

Perceptions of Academic Monitoring and Support Services in an Undergraduate Nursing Higher Education Institution programme, South Africa.

Mudaly P.D

MSN, PHD, HONS NURS ED, BCUR (Nursing, College of Health Sciences/ University of KwaZulu-Natal,
South Africa)

Abstract

Background: Globally nursing education is undergoing reform in nursing and midwifery. In South Africa, nursing education reform into Higher Education (HE) level, is to improve and elevate the professional status of nurses [1]. This will lead to improvement of the healthcare system leading to positive patient outcomes (World Health Organization [2, 3]. In South African Nursing Higher Education Institutions (NHEI's) a large number of student nurses from previously disadvantaged background, especially from remote and rural areas are admitted into the course. Literature suggests that students recruited from rural areas, if they do well and are successful in their studies, are likely to go back and serve in their communities. However, the high failure rates of student nurse defeats the transformation agenda of the country. Despite the transformation strategy of Higher Education which is increased access to all students, is defeated due to high student nurse failure and dropout rates. Access without success presents itself and also negatively affecting the healthcare workforce. Trying to increase the pass rates and prevent student dropout, Higher Education Institutions which also includes this research study setting's, the College of Health Science-School of Nursing and Public Health, implemented the Academic Monitoring and Support services. The Academic Monitoring and Support service programs are seen as critical in student support. In Nursing Higher Education (NHE) the goal of AMS as with other programs in the Higher Education Intuition (HEI), is to support all student nurses who access HE, enabling them to integrate into HE and cope with academic requirements and personal challenges towards passing and timely graduations. This study therefore sought obtain the perceptions of student nurses of Academic Monitoring and Support services in an undergraduate Nursing Higher Education Intuition, in South Africa.

Materials and Methods: An ethnographic design and Strauss and Corbin's Grounded theory data-analysis approach were used in this study. Individual and focus group interviews was part of the data collection strategy from 40 key informants and through observations, natural conversations and document analysis. The ethical clearance was obtained from the research ethics board. The ethical principles were observed through the study.

Results: Data revealed that Academic Monitoring and Support services was needed by student nurses which helped them cope with the course and academic requirements and personal challenges. In the NHEI, AMS constituted the ADO, peer mentor, supplemental instructor and student counsellor contributed. These support personnel provided support which was done so in a relevant, responsive, consistent and timely manner. In order for AMS to be context specific and effective in the SNPH, it needs to embed lecturer support to make it an integrated and coordinated system with no gaps.

Conclusion: Academic Monitoring and Support services in Nursing Higher Education (NHEI) is an important support vehicle for student nurses to cope with HE integration, course and academic requirements and personal challenges. Most student nurses are from previously disadvantaged backgrounds. The impact of Academic Monitoring and Support services helped student nurses integrate into HE, understand course and academic requirements and also manage their personal lives. This has led them to cope with all the demands, preventing failure and student nurse premature dropout. In this study, student nurses found AMS to be relevant, responsive, consistent and timely. Essentially, study findings indicated that by AMS being relevant, responsive, consistent and timely has led to student nurse's wilful attendance to AMS services. Data findings further indicate AMS needs to be embedded with the academic lecturer support at the HEI-College of Health Science's SNPH, in order to make it an integrated and coordinated system with no gaps. Involvement and collaboration with the academic lecturer and AMS personnel ensures no student nurse has a missed opportunity for support in the classroom which an academic lecturer may notice and refer to AMS personnel for intervention. This support network of the AMS personnel and academic lecturer should constitute to identify, monitor, track and support student nurse's academic and personal progress.

Key Words: Access, embedded, support network, academic, personal, course, Academic Monitoring and Support service.

I. Introduction

Most of the student nurses admitted into South African Higher Education Institutions (HEIs) are from previously disadvantaged backgrounds and are from rural areas. Part of South African post-apartheid transformation strategies is widened access into Higher Education (HE) for all South Africans [4]. However, increasing student access without required support to enable them to be competent and benefit from their fields of study is futile. Providing access to students from disadvantaged backgrounds without the required support is an injustice to the agenda of increased access and transformation in Higher Education [5]. Academic Monitoring and Support programs aim to decrease the failure rate of students by helping students with both academic and personal preparedness for HE integration. The AMS program by virtue of screening and identifying ‘at-risk’ students then allow for further support to be provided. Students are monitored and evaluated through a university Based electronic Robot system (ERS) and informs by virtue of their academic progress how what other support mechanisms needs to be activated. University of KwaZulu-Natal. (2019). At the University of KwaZulu-Natal, the AMS throughout the various colleges includes Academic Development Officers (ADOs) support, student counsellor, peer mentorship and supplemental instruction [6].

At the University of Johannesburg [8] the term AMS is known as Academic Development Program. The Division of Academic Development and Support (ADS) has structured student activities to enhance student learning in order to improve retention and decrease premature failure and dropout of students. A range of intellectual, professional and personal development activities are provided to students. of our students is entrusted into our care, and it is our responsibility to provide cutting-edge interventions. The American University in the Emirates [9] also has The Department of Academic and Support Services (DASS) which is provided to undergraduate and graduate students. The DASS consists of a range of academic services to support students. By virtue of three units such as 1) The Office of Advising and Student Success which includes advising, tutoring, mentoring, the English Program, and the writing lab; 2) The Office of Counseling and People of Determination, focusing on students’ mental health and supports inclusive education and appropriate accommodations for all students and faculty and 3) Library Services to support learning, teaching, and research. At the Carnegie Mellon University (2023) in Pittsburgh, [10] reveals academic support for students consists of peer tutoring, supplemental instruction, academic counseling, walk-in and individual tutoring, as a few of its academic support services.

