RESEARCH ARTICLE

Exploration of the procedures and practices for providing student support services in a nursing college in South Africa

Explorer les procédures et les pratiques en matière de prestation de services de soutien aux étudiants dans un établissement de formation en soins infirmiers en Afrique du Sud

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ABSTRACT

The shortage of nurses is a global crisis, particularly in remote and rural communities. Contributory factors are retirements, resignations, recent increased deaths due to the COVID-19 pandemic, and the reduced production of nurses because of high attrition rates. This article's purpose was to investigate the provision of student support in the nursing education institution (NEI) of the KwaZulu-Natal (KZN) province in South Africa and come up with a model to improve completion rates. The researchers intentionally selected three KZN campuses based on their demographical location and programme offerings for the study. For data collection through in-depth interviews, the study adopted a case study design and employed a qualitative explorative approach, purposely sampling the NEI's senior academic staff. Strauss and Corbin's stages of coding were used to conduct the data analysis. The findings suggest comprehensive orientation and academic support as strong measures applied by the NEI to provide student support services and highlighted a need to improve enabling resources. Psychosocial support was predominantly provided by the hospital, which implied a lack of on-site comprehensive support. A necessity for developing a comprehensive student support model for the NEI emerged from the study. The model is expected to enhance the support and, in turn, increase completion rates.

RÉSUMÉ

La pénurie du personnel infirmier est une crise mondiale, particulièrement dans les communautés rurales et isolées. Les facteurs qui y contribuent sont les départs à la retraite, les démissions, l'augmentation récente du nombre de décès due à la pandémie de COVID-19 et la diminution de la production en personnel infirmier en raison de taux d'attrition élevés. L'objectif de cet article

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est d'étudier l'aide apportée aux étudiants dans un institut de formation en soins infirmiers de la province du KwaZulu-Natal (KZN) en Afrique du Sud et de proposer un modèle pour améliorer les taux de réussite. Les chercheurs ont intentionnellement sélectionné trois campus du KZN en fonction de leur situation démographique et de leur offre de programmes sur lesquels porte cette étude. Pour la collecte des données par le biais d'entretiens approfondis, cette étude a adopté un modèle d'étude de cas et a utilisé une approche qualitative exploratoire, en échantillonnant de manière délibérée le personnel académique supérieur de l'institut de formation en soins infirmiers. Le codage par étapes de Strauss et Corbin a été utilisé pour l'analyse des données. Les résultats suggèrent que l'orientation globale et le soutien académique sont des mesures fortes appliquées par l'institut de formation en soins infirmiers pour fournir des services de soutien aux étudiants et soulignent la nécessité d'améliorer les ressources nécessaires. Le soutien psychosocial a été principalement fourni par l'hôpital, ce qui implique un manque de soutien global sur place. L'étude a mis en évidence la nécessité de développer un modèle complet de soutien aux étudiants pour l'institut de formation en soins infirmiers. Ce modèle devrait permettre d'améliorer le soutien et, par conséquent, d'augmenter les taux de réussite des étudiants.

Introduction

The World Health Organization (WHO) has set strategic goals to promote global health and well-being, particularly in line with the sustainable development goal of ensuring healthy lives for all (World Health Organization, 2016a, 2016b). The need for a well-supported nursing and health care workforce, especially in remote and underserved communities, is closely tied to this mission, as outlined in the WHO's human resources for health objectives (World Health Organization, 2021). However, in 2013 the WHO reported a shortage of 9 million nurses, of which 1.8 million were in African regions. It further predicted a downswing of 9 million health care workers by 2030, primarily in low and middle-income African regions, estimated at 2.8 million (World Health Organization, 2016b). This calls for urgent and extreme action to recruit and retain global health care workers, primarily nurses (World Health Organization, 2016c).

In South Africa, the shortage of nurses is critical because of a skewed nurse-to-patient ratio and a high percentage of nurses approaching retirement (Butt et al., 2024; Schütz, 2021). Budget cuts and a mismatch between the skills of unemployed nurses and the industry's requirements exacerbate this situation (Swiss South African Cooperation Initiative, 2024). Additionally, student attrition and poor throughput in nursing colleges are pressing national issues (MacGregor & Ross, 2024).

