

**IMPLEMENTATION GUIDELINES FOR THE OBJECTIVE  
STRUCTURED CLINICAL ASSESSMENT OF STUDENT NURSES IN  
A PRIVATE NURSING COLLEGE IN GAUTENG**

**by**

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**Submitted in accordance with the requirements**

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## **DECLARATION**

I declare that IMPLEMENTATION GUIDELINES FOR OBJECTIVE STRUCTURED CLINICAL ASSESSMENT OF STUDENT NURSES IN A PRIVATE NURSING COLLEGE IN GAUTENG is my own work and that all the sources that I have used or quoted have been indicated and acknowledge by means of complete references and that this work has not been submitted before for any other degree at any other institution.

Full names

Amanda Michelle Thawnarain

Date

January 2017

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**IMPLEMENTATION GUIDELINES FOR THE OBJECTIVE STRUCTURED  
CLINICAL ASSESSMENT OF NURSING STUDENTS IN A PRIVATE NURSING  
COLLEGE IN GAUTENG**

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**ABSTRACT**

Using the right method of evaluation for clinical competence in nursing education plays a major role in obtaining appropriate results and making correct judgements. Nurse educators favour the Objective Structured Clinical Assessment (OSCA) for this purpose. The objective of this study was two-fold; firstly to explore and describe the experiences of nurse educators and student nurses of the OSCA within a private nursing college in Gauteng. The second objective was to develop implementation guidelines for the use of the OSCA as an assessment method. A qualitative, exploratory, descriptive, and contextual design was used and employed individual in-depth interviews, as well as field and direct observations to collect data. A purposive sampling method was used to select participants for the study and the sample comprised of ten nurse educators and ten student nurses to represent the population. Data were analysed thematically and resulted in seven themes and eighteen categories relating to nurse educators' and student nurses' experiences of the OSCA. Nurse educators had a predominantly negative view of the OSCA as an assessment method related to the ability of the OSCA to assess all learning domains, the quality, structure, and organisation of the assessment, the simulated nature of OSCA, the availability of resources, as well as the feedback, communication and remedial action during the process. Challenges were experienced with the assessment tools as well as the educator as instrument. Educators raised a concern regarding the students' readiness for evaluation. Student

nurses related their experiences prior to the OSCA, their experiences of the educator, the structure and organisation of the OSCA, and their experience related to the communication and feedback of the results. Students related mixed emotional experiences as recipients of the assessment, as well as the relevance and benefits of the OSCA.

### **KEY CONCEPTS**

Nurse educator, student nurse, objective structure clinical assessment

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## **LIST OF ABBREVIATIONS**

OSCA Objective Structured Clinical Assessment

OSCE Objective Structured Clinical Examination

SANC South African Nursing Council

# **CHAPTER 1**

## **ORIENTATION TO THE STUDY**

This chapter provides an orientation to the study by including an introduction, the background and rationale for the study, the problem statement, followed by the objectives and the study's paradigmatic perspective. In addition, this chapter offers a short description of the research design and methods, the ethical considerations, as well as the measures to ensure the trustworthiness of the study. This chapter concludes with the outline for the rest of the study and a summary.

### **1.1 INTRODUCTION**

The need to prepare students for real-life clinical practice without exposing them to patients during the novice phase has become increasingly important over the past 20 years (Bagnasco, Tolotti, Pagnucci, Torre, Timmins, Aleo & Sasso, 2016:55). This is in response to the increased theoretical hours many nursing programmes demand in their alignment with or complete movement into the higher education sector. This gradual development represents an incredible historical shift in nursing education and practice. It is therefore not surprising that the Objective Structured Clinical Assessment (OSCA) is the chosen method of assessment to bridge the gap between theoretical instruction and clinical practice (Bagnasco, et al. 2016:55). The OSCA may be described as “an assessment tool based on the principles of objectivity and standardisation, in which the candidates move through a series of time-limited stations in a circuit for the purposes of assessment of professional performance in a simulated environment. At each station candidates are assessed and marked against standardised scoring rubrics by trained assessors” (Khan, Sankaranarayanan & Gaunt, 2013:e1440). The OSCA is seen as a tool to assess performance within a simulated environment. A simulation may be described as an imitation of some facet of real life, usually in a simplified form. It is an educational approach to facilitate learning through which participants develop and demonstrate their skills and behaviour in a controlled environment (Humphreys, 2013:364).

Clinical education provides student nurses with an opportunity to develop knowledge, skills, values, and attitudes to function within dynamic and complex health care settings. The unpredictable nature of clinical environments and the dynamic nature of nursing offer a great challenge for nurse educators to ensure an objective evaluation of student nurses' clinical competence (Fan, Choa & Jane, 2014:868).

Various nursing educational institutions have adopted OSCA as an approach to assess the clinical competence of student nurses on a summative basis. The OSCA's attraction is that it can accommodate large groups of students to undergo assessment in a relatively short period. Despite its popularity and application to various medical and nursing disciplines, some nurse educators question its appropriateness as an adequate and comprehensive clinical summative assessment method (Clear, 2014:6).

## **1.2 BACKGROUND TO THE RESEARCH PROBLEM**

The assessment of clinical competence is essential in ensuring client safety, determining students' progress and achievements, identifying areas of improvement through constructive feedback, and motivating students' continuous learning. Clinical examinations have a distinct clinical focus, the overall aim being to demonstrate through action whether student nurses have acquired the knowledge and skills necessary to be safe and accountable practitioners (Martensson & Lofmark, 2013:1).

Since its development 30 years ago as an assessment strategy for medical education, the OSCA has gained reputable acceptance within medicine and is increasingly being used in nursing education (Nulty, Mitchell, Jeffery, Henderson & Groves, 2011:145). According to Nulty, et al. (2011:145), the OSCA is a valuable strategy to assess clinical skill acquisition and 'fitness to practice', as long as it is applicable to the students' expected level of clinical practice.

The OSCA is also considered a tool used to assess the competence of students in a planned and structured manner, with particular attention to objectivity (Sola-Pola & Pulpon-Segura, 2014:1). This form of assessment is a performance-based

examination in which student nurses are observed demonstrating a broad range of clinical skills under a variety of simulated conditions (McWilliam & Botwinski, 2012:35).

Advantages of the OSCA include standardised manners of assessment for all examinees, and it can be tailored to the level of skills being assessed (Zayyan, 2011:219). With an increased use of the OSCA, many reliability and validity issues have emerged. Some of the factors that influence the validity and reliability of the OSCA include examiner conduct, the scoring method, the content, and the number of stations (De Villers & Archer, 2012:50). The time limit at each station may result in the omission of certain skills and therefore provide an incomplete representation of the student nurses' knowledge, skills, and attitudes (Zayyan, 2011:219). The controlled and simulated environment also does not conform to the everyday level of practice realistically required in the clinical setting (Alsenany & Al Saif, 2012:598).

