

Exploring Students' Experiences On Campus Health Services

Kwezilomso Sonkwala and Sonja Nicolene Mostert

Abstract

Transitioning from high school to a tertiary environment presents challenges like emotional difficulties, stress, financial strain, and social isolation, which can negatively affect health. Exploring the health experiences of young adults is vital for developing policies that address their needs and aim to improve their health. Promoting health and maintaining healthy lifestyles in this vulnerable population ultimately relies on access to healthcare services and quality healthcare. Research at South African tertiary institutions highlights the value of on-campus healthcare services. However, limited studies focus on student experiences, as most are outdated or quantitative in nature. This study aimed to explore student experiences with on-campus healthcare using a qualitative approach. Semi-structured interviews were conducted via Microsoft Teams and analysed using Interpretative Phenomenological Analysis (IPA). The following themes were identified: Healthcare staff at its best; Campus care that meets student needs; Communication gap in campus healthcare; All-in-One healthcare and improved health awareness across campus. The results revealed some of the challenges students face with accessing on-campus healthcare services and included recommendations for improvement.

Key words: students' experience, student health, on-campus healthcare services, South Africa, universities.

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The findings were shared with the University Health Clinic staff and posters were created to raise awareness about the services. The study concluded that while students generally value on-campus healthcare services, they face barriers that may limit the benefits of on-campus health facilities. The implications of the findings suggest the need for improved cultural competence, enhanced awareness, increased staffing, and expanded service availability to better meet the diverse student health needs.

Résumé

Le passage du lycée à l'enseignement supérieur s'accompagne de défis divers, dont les difficultés émotionnelles, le stress, les contraintes financières et l'isolement social, qui peuvent avoir des répercussions négatives sur la santé. Il est essentiel d'étudier les expériences de ces jeunes adultes en matière de santé afin d'élaborer des politiques qui répondent à leurs besoins. La promotion de la santé et le maintien d'un mode de vie sain au sein de cette population vulnérable dépendent en fin de compte de l'accès aux services de santé et à des soins de qualité. Les recherches menées dans les établissements d'enseignement supérieur sud-africains soulignent l'importance des services de santé sur le campus. Cependant, peu d'études se concentrent sur les expériences des étudiants, la plupart étant obsolètes ou de nature quantitative. Cette étude visait à explorer les expériences des étudiants en matière de soins de santé sur le campus à l'aide d'une approche qualitative. Des entretiens semi-structurés ont été menés via Microsoft Teams et analysés à l'aide de l'analyse phénoménologique interprétative (API). Les thèmes suivants ont été identifiés : un personnel de santé au meilleur de ses capacités ; des soins sur le campus répondant aux besoins des étudiants ; un déficit de communication dans les soins de santé sur le campus ; des soins de santé « tout-en-un » ; et une meilleure sensibilisation à la santé sur l'ensemble du campus. Les résultats ont mis en évidence certains des défis auxquels les étudiants sont confrontés pour accéder aux services de santé sur le campus et ont donné lieu à des recommandations d'amélioration. Les conclusions ont été partagées avec le personnel de la clinique universitaire et des affiches ont été créées pour informer des services proposés. L'étude a conclu que, bien que les étudiants apprécient généralement les services de santé sur le campus, ils se heurtent à des obstacles susceptibles de limiter les avantages des infrastructures de santé sur le campus. Parmi les recommandations qu'inspirent ces résultats figure la nécessité d'améliorer la compétence culturelle, de renforcer la sensibilisation, d'augmenter les effectifs et d'élargir la disponibilité des services afin de mieux répondre aux divers besoins des étudiants en matière de santé.

Mots-clés : expérience ; santé des étudiants ; services de santé sur le campus ; Afrique du Sud ; universités.

Introduction

Universities serve as environments where students pursue an education, develop life skills, and gain independence. The tertiary experience is a time of change where students face several challenges (Evans et al., 2018; Munyaradzi & Addae, 2019), ranging from psychological, financial, and social challenges to academic stressors, which can impact their performance and adjustment (Adams et al., 2016; Barbayannis et al., 2022). Financial constraints mean that many students are dependent on external funds for tuition, often leaving them without resources for personal expenses. Further, some students may relocate to other provinces to be close to the institutions, further straining their emotional and financial stability (Halliday-Wynes & Nguyen, 2014; Naidoo & McKay, 2018; Nasr et al., 2024). All these factors can negatively impact their health.