Among the factors affecting student success are support policies and practices that shape teaching in nursing education institutions. In response, the Council on Higher Education's (CHE) focus has moved from quality audits to quality enhancement to strengthen teaching and learning. The World Health Assembly (WHA) resolved to protect, safeguard, and invest in the health care and health workforce. This could be, for instance, by increasing nursing students' graduation rates, especially those from disadvantaged communities, which can be a challenge for all stakeholders in nursing education. Student support policies are to be put in place to ensure admitted students are supported holistically to completion (SANC, 2020). The Department of Higher

Education and Training (DHET) promised ring-fenced funding for student support (DHET, 2013). Moreover, the Higher Education Qualifications Sub-Framework (HEQSF) mandates that the learning management systems are used to monitor student progress and identify those at risk of failure (Department of Health, 2020).

The shortage of nurses in South Africa, plus the 2019 transition of nursing colleges to HE, necessitates that NEIs upscale strategies in student support provision. Student success results from "intentional, structured and proactive actions and policies" (Tinto, 2012) and increasing success rates requires alignment of sector-wide policies and practices (Council on Higher Education, 2014). Mudaly and Mtshali (2018) also suggest a well-coordinated and intentional student support programme. Yet, authors criticise the attention to underperformance and the absence of tailored academic support which creates an impression that academic support is associated with poor performance (Nnadozie & Khumalo, 2023; Paideya & Bengesai, 2017).

Student support procedures and practices

Student support involves both academic and non-academic development, including aspects such as economic, emotional, and social well-being (Sánchez-Elvira Paniagua & Simpson, 2018), which aim to improve the quality of learning and teaching (Speckman & Mandew, 2014). HEIs focus on widening access for inclusivity and economic development. Nonetheless, access alone is insufficient; students must persist until programme completion (Tinto, 2014). Various strategies such as advising, mentoring, orientation, early identification of students at risk of dropping-out, tutorials, student integration, remediation, coaching, and supplemental instruction have boosted student academic performance in HEIs (Catarino & Aires, 2017; Mansouri & Mrabet, 2017; Tinto, 2014).

Studies attest to HEIs having typically mandatory orientation programmes and policies that acclimatize students to HEIs. However, not all students are aware of their institutions' student support policies or programmes (Abadingo & Sanchez, 2023; Skakane-Masango et al., 2023).

Tutoring is a traditional method employed to prevent student attrition, but it primarily focuses on short-term academic improvement. However, addressing the diverse causes of attrition requires a coaching and tutoring model that motivates students for long-term success (Mansouri & Mrabet, 2017). In contrast, poor motivation may lead to disengagement (Chipchase et al., 2017). In a later study, Mansouri found that more Moroccan students benefited from coaching than a tutoring programme, and this led to formulating a coaching developmental model (Mansouri, 2020), whereas a tutoring programme in a Portuguese university achieved outstanding results by providing comprehensive support (Catarino & Aires, 2017).

Similarly, mentoring is an effective student development practice, fostering knowledge, skills, and a sense of belonging. However, resource shortages hinder its implementation in both HEIs and clinical settings (Setati & Nkosi, 2017; Shikulo et al., 2020; Speckman & Mandew, 2014). To combat student attrition, McConney and Fourie-Malherbe (2022) proposed an intentional peer mentorship model for first-year students.

The model encompasses aspects such as the academic, social, institutional, and wellness. Its success depends on factors like the intensity of mentorship, time investment, reasons for mentorship and its wellness component. The formalization of academic advising is another practice that breeds positive academic outcomes in mentoring (de Klerk, 2022; Reed et al., 2019). However, de Klerk cautions that improving success is challenging due to inequality and complex structural constraints in HE. These constraints seriously impact academic advisors' work (de Klerk, 2021; de Klerk, 2022; de Klerk & Dison, 2022). Academic advisors aim to enhance students' participation in diversified teams, utilising campus resources, and fostering social responsibility, and cognitive and emotional competencies (de Klerk, 2021; de Klerk, 2022; de Klerk & Dison, 2022). In addition to academic advising, the life coaching initiative, which is a proactive psychosocial support intervention, has averted premature drop-out (Mogashana & Basitere, 2021).

Lastly, monitoring and tracking systems, promptly implemented, and taking a holistic approach to student support, would enhance student success (Mayse, 2022). Likewise, policymakers and researchers have increased calls for comprehensive, integrated support models and wraparound services to improve completion rates (Mudaly & Mtshali, 2018; Shikulo et al., 2020; Tinto, 2014).

