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Understanding the psychology of seeking support to increase health science student engagement in academic support services. A Practice report

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Understanding the psychology of seeking support to increase Health Science student engagement in academic support services. A Practice Report

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Abstract

Increasing student engagement within higher education academic support services is a constant challenge. Whilst engagement with support is positively associated with successful retention, and non-engagement connected to attrition, the most vulnerable students are often the least likely to engage. Our data has shown that Health Science students are reluctant to engage with academic support services despite being made aware of their academic deficiencies. The “psychology of seeking support” was used as a lens to identify some of the multifaceted issues around student engagement. The School of Health Sciences made attendance at support courses compulsory for those students who were below the benchmark score in a post entrance literacy test. Since the policy change was implemented, there has been a 50% reduction in the fail rate of “at risk” students in a core literacy unit. These findings are encouraging and will help reduce student attrition in the long term.

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Introduction

Some individuals commence higher education without the necessary prerequisite skills, support structures, role models and cultural capital (Bourdieu, 1991) which are essential for success. Such “at risk” students might not display self-help seeking behaviours, and may have less positive attitudes towards seeking assistance (Raviv, Raviv, Vago-Gefen, & Schachter Fink, 2009). Wilson and Deane (2002) recognised that there are several psychological barriers to seeking help which may include fear, a self-belief that one cannot be helped, shame, previous negative experiences when seeking assistance, and a denial of the need that exists. Moreover, “learned helplessness” (Seligman, 1990) ascribes that some individuals become immobilised by an expectation of failure. According to Bandura (1997), self-efficacy is an individual’s belief in their capacity to manage situations. Students with high levels of self-efficacy use higher order thinking strategies and persevere with tasks (Pajares, 1997). High self-efficacy increases motivation, task focus and effort and decreases negative thinking and anxiety (Bandura, 1997). For first-year students in particular, self-efficacy and resilience are important factors (Reynolds & Weigand, 2010). Attrition rates for first year students at university are double the rate for subsequent years (Urban, Jones, Smith, Evans, Mclachan & Karmel, 1999) providing a challenge for universities to engage students when they need it most.

The “possible self” is the bridge to action (Huit & Cain, 2005) where a person envisages their potential rather than their current circumstances. A university student who seeks assistance is demonstrating their self belief that they

can be assisted, and that assistance has the potential to change their current situation. Thus, they are demonstrating a level of self-efficacy. Resilient attitudes encourage self-efficacy, which increases the likelihood of engagement with support mechanisms. Two characteristics of resilience: perseverance and the willingness to seek assistance (Miller & Fritz, 1998; Rutter, 2001) are of fundamental importance to university students engaging with support mechanisms. Specifically focused academic support programs within higher education have been shown to be effective (Harris & Ashton, 2011); conversely, students who choose not to engage with support programs, once identified as needing such, are far more likely to fail in their studies (Huxham, 2006). There is significant evidence that indicates students who most need support are frequently the least likely to engage with services (Kennelly, Maldoni, & Davies, 2010; McKaige et al., 2009).

Background to the initiative to promote student engagement with support services

In the Health Science faculty at the University of Notre Dame Australia (UNDA), it has become apparent that many students are indifferent toward seeking help despite being aware of their lack of academic skills and poor performance in their chosen course. The School of Health Sciences offers 5 undergraduate degree courses in Exercise and Sports Science, Health and Physical Education, Biomedical Science, Outdoor Recreation and Preventive Health. Most first year students who enter the Health Science courses at UNDA are recent high school graduates (58%), 15% come from a Certificate IV pathway, 10% of students enter after

completing the University's bridging course, the Tertiary Enabling Program (TEP), 5% are mature age entrants who completed the Special Tertiary Admissions Test (STAT) and 14% come from other pathways, e.g. changing courses, or a change of university.

