (EDS) in the US resulted in improvement in test performance, increased retention and graduation rates and increased pass rates. At Montana College, graduation rates increased by 40 per cent between 2008 and 2010 following financial support. According to Koch et al. (2012) and Peters (2010), remedial education aims at providing underprepared students with the skills necessary to successfully complete college course so that they will be employable as it improves their performances. Therefore Nqadala (2007) stated that students' support services break down barriers to learning and promote effective learning.

### **2.5.3 Help students acquire knowledge and develop life skills**

Students acquire more knowledge and skills and can be retained more in tertiary institutions if they are more involved in activities outside the classroom (Kirkham & Ringelstein, 2008).

### **2.5.4 Promotes a sense of belonging/connectedness**

For the adolescent to progress successfully toward autonomy and independence, a strong sense of connection and belonging in relation to peers and others beyond the family unit is essential. Post high school, students head off to college often in search of new sources of identification. Understandably, many of them try to have these new connections happen quickly. New attachments assist in the formation of new identifications, which are instrumental in helping students locate their lives in their present and anticipated future as opposed to continuing to feel rooted in an earlier phase of development (Federman, 2011).

In a study by Countryman and Zinck (2013), aiming to support students in their transition from high school to tertiary by developing their sense of belonging to a community of learners, students were encouraged to work collaboratively. In their feedback, students expressed repeatedly that they felt they belonged in their individual groups. According to Jensen (2011), students who make cultural connections through social groups that reflect their culture of origin are more likely to persist in higher education. These groups may form organically and informally, but tertiary institutions can also foster and create such opportunities to connect.

## **2.6 Hindrances to accessing student support services**

Despite the importance of provision of student support services, there may be hindrances to accessing them, for example at-risk students may be less interested in seeking assistance on their own (self-help seeking behaviour) (Hoyne & McNaught, 2013). In the above-mentioned study by Hoyne and McNaught (2013) done in Notre Dame, in Australia attendance for at-risk health sciences students has to be made compulsory for students to attend. According to Hamshire et. al. (2013), the health professions students in the North West of England indicated that problems in accessing existing support programmes include limited time allocated to accessing a particular services or a long waiting time for appointments, difficulties in contacting personal tutors, tutors often not responding to emails, and some students not being entitled to financial support (Hamshire et.al.,2013). It is therefore important that support officers have flexible work schedules so that support services are responsive to the students' needs and are accessible at any given time, in order to get buy-in from students.

A study by Roberts and Dunworth (2012) indicated that more than half of the students were not aware of the full range of services offered, and those who knew felt that not all the services provided were useful. Students often believed that information about support services was not available at the time of need, for example after hours and on weekends. In a study by Hamshire et.al. (2013), although an extensive range of support services was in existence many students were unaware of them, therefore, the recommendation of the study was to extend orientation programmes in order to make students aware of the support services available and how to access them. In a study by Roberts, Boldy, and Dunworth (2015), reasons for not accessing the support were not knowing how to access them, and the time and cost associated with the use of the service. In a study by Torregosa and Morin (2012), students were found to be resistant to joining peer mentoring due to stigma and conflicting schedules between mentors and mentees (Torregosa & Morin, 2012). The enrolled-nursing students who were registered for a bachelor's degree in Australia, indicated that age served as a barrier to accessing support, and discussed how this could lead to a sense of isolation unless they made a concerted effort to integrate (Hutchinson, Mitchell, & St John, 2011).

In Ntakana's (2011) study at Walter Sisulu University, on the effectiveness of student support programmes, the following hindrances to accessing support were identified. Students had a perception that attending a support programme would stigmatise them; support programmes were offered after hours, preventing off-campus students from attending due to financial constraints, as well as the possibility of physical and sexual abuse while walking home late; and lastly, attendance was voluntary even for students who were in need of the support (Ntakana, 2011).

## **2.7 Effects of lack of student support**

Experiences in the first year tend to lay a foundation for later years' experiences at tertiary institutions, and many of the students who withdraw in later years may do so as a result of events that took place in the first year (Horstmanshof & Zimitat, 2007). Ntakana (2011) stated that financial confidence in one's ability to finish school contributes significantly to the emotional well-being of students, and students' financial instability is one of the sources of mental health distress. In a study done by Wilson et al. (2011), looking at retention of indigenous nursing students in New Zealand, some of the barriers to completion of training was lack of financial support. Noone (2008) said that lack of support and experiencing of problems during training of indigenous nurses resulted in isolation and insurmountable barriers to becoming a registered nurse, which contributed to their premature exit from programmes.

In South Africa most recently, lack of financial support has led to student protests at all government HEIs. Student protests resulted in destroying of HEIs property, student arrests and postponement of end-of-year examinations in some institutions (Graham, 2016; Butler-Adam, 2015).

## **2.8 Students' views on the concept of student support services**

First-year students often feel ill equipped academically and emotionally, this hinders their integration and adjustment to HE (McGhie, 2012; Tinto & Pusser, 2006). For this reason, in a study by Gill, Ramjan, Koch, Dlugon, Andrew, and Salamonson (2011) a standardised orientation programme for first-year undergraduate students focusing on peer and academic support and based on "just-in-time" and "just-for-me" principles, was initiated at the University of Western Sydney to assist commencing students to achieve a smooth transition into HE. This resulted in improved academic performance

with the health science students more positive about orientation than other disciplines (Gill et al., 2011:63). This is based on the assumption that quality orientation and peer involvement programmes improve retention.

In a study by Jacklin and Le Riche (2009), students viewed support as a less structured programme, such as a meeting in a coffee bar. What students identified as particularly supportive was neither the context nor the type of support per se, but the nature of the interaction. Students identified personal or inter-personal type of support (e.g. someone to talk to about work expectations, a listening ear when feeling stressed) as the most important and effective support form (Jacklin and Le Riche,(2009). In a similar study by Jacklin and Robinson (2007) support tended to refer to very specific resources, e.g. an interpreter for deaf students, personal tutors, etc. The support identified by the students was related to their needs as learners, support that they felt would help them to achieve their desired (learning) goals (Jacklin & Robinson, 2007). The support (academic, emotional or practical) tended to be identified as significant, because of its impact on sustaining learning. Overall, friends (51.5 per cent) were most frequently mentioned as the most important source of support (Jacklin & Robinson, 2007).

Cech et al. (2011) examined types of support services valued by Native American nursing students in the US. Approximately three quarters of the students (14 out of 19) highlighted the importance of the belonging support, and felt that having an opportunity to interact and study with other Native American students helped them to stay on track. Eleven (11) of the 19 students reported institutionalised emotional support as an important factor in their success. This form of support requires that every student meet with the advisor for a 15-minute check-in once a week to examine the week ahead, discuss the challenges faced by the student, engage in problem-solving and create a plan to address the challenges (Cech et al., 2011). Eleven out of the nineteen students regarded tutoring as the most important form of informational support provided. Students reported that these tutoring opportunities helped them succeed in school (Cech et al., 2011).

Motivational support was cited as providing encouragement to students to persist in their studies and also to hold them accountable for their academic progress. Eight (8) of the nineteen students explicitly reported that motivational support directly contributed to their success by keeping them organised, and helping them stay on top

of their classes (Cech et al., 2011). In a study by Pullan (2011) at Farmingdale State College, services that were identified as important by students included orientation that explains available services at the institution, academic advice, counselling services linking to other campuses; and the recommendation was that these services should be available from 8 a.m. – 5 p.m. (Pullan, 2011).

Overall, it is important to mention that student support services are vital to student success, not only to undergraduate students, but also to post-graduates. This is evident in a study by Geber at the University of Witwatersrand, SA in 2007 (Geber, 2009). The study looked at research success and structured support. The author highlights that this tertiary institution has a strategic goal of increasing the number of academics holding PhDs from the current 48 per cent to 70 per cent by the year 2020, and to this end a structured support programme was launched in 2007 by the Centre for Learning, Teaching and Development (Geber, 2009).

## **2.9 Conclusion**

This chapter presented historical background of students' support services, reasons for using students' support, categories of students' support, benefits of students' support services, hindrances to accessing support services, effects of lack of students' support and students' views on the concept of student support services. In the next chapter, the research methodology will be presented.

## **CHAPTER 3 RESEARCH METHODOLOGY**

### **3.1 Introduction**

The research methodology for this study will be discussed below, including: research approach, research setting, research participants, data collection tool, data collection process, data analysis, ethical considerations, data management, and trustworthiness.

### **3.2 Research approach**

According to Polit and Beck (2012), research design is the overall plan for addressing a research question, including specifications for enhancing the study's integrity. It is a blueprint for conducting a study which maximises control over factors that could interfere with the validity of the findings. The research design guides the researcher in planning and implementing the study in a way that is most likely to achieve the intended goal (Burns & Grove, 2016; Creswell, 2009). In the current study, a qualitative content analysis approach was used, as the researcher wanted to obtain a condensed but broad description of students' perceptions about student support services at the research campus (Mazaheri, Eriksson, Heikkilla, Nasrabadi, Ekman, & Sunvisson, 2013; Erlingsson & Brysiewicz, 2013; Elo & Kyngas, 2007; Graneheim & Lundman, 2004). The literature revealed that qualitative researchers are interested in understanding complex phenomena (Burns & Grove, 2016; Isaacs, 2014; Creswell, 2009).

### **3.3 Research setting**

Qualitative research is conducted in a natural setting, and the researcher often goes to the site to be highly involved in the actual experiences of the participants (Creswell, 2009). Polit and Beck (2012) state that, in qualitative research, the study may be conducted at multiple sites, but in the current study, the research site was one nursing campus in the EThekweni District. Choosing one research site was encouraged by the SANC recommendations, in 2012, that individual campuses should put in students' support services in place to enhance academic success. Another reason for this was that different nursing campuses in KZN CN offer different student support. The nursing campus selected is one of the eleven nursing campuses offering basic and post-basic programmes and one of the fourteen sub-campus that fall under the KwaZulu-Natal

College of Nursing (KZN CN). It is located within the premises of a Durban South regional and district hospital, and is accredited by SANC as a public Nurse Education Institution (NEI) as stipulated by SANC Regulations (South African Nursing Council, 2005).

### **3.4 Research participants**

In qualitative research, participants are selected purposefully, as they must have experience of the phenomenon being studied, which enables them to answer the research questions (Erlingsson & Brysiewicz, 2013; Fakude, 2012). Therefore, in the current study non-probability purposive sampling was used to invite participants who had experience with student support services (Polit & Beck, 2012; Kothari, 2004). Mammen and Sano (2012: 10) said that, in their study, using non-probability purposive sampling enabled them to find participants with a broad range of lived experiences who were considered to be “information rich”.

In the current study the inclusion criteria were:

- R425 fourth-year students
- Students must have used support services e.g. orientation programme, mentoring programme and financial support to name a few
- Voluntary participation in the study

Asking the fourth-year students to participate in the study guaranteed a body of information-rich respondents with a longer experience of being students, as students at lower levels would have had little or no experience of student support services. This population could reflect back on what had happened in the past three years of their studies and what they would like to see happening (Koris, Ortenblad, Kerema, & Ojala, 2015). Chapman-Novakofski (2014) and Ryan, Coughlan, and Cronin (2007) said that in qualitative research participants are recruited to a study based on their experience of the phenomenon under study to ensure richness of the gathered data.

In the current study, data collection continued until, after interviewing eight (8) participants, no new data was uncovered, as in qualitative research sample size is determined by data saturation, whereby new data does not contribute to the

development of new themes or categories (Polit & Beck, 2012; Hancock, Ockleford, & Windridge, 2009).

### **3.5 Data collection tool**

In the current study, data was collected using semi-structured individual interviews. Semi-structured interviews are suitable when researchers want to ensure coverage of specific topics during interviews, and involve the use of open-ended questions. These questions allow the researcher to obtain all the information required during data collection, as the respondents are able to answer freely and in their own words (Burns & Grove, 2016; Mack, Woodsong, Macqueen, Guest, & Namey, 2011; Hancock et al., 2009; Creswell, 2009). During semi-structured interviews, pre-determined questions are presented systematically and consistently to all interviewees (Fakude, 2012). To facilitate this, the researcher prepared in advance a semi-structured interview guide based on the research objectives and the conceptual framework, which guided the development of probing questions. Refer to Annexure 3 for the interview guide.

### **3.6 Data collection process**

After obtaining ethical clearance from UKZN permission was obtained from the KZNCN, the DoH, the research site campus principal and the lecturers who were involved with participants at the time of data collection. Guided by the KZNCN year planner to determine where the students were during data collection, the researcher negotiated a suitable time to meet on campus with all fourth-year students. With the help of one of the campus lecturers, the researcher was introduced to the students. During this meeting, the purpose and the process of the study was explained to the prospective participants using information leaflets that were issued to them. The researcher asked all the prospective participants who met the inclusion criteria to voluntarily participate in the study, informed consent forms were given to the willing participants and each participant was requested to sign (Mack et al., 2011).

Arrangements were then made to conduct face-to-face interviews at the convenience of the students in the students' residence, as this was the venue chosen by participants. Face-to-face interviews allowed the researcher to identify any significant verbal cues from the participant. All participants were interviewed in English. Interviews were done after 4 p.m., since participants were in the clinical area during

data collection. Four (4) participants were interviewed per day and interviews lasted between 15 and 20 minutes each.

To ensure confidentiality, research participants were interviewed individually. The researcher started the interview by posing general questions as an ice-breaking technique. Thereafter, she re checked with the interviewee if s/he had understood the information leaflet and had any questions. She checked if the consent form was signed and, with the permission of the participant, the audio-tape device was switched on (Charles, Moebus, Beechinor, Pearce, & Putney, 2014; Hancock et al., 2009). During the interview process, the researcher encouraged participants to tell their story and occasionally used probes according to the interview guide (Burns & Grove, 2016; Polit & Beck, 2012). Hancock et al. (2009) state that, in semi-structured interviews, the interviewer is free to probe the interviewee to elaborate on an original response. Charles et al. (2014) and Ryan et al. (2007) say that in qualitative interviews, as a result of probing, participants may discuss personal information that they had not planned to reveal. In the current study the researcher was known to the participants, but this did not create any difficulties during interviews, as participants were free to talk.

### **3.7 Data analysis**

Qualitative studies seek maximum variation in the results as they strive to understand patterns, similarities and differences in the representation of the individual's life world (Erlingsson & Brysiewicz, 2013; Fakude, 2012; Creswell, 2009). In the current study, data was analysed using Elo and Kyngas' (2007) three phases of content analysis, namely: preparation, organising and reporting.

#### **3.7.1 Preparation phase**

The researcher started by listening to the audio-taped data and then transcribed it verbatim in English. During data analysis, the researcher ensured, thorough transcription of the data, that the originality of the information was maintained. During this process, the researcher became familiar with the data and was able to identify certain similarities or patterns (Erlingsson & Brysiewicz, 2013; Clarke & Braun, 2013). For several weeks the researcher then read and re-read the data transcripts to get a better understanding of what the whole data was about (Isaacs, 2014).

### **3.7.2 Organising phase**

The researcher started by organising the data into smaller parts called “meaning units”. Reading of the data continued and the researcher made notes and headings in the margins while reading it. The written notes were read again, and more headings were created, but some were deleted or rephrased. All the headings in the margins were then entered on a spread sheet and codes were generated (Erlingsson & Brysiewicz, 2013; Clarke & Braun, 2013; Mazaheri et al., 2013). Using a table, the coded data was then grouped into different categories and sub-categories based on differences and similarities. This constituted the manifest content.

### **3.7.3 Reporting phase**

The researcher discussed the formulated categories and sub-categories with her supervisor and arrangements were then made to do member checking, where the participants verified data interpretations (Isaacs, 2014; Erlingsson & Brysiewicz, 2013; Clarke & Braun, 2013; Ryan-Nichol & Will, 2009). Data analysis continued until data were reduced to four (4) categories and twelve (11) sub-categories. These are listed in Chapter 4, Table 4.2.

## **3.8 Trustworthiness**

Trustworthiness is the degree of confidence qualitative researchers have in their data (Polit & Beck, 2012). The data is collected systematically and findings presented correctly and are open to evaluation and transferability (Hemphill, Richards, Templin, & Blankenship, 2012; Ryan-Nichol & Will, 2009). Shenton’s criteria were used to ensure trustworthiness in the current study. These criteria are: credibility, transferability, dependability and confirmability (Shenton, 2004).

