

Exploration of causes of common mental health problems among Health Science students at a university in the Eastern Cape

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Abstract

Common mental health issues such as depression, anxiety and stress are prevalent among Health Science students globally. Despite the available support systems offered by the university that is the site of the present study, barriers such as stigma and resource limitations hinder their effectiveness. Understanding these contributing factors is essential to improving the well-being of these future health professionals and ensuring their academic success. This study explored the factors contributing to common mental health problems in students participating in health-related programmes at a university in the Eastern Cape. This study used a descriptive phenomenological design to explore students' real-life experiences. A purposive sample of 15 students from various departments in the Faculty of Medicine and Health Sciences was employed. The data-collection method included detailed interviews, which were audio-recorded with informed consent until data saturation. The data were analysed thematically to reveal key patterns, while ensuring their trustworthiness through credibility, transferability, confirmability and dependability. Health Science students face significant mental health problems that result primarily from their academic workloads, time-management difficulties and clinical training demands. The participants reported experiencing high stress levels caused by heavy workloads, frequent assessments and the emotional strain that results from patient interactions. Poor time management exacerbated their stress, leading to sleep deprivation and social isolation. Although support services such as counselling and peer mentoring were available, many students avoided seeking help due to concerns about confidentiality, stigma and insufficient resources. Language barriers contributed further to their academic difficulties, affecting the students' confidence and performance. This research underscores the need for the university in question to enhance mental health provision by increasing accessibility to counselling services, promoting time-management strategies and providing workshops

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to prepare students for clinical exposure. Early intervention, structured peer support and institutional reforms are recommended to mitigate the mental health challenges experienced by Health Science students.

Keywords: common mental health problems, Health Science students, depression, anxiety, stress, academic workload, clinical training, psychological distress

1. Introduction and background

The mental well-being challenges faced by university students have gained increasing attention because of their effect on their performance, well-being and life in general. Research indicates that mental illnesses, particularly depression and anxiety, are highly predominant in students at institutions of higher learning (Sheldon et al, 2021). Factors such as demanding academic workloads, financial stress, exposure to patient suffering and concerns about future employment result in students' mental health declining (Lim, Kumar & Ali, 2022). In addition, personal and social stressors, such as moving away from family, residing with peers and reduced adult supervision, further exacerbate psychological distress (Agyapong et al, 2023). The number of mental problems in students has escalated over the years, with studies indicating that depression rates among university students range from 2.12% to as high as 88.8%, while the prevalence of anxiety varies from 5.8% to 82.6% (Damodar, Reddy & Chakravarthi, 2022; Zeilinger et al, 2022). The Covid-19 pandemic further intensified these challenges, with global anxiety rates increasing from 3.6% pre-pandemic to 25% during the crisis (Mbithi, 2022). Studies in South Africa reveal that one-fifth of the population will encounter a depressive disorder once in their lives, yet more than 60% of these individuals do not receive the necessary treatment (Pillay, Thwala & Pillay, 2020). Alarming, suicide rates in South Africa have risen to 23 cases per day, with ten additional attempts for every completed suicide (Mngoma et al, 2021). These figures underline the urgency of tackling mental health challenges in the student population at universities.

In the Eastern Cape province, the situation is particularly concerning due to systemic challenges in the healthcare system. The province faces a shortage of mental health facilities, inadequate infrastructure and a lack of trained personnel (Willie & Maqbool, 2023). Investigations by the Human Rights Commission of South Africa (HRC) and the Health Ombud have highlighted the dire conditions in psychiatric institutions such as the Tower Hospital in Fort Beaufort. They have revealed systemic neglect and failure to improve mental healthcare standards (Laing, 2023). As a result, university students in this province may face additional barriers to accessing essential mental health services, which serves to exacerbate their distress even further.

Health Science students in particular experience unique mental health problems due to their exposure to patient care responsibilities, ethical dilemmas and the fear of making medical errors (Boyer et al, 2024). Transitioning from theoretical learning to clinical placements presents significant challenges, with students often struggling with emotional exhaustion and high expectations (Panda et al, 2021). The Covid-19 pandemic made matters worse by disrupting clinical training and increasing their stress about graduating and career prospects (Crismon et al, 2021). Given these concerns, there is an urgent need for responsive interventions to deal with mental problems, in particular dealing with the unique stressors that are experienced by university students, especially those studying in health-related fields, for the improvement of their mental well-being and enhanced academic achievement.

