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Higher education institutional student wellness support practices during COVID-19 in developing countries: A scoping review

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Abstract

COVID-19 forced many higher education institutions (HEIs) into a reactive shift in their teaching and learning modes. Along with such changes, the need to develop and implement appropriate institutional student wellness support practices in developing countries became critical. This study aims to map the higher education institutional student wellness support practices during COVID-19 in developing countries. The study employed a scoping review approach and searched papers from the Web of Science and Scopus databases. Relevant articles were screened and assessed to ensure eligibility, resulting in a sample of 45 papers for analysis. Results reveal HEIs prioritized intellectual wellness support while revealing significant gaps in addressing other critical dimensions of student wellness, including physical, emotional, social, vocational, environmental, financial, and spiritual dimensions. Results call for a more comprehensive approach to student well-being, requiring consideration of diverse Wellness Model dimensions and cross-country collaborations to share best practices in developing countries.

Keywords: Student support services, Scoping review, Developing countries, COVID-19, Higher education

Introduction

Global literature reveals that the COVID-19 pandemic impacted the education fraternity in several ways (Azman & Abdullah, 2020; UNESCO, 2020), including student wellness support practices (Luan et al., 2020; Visser & Law-van Wyk, 2021). The United Nations, (2020) reckon the pandemic engineered the most significant disruption to education systems in history, impacting nearly 1.6 billion learners across more than 190 countries and all continents. These disruptions resulted in a paradigm shift towards online and remote learning (Aristovnik et al., 2023; Mhlanga et al., 2022), new student experiences (Al-Maskari et al., 2022), school and HEIs' closures and posed risks to the well-being and protection of students (United Nations, 2020) among others. Epidemiological tracking shows that COVID-19 was initially identified in Wuhan, China, in late 2019 and subsequently classified as a global pandemic by the World Health Organization (WHO) on 11 March 2020 (Baloran, 2020; Jena, 2020). By April 2020, about 3.4 million people lived under lockdown and social distancing regulations (Marinoni et al., 2020), limiting physical and social engagements in any setting, driving people into disengagement, isolation and economic redundancy. Consequently, the pandemic caused emotional and psychological exasperation (Baloran, 2020), socioeconomic upheaval across the globe (Aini et al., 2020) and brought additional stressors into the lives of

students (Eloff et al., 2022), bringing individual wellness issues to the fore. Therefore, the World Bank (2021) observed increased concerns regarding student well-being during the pandemic. According to UNESCO (2020), by June 2020, about 1.2 billion students were affected by HEIs' closures. Marinoni et al. (2020) added that on 1 April 2020, the lockdown measures affected more than 1.5 billion people. Similarly, Azman and Abdullah (2020) asserted that as of April 2020, 220 million post-secondary students from 175 countries encountered substantial disruptions in education after COVID-19 compelled most HEIs to suspend face-to-face teaching and learning activities. The suspension of face-to-face learning activities because of pandemic control measures forced many HEIs to transition towards technology-aided distance education strategies (Aini et al., 2020; Al-Maskari et al., 2022), the so-called "new normal" in the pandemic era (Aini et al., 2020). As a result, added terms such as "emergency remote education", "home-based learning", and "remote learning" emerged, supplementing the well-established concepts of "distance learning" and "online learning" (Azman & Abdullah, 2020). These terms included all teaching and learning that do not involve direct contact between teachers and learners, such as traditional classrooms (Al-Maskari et al., 2022). Distance education relies on learning management systems (LMS) that provide interactive learning from anywhere and anytime (Aini et al., 2020).

Although the transition to distance education ensured continuous and uninterrupted learning (Fauzi, 2022), it also posed challenges for HEIs, educators and students (Aini et al., 2020; Al-Maskari et al., 2022). As the success of distance education hinged on user acceptance of LMS, addressing the challenges of the primary users became critical (Aini et al., 2020). Thus, many institutions had to mobilize resources to set up distance education infrastructure and support educators and students to successfully implement distance education programs (Azman & Abdullah, 2020). Support to academic staff was necessary, considering that others found the transition from face-to-face teaching to remote work-from-home arrangements stressful and blurred the boundaries between work and personal life (Gutman et al., 2023).