Access to healthcare services is thus vital. Students encounter diverse health-related issues that play a defining role in their tertiary experience as physical and psychological factors are important determinants of optimal student learning (Adams et al., 2016; El Ansari et al., 2013; Wilks et al., 2020). If students' health is compromised this can influence class attendance, and preparation for assessments, negatively impacting their academic performance. Access to healthcare services thus becomes important to support their health needs and benefit their learning experience. The availability of health resources, including access to healthcare, helps students manage their health thereby enhancing their academic experience and overall wellbeing (Shapley & Hamuka, 2019; Simpson & Ferguson, 2014).

Limited research is available on how students use health services, with most research being quantitative in nature, focusing specifically on the prevalence of certain health conditions, or exclusively on students' mental health. Exploring the unique health experiences of young adults is vital to develop policies aimed at addressing their needs and ultimately improving their overall health. Promoting health and maintaining healthy lifestyles within this population is contingent upon access to quality healthcare (Musakwa et al., 2021). Evans et al. (2018) report that students use health services differently compared to adults and they face unique barriers when accessing such services (Musakwa et al., 2021). More research is needed to explore the value, use, and nature of available on-campus health services from a student perspective as these facilities cater specifically to the health needs of young student populations. This study explored students' experiences

with on-campus healthcare services to understand their challenges and seek opportunities for improvement. Student health and wellbeing ultimately impact academic success and adjustment to university life. Inquiring how students use on-campus health services and their experiences with such services creates an opportunity for health promotion initiatives to be implemented.

This study sought to explore students' healthcare experiences, through the following research question: How do students experience the healthcare services available on campus? This article outlines the methodology used and presents the study themes identified. The authors offer a discussion and interpretation of the findings and reflect on the implications of the results. The conclusion is followed by an overview of the study limitations and recommendations for future research.

Literature

Conceptualisation of Health

The World Health Organization (WHO) (1948) defines health as "...the state of complete physical, mental, and social well-being, and it goes beyond the mere absence of disease or infirmity" (p. 1). In the context of student health, health would ideally mean that students are not only free from illness but are also mentally and socially well. Health management is paramount to maintaining health and wellbeing and accessing resources such as healthcare services for students on campus.

Healthcare Services in Institutions of Higher Learning

Student healthcare services offer a range of support programmes and services to students with limited healthcare options (Simpson & Ferguson, 2014). These services include sharing knowledge on how to deal with an acute or chronic illness and offer medication prescriptions and HIV testing, among other services (Leroy et al., 2017). When students feel unwell, a sense of support can help alleviate their anxiety, which can reduce the discomfort associated with an illness (AlKandari, 2020). This supportive atmosphere and treatment can promote faster recovery, allowing students to return to academic responsibilities sooner (Leshner & Scherer, 2021). Access and utilisation of health resources are linked to enhancements in brain health, effective weight management, lowered chronic disease risk, increased bone and muscle strength, and enhanced capacity for daily tasks (American Psychological Association, 2020; Park et al., 2016; Van Cappellen et al., 2018). These benefits also extend to decreased risk of mental health disorders, emotional resilience, better cognitive functioning, decreased stress, and life satisfaction (Kim et al., 2020; Mandolesi et al., 2018; Ronen, 2021; Schultchen et al., 2019; Wickham et al., 2020). Healthcare is also

important for better social well-being, self-confidence, and self-esteem, fostering improved communication skills, and a sense of belonging (Eather et al., 2023; Fernández-Bustos et al., 2019; Haim-Litevsky et al., 2023; Malm et al., 2019; Siegmund et al., 2021).

Student Perceptions of Campus Healthcare Quality and Its Impact on Service Utilisation

Despite the importance of student healthcare services literature reveals a consistent trend of underutilisation of campus health services (Kleinhans, 2019; Musakwa et al., 2021; van Papendorp et al., 2007). This underuse could be due to multiple factors including the majority seeking healthcare elsewhere (Musakwa et al., 2021), issues of inclusivity, social challenges, and as well as a hostile campus environment, which can deter specific groups such as LGBTI students, among other factors (Kleinhans, 2019). Luescher et al. (2019, p.7) found that some students perceive the quality of university healthcare services as being "very poor" suggesting that students are not benefiting fully from the available healthcare resources on campus.