However, access to previously disadvantaged students has seen many challenges as students are unprepared for academic integration. They are unable to cope with academic and personal demands and fail course requirements or dropout prematurely from HE. They have poor school preparedness for academic adjustment and the demands once in HE, are too much to ensure they cope and progress [11]. [12] further adds that 1 in 20 Black South Africans succeed in HE and more than half who dropout prematurely. Furthermore, more than half of the students who enrol at HE drop out before completing their degree. As the Council on Higher Education (CHE) [13] stresses that “Access, success and completion rates continue to be racially skewed, with White completion rates being on average 50% higher than African [black] rates [13]. Providing access to students from disadvantaged backgrounds without the required support is not an opportunity for such students, as many of them fail to complete their studies because they lack academic, social, financial and personal support [5]. In addition, [5] contends that improving student success is not by chance. There has to be a goal-focused, well thought-through plan that is accompanied by a coherent set of policies and resources.

In Nursing Higher Education (NHE) along with access of students from previously disadvantaged backgrounds, the imperative is to educate the student nurses with the hope that they in turn will go back to the hospitals including rural placements and fill the dire nursing shortage need [14]. Increased student access into HEI is critical to meet the transformation agenda of the country and to help the direly short-staffed health system to be sustained. Nurses make up the largest number in the healthcare workforce. [15] states that not only the South African healthcare system but globally, the nursing profession has a dire shortage of nurses including midwives. There is an estimated shortfall of 10.1 million skilled health professionals that will present which includes nurses, midwives and physicians by 2030 [16].

Many factors affect student nurses’ integration and success in HE. On a systems level, literature reveals that student nurses find difficulty with a non-responsive curriculum, difficulty with the teaching and learning strategies and methodologies which they maybe unprepared for from school, the lack of responsive lecturing and clinical staff, a shortage of academic staff to assist them. The HEI’s are not supportive and responsive to meet student’s unique needs. [17] and [18] state in addition, in most South African institutions, students struggle with the academic requirements especially in their first year. Academic writing practises and academic literacy have been

one area where they struggle to cope affecting their academic progress. This results in a low throughout rate due to course failure and premature dropout from the institution. According to the Council of Higher Education (CHE) [19], about 55% of students in undergraduate programmes in South African do not graduate and most drop out in their first year.

Course related challenges which further affects a student nurses' integration in HE, are the clinical responsibilities and practicals. They struggle to cope with the theory-practise gap and find not only the clinical practise challenging but to practise in the actual clinical setting and dealing with clinical realities [20]. Studies further indicate that student nurses found challenges with the academic workload, student assessments, clinical practise requirements and found the lecturing and clinical staff unsupportive. This overwhelms the student nurse as they have multiple course and practical requirements to deal with [21]. Literature has also weighed in considerable socio-economic and personal factors affecting a student to integrate into HE. Socioeconomic issues, poor psycho-social support, no food or meals, lack of finance and poor living conditions affects a student to cope and stay on in HE [22].

Given the multiplicity of student problems hindering students' progress in HE, [23, 24] indicate that universities have implemented Academic Monitoring and Support (AMS) programmes. The service includes various types of student-focused support systems to reduce attrition. The University of KwaZulu-Natal's Teaching and Learning Unit's report on Academic Monitoring and Support (2013, p. 4) [25], explains the strategy of AMS as "Academic Monitoring and Support (AMS) is a key strategy in enhancing the quality of teaching and learning as a mechanism to improve student performance in undergraduate programmes"

[25] state that at the University of KwaZulu-Natal (UKZN), AMS has been initiated in four Colleges (College of Science; College of Humanities; College of Health Sciences; College of Management Sciences). The purpose was to reduce student exclusion and dropout rates and improve throughput and completion rates. UKZN's response to the access for success discourse is articulated in the Academic Monitoring and Support (AMS) programme for 'at risk' students, [26], the key features of which are articulated below:

... academic monitoring and support [AMS] is important to retain students through a wide range of student-focused support systems and learning environments that enable them to complete their studies successfully. Students will only be excluded on account of poor academic performance as a last resort after all other avenues have failed to restore their academic performance to the required level. The policy commits the university to identifying under-performing students [at risk] timeously and providing the necessary academic support to assist students to graduate in the minimum time possible or redirect them and obligates students to attend and participate in the range of support that is made available. (UKZN, Academic Monitoring and Exclusions Policy and Procedures, 2009, p. 1)

The critical need for AMS cannot be emphasised anymore. [25] highlights in their report, Academic Monitoring and Support programme at UKZN was implemented largely due to the increased student dropout rates. The rates were particularly high in the 3-year degree programmes though AMS programmes were institutionalised. Given the intentions and aims of AMS, HEIs are still experiencing many student nurse's dropout before completing the programme [13]. This is concerning especially for nursing education. Given the nursing shortages in the country and cost to HEI to facilitate support mechanisms, there is still a high student failure and dropout rate. In a College of Nursing study on student support services, it was indicated that the throughput rate from 1 July 2005-31 December 2012 was 54.6%, with an attrition rate of 20,76% [27].

Given the high student failure and dropout rates, [28] indicate in The 2010 Academic Monitoring and Support (AMS) Report, that AMS services and programs were compulsory for all students at the UKZN. Though the role of the Academic Development Officer was highly recommended as supporting students, the role of ADO was also questioned. The report questions whether the ADO support did impact positively on student progress as the student graduation rate was declining by 20% in 2006 to 17% in 2009, leading to higher dropout and exclusion rates than graduations [28].

One of the major concerns regarding AMS was the lack of evaluation on the effectiveness of AMS activities. This was seen as hampering AMS refinement and improvement of teaching and support practises and did not clarify roles of AMS. In their report, [25] recommend that in order to evaluate the effectiveness of AMS, there needs to be further research to inform the gaps in responsiveness and relevant of the AMS program in order to inform academic support.

This paper therefore aims to contribute to the gaps in knowledge caused by a lack of evaluation studies on the Perceptions of Academic Monitoring and Support Services in an Undergraduate Nursing Higher Education Institution programme, South Africa.

II. Methodology

This ethnographic study approach was carried out in a Higher Education Institution (HEI) at a School of Nursing and Public Health (SNPH) with staff and student and a selected government hospital. Utilising this approach allowed the researcher the opportunity to be immersed in the culture of the informants so as to understand how the phenomenon of academic monitoring and support is conceptualised and practiced by the nursing students and nurse educators. A total of 40 informants were included in the study.