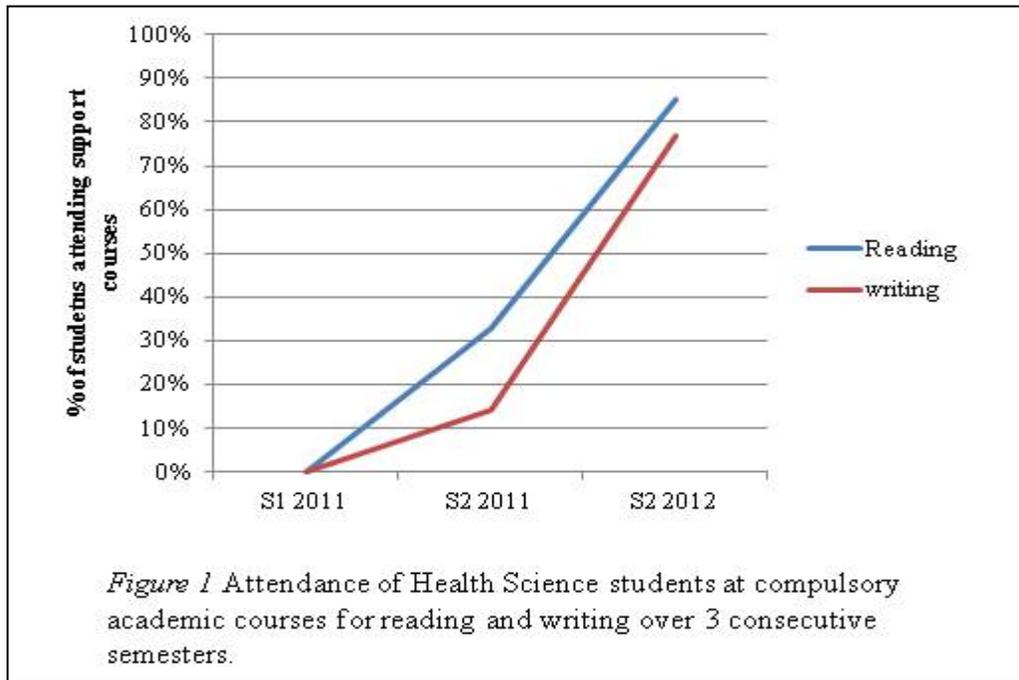
At the commencement of each semester, all first year undergraduates at UNDA must enrol in a discipline specific core literacy unit that is unique to each faculty, and all undertake a post entrance literacy assessment (PELA) which is administered by the University's centrally-based Academic Enabling Support Centre (AESC). A key purpose of the test is to alert first year students of their current skill set (related to academic reading and writing) as early in the semester as possible, so that as adult learners, they can take the opportunity to engage with academic support services if necessary. The students receive written and verbal feedback on the PELA test within the first 2-3 weeks of semester. Those students who are below the benchmark scores for reading and/or writing are advised to attend specific workshops. In this Practice Report, we discuss the outcomes of a collaborative effort between academic staff in the School of Health Sciences and AESC to address the issue of non-engagement for those students most in need of academic support. We show that within a 12 month period of introducing a compulsory support program, there has been a 50% reduction in the fail rate of first year students in a core literacy unit.

The core literacy unit *CO115 Academic Research and Writing for Health Sciences* is designed to provide final students with the essential skills required for all other units of study in their course. In semester one (S1) 2011, 105 students from a total of 165 Health Science students who completed the

PELA test in CO115 were below the benchmark for reading and/or writing and none of these students took up support, despite the courses being free of charge. The lack of voluntary engagement by Health Science students was not an isolated incident as it had been noted for some time by academic staff. To try and break this trend, the School of Health Sciences changed their School regulations at the end of S1 2011 to make attendance at support courses compulsory for any student who was below the benchmark score for reading and/or writing in the PELA test.

Outcomes of the Post Entrance Literacy Assessment testing of first year students

Since the implementation of the new policy, we have noticed a significant improvement in the attendance of students to the support courses over two semesters (Figure 1). Initially, there was some degree of apathy toward having to attend the support courses with ~20% of students who attended by the end of the S2 2011 (Figure 1). However, excluding those students who withdrew from university at the end of S2 2011, all of the remaining students went on to complete the required support courses in the following semester. In S1 2012, with staff communicating the consequences more clearly to the new first year students, it was noticed that ~75% of students identified through PELA testing had completed their requisite course by the end of the semester (Figure 1).