While these mental problems among university students worldwide are increasingly acknowledged in the literature globally, research examining the unique stressors and challenges faced by Health Science students in South Africa, particularly in the Eastern Cape province, has not been conducted. According to one study, university students frequently have mental health issues (Cuijpers et al, 2021). This is made worse by a shortage of mental health resources and treatment choices in developing nations such as South Africa (Semo & Frissa, 2020). Despite some studies investigating the factors that cause mental problems among university students, research specifically focusing on Health Science students is lacking (Sheldon et al, 2021).

Given the vital role of Health Science students within the healthcare system, it is crucial to explore these contributing factors to common mental health problems among them. There was a gap in understanding the specific factors contributing to mental health issues among Health Science students at a university in the Eastern Cape. This research explored the factors contributing to common mental health problems among this group of Health Science students, with the following objectives:

- to explore the factors contributing to common mental health problems in Health Science students at a university in the Eastern Cape;
- to assess the mental health problems faced by Health Science students.

2. Literature review

The mental well-being problems among university students studying in health-related programmes are influenced by a multitude of factors. These include demanding clinical rotations, heavy workloads,

academic pressure, financial stress, concerns about personal health, exposure to patient suffering, substance abuse, maltreatment and the difficulties of relocating and living with peers. The reduction in adult supervision in these settings further exacerbates these concerns. This review explores these contributing factors and identifies existing gaps in the literature.

2.1 Prevalence of students' mental health problems in higher education

There is a notable increase in the occurrence of mental health issues among students in universities worldwide. Studies conducted between 2021 and 2022 report depression rates ranging from 4.4% to 66% and anxiety rates that range from 5.8% to 74% (Sheldon et al, 2021; Zeilinger et al, 2022). More recent studies from 2021 to 2023 show depression rates varying between 2.12% and 88.8%, with anxiety rates that range from 11.8% to 82.6% (Damodar, Reddy, & Chakravarthi, 2022; Agyapong et al, 2023). The Covid-19 pandemic significantly escalated the prevalence of global anxiety, which rose from 3.6% pre-pandemic to 25% during the pandemic (Mbithi, 2022).

2.2 Prevalence of anxiety- and depression-related issues

Multiple factors correlate with depression among students, including being in the lower years of study, perceived poor academic achievement, a history of mental illness, coexisting physical illness, potential Covid-19 exposure, female gender, emotional exhaustion, burnout and family financial difficulties (Bahadirli & Sagaltici, 2021). Anxiety shares similar predictors, with additional stressors related to teaching and learning environments (Alhamed, 2023). In South Africa, approximately 20% of the population will experience a depressive disorder at some point, yet more than 60% do not receive adequate treatment for it. The most severe consequence of untreated anxiety and depression is suicide, with South Africa reporting 23 suicides daily and ten attempts for every completed suicide (Mngoma et al, 2021).

2.3 Issues with mental health in the Eastern Cape province

The Eastern Cape province faces significant mental health challenges due to limited resources, inadequate infrastructure and personnel shortages (Willie & Maqbool, 2023). A research study by Sheldon et al (2021) shows that students are more likely to experience mental health issues than most other people. It is essential to comprehend these concerns in order to inform policy and practice in this region. A 2017 South African Human Resource Commission (HRC) investigation highlighted persistent bed shortages with little progress being made

over time (Ochnik et al, 2021). Furthermore, a 2018 Health Ombud report detailed systemic deficiencies in mental healthcare, including poor oversight and failure to improve standards at institutions such as Tower Hospital in Fort Beaufort (Laing, 2023). Despite budget allocations, the Eastern Cape Department of Health continues to struggle with inadequate mental health services, staffing shortages and unimplemented strategic plans (Laing, 2023).