Numerous studies have underscored university students' challenges in adapting to and grappling with remote learning during the pandemic (Al-Maskari et al., 2022; De Jager, 2023). Students voiced concerns about the demanding workload, loneliness, anxiety, and apprehensions about their well-being and that of their loved ones, which deeply perturbed many individuals (Al-Maskari et al., 2022). De Jager (2023) explored student well-being at a university in South Africa and found that students battled with mental health issues and a sense of disillusionment with higher education. Another survey at a large residential university in South Africa study also found that students also experienced psychological challenges, anxiety, and depression, indicating that the pandemic posed individual well-being challenges (Visser & Law-van Wyk, 2021). A nationwide survey of medical students in the United States of America compared medical student wellness before and during the COVID-19 pandemic and found a decline in their overall wellness during COVID-19 (Nikolis et al., 2021). In the Philippines, a cross-sectional study conducted at two private colleges revealed most of the student's experienced anxiety and mental health issues during the lockdown period. Students in Greece suffered from increased incidences of depression, anxiety, and suicidal ideations during the pandemic (Joseph et al., 2023). Other studies have highlighted wellness support mechanisms HEIs put in place to support student wellness during the pandemic to cope with wellness challenges (Azman & Abdullah, 2020; Luan et al., 2020; Visser & Law-van Wyk, 2021). These reports underscored that student wellness issues emerged as a significant concern for HEIs during the pandemic. They also suggest that HEIs devise adaptive wellness strategies to support students in coping with COVID-19-related challenges such as stress, isolation, and financial difficulties, among others.

Several scoping reviews have been conducted to map student wellness experiences during COVID-19 adopting country-specific, global and general settings (Brown et al., 2024; Ebrahim et al., 2022; Yosep et al., 2023). Complimentary to these efforts, this study zooms on the wellness support mechanism employed by HEIs in developing countries. A differentiated and contextual focus is arguably warranted considering the vast literature claims of economic disparities, technological divide, and social and educational inequalities between developed and developing nations (Essel et al., 2021; Kabir et al., 2020; Landa et al., 2021) that likely triggered different wellness practices. In that sense, findings from this study make comparisons of wellness practices between developed and developing economies possible. It is critical to point out that the dichotomy and factors that validate distinctions between developed and developing economies are inherently problematic, owing to the absence of standardized and universally agreeable parameters. As Gbadamosi, (2024) highlighted, "many different criteria exist for defining whether a country is considered a developing country or not" In that regard, we argue that operational definitions of these concepts are thus contextually validated and not absolute. As such, we acknowledge the absence of a universally accepted definition of developing countries (Harris, 2022) and operationalized the developing and developed dichotomy within an International Monetary Fund (2023) methodology framed "not based on strict criteria, economic or otherwise, … underpinned by the objective is to facilitate analysis by providing a reasonably meaningful method of organizing data" to develop a narrative about

wellness support mechanism employed by HEIs in developing countries during COVID-19. Similarly, we adopted the National Center on Safe Supportive Learning Environments (2024) definition of higher education, referring to "a wide range of institutions providing study beyond the level of secondary education, such as colleges and universities, community colleges, and vocational and technical schools".

To guide this study and locate the relevant literature, we paused two questions to be answered:

(i) What is the scope and nature of Higher Education Institutional Support provided during the COVID-19 pandemic in developing nations?

(ii) What are the specific gaps in student support interventions offered by HEIs in developing nations during the COVID-19 pandemic?

To answer these questions, the remainder of this article is structured as follows: the subsequent section introduces the theoretical framework, methodology data analysis and discussion. We discuss the conclusions, implications, further research suggestions and study limitations.