According to Msibi (2013), although South African students frequently view universities as varied, liberal spaces, the contrary frequently occurs. Many students who display non-normative genders and sexualities experience discrimination. Mavhandu-Mudzusi (2016) indicate that these students lack access to culturally competent healthcare practitioners. In addition, issues like gender identity and sexual orientation continue to be taboo because of the slow pace of change in South Africa's higher education sector, which tends to focus on race and gender at the cost of other types of discrimination (Hood et al., 2019; Msibi, 2013). If these negative experiences are addressed, students can have improved interactions with on-campus healthcare services enabling students to access required health services and benefit physically, psychologically, and socially. This study intended to address the research gap by looking at students' personal use of on-campus health services, the challenges they experience, and the recommendations they propose to improve it.

Theoretical Framework

The Ecological Systems Theory developed by Urie Bronfenbrenner (Bronfenbrenner, 1979) was used as a guiding theoretical framework. It consists of the microsystem, mesosystem, exosystem, and macrosystem and these systems interact continuously, impacting individual behaviour and development (Bronfenbrenner, 1979; Scott et al., 2016). In relation to this study, the microsystem of the students would consist of the immediate environments such as family, which directly influence students' experiences and decisions regarding on-campus healthcare. The mesosystem encompasses interac-

tions between different microsystems including relationships with peers and clinic staff that affect students' attitudes and use of health services. The exosystem refers to broader institutional and organisational factors like clinic resources and staffing that shape the availability and quality of healthcare. Finally, the macrosystem includes larger societal factors such as the national economy and policies that impact students' healthcare access and affordability.

Methodology

Research Design and Sampling

A qualitative research approach with an interpretive phenomenological research design was used to explore students' experiences. According to Smith et al. (2009), when employing phenomenology, the focus shifts towards the firsthand experiences of individuals encountering a phenomenon rather than simplifying or generalising the phenomenon.

Purposive sampling was used as people with particular characteristics are needed to answer the research question (Etikan, 2016). The following inclusion criteria applied: students registered at the university for the year 2024, proficient in English, aged 18 and above, and who had used the university healthcare services within the past two years. The exclusion criteria encompassed students who had not used the healthcare services in the past two years due to COVID-19 restrictions and those who only utilised the Student Counselling Unit (SCU).

Data Collection

Students were invited through posters and flyers, which were available at the university healthcare facility. Healthcare staff working at the facility also informed students about the study. The flyers provided details about the purpose of the study, inclusion criteria, and the contact details of the researcher if they wanted to participate. Participants signed informed consent and agreed to be audio-recorded. Semi-structured interviews were conducted via Microsoft Teams.

Data Analysis

After data were collected and transcribed, the researcher analysed the data using Interpretive Phenomenological Analysis (IPA) (Smith, 1996). First, the researcher immersed himself in the data by reading transcripts multiple times and listening to the audio recordings. Next, detailed notes were made capturing experiences, language use, and interpretations. Then, these notes were transformed into emergent themes reflecting the core ideas expressed by participants. Afterward, related themes were grouped together while weak or unsupported themes were removed to refine the analysis. Finally, the

researcher wrote up the findings by describing each theme with supporting participant quotes and linked the interpretations to existing literature.

Trustworthiness

According to Forero et al. (2018) and Lincoln and Guba (1985), the most well-known criteria to ascertain trustworthiness involve the following: Credibility, transferability, dependability, and confirmability. In the research, transferability was addressed by providing detailed descriptions of the study setting, participant recruitment, and data collection methods. Dependability was ensured by having an external qualified researcher review the research process and findings for consistency and reliability. Confirmability was maintained through participant transcript verification, supervised research processes, keeping a reflective diary, and acknowledging researcher reflexivity to minimise bias.

Ethical Considerations

The research study was conducted in line with the ethical principles outlined by the ethics committee. The researcher obtained informed consent by providing participants with detailed information sheets and consent forms, ensuring that participation was voluntary. Privacy and confidentiality were maintained by assigning pseudonyms to participants and securely storing data to prevent any personal identification. Participants were informed that their participation was voluntary and that they could withdraw at any time without negative consequences to their healthcare access. Participants were provided with the contact information of counselling services in case of emotional distress. All data collected were securely stored in encrypted folders accessible only to the researchers, with audio recordings destroyed after transcription and analysis. Permission to use the data for future research and dissemination was obtained during the informed consent process to support ongoing academic contribution.