The academic monitoring support model

The University of KwaZulu-Natal's (UKZN's) academic monitoring and support (AMS) guided this study model for the undergraduate programmes. The AMS model is systematic, comprehensive, and intentional as a guiding framework for NEIs in supporting students from underprivileged environments. It focuses on monitoring student progress and offering relevant support. The model has four phases of support from before commencement of training to completion of training (Mudaly & Mtshali, 2018).

(i) Pre-enrolment phase: this support is provided before students are enrolled and it equips the student with knowledge about the nursing career and training programme before they decide to enroll. (ii) Integration phase: this support facilitates transition of the students into higher education and focuses on underprepared students, in particular those from rural and remote communities. Integration support mainly offers compulsory orientation for students. (iii) Engagement phase: this phase is centred on different types of support, which includes a student-centred transformative curriculum, academic support, and psychosocial support. And lastly, (iv) the transition phase support is when the student is prepared for the work environment, from application processes, interview preparations, to expectations in the work environment, and different available career pathways (Mudaly & Mtshali, 2018).

In its implementation, principles like responsiveness guide the model, how the institution responds to national DHET imperatives, the National Department of Health (NDOH) and the South African Nursing Council (SANC) in relation to education and health systems. Also, the AMS model considers factors which may influence the provision of student support services in line with transforming the health system. These

factors are called architects, for example, the availability of resources for implementing student support services (Mudaly & Mtshali, 2018).

Research and methodology

The researchers adopted a case study design, which enabled the exploration of practices and procedures in providing student support services (SSS) during the novel move of nursing education institutions to HE in South Africa (SA). A qualitative approach, using individual interviews, was employed and was appropriate for the study to attain in-depth knowledge from participants on how SSS are implemented in the NEI (Corbin & Strauss, 2008).

Study setting

The study occurred in the biggest district of the KwaZulu-Natal province, in South Africa, where the principal investigator (PI) sampled three campuses of the public nursing education institution (NEI). The PI intentionally selected campuses that were differentiated by demographical location and programme offerings to provide a more representative sample of the campuses in the province. The first campus was situated in the city centre, the second, in an urban area; and the third one in a township. Two campuses either offered mainly a postgraduate (PG) programme or undergraduate (UG) programme and the third campus offered both UG and PG programmes.

Sampling

The study had a total of 160 population, from which 18 participants were selected across the three campuses of the NEI. The interview participants were recruited using purposive sampling as best-suited informants about the college's student support practices and procedures (Roestenburg et al., 2021). The study participants were academic staff (lecturers and managers) of both undergraduate (UG) and postgraduate (PG) programmes from the three campuses, as per Table 1 below. These participants had more than five years' experience in nursing education and therefore were expected to have in-depth knowledge of the study practices and procedures applied in providing student support (Creswell & Creswell, 2017).

Table 1: Sampling per campus

Campus and programme	No. of participants	Race	Gender	Category	Highest qualification
X Undergraduate programmes	6	African: 5	Male: 1	Principal: 0	PhD: 1
		Coloured: 0	Female: 5	Deputy Principal: 1	Masters: 3
		Indian: 1		HOD: 1	Honors : 2
		White: 0		Senior lecturer: 4	Bachelor: 0

Campus and programme	No. of participants	Race	Gender	Category	Highest qualification
Y Undergraduate and postgraduate programmes	6	African: 4	Male: 2	Principal: 1	PhD: 1
		Coloured: 0	Female: 4	Deputy Principal: 0	Masters: 5
		Indian: 1		HOD: 2	Honors: 0
		White: 1		Senior lecturer: 3	Bachelor: 0
Z Postgraduate programmes	6	African: 4	Male: 0	Principal: 1	PhD: 0
		Coloured: 0	Female: 6	Deputy Principal: 0	Masters: 3
		Indian: 2		HOD: 3	Honors: 2
		White: 0		Senior lecturer: 2	Bachelor: 1

Data collection

The principal investigator (PI) collected data at the beginning of 2021 and completed towards the end of 2022 when saturation was reached (Corbin & Strauss, 2008). COVID-19 restrictions prohibited the PI from collecting data using focus group discussions as initially planned; individual interviews enabled adherence to COVID-19 infection control protocols. The PI sought permission from the campus management and research committee, who arranged interviews on their respective campuses. During the interviews, the PI could listen to and observe non-verbal cues from participants and make notes while the research assistant audio-recorded the interviews. For ethical reasons, the research assistants also conducted interviews where the PI worked.