Theoretical framework

Wellness is an evolving, multidimensional, and dynamic concept defined through numerous models. Consequently, wellness is contextually modelled, signaled by variations in the domains it constitutes, and the terminologies applied. Consequently, as this study is centered on examining student wellness practices, we adopted the University of Maryland Your Guide to Living Wellness (2024) framework because it was conceived and applied a similar HEI context comparable to our study's focus area. Moreover, this framework consolidates the broader wellness dimensions of different studies (Nikolis et al., 2021; Swarbrick et al., 2016). Hence the University of Maryland's Your Guide to Living Wellness Framework proclaims that wellness comprises eight mutually interdependent dimensions: physical, intellectual, emotional, social, spiritual, vocational, financial, and environmental. It argued that addressing these health domains improves the overall quality of life and relationships with peers and society.

Physical wellness targets optimizing bodily physical aspects such as nutrition and measures for disease prevention (COVID-19 vaccination or wearing masks). Stoewen (2017) refers to physical wellness endeavors as taking care of the body to maintain health both presently and in the future, emphasizing the importance of having access to resources such as physical games, gym, and sports. Intellectual wellness relates to developing and maintaining cognitive abilities like critical thinking, problem-solving and decision-making. During the pandemic, such intellectual support for students during COVID-19 might include providing online educational resources, virtual tutoring services and interactive learning tools that engage students in meaningful ways. Emotional well-being refers to successfully managing life's stresses and adapting to change and challenging times (National Institutes of Health, 2022). Amidst the COVID-19 pandemic, providing students with emotional assistance might encompass offering access to counselling facilities, peer support, and stress alleviation approaches such as mindfulness meditation and profound respiration practices.

Given the pandemic's impact on social isolation, addressing social wellness needs became critical to supporting students. Social wellness relates to all aspects of well-being, including social connections, relationships, and personal expression (Stoewen, 2017). During the pandemic, spending quality time with family members, participating in virtual events, and connecting electronically with others helped students retain social wellness (Ahlers et al., 2021; Billah et al., 2023; Visser & Law-van Wyk, 2021). Moreover, students also consider their concerns regarding spiritual well-being. Spiritual wellness supports fulfilling one's values, beliefs, and life purposes. One study examining a Korean college student population found that students sought spiritual support from online religious activities during the pandemic (Yoo, 2022) while others prayed.

In addressing vocational wellness support needs to foster career development and professional growth prospects, students attended virtual job fairs and sought networking opportunities and skills training programs. The financial support wellness aspect addressed the need for stable financial resources and planning. During the pandemic, some students received partial financial subsidies and soft loans from their institutions (Billah et al., 2023) and from family and friends. Individuals endeavor to achieve environmental well-being, encompassing the comprehension of the interplay between the environment and individuals. This aspect of well-being encourages adopting a lifestyle that shows concern and care for the surrounding environment. Thus, the extent to which students access and benefit from these support dimensions significantly influences wellness, suggesting that each aspect influenced student wellness conditions during the pandemic.

Method

This scoping review study adopted the Joanna Briggs Institute (JBI) methodology for scoping reviews (Peters et al., 2021) and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al., 2018).

Study design

Munn et al. (2018) provide the reasons for scoping reviews: map the available evidence, identify gaps in knowledge, clarify concepts, investigate research conduct, or give a broad overview of a research area before conducting a more focused systematic review. The present study aimed to quantify the nature and scope of student support in HEI in developing countries during COVID-19 using the Wellness Model and identify any gaps in student support services offered during COVID-19; thus, a scoping review is relevant and is adopted in answering the above.

Search strategy and source selection

Four databases were identified for the study: Web of Science, Scopus, Education Resources Information Center (ERIC) and Science Direct. The authors do not have full access rights to two identified databases (ERIC and Science Direct); hence, the search was limited to two databases (Web of Science and Scopus) to which the three authors had unlimited access. We searched the two databases using the following search criteria: “COVID*” OR “coronavirus” AND “Higher Education*” OR “Education” AND “Developing”. Specifically, from both databases, the researchers used the following search criteria: TITLE-ABS-KEY = (COVID* OR coronavirus) AND ("higher education") AND “developing”. All the authors conducted parallel searches, and the results were compared and corroborated. Thus, the search criteria were limited to titles, abstracts, and keywords. For quality assurance, all three authors assessed the eligibility of all 554 papers. The search protocol for this study is not registered. All three authors screened the titles and abstracts of the documents on Google Spreadsheets. The authors evaluated all the papers separately, and the results were compared for a final list agreed to by all authors.