Results

Demographics of Participants

This sample consisted mostly of females ($n = 7$), one non-binary participant ($n = 1$), and two males ($n = 2$). The age ranges of the participants span from 21 to 29 years old, with a mean age of 25 years. In terms of education, participants were enrolled in various degree programmes, ranging from undergraduate to postgraduate levels. While the majority reside in university accommodation, some individuals live in private accommodation.

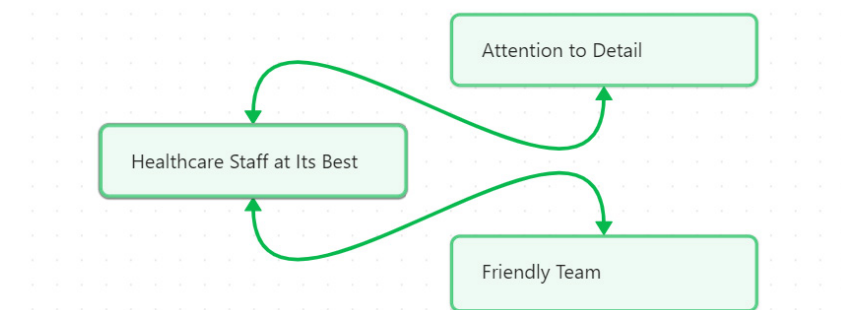
Presentation of Themes

The findings are presented in line with the study objectives, main themes, and sub-themes with supporting quotations from participants.

Theme 1: Healthcare Staff at Its Best

The main objective was to explore students' experience and use of on-campus healthcare services. This theme, healthcare staff at its best, emerged and through interrogation of students' experiences and interactions with staff when using healthcare services. Generally, students described positive experiences where they felt welcome and noted pleasant interactions and positive experiences.

Figure 1: Theme One With its Subthemes



Students referred to “attention to detail” with staff demonstrating attentiveness to both their medical needs and personal circumstances. Participants reported that staff members engaged in meaningful conversations, showing genuine interest in their academic progress and well-being, creating a supportive and caring atmosphere. Participant 1 stated, “Umm, those nurses are very attentive and they even ask you about schoolwork and they encourage you to protect yourself more.” This attentiveness was described as “hands-on” and “welcoming” by Participant 2.

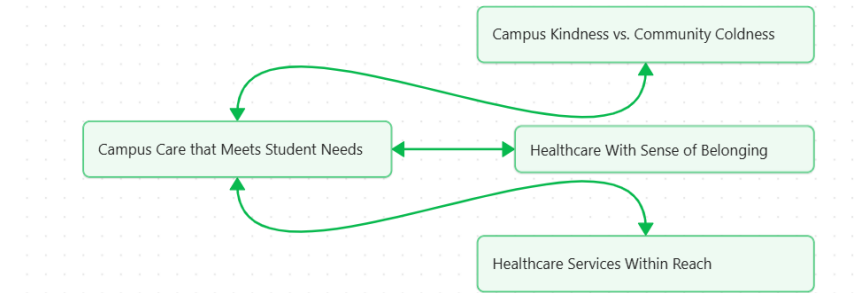
Participants also described their interactions with staff as “friendly” and “gentle”. This fostered a sense of comfort and openness, encouraging students to share their concerns more freely. One participant emphasised, “You know the mind is so powerful that once someone gives me a gentle response and welcomes me with a positive response, my mind and my body just relaxes...”. Therefore, having nurses who paid attention to and were friendly toward students enhanced the overall healthcare experience with the university healthcare services.

Theme 2: Campus Care that Meets Student Needs

This theme emerged as students compared their experiences with the campus clinic and local government clinics. Students felt more welcome at on-campus health facilities and experienced a sense of belonging compared

to public healthcare clinics while appreciating the closeness of the university healthcare services.