The South African Nursing Council (SANC) (Regulation R2176) course objectives emphasise that on completion of the course the student nurse must understand the principles of comprehensive health care, and be able to implement nursing acts for individuals or groups as part of the nursing regimen prescribed by the registered nurse. Most importantly, student nurses must be able to practice safely and make ethical decisions within the scope of his/her practice. This implies that the nurse educator must ensure the student nurse possess the necessary psychomotor, cognitive, and affective skills in order to be deemed a clinically competent practitioner. The primary concern expressed by nurse educators is that the OSCA focuses primarily on psychomotor abilities and lacks in the assessment of the student nurses' psychometric abilities. Therefore, it does not assess all the domains of clinical competence (Cazzell & Howe, 2012:e220; Clear, 2014:3).

### **1.3 RESEARCH PROBLEM**

Over the past few years, a private nursing college adopted the OSCA as a summative assessment method for first-year student nurses' attainment of clinical competence for first year nursing students. The conduct of the OSCA has differed from year to year in terms of skill assessment and measurement tools. The

summative assessment adopting the OSCA approach forms part of the partial requirement in fulfillment of the stipulated SANC examinations.

In recent years, the number of student nurses enrolling for undergraduate nursing programmes has increased; it is due to this influx that the OSCA is the chosen form of summative assessment since individual assessments are not always possible with large numbers of student nurses as this can create administrative and logistical problems.

As a nurse educator and an assessor in the OSCA, I have identified some concerns through direct observation. Assessor fatigue is a major concern due to the large number of students assessed within a short period. There are approximately one hundred and fifty to two hundred student nurses per intake of first-year student nurses. Assessors staff the same station throughout the day and assess approximately thirty to forty students per day. It requires immense focus and concentration from assessors to remain objective throughout the assessments for seven to eight hours, which can result in assessor fatigue. Assessor fatigue may influence assessor bias and impact on student nurse outcomes.

Student fatigue is also a concern as some of the students have to wait for extended periods of time for their turn to undergo examination, as well as the concentration required to perform clinical skills in an intense examination environment (Clarke, Rainey & Traynor, 2011:95).

The OSCA environment is simulated and the use of a mannequin hinders nurse-patient interaction. Furthermore, I have observed that often student nurses display uncertainty on how to communicate, interact, and relate to the mannequin. It became evident that the mannequin posed a problem for student nurses as they had trouble in articulating their thoughts within such a short period under examination conditions.

Certain skills and stations of the OSCA use a simulated patient. However, there are no available guidelines to instruct the simulated patient how to interact/communicate with the student nurse undergoing the assessment. This results in inconsistencies in

terms of the responses that the simulated patient provides to the student nurse which may influence the student nurse's interpretation of the station.

On completion of the OSCA, student nurses provide written feedback on the assessment. This feedback, however, is not communicated to the nurse educators assessing the student nurses within the simulation laboratory. Yet this immediate feedback could assist in instantly resolving problems experienced by the student nurses.

Furthermore, student nurses are allocated to various hospitals for experiential learning throughout the duration of their training. Therefore, student nurses' clinical experiences are not equal because each student has exposure to different patients and different health care settings, making it difficult to assess individual performance and programme outcomes (McWilliam & Botwinski, 2012:36). Different health care settings may also utilise different equipment than that of the OSCA. This results in student nurses dealing with unfamiliar equipment under examination conditions.

I have also observed that student nurses demonstrate signs of anxiety and stress before the assessment, compounded by the fact that the OSCA had not assessed them on a formative basis. Ultimately, their first formal encounter with the OSCA is under summative assessment conditions.

The other area of concern is the feedback process. Similar to other summative assessments, students do not receive immediate feedback on the outcome of the practical exam. Students are required to seek feedback directly from the nurse educator at their base hospital once the results are published electronically. There may be a considerable time lapse of at least a week or more between the OSCA and the publishing of results. This may compound on the anxiety and stress that students feel while waiting for the outcome of the summative assessment. Moreover, the published result merely indicates whether the student is competent or not yet competent. If students are not yet competent, there is no clarity why the student failed. This makes remediation and preparation for the supplementary examination difficult.

The current OSCA is comprised of seven ten minute stations including a written station and a resting station to form circuit around which students rotate. Stations are designed to test theoretical and psychomotor skills based on the programme curriculum. Two nurse educators against a pre-determined checklist assess students at each station. Vital data, urinalysis, CPR, neurovascular assessment are examples of the components of various stations. The current OSCA is flawed as the minimum number of eight with the maximum number of twenty-four stations is recommended. (Harden, Lilley & Patricio, 215:69-70). This gives rise to the reliability and validity of the OSCA used for summative assessment purposes at the nursing college.

There has been little research done on nurse educators' and student nurses' experiences of the OSCA within the context of a private nursing college. This study provides first-hand information on the phenomenon within the context of a private nursing college.

#### **1.4 RESEARCH PURPOSE**

The purpose of this qualitative study was to explore and describe nurse educators' and student nurses' experiences of the OSCA as an assessment method. Themes generated from the qualitative data (Phase I), integrated with the relevant literature, were then used to develop implementation guidelines for the OSCA of student nurses (Phase II).

#### **1.5 RESEARCH OBJECTIVES**

The objectives of the study were two-fold:

- To explore and describe nurse educators' and student nurses' experiences of the OSCA as an assessment method in a private nursing college in Gauteng (Phase I).
- To develop implementation guidelines for the OSCA as an assessment method in a private nursing college (Phase II).

## **1.6 RESEARCH QUESTIONS**

The research questions that guided the study were:

- What are nurse educators' and student nurses' experiences of the OSCA as an assessment method?
- What implementation guidelines can be developed for the use of the OSCA?

## **1.7 SIGNIFICANCE OF THE STUDY**

The assessment of clinical competence is vital in ensuring that student nurses will be equipped with the skills, knowledge, values and attitudes to provide efficient, effective, and safe nursing care in diverse health care settings. This poses a challenge to nurse educators to ensure that their teaching, learning, and assessment strategies are holistic to ensure student nurses' readiness to meet the demand for the provision of quality nursing care. Thus, it is important that nurse educators ensure that the methods used in summative assessments provide an accurate reflection of the student nurses' clinical competence.

In the context of this study, the OSCA is the summative assessment method of choice for determining first-year student nurses' clinical competence. Therefore, this research explored and described nurse educators' and student nurses' experiences of the OSCA as an assessment method. This evidence resulted in the development of implementation guidelines for the OSCA of student nurses.