Inclusion and exclusion criteria

We defined two phrases in the introduction's inclusion criteria: “developing countries” and “higher education”. The use of the above search phrases is in line with a study by Ndibalema (2022) that investigated challenges HEIs face in developing countries when transitioning to online distance learning. The inclusion was limited to all forms of support offered by the higher education institutions by various stakeholders such as lecturers, administrative staff, and support from departments such as tutoring. Once these services were identified, the researchers evaluated their contribution to students. They classified them under the eight dimensions of the Wellness Model (financial, intellectual, spiritual, social, emotional, vocational, physical, and environmental) (University of Northern Iowa, 2024). For example, a paper by Shetty et al. (2021) explores the impact of the pandemic on students who were on internships during the pandemic, which is classified under the vocational dimension. When the dimensions were unclear in the abstract, the researchers read the full article.

Only articles meeting the following criteria were eligible for inclusion:

1. Qualitative, quantitative, and mixed methods,
2. Focusing on student support in higher education,
3. Conducted in developing countries,
4. Focusing on the Wellness Model dimensions and
5. Published between January 2020 to December 2021

Unpublished and non-peer-reviewed articles were excluded from the sample. Also, articles from conference proceedings and book chapters were excluded. In addition, all articles that were not accessible were excluded.

Data extraction and quality assurance

During the conceptualization phase of the study, researchers conducted meetings to outline the paper's roadmap. Part of what was agreed was the meaning of the eight Wellness Model dimensions and the examples of institutional student support to be included. After eliminating duplicate articles, the three researchers shared the 459 articles equally. All researchers screened their allocated papers using Google Spreadsheets to assess relevance and eligibility. Subsequently, each researcher reviewed the allocations of two other team members, ensuring that all 459 articles were thoroughly evaluated. The researchers categorized student support services into the eight dimensions outlined by the University of Northern Iowa (2024). All researchers agreed upon the final list.

Findings

Articles search results

The combination of search phrases resulted in 554 articles, 371 from the Web of Science and 183 from the Scopus databases. After comparing the two sets, we removed 95 duplicates and left with 459. We applied various exclusions and included only empirical articles on student support in developing countries written in English and published in 2020 and 2021. One hundred thirteen articles remained, and 68 were excluded as they focused on none of the eight dimensions of the Wellness Model. Thus, 45 studies were included as the final sample, presented in Figure 1.