2.4 Stressors specific to Health Science students

Health Science students globally face significant stress and anxiety stemming from patient care responsibilities, ethical dilemmas and fear of committing errors (Boyer et al, 2024). Financial concerns and fears about future unemployment also contribute to their mental health burden (Volkos & Symvoulakis, 2021). The Covid-19 pandemic intensified these stressors by delaying clinical training and raising concerns about graduation and career prospects (Crismon et al, 2021). In addition, the shift to online education increased stress and anxiety levels, especially in African countries where inadequate infrastructure compounds academic difficulties (Ogunleye et al, 2020; Fawaz & Samaha, 2021). Post-lockdown clinical placements also increased anxiety due to Covid-19 exposure risks and the emotional toll of the pandemic (Hinds & Lockwood, 2023).

In South Africa, Health Science students often prioritise academic studies over social life and relaxation, which may worsen their mental health issues (Cage et al, 2021). The abrupt transition from limited exposure to seriously ill patients in early training to full patient-care responsibilities during clinical placements further exacerbates their psychological distress (Hinds et al, 2023). Stressors in educational settings negatively influence both academic achievement and mental health, with many students reporting academic difficulties and suicidal thoughts associated with mental health challenges (Panda et al, 2020; Sheldon et al, 2021). Depression is a significant factor contributing to university dropout rates (Fauzi et al, 2021), and academic pressure in South Africa has been linked to increased mental health concerns and poor academic outcomes (Van der Walt et al, 2020). High levels of mental distress also contribute to cognitive impairments, learning disabilities, substance abuse and elevated risks of depression and anxiety (Urbina-Garcia, 2020).

2.5 Interventions and barriers to mental health support

Universities have implemented various interventions to support student mental health, including campus counselling, psycho-education and services aimed at fostering psychological flexibility (McFarland, 2022). Well-being resources on campuses encompass mental health literacy

programmes, academic support services, peer support groups, student associations, academic advisors and embedded programme support (Butler, 2021). Mindfulness-based strategies, such as Acceptance and Commitment Therapy (ACT) and Mindfulness-Based Cognitive Therapy (MBCT), have proved effective in reducing depression and promoting mental well-being, psychological flexibility and academic performance (Rogge & Daks, 2021; Reyes, 2022).

Despite these efforts, barriers to seeking mental health support persist. The stigma attached to and concern about academic consequences, and perceptions that mental health concerns are not prioritised, prevent many students from accessing formal resources. Consequently, many rely on informal support systems such as peer groups and social networks (Vornholt & De Choudhury, 2021).

2.6 Identified gaps and future directions

Given the current state of mental health support services, it is crucial to deal with stigma and fears of repercussions in educational settings that hinder Health Science students from seeking help. Enhancing the accessibility and effectiveness of both formal and informal mental health resources is essential to fostering a supportive and psychologically healthy learning environment. This review highlights key contributing factors such as academic pressure, financial stress and exposure to patient suffering as central to the mental well-being problems faced by students at universities, particularly those in Health Science.

While existing interventions, including mindfulness-based therapies, offer some relief, significant gaps remain in understanding the specific factors affecting Health Science students at Eastern Cape universities. Dealing with these gaps is vital to developing targeted mental health solutions which ensure that students obtain the necessary support to thrive both academically and personally.

3. Materials and methods

3.1 Study design

A descriptive phenomenological design was employed to explore those factors leading to common mental health problems in Health Science students at a university in the Eastern Cape. This qualitative approach enabled a comprehensive understanding of students' lived experiences, with the researchers bracketing their preconceived notions to capture the participants' perspectives authentically (Shorey & Ng, 2022).

3.2 Study setting

This research study was carried out in the Faculty of Medicine and Health Sciences at the largest comprehensive university in the Eastern Cape; this faculty comprises several departments.

3.3 Study population

The research study population included all the undergraduate Health Science students at the university. The focus was on those students who had commenced clinical rotations, as these individuals were most likely to encounter mental health challenges under investigation (Mohajan, 2020).

3.4 Inclusion and exclusion criteria

Inclusion criteria:

- Undergraduate Health Science students above the age of 18;
- Students who had begun clinical rotations.

Exclusion criteria:

- Students not enrolled in Health Science programmes;
- Students not yet exposed to clinical rotations;
- Postgraduate students;
- Students under the age of 18.