## **1.8 PARADIGMATIC PERSPECTIVE**

A paradigmatic perspective describes the worldviews and general perspectives underlying assumptions about the complexities of the real world (Munhall, 2012:40).

The paradigmatic perspective within which this study was conducted is defined by the meta-theoretical statements provided below.

## **1.8.1 Meta-theoretical assumptions**

Assumptions, according to Masters (2014:6), are accepted as truth, values or beliefs of theory and conceptual frameworks. The author states that there are four central concepts in the discipline of nursing: human beings, the environment, health, and nursing (Masters, 2014:5).

### **1.8.1.1 Human being**

The Oxford Advance Learners Dictionary (OALD) (2015:745) defines a human being “as a person rather than an animal or machine”. Within the context of this study, nurse educators and student nurses were viewed as persons with inherent experience of the OSCA, who were willing to participate in the research.

### **1.8.1.2 Environment**

An environment is described as the setting, surroundings, and background that affect behaviour and development (OALD, 2015:500; Yoost & Crawford, 2016:10). In this study, the private nursing college where the study was conducted represents the environment. Furthermore, the OSCA simulated conditions created at the nursing college to mimic the realistic clinical environment of nursing practice for the assessment of student nurses, formed part of the environment.

### **1.8.1.3 Health**

The concept of health refers to the condition of an individual’s state of being physically and mentally healthy (OALD, 2015:705). In this study, health refers to the emotional, physical, and mental wellbeing of nurse educators and student nurses who have experienced the OSCA.

### **1.8.1.4 Nursing**

Nursing is defined as a caring profession practiced by an individual performing nursing activities directed at preserving the health status of patients (The South

African Nursing Act, No. 33 of 2005). Nurse educators need to ensure that student nurses are empowered with the appropriate clinical skills, theoretical knowledge, values, and attitudes to provide nursing care in diverse clinical settings.

## **1.9 THEORETICAL ASSUMPTIONS**

Within this study, the theoretical assumptions refer to the conceptual definitions of the core concepts. The central theoretical statement was the focus of this research.

### **1.9.1 Conceptual definitions**

#### **1.9.1.1 Nurse Educator**

Nursing Education is a specialist field that focuses on educating and training students undertaking undergraduate and or postgraduate programmes within the various disciplines of nursing. A nurse educator is a registered nurse with an additional qualification in nursing education (Regulation 118) and registered as such with SANC under section 31 of the Nursing Act (No. 33 of 2005). In this study, the nurse educator was responsible for the clinical education, training, and assessment of student nurses, and was a valuable source of information in this study.

#### **1.9.1.2 Student nurse**

A student nurse refers to an individual undergoing nursing training and education (Nursing Act No. 33 of 2005, 32(1):27). In this study, a student nurse refers to a first-year student nurse registered with the private nursing college who had undergone final summative assessment by means of the OSCA.

#### **1.9.1.3 Objective structured clinical assessment (OSCA)**

The Objective Structured Clinical Assessment (OSCA) refers to an assessment method used to assess student nurses during summative practical examinations to determine their clinical competence. The OSCA consists of several stations in which examinees are expected to perform a variety of clinical tasks, within a specific time

frame, against pre-determined criteria formulated to the clinical skills, thus demonstrating their competency (Zayyan, 2011:219). In this study, the OSCA refers to the assessment method adopted at the private nursing college used for summative assessment of first-year student nurses.

#### **1.9.1.4 Guideline**

A guideline is defined as a principle put forward to set standards or determine a course of action (Farlex, 2015, sv “guideline”). In this study, context guidelines refer to directions on the implementation of the OSCA for student nurses.

#### **1.9.1.5 Competence**

Competence, as defined by the SANC, means the level of performance demonstrating the application of knowledge, skills, judgement and personal attributes to practise safely and ethically in a designated role or setting (Nursing Act, 33 of 2005). In this study, competence will refer to the level of performance demonstrated by student nurses during the OSCA.

### **1.9.2 Central theoretical statement**

Knowledge gained from nurse educators’ and student nurses’ experiences of the OSCA facilitated the development of implementation guidelines for the OSCA as a summative assessment method.

## **1.10 RESEARCH SETTING**

The setting in which qualitative data (Phase I) was gathered is a private nursing college and private hospital situated in the Gauteng South West region. The setting was selected since it forms the context of the study where the research problem was identified, and also for its accessibility to nurse educators and student nurses. Further details about the research setting will be provided in Chapter 3.

## **1.11 RESEARCH DESIGN AND METHOD**

### **1.11.1 Research design**

A qualitative, exploratory, descriptive, and contextual research design was followed in this study. It is a holistic approach to understanding human experiences (Grove, Gray & Burns, 2013:57). The research design consisted of two phases. Phase I of the study collected data through in-depth interviews with ten nurse educators and ten student nurses regarding their experiences of the OSCA as an assessment method. Phase II centred on the development of implementation guidelines for the OSCA of student nurses.

### **1.11.2 Research method**

A research methodology refers to the process of conducting the study (Grove, et al. 2013:707). The research method relates to the way in which the research is planned, structured and executed to comply with science (Parahoo, 2014:165). This study was conducted in two phases, and to maintain a clear distinction the phases will be discussed separately.

#### **1.11.2.1 Phase I: Exploration and description of nurse educators' and student nurses' experiences of the OSCA**

This phase includes a description of the population and sampling, data collection, and data analysis.

##### **a) Population and sampling**

The concept of a population refers to the entire set of individuals or elements who meet the sampling criteria (Grove, et al. 2013:351). The target population of the study consisted of ten nurse educators who were actively involved in assessing first-year nursing students using the OSCA as a summative assessment method. The target population of student nurses comprised of ten first-year nursing students who

have undergone summative assessment through OSCA. A sample is a subset of the population that is selected for a particular study. Purposive sampling was used to ensure that specific elements will be included (Grove, et al. 2013:705). The sample included nurse educators and student nurses at a private nursing college in Gauteng who met the sampling criteria.

#### **b) Data collection**

In this study, data was collected through individual in-depth interviews. Individual in-depth interviews are a qualitative data collection method that involves verbal communication between the participant and the researcher to elicit rich information about the phenomenon of interest. (Groves, et al. 2013:422.). Field notes and direct observation were used to aid the data collection process. Twenty individual in-depth interviews were conducted with both data sets. Field and observational notes were kept during and after each interview. The central question posed to all participants was “Tell me about your experiences of the OSCA as an assessment method?” The duration of each interview was approximately one hour and was audio recorded with the permission of participants. Interviews were transcribed verbatim and integrated with field and observation notes. The data collection process will be discussed in greater detail in Chapter 3.