### **3.8.1 Credibility**

Credibility refers to the value of and how much the research findings can be trusted. It is the confidence in how well data and data analysis has addressed the intention of the study (Polit & Beck, 2012). In the current study, credibility was ensured by selecting students as study participants who had experienced the phenomena. These participants were informed about their right to participate and not to participate in the study, and that they were free to withdraw from the study at any time, with no

penalties. This was to ensure that data was collected from genuinely willing participants prepared to offer data freely (Shenton, 2004). Semi-structured interviews were used during data collection and the researcher informed each participant that there were no right or wrong answers to her questions. The researcher occasionally used probes, according to the guide, during interviews, to elicit detailed data from previously discussed matters with participants. During data analysis, the researcher first reviewed the findings with her peers, followed by debriefing sessions with the research supervisor for guidance and validation of data interpretation. To finalise the data analysis process, the researcher went back to the participants to verify her interpretations of the data (member checking) (Cope, 2014; Erlingsson & Brysiewicz, 2013; Thomas & Magilvy, 2011; Creswell, 2009; Graneheim & Lundman, 2004).

### **3.8.2 Transferability**

Transferability refers to the ability of the findings to be transferred or applied to another similar context (Cope, 2014; Houghton, Casey, Shaw, & Murphy, 2013; Thomas & Magilvy, 2011; Graneheim & Lundman, 2004). Cope (2014) and Polit and Beck (2012) posit that to establish transferability, the researcher has to provide thick descriptions of the data in the research report for a reader to be able to evaluate the applicability of data to other contexts. In the current study, transferability was ensured by providing a thick description of participants' responses during data transcription, and the presentation of research findings was rich, vigorous and accompanied by direct participant quotes during data analysis (Graneheim & Lundman, 2004). This was done through reviewing individual participants' transcripts to locate similarities among participants and by listening repeatedly to audio-tape records. The inclusion criteria of participants were also clarified (Thomas & Magilvy, 2011).

### **3.8.3 Dependability**

Like reliability in quantitative research, dependability refers to the stability of data over time and over other similar conditions (Cope, 2014; Houghton et al., 2013; Thomas & Magilvy, 2011; Graneheim & Lundman, 2004). Dependability is achieved by clearly describing the purpose of the study, describing the recruitment process fully, describing the data collection procedure and the reduction of data, and discussing the interpretation and presentation of research findings (Thomas & Magilvy, 2011).

In the current study, dependability was ensured by submitting the research proposal, detailed with all the research steps to be followed and the research approach, to the UKZN ethics committee for clearance. All the steps planned in the proposal were followed during the research process, and the current 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 research.

#### **3.8.4 Confirmability**

Confirmability refers to how neutral or accurate the data is. Cope (2014), Houghton, et al. (2013), and Polit and Beck (2012) posit that confirmability is the potential for congruence between two or more independent people concerning data accuracy, relevance and meaning. To achieve confirmability in the current study, the researcher used the content analysis approach to obtain a thick description of the students' perceptions of student support services used at the campus. She also kept a record of her own feelings and perceptions during data collection (reflexivity) and provided rich quotes from participants (Charles et al., 2014; Thomas & Magilvy, 2011). Accuracy of the gathered data was ensured by the research supervisor, who is experienced in qualitative research (Graneheim & Lundman, 2004).

#### **3.9 Ethical considerations**

Following approval of the research proposal, ethical clearance to conduct the study was requested and obtained from the University of KwaZulu-Natal Research Ethics Committee (Ethical clearance no: HSS/0708/015H). Permission to conduct the study was then requested from the KZNCCN, the DoH and the principal of the research site and relevant lecturers. Three primary ethical principles for protecting study participants, namely: beneficence, and respect for human dignity and justice were adhered to (Polit & Beck, 2012; Fakude, 2012).

To ensure beneficence, participants were informed about the approximate time that would be spent with them during data collection, and also to avoid exploitation they were informed in advance that they would be interviewed twice (member checking) (Polit & Beck, 2012; Burns, 2011; Creswell, 2009).

To ensure respect for human dignity, after receiving information leaflets, reading and understanding them and asking questions, participants were requested to sign an informed consent form to voluntarily participate in the study. They were made aware of their right to withdraw from the study at any time without any penalty or effects on their current programme of studies (Birchall, 2014; Polit & Beck, 2012; Burns, 2011). Selecting participants based on the study needs and explaining to participants that there were no benefits for participating in the study, ensured fairness and not vulnerability. During data collection, privacy was maintained by providing a private and secure venue, keeping all data confidential and using pseudonyms during data collection. Data will therefore not be traced back to an individual participant and was used only for the purpose of the study (Burns & Grove, 2016; Polit & Beck, 2012; Creswell, 2009).

### **3.10 Data management**

Following content analysis, the data was locked in a safe place, accessible only by the researcher. The transcribed data, captured on the computer, was accessed by the researcher and the research supervisor, using a secret code. After report writing, all materials used to collect data will be stored with the research supervisor in a secure place for a period of 5 years and thereafter it will be destroyed by shredding, and the data on audio tapes and the computer will be erased.

### **3.11 Dissemination of findings**

Study findings will be written up in a dissertation report. One copy will be handed to the University of KwaZulu-Natal library. Another copy will be made available in the campus library (research site) for easy access by the campus staff and students. The researcher intends to present the study findings at NEA conferences.

### **3.12 Conclusion**

This chapter presented the methodology, research approach, research setting, research participants, data collection tool, data collection process, data analysis, ethical considerations and dissemination of findings. The next chapter will discuss the study findings.

## CHAPTER 4 PRESENTATION OF FINDINGS

### 4.1 Introduction

This chapter presents the data collection process, participants' demographic profile, data categories and sub categories and the students' perceptions of students' support services.

### 4.2 Data collection process

Following ethical clearance from the UKZN Ethics Committee and permission from the DoH, the KZN CN and the principal of the research site campus, the researcher met with the prospective research participants, who were fourth-year students at the time of data collection. At this meeting, the purpose and process of the study was discussed. After obtaining consent from the willing participants, arrangements were made to conduct individual interviews at the student residence hall, as this was the venue chosen by the participants. The interviews lasted for about 20 minute each, with the students were enthusiastic to share their views. All interviews were done late in the afternoon, as that time was suitable for both the researcher and the participants. All the recorded interviews were audio-taped and then transcribed verbatim in English by the researcher.

### 4.3 Demographic profile of participants

There were eight (8) participants. Their demographic details are provided in Table 4.1 below.

**Table 4.1: Demographic profile of participants**

| <b>Pseudonyms</b> | <b>Gender</b> | <b>Age</b> |
|-------------------|---------------|------------|
| Amanda            | Female        | 20s        |
| Zaa               | Female        | 20s        |
| John              | Male          | 20s        |
| Bheki             | Male          | 20s        |
| Londiwe           | Female        | 20s        |
| Sli               | Female        | 20s        |
| PJ                | Female        | 20s        |
| Lulu              | Female        | 20s        |

## 4.4 Categories and sub-categories

Four (4) categories and eleven (11) sub-categories emerged from the data. Please see Table 4.2 below. The participant voices are identified using pseudonyms.

**Table 4.2: Categories and sub-categories**

| <b>Categories</b>                     | <b>Sub-categories</b>                                  |
|---------------------------------------|--|
| Diversity of student support          | Student orientation                                    |
|                                       | Accessible teachers and remediation                    |
|                                       | Library services                                       |
|                                       | Availability of LRC                                    |
|                                       | Clinical support                                       |
| Relevance of feedback                 |  |
| Peer mentoring                        | Information, unlimited support and student empowerment |
|                                       | Lack of guidance                                       |
|                                       | Unkind mentors   |
| Applicability of non-academic support | Sports and stress reduction                            |
|                                       | Psychological support and stress reduction             |
|                                       | Importance of financial support                        |

### 4.4.1 Diversity of student support

This category is about the diverse ways in which students were supported at the campus. The students spoke about the existence of a wide diversity of support services, which benefitted them in different ways as students. The diversity included academic and non-academic support services, as well as assistance with theory and clinical practice.

The data from academic support services covered the following sub-categories:

#### 4.4.1.1 Student orientation

The students indicated that at the beginning of the course they received a one-week orientation to the campus and the clinical area where they were going to practise. The campus orientation included the campus organogram, all theoretical expectations from theory hours, tests, evaluations and types of support services available to students, and finished off with a campus tour for layout of classes as well as identification of

support and other offices. This type of orientation enabled students to understand the amount of work they had as well as where and how to get help which was imperative for their education success.

Amanda said:

*We were shown places around college, we were introduced to board members of college and hospital, we were shown library as well and that we were able to study and get a financial aid, so that was also a good support service.*

For clinical orientation, students toured the clinical area, where they were shown different departments and other support services located in the clinical area; they also met with the senior nursing managers. Following clinical orientation, students indicated that they felt confident in terms of clinical expectations, as well as being able to locate different departments that will be useful during their clinical placement.

PJ said:

*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 ...*

Sli said:

*We were sent to the wards to see the facility how it works, and introduced to the sisters there. We were shown other support services located in the clinical area e.g. the Employee assistant Programme (EAP).*

As much as orientation appeared to be an important service to all students, some students still felt that the one-week orientation was overloaded and most of the things did not make any sense, as the information was not relevant to their immediate needs.

PJ said:

*Having said all that ... some of the things didn't make any sense during orientation because it was everything in a short time.*

#### **4.4.1.2 Accessible teachers and remediation**

The data specified that the campus teachers were accessible to students at all times and they demonstrated a caring attitude.

Bheki said:

*During first year there is a time whereby when you are not coping well they give special time, sometimes the lecturer can see during periods or during studying that this one is not coping or is not making it and she can be taken.*

All students stated that each class was provided with a “group mother” to guide and support them through the course.

Zaa:

*Ok, firstly we were allocated a “group mother” whom we could consult with in terms of everything in the course.*

Sli said:

*We were given a “group mother” whom we could consult if we had problems or for any other reason during the course.*

Teachers went as far as providing extra classes – even after campus hours, they provided extra help for first year students, they did remedial teaching when necessary, and they made sure that they evaluated students after each lecture to ensure that everyone was “on board”.

Lulu said:

*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 maybe until 6, 7 or half past.*

Zaa said:

*If you didn't perform well maybe in the test then you have to do a remedial and submit to the teacher.*

#### **4.4.1.3 Library services**

Library services were offered on the campus. Students valued the library services and thought they were important for their success.

Amanda said:

*We are able to access library and access internet even though it's little time that we get to spend on the internet but we do get access to as well.*

Lulu said:

*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.*

The data further indicated that there was limited access to the library and the use of computers and internet by students. This was because there were three computers in the library and only one had internet. Students were not allowed to access the internet directly, but through the help of the librarian.

Londiwe said:

*There is a librarian who usually help you when you need Information from internet, she accessed the information for you and give to you.*

PJ said:

*In our library, we have three computers so we also allowed to use those.*

There was only one librarian on the campus, therefore, during tea and lunch breaks, as well as if she was not on duty, the library would be closed.

PJ said:

*There was one librarian but at times, if it was more than one student needing help it was overwhelming for her and during lunch breaks the library would be closed because there was only one librarian.*

Sli said:

*The library opens from 7 am to 4 pm and not after hours so we cannot use it as much as we would want to.*

The campus had a computer room equipped with ten computers with intranet. Students needed permission to access that computer room between 8 a.m. and 4 p.m. and were allowed to spend one hour on those computers if it was not busy.

Bheki said:

*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.*

PJ said:

*We have a computer room upstairs. It is fully functioning but you need to ask for permission when you want to use it.*

#### **4.4.1.4 Availability of Learner Representative Council (LRC)**

In the current study, the LRC bridged the gap between lecturers and students. Through the leaders of this forum students' academic and social issues were discussed. Examinations results were shared in LRC meetings, such as which campus was the highest in terms of performance in certain subjects, and lecturers that were missing classes were reported to the campus management through this forum.

Sli said:

*We have LRC, whereby through the president we report our problems to the management, e.g. residence problems.*

Students felt that the LRC enabled them to have their voices heard and, as a student body, they came up with suggestions as to how they could handle any challenges encountered through their learning process.

PJ said:

*We have LRC structure where us as students can have our word heard through one person who is a president ... as students we meet on our own and our matters are taken up to the principal and lecturers up there and vice versa.*

#### **4.3.1.5 Clinical support**

The data indicated that most participants had amazing support from the professional staff in the clinical area, which eased their clinical stay and improved their clinical knowledge.

Zaa said:

*In the clinical area there were sisters, they were also helpful in terms of giving us an orientation of the ward surroundings and the tasks that were done in the ward so that we are able to do the tasks correctly.*

Bheki said:

*The professional nurses are giving us time maybe to conduct presentations and they are also teaching us maybe if there is in-service we are attending those in-service training.*

Having said all that, some participants felt that more clinical support was imperative. They recommended that lecturers should do more students' clinical accompaniment to integrate theory and practise, as at times the clinical staff were unable to help them due to staff shortages.

John said:

*I think college has to allocate more time for clinical facilitators to accompany students in clinical area. There must be a person who must see to it that whatever theory you have been taught you are able to apply it practically and you are competent enough because in this profession we are dealing with peoples' lives.*

Lulu said:

*We need more lecturers coming to the clinical area because the advantage with lecturers is that they are more updated with current changes, so if they come more often it helps you to stay relevant.*

#### **4.4.2 Relevance of feedback**

In this category, the data revealed that the campus offered different forms of feedback to students which was received within a reasonable time range. Forms of feedback that were highlighted, included one-on-one feedback, writing notes on test scripts, and pinning exam results on the notice board.

John said:

*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...*

Bheki said:

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

The students perceived 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.

PJ said:

*Feedback gave insight on whether I was following or lost ... so it benefitted me.*

One-on-one feedback was regarded as the most suitable form of feedback; students indicated that they were able to ask for clarity in case they did not understand. Most students felt that written feedback had the potential either to be misinterpreted or not read at all.

PJ said:

*Verbal feedback was the best because if it is something that is written I only interpret it on my own way... and writing takes a lot of time lecturer cannot write the whole paragraph. Also ... I was able to question on verbal feedback.*

Lulu said:

*... with written I might be too lazy to read it or I might misinterpret it but with one on-one-you know where you went wrong and you are being corrected immediately.*

#### **4.4.3 Peer mentoring**

The data in this category revealed the following three sub-categories: access to information and student empowerment; friend/buddy relationship between mentor and mentee; and lack of guidance and unkind mentors.

##### **4.4.3.1 Information, unlimited support and student empowerment**

In this sub-category, the data revealed that during the peer mentoring process students could be either mentors or mentees. 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.

PJ said:

*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.*

The mentoring process empowered the students in the sense that, after being mentees themselves, they were offered a chance to mentor their juniors at a later stage. The mentoring task challenged them to be more knowledgeable and to act professionally in front of their mentees.

Lulu said:

*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.*

Amanda said:

*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.*

Most students perceived the relationship between the mentor and mentee as that of a mutual friend. This was mainly because they were of the same age group and residing together. Students felt that they were able to relate to one another better and to have better understanding with people of the same age as themselves, in case they needed any academic or clinical help.

Amanda said:

*Not everyone can approach lecturers and ask for help when they needed, but to know that you have a relationship with someone at your standard as a student, you are able to relate with that person even more better because you think you have the same understanding, so it is a bit easier.*

Londiwe said:

*When you are having someone like of the same age, it is easy to ask, unlike of someone like a teacher you are afraid of her you don't visit her office more often ... so a mentor is a role model, you are free to ask anything.*

The data further revealed that this friendly relationship enabled students to voice their concerns easily, trust each other and, most importantly, it did not affect the learning process.

PJ said:

*It is easy because these are other students so you communicate better with them you are not intimidated as oppose to our lecturers.*

#### **4.4.3.2 Lack of guidance**

The data illustrated that selected mentors were not guided as to how to conduct the whole process of mentoring; mentors only used their own experiences and discretion as to how to run the mentoring process.

Sli said:

*I would say it was a bit awkward in the beginning because they were doing it for the first time.*

Zaa said:

*The lecturers who have appointed the mentors as people [that] we can rely on do not do a follow up to see to it that the mentorship programme is running smoothly.*

Amanda said:

*I was just doing it according to my understanding, like I said there is no written specific thing to guide us on what specific things that we had to do.*

The mentors were expected to guide the mentees in the clinical setting as well, yet the campus management did not involve or officially inform the ward staff about the peer mentoring programme; this contributed to mentors, at times, being unable to help their mentees.