3.5 Sampling strategy and sample size

A purposive sampling method was used to recruit those participants who were especially knowledgeable about or had direct experience with mental health challenges. The participants were drawn from all the departments that resort under the Faculty of Medicine and Health Sciences, including those in both on-campus and off-campus residences (Mulisa, 2022). A total of 15 participants were selected, with three students being chosen from each of the five different departments. Sampling continued until data saturation was reached, as described by Cresswell (2021).

3.6 Data-collection instrument

The researchers collected data through in-depth semi-structured interviews that explored the participants' perceptions, beliefs and values regarding mental health. The interview guide included open-ended questions such as:

'How do Health Science students experience and make sense of common mental health problems?'

'What is the lived experience of mental health challenges among Health Science students?'

'How do you think university life affects your mental health?'

'What support systems do you have in place?'

The interviews were conducted in English, the medium of instruction at the university. With the participants' permission, all of the interviews were audio-recorded and field notes were made to supplement the recordings (Tobi & Kampen, 2018).

3.7 Data-collection procedure

Ethical clearance was obtained from the Faculty of Medicine and Health Sciences Health Research Ethics Committee (HREC) before the data collection commenced. Permission was also received from the relevant departmental heads. The participants were interviewed in a private and comfortable location at the university. Each interview lasted 45–60 minutes. Before each interview, the participants gave their signed informed permission after receiving an information sheet. The audio-recordings were transcribed verbatim and stored securely for three years to maintain confidentiality and data integrity.

3.8 Data analysis

The data were analysed using thematic analysis, following the steps described by Caulfield et al (2023):

Familiarisation: researchers read and re-read transcripts to understand the participants' experiences and concerns.

Coding: initial codes were identified, such as 'stress', 'academic pressure', 'anxiety' and 'support systems'.

Generating themes: codes were categorised into more general categories, such as 'Academic struggles' and 'Support networks'.

Reviewing themes: themes were examined and improved to make sure they represented the information appropriately. Clearly defining and labelling each subject was important to avoid overlap and maintain clarity, for example, 'Academic stress' and 'Support system'.

Writing up: findings were presented in a coherent narrative, discussing the ways in which the themes contribute to common mental health problems in students studying in health-related programmes and highlighting the implications for university support services.

3.9 Trustworthiness

The study ensured trustworthiness by adhering to the four criteria described by Cresswell (2021). *Credibility* was enhanced through peer debriefing, the use of multiple interviewers and meticulous documentation of the methods (Lakens, 2022). The researchers maintained *dependability* in this study through adhering to consistent data-collection and analysis protocols (Mohajan, 2020). *Confirmability* was achieved through methodological diaries and audit trails (Lakens, 2022). Detailed explanations of the research context, participants and techniques provided support for *transferability*, allowing readers to evaluate the relevance to comparable contexts (Cresswell, 2021).

3.10 Ethical considerations

Ethical considerations guided all the research practices in this study to ensure respect for and the protection of the participants (Bhandari & Adhikari, 2024). Participation was voluntary, with confidentiality, informed consent and anonymity being upheld. The participants' anonymity and confidentiality were ensured by using codes instead of their names, removing identifying details and restricting data access. The data were securely stored in locked cabinets with limited access (Lakens, 2022). The participants were given an information leaflet detailing the study and their signed consent was obtained in accordance with international human rights laws (Bhandari & Adhikari, 2024). The well-being of the participants was prioritised, with their confidentiality safeguarded and their distress minimised. University psychological services were available for referral, although no interventions were required during this study (Cresswell, 2021). All of the participants received equal and fair treatment, regardless of their socio-economic background.

4. Findings and discussion

4.1 Presentation of findings

The findings, which are backed up by participant quotations, are arranged in accordance with the primary themes and sub-themes that surfaced from the data. The data were collected from 15 participants (six males and nine females), with three participants drawn from each of five departments in the Faculty of Medicine and Health Sciences. The interviews carried out were semi-structured and all of the sessions were recorded to ensure accuracy. A method of inductive theme analysis was employed, allowing themes to develop directly from the data. Key concepts were identified and developed into themes using cue cards and highlighters.