#### **c) Data analysis**

Audio-recorded in-depth individual interviews were transcribed and analysed thematically (Vaismoradi, Turunen & Bondas, 2013:409). The transcriptions were typed and sent to an independent coder and a consensus discussion was held to verify the findings of data collection. Atlas. Ti: qualitative data analysis and research software was used by the independent coder to categorise data with the assistance of a computer into themes, categories, and sub-categories. The findings of this study were verified through literature control in order to identify the differences and similarities from similar research previously conducted on the research topic.

### **1.11.2.2 Phase II: The development of implementation guidelines for the OSCA of student nurses**

In this phase, the research responds to the second objective of the study which is to develop implementation guidelines for the OSCA of student nurses. The data generated from Phase I during data analysis, together with the literature control and inductive and deductive reasoning, were applied to the development of implementation guidelines of the OSCA. A full description of the research design and method will be discussed in Chapter 3.

## **1.12 MEASURES OF TRUSTWORTHINESS**

Trustworthiness refers to the extent of trust and confidence readers have in the study's findings (Schmidt & Brown, 2014:405). According to Adamson and Prion (2013:e1), trustworthiness denotes the quality of inquiry. There are four traditional strategies to ensure trustworthiness in qualitative research, which include: truth value or credibility, transferability, dependability, and confirmability (Lincoln & Guba, 2013:203). The criteria to ensure trustworthiness will be discussed further in Chapter 3.

## **1.13 ETHICAL CONSIDERATIONS**

Ethics refer to the standards by which society lives and acts, and it is embedded within various principles (Boswell & Cannon, 2014:83). In research, ethics relates to the quality of research procedures, inclusive of their adherence to social, legal and professional obligations to research participants (Wiles, 2013:4; Munhall, 2012:50). According to Brink, Van der Walt and Van Rensburg (2012:34), there are three basic principles a researcher should keep in mind when conducting research, namely beneficence, respect for human dignity, and justice. In this study, I ensured that no harm was done to the participants and the institutions involved in the research by furnishing them with sufficient information regarding the study before informed consent to participate was obtained. The right to privacy, confidentiality, and anonymity was also assured. Furthermore, ethical approval to conduct the study was granted by the Research and Ethics Committee of the Department of Health Studies

at Unisa (Annexure A) as well as the ethics committee of the nursing college (Annexure B). This study involves human participants and it was therefore imperative that the following ethical principles were adhered to as advocated by the Belmont Report (Groves, et al. 2013:160).

### **1.13.1 Protecting the rights of participants**

Participants who volunteered to be involved in this study were exposed to situations for which they had not been prepared. Participants in this study were assured that their involvement in the study would not be used against them in any way. I aimed to ensure that the researcher-participant relationship did not create room for the participants to be exploited, coerced or manipulated. This was important, especially since I am an authority in the field being investigated, and am well known to some of the participants. The rights of the participants were protected in this study by obtaining informed consent, demonstrating respect for confidentiality and anonymity, protecting the right to withdraw from the study, showing respect for human dignity, maintaining privacy, and ensuring the principle of beneficence and justice.

### **1.13.2 Informed consent**

The right to self-determination is based on the ethical principle of respect for persons. Self-determination implies that participants are treated as autonomous agents who have free will to conduct their lives in the absence of external controls (Groves, et al. 2013:164). Autonomy is directly linked with giving informed consent.

Although a purposive sampling technique was used, all participants had to give informed voluntary consent (Annexure C). Participants were informed of their rights as indicated above, and provided with adequate information about the study, such as the aim of the research and data collection methods to make an informed decision either to voluntarily participate or decline participation. Written informed consent was obtained from each participant before the commencement of each interview. I refrained from applying any coercion techniques.

### **1.13.3 Maintaining privacy**

According to the World Medical Association (WMA) (2013:E2), every precaution must be taken to protect the privacy of the research subjects and the confidentiality of their personal information. Privacy is the freedom of an individual to determine the time, the extent, and general circumstances under which private information may be shared or withheld from others (Groves, et al. 2013:169). In this study, I ensured that privacy was maintained by conducting the interviews at a venue chosen by the participants in which they felt comfortable. A 'do not disturb' sign was placed on the door of the venue to prevent untoward exposure of participants and interruptions during the interviews.

### **1.13.4 Confidentiality**

Anonymity refers to keeping the participants nameless. According to Wiles (2013:7), the primary way the researcher seeks to protect participants from the accidental breaking of confidentiality is through the process of anonymity. In this study, the researcher assigned a code number to all participants and ensured that there were no names attached to the transcriptions. Also, the audio recordings, transcriptions, and field notes are stored in a safe, locked place and will only be accessible to the researcher to prevent unauthorised persons from gaining access to the data (Fain, 2013:10). Further measures taken to ensure the anonymity and confidentiality of participants included the code numbers allocated to each participant, for example NE1-2552015, to assist with data analysis. The identification of participants and the nursing college was not revealed in any reports or publications of this study. Only those who were actively involved in the process of data analysis had access to the data.

### **1.13.5 Respect for human dignity**

Respect for human dignity is the second ethical principle articulated by the Belmont Report (Groves, et al. 2013:160). The principle includes the right to self-determination and the right to full disclosure. Full disclosure includes reporting as much information as possible to participants without threatening the validity of the

study. This allows the participant to make an informed decision (Grove, et al. 2013: 164). Respect for human dignity was ensured by providing participants with an information sheet clearly stating the purpose, risks, and benefits of the study.

#### **1.13.6 Beneficence**

The ethical principle of beneficence is based on the participant's freedom of choice and protection from harm (Grove, et al. 2013:162). In keeping with this principle, the rights of nurse educators and student nurse participants were respected and they were protected from harm and discomfort, be it psychological, social or economic (Grove, et al. 2013:174). Additionally participants benefitted from this study as they were given an opportunity to detail their experiences of the OSCA in a non-threatening environment which contributed one of the objectives of the study.

#### **1.13.7 Fidelity**

Fidelity refers to the obligation to remain loyal to one's commitments (OALD, 2015:557). According to Parahoo (2014:103), this ethical principle is mainly concerned with building trust between the researcher and participants. I kept all commitments pertaining to the confidentiality and privacy of the participants.

#### **1.13.8 Veracity**

According to OALD (2015:1673), veracity is defined as the obligation to tell the truth and not to deceive others. The objectives and purpose of the study were truthfully explained to participants and their written informed consent was obtained. Veracity positively influenced this study as the researcher gave voice to the participants' experiences of the OSCA without altering the data. Veracity also allowed participants to freely share their experiences with the reassurance that their identity remained confidential. Participants were made aware that they had the right to withdraw from the study at any point without reprisal (Groves, et al. 2013:164).