Amanda said:

*Even the nurses in the ward sometimes they don't understand the mentoring part of it because we face problems ... we are unable to actually assist the people we are mentoring ... I think it can be more recognised and policies be made to "formalise" the mentoring.*

#### **4.4.3.3 Unkind mentors**

The data further illustrated that some mentors were unkind which devastated the mentees. The mentees actually felt that to be a mentor was not for everyone, and those mentees did not value the mentoring process because of their bad experiences and to them, the mentors did not live up to the expected standards.

Londiwe said:

*I was not fortunate enough; my mentor was not that kind with me. I was expecting her to orientate me because I was new, everything was new, and I did not know even the ward routine, so I feel she was supposed to be there for me to assist ... but she wasn't.*

Zaa said:

*It depends on who your mentor is because some mentors they just leave you "hanging", they just give you an introduction on the first day in the clinical area and you never see them again.*

Sli said:

*My mentor was not there on the first day, even when she came on the next day, I am not sure but she was not really there most of the time, I had to ask help from other mentors.*

#### **4.4.4 Non-academic support**

The data from this category revealed that students felt an overwhelming workload, both in college and in the wards. Specifically in the wards, they could sometimes be exposed to traumatic experiences due to the nature of work in the nursing profession. Three sub-categories emerged: sports and stress reduction; psychological support and stress reduction; and the importance of financial support.

##### **4.4.4.1 Sports and stress reduction**

The data indicated that, through sports participation inside and outside campus, students were able to relax, thus reducing the stress associated with the amount of studying they did, as well as that of traumatising experiences in the clinical setting. Students felt it was important for student support services to focus beyond academic matters, so that they would be able to relax after stressful experiences.

Lulu said:

*... 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.*

Amanda said:

*To know that there is something to do outside college that is linked or related to college.*

Students also indicated that as a result of stress reduction they would perform better academically.

PJ said:

*In as much as we go out for the purpose of sports, you meet colleagues from other campuses where you would share some problems with certain subjects and they will tell you their own ways of tackling things, so you would come back from having fun and even with your work you shared phone numbers and information, so academically you will benefit as well.*

The data revealed that, through sports, student cohesion was promoted as students were able to engage and socialise inside and outside the campus setting, in that way creating strong and long-lasting relationships with their peers. Students were able to share their seniors' experiences after these sports activities.

PJ said:

*Through LRC structure we have games that happens once in a while. We have breaking the ice parties when a new group comes, we welcome them, we meet with each other so it forms part of the group because you meet with your seniors and in that way they can help you later on.*

Lulu said:

*With sports, it is not like each group form their own team but it is different people working as one team, so you get to know and work with people inside and outside the campus.*

#### **4.4.4.2 Psychological support and stress reduction**

The data further indicated that the availability of individual psychological support through the campus counsellor was found to be useful in times of personal crisis. This service allowed students to effectively manage stress related to academic and social issues.

Londiwe said:

*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.*

PJ said:

*Student counsellor was helpful, counselled one student in my class who was close to nervous breakdown after losing her father and through counselling sessions we saw a lot of improvement.*

#### **4.4.4.3 Importance of financial support**

Finally, yet importantly, the availability of financial support was regarded as the most important form of support. In the current study, all students were Department of Health bursary holders receiving grants in the form of a stipend.

PJ said:

*Stipend, it was bursary system so our school fees were paid for by the government.*

Lulu said:

*We don't pay school fees because it is a bursary system.*

Financial support appeared as an important service in assisting students with book purchasing, taking care of personal needs, and sometimes even helping them assist their families.

Lulu said:

*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.*

John said:

*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.*

The data revealed that most students came into the nursing profession, not for the love of nursing, but because they were attracted by the free schooling through the bursary system since they could not afford to enrol at other higher education institutions due to financial difficulties.

Amanda said:

*Even with the financial aid I spoke about... most of us, our parents cannot afford [to help us financially], so we are able to buy books and things we do need to go on with the course.*

PJ said:

*I will put it as a major support in the campus because the majority of us... the reason we applied for these bursaries it is because we cannot afford to go and pay.*

Some students felt that the stipend was not enough to meet their academic needs and personal needs. Students indicated that the books cost more than the monthly stipend. They wished that it could be increased, but mentioned that it was better than nothing.

Amanda said:

*People were complaining that the money is too little compared to the books that we have to buy, and we have to buy food and cosmetics as well; so it can be more useful if we can get something more...*

## **4.5 Conclusion**

In this chapter, the data collection process and the students' perceptions of student support services were presented. The next chapter will present a discussion of the findings.

## **CHAPTER 5 DISCUSSION OF FINDINGS**

### **5.1 Introduction**

This chapter presents the interpretation and discussion of findings in relation to the reviewed literature.

### **5.2 Diversity of student support**

The students' support at the campus was very diverse, students spoke about the existence of a wide diversity in the support services. This included academic and non-academic support services, as well as assistance with theory and clinical practice. The following sub-categories emerged from academic support:

#### **5.2.1 Student orientation**

Student orientation is an indicator of the institution's ability to offer services in a professional and organised manner. Successful implementation of student orientation means that the educational institution is looking at the educational experience from students' perspective, is committed to understanding and meeting students' needs, provides students with quality education, and recognises the needs of multiple stakeholders including students (Alnawas, 2014).

The data from this sub-category revealed that, at the beginning of the course, or on arrival, students received a one-week orientation to the campus and to the clinical area where they were going to practise. Campus orientation made it easier for the students to locate, for example, the campus boundaries, to understand theoretical expectations and to know about other services that would be useful to them throughout the course. Clinical orientation gave them confidence in their practise areas.

Students indicated that orientation made their learning process easier. In line with this, a study findings by Fontaine (2014) revealed that a two-day comprehensive orientation for nursing students in the US was rated as the second most important form of student support. It was found to have set the tone for students' behaviour, and acquainted them with programme demands, the campus and resources available (Fontaine, 2014). Furthermore, student orientation was found in a study by (Tower, Walker, Wilson, Watson, & Tronoff, 2015) to be a supportive activity in retaining

nursing students in Queensland, Australia. The findings also revealed that first year students who attended orientation and other support services were more likely to pass (Tower et al., 2015).

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. Before enrolment, these students were fully informed about the nursing profession and all activities that would take place throughout their education, both in college and in the clinical area. Therefore, according to this author, it is best to conduct orientation before student admission; as, once they are admitted and they feel that they have made the wrong choice of profession, they may decide to leave the course in the first semester and it will be too late to replace them with those on the waiting list (Edmonds, 2013).

Barker et al. (2012) found that, through one-day orientation in the clinical setting, first-year students became aware of the culture of learning at the hospital and the expected behaviour to get the most out of the clinical years.

In the current study, while orientation was seen as important, students still felt that it was overloaded and that some of the issues did not make sense, as they [students] were new. This is supported by the study findings by Roberts and Dunworth (2012), revealing that the orientation on arrival was overloaded with an overwhelming amount of information that students did not understand while so new to the system and which was not immediately relevant to their needs. Students in the current study thought orientation on arrival laid a foundation for all the expectations but they wanted to have more orientation at a later stage like at about 3-6 months period, they also wanted to contribute to improvement of the orientation programme by evaluating it.

## **5.2.2 Accessible campus teachers and remediation**

The accessibility of campus teachers and remediation improved students’ academic success at this campus.

### **5.2.2.1 Accessibility of campus teachers**

The data indicated that the campus teachers were accessible for students at all times and that they demonstrated a caring attitude. All students stated that each class was allocated a “group mother” to guide and support them through the course. The

students found this type of support very helpful during their stay in college and for their academic progress. Through the “group mother”, the weak students were identified and referred to subject teachers for academic counselling and support, and she [group mother] would also counsel the students herself and monitor their progress. Students were also able to communicate freely with the “group mother” regarding personal matters even after college hours.

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.

It is, however, important to note that, according to Mikkonen, Kyngas, and Kaariainen (2015) in their study on nursing students’ experiences of the empathy of their teachers, though the teachers’ understanding of their students was regarded as having a positive impact on students’ professional development and learning environment, it could also obstruct their learning and have negative consequences for their quality of life. This is because the students could abuse the teachers’ understanding and sometimes fail to do their expected work, and therefore underperform or sometimes even fail the course (Mikkonen et al., 2015).

#### ***5.2.2.2 Provision of extra classes and remediation***

The provision of effective remedial education is the best option to alleviate social and economic problems (Zalaznick, 2016). Remedial education is a core function of colleges and any other HEIs in order to help underprepared students develop the skills necessary to meet their long-term educational goals (Koch et al., 2012). Remediation means pre-entry courses done to afford an opportunity to students who did not qualify to enrol in tertiary institutions or enrol in a particular field (Zalaznick, 2016; Koljatic & Silva, 2013; Hern, 2012).

The data in the current study revealed that teachers went as far as providing extra classes even after campus hours, extra help was provided for first-year students, teachers did remedial teaching when necessary, and they made sure that they evaluated the students after each lecture to ensure that everyone was “on board”. Students indicated that remedial work enabled them to catch up where they did not perform well.

This is in line with a study by Chanock, Horton, Reedman, and Stephenson (2012), regarding academic literacy and personal support in first year; following the provision of extra tutorials for students who were struggling to engage with their first year semester's work; the first semester marks rose to As and Bs and fails decreased despite lower entry scores. A study by Hoyne and McNaught (2013) on increasing students' engagement in academic support services, further indicated that after making attendance compulsory at support courses for all "at-risk" students, the failure rate decreased by 50 per cent, which would, in turn, reduce attrition rates in the long term.

### **5.2.2.3 Library services**

It is traditional practice for every HE institution to provide library services for its students. Pawlowsky and Ryan (2016) stated that libraries are learning centres for students to study, read, do research, think, create and explore. Libraries assist their users in accessing and using different collections of resources and information that are available. Libraries also help to develop and improve computer literacy in its users, which is vital for every professional life. Computer skills enhance the use of online information resources and build confidence in using the online information resources (Israel & Edesiri, 2016). The more the students are exposed to computer literacy skills, the better they will use e-resources for their researches (Abubakar & Airen, 2015). In the current study, students indicated that library services were offered at the campus and students thought that library services were vital to their academic success. In line with these findings, a study by Roberts and Dunworth (2012) on staff and students' perceptions of support services revealed that library services were acknowledged across the board as the most useful services, due to different resources being available and the helpfulness and support of the library staff (Roberts & Dunworth, 2012).

The data further revealed that there were three computers in the library, with only one computer with internet access and one librarian. Students also mentioned the availability of a computer room with no internet though. For the students to have access to the computer room they needed permission and could only work in there between 8 am and 4 pm for one hour if it was not busy. Due to all of this, students felt that they had limited access to the use of campus computers and internet and this was

more apparent when the library was closed during lunch breaks and when the librarian was away. By contrast, in a study done by Ritterbush (2014) to assess academic library services for distance learners, it was evident that every library user was entitled to library services and resources of that institution, irrespective of their location (Ritterbush, 2014).

Considering the library limitations, it was apparent that students in the current study were deprived of a chance to access the required and complementary information at any given time. These students would probably rely more on hard-copy books, which was not enough considering the amount and type of work involved in their course.

Different literature sources highlighted several benefits of having a fully functioning library with all the necessary resources and staff to assist students. Some of the benefits highlighted included teachers delivering basic concepts online prior to meeting face to face with students in class and the use of Moodle (Young, 2012). Internet use can result in improved educational outcomes, since students are already familiar with its use (Costa, Cuzzocrea, & Nuzzaci, 2014). Students instituted discussion forums with their peers through internet websites, thereby getting a deeper understanding of a subject without fact memorisation, and as a result; they got better grades, and performed better in assignments (Crampton, Ragusa, & Cavanagh, 2012; Hatakka & Lagsten, 2012). Students would also have access to interlibrary loan, online journals and e books (Dresselhaus & Shrode, 2012). In addition, the use of e-books has been perceived to represent a new wave in the replacement of traditional information sources, and is more suitable in meeting the needs of remote students (Ahmad & Brogan, 2012). E-learning is a learner centred teaching strategy (Ashraf , Khan & Rehman, 2016; Kuimova, Kiyanytsyana & Truntyagin, 2016). Through e-learning students are no longer limited to classroom teachings but can have open discussions with their fellow colleagues and everyone get an opportunity to respond no matter how shy they are; e-learning gives them time to develop better responses and to interact in more meaningful ways (Bichsel, 2013). E-learning also increase flexibility to students as students who have work and family challenges are able to access lectures and other course materials at their own time schedules (Bichsel, 2013).

The data gathered revealed that at the research campus the library structure did not meet the needs of the students in terms of internet resources and staffing. In this

regard, study findings by Dresselhaus and Shrode (2012) and Breeding (2012) emphasised that libraries should shift from print dominated models of management to a more integrated approach, recognising the role of electronic resources, adapting to new technologies, and integrating them into their instruction. This is supported by Sword (2012), who indicated that, with the rapid growth of internet accessibility, nursing programmes are using a combination of approaches to instruction like online teaching

For the health professionals in particular provision of quality patient services is a priority; and the use of technology in health care has been reported to improve nurses decision making and competencies thereby increasing quality of health care, as computer based information systems can provide assistance to nurses in health care environments (Sati Gürdas & Kaya, 2014). Nevertheless, according to Lowry (2012), some of the courses might not require intensive use of library services since those courses do not have a compulsory research component that might need supplementary readings and external sources of information.

#### ***5.2.2.4 Availability of LRC***

In South African education, each school is obliged to institute a representative council of learners (RCL) that is democratically elected to represent learners at school (Hunt, 2014). Some of the functions of LRC include promoting the vision and mission of the institution, providing leadership to the student body, promoting unity in diversity among students and developing a plan of action in view of implementing the students agenda (Cheryl, 2015; Obiero, 2012). In line with this, students in the current study articulated that they had an LRC structure at the campus that served to discuss all students' issues of concern through nominated representatives.

The LRC structure bridged the gap between lecturers and students. Through the leaders of this forum students' academic and social matters were freely discussed. This forum also helped them to handle any challenges encountered through their learning process. In line with the above statement, a study by Carey (2013) on student engagement revealed that course representatives were elected with the aim of expressing a collective view of their peers in the meetings.

At the research site students felt that the LRC made it possible for their [students'] voices to be heard, as their discussions and suggestions were forwarded to the

campus management through the representatives and *vice versa*. According to Carey (2013), students' voices are essential, and whatever the students are saying must be heard. In this study the representatives were actually used as consultants to identify ways of moving forward and they offered a point of access to academic staff. According to Obiero (2012), the LRC is also a forum that helps develop the professional leaders of the future. It is the students themselves that establish this council, and therefore they learn to follow all the required protocols in terms of the establishment of the council. The students who serve in LRC are even at a greater advantage, as they are involved in the institution governance; they therefore develop self -concept and divergent thinking (Obiero, 2012).

#### **5.2.2.5 Clinical support**

Theoretical and clinical teaching are strongly related, therefore the clinical experience forms an important element of the nursing profession, with clinical teaching being a cornerstone of nursing education (Bigdeli et al., 2015).

The data in the current study indicated that during students' clinical placement professional staff played a major role in guiding them with clinical skills and expectations. This is even more important as staff has a great influence on students professional behaviour and practice in the future. Students felt that this type of support eased their clinical stay, which in turn improved their clinical knowledge. 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.

In line with the above, Bigdeli et al. (2015) indicated that clinical assignments play an important role in the learning process of students, and learning in these settings rests on a motivating environment. Concurring with the above, a study by Mwai (2014), on nursing students' experiences in a clinical nursing environment, discovered that the relationships between supervising ward staff and undergraduates appeared to be having an important influence on the placement experience, as students perceived these relationships to have made a difference to how confident they felt in seeking advice and getting help. Participants talked about how important it was for the clinical placement to be student-friendly, fair and inviting for learning to occur (Mwai, 2014).

In support of the above statement, McCutcheon, Lohan, Traynor, and Martin (2014) confirmed that there is a need to support and develop students in clinical skills. This is even more important now than it was previously due to a reduction in practice opportunities. Setumo (2013) further expressed that, during accompaniment, students should be empowered to develop skills and encouraged to accept responsibility for their own learning.