Intervention strategy reduced the fail rate in a core literacy unit

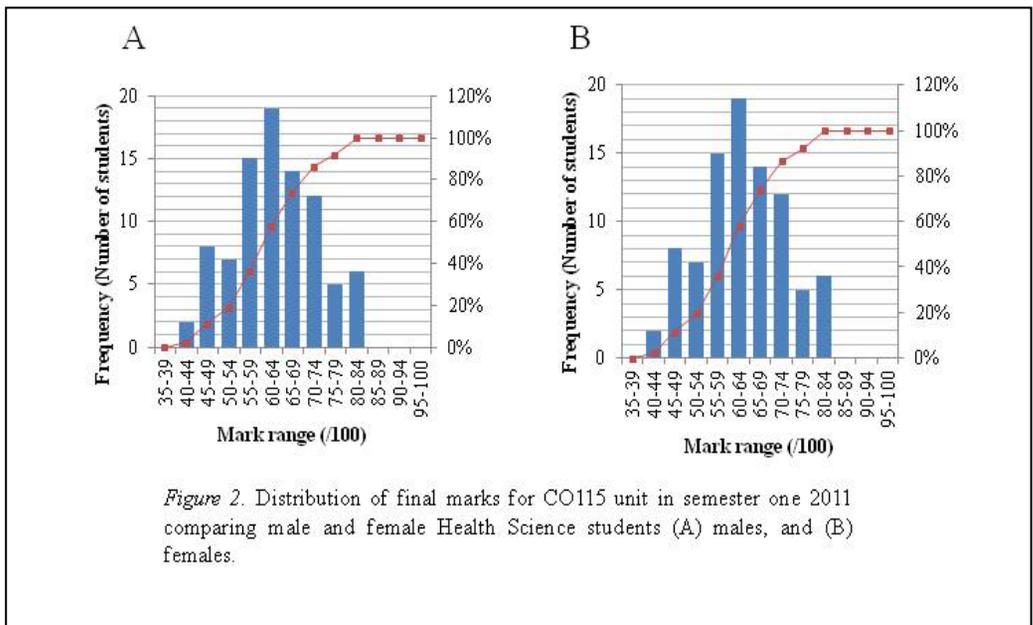
The overall fail rate for the C0115 unit in semester 1 2011 was 12% (22/185) and analysis of the final grades demonstrated that the worst performing students in the class were males. Using a two-tailed *t test*, female students had the higher C0115 average mark in semester one 2011 compared to males ($p < 0.007$, 95% confidence level, $\alpha = 0.05$) with a moderate effect size $d = 0.4$ (Figure 2). There were 20% of male students who received a fail grade for C0115 compared to 10% of female students (Figure 2). The fail rate for C0115 for the 105 students who were identified as below the benchmark in PELA was 21% (22/105). None of these 22 students attended the AESC support courses during the semester.

In contrast in S1 2012, 76 students out of 183 who completed the PELA in C0115 were identified as below the benchmark with males being the predominant gender of the “at risk” students (58 % males versus 42% females). At the end of semester, there were 8/76 (10%) “at risk” students who failed the unit compared to the 21% the previous year before attendance at support courses was made compulsory. This represented a 50% reduction in the fail rate for the core literacy unit for those students who were identified through the PELA testing. In addition, we found that 6/8 (75%) students who failed C0115 in S1 2012 were males, further highlighting that male students are regularly among the poorest performing students each semester.

Discussion

In this Practice Report, we have tried to identify the key factors that are responsible for the lack of engagement with support services by Health Science students. We have observed that Health Science students lack a degree of self-awareness in that they either do not accept, or unwilling to accept, that they may have deficiencies in key skills that will limit their academic success at University. Male students appear to be particularly reluctant to seek support and are at a high risk of failing one or more units. By making attendance at support courses compulsory for those “at risk” students, we have seen within the first 12 months, improved engagement by students with support services and a 50% reduction in the fail rate within the core literacy unit undertaken by Health Science students.

