

# IS BEING CARE-FULL ENOUGH? REFLECTIONS ON POSSIBLE IMPEDIMENTS TO CARE AND STUDENT WELL-BEING IN AN ACADEMIC LITERACY MODULE

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## ABSTRACT

The well-being of students in higher education has become a major concern. This is especially so for first-year students who have to transition into university studies. As such, in our attempt to facilitate a smoother transition into university studies and to enhance student well-being post the Covid-19 pandemic we revised our first-year academic literacy module using the lens of care to foster a more responsive and engaging environment. Despite this, student voices from questionnaires, informal conversations and student course evaluations revealed their continued struggles to adjust to university studies. On reflection, we found that some factors may act as possible impediments to care, which may impact student well-being. This contextual article discusses these impediments which we argue are sub-optimal conditions for care-giving and care-receiving. Some implications for research are also considered.

**Keywords:** first year student; student well-being, self-regulated learning, higher education, ethics of care, academic literacy

## INTRODUCTION

The transitional stage of moving from school to higher education can be a daunting experience for many students. The first year of university, in particular, is a crucial year that lays the platform for students to succeed in subsequent years. Throughput data has shown that students who are very vulnerable in their first-year are most likely to drop out within their first few weeks at university (Nyar 2021). Within the South African context, post the Covid-19 pandemic, this transitional stage has become much more difficult for students in that most contact institutions that previously offered purely face-to-face teaching and learning have now

adopted a blended approach by integrating technology into their teaching. Furthermore, universities do not hesitate to have online teaching as a fallback position due to disruptions arising from student protests, unforeseen civil society actions, and so forth (see, for example, Ebrahim 2023). As such, apart from transitioning into university life, students also have to become familiar with the technological requirements in their courses, thereby placing an additional burden on them. This is especially challenging, given the digital divide in South Africa, which was brought to the fore during the flurry of research due to the shift to online learning at the height of the Covid-19 pandemic. Many students entering higher education in South Africa do not have the requisite resources and therefore do not feel comfortable with technology, or confident enough to engage successfully with the technological tools, which may place a strain on students' well-being.

Drawing on our teaching experiences and students' voices during the Covid-19 pandemic, as well as the relevant literature, to modify our first year compulsory Academic Literacy module for the current year (2023), we attempted to use the lens of care to foster a more responsive and engaging environment with the objective of enhancing student well-being. However, despite our good intentions, many of our students expressed in our conversations with them their struggles to adjust to university, and in particular, the difficulties they had coping with the workload, the challenges they had with resources (access to the internet, stable connectivity and financial issues), and feelings of being overwhelmed and stressed. Many of these challenges are familiar to us, but what dismayed us was that these were the same challenges students experienced during the pandemic; that is, that despite all we had learned and implemented these challenges remained.

On reflection, we realized that these challenges in effect acted as impediments to care. That is, that despite our attempts at providing a caring environment, to minimize stress and increase well-being, there are certain aspects that will impede the effectiveness of these attempts. The result of our reflection is this conceptual article on impediments to care and the implications thereof for teaching and learning. While some literature exists on adopting an ethics of care approach in higher education to enhance student well-being (Baker and Naidoo 2023; Corbera et al. 2020; Keeling et al. 2014) these studies do not specifically consider factors that may be an impediment to care. Some of the implications for research and practice are considered.

## **WELL-BEING**

The term "student well-being" is often used interchangeably with "psychological distress" and

“mental health issues” (Barkham et al. 2019). Early research discussed two separate approaches to well-being: hedonic and eudaimonic well-being (Alessandri, Rose and Wasley 2020). The hedonic tradition is regarded as a subjective dimension in which constructs such as happiness, life satisfaction, positive emotions and low negative emotions are highlighted. It is often criticized because it involves individuals’ perceptions of their state of being (Ryff 2014). The eudaimonic approach, on the other hand, sees well-being as a concept that involves both positive and negative emotions which includes feeling good and striving to reach one’s potential (Ryff and Singer 2008). According to Riva et al. (2020, 104) both well-being perspectives (hedonic and eudaimonic) reinforce each other in the sense that positive feelings will support and enhance learning which in turn will enable the fulfilling of one’s potential. Despite the two perspectives of well-being mentioned above, researchers agree that it is a multidimensional concept in that both external and internal factors contribute to well-being (Huppert and So 2019). For example, factors such as one’s emotions, perspectives, and attitude to life events, coupled with environmental factors, will influence well-being (Burns, Dagnall and Holt 2020).