Study Design: Ethnographic study approach

Study Location: The study locations included Hospital X is situated in Umlazi on the east coast of eThekweni municipality, KwaZulu-Natal. This hospital was chosen as the study setting as student nurses are allocated to this hospital as part of their clinical training and an easy to access facility in terms of travel distance to the researcher. The hospital serves at least two million people of which constitutes largely the Black population. The hospital has a bed space of 1,200 beds ("Hospital X (name undisclosed for anonymity). The SNPH selected as this study setting is situated centrally in the eThekweni district of KwaZulu-Natal [29]. The SNPH consists of a four-year undergraduate nursing programme which offers the basic four-year nursing degree. The limited, but adequate, research settings entail intensive field-work, producing robust data evident in thick descriptions in ethnographic research [30].

Study Duration: January 2014-December 2016.

Sample size: 40 study informants.

Sample size calculation: Informants were purposively selected and later theoretically sampled as determined by their involvement in and experience of AMS. A total of 40 informants participated in this study. They included 24 Bachelor of Nursing students, four peer mentors, four academic mentors (student tutors), four nurse educators, an AMS coordinator, a student counsellor and two Academic Development Officers. Sampling of primary and secondary documents also formed part of the purposive sampling, which led to the understanding of the cultural phenomenon under study during the study process. The sample description of primary documents included student nurse consultation notes undergraduate degree cohort and student academic and clinical competencies student support surveys. Secondary documents emerged for analysis from the primary document analysis and included policies, reports, minutes from official AMS meetings, established pillars of AMS in the cultural context, government-gazetted documents and other government policies on social transformation especially in the context of AMS in the selected HEI.

Subjects and selection method: Informants were purposively selected and later theoretically sampled as determined by their involvement in and experience of AMS. Informants' insight, experience and involvement in nursing and AMS, as student nurses and as staff were therefore purposefully and theoretically sampled until data saturation was reached.

Inclusion criteria:

1. Student nurses
2. Executive leadership from the College of Health Sciences
3. Teaching Staff from the SNPH
4. Support students and staff at the SNPH
5. AMS staff from the College of Health Sciences.

Exclusion criteria:

1. Non- student nurses
2. Executive Leadership other than the College of Health Sciences
3. Hospital Staff
4. Administrative staff from the SNPH and hospital.

Procedure Methodology: Once ethical clearance was obtained from the University Research Ethics Board, gatekeeper permission was obtained from the Registrar to have access to the students and permission was obtained from the Nursing Department and Hospital X to collect data from the students. Ethical principles were observed throughout the study.

After having obtained permission and ethics to conduct the study, the researcher began with 1) ethnographic host observation in the hospital and the SNPH clinical skills laboratory cultural placement setting; and oscillated between 2) interviews and FGDs and (3) primary and secondary document analysis.

Interview and FGD schedules were designed around the research cultural phenomena. For document analysis a document analysis template was adapted and modified to the purpose of this study from the [31]. The document was edited and modified for the purposes of this study. The items consisted of the date of observation; observer; student consultation date with any of the AMS and academic personnel; purpose of the learning

document; school groups of students; mark review and learning gaps; statement of learner problems; clinical problems in the clinical and HEI setting; clinical support provided; theoretical problems; theoretical support provided; concise, complete and purpose of information of the document. The researcher (myself) was responsible for identifying documents for analysis and utilized the tool for document analysis.

The participant observation access into the hospital and university SNPH cultural settings allowed the researcher (myself) to adopt an “insider” approach. Student nurse ethnographic hosts were given a study information sheet and a student card which reassured them of the researcher’s study purposes and the confidentiality clause. All observable behaviour was noted down on ethnographic field notes.

Ethnographic host’s observatory notes were documented away from the ethnographic hosts. This ensured that they behaved naturally [32]. However, as ethnographic hosts began to interact freely without hesitation, passive observation would occur [33]. Interacting by behaving the same as cultural hosts allows the researcher to blend in and observe the cultural phenomenon as they experience it [34].

In the hospital cultural placement setting, the researcher (myself) conducted observations at least four times a week from 6 a.m. to 4 p.m. As a result, the work-shift change of the student nurses, ethnographic hosts and the cultural setting dynamics at large. One year was spent by the researcher in the cultural settings.

Statistical Analysis:

Data was analysed using [35] grounded theory framework which is regarded as useful in concept analysis. Grounded theory data analysis [35] was utilised to analyse data which occurred in phases of open-coding, axial coding and selective coding. Once data was analysed, it was placed, according to [35] paradigm framework, which consists of six elements which includes conceptualisation, contextual conditions, antecedent conditions, action and interaction strategies, intervening conditions and consequences.

Data analysis in the open-coding phase firstly entailed the accumulation of open-codes which then led to condense data leading to emergent categories, properties and dimensions of a property [35]. Axial coding involves analysis of the larger textual body in order to uncover the development of relationships amongst axial categories for its sequential and spatial relationships, cause and effect and end-result relationships. Axial coding assists to put back relevant data into incomplete data. Selective coding was done by placing the refined categories and subcategories under the antecedent conditions, contextual conditions, action and interaction strategies. Intervening and consequences conditions were drafted on a large map. These findings were placed together. This simultaneously allowed the common link of the core phenomenon to develop and emerge. The core phenomenon of interest was Clinical Peer Mentor Support as part of the existing AMS structure in an undergraduate nursing education programme. The refined and selected codes under the conditions revealed the core phenomenon and the attributed characteristics emanating from it. This was achieved by reiterative data analysis until data saturation was reached, leading to the emergent conceptual framework.

Aiding data analysis was selected elements of Walker and Avant’s [36] model of concept analysis which was utilized for in-depth interrogation of the concept in terms of attributes, antecedents and consequences of this concept. By selecting a concept interrogation of the concept for meaning, eschewing the attributes or characteristics associated with the concept allows for broad insight into the concept.