Figure 2: Theme Two With its Subthemes



Students reported receiving better treatment and a more respectful, professional atmosphere at university healthcare centres, compared to the often “judgmental” and uncomfortable experiences at local clinics. Participant 1 said, “In local clinics, it’s just bad. I do not wanna lie. It’s just bad in a way that they would just shout...” In addition, instances of feeling judged or stereotyped based on gender or assumptions about their medical needs were common complaints regarding community clinics. This is what Participant 10 noted, “Whereas for men it is not that situation and in a campus clinic I don’t get that... I feel like it goes back to that thing that people treat you based on your gender, your age, if you’re woman, how short or how tall you are, because it happens.” Thus, students felt more at ease discussing personal health matters at the university health facility, where they did not encounter the stigma or scrutiny prevalent in local clinics.

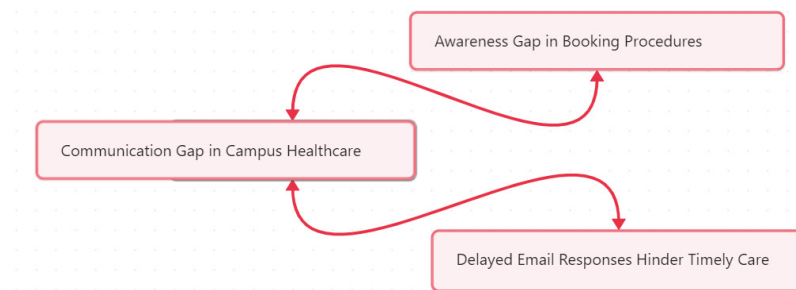
Regarding the experience of a sense of belonging at campus facilities, the use of accessible language and communication skills created a welcoming and inclusive atmosphere. Participant 6 noted, “What I have observed is that they treat people equal, and they have good communication skills.” In addition, the convenience of the on-campus services was also reported by participants as this made the services easily accessible. Participant 5 said, “...it is easy for them to get help, because the clinic is on campus, so it’s near...”. This allows for quick access to healthcare without the burden of travel. Participant 1 further concurred, “Having a clinic on campus, it allows you, let’s say for example you are walking around, maybe you are thinking that you are HIV positive or whatever... It (the on-campus clinic) is just like right next to you.” Overall, the positive experiences shared by participants highlight

how important easy access to services and good communication are in creating a sense of belonging and community for students on campus.

Theme 3: Communication Gap in Campus Healthcare

This theme captures the challenges experienced by students while using university healthcare services. Students noted communication issues and highlighted a lack of awareness and problems with booking consultations.

Figure 3: Theme Three With its Subthemes



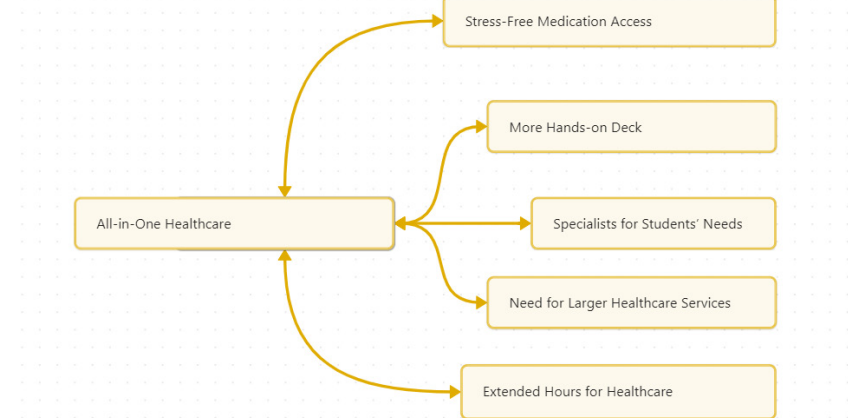
Participants expressed a lack of awareness about the necessity to schedule appointments in advance, leading to confusion upon arrival. Participant 3 recounted discovering the booking requirement only after arriving at the clinic: “So, I didn’t know that one had to book an appointment when I had to go to the clinic... So I just got there and I was like, I’m here and I was told that you have to do an appointment first.” Participant 4 noted a similar experience, realising she needed to book via email: “...I remember on my first time when I was about to visit the clinic whereby I came there without booking and they said you have to book. So, I didn’t even know how to book, only to find out we book using an email.” However, despite not having appointments, participants reported that the clinic staff was accommodating and assisted them, demonstrating a level of understanding and flexibility in supporting students as Participant 3 noted, “...but they didn’t send me away.”