In the higher education context, Barkham et al. (2019) relate well-being to positive emotions and the ability of the student to cope with challenges. In our article, we use the definition provided by Ruggeri et al. (2020, 193), who defines well-being as “the combination of feeling good and functioning well; experiencing positive emotions such as happiness and contentment as well as the development of one’s potential, having some control over one’s life, having a sense of purpose, and experiencing positive relationships”. This does not necessarily involve a diagnosed mental health condition. Student well-being is integral to learning (Bücker et al. 2018) as poor well-being can have an adverse effect on academic engagement and achievement (Geertshuis, 2019; Ansari and Stock 2010). In this regard, universities/academics can play an important role in enhancing student well-being by adopting a pedagogy of care especially in contexts where the socio-cultural and economic factors may have a negative impact on student well-being (Heymann and Carolissen 2011).

## **ADOPTING AN ETHICS OF CARE PEDAGOGY**

The ethics of care which originates from caring theory is based on the interdependence of all individuals (Kgomotlokoa et al. 2016). Noddings (1984) in her seminal work on “ethics of care” links this interdependence to one’s moral obligation to care and the relational nature of care. In application to the higher education teaching and learning context, care is regarded as a core element in which the academic is the carer and the student is the one being cared-for (Noddings 2012).

The human implications of relational care are discussed by researchers in different

ways (see for example, Tronto 1994; Gilligan 1982). Drawing on the work by Noddings (2012) a caring academic is attentive, receptive, able to understand the expressed needs and experiences of students, and is also motivated to respond to their needs. In care ethics, the difference between expressed needs, that is, what the cared-for wants, and assumed needs, that is what we think the cared-for needs, is highlighted. The caring relationship also requires the academic to listen receptively which Noddings (2012) describes as being important pedagogically, emotionally, and intellectually. During the process of listening the carer should attempt to establish a relationship of care and trust, and engaging in a dialogue with the cared-for is important in building this relationship. Overall, the academic should create an environment that enables caring to flourish (Noddings 2012).

Similar to Noddings, earlier work by Tronto (1998, 18) identified 4 phases of caring each of which is associated with a moral element. The first phase is *caring about* which involves being aware that care is need. The associated element is attentiveness which requires determining how to address the need and which ones to address. The second phase is *caring for* which entails taking responsibility to meet the identified need. In this case responsibility is the moral element which is driven by choice rather than expectation or obligation. *Caregiving* is the third phase which is the actual implementation of care. Care has to be given in a competent manner, with competence being the moral dimension. The forth phase is *care receiving* which involves a response from the person that received the care. The associated moral dimension here is responsiveness to the care that was received; in other words, how well the care needs have been met. Tronto (1998) describes responsiveness as being complex because it involves not only the one who received the care but also being attentive to the one who provided care. This phase according to Tronto (1993) may give rise to new needs, requiring attentiveness which is in the first phase of caring. This circle highlights that the elements of care are intertwined and are part of an integrated whole. In her later work Tronto (2013) introduced *caring with*, with the associated moral dimension of solidarity and trust. *Caring with* entails an evaluation of whether the care needs are met in a way that is consistent with democratic commitments to justice, equality and freedom for all (Groot et al. 2019).

## OUR TEACHING CONTEXT

We teach an academic literacy module which falls broadly within the area of academic development work. Academic development by its very nature is concerned with student flourishing and success. Drawing on Tronto (1993, 2013), we see care as a practice rather than a set of principles; and adopting an ethics of care pedagogy is a disposition and value that we hold dearly. However, on reflecting on the student feedback (as mentioned earlier) we decided

to pay a closer look at our practices in relation to the existing literature on care ethics to ascertain possible impediments to care.

We work at a previously disadvantaged higher education university in South Africa. Our course is a semester module which is offered to first year students in both semesters of the academic year. We work with students from one Faculty (name withheld to protect anonymity of the group of students). In our discussion below, we draw on student questionnaire data that we collated in 2021 and 2022 during the forced shift to online teaching. We also draw on the informal conversations that we had with the 2023 first semester cohort of students. These conversations are regular ongoing conversations either at the start or end of a lecture and is our way of “getting to know” our students, to find out how they are coping. In this way, we develop a caring relationship with them in creating awareness that our role is more than just imparting knowledge and skills. The 2023 first semester course evaluation responses also provided an additional valuable source of information. From these responses, we noticed that there were certain challenges that students experienced; these challenges were grouped together and themes emerged. From these groupings, we realized that the challenges acted as possible impediments to care. These are discussed below.