Data analysis

The PI conducted data collection and analysis concurrently and listened to interview audio recordings several times while transcribing them verbatim. To make sense of the data, the PI immersed herself in the transcripts, reading them repeatedly, following Strauss and Corbin's stages of coding, namely open, axial, and selective coding. The PI broke down data into concepts during open coding and analysed them to identify their properties and dimensions. Then, the PI identified and regrouped concepts per their properties and dimensions in axial coding, demonstrating associations between categories and sub-categories. Next, the PI identified and analysed the codes inductively according to their meaning, comparing them for similarities and differences, then collating similar ones into categories. Finally, during selective coding, the PI reduced data

into fewer categories and sub-categories characteristic of the processes and procedures used by the college to provide student support (Corbin & Strauss, 2008; Roestenburg et al., 2021). Data analysis and literature review culminated in three themes from the final categories per the study findings below.

Findings and discussion

Study findings

This study aimed to explore processes and procedures in place for providing student support services, under the guidance of the AMS framework, as discussed above. In presenting the findings, the focus will be on the first two stages of the framework, namely, support at the commencement of the programme and support during the programme. In so doing, focusing on academic and non-academic support services provided by the NEIs, as per findings. The three themes from the findings are (i) institutional procedures for providing support, (ii) identification and monitoring processes for at-risk students, and (iii) supportive measures for intervening in poor performance (Mayse, 2022; Mudaly & Mtshali, 2018).

Eighteen individual interviews were conducted with lecturers and management at the three campuses to get an in-depth understanding of the procedures and processes in place for student support. The findings are presented in themes and sub-themes, as discussed below.

Theme 1: Institutional procedures for providing support

Subtheme 1.1: Comprehensive orientation

First, the PI sought to establish the processes utilised for providing support when the students commence training to determine whether the college offers engagement support. The participants reported the following:

> *Once they are selected after the interviews, there is an orientation week, especially with the R71 (The Diploma in Nursing program, according to SANC Regulation, R171) program. The orientation week empowers the student with whatever they need, they receive an information booklet with the regulations and all that they need to know pertaining to the course. That is support that they will need as they get orientated by the lecturers that whole week.* (P3)

> *An orientation week which includes many stakeholders, lecturers, OHC (occupational health clinic) where all health assessments are done, and problems can be detected and follow ups are done. Registration and course induction takes place, academic rules, modules and disciplinary procedures and processes.* (P1)

The findings point to a wide range of support by the college and clinical staff, demonstrating that a comprehensive orientation programme exists. This programme encompasses orientation on both academic and non-academic aspects of support, as per the findings below:

We guide them during the program, orientate them with the physical layout of the wards, we tell them more about what is happening in the wards, immunize them for communicable diseases. Policies of IOD (injured on duty), like what to do, infection prevention and control manager orientate on infection prevention OHS (occupational health and safety) rep (representative) from the occupational health clinic if not well. They receive free treatment as students. Lecturers follow them up to guide them in the wards, clinical lecturers accompany them, they are also there for support to help them where they don't know. (P7)

Overall orientation about the program, what it entails, their expectations and they are told about each and every module as well as the practical component. They are told about the textbooks that are needed as well as the rules, like the attendance that is expected from them, clinically, theory and about the expectations on clinical placements (P4)

Financial support from SETA (Sector for Education and Training Authority) which covers their tuition fees and are paid a stipend. They are also given gadgets like tablets and data to help with their learning, they have a computer lab and a library, there are also playground and a swimming pool. (P6)

Although the participants reported comprehensive orientation support, they had mixed and contradictory responses about the availability and knowledge of an institutional policy that guided their activities. Those who were knowledgeable about the policy's existence stated as follows:

We do have a policy on student support. (P15)

I am not sure whether they do get support as stated in the policy, but it does exist; although I cannot remember the last time it was reviewed. (P3)

The rest of the participants either denied the presence or were not aware of the policy existence and responded as follows:

I don't remember such a policy being available. (P5)

Not that I know of. (P6)

Even though most non-academic support is provided in the hospital, participants recommended that holistic support should be available in the college, because of diverse challenges faced by students.