Having said all this, some students at the research site still felt that more clinical support in the form of clinical accompaniment was imperative, as they were sometimes faced with traumatic experiences. In line with these findings, study findings by Heise and Gilpin (2016) on nursing students' clinical experience with death revealed that students needed more clinical support when dealing with dying patients' and families' needs. Students felt that this experience was very traumatic and overwhelming. Literature also revealed that students allocated in overcrowded departments might experience increased levels of stress, therefore they must be supported by clinical supervisors (Blomberg, Bisholt, Engstrom, Ohlsson, Johansson, & Gustafsson, 2014). The nurses in the clinical area thus are important in showing the students how to manage the challenges in the clinical areas – how to face reality and be resilient.

In the current study, students recommended that teachers should do more clinical accompaniment to transfer theory into practise. This was based on gross staff shortages in the ward which, at times, made it difficult for staff to assist students. This is supported by a study by Sibiya and Sibiya (2014) on the work integrated learning experience of primary healthcare nursing students in the clinical setting, which showed that there was a lack of student supervision due to staff shortages, and sometimes staff in the clinical setting felt that student supervision was the responsibility of the HEI mentor or lecturer.

### **5.3 Relevance of feedback**

Feedback refers to information provided by teachers to students about their performance and is a crucial component of learning (Boud & Molloy, 2013; Delva, Sargeant, Miller, Holland, Brown, Leblanc et al., 2013). If feedback is used appropriately, it can support and scaffold students' learning as effective and timeously feedback could motivate and improve the students' willingness to learn. (Plank, Dixon,

& Ward, 2014). In line with this idea students in the current study expressed that they received different forms of feedback from the campus teachers following formative, summative and clinical assessment. 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 on that particular area. The literature is in support of immediate feedback as it increases students' retention of knowledge (Boud & Molloy, 2013; Wojcikowski & Kirk, 2013). Study findings by Rush, Ooms, Marks-Maran, and Firth (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. Feedback was also regarded as a key element that helped to improve the teaching and learning process for both tutors and students in a study that assessed the usefulness of feedback for those who offer it and those who receive it (Ion, Cano, & Ferrer, 2014).

Feedback offered in the current study included one-on-one discussion between students and teachers which allowed students to ask questions and get clarity on any information following that particular evaluation. This is supported by a study by Blair, Wyburn-Powell, Goodwin, and Shields (2014), indicating that feedback should not only be about written comments, but should involve a dialogue between the student and the teacher. According to de Kleijn et al. (2013), during feedback there should be a dialogue between teacher-student and/or peer-to-peer interactions so that learners are actively engaged.

Writing notes/comments on test scripts was another form of feedback used by teachers in the current study. Most students perceived this form of feedback 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. Writing comments on test script was also found to be less effective in a study by Blair et al. (2014), who argued that this is a one-way transmission model of feedback providing a full stop to the feedback process and therefore preventing further discussion. Dowden et al. (2013) stated that, in some cases, written feedback roused strong emotions, thereby extinguishing any academic benefit of written feedback for students.

In relation to the above, it is important to note that, according to a study done by Bourgault, Mundy, and Joshua (2013), written feedback is a traditional method, which

might not be effective for students born in the 1980s and after who have access to digital technology. Therefore, for this generation, an innovative audio-feedback method would be effective and was regarded by students as a personal, easy to understand and positive method.

## **5.4 Peer mentoring**

Mentoring that mediates the transition to higher education is even more important for students from previously disadvantaged communities who are inadequately prepared, as they could be the first generation to access higher education (McMillan & Barrie, 2012). The data in this category revealed the following three (3) sub-categories: access to information and student empowerment; lack of guidance; and unkind mentors.

### **5.4.1 Information, unlimited support and student empowerment**

In this sub-category, data revealed that peer mentoring enabled students in the current study to have access to a resource (a mentor) at any given time, even after hours. Mentors would check on them now and again to assist with theory and or clinical related queries. This kind of support was perceived as important for students' academic progress and success. This is in line with study findings by Barker et al. (2012) on the hidden benefits of a peer-mentored hospital orientation day, which indicated that the best-performing mentors went beyond the remit set in their handbook and provided additional learning opportunities through informal conversations and teaching. Some of them maintained the relationship with their mentees beyond the hospital orientation day

A study by Mwai (2014) further revealed that participants saw supportive mentoring as a gateway to the learning world, the fair and inviting environment would encourage learning to occur. The mentees highlighted that it was important for the mentor to be friendly, understanding, inclusive, and willing to adjust if possible. In accordance with the other findings, the results of a study by (Lian, Ommar, Fern, Ismail, Tengku, Sharifudin et al., 2013) on perceptions of mentor-mentee system revealed that mentors played an important role in assisting mentees on problem-solving issues over and above academic issues. According to Deaton and Deaton (2012), the role of the

mentor is, amongst others, to be a support system, a colleague and provide scaffolding for effective mentoring to take place.

Students also highlighted the fact that they felt empowered by the process of mentoring as mentors made them to believe in themselves and believed that they can achieve anything. At a later stage in the course of training these mentees became mentors of junior students, as mentors, they would have to demonstrate and prove to be good role models and in this way, they grew academically and in terms of professionalism. 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. Moreover, in the above-mentioned study by Lian et al. (2013), more than 40 per cent of respondents agreed that mentoring built confidence in them.

Most students perceived the relationship between the mentor and mentee as that of a friend, as opposed to a mentor/mentee relationship. This was mainly because they were of the same age group and residing together. They felt that they were able to relate better and have a better understanding with people of the same age in case they needed any academic or clinical help as their mentors were able to explain things simpler to them. Students emphasised that this relationship did not disturb the learning process, but instead made it better and more efficient. According to Salleh and Tan (2013), mentoring is the one-to-one support of a novice or less experienced practitioner by a more experienced practitioner to assist the development of the mentee's expertise and to facilitate their introduction into the culture of the profession and into the specific local context.

In the above-mentioned study by Lian et al. (2013), the findings did not provide a clear picture of friend-like relationships between mentors and mentees, as students were neutral on this issue and the conclusion was that mentoring needs varied according to the mentee's experience and level of training.

However, study findings by Mhlaba (2011) revealed that in a programme where one group of participants were mentored by their peers and the other group mentored by qualified mentors not of the same age, the group that was mentored by their peers reported more benefits from the mentoring programme.

### **5.4.2 Lack of guidance**

The data indicated that the criteria for selection of mentors were not clear and mentors were not guided as to how to conduct the whole process of mentoring, so some made use of their experiences, and the ward staff were not officially informed about the mentoring programme. A solution is offered by Lian et al. (2013), who emphasised that a well-tailored mentoring programme would contribute to the success of the mentoring process, and in a study by Cahill, Bowyer, and Murray (2014), students at an HEI in the UK emphasised how important it was for the pastoral staff to be skilful.

In the current study, mentors used their experience and discretion as to how to run the mentoring process. Lack of guidance resulted in the ward staff not recognising the process of mentoring and mentors not having enough time with their mentees during working hours. In line with this finding, Keating (2012) stated that the positive or negative impact of a mentor depends upon how well informed and skilled he or she is as well as the mentor's commitment and availability. The author further indicated that the mentor should compile a work plan based on the students' outcomes from that particular academic institution. Guidance of mentors can also promote professional growth and experience, as mentioned in a study by Deaton and Deaton (2012), assessing mentoring relationships between supplementary instruction (SI) leaders and mentees. A mentoring model was adopted to provide SI for challenging subjects whereby the SI leaders were equipped with knowledge, skills and confidence to adequately support students, which they would not have received through the normal programme activities.

### **5.4.3 Unkind mentors**

Students mentioned that some mentors were unkind, which devastated the mentees. The mentees felt that their mentors were sometimes not there for them in the clinical area. Some mentors would actually give them orientation on the first day and they never saw them again. This resulted in mentees feeling that to be a mentor was not for everyone, and they did not value the mentoring process because of their bad experiences. For these mentees, the mentors did not live up to the expected standards.

As evident in a study by Barker et al. (2012), unkind mentors are not uncommon. In this study, students who had unkind mentors saw their mentors as ineffective, not

interested and underprepared, and these mentees saw the mentoring day as pointless and a demotivating experience. However the study by Salleh and Tan (2013) indicated that both the mentee and the mentor should work very closely, with the mentor monitoring the mentees' progress and being accountable for the mentees' development under his or her charge. According to Keating (2012), the success of mentoring relies on competent mentors capable of establishing strong and supportive relationships with their mentees.

## **5.5 Non-academic support**

Services that are related to the fulfilment of students' emotional and social needs are provided by Higher Education Institutions, but are not directly related to the process of studies (Sajiene and Tamuliene, 2012). In the current study, students expressed that it was important for student support services to focus beyond academic matters to be effective and to prevent student from doing things that they could have avoided if they were not in the residence. Three sub-categories emerged: sports and stress reduction; psychological support and stress reduction; and importance of financial support.

### **5.5.1 Sports and stress reduction**

According to McSweeney (2014), individuals entering HE can be subject to transition stress, as usually individuals are underprepared for the slow process of settling in, therefore social support is important to manage this stress successfully. The data gathered revealed that sources of stress were related to being in a new environment, excessive college work, traumatic experiences in the clinical area and unsupportive mentors. This is in line with studies by Heise and Gilpin (2016), Blomberg et al. (2014), and Pulido-Martos, Augusto-Landa, and Lopez-Zafra (2012) revealing that sources of stress in the clinical field included the use of second language, lack of supportive mentorship, working in overcrowded departments, and taking care of the needs of dying patients and their families.

The data from this sub-category indicated that through sports participation inside and outside campus, students were able to reduce stress associated with having to do a lot of studying, and traumatising experiences in the clinical setting. This is in line with a study by Barney, Bernham and Haslem (2014), who investigated college students' perceptions on the effects of participation in physical activities and stress reduction.

Results revealed that physical participation did help with stress reduction, with students indicating that after engaging in physical action they forgot about stressors in their lives and they felt they could accomplish their school responsibilities (Barney et al., 2014).

The data further revealed that, through sports, students were able to engage and socialise with their peers, thereby creating strong and long-lasting relationships, which would be helpful to them in their future studies. This is evident in a study by Sopa (2014) regarding group cohesion, aiming to demonstrate the effectiveness of sports in increasing group cohesion, mutual attachment, collective spirit and integration of new members. The findings indicated that through basketball games, the groups were able to work collectively in decision-making (Sopa, 2014).

### **5.5.2 Psychological support and stress reduction**

In the current study the school counsellor played an important role in supporting individual students with personal problems as well as academic problems. Most students found this service to have contributed to the success of their education, as they were able to cope and manage any stressful situations. This is in line with a study by Tarabochia (2016) done in Montana State University on a stress education and reduction programme, where the use of school counsellors was promoted and the counsellors were able to assist students to reduce stress and achieve success in their education (Tarabochia, 2016). Psychological support is even more important for nursing students as the nature of nursing is stressful due to hard work and short staffing. The students face unpleasant clinical experiences on daily basis like seeing very sick and dying patients (Heise, 2016).

The literature further revealed that emotional intelligence and balance is vital for students to be successful in education. A study by (Fernandez et al., 2012) found that emotional intelligence and balance had a positive impact on academic achievement in a group of college nursing students in the United States. Students with higher emotional intelligence were more motivated to pursue their interests and to think more expansively about subjects of interest (Fernandez et al., 2012).

### **5.5.3 Relevance of financial support**

Success in HE will afford most students countless opportunities in life. However, a study by Wray, Aspland and Barret (2014) revealed that a significant number of students do not make it to their second year of study owing to financial difficulties.

Students in the current study were bursary holders of the Department of Health; therefore, all their school fees were funded by the bursary. However, they did receive a monthly stipend, which appeared to be an important service in assisting students with book purchasing, taking care of personal needs, and sometimes even helping them assist their families. This afforded them an opportunity to stay in the course knowing that they had less financial uncertainties.

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 are on NSFAS and bursary support 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.

It is important to note that in the current study, the monthly stipend was conditional on continuous achievements during the course of study, which meant that any person dropping a semester would be without the stipend until s/he had made up for that particular semester. This is in line with a study by Leguizamon and Hammond (2015) indicating that merit aid programmes have academic performance standards that persist once the student is in college.

In the current study, the data further revealed that students came into the nursing profession, not for the love of nursing, but because they were attracted by the financial support, since many of them could not afford tuition fees at other higher education institutions. Similarly, the results of a study on issues related to recruitment and retention by Diefenbeck, Michalec, and Alexander (2016) revealed that most students came from financially disadvantaged backgrounds where they did not have anyone to pay for their tuition. Again, due to a shortage of health professionals in rural areas,

provincial bursaries attracted prospective rural dentist or NSFAS students, owing to the fact that they would go back and work in their rural communities (McMillan & Barrie, 2012). However, in contrast to the above, the government of Saudi Arabia paid stipends to its students, not because they could not afford to pay, but as a motivating factor to study (Shehzad, 2013).

## **5.6 Conclusion**

In this chapter, a discussion of the study findings was presented. The next chapter will present the summary, recommendations and imitations of the study.

## **CHAPTER 6 SUMMARY, RECOMMENDATIONS AND LIMITATIONS**

### **6.1 Introduction**

The purpose of this study was to describe students' perceptions of student support services in the R425 programme at a selected nursing campus in the EThekweni District. The overall findings are summarised according to the objectives of the study.

### **6.2 Summary of findings**

#### **6.2.1 Objective 1: Students' perceptions regarding the support services offered**

The students spoke about the existence of a wide diversity of support services, which took the form of academic and non-academic support services and assisted them with theory and clinical practice. According to Tinto and Pusser (2006), both academic and non-academic support are vital in improving the students' outcomes, as some of the students come to HEIs underprepared for the demands of HE. The diverse support services included student orientation on admission, which enabled the students to understand what the course entailed and how it would run. With clinical orientation, they were able to locate different departments, as well as understanding the clinical expectations as clinical expertise formed part of their training.

The students mentioned that their teachers were accessible at all times and provided extra classes and remedial teaching, especially during examination times. All this helped them to go through the course with ease knowing that they had full support from their teachers and this improved their academic success. Library services were offered at the campus, but the students felt that they had limited access to these services. The limitations included limited access to internet; minimal time spent on computers and closing of the library at 4 pm and during weekends and holidays, as there was only one librarian. Students articulated that they had an LRC which 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. Students felt that clinical support eased their clinical stay, which in turn improved their clinical knowledge and this benefited them during clinical examinations. Following formative, summative and clinical assessment students

received different forms of feedback from their teachers. Feedback included one-on-one discussion 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 the teachers. Students indicated that it was not always possible to read written feedback as they [students] could be lazy or they could misinterpret what was written. 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. Through mentoring, students received unlimited support and information from their mentors, and also felt empowered by the process. 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.

The students were engaged in sports 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. Through sports, students were able to engage and socialise with their peers, thereby creating strong and long-lasting relationships, which would be 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 situations. The students in the current study were bursary holders of the Department of Health, and received a monthly stipend that was perceived as important in assisting students with book purchasing, taking care of personal needs and sometimes even helping them assist their families. This afforded them an opportunity to stay in the course knowing that they had less financial uncertainty. Tinto and Pusser (2006) state that students' psychological support, financial support and provision of effective feedback increase students' college persistence and outcomes.

### **6.2.2 Objective 2: Factors promoting student access to support services**

Students mentioned that the orientation on admission made them aware of the available support services and how to access these services. Through accessible

teachers and “group mothers” guidance, they were able to access help whenever they were in need of it. The one on one feedback between teachers and students made it possible for students to get feedback timeously and benefit from it. Through LRC, all the students’ matters and concerns were discussed. The friendly relationship between mentors and mentees made it possible for many of the mentees to get unlimited support and valuable information from their mentors. The willingness of the ward staff to teach students enabled students to meet their clinical expertise and develop clinical confidence.

### **6.2.3 Objective 3: Factors hindering student access to support services**

The students verbalised that the one-week orientation was overloaded as some of the information was not needed in the beginning. It is possible that they could have missed some of the valuable information as they were new and some of the information provided did not make any sense. The inadequately equipped library and short staffing made it difficult for the students to utilise the library services efficiently. The students verbalised that the librarian would access internet for them and give them the required information, they were not allowed to access internet on their own as there was only one computer with internet in the library. There was only one librarian therefore the library would be closed when she was away hindering students’ anytime access to the library. The written feedback was considered as less ideal as most students were lazy to read and if they read it, it was possible to misinterpret it therefore preventing them from getting the intentional support from the teacher. Lack of guidance during mentoring made it difficult at times for the mentors to support the mentees, as they had to trust their own experiences in running of the process. In the clinical area, they faced difficulties in helping their mentees, as the mentoring programme was not introduced officially to the ward staff. Students mentioned that some mentors were unkind, which devastated the mentees. Some mentors would actually give them orientation on the first day and they never saw them again. These mentees felt deserted and did not value the mentoring process because of their bad experiences.