This research forms part of two ongoing research studies: i.e. Evaluating the impact of remote teaching on student learning; and Enhancing learning and teaching: interventions and reflections in an academic development programme. Both of these studies received ethical clearance from the university. Students who completed the questionnaires had the option to remain anonymous or provide a pseudonym.

## **DISCUSSION**

Below we present factors that could possibly impede care, impacting negatively on both the carer and the cared-for by hindering the teaching and learning process and invariably the flourishing and well-being of the student. These factors are presented according to themes: resources; organisational and time management skills; and feelings of inadequacy and anxiety.

### **Resources**

We identified the first impediment as resources which is subdivided into lack of resources and unfamiliarity with resources.

#### ***Lack of resources***

These included access to equipment, access to material, and technical challenges. The lack of resources in the online context in particular presents a huge hurdle to enacting care. If students

cannot access materials or classes, then in effect we cannot reach them and attempts to enact care – such as extending due dates for submission of assignments, providing the relevant research articles to complete assignments, having narrated and/or recorded lectures - will not be reciprocated. The quotes below by Anonymous B, Tamz and Londiwe express some of the challenges they experienced which may have inadvertently resulted in them not being receptive to the care provided:

### ***Access to equipment***

"I feel stressed because I don't have all the resources to the online platform so if I must submit any work I have to rush and look elsewhere to be able to type out my work and submit it so it is pretty hard and stressful" (Anonymous B)

### ***Access to material***

"I'm not feeling the vibe of studying remotely because sometimes it can be very difficult accessing the material and you have to put in more hours to get to the point where you want to be" (Tamz)

### ***Technical challenges***

"I'm not enjoying learning online because sometimes I don't get links for classes, we also have a network problem here it happens that I'm in a class and the network goes away and also the place I'm staying at is not good for me to study there's so much noise. This online learning is really stressful for me" (Londiwe)

While the above quotes were received from students during online teaching and learning a similar situation exists with the hybrid mode of delivery. Similar to the sentiments expressed by Anonymous B, some students reported that while they used the university resources to complete assessment tasks, there was not sufficient time at university to complete the task. They therefore felt disadvantaged because they had to rush to get the work done while on campus as they did not have the resources to continue with the task at home. According to Tronto (1993, 113) in such instances care might be inadequate because the necessary resources are not available as "care depends upon adequate resources: on material goods, on time and on skills". In concurring with Tronto (1993) we reinforce that such situations are not optimal conditions for care-giving.

### ***Unfamiliarity with resources***

Being unfamiliar with the resources relates to students not being aware of how and where to find the relevant resources on the learning management system (LMS) as reflected in the quotes below:

“Sometimes you find that you cannot find folders for assignments” (Godiroane) and  
“I sometimes didn't know where to get the notes for the module” (from Course Evaluation)

Interestingly, we had a dedicated lecture to explain how the LMS works, where to access resources on the LMS, and how to navigate the LMS. In addition, the university itself offered training sessions on how to use the LMS and students were encouraged to attend these sessions. Despite this, students still felt like they did not know how to manage and navigate the LMS. We argue that even if students have the relevant resources available there is no guarantee that the student would be able to use the resources effectively. What this does point to is the reciprocal relational nature of the responsibility of care. So, for example, lecturers may create additional assignment guidelines or make additional resources available in an attempt to help students manage an academic task. Although care is enacted by the lecturer, the care is not reciprocated by the student, who might not be able to make use of these resources and guidelines. This then becomes an impediment to care despite attempts by the caregiver to show care.

### **Organisational and time management skills**

The second impediment is organisational and time management skills which we sub-divided into meeting deadlines and the balancing of social life and university life.