Table 1: Overview of participants’ biographical data

Participant	Study programme	Age	Study level	Ethnicity	Gender
1	BNUR	20	3	Black	Male
2	BNUR	21	4	Black	Female
3	BNUR	19	3	Black	Female
4	MBChB	22	5	Black	Male
5	MBChB	26	6	Black	Female
6	MBChB	23	6	Black	Male
7	BMOP	19	3	Black	Female
8	BMOP	21	4	Black	Male
9	BMOP	21	4	Black	Female
10	BMCP	23	3	Black	Female
11	BMCP	20	3	Black	Male
12	BMCP	19	3	Black	Female
13	BSc in Health Promotion	20	3	Black	Male
14	BSc in Health Promotion	24	4	Black	Female
15	BSc in Health Promotion	35	4	Black	Female

Table 2: Themes and sub-themes that emerged from the data

Themes	Sub-themes
1. Academic pressure	<ul style="list-style-type: none">• Excessive workload• Fear of making mistakes and responsibility in patient care• Effect of language barrier on mental health due to academic challenges
2. Support system for mental health	<ul style="list-style-type: none">• Peer and institutional support in mental health management
3. Time-management struggles	<ul style="list-style-type: none">• Imbalance between academic workload and social engagement• Balancing theory and practical

4.2 Discussion of themes and sub-themes

The information gathered from the individuals who took part in the study revealed similar experiences, which were grouped into three themes and six sub-themes.

4.2.1 Theme 1: Academic pressure

Academic pressure is a persistent challenge in modern education, significantly affecting students' mental wellness and general health (Pascoe, Hetrick & Parker, 2020). Two participants had the following to say about this:

Participant 13: It's the period of time that we get to study *uyabo* due to procrastination, you end up relaxing too much until two days before the assessment. That pressure is the main cause of academic demand and workload.

Participant 1: Like it is putting so much pressure, like, in my entire well-being, more especially because, like, the way that our curriculum is structured.

Sub-theme: Excessive workload

According to Gau, Ping and Liu (2020), most participants feel overwhelmed and stressed due to the intense academic workload. Seven of the participants highlighted the following reasons:

Participant 2: Transition from high school to tertiary creates stress because you have to learn on your own and get minimal assistance from lecturers.

Participant 2: Problem-based learning involves researching for information which increases academic workload.

Participant 9: We have to do the coursework by ourselves most of the time.

Participant 7: Excessive workload led to poor performance, which increases stress.

Participant 8: Overwhelming academic workload leads to lack of sleep and having to write two or more tests can increase stress and anxiety. (This statement is supported by most of the participants.)

Participant 5: Excessive workload, for example, during exam time increases pressure to perform well, thus increasing stress and anxiety.

Participant 12: Due to strike we started late and the coursework to be covered was fixed and, regardless of the overwhelming academic workload, we wrote exams even though we were stressed.

The above data reveal that students in health-related programmes experience elevated levels of stress and anxiety resulting from the academic demands. Data show an important inverse relationship between academic pressure and academic achievement, indicating that excessive academic pressure hinders students' ability to achieve good academic performance. The literature supports this data. According to Urbina-Garcia (2020), higher levels of mental distress among students have been linked to negative outcomes, including significant

impairments in cognitive functioning, low academic achievement, learning impairments and substance misuse related to risky behaviours, and an increased risk of depression and anxiety disorders.

Sub-theme: Fear of making mistakes and responsibility in patient care

Most of the participants feel anxious when interacting with patients due to a fear of making a mistake (Wang, Xu, Wang & Zhu, 2019). The participants expressed the following concerns:

Participant 1: We care for patients and we have to make sure we know our story (know the practical skills), our work.

Participant 1: It's traumatising to know that there are lives entrusted to you, so you have to make sure that you remain ethical at all times.

Participant 1: You remain professional, even if you are not happy sometimes.

Participant 14: The transition from theory to clinical environment stresses me because I am uncertain if I will be able to provide care for patients or not.

Participant 14: It causes me anxiety because I know the life of the patient depends on me, and some of the doctors are moody, and that is stressful.

Participant 14: I become scared to ask questions.