III. Results

The study findings revealed AMS is part of the HEIs strategic plan for widened access to all students from diverse backgrounds. As such, AMS embeds a student-centred ethos that needs to be responsive to student’s needs. The primary purpose of AMS according to data findings is to ensure that inequities of the past are addressed, and all the students have an opportunity to participate and engage meaningfully in order to succeed in their higher education studies. The extracts below were obtained from data sources;

‘AMS is a government programme which includes interventions to ensure redress of the injustices of the past and the progressive introduction of access to higher education that will

be accompanied by success. Access should not be for window dressing but all students, especially from previously disadvantaged backgrounds, should be supported in order for them to succeed...’ (Document Analysis-Teaching and Learning Report).

Access and retention into HE is by contextual policies such as the White Paper 3 (1997) [37] which emphasise that the HE has to be prepared to meet and support academically unprepared students. This is through AMS program activities who helps students integrate into HE. An ethnographic cultural informant interview excerpt below highlights the rationale for AMS in HEI’s and in this study context, the HEI-College of Health Sciences-SNPH. The excerpt reveals support for quintile 1 student nurses who have limited academic preparedness and personal coping skills which may hinder HE integration and success in the course:

“...15% students coming from quintile 1 and 2 schools...part of opening access and it is the transformation of the university...and not supporting them we would have more fails” [KII 17]

Especially in the context of diverse increased student access, White Paper 3 (1997) [37] emphasises roll-out, monitoring and support programmes in order to improve student's throughput and graduation rates. The AMS program which incorporates support by the ADO, student peer mentor, student counsellors, life skills officers and supplemental instructors, helped bridge the articulation gap between school and HE integration. These support personnel ensure that contextualised support is delivered through developing a student's social, affective and cognitive skills as per core module subject content. Supporting a student in context with the core subject module and personal needs or challenges, provides a student-centred context for support. Document analysis of the White Paper 3 (1997) [37], highlights this further below:

‘...the policies and mechanisms for student support and academic development throughout the system and in particular for assisting educationally disadvantaged students to begin and complete programmes...’ [Document Analysis- Department of Education (1997) Education White Paper 3]

Student nurse ethnographic hosts expressed positive feedback on the impact of AMS personnel which included the ADO and student counsellor. They expressed it helped them cope with personal crises and helped them cope with day-to-day stressors. This is highlighted by a third-year student nurse ethnographic cultural informant interview who stated that she had no food till she received her stipend. Through linkage and rapport from the various AMS personnel, meal supplements were arranged until she received financial aide. This is highlighted in the excerpt below:

“...I had no food in my house...went to my mentor and she forwarded me to ADO and she forwarded me to counsellor, ended giving us food parcels and that food lasted me until I got money...” [KII 3]

In a similar incident but which involved home displacement, data findings reveal that foreign national student nurse ethnographic host had to vacate his homestead due to the Xenophobic political strife. He went to the student counsellor before he decided dropout of the course and flee back to his country of origin. The student counsellor mediated on behalf of the student nurse by contacting the university housing department. As a result, residence accommodation and food was provided ensuring course continuation, as highlighted in the excerpt below:

“... during the xenophobic attacks...a student from Congo, he was staying in a place where the xenophobic attacks happened and he approached the support staff and they organized him a place at res and all of that. So the support was taken to a personal level.” [KII 8]

Helping student nurse ethnographic hosts further post qualification with career management and sourcing employment as temporary measures whilst they waited for a fulltime placement post degree completion, was also a function performed by AMS personnel, the ADO. This is further highlighted below from a third-year student nurse cultural informant interview:

“...The following year, I remember ADO she planned because we were doing very well with academic she found us a job we end up fine up until we got our degree” [KII 3]

Taking support to a personal level was also further shown by a student nurse ethnographic host who was guided and counselled by the ADO during an unplanned pregnancy. The ADO provided personal and academic support to a pregnant 1st year student nurse who was in her final academic year. By having numerous personal consultations amongst the ADO and student nurse, allowed for coping mechanism to be enhanced and helped her cope with academic and clinical requirements and the pregnancy. The excerpt below highlights this further:

“...I would come to ADO and she would talk to me and find a way to work on that...I was pregnant when I was in first year so I had to juggle many things and ADO was always here helping me”. [FGD 1]

On an academic level, the ADO, peer mentor and supplemental instructor provided an integrated and coordinated support to student nurses. Reflective discourse from a first student nurse cultural informant, revealed accessing a student's marks on the online monitoring system which ADOs could access, the student is contacted

by the ADO for a student consultation. Reasons for academic failure and/or poor academic progress are ascertained. Thereafter, relevant AMS personnel such as the peer mentor or supplemental instructors (SI) is contacted for further support, as indicated in the interview excerpt below:

“...she (ADO) obviously assesses you on your marks because they get sent to her (ADO)...show her your (student nurse) marks and ask for mentors...because mentors, we have SI units all these different support groups to help you if you aren't doing well in certain subjects” [KII 5]

The ADO was a consistent source of academic support to student nurses as study findings revealed. Student nurse ethnographic hosts recalled that through the ADO's arduous attempts to immediately source and identify and track a student nurse's academic performance, they were offered academic support. As highlighted below by an excerpt of a third-year student nurse cultural informant from a FGD, ADO support measures were put into place through mutual agreement and planning with the concerned student nurse:

“...Academic Officer helped with making us aware that our marks are sub-standard and she put in measures in to place that helped us to focus on our areas that we were lacking in and it helped a lot” [FGD 18]

Findings further indicate that the peer mentor student support was invaluable. There were numerous HE transitional challenges and actions taken to help student nurses through academic and clinical challenges. A fourth-year student nurse cultural informant in the FGD divulged that he was not exposed to a computer literacy at school. However, by one-on-one peer mentor support, or by peer mentor small groups discussion, enabled student nurses to learn how to use and access the computer, as highlighted in the excerpt below:

“...I could not type because I remember my first assignment and for me to finish it took me days just typing and I did not know how to open it (computer)...so I had to like join other people (peers) and all that stuff.” [KII 2]