### **1.13.9 Justice**

Justice involves being fair to participants by not giving preferential treatment to certain participants (Parahoo, 2014:103). The principle of justice incorporates the participants' rights to fair treatment and fair distribution of benefits and burden. In this study, the selection of participants was based on the research requirements and not on the vulnerability or compromised position of certain people. Furthermore, participants who declined to participate in the study were treated in a non-prejudicial manner (Grove, et al. 2013:173). In this study, participants were purposefully selected based on their experiences of the OSCA.

### **1.13.10 Protecting the rights of the research institution involved in the study**

In this study, the rights of the research institution were protected by obtaining ethical clearance from their research ethics committee (Annexure B). The name of the institution is not indicated in this study. Ethical clearance was also obtained from the University of South Africa (Number: HSHDC/371/2014) (Annexure A).

### **1.13.11 Enhancing the scientific integrity of the study**

The truthful practices accepted by the scientific community for proposing, conducting, and reporting research is referred to as scientific integrity (Grove, et al. 2013:188). Measures of trustworthiness enhance the scientific integrity of this research. Plagiarism was avoided by giving due credit to all sources and references utilised in this study (Ergy, Barbosa & Cabral, 2015: 328). The research findings and the presentation thereof was done without the fabrication and/or falsification of data obtained from the participants (Groves, et al. 2013:188).

## **1.14 SCOPE OF THE STUDY**

This study's focus was on exploring and describing nurse educators' and student nurses' experiences of the OSCA as an assessment method and developing guidelines for the OSCA of student nurses. The study was conducted in a private nursing college in Gauteng. Although the study was limited to one province in a

private nursing college, the OSCA as an assessment method may also be applied to other nursing colleges with similar circumstances.

## **1.15 STRUCTURE OF THE STUDY**

### **Chapter 1: Orientation to the study**

This chapter provides orientation to the study. Information regarding the research problem, the context of the study, the significance, and the scope of the study is described. Definitions of key concepts, the research design and method used, as well as the ethical considerations and measures of trustworthiness are briefly discussed.

### **Chapter 2: Literature review**

This chapter discusses additional literature on the phenomenon of interest with particular focus on nurse educators' and student nurses' experiences of the OSCA as an assessment method.

### **Chapter 3: Research design and method (Phase I)**

This chapter accounts for the research design and method, population and sampling, data collection methods, measures of trustworthiness, and ethical considerations that were applied to this study.

### **Chapter 4: Data analysis, presentation and interpretation of findings**

This chapter presents the deliberation of the data analysis procedures that were employed, the study findings and their contrast and correlation to the findings of the literature that was reviewed.

### **Chapter 5: Discussions of findings and literature control**

This chapter summarises the findings of the data and the literature control.

### **Chapter 6: Development of implementation guidelines for the OSCA of student nurses (Phase II)**

This chapter presents the implementation guidelines for the OSCA as an assessment method based on the findings of the previous chapters.

## **Chapter 7: Summary, conclusions, recommendations, and limitations**

This chapter provides an overview of the study, including the recommendations and limitations of the study.

### **1.16 SUMMARY**

Chapter 1 introduced the rationale of the study together with the definition of key concepts. A brief overview of the research design, research method, and research setting was then provided. A short description of the ethical principles and scope of the study was followed by the outline of the structure of the study. The next chapter will discuss the literature review.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

A literature review is defined as a written systematic analytic summary of research on the phenomenon of interest (Boswell & Cannon, 2014:148). The literature review conducted was focused on research based on nurse educators' and student nurses' experiences and/or perceptions of the OSCA. Reviewing relevant literature was important in the identification of research problems and the development and refinement of research questions. Additionally, it was necessary for planning the methodology of the present research study and the identification of suitable design and data collection methods (Sharma, Chandra & Chaturvedi, 2013:102).

#### **2.2 GUIDING FRAMEWORK FOR THE LITERATURE REVIEW**

The guiding framework of the literature review will now be described.

##### **2.2.1 Aim**

The purpose of the literature review was to explore and describe the experiences of nurse educators and student nurses in the use of the OSCA as an assessment method.

##### **2.2.2 Search methods**

A review of the literature was conducted through an initial search of the computerised databases of CINHALL, Pub med, Google and Google scholar, Medline with full text, and the Unisa online library. The original search identified 350 papers. The selected search criteria included English language articles written between 2011 and 2016 using the key words "OCSE", "OSCA", "nursing", "objective structured clinical evaluation" and "nursing education" which was included as it is a variation of the OSCA.

### **2.2.3 Inclusion criteria**

Inclusion criteria for the literature review comprised of only authentic research studies, primary data with full text, and studies involving the OSCE/OSCA in nursing students. All literature had to be published between 2011 and 2016.

### **2.2.4 Exclusion criteria**

The exclusion criteria for the literature review comprised of un-reviewed articles about the OSCE/OSCA, unpublished manuscripts, masters' and doctoral dissertations.

## **2.3 NURSE EDUCATORS' EXPERIENCES OF THE OSCA**

The literature pertaining to nurse educators' experiences and perceptions of the OSCA will be discussed under the following headings: nurse educators' positive experiences and perceptions of the OSCA, inter-rater reliability, checklists and the assessment of learning domains, examiner fatigue and stress, the OSCA environment, and feedback.

### **2.3.1 Nurse educators' positive experiences and perceptions of the OSCA**

There are few studies in the literature that meet the search criteria that focus primarily on nurse educators' experiences and perceptions of the OSCA as an assessment instrument. Bouchoucha, Wikander and Wilkin (2012:5) conducted a cross-sectional study using semi-structured and focus group interviews with sixteen nursing educators in Australia. Within this study, participants indicated both positive and negative perceptions of the OSCA. There were three main positive reasons for the adoption of the OSCA as a summative assessment method: it ensured uniformity between assessors and settings, it establish competency and a valid method of teaching, while increasing student confidence (Bouchoucha, et al. 2012:5).

Similarly, a cross-sectional study in Kuwait (Omu, 2016:355) utilised a survey method to investigate nurse educators' and student nurses' attitudes and

perceptions towards their OSCA experiences as a method of clinical competency nursing. According to Omu (2016:359), 90% (n=20) of faculty members indicated that the OSCA is an objective and fair assessment of all students.

These findings correlate with other literature that highlights the advantages of the OSCA as an assessment method. Advantages of the OSCA over the traditional evaluation method included: (a) uniform scenarios for all students; (b) opportunities to evaluate a broad range of skills; (c) elimination of prejudice in examining students as the process allows the students to go through the same scope and criteria of assessment; and (d) allowances are made for demonstrating and acquiring emergency skills, teaching audits, and feedback (Zayyan, 2011:220, Aronowitz, Aronowitz, Mardin-Small & Kim, 2016:3).