The students reported increased levels of stress due to exposure to the clinical environment and interaction. Health Science students experience significant stress during their clinical training due to the transition from theory to clinical environments. And insufficient mental health support systems at African universities worsen the mental health issues (Panda et al, 2021).

Sub-theme: Effect of language barrier on mental health due to academic challenge

This sub-theme indicates that other barriers to learning include language, students' incapacity to apply skills and analyse critically, and challenges with styles of instruction and learning (Onovo, 2019). The participants mentioned the following:

Participant 2: The language barrier is one of the academic challenges that I'm facing that contribute to my stress and anxiety. Because in terms of language barrier, maybe it happens that you get to be taught in other languages. So, we are in a province where isiXhosa is dominant and is used to teach.

Participant 2: These challenges make it very hard for me to study. I don't get enough time for, like, getting enough information about what was happening.

Participant 12: I have to speak in groups not presentations per se, but where I have to contribute because it requires talking a lot.

Participant 12: Also the language that is used was a challenge ... speaking English *uba ndingathethi isiXhosa* (and not speak isiXhosa), which is my home language, so it was very difficult to articulate what I think.

These participants feel that language is a barrier to their academic performance. According to Mncwango and Ngidi (2022), language and the ability to use it effectively are essential to ensuring that individuals can reach their full potential and participate in the scholarly, intellectual, social, cultural and economic aspects of South African society.

4.2.2 Theme 2: Support system for mental health

Globally, services aimed at university students' support enhance student performance, support student achievement and raise the students' likelihood of earning a degree (Gitay, Ismail, Johnson & Romanowski, 2022). In line with this theme, the participants had the following to say:

Participant 8: The student counselling unit, they are very helpful.

Participant 8: I've been there once and they are very good listeners, they can advise you, they are good advisors on how to do and how to take care of situations.

Participant 8: With the lecturers, I've never really approached them, but then with my classmates, it is really helpful to actually share things with them, because we share the same experience, so they understand me better.

Sub-theme: Peer and institutional support in mental health management

The participants' experiences highlight the importance of both peer relationships and institutional resources in navigating academic pressures and mental health challenges (Byron, 2018). Many students emphasise the effectiveness of support systems, such as counselling services and mentorship programmes, which provide essential guidance and emotional relief (John, Page, Martin & Whittaker, 2018). Most of the participants said they do have a support system that helps with dealing with mental health issues, they mentioned different

types of support systems as discussed by Suresh, Karkosa, Richard and Karia, (2021). On this matter of support, the participants expressed these views:

Participant 8: Support systems we have in our institution include student counselling and lecturers. They are effective because the counsellors and lecturers are good listeners. I also have friends we share the same emotions and experiences, which helps me with stress management. (Sentiments supported by many participants.)

Participant 2: You get to have a lecturer or mentor who helps you with study techniques.

Participant 2: They help you to approach maybe a module. They help you to, like, get a full idea of what is happening in that course that you are doing, what is happening in that course that you are doing.

Participant 3: So the university provided us with the mentors and, umm, the counselling, so the mentors ain't so functional as they are busy with their own, umm, academic problems; but when it comes to counselling, umm, they do provide counselling for us.

Participant 1: The support systems that I have are my friends. I have friends in my class. They make sure that whenever I start with something, they help me. Also, I have very supportive lecturers. They provide support in my academics and, also, I am exposed to psychological support in the faculties. So, whenever I feel depressed, I visit there and I feel relieved.

Participant 4: It's only the parent on my side. They support me emotionally because I report some stuff to them. I am not the kind of person who requires support sometimes. Here at school, we have student counselling, but I don't go there. I can deal with stress alone.

Participant 14: There are counselling services in the faculty, but I do not discuss my business with strangers, so I call my friends and family when I'm stressed.

Participant 10: I think when you have stress there's no, nothing *edlula* as spending *ixesha* with others, then you will be fine even if its academic stress *uzoba*, right?

According to the above responses, the students receive support from student counselling services, family, friends and lecturers. A few also mentioned student mentors. General interventions at universities include campus counselling, psycho-education and other mental health services; these services are integrated to help develop psychological flexibility, which alternatively promotes mental health (McFarland, 2022). According to Butler (2021), university resources for mental health include mental well-being literacy and well-being promotion, academic incapacities and support facilities, peer support and student associations, academic advisors and embedded programme support.