In addition to the gap in awareness, students expressed varying communication experiences some noting slow responses to their booking confirmation emails, while others reported quicker replies. Participant 6 said, “If I send an e-mail today, maybe (I get a response) by next week Wednesday...” However, Participant 1 noted recent improvements, including the introduction of a Google Calendar system for easier booking, which lessened waiting times: “In the beginning you would write an email to them, now they just send you a link and then you go to Google Calendar and you literally book and then your booking literally reflect on your collection.”

Theme 4: All-in-One Healthcare

This theme reveals several recommendations made by students for improving the university healthcare services. Recommendations in this theme include having more medication on campus, more staff support, a call for specialising doctors, an integrated healthcare system on campus that addresses all their healthcare needs in one location, the inclusion of more medication, and the expansion of clinic hours.

Figure 4: Theme Four With its Subthemes



Students highlighted the need for increased availability of medications on campus. While the clinic provides contraceptives and commonly prescribed medications like antibiotics, participants expressed the need for a wider range of medicines, especially for chronic conditions. Participant 2 noted a situation where she was referred for external help to get medication that the university did not have: “...so if they do not have it, they can recommend something that you can go and buy over the counter that is going to help you.” This relates to participants advocating for the availability of chronic medications and specific treatments, like asthma inhalers. Participant 7 stated, “For instance, I go there, I must be provided with medication. I must get the pump (asthma inhaler) that I need for my asthma...”

Accompanying the need for more medication is the call for more staff as students noted a shortage of healthcare professionals, particularly doctors, who are only available on campus on specific days. Therefore, students requested that specialist doctors also be available. Participant 10 stated, “... So, an ideal healthcare services would be where there is a doctor every time we need him/her...” indicating a need for more staff. Further, a specific call for readily available specialists was made by the students. This would allow them to receive immediate and comprehensive medical attention without

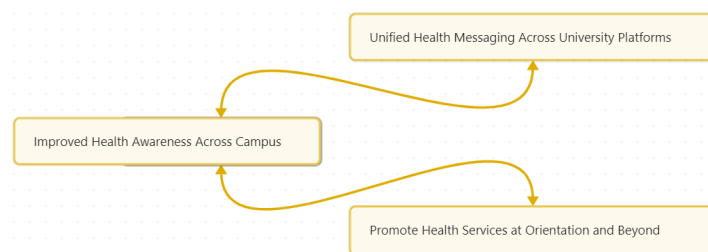
the inconvenience of external referrals, which can be time-consuming and costly. Participant 8 specifically advocated for the presence of a gynaecologist at the clinic, recounting her experience with long waiting times after being referred to an external hospital: *“...I just think that it would be really nice if we actually had access to a gyne (gynecologist) on campus within the clinic...”*.

Students also expressed a desire for larger facilities and an expansion of the services offered, assuming that increased space would allow for quicker and more efficient healthcare access for a greater number of students. Some advocated for larger central facilities to improve capacity and treatment efficiency. Participant 1 stated, *“I believe it’s supposed to be bigger, the Student Counselling and the clinic.”* At the same time, Participant 6 argued for decentralised clinics to enhance immediate access to healthcare across campus: *“So, if they can maybe, from each res (residence), like each res, if they can maybe have their clinics not the whole institution depends to the one clinic.”* In addition, participants highlighted a need to extend the operating hours of on-campus healthcare services, including opening on weekends, to better accommodate students. Participant 9 stated the academic implications of limited clinic hours, arguing that 24-hour access would enable students to seek healthcare without missing classes or seminars: *“I think it should be accessible 24 hours. It will also help those ones who have like classes during the day to be able to access those services later on the day...”*.

Theme 5: Improved Health Awareness Across Campus

This last theme is about the recommendations for bridging the communication gap between healthcare staff and students. Students suggested using more platforms to create awareness of the booking system and the types of healthcare services provided.

Figure 5: Theme Five With its Subthemes



Students discussed improving communication through digital platforms to raise awareness among students about healthcare services at the university. Participants emphasised the need to utilise various technological platforms

for better information dissemination regarding scheduling services and available resources. For example, collaborating with student societies to effectively promote these services on popular social media platforms to reach more students. An example of this is from Participant 4 who stated: *“I think on our UP portal, there can just be a section. I don’t know if there is now. But I haven’t seen...”*.