#### ***Meeting deadlines***

While some students are able to organise and manage their time effectively there are many students who find the university workload difficult to manage. For example, Anonymous A said: “Online learning is challenging as prioritizing my time becomes an issue. There is no solid structure to my day so I tend to work too long and too much without taking breaks”. Similarly, R32 wrote; “I don't find enough time to finish the chapter in one module because I'll be focusing on meeting the deadlines of the assignments and practical...and I fear that I might fail”

The ability to organise and manage one's time is considered an important self-regulated learning strategy. While the responses of some students suggested that they may be more self-regulated, for example, Zee who wrote “It means that I have to take responsibility by attending my classes, submitting assignments, assessments and practicals and communicating with my lecturers, tutors and classmates about things I am struggling with” there were other students, for example, Anonymous A and R32 above, who had difficulty adopting self-regulatory strategies. Self-regulated learners are highly motivated, are able to set goals for

themselves and take responsibility for their own learning (Heikkila and Lonkab 2006). While self-regulated learning strategies are considered an essential factor for learning and especially so in online learning (Hensley, Iaconelli and Wolters 2022), the context in which learning occurs is important in determining how and whether students will engage in self-regulated behaviours. The hybrid mode of teaching, as well as the shift to online teaching as a fall-back position, can be quite unsettling for students who may then struggle to adopt self-regulatory behaviours which in turn may reduce their levels of well-being (Rodríguez et al. 2022), further exacerbating the situation and resulting in feelings of being alone and undue stress and anxiety. In such situations while the academic may be attentive, responsible, and give care in a competent manner the circumstances of the student may prevent the student from being receptive to the care given.

### ***Balancing social life and university***

Balancing one's time adequately is important to health and well-being (Rafnsdóttir and Heijstra 2013) and is also important for student engagement at university (Kahu 2013). Hence, it is a concern that some students expressed that they struggled to balance their social life and university life as indicated by Anonymous Me who wrote: "Studying remotely is challenging. I have had to learn time management skills. My social life took a downfall...".

Maintaining social interactions with peers, friends and family is essential in fostering student's well-being while feelings of disengagement from family and friends can lead to a sense of isolation. Students with more developed organisational and time management skills are more likely to manage their social lives with relative ease while students who are not able to organise their time effectively and lack time management skills will struggle to cope. Hence, this could lead to heightened stress levels and may result in reduced receptiveness to the care given. This, in turn, could affect student well-being.

### ***Feelings of inadequacy and anxiety***

The third impediment to care related to feelings of inadequacy and anxiety which resulted from some of the factors discussed above and which are captured in the quotes below:

"I feel lost as if I just can't find my feet. It is very overwhelming because everyone expects that we must get a hand on this in a few weeks as if they were not a first-year student" (Lumbambo) and

"I am anxious and extremely overwhelmed by studying remotely. I am barely coping and it's extremely frustrating..." (R3)

The quotes by Lumbambo and R3 above may relate to their sense of personal competence in



their studies which clearly led to heightened anxiety and stress levels. According to Burns et al. (2020), if students feel that they are not capable in their studies, then these feelings may prevent them from reaching optimal levels of well-being. The same can be said for students who encounter personal problems, as was the case with some of our students. For example, a quote from the student course evaluation read “I had problems in my personal life and I was not in a good space to be around people”. Such challenges can also increase anxiety levels and serve as a barrier to learning which will ultimately affect student performance and overall success (Phanphech et al. 2022). In adopting a pedagogy of care in such situations while an academic may take the responsibility to design lessons that do not induce anxiety, the anxieties expressed by the student may not necessarily relate directly to the design of the materials used but to other factors, such as, the fall back to online learning, managing their time, personal issues, or their own sense of competence and belonging at university. As such, the feelings of inadequacy and anxiety that students experience may prevent them from being open to the care given by the academic. Hence, the enacting of care (caring about, caring for and care giving) may not be as successful as hoped. While care cannot be measured, the responsiveness by the cared-for to the care-giver/giving can be gauged by being attentive and listening to the cared-for. Tronto (2013) emphasises acknowledgement by the care-giver that the needs may not necessarily have been met and being in solidarity with the care-receiver. Additionally, both the academic (care-giver) and the student (cared-for) should be aware of the avenues of support available and should these support structures not be available both parties should advocate for them (Baker and Naidoo 2023).

## **IMPLICATIONS OF THESE IMPEDIMENTS FOR TEACHING AND LEARNING**

In reflecting on our module and the changes we made in our attempts to enhance student well-being, and from our discussion above we have become aware that changes to one's content and pedagogy, however well intended, may not necessarily be well received by the cared-for and/or improve academic outcomes. The discussion above points to some issues that were beyond our control that had an impact on the way we practised care. Tronto (1993,1998) emphasises that care is relational and that the cycle is complete when the cared-for responds to the care provided, in other words, when the caring needs have been met. Clearly, in our context, we were not able to satisfy the needs of all our students and therefore some students may have felt uncared for. Such barriers to care-giving could also result in the care-giver feeling dejected and disillusioned. Hence, this begs the questions: What does this mean for the educator?; (How) can we be care-full educators?