4.2.3 Theme 3: Time-management struggles

This theme captures the tension participants experience between managing academic responsibilities and maintaining a social life, and this often leads to stress, loneliness and feelings of being overwhelmed (Suresh et al, 2021). Some of the participants expressed these feelings as follows:

Participant 2: You need to come back tired and the work keeps on packing, packing and packing, resulting to academics wanting most of your time, you don't get to socialise with other people for, like, realising the depression you are having because there is too much too, much too much, work that you need to do.

Participant 6: Umm, first of all, it requires concentration, it also affects one's social relationships because there won't be enough time to socialise or do anything as other people also including emotional aspect so it is emotionally draining because, first of all, I have to bare in my mind that even though I'm having this much workload, I still have to do well in my studies.

Sub-theme: Imbalance between academic workload and social engagement

This sub-theme highlights the participants' challenges in balancing the demands of an intense academic workload with the need for social interactions. The inability to find this balance contributes to isolation, tension and a challenge to sustain mental well-being (Baik et al, 2019).

The participants feel that they waste time with peers and the academic workload piles up, which increases stress, while others feel as if they do not have a social life:

Participant 2: In my varsity space, it's time-wasting to your friends. I'm not sure why, though it's time-wasting, because why you, okay? You spend most of your time *mhlambe* (maybe) with your peers instead of studying. The work keeps on piling up, resulting in academics wanting most of your time. I do not to socialise with other individuals, then I realise you have depression because you are having because there is too much, too much, too much work that you need to do.

Participant 3: I think, umm, as a person who has friends from other institutions who are also doing the same course that I'm doing I feel like, ah umm, I do not have the social life which, like, they do, and I feel like our curriculum is quite congested than their, umm, curriculum actually is.

Participant 4: Heavy workload, as I already mentioned that we must cover the content and there's a short period of time to cover the content and with this heavy workload there's no ability to balance the social life and you end up being overwhelmed and sometimes lonely because you no longer spend time with your friends. Yeah, so that is kind of difficult for me because, now, when I no longer spend

time with my friends, it's not easy for me to relax and to stay focused, to cover the work and do all the assessments on time and submit on time.

Most of the students feel as if their academic workload reduces the time for socialising with their peers, which increases their stress because they cannot destress with their peers. Health Science students in South Africa have a lot of academic work which needs more of their focus or concentration and so this makes them focus more on academics and less on their social life and relaxation (Cage, Jones, Ryan, Hughes & Spanner, 2021).

Sub-theme: Balancing theory and practicals

Most participants feel overwhelmed by the excessive workload of theory and practicals. Students can get the necessary knowledge, abilities and attitudes to deliver high-quality nursing care through a combination of theoretical and practical learning experiences that make up nursing training (Gunay & Kilinc, 2018). On this subject, the participants stated:

Participant 1: Like it is putting so much pressure, like, on my entire well-being, more especially because, like, the way that our curriculum is structured, for example, we deal with the theoretical modules.

Participant 1: We need to balance with practice, with the practical modules, and we have no time. So, the time is so limited, so it is putting like so much pressure.

Participant 2: I am doing fundamental modules and practical modules, so we are doing theory today in class, and tomorrow, you need to go and attend lab, laboratory, so you need to do your practical and spend most of the time in lab about four hours.

Participant 2: You need to come back tired, and the work keeps on piling up, resulting in academics wanting most of your time.

Participant 8: I feel like the fact that there's no time for us to rest, we are always busy with clinicals and also theory.

Participant 8: We have to cover all that can also lead to some mental health issues because we do need rest but Health Science students are always busy.

Participant 8: We never have time to take care of ourselves. Lack of rest can contribute to mental health issues.

Most Health Science students are overwhelmed by the theoretical and clinical workload, which increases academic pressure and puts them under distress. They also highlighted their struggles with managing the demands of both theoretical coursework and practical training, which often leave them feeling overburdened and contribute to stress and mental health challenges (Korinek, 2020).