The avenues in which that AMS personnel support student nurses were plentiful. This also included code switching. Data sources revealed that student nurse ethnographic hosts accessed the peer mentor who did code switching from unfamiliar words in English to isiZulu to help explain the academic (theoretical and clinical) content taught and this enabled knowledge construction understanding. This is highlighted by a student nurse cultural informant in a third year FGD excerpt below:

“...sometimes the mentors when you do not understand something in English they explain it in Zulu....” [FGD 18]

The consistent academic support by peer mentors helped student nurses progress through the course. An academic ethnographic cultural informant recalled that peer mentors were students themselves and found it easy to support their peers, as highlighted in the cultural informant interview excerpt below:

“...we (SNPH) had mentors and mentors were second and third years who had passed well who have gone through it (course)...” [KII 6]

As data sources reveal the after-hour's class sessions enabled continuous support factoring in the multiple academic and clinical activities which took up most of student's time, as highlighted in the interview excerpt below:

“.... I passed it (special science) with distinction, just because we had mentors, people who mentored us. They (peer mentors) stayed with us at the residence so we used to go to them every time and they assisted us...” [FGD 1]

The AMS support expanded into traditionally difficult subjects for nursing. Subjects such as Special Sciences, Anatomy and Physiology in HE were compulsory as part of the course structure. An AMS coordinator through a cultural informant interview excerpt revealed below that these subjects were known as traditionally difficult subjects. Previously disadvantaged students now accessing HE, were not exposed to these subjects and struggled upon HE integration, as indicated in the excerpt below:

“...in the nursing programme, the focus on chemistry, anatomy and physiology and social sciences...we found students struggling...barrier subjects...students can't progress if they haven't passed [KII 17]

Similarly, a third-year student nurse cultural informant in a FGD recalled in her first year, she failed Special Sciences due to lack of understanding and lack of exposure at school. However, only through with peer mentor support helped her understand the subject and led her to pass, as indicated in the excerpt below:

“...subjects like special science it was very difficult I only managed to pass special science the following year I repeated with the help of the tutors and mentors...” [FGD 18]

By continuous monitoring of students' progress, the ADO is able to identify needs for support, as highlighted in the interview excerpt below:

“...the ADOs get the reports of those students then they report on them and we want them to track them on the anatomy test and it's not just tracking but we want to see if you didn't perform well then we have to see which interventions should take place...” [KII 17]

Cultural informants expressed the collaborative support AMS personnel. Seeking collaborative support for course requirements from the ADO and student counsellor, helped the student nurses cope. Document analysis of an email communicate excerpt below, highlights the student nurse ethnographic host who was diagnosed with major depression and anxiety, benefited from immediate structured and coherent support by AMS personnel:

“...the session with student counsellor went well yesterday and I have a follow up session with her next week”. [Document analysis: 2nd year student nurse ethnographic host, email communicate, KI 22]

Data findings revealed that AMS through the student support initiatives despite being effective, worked in isolation without collaboration and support by academic teaching personnel. To make AMS embedded and entrenched within a program, there needs to be commitment from the academic department and AMS to partner. The rationale for this as explained by the cultural informant interview, the academic lecturer was seen as being aware of the social, affective and cognitive skills of a student in class. Also, the academic lecturer was also able to first detect academic progress and areas that need immediate contextual academic development and support as part of embedded and contextual support. Liaising directly and immediately with AMS personnel, enabled embedded AMS and academic support in a program, as highlighted in the excerpt below:

“...we have a tendency of looking at the student support as separate from academic as that there should be a collaboration, there should be integration... So we need to be able to have a way of working closely with academics...all the academics should be trained in academic monitoring and support and they integrate it into their teaching and learning...” [KI 17]

Towards embedding the academic lecturer and AMS in a program, allows for AMS to be relevant and responsive to students, commitment and support from AMS personnel and academics. This process raised awareness and created a sense of purpose in garnering support from AMS stakeholders. In this regard, identifying stakeholders for academic support from conception of role identification and buy-in enhances ownership and commitment as highlight in the data excerpts below:

“...there should be a collaboration, there should be integration... academic units...should be integrated into teaching and the plan...” [KII 17]

Further to embedding the AMS and academic lecturer support in a program, regular evaluation and meetings are needed to identify challenges and progress, towards effective rollout of AMS. The excerpt below highlights this further:

“...we have the college AMS meetings which help us coming together and inform each other what happens in the schools...like who is doing what and how we do it...” [KII 3]

IV. Discussion

In this study, AMS was conceptualized as a comprehensive support system that aided student nurses coping with coursework, academic pressures and needs and personal challenges. AMS can be [38] described as including peer mentorship, academic guidance and assistance. Other sources [39] define AMS as services to beyond the classroom sessions. Meeting with students after hours and through consultations, helps them understand academic content and requirements. AMS programme essentially is to help students eradicate any challenges that's stands in the way of academic success and student progression. [25]. The nature of AMS sees AMS conceptualised as a vehicle used to promote education for social justice and is facilitated by a leadership that embraces social justice principles; it is systematic, comprehensive and holistic in nature and is coordinated and intended to ensure that all students succeed irrespective of their backgrounds [40].

This study findings revealed AMS was positively received by student nurses. For AMS to work, it must be relevant and responsive and must meet the student's needs. Post-apartheid, the student body since 1994, has allowed for widened student access to previously disadvantaged backgrounds now accessing HEIs [12]. Nursing programmes in particular, has had an increased number of previously disadvantaged students from remote and rural areas [6salamo] accessing HEIs. Most of the students are from poorly resourced schools. They are inadequately equipped with limited life skills to cope with academic challenges in HEIs [41]. They have limited reading and academic writing skills, limited to no computer skills and poor English proficiency for learning instruction. This is supported by [22] who states that that some students have socioeconomic issues, no psychosocial support and poor living conditions and lifestyle constraints. These challenges lead to high attrition and drop-out rates [42, 43]. However, this study findings and literature revealed that AMS is contributing significantly to the success of students, irrespective of their backgrounds. Student nurse ethnographic cultural informants have found that by AMS being relevant, responsive, consistent and timely to student nurses, enabled them to attend AMS willfully. In this instance, AMS personnel needed to always follow up and check on a student nurse. Not just the initial consultation with a student nurse but following up on the progress with how a student nurse was coping. This needed much commitment and support from the AMS personnel to be receptive, committed and constant.