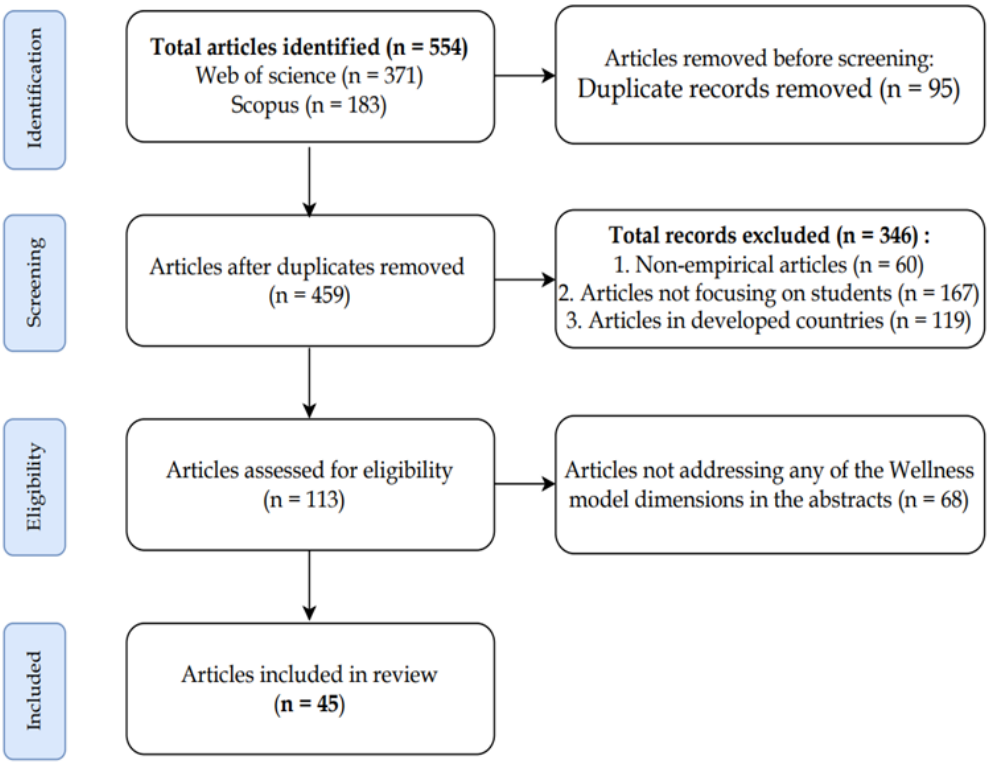

Figure 1 PRISMA flow diagram

Summary of included studies

Most (38) articles were published in 2021, while seven were published in 2020. Figure 2 details the coverage of articles in countries per continent. Slightly over half (53.3%) (24) of articles were conducted in 11 Asian countries (Jordan and Indonesia, four articles each; Pakistan and Saudi Arabia, three articles each; Philippines, China, and Thailand, two articles each; and India, Bangladesh, Malaysia, and Afghanistan, one article each). African countries had 11 (24.4%) articles from six countries (Egypt, four articles; South Africa and Ghana, two articles each; and Nigeria, Zimbabwe, and Algeria, one article each). Four European countries had seven (15.6%) articles (Russia, three articles; Ukraine, two articles; Bulgaria and Turkey, one article each). Two American continent countries had a total of three (6.7%) articles (Mexico, two articles and Colombia, one article).

The 45 articles were from 39 journals. Four articles were from the Education and Information Technologies journal; two journals had two articles each: the Journal of Learning for Development and Sustainability, while the following 37 were from different journal titles: 2021 IEEE International Conference on Automatic Control and Intelligent Systems; Advances in Human-Computer Interaction; Advances in Science, Technology and Engineering Systems Journal; Asian Journal of University Education; Digital Library Perspectives; E3S Web of Conferences; European Journal of Sustainable Development; Frontiers in Education; Future Internet; Heliyon; Higher Education in Russia; IEEE Access; Informatica; Interaction Design and Architectures Journal; Interactive Learning Environments; International Journal of Educational Sciences; International Journal of Emerging Technologies in Learning; International journal of environmental research and public health; International Journal of Innovation and Technology Management; International Review of Education; Journal of Applied Research in Higher Education; Journal of Computers in Education; Journal of Education and Health Promotion; Journal of E-Learning and Knowledge Society; Journal of Enterprising Communities: People and Places in the Global Economy; Journal of Legal, Ethical and Regulatory Issues; Journal of Pharmaceutical Research International; Journal of Physics: Conference Series; Perspectives of Science and Education; Physical education of students; Prospects; Remote Sensing; Revista de Psicodidáctica; RUDN Journal of Sociology; SMART Journal of Business Management Studies; and The New Educational Review.