There has been considerable growth in the Health Science degree courses at universities as many students look for careers within the allied Health industry. However, a growing problem is that an increasing number of high school students enter these courses without the prerequisite knowledge in mathematics and science and have weak literacy skills because they opt to choose easier subjects at school in order to maximise their Academic Tertiary Admissions Rank (ATAR) score to gain entry into university. This attitude is flawed because the students who enter the undergraduate degree courses without the basic skills in literacy and numeracy quickly become overwhelmed by the rate of learning and eventually give up and withdraw, or alternatively, may battle through their first semester and end up failing one or more units. The performance of Health Science students, and their lack of engagement had been an issue for faculty staff, and student



attrition had been identified as an issue especially among students from the Certificate IV pathway (McNaught & Hoyne, 2011, 2012; McNaught & McIntyre, 2011, 2012).

Males were significantly over represented in the attrition from Health Science courses (McNaught & McIntyre, 2012) and are recognised as a group less likely to engage in a broad range of personal, health and academic support services (Jackson, 2008). Males are also recognised to have lower rates of literacy achievement, and be more likely to have difficulties with reading and writing tasks (Love & Hamston, 2004). The lack of maturity of males (Martin, Maclachlan, & Karmel, 2001) and with the resultant likelihood that male course entrants direct from school are operating in an adolescent phase of development is also a concern. These students might still be characterised by the common adolescent desire for autonomy (Raviv, et al., 2009) which reduces the likelihood of the engagement in support services through self-advocacy. As revealed in the results of the S1 2011 cohort, the engagement with AESC support courses by Health Science students was non-existent making it impossible to determine if males or females demonstrated different levels of engagement. However, we went on to show that males were overrepresented in the failing students.

Whilst initiatives can be made compulsory there is further concern that such an approach may be counterproductive, and inappropriate at university education. Whilst requiring engagement for first-year students identified 'at risk' is ethically responsible conduct, the need to increase voluntary engagement remains an issue. The evidence demonstrates that Health Science students do not value the

importance of academic reading and writing and may not appreciate the importance of academic literacy to course success. This may relate to students lacking realistic expectations of the academic rigour within such a course, which deserves further investigation.

Health Science students who do attend compulsorily required courses are noted for their positive engagement within the sessions. Anonymous student feedback remains overwhelmingly positive when large numbers of Health Science students are present in a workshop—there is no evidence to suggest that these students remain resentful to participation once in attendance and negative feedback is non-existent. As reported in this Practice Report, we have observed a 50% reduction in the fail rate in the core academic literacy unit within the first twelve months of making attendance at support courses compulsory for “at risk” students. We are waiting to see if these encouraging results are maintained in future semesters. The result reinforces the findings of Harris and Ashton (2011) that specifically focused support programs can be beneficial to student outcomes in higher education.

Using the identifiable factors from within the “psychology of seeking support” domain, the common issues such as fear, denial of need, learned helplessness do not appear to be significant for Health Science students. Anecdotally, when presenting this discussion at conferences, there appears to be a general agreement that there are unique characteristics of Health Science entrants that may limit engagement. These include a “sense of playfulness,” a boisterousness and exuberance across both genders, and a disconnect between the practical elements of their courses and the more academic

demands. The preference for recreational pursuits (e.g. playing sport) rather than recreational reading deserves investigation.

Conclusion

Negotiating the first year at university poses significant problems for students and educators alike, and as demonstrated here, even the most fervent and dedicated staff members may be unable to get first year students to engage with the support services. Health Science students appear to display some unique characteristics which make them reluctant to voluntarily seek out support services when they need them. This is even despite being blatantly told of their deficiency in certain key academic skills. Tailoring appropriate support courses for first year students can be beneficial for student success as demonstrated here. Making attendance at support courses compulsory, although not optimal to foster self-efficacy, has led to improved academic performance. This success can be attributed to the partnerships formed between academic and professional staff at UNDA to improve the retention of first year students.

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