AMS must be provided in a consistent and committed manner [44]. The support must be student-centred and acknowledge students as active partners and responsible stakeholders in their education. Furthermore, this study findings revealed that AMS must be embedded with academic lecturer support in the SNPH for it to be effective. The role of academic must also be included as this will allow for responsive and effective support. Supported by [44], AMS must responsive, meaningful and integrated with the academic mission of the institution.

An integrated and coordinated AMS system will ensure that all roles and responsibilities of AMS and academic lecturer staff are clear. Student nurses will be able to access services and be referred to appropriate personnel in a timely manner. According to [45], in providing relevant and responsive AMS, the philosophies, strategies and structures, policies, processes and practices, and particularly our learning and teaching approaches must be integrated, coordinated and intentional in aid of student learning, engagement and success [28].

This study further revealed that ADO, peer mentor, supplemental instruction and student counsellor support helped them with academic and personal challenges. The support was relevant and timely which prevented academic failure and possible dropout from HE. [46] outline in their report, the various types of AMS personnel and services. This included supplemental instruction (SI), peer mentor, ADO and student counsellor [47]. SI facilitates developing and integrating learning and study skills in high-risk courses. The aims is to improve student performance, retention and completion/graduation rates. In this study, student nurses reflected on the SI that helped them with deep learning on material such as Special Sciences, Anatomy and Physiology. Being supported by students who had the same exposure to the academic material, guided them step by step on material. This support was facilitated by the intensive and frequent follow up sessions, post lecture support. This facilitated active student learning and engagement whilst understanding meaning making and deep cognizant learning took place, which this study found.

The student counsellor was AMS support which student nurses found supportive to their personal needs and challenges. The student counsellor further assists with learning skills and personal counseling and/or psychotherapeutic services related to difficulties with integration, psycho-social problems and career counseling [46]. In this study, student nurses attended the student counsellor support services for personal problem experienced with housing, meals supplements, pregnancies, sickness and behavior related concerns. This support helped them cope with personal crisis's and also manage with academic and clinical requirements.

Another support service widely accessed was the Peer Mentor support. [48] states Peer Mentoring can be described as a relationship between students where one student helps another student in subject material and content. Peer mentors help and relationship-build with the peers through providing guidance and support. This support has proved invaluable as the Peer Mentors facilitate the induction and orientation as often as needed to students. This helped with student retention and enabled them to realize their potential by providing psycho-social

guidance and support. In this study, the support by Peer Mentor was supported in the residence where peers stayed and also through the after-classes post lecture support. The strength of Peer Mentors was the same as SI's in that student nurses stated they could easily relate to their fellow students, feel at ease and also be supported as many times as possible till understanding was attained.

Literature also finds that peer mentoring programs have considerably helped 1st year students and this had led to improved retention and adjustment of first-year students. [49] states that attrition remains the highest during the first year. The support interventions by Peer Mentors is especially critical during this adjustment phase. Similarly, was the support by AMS personal such as ADOs, SI's and Student Counsellor [25].

The support by the ADO ensured consistent academic support, monitoring and development of student nurses as this study findings revealed. [50] further indicates that the ADOs need to identify at the pre-entry phase of first year the students who maybe 'at-risk'. The students are consulted with the ADO, a plan of action is developed for support and then the students are referred for student counselling, peer mentoring, or supplemental instruction support. This depends on student problem areas. The role of the ADO is through individual consultations or small group workshops. The ADO uncovers personal and academic challenges which need support. The ADO also provides guidance to the student with academic material by covering work on specific content topics, understanding assignment submission criteria, preparation for test and examinations and revision support. The ADO through their role function provide, enhanced student experience by supporting the process of academic and social integration. This has the impact of positively impacting on student retention, achievement and satisfaction [51].

This study found the ADO as being the pillar of support to the student nurses. Being situated in the HEI-College of Health Science's at the SNPH, the ADO helped student nurses access the ADO at any time. The challenges included personal, academic, clinical and socio-economic problems. The ADO was seen as supportive, encouraging, consistent, constant and could easily relate to the student nurses. This support was seen as contributing to the student nurse integrating in the course and into HE and enabled the student nurse to cope with whatever crisis they faced.

The study findings revealed further that integrated services is the biggest strength of the AMS program. That is, AMS personal collaborated with each other on a student nurse and was referred by one to another and followed on. This integrated and committed AMS network being embedded with the academic lecturer was seen as relevant and responsive for student nurse support. The embedded AMS and academic lecturer support in the SNPH will allow for integration, commitment and coordination such that the support to the student nurse were aligned and followed upon. This would ensure that if an academic lecturer observed a student nurse facing a personal or academic challenge, the academic lecturer could discuss with AMS personnel for possible intervention. The lecturer being involved in this program could identify, inform and monitor post interventions. This ensured none of the student nurses slipped from the opportunity of support.

This study demonstrated a positive uptake to AMS at the HEI-College of Health Science's, SNPH. The support was relevant, responsive, constant, timely and efficient. The constant follow-up and going the extra mile helped student nurses overcome their challenges and integrate into HE. The student nurses also perceived the AMS personnel as genuinely caring and supportive and as a result they also committed themselves to the program offering of AMS.

V. Conclusion

This study revealed that AMS in the HEI-College of Health Science's SNPH, valued the AMS program. The role of the ADO, student counsellor, peer mentor and supplemental instructor was a constant presence that helped student nurses integrate in HE. Given the student nurses numerous challenges, by the AMS program, they able to cope and succeed with academic requirements and pass. This study showed promise of good practice, credible assessment and have a positive impact by AMS to student nurses at the HEI-College of Health Science's SNPH. Through the study findings, it is hoped that results will inform the development of a more coherent institutional AMS program that has embedded within the academic lecturer support. This will ensure an integrated and coordinated AMS at the SNPH.