A more practical structure of support for the students especially when they are starting cause some even dropout, yet the relevant stakeholders are aware of the students challenges and what it results in, yet nothing is done. It is sad unfortunately cause some students go into debts trying to stay on the program. (P16)

The above findings from participants suggest that the college offers comprehensive orientation for new students. It also emerged that all other forms of non-academic

support are mainly offered in the hospital. Additionally, there is poor clarity about the availability of the policy on student support. The college doesn't have comprehensive support services on-site.

Subtheme 1.2: Identifying and red-flagging poor performance
Lecturers can observe those signs that may signal academic problems and flag them for intervention or referral to the academic development officer (ADO). The management (HOD and principal) in their role of supervising learning and teaching, may notice problems during monitoring of academic progress for all students.

> *Some problems can be picked up when interacting with the students, e.g., poor performance is observed. When a student performs poorly, we give the results to the ADO (academic development officer) who will in turn set up an appointment with the student to do assessment.* (P1)

> *We monitor them based on the formative tests that they are where we are able to notice poor performance and we can also see their interaction in class.* (P14)

> *Through observation of student behaviour, formative test performance and struggling with understanding concepts.* (P13)

Due to their vast experience, the lecturers can identify warning signs early by observing students during interaction in classrooms and clinical areas. Early identification of warning signs assists in prompt intervention to prevent deterioration in performance.

Theme 2: Processes for identifying and monitoring at-risk students

Subtheme 2.1: Self-initiated support help/help-seeking behaviour
Some students take the initiative to seek support when they realize that they have challenges with understanding concepts or any assigned work, as indicated by participants below.

> *… students are able access those tutorials and make the bookings with the lecturers.* (P6)

> *Students with problems make appointments with lecturers.* (P4)

This initiative demonstrates that students have been exposed to orientation and are aware of where and when to seek help.

Subtheme 2.2: Lecturer-identified risks/-initiated support
To a large extent, lecturers are proactive in observing students at risk through untoward behaviour and poor performance, and challenges with understanding concepts. They also take initiative in offering individual tuition and remedial classes, investigating causes of poor performance and referring the student accordingly.

> *Even during class, there are students that you are able to identify that maybe one student doesn't care, and you may see that one student is really battling and trying though they are performing poorly but they are trying.* (P4)

> *On the very first test you can see he/she is not doing well, we do remedial classes, give them extra support in a form of individual lectures. We make them write the tests; we also pair them with those that are doing well.* (P3)

> *… try to get the cause of their poor performance from there I look at how I can assist the student moving forward.* (P8)

Academic staff continuously monitor identified risks using tracking systems. Risks are also identified when students demonstrate poor interaction and not finishing work.

> *We monitor them based on the formative tests that they are where we are able to notice poor performance and we can also see their interaction in class.* (P10)

> *We trace them, we colour code our students during the semester to see how they perform. On the very first test you can see he/she is not doing well.* (P9)

> *We assign them work where we are able to see if the student is able to fish the information on their own.* (P1)

> *The subject lecturer and module coordinator keep track of student results so that as the academic staff they can pick up those at risk.* (P9)

Theme 3: Institutional supportive measures for intervening in poor performance

Subtheme 3.1: Academic support

Lecturers offer academic support in the form of tutorials, small group discussions, lecturer appointments, remedial programmes, and academic counselling.

> *As a lecturer, I go through the student reports or results, and I call the students for a consultation on their performance and try to get the cause of their poor performance. From there I look at how I can assist the student moving forward.* (P2)

> *They get one-on-one meetings with the lecturer, they have the option of meeting with the lecturer, getting extra work, meeting with the lecturer who would re-tutor them in areas where they feel their deficit.* (P7)

> *They are given a second chance to write; they are initially told the percentage that they would need in order to re-write or carry the subject. We give them extra tutorials, day off, study day before they re-write; everybody avails themselves to help them. If they need help, they know that all the doors are open.* (P12)

Academic support measures are applied per unique student needs, especially feedback sessions following formative assessment.