Further, participants also recommended organising outreach events and seminars to engage students and promote health beyond the healthcare promotion that usually occurs during the student orientation process. Participant 9 emphasised that despite brief mentions of the clinic during orientation, many students remained unaware of its existence due to information overload at that time: *“One reason for that I think there is lack of a healthcare promotion in the university...They (the university) do mention it on the orientation day. But I don’t think that’s enough to mention it on orientation day...”*.

Discussion

Positive Student Experiences with On-Campus Healthcare Services

The findings show that students expressed very positive experiences with the use of on-campus health services highlighting helpful interactions that contributed to their recovery and promoted a culture of openness. Contrary to these findings, in the South African context, Bantjes et al. (2020) and Musakwa et al. (2021) reported that students had more negative experiences with campus healthcare services. This study also revealed that various factors can impact students’ perceptions and experiences with on-campus health services across different contexts and environments. For example, Evans et al. (2018) highlighted that students have diverse experiences and face unique challenges concerning the use of campus health services.

Barriers and Challenges in Using Campus Health Services

It is important to note that while participants described positive experiences with on-campus health services, they also expressed several barriers and challenges. The barriers comprise individual barriers, challenges with healthcare providers, or system-related barriers (Musakwa et al., 2021). Financial limitations may require students to rely on public health services or on-campus health services instead of private healthcare as they may not have access to medical aid. In relation to personal barriers, using health facilities outside campus may incur travelling costs (Maskew et al., 2016) and cultural and language factors can also compromise interactions with staff. Using public or student healthcare services may include long waiting times (Maskew et al., 2016), limited staff or staff that are inadequately

trained to deal with young adults (Geary et al., 2014; Maughan-Brown et al., 2018).

Communication Issues and Recommendations for Improvement

Students in the current study highlighted the need for more staff and specialised doctors to be available. Healthcare staff with limited communication skills, cultural incompetence, or language barriers could also pose noticeable challenges to the use of healthcare services (Taylor & Stanton, 2021). The challenges encountered by participants in this study revolved around communication issues and a lack of awareness regarding the available services and the booking process. Musakwa et al. (2021) recommended an appointment allocation model to help manage booking requests. A similar process was implemented in the current study context to improve booking appointments, however it had its own challenges. These challenges comprised problems with slow replies to emails and a lack of awareness regarding the available services which was also highlighted in the study by Musakwa et al. (2021). Students also proposed recommendations to improve on-campus health services including extending operating hours, more specialised doctors, more staff, and better infrastructure.

Importance of Accessibility and Awareness of Campus Healthcare

The value of accessible and convenient healthcare was echoed by this student sample as it is available on campus and no travel costs are involved unless they are referred to specialist services. Students in this study also encouraged more awareness initiatives and opportunities to advocate for healthcare promotion. The use of digital platforms and the inclusion of student bodies were recommended by this student cohort to increase awareness of on-campus health services. Thus, this study offered a deeper understanding of the unique health experiences and challenges faced by students when accessing on-campus health services. This will allow for an opportunity to implement recommended changes to enhance awareness and inspire future health promotion initiatives. Therefore, quality healthcare should be available to all students to help them maintain healthy lifestyles ultimately predicting a healthier adult population and through this contributing to a healthier South African community.

Conclusion and Recommendations

In conclusion, this study explored students' experiences with using on-campus healthcare services. The findings highlight the unique health needs of the student population and the challenges they face as they also proposed several recommendations on how healthcare services can be improved. The research makes a valuable contribution to understanding students' experiences with the use of on-campus healthcare facilities and also serves

as a call for university healthcare services to be adequately utilised. An accessible, diverse, and comprehensive health facility can optimise student wellbeing and help them thrive in various academic environments.

It is recommended that future research include a more diverse sample in terms of gender, age, and ethnicity. It will also be valuable to include students from various degree programmes and years of study. A broader demographic will also provide a more comprehensive understanding of students' experiences with using healthcare services. Lastly, exploring student experiences with using on-campus health services from various institutions would be useful.

Acknowledgments

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Ethics statement

The research proposal was presented, and ethical approval was obtained from the Faculty of Humanities and the Faculty of Health Sciences ethics committees (Ref number: HUM13/o823) University of Pretoria.

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