5. Discussion

The present study identified the excessive academic workload and emotionally demanding patient interactions as primary contributors to stress and anxiety among Health Science students, which have a substantial impact on both their academic achievement and their mental health (McQuiad et al, 2021). The findings are aligned with previous research by Baik et al (2019), who found that students frequently feel overwhelmed by the demands of independent and problem-based learning, and also by limited lecturer guidance. In this study, the participants reported that preparing for multiple assessments within short time frames led to sleep deprivation and heightened anxiety, with examination periods further intensifying their stress. External disruptions, such as strikes, were found to exacerbate the academic pressures by compounding their existing workloads.

The transition into clinical environments introduced additional emotional strain, as students expressed fears of making mistakes and described negative experiences with unapproachable clinical supervisors (Alharbi & Smith, 2018). Furthermore, language barriers impeded comprehension, increasing academic pressure and undermining students' confidence (Qurban & Wajeeha, 2021). These results are consistent with the larger body of research, which demonstrates that high stress levels can impair cognitive function and academic achievement (Urbina-Garcia, 2020); and that clinical training environments are associated with elevated stress due to raised performance expectations (Labrague et al, 2017).

Despite the availability of support systems – including counselling services, faculty mentorship, peer support and family – many students reported reluctance to access formal mental health services. Barriers included concerns about confidentiality, discomfort with sharing personal issues with unfamiliar counsellors and the limited availability of professional support. Nevertheless, those who engaged with counselling services found them beneficial for managing stress, anxiety and depression (McFarland, 2022). Informal support structures, such as peer networks and study groups, played a vital part in offering both emotional and academic assistance, while mentors offered practical study strategies and families contributed to stress management. The importance of such support systems is well documented, although access is frequently limited by factors such as long waiting lists, confidentiality concerns and a lack of awareness (Hawsawi et al, 2024). Financial constraints were also identified as a significant obstacle to receiving mental health assistance – a challenge echoed in global studies of medical students (Bhatt et al, 2022).

Time management emerged as a persistent challenge, with heavy workloads leaving little opportunity for social engagement. Some students perceived social activities as unproductive, which contributed

to feelings of isolation and further stress. Compared to peers at other institutions, these participants reported living more limited social lives, which was largely attributable to a congested curriculum. The challenge of balancing theoretical coursework with clinical training often resulted in exhaustion and the neglect of self-care, which only exacerbated mental well-being difficulties. This is in line with the literature that highlights the critical importance of managing academic, clinical and personal responsibilities, as poor time management is closely linked to elevated levels of stress and loneliness (Cage et al, 2021; Iyus et al, 2024).

These findings underline the multifaceted nature of the mental challenges experienced by Health Science students, highlighting the necessity for inclusive, accessible provision systems, targeted time-management interventions and institutional reforms to foster student well-being and academic success.

6. Summary of findings

This study found that Health Science students face significant challenges, including heavy academic workloads, clinical demands, time-management difficulties and language barriers. These pressures have a negative impact on both their mental health and their academic performance. While support systems such as counselling, mentors, peers and family are available, concerns about privacy and time constraints limit their use of them. The findings highlight the need for higher education institutions to strengthen the provision of services and assistance to serve students better in order to facilitate better management of their workload, improve their mental health and help them to achieve academic success.

7. Limitations

This study was conducted at one university in one province and one faculty; therefore, its results cannot be generalised to other universities or to students from other faculties.

8. Conclusion

The findings suggest that academic pressure, social isolation, financial stress and poor sleep quality are significant predictors of mental well-being challenges that comprise stress, depression and anxiety. The findings of this research have vital inferences for university administration, policymakers and mental health professionals. The mental well-being problems students at university experience require

urgent attention in the form of tackling manageable risk factors and putting evidence-based solutions into practice. A future study should emphasise the development of prevention and intervention strategies.

9. Recommendations

Students should be encouraged to seek counselling services early on, manage their time effectively to prevent burnout and attend workshops to prepare themselves for clinical challenges. Universities should expand their counselling services, hire more staff and ensure flexible appointment scheduling. Faculty members should be trained to recognise student distress and provide basic support. In addition, quick check-ins for students on waiting lists can help to prevent crises and academic schedules should be adjusted to reduce excessive workloads and allow students sufficient rest time.

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