> *When we have students that do not necessarily fail but consistently perform poorly, one of the things I do is when tests are written it does not end with giving out marks but also feedback on content covered, questions asked and how they were expected to answer; where the gaps were in terms of the information that they gave and why they did not*

score full marks. This is also a form of support that students get, the valuable feedback at the end of any evaluation, whether it's a theoretical evaluation or clinical evaluation. (P8)

One of the things I do is when tests are written does not end with giving out marks but also feedback on content covered, questions asked and how they were expected to answer; where the gaps were in terms of the information that they gave and why they did not score full marks. (P3)

A wide range of academic support is provided for the students, lecturers assess performance, monitor it, and offer relevant academic support. This attests to the invaluable experience lecturers have in dealing with learning and teaching issues as senior academic staff.

Subtheme 3.2: Academic development officer and psycho-social support

It emerged from the findings that students who were performing poorly or demonstrating untoward behaviour, were referred to the academic development officer. Having sat with the student to identify the root of the matter, the ADO would either attend to the issue or refer the student to the occupational health clinic where the student would be seen by a relevant multidisciplinary team member. For academic challenges, the ADO may refer the student to the subject lecturer.

ADO handles the academic performance issues. (P3)

Lecturers offer academic support in instances of poor performance like remedial (program) where applicable, student could be struggling in certain subjects. (P5)

Academically, counselling if a student needs it, this can be about their study or any other problem. (P3)

We pick it up in class that the students are weak, then assisted by the ADO to identify academic or social challenges. (P4)

When it comes to psychosocial issues, the hospital provides most of the support, and they refer students to specific services for issues beyond the college staff's expertise. Psychosocial issues may be financial, emotional, physical, and psychological in nature.

We refer them to the social workers, and we also counsel them. When the student is sick, we refer them to the hospital, when they have social problems, this could be referred to a psychiatrist or a doctor who will follow up. (P2)

But we do not have an EAP (employee assistance program) at college, [in the hospital] we have social workers, staff clinic (another term for occupational health clinic). Students may need support [to] identify chronic illnesses, we do counsel, but we do not have a counsellor dedicated to students. (P3)

They are advised to come forth if any problems social or otherwise. (P1)

> *… student also counselled for bereavement, for challenges of chronic illness recommended to temporarily deregister and come back when they are feeling better, but this is entirely on the student.* (P5)

A throughline across participants was inefficient psychosocial support, in particular counselling services for students at the college. The lecturers were overwhelmed with psychosocial issues experienced by students. They lamented their incapacity to provide this support, and responded as follows:

> *Lecturers are not trained counsellors, … we have inadequate counselling knowledge.* (P7)

> *I would like to see someone allocated to student counseling, that would be neutral, this can help avoid being biased. Sometimes when students share their problems with lecturers, we get to hear about them, as we are humans and mistakes happen and that is not good because the student would have told them in confidence, so getting someone from outside might help.* (P5)

> *It would be better if we have a counselor just for the college because even as lecturers, we do need that. The students won't be that open to you as lecturers, than they would to someone neutral.* (P6)

Furthermore, the participants cited infrastructural challenges which limited the utilisation of resources:

> *We need infrastructure that is disabled friendly because students on wheelchairs, cannot reach other floors and we are forced to use ground level classes.* (P1)

> *Resources need to be developed. We lack even counselling rooms at times, and they are not as comfortable as they are supposed to. Simulation labs and skills lab do not have adequate resources, even data to help students access online websites.* (P2)

Non-academic support services like infrastructure and psychosocial counselling for students was recommended by a vast number of participants. This finding suggests the necessity of a holistic student support model for the college.

Discussion

To reiterate, 18 members of academic staff comprising senior lecturers and managers from three campuses of the NEI participated in the study, as presented in Table 1. The study aimed to explore the procedures and practices for providing student support in the NEI. A myriad of studies recommend the development of a standardized, comprehensive, coordinated student support model to guide the provision of student support to improve student success in HE (Mansouri, 2020; Mudaly & Mtshali, 2018; Shikulo et al., 2020; Tinto, 2014). Three themes emerged from the findings. These were institutional procedures for providing support, processes for identifying and monitoring at-risk students, and institutional supportive measures for intervening in poor performance.

Theme 1: Institutional procedures for providing support

The findings revealed a resounding agreement on the availability and comprehensiveness of orientation for students. The orientation programme included the fundamental aspects of student support, i.e., academic, psychosocial, and financial support. Previous studies concur that the support should be holistic, with academic and non-academic aspects (Liu et al., 2022; Skakane-Masango et al., 2023; Tait, 2010).