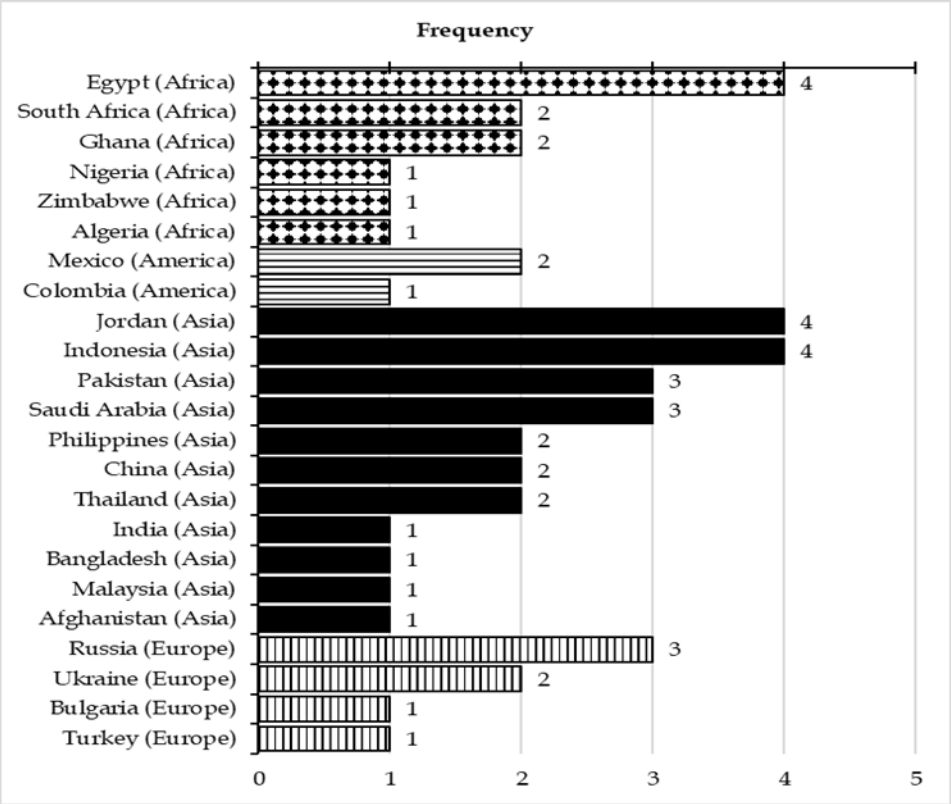

Figure 2 Frequency of articles per country and continent

Summary of interventions

The present study aims to answer the research questions below:

(i) What is the scope and nature of Higher Education Institutional Support provided during and after the COVID-19 pandemic in developing nations?

(ii) What are the specific gaps in student support interventions offered by HEIs in developing nations during and after the COVID-19 pandemic?

The mapped interventions are summarized in Table 1 and Figure 3 to answer the above questions. This study adopted a quantitative approach, summing the frequencies of the interventions mapped into the eight Wellness Model dimensions. Table 1 presents the 45 studies covering at least one of the eight Wellness Model dimensions, including the respective countries where the research was conducted. The dimensions are abbreviated as follows: Physical (Ph), Intellectual (In), Emotional (Em), Social (So), Spiritual (Sp), Vocational (Vo), Financial (Fi) and Environmental (En). Of the 45 articles, one (2.2%) covered six out of eight dimensions (Toquero, 2021); two articles (4.4%) covered three dimensions each (Abdellatif & Shahroury, 2021; Luan et al., 2020); and four articles (8.9%) covered two dimensions each (Elrawy & Abouelmagd, 2021; Nuraeni et al., 2020; Shah et al., 2021; Sodomora et al., 2021). Most included articles (n = 38; 84.4%) addressed a single dimension.

Table 1 Alignment of the Wellness Model dimensions among articles

Dimension	Sources	Frequency
Intellectual	(Agbo et al., 2021; Aktan, 2021; Al-Kumaim et al., 2021; Alenezi, 2021; Almaiah et al., 2020; Alshurafat et al., 2021; Alyoussef, 2021; Bauer et al., 2021; Cahyadi et al., 2021; Delgado, 2021; El-Sayad et al., 2021; El Said, 2021; Eldokhny & Drwish, 2021; Elrawy & Abouelmagd, 2021; Essel et al., 2021; Gharaibeh & Gharaibeh, 2020; Hernandez, 2021; Kabir et al., 2020; Kumar et al., 2021; Landa et al., 2021; Limarenko et al., 2021; Louail et al., 2021; Luan et al., 2020; Martínez et al., 2021; Mo et al., 2021; Modise, 2021; Mohammadi et al., 2021; Narbut et al., 2020; Nesar et al., 2021; Nuraeni et al., 2020; Pratiwi et al., 2020; Quadrado et al., 2021; Rahiem,	41 articles