## **6.3 Recommendations**

The current study had recommendations on the following areas:

### **6.3.1 Nursing education**

The current study suggests the standardisation of student support services and making them known and available to students in the form of a booklet or online information. The improvement in the library services in the form of better access and equity related to IT and internet usage, extension of library hours, opening of the library during weekends as well as hiring of an assistant librarian.

### **6.3.2 Nursing administration**

The current study suggests the development of a formalised peer mentoring policy, detailed with the process of selection of mentors; identification of whom to partake in mentoring; training process for mentors; and the evaluation procedure of the peer mentoring programme. The clinical department should be part of the mentoring program.

### **6.3.3 Nursing practice**

The nursing practice staff should be familiar with students' needs / objectives at all levels to be able to guide and assist them according to their level of training. They should also be involved in peer mentoring initiation process of new students to be able to understand the whole process of mentoring and accommodate students' during peer mentoring process.

### **6.3.4 Nursing research**

The current study focused only on one (1) of the eleven (11) campuses of the KZNCN. Therefore, it would be necessary for a broader study to be undertaken, sampling more of the KZNCN campuses.

## **6.4 Limitations of the study**

Since the researcher was a former lecturer at the research site, participants knew her. This would have contributed to some students not wanting to participate and those who participated may be influenced in what they said and told the researcher what they thought she wanted to know or hear. Another limitation was that the study was

done at one campus only; students from other campuses might have different experiences of student support services.

## **6.5 Conclusion**

Roberts et al. (2015) state that providing a wide range of services will not automatically improve the 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, Ortenblad, Kerem & Ojala, 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 the current 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.

## REFERENCES

- Abubakar, D., & Adetimirin, A. (2015). Influence of computer literacy on postgraduates' use of e-resources in Nigerian University libraries. Retrieved 18th December, 2016, from <http://digitalcommons.unl.edu/libphilprac/1207>
- Ahmad, P., & Brogan, M. (2012). Scholarly Use of E.Books in a Virtual Academic Environment: a Case Study. *Australian Academic & Research Libraries*, 43 (3), 189-213.
- Alnawas, I. (2014). Student orientation in higher education: Development of the construct. *Journal of Higher Education*, 69, 625-652.
- Anonson, J. M., Desjarlais, J., Nixon, J., Whiteman, L., & Bird, A. (2008). Strategies to support recruitment and retention of First Nations youth in baccalaureate nursing programs in Saskatchewan, Canada. *Journal of Transcultural Nursing*, 19(3), 274-283.
- Ashraf, S., Khan, T. A., & Rehman, I. u. (2016). E-learning for secondary and higher education sectors: A survey. *International Journal of Advanced Computer Science and Applications*, 7(9), 275-283.
- Barker, T. A., Ngwenya, N., Morley, D., Jones, E., P.Thomasi, C., & Coleman, J. J. (2012). Hidden benefits of a peer-mentored 'Hospital Orientation Day': First-year medical students' perspectives. *Medical Teacher*, 34, 229-235.
- Barkley, A. (2010). "Academic Coaching" for Enhanced Learning. Higher Levels of Student Responsibility, and Greater Retention. Selected Paper Prepared for presentation at the Agricultural & Applied Economics Association's 2010. Denver, Colorado: AAEA, CAES & WAEA Joint Annual Meeting.
- Barnes, T. (2013). Pregnancy and Bodies of Knowledge in a South African University. *African Studies Review*, 56(1), 1-20.
- Barney, D., Bernham, L., & Haslem, L. (2014). Effects of college students' participation in physical activity classes on stress. *American Journal of Health Studies*, 29(1), 1-6.
- Bayod, R. P. (2015). Rising from the ashes: The Journey of unmarried college students who got pregnant. *International Journal of Education*, 16 (October), 75-100.
- Bettinger, E. P., & Long, B. T. (2009). Addressing the needs of underprepared students in higher education. Does College Remediation Work? *Journal of Human Resources*, 44(3), 736-771.
- Beukes, S., & Nolte, A. G. W. (2013). Guidelines for value-sensitive clinical accompaniment in community health nursing. *Journal of Nursing Management* 21, 304-313.

- Bewick, B., Koutsopoulou, G., Miles, J., Slaad, E., & Barkham, M. (2010). Changes in undergraduate students' psychological well-being as they progress through university. *Studies in Higher Education, 35*(6), 633-645.
- Bigdeli, S., Pakpour, V., Aalaa, M., Shekarabi, R., Sanjari, M., Haghani, H., & Mehrdad, N. (2015). Clinical learning environments (actual and expected): Perceptions of Iran University of Medical Sciences nursing students. *Medical Journal of the Islamic Republic of Iran, 29*(173), 1-8.
- Birchall, S. J. (2014). Qualitative inquiry as a method to extract personal narratives: Approach to research into organizational climate change mitigation. *The Qualitative Report 19*(75), 1-18.
- Blair, A., Wyburn-Powell, A., Goodwin, M., & Shields, S. (2014). Can dialogue help to improve feedback on examinations? *Studies in Higher Education, 39*(6), 1039-1054.
- Blair, E., Cline, T., & Wallis, J. (2010). When do adults entering higher education begin to identify themselves as students? The threshold-of-induction model. *Studies in Continuing Education, 32*(2), 133-146.
- Blomberg, K., Bisholt, B., Engstrom, A. K., Ohlsson, U., Johansson, A. S., & Gustafsson, M. (2014). Swedish nursing students' experience of stress during clinical practice in relation to clinical setting characteristics and the organisation of the clinical education. *Journal of Clinical Nursing, 23*, 2264–2271.
- Boud, D., & Molloy, E. (2013). Rethinking models of feedback for learning: The challenge of design. *Assessment & Evaluation in Higher Education, 38*(6), 698-712.
- Bourgault, A. M., Mundy, C., & Joshua, T. (2013). Comparison of audio vs. written feedback on clinical assignments of nursing students. *Nursing Education Perspectives, 34*(1), 43-46.
- Bozalek, V., & Boughey, C. (2012). (Mis)framing higher education in South Africa. *Social Policy & Administration, 46*(6), 688–703.
- Brailsford, I. (2011). 'The ha' porth of tar to save the ship': Student counselling and vulnerable university students. *History of Education, 40*(3), 357-370.
- Breeding, M. (2012). Coping with complex collections: Managing print and digital. *The Systems Librarian*. Retrieved 14th July, 2016, from [www.infotoday.com](http://www.infotoday.com)
- Brock, T. (2010). Young adults and higher education: Barriers and breakthroughs to success. *The Future of Children, 20*(1), 109-132.
- Brown, V., & Nichols, T. R. (2013). Pregnant and parenting students on campus: Policy and program implications for a growing population. *Educational Policy, 27*(3), 499-530.
- Burns, N., & Grove, S. K. (2016). *The Practice of Nursing Research - Appraisal, Synthesis, and Generation of Evidence* (8th ed.). St. Louis: Saunders Elsevier.

- Burns, S. M. (2011). Predicting academic progression for student registered nurse anesthetists. *AANA Journal*, 79(3), 193-201.
- Butler-Adam, J. (2015). Is the decline and fall of South African universities looming? . *South African Journal of Science*, 111(11/12), 1-2.
- Cahill, J., Bowyer, J., & Murray, S. (2014). An exploration of undergraduate students' views on the effectiveness of academic and pastoral support. *Educational Research*, 56(4), 398-411.
- Cameron, J., Roxburgh, M., Taylor, J., & Lauder, W. (2010). An integrative literature review of student retention in programmes of nursing and midwifery education: Why do students stay? *Journal of Clinical Nursing*, 20, 1372-1382.
- Carey, P. (2013). Student engagement: stakeholder perspectives on course representation in university governance. *Studies in Higher Education*, 38(9), 1290-1304.
- Carolana, M. C., & Kruger, G. B. (2011). Concerns among first year midwifery students: Towards addressing attrition rates. *Contemporary Nurse* 38(2), 139-147.
- Cech, E. A., Metz, A. M., Babcock, T., & Smith, J. L. (2011). Caring for our own: The role of institutionalized support structures in Native American nursing student success. *Journal of Nursing Education*, 50(9), 524-531.
- Chanock, K., Horton, C., Reedman, M., & Stephenson, B. (2012). Collaborating to embed academic literacies and personal support in first year discipline subjects. *Journal of University Teaching & Learning Practice*, 9(3), 1-16.
- Chapman-Novakofski, k. (2014). Sharing your research design. *Journal of Nutrition Education and Behaviour*, 46(6), 457.
- Charles, L. L., Moebus, P., Beechinor, L., Pearce, T., & Putney, H. (2014). Getting comfortable as "fish out of water": Using qualitative research methods training to enhance the technical capacity of family therapy trainees. *Journal of Marital and Family Therapy*, 40(2), 233-245.
- Cheryl, d. I. R. (2015). *Governance and Management in Higher Education*. Paper presented at the Second National Higher Education Transformation Summit, South Africa.
- Clark, R., Andrews, J., & Gorman, P. (2012). Tackling transition: The value of peer mentoring. *Widening Participation and Lifelong Learning*, 14(Winter), 57-75.
- Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*, 26(2), 120-123.
- Cloete, N. (2016). For sustainable funding and fees, the undergraduate system in South Africa must be restructured. *South African Journal of Science*, 112(3/4), 5-9.

- Colvin, J. W., & Ashman, M. (2010). Roles, risks, and benefits of peer mentoring relationships in higher education. *Mentoring & Tutoring: Partnership in Learning*, 18(2), 121-134.
- Connecticut State Board of Education Hartford. (2010). Position Statement on Student Support Services. Retrieved 28th February, 2015, from <http://www.sde.ct.gov/sde/LIB/sde/pdf/board/stusuptserv.pdf>
- Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, 41(1), 89-94.
- Costa, S., Cuzzocrea, F., & Nuzzaci, A. (2014). Uses of the internet in educative informal contexts. Implication for formal education. *Media Education Research Journal*, 43, 163-171.
- Council on Higher Education. (2016). VitalStats: Public Higher Education. Retrieved 23rd January, 2017, from [www.che.ac.za](http://www.che.ac.za)
- Countryman, J., & Zinck, A. (2013). Building connections in the first-year undergraduate experience. *The Canadian Journal for the Scholarship of Teaching and Learning*, 4(2), 1-18.
- Crampton, A., Ragusa, A. T., & Cavanagh, H. (2012). Cross-discipline investigation of the relationship between academic performance and online resource access by distance education students. *Research in Learning Technology*, 20: 14430.
- Creswell, J. W. (2009). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (3rd ed.). California: Sage Publications, Incorporated.
- Crockford, J., Hordósy, R., & Simms, K. S. (2015). 'I really needed a job, like, for money and stuff': Student finance, part-time work and the student experience at a northern red-brick university. *Widening Participation and Lifelong Learning*, 17(3), 89-109.
- Crosling, G., Heagney, M., & Thomas, L. (2009). Improving student retention in higher education. *Australian Universities' Review*, 51(2), 9-18.
- de Kleijn, R. A. M., Mainhard, M. T., Meijer, P. C., Brekelmans, M., & Pilot, A. (2013). Master's thesis projects: Student perceptions of supervisor feedback. *Assessment & Evaluation in Higher Education*, 38(8), 1012-1026.
- Deaton, C. C., & Deaton, B. (2012). Using mentoring to foster professional development among undergraduate instructional leaders. *Journal of College Science Teaching*, 42(1), 58-62.
- DeLapp, T., Hautman, M. A., & Anderson, M. S. (2008). Recruitment and retention of Alaska natives into nursing (RRANN). *Journal of Nursing Education*, 47(7), 293-297.
- Delva, D., Sargeant, J., Miller, S., Holland, J., Brown, P. A., Leblanc, C., Lightfoot, K., & Mann, K. (2013). Encouraging residents to seek feedback. *Medical Teacher*, 35, 1625-1631.

- Department of Health. (2013). *The National Strategic Plan for Nurse Education training and Practice 2012/13 - 2016/17*. South Africa, Pretoria: Government Gazette.
- Department of Higher Education and Training. (2014). Statistics on post-school education and training in South Africa: 2012. Retrieved 12th November, 2016, from [www.dhet.gov.za](http://www.dhet.gov.za)
- Department of Higher Education and Training. (2014). Student support services framework - Thutong. Retrieved 10th January, 2013, from <http://www.thutong.doe.gov.za/ResourceDownload.aspx?id=40512&userid>
- Diefenbeck, C., Michalec, B., & Alexander, R. (2016). Lived experiences of racially and ethnically underrepresented minority BSN students: a case study specifically exploring issues related to recruitment and retention. *Nursing Education Perspectives*, 37(1), 41-44.
- Dietsche, P. (2012). Use of campus support services by Ontario college students. *Canadian Journal of Higher Education*, 42(3), 65-92.
- Dowden, T., Pittaway, S., Yost, H., & McCarthy, R. (2013). Students' perceptions of written feedback in teacher education: Ideally feedback is a continuing two-way communication that encourages progress. *Assessment & Evaluation in Higher Education*, 38(3), 349-362.
- Dresselhaus, A. L., & Shrode, F. (2012). Mobile technologies & academics: Do students use mobile technologies in their academic lives and are librarians ready to meet this challenge? *Mansfield Library Faculty Publications*, 15, 82-101.
- Edmonds, M. (2013). "I want to be a nurse!": A qualitative descriptive study on the impact of an "introduction to nursing" course. *Journal of Education and Training Studies*, 1(1), 221-226.
- Elo, S., & Kyngas, H. (2007). The qualitative content analysis process. *Journal of Advanced Nursing* 62(1), 107-115.
- Encarta Dictionary. (2004). Encarta Dictionary. Retrieved 10th December, 2012, from <http://scholar.google.co.za/scholar?q=Encarta+Dictionary+English+%28UK%29&btnG=&hl>
- Erlingsson, C., & Brysiewicz, P. (2013). Orientation among multiple truths: An introduction to qualitative research. *African Journal of Emergency Medicine*, 3, 92-99.
- Fakude, X. S. (2012). *Some factors which contribute to poor academic achievement among undergraduate students at a tertiary institution*. (Masters of Educational Psychology Dissertation), University of Zululand.
- Federman, R. (2011). Treatment of bipolar disorder in the university student population. *Journal of College Student Psychotherapy*, 25, 24-38.