Acknowledgement:

The author expresses deep sense of gratitude to Professor Ntombifikile. G. Mtshali (PHD supervisor) University of KwaZulu-Natal, School of Nursing and Public Health, South Africa, for her constant support and mentoring throughout this study and towards my professional development. And to my mother, Mrs Thilormoney Mudaly, for her continuous support to me and supporting academic development of learners, thank you Mum. In loving memory of my father-Mr Nadraj Kandasamy Mudaly, who always supported the concept of Ubuntu in all that I do in education and support.

References

- [1]. Zwane, Z.P and Mtshali, N.G. (2019). Positioning public nursing colleges in South African higher education: Stakeholders' perspectives. *Curationis*;42(1):e1-e11. doi: 10.4102/curationis.v42i1.1885. PMID: 31170798; PMCID: PMC6556869.
- [2]. World Health Organization (WHO). 2013. Transforming and scaling up health professionals' education and training World Health Organization guidelines. World Health Organization, Geneva, Switzerland. [Google Scholar]
- [3]. World Health Organization (WHO). (2016). Global strategic directions for strengthening nursing and midwifery 2016–2020, World Health Organization, Geneva, Switzerland. [Google Scholar]
- [4]. Schoole, C and Adeyemo, K.S. (2016). Access to, and Success in, Higher Education in Post-apartheid South Africa *Journal of Higher Education in Africa*. CODESRIA. Vol. 14, No. 1 (2016), pp. 1-18 (18 pages)
- [5]. Tinto, V. 2014. Tinto's South Africa Lectures, *Journal of Student Affairs in Africa*. 2(2). Retrieved on 5th December 2016 from <http://www.africanminds.co.za/wp-content/uploads/2015/01/JSAA-Vol-2-Issue-2.pdf>
- [6]. University of KwaZulu-Natal. (2019). Teaching and Learning Report 2018/2019. Academic Monitoring and Support (AMS). Accessed from <https://ukzn-utlo-report-2019.netlify.app/09-academic-monitoring/>
- [7]. University of KwaZulu-Natal. (2019). College of Law Management Studies Teaching and Learning. Academic Monitoring and Support (AMS). Accessed from <https://clmstl.ukzn.ac.za/academic-monitoring-and-support-ams/>
- [8]. University of Johannesburg. (2021). Teaching and Learning. Accessed from <https://www.uj.ac.za/teaching-and-learning/academic-development-and-support/>
- [9]. American University in the Emirates. (2023). Academic & Support Services Department. Accessed from <https://aue.ae/academic-support-services/>
- [10]. The Carnegie Mellon University (2023). Teaching Excellence & Educational Innovation: Direct Students to Support Services. Accessed from <https://www.cmu.edu/teaching/designteach/teach/student-services.html>
- [11]. Jones B., Coetzee G., Bailey T. & Wickham S., 2008, Factors that facilitate success for disadvantaged higher education students. An investigation into approaches under by REAP, NSFAS and selected higher education institutions, viewed 20 October 2017, from [http://www.reap.org.za/pieces/reports/pdf/trackingreports/2008 June factors that facilitate success.pdf](http://www.reap.org.za/pieces/reports/pdf/trackingreports/2008%20June%20factors%20that%20facilitate%20success.pdf)
- [12]. The Guardian. (2023). South Africa's universities 'racially skewed', claims watchdog. Accessed on 8th April 2023 from <https://www.theguardian.com/global-development/2013/aug/22/south-africa-universities-racially-skewed>
- [13]. Council on Higher Education. 2013. A proposal for undergraduate curriculum reform in South Africa: The case for a flexible curriculum structure. Accessed 8 April 2023 from http://www.che.ac.za/sites/default/files/publications/Full_Report.pdf
- [14]. Blaauw, D., Ditlopo, P and Rispel, L.C. (2014). Nursing education reform in South Africa lessons learnt from a policy analysis study. *Global Health Action* 7:10.3402/gha.v7.26401.
- [15]. Matlakala, M.C. (2016). Transforming the Nursing Education: Benefit or Peri for the Profession. Accessed on 8 April 2023 by <https://uir.unisa.ac.za/bitstream/handle/10500/22558/Prof%20MC%20Matlakala%20Inaugural%20lecture%2016-8-2016%20.pdf?sequence=1&isAllowed=y>
- [16]. Global Health Workforce Alliance. (2015). Synthesis paper of the thematic working groups. Towards a global strategy on human resources for health. Available at: www.who.int/hrh/documents/synthesis_paper_them2015/en/. Accessed 10 February 2016
- [17]. Bvumbwe, T and Mtshali, N. (2018). Nursing education challenges and solutions in Sub Saharan Africa: an integrative review. *BMC Nurs* 17, 3. <https://doi.org/10.1186/s12912-018-0272-4>
- [18]. Khumalo, N.P and Reddy, S. (2021). Cross-disciplinary synergy: First-year students' experiences of learning academic writing through integrated writing support at a University of Technology. *J transdiscipl res S Afr*. 2021;17(1), a1038. <https://doi.org/10.4102/td.v17i1.1038>
- [19]. Council on Higher Education. (2013). A proposal for undergraduate curriculum reform in South Africa: The case for a flexible curriculum structure. Report of the task team on undergraduate curriculum structure. Pretoria: Council on Higher Education.
- [20]. Ratanasiripong, P., Wang, C., Ratanasiripong, N., Hanklang, S., Kathalae, D and Chumchai, P. (2021) Impact of psychosocial factors on academic performance of nursing students in Thailand. *Journal of Health Research*. 2586-940X
- [21]. Gripshi, S., Rustam, E and Pula, A. (2022). Challenges of Nursing Students in Relation to Academic Performance at the Faculty of Technical Medical Sciences. *European Journal of Medicine and Natural Sciences*. Volume 5, Issue 1
- [22]. Fortes, K., Latham, C.L., Vaughn, S and Preston, K. (2022). The influence of social determinants of education on nursing student persistence and professional values. *Journal of Professional Nursing*. Volume 39, Pages 41-53
- [23]. Adams, J.D. (2006). Prevailing and Preferred Learning Practices in University Student Support Programmes. Unpublished Doctoral thesis. KwaDlangezwa: University of Zululand.
- [24]. Mngomezulu, S and Ramrathan, L. (2015). Academic Intervention Experiences of 'At Risk' Students in a South African University. *Alternations Special Edition*, 17, 116–141.
- [25]. Paideya, V. and Dhunpath, R. (2018). Student Academic Monitoring and Support in Higher Education: A Systems Thinking Perspective. *Journal of Student Affairs in Africa*, 6(1), 33–48. DOI: 10.24085/jsaa.v6i1.3064.
- [26]. University of KwaZulu-Natal. (2009). Academic Monitoring and Exclusions Policy. Ref: CO/06/0412/09.
- [27]. KZN College of Nursing. 2013b. Student statistics. Pietermaritzburg: KZN College of Nursing.
- [28]. Paideya, V and Bengesai, A. (2017). Academic Support at the University of KwaZulu-Natal: A Systematic Review of Peer-Reviewed Journal Articles, 2010–2015. *Journal of Student Affairs in Africa*, 5(2), 55–74. DOI: 10.24085/jsaa.v5i2.270
- [29]. Wikipedia: The Free Encyclopedia. 2023. University of KwaZulu-Natal. Retrieved from University of KwaZulu-Natal – Wikipedia
- [30]. O'Reilly, K. 2012. *Ethnographic methods*, second edition. *Ethnographic Methods*, Second Edition. 1-261. 10.4324/9780203864722.
- [31]. Australian National University (2009) *Academic Skills and Learning Centre (ASLC)* (2009). Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?jsessionid=B2D8535C12BAB2A264D88CCDBBDC7EC2?doi=10.1.1.683.3428&rep=rep1&type=pdf>
- [32]. Hammersley, M. and Atkinson, P. (2005). *Ethnography: Principles in Practice*. London, Routledge.
- [33]. Hammersley, M. and Atkinson, P. (2007). *Ethnography*. 3rd Ed. London, Routledge.
- [34]. Pole, C. and Morrison M. (2003). *Ethnography for education*. Berkshire, England: Open University Press.
- [35]. Strauss, A and Corbin. J. 1990. *Basic qualitative research: Grounded theory procedures and technique*. Los Angeles Sage Publications.
- [36]. Walker, L and Avant, K. 2011. *Strategies for theory construction in nursing*. 5th Ed. New York NY: Prentice Hall.
- [37]. Department of Education. (1997). *Education White Paper 3: A programme for the transformation of higher education*. Pretoria, South Africa: Ministry of Education
- [38]. Mdepa, W and Tshiwula, L. (2012). Student diversity in South African higher education, *Widening Participation and Lifelong Learning*. Vol (13). Retrieved on 31 January 2014 fr