Overall, the OSCA is viewed by nurse educators as a flexible method of assessment designed to suit various curricula outcomes within various disciplines of health professions. It provides a 'hands-on' approach to the evaluation of clinical competence in situations where the 'real-world' may not always be feasible (Villegas, Cianelli, Fernandez, Henderson, Sierra, Alfonso & Jackson, 2016:250). The OSCA allows for student learning and reflection within a safe and non-threatening environment and has the ability to improve the quality of student performance in the clinical setting (Beckham, 2013:e459; Alsenany & Saif, 2012:597).

The current literature reports that the use of the OSCA was perceived and experienced favourably by nurse educators as a viable and effective method to assess clinical competence. This is largely due to various positive specifications, such as objectivity and fairness (Bouchoucha, et al. 2013:5; Beckham, 2013:e459; Alsenany & Saif, 2012:597; Zayyan, 2011:220; Aronowitz, et al. 2016:3; Hatamleh & Sabeeb, 2014:3; AdbAlla & Mohammed, 2016:401).

### **2.3.2 Inter-rater reliability, checklists, and the assessment of all learning domains**

Taxonomy is a classification that provides a way for nurse educators to evaluate learning outcomes via a classification. Initially, educational taxonomies were

developed primarily on the cognitive (thinking) aspects of learning, the affective (values), and the psychomotor (physical skills) (Keating, 2014:85). The ability of the OSCA to assess all three domains of learning with the use of checklists is debatable in the literature with particular regard to the affective domain of learning.

Establishing inter-rater reliability of a checklist in pediatric medication administration OSCA is evident in a study conducted by Cazzelle and Howe (2012:e223). The findings demonstrated that most checklist items relating to cognitive and psychomotor domains attained an acceptable inter-rater reliability in comparison to items in the affective domain such as communication, which obtained the lowest inter-rater reliability (Cazzelle & Howe, 2012:e223). Although the affective domain behaviours are fundamental to nursing, the study verified the difficulty in measuring these behaviours quantitatively (Cazzelle & Howe, 2012:e226). The above study's findings concur with literature in which nurse educators felt that using a tool to check off an aspect of competency did not provide enough data to predict performance and the attainment of the competency (Bouchoucha, et al. 2013:5).

Furthermore, Cazzelle and Howe (2012: e226) indicated factors that affect inter-rater reliability include leniency, lack of familiarisation with checklists or OSCA protocol, trivialisation of OSCA-related tasks, and cognitive bias towards students (Cazzelle & Howe, 2012:e226). Factors that affect inter-rater reliability and therefore validity of the examination were evident in a descriptive paper by nurse educators from the University of Zambia detailing their experience of the implementation of the OSCA on 104 final-year student nurses. Nurse educators elaborated from their experiences that the checklists utilised in the examination was not exhaustive. This introduced some bias and subjectivity into the OSCA as it prompted nurse educators to probe students for answers (Katowa-Mukwato, Mwape, Kabinga-Makukula, Mweemba & Maimbolwa, 2013:50).

Similarly, nurse educators at the University of Malawi identified in their descriptive paper that their checklists contained elements that did not relate directly to the procedure, such as hand washing. Scoring of the student on these elements resulted in students who would have failed, now passing the OSCA even though their

performance of the clinical skill was unsafe (Munxhondya, Msiska, Chilemba & Majamanda, 2014:711).

These findings are congruent with a review of clinical competency assessment in nursing conducted by Yanhau and Watson (2011:835). The authors reported that many studies found that the OSCA has lacked psychometric properties and its suitability in nursing education as an assessment method is questionable.

However, these studies are in stark contrast to Banosco, Tolotti, Pagnucci, Torre, Trimmins, Aleo and Sasso's (2016:55) research which demonstrated that in their OSCA with 421 first-year students, nurse educators were able to assess the communication skills of student nurses objectively based on the performance demonstrated by the students over a range of clinical skills with standardised patients. These findings were also confirmed by Hatamleh and Sabeeb (2014:23). Baid (2011:103) asserts that having scenarios to analyse, and the potential complications thereof, allows the OSCA to assess psychomotor, cognitive and affective learning domains. This supports the idea that OSCAs can be used for more than just procedural skills tasks but can also assess aspects such as professionalism, quality improvement, and documentation.

It is, therefore, imperative that nurse educators ensure the OSCA rubric must be able to measure components from all three domains of learning – cognitive, psychomotor, and affective – in order to reflect the 'holism' of nursing practice.

### **2.3.3 Examiner fatigue and stress**

Clarke, et al. (2011:94) state that examiner fatigue during the OSCA is a result of the high volumes of student nurses who rotate through each OSCA station, as well as the focus required by nurse educators in watching the repetition of a skill throughout the duration of the examination. The majority of nurse educators within the literature indicated that they experienced the OSCA as monotonous, stressful and traumatic when dealing with large student numbers (Katowa-Mukwato, et al. 2013:51; Bouchoucha, et al. 2012:5). These studies are supported by research done in physical therapy to determine the effect that time, method of scoring, self-perceived

fatigue, and the ability to concentrate had on scoring students during the OSCA. The results revealed that over time examiner fatigue increased, concentration decreased, and examiners gave students lower scores on the OSCA. Additionally, fatigue was experienced more in examiners who used a pen and paper score sheet than those who used an electronic score sheet (Swift, Spake & Kohia, 2016:62-69). This provides sufficient evidence that examiner fatigue may affect inter-rater reliability and therefore compromise the legitimacy of the assessment. However, changing examiners for a particular station may result in compromising the objectivity of the OSCA of the assessment, which may disadvantage students (Katowa-Mukwato, et al. 2013:51).

In contrast, a descriptive cross-sectional study done at the University of Saudi Arabia to determine nursing faculty members' perceptions of the first OSCA to evaluate clinical competencies revealed that 70% of nurse educators indicated that they could remain focused while assessing the same skill (Hatamleh & Sabeeb, 2014:24). However, the study did not specify the number of student nurses that were assessed. Thus, a correlation could not be established within this study between the number of students assessed and examiner fatigue.

Therefore, there are conflicting views in the literature regarding assessor fatigue. Some studies indicated that assessor fatigue was not experienced with this form of assessment and assessors remained focused and objective (Hatamleh & Sabeeb, 2014:24). Yet, in other studies nurse educators did experience assessor fatigue as a direct result of the large volumes of students that needed to be examined using the OSCA (Munkhondya, et al. 2014:709).