- Fernandez, R., Salamonson, Y., & Griffiths, R. (2012). Emotional intelligence as a predictor of academic performance in firstyear accelerated graduate entry nursing students. *Journal of Clinical Nursing*, 21, 3485–3492.
- Fink, A. (2013). *Conducting Research Literature Reviews: From the Internet to Paper* (2nd ed.). California: Sage Publications.
- Fontaine, K. (2014). Effects of a retention intervention program for associate degree nursing students. *Nursing Education Perspectives*, 35(2), 94-99.
- Geber, H. (2009). Research success and structured support: developing early career academics in higher education. *South African Journal of Higher Education*, 23(4), 674-689.
- George Brown College in Collaboration with Academica Group Inc. (2011). *The Communications Adjunct Model: An Innovative Approach to Language and Literacy Remediation for Adult Learners*. Toronto: Higher Education Quality Council of Ontario.
- Gervase, C., & Xesha, D. (2011). Used bookstore as a vehicle for improved learning and development: The case of a south african tertiary institution. *Journal of Education and Vocational Research*, 1(3), 87-95.
- Gill, B., Ramjan, L., Koch, J., Dlugon, E., Andrew, S., & Salamonson, Y. (2011). A standardised orientation program for first year undergraduate students in the College of Health and Science at UWS. a practice report. *The International Journal of the First Year in Higher Education*, 2(1), 63-69.
- Gilmore, M., & Lyons, E. M. (2007). NURSING 911: An orientation program to improve retention of online RN-BSN students. *Nursing Education Perspectives*, 33(1), 45-47.
- Gilmour, J. A., Kopeikin, A., & Douche, J. (2007). Student nurses as peer -mentors: colegeality in practice. *Nurse Education in Practice*, 7(1), 36-43.
- Graham, S. (2016). Students declare war over university fees. Retrieved 9th November, 2016, from <http://www.thetimes.co.uk/article/students-declare-war-over-university-fees-2j0jfghsz>
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24, 105-112.
- Hamshire, C., Willgoss, T., & Wibberley, C. (2013). Mind The Gaps – health professions students' views of support systems. *Widening Participation and Lifelong Learning*, 14(Winter), 108-127.
- Hancock, B., Ockleford, E., & Windridge, K. (2009). An introduction to qualitative research. Retrieved 11 November, 2014, from [www.rds-eastmidlands.nihr.ac.uk](http://www.rds-eastmidlands.nihr.ac.uk)

- Hatakka, M., & Lagsten, J. (2012). The capability approach as a tool for development evaluation – analyzing students' use of internet resources. *Information Technology for Development, 18*(1), 23-41.
- Heise, B. A., & Gilpin, L. C. (2016). Nursing students' clinical experience with death: A pilot study. *National League for Nursing 37*(2), 104-106.
- Hemphill, M. A., Richards, K. A. R., Templin, T. J., & Blankenship, B. T. (2012). A content analysis of qualitative research in the journal of teaching in physical education from 1998 to 2008. *Journal of Teaching in Physical Education, 31*(3), 279-287.
- Hern, K. (2012). Acceleration across California: shorter pathways in developmental English and Maths. Retrieved 14 July, 2016, from [www.ChangeMag.Org](http://www.ChangeMag.Org)
- Heydari, A., Yaghoubinia, F., & Roudsari, R. L. (2013). Supportive relationship: experiences of Iranian students and teachers concerning student-teacher relationship in clinical nursing education. *Iranian Journal of Nursing and Midwifery Research, 18*(8), 467-474.
- Hope, J. (2015). Provide support to Hispanic students to ensure college access, success. *The Successful Registrar, 15*(7), 12-12.
- Horstmanshof, L., & Zimitat, C. (2007). Future time orientation predicts academic engagement among first-year university students. *British Journal of Educational Psychology, 77*, 703-718.
- Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigour in qualitative case-study research. *Nurse Researcher, 20*(4), 12-17.
- Howell, J. S. (2011). What influences students' need for remediation in college? Evidence from California. *The Journal of Higher Education, 82*(3), 292-318.
- Hoyne, G., & McNaught, K. (2013). Understanding the psychology of seeking support to increase health science student engagement in academic support services. A practice report. *The International Journal of the First Year in Higher Education, 4*(1), 109-116.
- Human Resource Management. (2010). *Guidelines for Implementing of Bursaries for Nurse Trainees-KZNCN: Human Resource Management Circular No: 68 of 2010*. Pietermaritzburg: Government Gazette.
- Hunt, F. (2014). Learner councils in South African schools: adult involvement and learners' rights. *Education, Citizenship and Social Justice, 9*(3), 268-285.
- Hurst, E. (2015). "The thing that kill us": student perspectives on language support in a South African university. *Teaching in Higher Education, 20*(1), 78-91.
- Hutchinson, L., Mitchell, C., & St John, W. (2011). The transition experience of enrolled nurses to a bachelor of nursing at an Australian university. *Contemporary Nurse, 38*(1-2), 191-200.

- Ion, G., Cano, E., & Ferrer, M. F. (2014). *Using Competency Assessment Tool for analyzing the Feedback Process in Higher Education*. Paper presented at the 10th International Scientific Conference eLearning and Software for Education, Barcelona.
- Isaacs, A. N. (2014). An overview of qualitative research methodology for public health researchers. *International Journal of Medicine and Public Health*, 4(4), 318-323.
- Israel, O., & Edesiri, O. (2016). Undergraduates' computer skills and the use of online information resources: A case study of library and information science students of Delta State University, Nigeria. *International Journal of Academic Library and Information Science*, 4(3), 87-93.
- Jacklin, A., & Le Riche, P. (2009). Reconceptualising student support: from 'support' to 'supportive'. *Studies in Higher Education*, 34(7), 735-749.
- Jacklin, A., & Robinson, C. (2007). What is meant by 'support' in higher education? Towards a model of academic and welfare support. *Journal of Research in Special Educational Needs*, 7(2), 114-123.
- Jardine, A. (2012). *Indicators of persistence and their influence on the first year experience of university students from low-socio-economic backgrounds*. (Phd thesis), The University of Melbourne.
- Jasen, P. (2011). Student activism, mental health, and English-Canadian universities in the 1960s. *The Canadian Historical Review* 92(3), 455-481.
- Jensen, U. (2011). Factors influencing student retention in higher education. Summary of influential factors in degree attainment and persistence to career or further education for at-risk/high educational need students *Pacific Policy Research Center. Honolulu, HI Kamehameha Schools–Research & Evaluation Division*. Retrieved 15th May, 2013, from [www.ksbe.edu/spl](http://www.ksbe.edu/spl)
- Jula, F. S. (2013). Use of student support services among university students: associations with problem-focused coping, experience of personal difficulty and psychological distress. *British Journal of Guidance & Counselling*, 41(4), 414-425.
- Junio-Sabio, C. (2012). Importance of academic support services: an assessment by the students in Oman. *International Journal of Information Technology and Business Management*, 3(1), 14-23.
- Keating, K. (2012). Mentorship of hospitality management students during work-integrated learning. *Asia-Pacific Journal of Cooperative Education*, 13(2), 89-102.
- Kirkham, R., & Ringelstein, D. (2008). Student peer assisted mentoring (SPAM): a conceptual framework. *e-Journal of Business Education & Scholarship of Teaching*, 2(2), 39-49.

- Klinger, C. M., & Murray, N. (2012). Tensions in higher education: widening participation, student diversity and the challenge of academic language/literacy. *Widening Participation and Lifelong Learning*, 14(1), 27-44.
- Koch, B., Slate, J. R., & Moore, G. (2012). Perceptions of students in developmental classes. *Community College Enterprise*., 62-82.
- Koljatic, M., & Silva, M. (2013). Opening a side-gate: engaging the excluded in Chilean higher education through test-blind admission. *Studies in Higher Education*, 38(10), 1427-1441.
- Koris, R., Ortenblad, A., Kerema, K., & Ojala, T. (2015). Student-customer orientation at a higher education institution: the perspective of undergraduate business students. *Journal of Marketing for Higher Education*, 25(1), 29-44.
- Kothari, C. R. (2004). *Research Methodology: Methods and Techniques*. Daryaganj, New Delhi: New Age International (P) Ltd Publishers.
- Kuimova, M., Kiyaniytyna, A., & Truntyagin, A. (2016). E-learning as a means to improve the quality of higher education. Retrieved 18th December, 2016, from <http://creativecommons.org/licenses/by/4.0/>
- KwaZulu-Natal College of Nursing. (2014). *Strategic plan*. Pietermaritzburg: Government Gazette.
- KwaZulu-Natal College of Nursing. (2015). *Kzncn learner information guide and rules*. Pietermaritzburg: Government Gazette.
- Leguizamon, J. S., & Hammond, G. W. (2015). Merit-based college tuition assistance and the conditional probability of in-state work. *Papers in Regional Science*, 94(1), 197-218.
- Letseka, M., & Maile, S. (2008). High university drop-out rates: a threat to South Africa's future. Retrieved 11 November, 2014, from [www.hsrc.ac.za](http://www.hsrc.ac.za)
- Lian, C. W., Ommar, N., Fern, J. T. S., Ismail, S., Tengku, T. S., Sharifudin, M., & Hwan, W. S. (2013). Perception of the mentor-mentee system among medical students of the faculty of medicine and health sciences, universitiy Malaysia Sarawak. *Education in Medicine Journal*, 5(2), 29-37.
- Lowry, L. (2012). Accounting students, library use, and information competence: Evidence from course syllabi and professional accounting association competency maps. *Journal of Business & Finance Librarianship*, 17, 117-132.
- Lukosius, V., Pennington, J. B., & Olorunniwo, F. O. (2013). How students' perceptions of support systems affect their intentions to drop out or transfer out of college *Review of Higher Education and Self-Learning*, 6(18), 189-207.
- Mack, N., Woodsong, C., Macqueen, K. M., Guest, G., & Namey, E. (2011). *Qualitative Research Methods: A Data Collector's Field Guide*. Research Triangle Park, North Carolina: FHI 360.

- Mammen, S., & Sano, Y. (2012). Gaining access to economically marginalized rural populations: lessons learned from nonprobability sampling. *Rural Sociology*, 77(3), 462-382.
- Mazaheri, M., Eriksson, L. E., Heikkilla, K., Nasrabadi, A. N., Ekman, S. L., & Sunvisson, H. (2013). Supporting people with dementia and their carers experiences of living with dementia: qualitative content analysis of semi-structured interviews. *Journal of Clinical Nursing*, 22, 3032-3041.
- Mbatha, B. (2014). Obstacles to HIV prevention, treatment and care in selected public universities in South Africa. *African Journal of AIDS Research*, 13(3), 237-246.
- McCutcheon, K., Lohan, M., Traynor, M., & Martin, D. (2014). A systematic review evaluating the impact of online or blended learning vs. face-to-face learning of clinical skills in undergraduate nurse education. *Journal of Advanced Nursing*, 71(2), 255-270.
- McGhie, V. F. (2012). *Factors impacting on first-year students' academic progress at a South African University*. (Masters of Education Dissertation), University of Stellenbosch.
- McMillan, W. J., & Barrie, R. B. (2012). Recruiting and retaining rural students: evidence from a faculty of dentistry in South Africa. *The International Electronic Journal of Rural and Remote Health Research, Education Practice and Policy* 12, 1-10.
- McSweeney, F. (2014). "Moving in": difficulties and support in the transition to higher education for in-service social care students. *Social Work Education*, 33(3), 317-337.
- Mhlaba, G. T. (2011). *Exploring clinical mentoring of the students in the clinical settings as perceived and experienced by the student nurses and clinical mentors in a selected nursing college campus in Durban*. (Masters in Nursing Education Dissertation), University of KwaZulu-Natal, South Africa.
- Mikkonen, K., Kyngas, H., & Kaariainen, M. (2015). Nursing students' experiences of the empathy of their teachers: a qualitative study. *Advances in Health Sciences Education*, 20(3), 669-682.
- Mkhize, Z. (2004). HIV and AIDS Unit UNIZULU Main Campus. Retrieved 26th March, 2015, from <http://www.unizulu.ac.za/outreach-centres/hiv-aids-centre>
- Mkumbo, K. (2013). Assessment of HIV/AIDS knowledge, attitudes and behaviours among students in higher education in Tanzania. *Global Public Health*, 8(10), 1168–1179.
- Morgan, M. (2013). Re-framing the first-year undergraduate student experience. *All Ireland Journal of Teaching and Learning in Higher Education*, 5(3), 1441-14415.

- Mugarura, J. (2010). *An inquiry into student support mechanisms in postgraduate nursing programmes at the University of Kwazulu-Natal: a students' perspective*. (Masters in Nursing Education Dissertation), University of Kwa Zulu-Natal.
- Mwai, E. (2014). *Nursing students' experiences in clinical nursing environment*. (Masters in Nursing Social Services, Health and Sports Dissertation), JAMK University of Applied Sciences.
- Noone, J. (2008). The diversity imperative: Strategies to address a diverse nursing workforce. *Nursing Forum*, 43(3), 133-143.
- Nqadala, N. (2007). *Some factors that influence learning and development of primary school learners*. (Unpublished Master of Education Dissertation), University of Zululand
- Ntakana, K. N. (2011). *The effectiveness of student support programmes at a tertiary institution: a case study of Walter Sisulu University*. (Masters of Education Dissertation), University of Zululand.
- Obiero, N. A. (2012). *The involvement of student leaders in the governance of university: An implication of shared leadership*. (Master of Philosophy in Higher Education Institute of Educational Research Dissertation), University of Oslo.
- Ospino, H. (2010). Theological horizons for a pedagogy of accompaniment. *Religious Education*, 105(4), 413-430.
- Pawlowsky, S., & Ryan, T. G. (2016). The 21st-century school library perpetual change or evolution? *International Journal of Educational Reform*, 25(1), 38-55.
- Peters, L. F. (2010). *The impact of remedial education on nursing student success*. (Department of Educational Leadership, Administration, and Foundations Doctor of Philosophy), Indiana State University.
- Petticrew, M., & Roberts, H. (2008). *Systematic reviews in the Social Sciences: a Practical Guide*. London: Blackwell Publishing.
- Plank, C., Dixon, H., & Ward, G. (2014). Student voices about the role feedback plays in the enhancement of their learning. *Australian Journal of Teacher education*, 39(9), 98-110.
- Polit, D. F., & Beck, C. T. (2012). *Nursing Research Generating and Assessing Evidence for Nursing Practice* (9th ed.). Philadelphia: Wolters Kluwer Health.
- Prymachuk, S., Easton, K., & Littlewood, A. (2009). Nurse education: Factors associated with attrition. *Journal of Advanced Nursing*, 65(1), 149-160.
- Pulido-Martos, M., Augusto-Landa, J. M., & Lopez-Zafra, E. (2012). Sources of stress in nursing students: a systematic review of quantitative studies. *International Nursing Review* 59, 15-25.

- Pullan, M. (2011). Online support services for undergraduate millennial students. *Journal of Higher Education Theory and Practice*, 11(2), 66-83.
- Reddy, K. (2012). Students as consumers: the implications of the consumer protection act for higher education institutions in South Africa. *South African Journal of Higher Education*, 26(3), 586–605.
- Republic of South Africa. (1999). *Act no. 56. of 1999: National student financial aid scheme act*. CapeTown: Government Gazette.
- Ritterbush, J. (2014). Assessing academic library services to distance learners: a literature review of perspectives from librarians, students, and faculty. *The Reference Librarian*, 55, 26-36.
- Roberts, P., Boldy, D., & Dunworth, K. (2015). The views of international students regarding university support services in Australia: a case study. *The International Education Journal*, 14(3), 122-137.
- Roberts, P., & Dunworth, K. (2012). Staff and student perceptions of support services for international students in higher education: a case study. *Journal of Nursing Education Policy and Management*, 34(5), 517-528.
- Rush, S., Ooms, A., Marks-Maran, D., & Firth, T. (2014). Students' perceptions of practice assessment in the skills laboratory: an evaluation study of OSCAS with immediate feedback. *Nurse Education in Practice* 14(6), 627-634.
- Ryan-Nichol, K., & Will, C. (2009). Rigour in qualitative research: mechanisms for control. *Nurse Researcher*, 16(3), 70-85.
- Ryan, F., Coughlan, M., & Cronin, P. (2007). Step-by-step guide to critiquing research. Part 2: Qualitative research. *British Journal Of Nursing*, 16(12), 738-744.
- Sajienė, L., & Tamulienė, R. (2012). Quality assessment parameters for student support at higher education institutions. *Jouran of Higher Education*, 9, 120-139.
- Salleh, H., & Tan, C. (2013). Novice teachers learning from others: mentoring in Shanghai schools. *Australian Journal of Teacher Education*, 38(3), 152-165.
- Sarma, H., & Oliveras, E. (2013). Implementing HIV/AIDS education: impact of teachers' training on HIV/AIDS education in Bangladesh. *Journal of Health Population and Nutrition*, 31(1), 20-27.
- Sati Gürdas, T., & Kaya, N. (2014). Nurses' computer literacy and attitudes towards the use of computers in health care. *International Journal of Nursing Practice*, 21(52), 141-149.
- Schreiber, B., & Aartun, K. (2011). Online Support Service via iMobile Technology - a Pilot Study at a Higher Education Institution in South Africa. *Journal of Psychology in Africa*, 21(4), 635-642.