	2021; Raza et al., 2021; Rokibul Kabir et al., 2020; Shah et al., 2021; Sithipolvanichgul et al., 2021; Sodomora et al., 2021; Tetteh et al., 2021; Toquero, 2021; Tsankov, 2021; Tsekea & Chigwada, 2020)	
Physical	(Abdellatif & Shahroury, 2021; Dieck-Assad et al., 2021; Prysiazhniuk et al., 2021; Toquero, 2021)	4 articles
Emotional	(Elrawy & Abouelmagd, 2021; Luan et al., 2020; Toquero, 2021)	3 articles
Environmental	(Abdellatif & Shahroury, 2021; Shah et al., 2021; Sodomora et al., 2021)	3 articles
Social	(Luan et al., 2020; Nuraeni et al., 2020; Toquero, 2021)	3 articles
Vocational	(Abdellatif & Shahroury, 2021; Shetty et al., 2021; Sodomora et al., 2021)	3 articles
Financial	(Toquero, 2021)	1 article
Spiritual		0 articles

Figure 3 presents the frequencies of dimensions covered in the 45 studies included. The Intellectual dimension was discussed in 41 articles (91.1%). The Physical dimension was covered in 4 articles (8.9%) by Abdellatif & Shahroury, (2021), Dieck-Assad et al. (2021), Prysiazhniuk et al., (2021) and Toquero (2021). Four dimensions were addressed in three articles (6.7%) each: Emotional (Elrawy & Abouelmagd, 2021; Luan et al., 2020; Toquero, 2021), Social (Luan et al., 2020; Nuraeni et al., 2020; Toquero, 2021), Vocational (Abdellatif & Shahroury, 2021; Shetty et al., 2021; Toquero, 2021) and Environmental (Abdellatif & Shahroury, 2021; Shah et al., 2021; Sodomora et al., 2021). The Financial dimension was covered in one article (2.2%) by Toquero (2021), while the Spiritual dimension was not addressed.

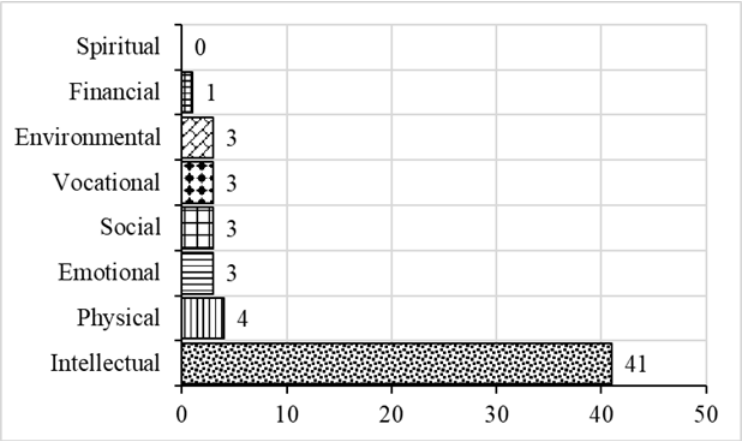

Figure 3 Frequency of articles covering Wellness Model elements

Discussion

The findings of this scoping review contribute to an understanding of the scope and nature of HEI support provided during the COVID-19 pandemic in developing nations. Through an analysis of 45 articles published in 2020 and 2021, this review highlights the emphasis on intellectual wellness support while revealing significant gaps in addressing other critical dimensions of student wellness, including physical, emotional, social, vocational, environmental, financial, and spiritual dimensions.