- [39]. Pascarella, E.T. and Terenzini, P.T. (2005) *How College Affects Students: A Third Decade of Research* (San Francisco CA: Jossey-Bass.
- [40]. Mudaly, P.D and Mtshali, N.G. (2018). Academic monitoring and support of undergraduate nursing education programme: A middle-range theory. *Curationis*, 41(1), 1-11. <https://dx.doi.org/10.4102/curationis.v41i1.1881>
- [41]. Redding, S and Walberg, H.J. (2012). *Promoting learning in rural schools* Lincoln, IL: Center on Innovation and Improvement.
- [42]. Ramkilowan, S and Mtshali, N.G. (2015). Exploring the attrition of student nurses from a four year comprehensive basic nursing education program in a selected college of nursing in KwaZulu-Natal: a case study approach, Master's dissertation, University of KwaZulu-Natal.
- [43]. World Health Organisation. (2013). *Transforming and scaling up health professionals' education and training* World Health Organization Guidelines. Switzerland: Geneva.
- [44]. Perez-Encinas, A., Pillay, S., Skaggs, J.A and Strange, C.C. (2020). University World News. The Global Window on Higher Education. (2020). Principles, values and beliefs of student affairs and services. <https://www.universityworldnews.com/post.php?story=20200817155607351>
- [45]. Hammond, K., Thorogood, J., Jenkins, A. & Faaiuso, D. (2015). A friendly destination: Normalising first year science student help-seeking through an academic literacy Targeted Learning Session. A Practice Report. *The International Journal of the First Year in Higher Education*, 6(1), 179–185. <https://doi.org/10.5204/intjfyhe.v6i1.276>
- [46]. Essack, S.Y., Lingah, T., Mashige, K.P., Mtshali, N., Naidoo, I., Naidoo, P., Oosthuizen, F., Pillay, S. and Suleman, F. Government Funding as Leverage for Quality Teaching and Learning. Presented at the OECD Programme on Institutional Management of Higher Education (IMHE) – Quality Teaching in Higher Education, Istanbul, Turkey, October 2009
- [47]. Arendale, D. R. 2005. *Postsecondary Peer Cooperative Learning Programs: Annotated Bibliography*. General College University of Minnesota, Minneapolis, MN.
- [48]. Genevieve Carlton. (2022). What Is Peer Mentoring and How Does It Benefit Students? <https://www.bestcolleges.com/blog/what-is-peer-mentoring>
- [49]. McConney, A.R. (2019). The role of a peer mentoring program in the adjustment of first-year university students. Thesis presented in fulfilment of the requirements for the degree of Doctor of Philosophy in the Faculty of Education at Stellenbosch University. Stellenbosch University.
- [50]. The University of KwaZulu-Natal. Orientation for First Year Students. Academic Development Officers. (2023). <https://coh.ukzn.ac.za/orientation-for-first-year-students/ams-programme/academic-development-officers/>
- [51]. The University of KwaZulu-Natal. College of Law and Management Studies Teaching and Learning. (2023). Academic Development Officers. Academic Development Officers (ADOs) – College Of Law And Management Studies Teaching & Learning (ukzn.ac.za)

Mudaly P.D. "Perceptions of Academic Monitoring and Support Services in an Undergraduate Nursing Higher Education Institution programme, South Africa." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 12(2), 2023, pp. 01-12.