#### **2.3.4 The OSCA environment**

The OSCA simulated environment may comprise of long or short case scenarios incorporating mannequins, or standardised patients to form a circuit of stations. Students rotate around a circuit to complete tasks within specific timeframes and are scored against standardised rubrics by trained assessors (Khan, et al. 2013:e1440).

An article describing the lessons learned from conducting the OSCA at the University of Malawi of undergraduate nurses details the issues that nurse educators experience with the simulated environment. Nurse educators noted that due to the artificial nature of the OSCA the nurse-patient interaction was hindered as students were confused as to whom to communicate with during the procedure (Munkhondya, et al. 2014:708). According to Omu (2016:358), nurse educators suggested more interactive mannequins, indicating similar findings.

Further challenges were expressed in a study conducted at University of Brighton School of Nursing and Midwifery. Baid (2011:103) reflected on the experience of introducing an OSCA and noted that it became evident that students were unable to articulate their thoughts within a short period under assessment conditions. The OSCA could then be viewed as limiting for students who lacked communication skills, as well as for those who are unable to overcome their nervousness and anxiety under examination conditions.

### **2.3.5 Preparation and associated costs of the OSCA**

Preparation for the OSCA will include considerations to the environment, resources, the curriculum, and the learning objectives to be achieved (Humphreys, 2013:365). Among other things, McWilliam and Botwinski (2012:38-39) analysed interviews with faculty members to determine how written case scenarios used for formative OSCA workstations measured students' clinical competencies, as well as how the case scenarios were developed, evaluated, and used in the study. Utilising researcher developed questionnaires, the researchers concluded that a department should determine the feasibility of the OSCA for their programme as the faculty members need adequate time to develop case scenarios, update them, and recruit and conduct the standardised patients' training. The researchers further stated the importance of making provisions to monitor and collect data and arrange for an optimal setting for the OSCA session. McWilliam and Botwinski (2012:38-39) cautioned that without time for these extremely important activities, the intention for a viable and objective assessment might be hampered. The widespread use, adaption, and utilisation of the OSCA in nursing education is hampered by its related high cost in terms of human and material resources (Alsenany & Saif, 2012:597). For

successful implementation, the OSCA requires the appropriate number of examiners and an appropriate simulation venue (Baid, 2011:102). The OSCA needs considerable planning and organisation, from choosing skills to using an expert panel of nurse educators to standardise the examination (Clarke, et al. 2010:94; Baid, 2011:100). Additional costs involved with this type of assessment also include paying the standardised patients used in the interactive stations (Kotowa-Mukwato, et al. 2013:51).

## **2.4 STUDENT NURSES' EXPERIENCES OF THE OSCA**

The literature review now focuses on student nurses' experiences of the OSCA.

### **2.4.1 Student nurses' experiences of the OSCA environment**

The literature review suggested that student nurses expressed dissatisfaction regarding the artificial nature of the OSCA environment. A qualitative study conducted with midwifery students revealed that some of the students felt that simulation could not replace real life situations in the actual clinical setting, especially in relation to the assessment of the cognitive and affective domain of learning. Fidment (2012:7) found that students talked about the negative issues regarding the realism of the simulated scenario. Students felt uncomfortable in the simulated environment and were unable to genuinely connect to the mannequin, which created a "reality barrier during the OSCA" (Fidment, 2012:8).

Clarke, et al. (2012:692) reported that some students felt simulators cannot replace clinical practice in relation to communication and interpersonal skills. Incidentally, similar views were echoed by a focus group undertaking OSCAs on obstetric emergencies, with students expressing challenges when relating to the mannequins (Barry, Noonan, Bardshaw & Murphy-Tighe, 2011:693).

### **2.4.2 Student nurses' evaluation of the OSCA attributes**

Student nurses evaluated the OSCA as a fair assessment. The OSCA minimised their chances of failing and covered a wide range of knowledge and clinical skills.

Student nurses also provided positive feedback regarding the quality and organisation of the OSCA. Most student nurses within the literature felt that the OSCA stations were well structured and sequenced. The OSCA was also perceived as fair, consistent, and reduced assessor bias. The tasks students were asked to perform were reasonable and reflected what had been taught. In contrast to previous literature, student nurses in the studies of AbdAll and Mohammed (2016:400), Al-Zeftwy and Khaton (2016:71), and Eswi, Badaway and Shaliabe (2013:150) indicated they were fully aware of the nature of the exam, instructions were clear, unambiguous, and the setting and context felt realistic

### **2.4.3 Student nurses' experiences of stress and anxiety**

A key theme that was apparent in most of the research findings was student stress and anxiety regarding the OSCA as a summative or formative assessment. Test anxiety is the unpleasant experience of emotionality under circumstances where the person feels they are being evaluated. This anxiety affects 10% to 30% of all students, and it disturbs their performance (Faramarzi, Pasha, Bakhtiari, Salmalian, Delavar, Amiri & Nikpour, 2013:2205). Irrespective of the health care discipline (i.e. childcare nursing, oncology, and midwifery) or the OSCA topic, this form of examination associated nervousness, stress, and anxiety, is consistently reported within the literature (Fidment, 2012:4).

Thus, the OSCA was perceived as a stressful and intimidating experience for first-year student nurses. This perception was attributed to the fact that it was their first exposure to this type of assessment (AdbAll & Mohammed, 2016:401). Irrespective of the stress, anxiety and nervousness evoked by the OSCA, student nurses still found it less stressful than traditional forms of assessment (Al-Zeftawy & Khaton, 2016:71; Eswi, et al. 2013:150).

### **2.4.4 Student nurses' experiences of the learning benefits of the OSCA**

The literature indicated that despite the perceived stressful nature of the OSCA, student nurses across various nursing disciplines perceived the OSCA as providing them with learning opportunities (Afaf & Khalid, 2016:400; Eswi, et al. 2013:150) and

teaching them communication skills (Villegas, et al. 2016:249). Furthermore, student nurses felt that the OSCA reinforced previously acquired knowledge and clinical skills, which can be used in the clinical setting (Villegas, et al. 2016:249). The OSCA was also viewed as a tool for individual learning that is based on self-study, which is an essential component of professional development (Ha, 2015:15). The learning benefits of the OSCA were reported as increasing student nurses' confidence in executing tasks in the clinical environment. This is supported by Small, Pretorius, Walters, Ackerman and Tshifgula (2013:6). It emerged from their study that student nurses responded that they were confident in their ability to perform at a level of proficiency in the clinical setting. Similar views were also expressed by Barry, et al. (2011:65). Additional studies that confirm that the OSCAs improved student confidence include Clarke, et al. (2012:690) and Houghton, Casey, Shaw and Murphy (2012:e33).