- Scotty, H., & Xu, Y. (2016). The effect of parents' level of education on the need for student remediation in postsecondary mathematics. *College Student Journal*, 50(1), 19-28.
- Sebolai, K. (2013). Validating a test of academic literacy at a South African university of technology. *Acta Academica*, 45(3), 215-241.
- Setumo, L. J. (2013). *Midwifery students' experiences of clinical teaching at Sovenga Campus (Limpopo College of Nursing), Limpopo Province*. (Masters in Nursing Science Dissertation), University of South Africa.
- Shankari, P. R., Karki, B. S., Thapa, T. P., & Singh, N. (2012). Orientation program for first year undergraduate medical students: knowledge, attitudes and perceptions. *Education in Medicine Journal*, 4(1), 57-63.
- Shehzad, W. (2013). Changing perceptions to improve teaching practices. *Journal of Research and Reflections in Education*, 7(1), 19-26.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75.
- Sibiya, N. E., & Sibiya, M. N. (2014). Work integrated learning experiences of primary health care post-basic nursing students in clinical settings: a university of technology context. *South African Journal of Higher Education*, 28(6), 1943-1953.
- Simmons, L. L., Mbarika, I., Mbarika, V. W., Thomas, C. A., Tsuma, C., Wade, T. L., & Wilkerson, D. (2011). TeleEducation initiatives for Sub-Saharan Africa: the case of the African virtual university in Kenya. *Journal of STEM Education* 12(5 & 6), 78-90.
- Sopa, I. S. (2014). Study regarding group cohesion at primary level. *Bulletin of the Transilvania University of Brasov Series IX: Sciences of Human Kinetics*, 7 (56), 67-74.
- South African Nursing Council. (2005). The Nursing Act, No 33 of 2005 as Amended Retrieved 4th December, 2014, from <http://www.sanc.co.za/pdf/Nursing%20Act%202005.pdf>
- South African Nursing Council. (2012). The South African Nursing Council under the Provisions of the Nursing Act, 2005. *Nursing Education and Training Standards*. Retrieved 11th November, 2016, from [www.sanc.co.za](http://www.sanc.co.za)
- Styger, A., van Vuuren, G. W., & Heymans, A. (2015). Case study of postgraduate student dropout rate at South African Universities. *International Business & Economics Research Journal*, 14(1), 1-14.
- Sword, T. S. (2012). The transition to online teaching as experienced by nurse educators. *Nursing Education Perspectives*, 33 (4), 269-271.

- Tarabochia, D. S. (2016). A comprehensive stress education and reduction program utilizing a well-being model: incorporating the American school counselor association student standards (pp. 1-37): Montana State University.
- Taylor & Francis Group. (2010). Editorial: A Learning Experience. Retrieved 7th October, 2016, from <http://www.informaworld.com>
- Terrion, J. L., & Phillion, R. (2008). The electronic journal as reflection-on-action: a qualitative analysis of communication and learning in a peer-mentoring program. *Studies in Higher Education*, 33(5), 583-597.
- Theron, E., & Bitzer, E. (2016). Student learning engagement at a private higher education institution. *Journal of Higher Education* 56(1), 207-220.
- Thomas, E., & Magilvy, J. K. (2011). Qualitative rigor or research validity in qualitative research *Journal for Specialists in Pediatric Nursing*, 16, 151-155.
- Tinto, V. (2005). *Moving from Theory to Action*. Washington, DC: American Council on Higher Education and Praeger Publishers.
- Tinto, V., & Pusser, B. (2006). *Moving from Theory to Action: Building A Model of Institutional Action for Student Success*. Washington, DC: National Postsecondary Education Cooperative.
- Torenbeek, M., Jansen, E. P. W. A., & Hofman, W. H. A. (2011). Predicting first-year achievement by pedagogy and skill development in the first weeks at university. *Teaching in Higher Education*, 16(6), 655-668.
- Torregosa, M. B., & Morin, K. H. (2012). Programmatic and teaching initiatives for ethnically diverse nursing students: a literature review. *Asian Nursing Research* 6(2), 67-74.
- Tower, M., Walker, R., Wilson, K., Watson, B., & Tronoff, G. (2015). Engaging, supporting and retaining academic at risk students in a bachelor of nursing: Setting risk markers, interventions and outcomes. *The International Journal of the First Year in Higher Education*, 6(1), 121-134.
- van Schalkwyk, S., Bitzer, E., & van der Walt, C. (2009). Acquiring academic literacy: a case of first-year extended degree programme students. *Southern African Linguistics and Applied Language Studies*, 27(2), 189-201.
- van Zyl, A., & Blaauw, P. (2012). An integrated project aimed at improving student success. *Africa Education Review*, 9(3), 466 – 484.
- van Zyl, A., Gravett, S., & de Bruin, G. P. (2012). To what extent do pre-entry attributes predict first year academic performance in the South African context? *South African Journal of Higher Education*, 26(5), 1095-1111.
- Verhoef, A. (2016). HIV and AIDS, worldviews and transformation in higher education. *South African Journal of Higher Education*, 30(4), 56-73.

- Wangenge-Ouma, G. (2012). Tuition fees and the challenge of making higher education a popular commodity in South Africa. *Journal of Higher Education*, 64, 831–844.
- Wangenge -Ouma, G., & Cloete, N. (2008). Financing higher education in South Africa: public funding, non-government revenue and tuition fees. *South African Journal of Higher Education*, 22(4), 906-919.
- White, C. (2014). Using principles of trust to engage support with students from low socioeconomic backgrounds. a practice report. *The International Journal of the First Year in Higher Education*, 5(2), 81-87.
- Wiley, J. (2013). "Dear colleague letter" urges support for students who are pregnant, parents. Retrieved 11th November, 2016, from [www2.ed.gov/about/offices/list/ocr/letters/colleague-201306](http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201306)
- Wilson, D., Mickinney, C., & Rapata-Hanning, M. (2011). Retention of indigenous nursing students in New Zealand: a cross-sectional survey. *Contemporary Nurse* 38(1), 59-75.
- Wojcikowski, K., & Kirk, L. (2013). Immediate detailed feedback to test-enhanced learning: an effective online educational tool. *Medical Teacher*, 35, 915–919.
- Wolhuter, C. C. (2011). Community colleges in South Africa? Assessment of potential from comparative international perspectives. *South African Journal of Higher Education*, 25(6), 1205-1218.
- Wolhuter, C. C. (2014). Weaknesses of South African education in the mirror image of international educational development. *South African Journal of Education*, 34(2), 1-25.
- Wolniak, G. C., & Rekoutis, P. (2016). Factors associated with college coping among high achieving scholarship recipients from adverse backgrounds. *Teachers College Record*, 118(1), 4-10.
- Wyk, A. v. (2014). English-medium education in a multilingual setting: a case in south africa. *International Review of Applied Linguistics in Language Teaching*, 52(2), 205-220.
- Young, J. R. (2012). Leaders look to technology for savings and change. *Chronicle of Higher Education*, 59(1), 97-99.
- Zalaznick, M. (2016). Solving the Remediation Riddle. Retrieved 18 July 2016, from [ww.universitybusiness.com](http://ww.universitybusiness.com)

## ANNEXURES

### Annexure 1: Participant information sheet

**Research topic:** Students' perceptions of student support services at a selected nursing campus in the EThekweni District.

| RESEACHER   | RESEARCH SUPERVISOR   |
|---|---|
| <p><b>Nokuthula Ndlela:</b></p> <p>University of KwaZulu-Natal School of Nursing and Public Health (Howard College)</p> <p>Email: <a href="mailto:ntndlela@gmail.com">ntndlela@gmail.com</a></p> <p><b>Mobile no:</b> 082 8295275</p> | <p><b>Professor Petra Brysiewicz:</b></p> <p>University of KwaZulu-Natal School of Nursing &amp; Public Health (Howard College)</p> <p>Email: <a href="mailto:Brysiewicz@ukzn.ac.za">Brysiewicz@ukzn.ac.za</a></p> <p><b>Tel no:</b> +27 (0)31 260 1281</p> |

#### Introduction:

Dear Participant

I am Nokuthula Ndlela, a coursework Master's Degree nursing student at the University of KwaZulu-Natal, South Africa. As part of my coursework, I am required to conduct a research project in an area of interest.

#### Purpose of the study:

The purpose of this study is to explore and describe the perceptions of students regarding the use of student support services in the R425 programme at a selected nursing campus in the EThekweni District.

#### Invitation to participate:

I would like to invite you to participate in this study. You are requested to participate because you meet the selection criteria. You will be requested to participate in an

individual interview lasting for about 20-30 minutes. Please note that during the interview you will also be recorded for accuracy of information.

**Benefits:**

There are no individual /participant benefits attached to this study. Findings from this study might help to improve the use of students' support services in this campus.

**Confidentiality:**

Please note that your identity and information will be treated with utmost confidentiality. Transcribed data and audio tapes will be kept in a locked office accessible by researcher only; computerised data will be accessed by a password known to the researcher only. After data analysis, all computerised data will be erased from the computer and any other data will be shredded and burnt. On publication of results, your identity as well as the institution's identity will be protected. Feel free to ask any questions you may have so as to be clear as to what is expected of you.

**Please note that:**

- *You are free to participate or not to participate in this study.*
- *You are free to withdraw from the study at any time without consequences.*
- *Your name will not be used anywhere in the study findings.*
- *There are no risks attached to your participation.*

**NB:** The results of this study will be communicated to you should you so wish.

Thank you

Researcher: N Ndlela

## Annexure 2: Consent form

Social Sciences, College of Humanities  
Howard College  
University of KwaZulu-Natal

Dear Participant

**Research Topic:** Students' perceptions of student support services at a selected nursing campus in the EThekweni District.

### INFORMED CONSENT LETTER

My name is Nokuthula Nkosingiphile T. Ndlela. I am a Nursing Education Masters' Degree student studying at Howard College, the University of KwaZulu-Natal, South Africa.

I am interested in studying the students' perceptions of student support services in the EThekweni District. Your campus is my research site.

To gather the information, I am interested in asking you some questions.

#### Please note that:

- Your confidentiality is guaranteed, as your inputs will not be attributed to you in person, but reported only as a population member opinion.
- The interview may last for about 20-30 minutes.
- Any information given by you will not be used against you, and the collected data will be used for purposes of this research only.
- Data will be stored in secure storage and destroyed after 5 years.
- You have a choice to participate, not participate or stop participating in the research. You will not be penalised for taking such an action.
- The research aims at describing the perceptions of students regarding the use of student support services in the R425 programme at a selected nursing campus in the EThekweni District.
- Your involvement is purely for academic purposes only, and there are no financial benefits involved.
- If you are willing to be interviewed, please indicate (by ticking as applicable) whether or not you are willing to allow the interview to be recorded on the following equipment:

| <b>Recording:</b>       | <b>Willing</b> | <b>Not willing</b> |
|-------------------------|----------------|--------------------|
| <b>Audio equipment:</b> |                |                    |

I can be contacted at:

**Email:** [ntndlela@gmail.com](mailto:ntndlela@gmail.com)

Mobile no: 082.8295 275

**My supervisor is:** Professor Petra Brysiewicz, and she is located at the School of Nursing and Public Health, Howard College, University of KwaZulu-Natal.

**Contact details:** [Brysiewicz@ukzn.ac.za](mailto:Brysiewicz@ukzn.ac.za)

**Phone number:** +27 (0)31 260 1281

You may also contact the Research Office through:

Prem Mohun

HSSREC Research Office,

**Email:** [mohunp@ukzn.ac.za](mailto:mohunp@ukzn.ac.za)

**Telephone no:** + 27 (0)31 260 4557

Thank you for your contribution to this research.

### Annexure 3: Interview guide

**Research topic:** Students' perceptions of student support services at a selected nursing campus in the EThekweni District.

**Pseudo code of interviewee:**

**Nursing college: KZNCN**

**Nursing campus: Selected nursing campus in EThekweni District**

### Introduction

Recording starts ...

Good morning. Thank you for agreeing to meet with me and share your views.

As you may know, the purpose of this interview is to help us understand your perception about the student support services at this campus.

Before we begin, let me review some important considerations. I will be recording this interview to ease further analysis of qualitative data but will keep all your responses highly confidential.

By accepting to be interviewed you confirm that you have consented to participate in this study and that the interviews can be recorded.

I am just as interested in both negative and positive comments and often the more challenging and in-depth comments are the most helpful.

**Ice-breaker:** *Would you share with me your experience of being a student in this campus?*

**Probing:** *What forms of student support services were available to you at the time of admission at this campus?*

1. As a student, how do you use the support services available at this campus?

**Probing:**

- What form of academic support is available for students?

- Are there any extracurricular support services available? If yes, what are they?
- What are the student monitoring and assessments strategies used at this campus?
- How do you receive feedback after assessments?
- Do you perceive student support services as useful or not? Explain more.

2. As a student, what role do you play in effecting support services?

**Probing:**

- Do you voluntarily seek help or are you hand-picked as being in need of support?
- Once you are engaged in the support process how do you ensure that you benefit from it?

3. Can you describe the challenges you have encountered while accessing the support services at this campus?

**Probing:**

- What is the nursing campus or student body doing about the challenges encountered?

**Suggestions/Solutions:**

Please share any other comments or suggestions you have on the student support services.

**Probing:**

- How could student support services be improved?

Thank you for participating in this study.

## Annexure 4: Ethical approval



2 November 2015

Miss NNT Ndlela 212533230  
School of Nursing and Public Health  
Howard College Campus

Dear Ms Ndlela

Protocol reference number: HSS/0708/015H

Project title: Students' perceptions of student support services in a selected Nursing Campus in Ethekwini District

### Full Approval – Expedited Application

In response to your application received on 26 June 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted FULL APPROVAL.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....  
Dr Shenika Singh (Chair)  
Humanities & Social Sciences Research Ethics Committee

/pm

cc Supervisor: Prof Petra Brysiewicz  
cc Academic Leader: Prof M Mars  
cc School Administrator: Ms Caroline Dhanraj

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Humanities & Social Sciences Research Ethics Committee

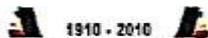
Dr Shenika Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3567/83504557 Facsimile: +27 (0) 31 260 4609 Email: [ximhan@ukzn.ac.za](mailto:ximhan@ukzn.ac.za) / [strymenm@ukzn.ac.za](mailto:strymenm@ukzn.ac.za) / [probuapp@ukzn.ac.za](mailto:probuapp@ukzn.ac.za)

Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)



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## Annexure 5: Letter of support (KZNCN)



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**KWAZULU- NATAL COLLEGE OF NURSING**

P/Bag X9089, Pietermaritzburg, 3200  
Tel.: (033) 264 7800, Fax: (033) 394 7238  
e-mail: sindizama.mthembu@kznhealth.gov.za  
www.kznhealth.gov.za

Enquiries: Mrs. S. Maharaj  
Telephone: 033 – 264 7806  
Date: 16 September 2015

Principal Investigator:  
Ms. NNT Ndlela  
Student Number: 212533320  
C/O University of KwaZulu-Natal

Dear Madam

**RE: PERMISSION TO CONDUCT RESEARCH AT THE KZN COLLEGE OF NURSING**

**TITLE: STUDENT'S PERCEPTION OF STUDENTS SUPPORT SERVICE IN A SELECTED NURSING CAMPUS IN ETHEKWINI DISTRICT**

Please note that permission to conduct your study requires ethical clearance from the university to be produced. The Principal of the KZN College of Nursing will however grant you provisional permission to continue.

However it is requested that once ethical clearance is received you forward it to the KZNCN as soon as possible. Arrangements with the respective campus principal(s) will have to be made prior to the data collection taking place. The data needed for the above research will have to be collected at the identified Campus(s) and Sub Campus(s) of the KwaZulu-Natal College of Nursing.

Please note the following:

- 1.1 Ensure that you adhere to all policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
- 1.2 This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
- 1.3 Please ensure this office is informed before you commence your research.
- 1.4 The KwaZulu-Natal College and its NEI's will not provide any resources for this research.
- 1.5 You will be expected to provide feedback on your findings to the Principal of the KwaZulu-Natal College of Nursing.

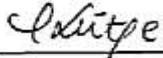
Thanking You

Dr. SZ Mthembu  
Principal: KwaZulu-Natal College of Nursing

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uMnyango Wezempilo. Departement van Gesondheid  
Fighting Diseases, Fighting Poverty, Giving Hope.