Contrary to the agreement on providing comprehensive orientation, some participants were oblivious to the availability of student support policy. Participants' responses suggested academic staff needed to know the college's student support policy as many had never heard of it. The authors concluded from the participants' interviews that no standardized policy or student support programme existed. A coordinated, standardized, and structured student support system emerged as a solution, and the findings confirmed a need for relevant and student-centred support.

Many students were referred to psychologists, highlighting the emergence of psychosocial support, particularly mental health, as a critical challenge needing attention. Authors also highlighted increased psychosocial problems experienced by students, suggesting the necessity of on-site counsellors (Baik et al., 2019; Crawford & Johns, 2018). There was also uncertainty about the availability of psychosocial support in the NEI (Skakane-Masango et al., 2023). Despite the increase in mental illness among HE students, studies cited barriers to mental support (Baik et al., 2019; Ebert et al., 2019). (Juma et al., 2016) suggested support during the transition to HE and assigning individual tutors and peer mentors on enrolment. As per Tinto's analogy of Durkheim's theory of suicide, when the college community fails to integrate students and identify those who have psychosocial issues, they may similarly withdraw from the college (Tinto, 2014).

Contrary to those who may withdraw because of challenges and lack of support, very few students apply help-seeking behaviour and approach lecturers for help, which may be beneficial because the student sees the need for intervention. This supports the findings that many students would not seek mental health treatment, primarily due to attitudinal barriers, and would handle the challenges alone (Ebert et al., 2019). Similarly, lecturers' attitudes hindered the utilisation of student support services. Instead, students preferred approaching peers (Skakane-Masango et al., 2023).

Theme 2: Processes for identifying and monitoring at-risk students

Student success takes precedence on the college agenda. CHE affirms that "student success is also affected by how well an institution monitors the performance and progress of the student and refers them for support as needed" (Council on Higher Education, 2014).

It emerged from the findings that most lecturers observe the telltale signs of poor engagement and risks of poor performance from the beginning. Consequently, they promptly commence intervention using different academic support strategies, such as remediation, one-on-one consultations, small group meetings, and extra tutorials (Council on Higher Education, 2014), to curb the problem immediately. UKZN, with its AMS theory, which is adopted as a guiding framework for this study (Mudaly & Mtshali,

2016; Mudaly & Mtshali, 2018), and other HEIs use tracking and monitoring mechanisms to identify early and support those students at risk of academic failure (Crawford & Johns, 2018).

Theme 3: Institutional supportive measures for intervening in poor performance
The findings revealed a wide range of academic support activities. The participants showcased their academic expertise in this area. They shared that they had had individual meetings with students, invited students for extra tutorials, and given feedback on performance, amongst other efforts, which is vital and encourages persistence. It also emerged from the findings that students had extra study time and second chances for assessments, a practice that supports academic progress. In contrasting findings, students with socio-economic challenges had limited time to study because they had to use their time to make money through other means (Atinaf & Petros, 2016). Studies concur that resources for student support are lacking in community colleges to meet the needs of underserved students (Bragg, 2023). This is despite the enshrining of equal rights to education policies and practices in the Constitution of the Republic of South Africa (1996).

Conclusion

The study aimed to explore student support services provided in the NEIs in KZN province and develop a model for student support (Skakane et al., 2024) . The findings point to the grave necessity of the student support model to prioritise psychosocial support because of the emotional issues students face and their effect on academic success. To improve resources at the NEIs, including the employment of on-site psychologists, the study could be beneficial for looking into the psychosocial needs of students. To strengthen the envisaged student support model, we recommend replicating the study in other NEIs to gather more data. The study is the first exploration of SSS during the college's transition to HE and, therefore, will serve as a springboard for public NEIs in ascertaining their processes and practices in providing SSS. Based on the findings, the study would suggest how best NEIs can meet the requirements for DHET for academic success. To strengthen the objectivity of findings or minimize bias, the principal investigator engaged the research assistant to interview participants at her place of employment.

Ethics statement
The study was approved by the University of KwaZulu-Natal's (UKZN) Human and Social Sciences Research Ethics Committee, protocol number HSSREC/707/2019; and gatekeeper permission was granted by the KZN Department of Health (DOH). Furthermore, the principal investigator spelled out the purpose of the study to obtain consent for participation and audio-recording of interviews.

Potential conflict of interest
The authors declare no conflict of interest.

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