The predominant focus on the intellectual dimension, as highlighted in 91.1% of the reviewed articles, aligns with findings from previous studies that alluded to increased technology-enabled distance learning as a major response by HEIs to the pandemic (Al-Maskari et al., 2022; Fauzi, 2022). Before the COVID-19 pandemic, educational research frequently emphasized the significance of academic support as a primary function of HEIs. This emphasis has historically overshadowed other wellness dimensions, suggesting a global educational culture prioritizing intellectual development over holistic well-being (Aini et al., 2020; Al-Maskari et al., 2022). The pandemic, however, has brought to the forefront the critical need for a more rounded approach to student support, echoing calls for holistic wellness support.

Our review's findings underscore the critical gap in addressing comprehensive wellness support in developing nations' HEIs, which persists despite the global shock of the pandemic. The findings align with the pre-pandemic literature, which often highlights institutional readiness and resource availability as key barriers to adopting holistic support models in these regions (Jena, 2020).

Moreover, the minimal coverage of the financial and spiritual dimensions in the reviewed articles highlights a critical and underexplored area of student support. The pandemic's economic impact on students and their families underscores the urgent need for financial support mechanisms. In contrast, the absence of spiritual support research points to a potentially overlooked aspect of holistic wellness that could play a crucial role in student resilience and well-being during crises.

By juxtaposing our results with the surveyed literature, it becomes evident that while the intellectual dimension of student support has received considerable attention, much remains to be explored and improved upon in holistic student wellness support, particularly in developing countries. This review contributes to the existing body of knowledge by highlighting the disproportionate emphasis on intellectual support during the pandemic and drawing attention to the overlooked dimensions of student wellness that are equally critical to their overall success and well-being.

This scoping review adds to the existing literature by offering a nuanced understanding of the current state of HEI support in developing countries during the COVID-19 pandemic. It reveals significant gaps in holistic student support and calls for future research to explore innovative, culturally sensitive, and resource-aware approaches to addressing these gaps. As HEIs continue to navigate the challenges posed by the pandemic and future crises, incorporating a more holistic approach to student wellness support will be paramount in ensuring the well-being and success of students worldwide.

Conclusions

The scoping review indicates that while most HEIs in the sample papers primarily addressed the intellectual dimension of student wellness, other dimensions, particularly emotional, social, vocational, financial, and environmental, have received less attention. The neglect of the spiritual dimension presents a notable gap in understanding and addressing the well-being of students. Furthermore, varying levels of emphasis exist on student wellness support across different regions, as noted by a concentration of most studies conducted in Asian countries. The findings advocate for a more comprehensive approach to student well-being, necessitating the consideration of diverse Wellness Model dimensions and cross-country collaborations for sharing best practices.

Implications

The implications underscore the importance of broadening the focus of higher education institutional student wellness support practices beyond academic concerns. The multifaceted nature of HEIs' responses to student needs during the pandemic highlights the importance of adapting to changing circumstances while prioritizing educational continuity and other aspects, such as student well-being. Therefore, while the intellectual dimension is crucial, addressing various aspects is equally important to offer balanced support since COVID-19 exposed students to various difficulties, such as financial constraints and mental health issues. Thus, neglecting the financial and spiritual dimensions can hinder students' overall academic success and well-being. The concentration on the intellectual dimension during the pandemic by HEIs highlights their potential financial challenges in balancing and prioritizing different forms of support.

Limitations of the study

First, this study limited its search to developing countries, limiting the generalizability of the findings globally. Second, the sample of 45 articles may not fully capture the entire research on higher education institutional student wellness support in developing countries. Furthermore, the focus on peer-reviewed articles excludes other relevant studies, particularly those published in non-academic sources. The focus on articles from 1 January 2020 to December 2021 excludes the most recent developments in the field. Apart from the above, the reliance on abstract analysis for identifying Wellness Model dimensions may have limited the depth of understanding of the nature of student wellness support practices offered. The search phrases in this study were minimal, and using two databases limits the sample size.

Suggestions for future research

Given the limited focus on physical, emotional, social, vocational, environmental, financial, and spiritual dimensions of student support in the reviewed literature, future research should delve deeper into these areas. Studies could explore innovative practices and interventions that HEIs can employ to comprehensively support these facets of student wellness. Qualitative research methods, such as case studies or interviews, could yield rich insights into students' experiences and needs in these areas.

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