## Annexure 6: Permission to conduct study (DoH)

|   |  |
|---|--|
|  <b>health</b><br>Department:<br>Health<br>PROVINCE OF KWAZULU-NATAL   | <b>DIRECTORATE:</b><br>Health Research & Knowledge<br>Management |
| Physical Address: 330 Langalibalele Street, Pietermaritzburg<br>Postal Address: Private Bag X9051<br>Tel: 033 395 2805/ 3189/ 3123 Fax: 033 394 3782<br>Email: <a href="mailto:hrkm@kznhealth.gov.za">hrkm@kznhealth.gov.za</a><br><a href="http://www.kznhealth.gov.za">www.kznhealth.gov.za</a> |  |
| Reference: 004/16<br>KZ_2015RP28_460  |  |
| Date: 13 January 2016   |  |
| Dear Ms N. Ndlela<br>Email: <a href="mailto:nokuthula.ndlela@kznhealth.gov.za">nokuthula.ndlela@kznhealth.gov.za</a>  |  |
| <b>Approval of research</b>   |  |
| 1. The research proposal titled 'Students' perceptions of student support services in a selected Nursing Campus in EThekweni District' was reviewed by the KwaZulu-Natal Department of Health.  |  |
| The proposal is hereby approved for research to be undertaken at Prince Mshiyeni Nursing Campus.  |  |
| 2. You are requested to take note of the following:   |  |
| a. Make the necessary arrangement with the identified facility before commencing with your research project.  |  |
| b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.   |  |
| 3. Your final report must be posted to <b>HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200</b> and e-mail an electronic copy to <a href="mailto:hrkm@kznhealth.gov.za">hrkm@kznhealth.gov.za</a>   |  |
| For any additional information please contact Mr X. Xaba on 033-395 2805.   |  |
| Yours Sincerely   |  |
|    |  |
| Dr E Lutge  |  |
| Chairperson, Health Research Committee  |  |
| Date: <u>14/01/16.</u>  |  |
| Fighting Disease. Fighting Poverty. Giving Hope   |  |

**Annexure 7: Permission to conduct study (research site)**



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**KWAZULU-NATAL COLLEGE OF NURSING**  
**PRINCE MSHIYENI MEMORIAL CAMPUS**  
Physical Address: Mangosuthu Highway, Durban, 4000  
Physical Address: Private Bag 10, Mcedeni, 4160  
tel: +27 (0)31 937 8319/8314 Fax: +27 (0)31 938 7772 Email: Rozana.Bridgemohan@kznhealth.gov.za  
[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

**Directorate: PRINCIPAL OFFICE**

Date : 26/02/2016

Ms Nokuthula Ndlela  
Midwifery Subject head  
Benedictine Campus

Dear : Ms Nokuthula Ndlela

**RE:** Request for permission to conduct a study

**Study topic:** Undergraduate students' perceptions of student support services in a selected Nursing Campus in EThekweni District.

**Supervisor:** Professor Petra Brysiewicz

In response to your email, I am pleased to inform you that you are granted permission to conduct your study at Prince Mshiyeni Nursing Campus.

I note with appreciation that you have full approval from the research ethics committee of UKZN.

Please abide by the stipulations of Kwa – Zulu Natal College of Nursing

Please communicate the outcome of your study by submitting a written report to the Campus principal.

Thank you

Mrs. R. Bridgemohan  
Campus Principal

## **Annexure 8: Interview with participant**

Interview 1 with PJ

Date: 10 April 2016

Location: Nurses' residence

Present: Nokuthula Ndlela

PJ

Interview

**Please share your experiences of being a student at this campus from the time you came in up to this far.**

Mmh ... it has been a long journey but from my experience I can say I have learnt a lot. It is a very ... time becomes very short because of the amount of work that we get to do including theory and practice but in overall its perfectly I mean it is manageable I can cope. I think it has been ok.

**So both your theory and practical has been overwhelming but you managed to cope?**

Yes.

**If you can just tell me briefly, what type of support services were offered to you when first came to this campus?**

When I initially came for the first time to campus, I remember we were given orientation throughout the whole hospital. They made us meet manager of the hospital, also staff clinic and all other things that will be of necessity to us including wards. They didn't necessarily go into details with wards because we were also going to go there when we were allocated but we were shown layout of the campus and hospital we will be working in.

**Ok, who was facilitating the orientation and when exactly did it happen?**

It was during first day by our group mother, she had planned how orientation would go about. She started at campus then layout further went to hospital, we had a break I remember around 10 o' clock then we continued later on with hospital.

**Ok, so as a person how did you find this orientation? How did you perceive the orientation day?**

The orientation was very beneficial to me because first and foremost it was my first time coming to this hospital so I had no idea who was who and what was where so it gave me a very straight-forward and knowing. It gave me confidence because I knew now if had to be asked where to go and search certain things I was able to say ok that's the staff clinic and that's our medical that side and also in the campus I was also able to identify our lecturers offices as opposed to classrooms and toilets and all of that. So it was very informational and beneficial.

**Are you saying that it made your life easier because you were able to find your way wherever you wanted to go at the end of the day?**

That is correct.

**Ok, you have highlighted your "group mother". If you say group mother what exactly are you talking about?**

In this campus we are allocated one lecturer who is like a class teacher but of a more... I wouldn't call it class teacher, class teacher is too... These people are basically like our mothers, they nurture us through the course, they explain, monitor our marks, they basically monitor our absenteeism and all of the things that happen, so they are in charge of us as a class and each class has their own group mother, it helps to monitor the behaviour and all of those aspects.

**So you are given this person from day one up to the end of the course so that they are with you throughout the four year programme, so that's why maybe you might think that they are like your mothers?**

[Laughing] They are like our mothers.

**Ok, thank you for that information, so other than the orientation programme what else did you get on arrival?**

Mmh ... it was the contracts that we were made to sign, it was the benefits I remember they asked somebody from HR to come down and explain to us how we could benefit from pension because we had an option that they could deduct some money towards pension and HR person also explained all human resources benefits and enquiries

and all the things that we need to fetch from them including our payslips basically how HR function in the hospital.

**So you are talking about money, HR and payslips and all that. Are you also being paid?**

Yes we are getting paid; it is called a stipend we get it every month. To assist with our books, rent that we pay is also deducted from this amount. It also helps with basic living because as a student you pretty well don't have much so this helps a lot.

**Ok, as a person would you regard stipend as part of the financial support that you received in the campus?**

It is totally exactly that. I will put it as a major support in the campus because the majority of us the reason we applied for these bursaries it is because we cannot afford to go and pay and when we are afforded these bursaries even if it is not a lot but it is something and it helps most of us do not have anything so when you give us a bit it just contribute because you know before you study you have eaten because you were given money to and buy food and you can stay closer to your campus because we are also allowed to stay in the nurses home. It also facilitates you don't have to pay for transport you are living in the same premises as where your campus and hospital is so I think it is correlated and it works for the benefit of us students.

**Ok, so before you apply for the course it is out there in the advertisement that you will be getting this stipend?**

Mmh ... It wasn't very clear considering the fact that other people were getting the actual money but they do include that you will be given some incentives somehow, but they don't stipulate the amount on the advertisement.

**Ok, then, so other than that is there any other form of support that you received in the campus?**

Yes, I think it was during first week when we arrived, they have a system called mentoring in this campus, so we were introduced to that system. It basically mean that there is somebody whose ahead of you in the course who will be your mentor and you will be their mentee. Basically they mentor you into the ward, first day you go there your mentor accompanies you, if you have any problems with your studies your mentor would explain, it will be a middleman from your group mother, she will meet

you halfway wherever you have problems, and it is easy because these are other students so you communicate better with them, you are not intimidated as oppose to our lecturers.

**Who gets to choose mentors, how do you get selected or matched up with your mentors?**

Selection was done before we were introduced to our mentors because when we went there was basically a list of our mentors, so the programme director basically told us that so and so this is your mentor and we are introduced on that day with our mentors and we basically have a mini lunch to just break the ice, and I found that also very comforting because you meet this person for the first time and there is food students love to eat, so just becomes easier to communicate and sort of bridge the gap between us.

**Ok, how did you find this mentoring process? How long did it last and how did you find it as a person?**

I thought it was very beneficial, maybe because my mentor was very supportive. It was my first time entering into a ward where I was allocated and it was a medical ward so I was so nervous, the smell got into me everything and I started feeling nauseous and my mentor was there and she just supported me very much. She explained to me that it takes time over a week I will get over the smell and all of that, and exactly as she said by a week's time I got used to it, seek people, helping and I just sort of went into the nursing profession you know nicely as a student.

**So you thought it was beneficial?**

Too much.

**So other than supporting you in the ward did she support?**

Yeah in the nurses' home she 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 to come and ask, let us say I had a problem with just understanding a condition in GNS then I explain it and I will discuss it with her. Also she also lend her books when I didn't have part time so that was also beneficial before I could buy then I had somebody who said no you can use mine until you get yours.

**That was interesting, ok, so maybe what are other academic support services that were offered to you in college?**

We had library facilities in campus, we find our journals there we got books latest editions and there is also a librarian whose is always there 24 hrs if you have a problem then she like assist us in finding staff and all of that. Also we have a computer room upstairs it is fully functioning but you need to ask for permission when you want to use it. We also allowed to use that, for example if we have an assignment you cannot have access to your computer or any other computer facilities, also in our library we have three computers so we also allowed to use those, and on top of that some of the teachers would dedicate their time even post hours, for an example I remember we had a problem with our A&P paper and we had to repeat it, so some teachers would stay even after hours to make sure that those that didn't understand basically got more time exposed to the subject, and we did exceptionally well after that.

**Ok, so that was staying behind meaning that they were giving you some extra lessons on A&P?**

Yes on the performance that was poor at that time. In addition, most of us did pick because we appreciated the effort that our lecturer was also showing so we also acted with the same energy.

**You have just highlighted the use of the library. With the use of internet how was it? Do you have internet in the library?**

I would say that is a disadvantage because we only have intranet and most of our subject required internet, for an example if I wanted to Google a condition that was my presentation the following day it will limit. If intranet didn't have that information it meant that I have to go outside for internet and pay so that is a limitation to be looked at.

**Ok, besides those support services, do you have other support services that are not specifically for academics in this campus?**

Yes we do. We have PLRC structure where us as students can have our word heard through one person who is a president and it is very supportive because we as students meet on our own and our matters are taken up to the principal and lecturers

up there and vice versa if information needs to move from them to us at the more grass root level it also descends downwards. Secondly, through LRC and PLRC structure we have games that happens once in a while, we have breaking the ice parties when a new group comes, we welcome them, we meet with each other so it forms part of the group because you meet with your seniors and in that way they can help you later on.

**So these meetings are indoor meetings, you are not meeting with outside students?**

Only when we play games we meet with other campuses, but when we are doing breaking of the ice parties we do it internally because we are welcoming those new groups that come.

**So that must be something that one would look forward to. Maybe what are the challenges that you have encountered in accessing any support services in this campus?**

Mmh ... apart from the internet that I mentioned of which in our days everybody knows that technology is the main source of knowledge of gathering information, so I feel that is the major thing that would help us as students that if we could at least get internet in our library but besides that it is fairly ok.

**Problem with internet: So what has been done with this problem? Have you raised these complaints?**

To be honest I have not reported, never reported even by the class.

**In overall what are your suggestions, what can be done to improve the support services in this campus?**

I think they have done well so far, but there is always a room for improvement and I think if maybe they can be more because there is a PLRC structure in place but I am not sure how far they get to be listened to and taken seriously, so maybe if they have more contact with us as to what do we really need because it is more than just me as I am sharing this information. Other people may have different perceptions, so if more people can also be heard as to how they feel about the support services I think it would benefit the campus because they would know from where to move. Secondly I think the internet is a must, it has to be there and working fully functioning. Thirdly

maybe if it possible though, because stipend is not much, maybe if they can meet us halfway with things like I heard in the past they use to offer uniforms because small things it is a lot our books also are very expensive, you find that a small book is R600, so to afford books and uniform and accommodation, maybe if they give one thing or another, uniforms or books to make things easier. We know we pushing our boundaries but it is something to look forward to later on in the years.

**Thank you very much.**

## **Interview 2 with PJ**

Date: 21/08/2016

### **Tell me more about the orientation.**

It was a whole day's orientation; we had tea time given and lunch. I think in the morning we started by going to the ward, so it gave me layout of the hospital and the wards and everything, also meeting with nursing managers and other stakeholders of the hospital. So it was very helpful because I knew how to go about if I had to be allocated in such places.

Then it went on to college orientation whereby we were told of different organogram starting from the principal, and also the layout of the classes starting from 1<sup>st</sup> floor, library, facilities, such as student counsellor who would help if you social problems that needed to be attended to.

### **Anything pertaining to academic?**

Yes, when I started there was a programme called mentoring whereby you will be allocated a senior student. Also lecturers were very accommodative, so if you needed extra classes it will be given to you, all those things were also told on the 1<sup>st</sup> day.

### **How did you benefit from orientation?**

It was a very good service. When I started I was very anxious so by the end of the day I was very calm because I knew how the whole course would run.

**Given a chance would you still want to have this orientation on the 1<sup>st</sup> day or before you come?**

I think the 1<sup>st</sup> day is good day for orientation because it lays a foundation, but I would like to have more may be after 3 to 6 months something like an evaluation of the orientation.

**Tell me more about library services.**

Our library had intranet, so if you wanted to Google from internet you wouldn't have access, but some conditions were available on intranet. It had 10 computers you would be granted something like an hour to use it if it was not busy. It had a printer then you would pay 50c per page, USBs were not allowed because of viruses and other things. We had books but many times editions were not the latest editions, even the journals were very old so it made your search to be very out-dated.

**So overall, there was not even a single computer with internet?**

If there was one we were not given access to that computer as students. There was one librarian, but at times, if it was more than one student needing help it was overwhelming for her, and during lunch breaks the library would be closed because there was only one librarian.

**Why did you need library services?**

For research purposes and also reading purposes if you want to correlate what was done in class to know more about your subject. Also used it to made copies for our notes.

**Did it meet your needs?**

I suppose it tried its best but not to the fullest – there were lots of gaps. Internet is very important when dealing with students. I think if they had it, it will benefit us and also if they had someone to relieve the lady so that it will be opened 24 hrs. Another problem was that it was closing at 4 pm when college closes. If it was opened up to 6 pm it would benefit us.

**You had extra classes and remedial classes. What is the difference between the two?**

Extra classes meant classes on weekends and time after school, and remedial assisted with questions after test to give you more understanding.

**LRC, how did it help you as students?**

It bridged the gap between lecturers and students, the student had to view out the comments and complaints, and it assisted with discussions that were held in the campus so that we as students would know what new thing to do, e.g. school rules. If there were lecturers that were not coming to class they were reported through LRC. It involved both social and academic issues discussions. E.g examinations results and performances were shared in those meetings like which campus was the highest in terms of performance in a certain subject.

**What is your view on students' accompaniment?**

Clinical facilitators from college would come once or twice in a week, but you cannot really tell what time they would come, but if they come, they will be helpful with the procedures.

**Your view on written and verbal feedback?**

We had written and verbal feedback. Verbal feedback was the best because if it is something that is written, I only interpret it on my own way. In addition, writing takes a lot of time – lecturer cannot write the whole paragraph, also I was able to question on verbal feedback. Feedback gave insight on whether I was following or lost so it benefitted me.

**How were you empowered by mentoring?**

Being a mentor meant that you have to be exemplary, behave in a certain manner, so it gave us a sense of growth and act professional for the sake of your junior colleagues. For mentees, it gave them support knowing that there were people ahead of you to lean on.

**The friendly relationship between mentor and mentee did not prevent learning from taking place?**

It was not intimidating; the relationship strengthened even this mentor/mentee relationship. We trusted each other.

**Tell me about unkind mentors.**

We cannot blame the programme, we can blame individuals that failed the task, mentoring comes with a sense of growth.

**How did sports reduce stress?**

In as much as we go out for the purpose of sports, you meet colleagues from other campuses, where you would share some problems with certain subjects and they will tell you their own ways of tackling things. So you would come back from having fun and even with your work you shared numbers and information, so academically you will benefit as well.

**How did student counselling reduce stress?**

Student counsellor was helpful, counselled one student who was close to nervous breakdown after losing her father.

**How did you use financial services?**

Stipend, it was bursary system so our school fees were paid for by the government. So stipend was only for books and small things.

**Thank you.**

## Annexure 9: Letter from the editor



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Nokuthula Ndlela

### **EDITING OF RESEARCH DISSERTATION OF NOKUTHULA NDLELA**

I have an MA in English from University of Natal (now UKZN) and have been performing editing services through my company for eleven years. My company regularly edits the research dissertations, articles and theses of the School of Nursing, Environmental Studies and various other schools and disciplines at the University of KwaZulu-Natal and other institutions, as well as editing for publishing firms and private individuals on contract.

I hereby confirm that Shirley Moon edited the thesis of **Nokuthula Ndlela** titled "Students' perceptions of student support services at a selected nursing campus in the EThekweni District" on behalf of WordWeavers cc and commented on the anomalies she was unable to rectify in the MS Word Track Changes and review mode by insertion of comment balloons prior to returning the document to the author. Corrections were made in respect of grammar, punctuation, spelling, syntax, tense and language usage as well as to sense and flow. An editing guideline and additional comments were provided to assist with corrections.

I trust that the document will prove acceptable in terms of editing criteria.

Yours faithfully

**C Eberle**  
Catherine P. Eberle (MA: University of Natal)