In our attempt to answer the above questions we draw on the literature on care

pedagogy and the discussion by Tronto (1912) who acknowledges that it is not always possible to satisfy the needs of the cared-for and suggests that despite the barriers, as far as possible the lines of communication with the cared-for should always be kept open and the caring relations should continue to be maintained. What we have found is that care, especially in an academic context, cannot be one-sided. Both parties need to take responsibility, students especially need to be willing to receive care by *taking* care (that is, asking for advice, accepting the advice and resources that have been made available, being agentic). However, at the same time, this poses another problem, as students might be insecure, shy, or uncomfortable, and might even be scared to approach the lecturer. At this stage, there are no easy answers, but what it does suggest is the importance of lecturers not only creating a care-full module, but also being caring, care-full, and care-giving. It also highlights that enacting care is complex, and that taking a one-size-fits-all approach to care might not be effective. Care-ethics is not a principle of universality. Each person is unique, with their own unique circumstances and any caring action should take this into account. (Persky 2021).

In response to our earlier question: “(How) can we be care-full educators?”, we need to acknowledge that as educators we can be care-full in our interactions with students, in our pedagogical choices, and in our content, but there may be limits to how our care is received. This, however, should not deter educators from being care-full, as a caring teaching and learning environment may lead to enhanced student well-being. We reiterate the view presented by Xiao (2021, 146) that “care is the first step to inclusion, enhancing our awareness of and responsiveness to learner diversity in terms of learning experiences and needs”. Additionally, care is a requirement to equity and knowing the care-needs of our students will enable us to advocate on their behalf for what is needed (Noddings 1984). In caution though, *caring for* requires the academic to see the situation from the student’s perspective, which Noddings (2012, 772) describes as “motivational displacement”. This could weigh quite heavily on the academic and may lead to burnout (Baker and Naidoo 2023).

## CONCLUSION

In this conceptual article we discussed possible factors that may act as impediments to care and that may reduce students’ levels of well-being. In drawing on data from student questionnaires given out during the Covid-19 pandemic, as well as informal conversations with students this year 2023 and the student course evaluations we found that possible impediments to care included resources; organisational and time management skills; and feelings of inadequacy and anxiety.

Our efforts to improve our module we were guided by the ethic of care approach

(Noddings 1984, 2012; Tronto 1994; 2013). In adopting a pedagogy of care, while we were able to operationalise the phases of caring for, caring about and care giving, there were factors beyond our control that made it difficult to fully realise the phase of care receiving as some students were not responsive to the care provided possibly resulting in them feeling uncared for. We also point out the relational nature of care and that the cycle of care is complete when the care needs have been met. In our case, we felt that the cycle of care was incomplete because our attempts were not reciprocated by all the students. To this end, while Keeling et al. (2014) says that academics must respond “without any assumption or expectation of reciprocity from students”, we point out that without some reciprocity from students, care might not be fully enacted.

We also wish to point out that operationalising care cannot be devoid from the wider university systems and is a shared responsibility that involves the institutional/university structures and processes, and is definitely not the responsibility of the academic and student alone. In concurring with Keeling et al. (2014) we reinforce that an ethic of care requires that “universities recognize, acknowledge, and manage or overcome individual, community, and systematic challenges and barriers to students’ well-being”. Within the South African context, it has to be recognised that the issue extends beyond the confines of the university into the national health, welfare and safety landscape, which challenges ultimately fall within the portfolios of government departments, which are still addressing the inequities created during the past apartheid dispensation.

Finally, our intention is not to dissolve the responsibility of care away from the academic to the student. Hence, we point out that while there may be some factors that are beyond the control of the academic and may serve as impediments to care, it is important that as a form of responsive care-giving academics are aware of the avenues open for support for students. Students should also be aware of what is needed and what is provided and/or not provided. Should an identified support system not be available then both parties should advocate for such (Baker and Naidoo 2023). For the academic, this becomes a way of modelling care-giving which may result in students being more responsive to the care-provided.

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