#### **2.4.5 Student nurses' experience of preparing for the OSCA**

A qualitative study on nursing midwives revealed that students found the preparation for the OSCA examination worthwhile (Clarke, et al. 2012:691). However, these students' preparation included theory and workshops, individual preparation, and group work.

Small, et al. (2013:5) indicate that only 65% of students felt they received adequate information from nurse educators in preparation for the OSCA, with first-year student nurses being more positive than third-year student nurses. Fidment (2012:5) suggests that even though a thorough preparation takes place prior to the OSCA, educators still need to be wary that students might not feel that they have been adequately prepared.

#### **2.4.6 Feedback**

The feedback student nurses receive post assessment is essential to ensure further learning. It is therefore important that feedback is comprehensive to provide a high standard of education. In the studies that were reviewed, it is important to note that

student nurses felt that feedback was either lacking or that they did not receive any feedback at all.

Alsenany and Al Saif (2012:601) and Small, et al. (2013:6) reported that 78% of the senior student nurses were of the opinion that feedback had not been provided. Also, 31% of first-year student nurses indicated that they had received feedback in comparison with only 3% of the third-year student nurses. Additional studies that reported on students experiencing a lack of receiving feedback include Barry, et al. (2011:693).

## **2.5 CONCLUSION**

Despite enormous interest in the OSCA, attempts to examine factors that affect students' clinical performances were still limited (Oranye, Ahmed, Ahmed & Bakar, 2012:235). Data collected on students' perceptions of OSCA yields vital information that may be helpful for the driving force supporting change with regard to the examination of student nurses in practice (Alsenany & Al Saif, 2012:601). The availability of information on this topic within the context of a private nursing college is limited, and so the question is broached 'what are nurse educators' and student nurses' experiences of the OSCA as an assessment method in a private nursing college?'

## **CHAPTER 3**

### **RESEARCH DESIGN AND METHOD (PHASE I)**

#### **3.1 INTRODUCTION**

This chapter provides a detailed description of the research design and methods, including the data collection, population and sampling measures to ensure trustworthiness and ethical considerations.

#### **3.2 RESEARCH DESIGN**

A research design is a type of inquiry that provides a particular direction for the procedures of the study (Creswell, 2012:12). It is the overall plan for obtaining answers to the research questions and for handling challenges that can undermine the research evidence (Polit & Beck, 2013:51). This study was guided by the research question: "What are nurse educators' and student nurses' experiences of the OSCA as an assessment method?" A qualitative, exploratory, descriptive, and contextual research design was used to answer this question. This type of research design was selected in order to understand the human experience of the OSCA (Groves, et al. 2013:23).

##### **3.2.1 Qualitative**

According to Groves, et al. (2013:23), a qualitative research design is a systematic, interactive, subjective, realistic approach used to describe life experiences by generating knowledge through discovery and give them meaning (Groves, et al. 2013:25). Qualitative researchers ascribe to a view of science that values the uniqueness of the individual and the holistic approach to understanding human experiences (Grove, et al. 2013:57). In this study, I was interested in nurse educators' and student nurses' experiences of the OSCA, to provide an in-depth understanding of the research problem by embracing the perspectives of the participants (Hennink, Hutter & Bailey, 2011:8; Parahoo, 2014:165).

### **3.2.1.1 Advantages of qualitative designs**

According to Hennink, et al. (2011:10), qualitative research designs assist researchers to investigate behaviours, beliefs and emotions from the perspective of the study participants by providing a more detailed understanding of the phenomenon of interest through the meaning that people give to their experiences (Hennink, et al. 2011:10; Houser, 2014:78).

### **3.2.1.2 Disadvantages of qualitative research designs**

Taylor and Green (2013:207) asserts that the disadvantage of research designs is that they are viewed as subjective with limited transferability and it is therefore difficult generalising to the larger population. A further disadvantage of qualitative research designs is that it generates abundant data, making this design labour intensive with challenges associated with data management (Taylor & Green, 2013:207).

## **3.2.2 Exploratory**

The goal of exploratory studies is to identify a specific lack of knowledge by seeking the viewpoints of people most affected (Groves, et al. 2013:67). Researchers use an exploratory design to discover new meaning and new understanding with participants (Hesse-Biber & Leavy, 2010:10). The rationale for using an exploratory design is based on the assumption that the researcher can only understand the perceptions and behaviours from the participants' own words (Parahoo, 2014:56). The exploratory nature of the study enabled me to gain insights into the nurse educators' and student nurses' experiences of the OSCA as an assessment method at the private nursing college.

## **3.2.3 Descriptive**

Descriptive research is a type of non-experimental study designed to provide a knowledge base about a phenomenon that is insufficiently researched (Fain,

2013:18). Descriptive designs are crucial for acquiring knowledge in areas where there is insufficient research in a particular phenomenon (Grove, et al. 2013:216).

Boswell and Cannon (2014:444) state that descriptive research provides a truthful depiction of the distinctiveness of persons, situations, and/or groups through accurate representation and seeks to describe the aspect of social reality under investigation (Hesse-Biber & Leavy, 2010:10). In this study, nurse educators' and student nurses' experiences were described and based on these descriptions I was able to integrate the findings with the relevant literature and develop implementation guidelines for the OSCA as an assessment method.

#### **3.2.4 Contextual**

Context refers to the setting for the observed phenomenon and consists of various circumstances and factors (Vogt, Gardner & Haeffele, 2012:72). Contextualisation means that the study seeks to provide an understanding based on the experiences of participants in a particular social setting (Crosby, Diclemente & Salzar, 2011:162). The findings of this study were contextualised within the parameters of a private nursing college in Gauteng in which the OSCA is the summative method of assessment for first-year student nurses.

### **3.3 RESEARCH SETTING**

A research setting is defined as “the physical location and conditions in which data collection takes place in the study” (Polit & Beck, 2013:423). In this study, the research setting was a private nursing college situated in Gauteng South West region, which provides nursing training and education for various nursing programmes. Basic and post basic courses are offered at a Diploma level by the nursing college. The nursing college does have affiliation to a University and is striving to obtain accreditation with the Council of Higher education to provide Degree programmes.

There are biannual intakes at the nursing college for the course leading to registration as an enrolled nurse with the SANC, January and June. At the time of

the study, there were approximately 200 first-year nursing students registered for this nursing programme. Student nurses attend college for theoretical instruction and are placed at various private hospitals for experiential learning. Ten nurse educators at the college provide theoretical instruction, which include subjects such as social science, ethos and professional practice and anatomy and physiology. Hospital-based nurse educators oversee their clinical learning through continuous formative assessment and clinical accompaniment.

The OSCA is the chosen method of assessment for first-year student nurses' summative examination. The OSCA is based on the course objectives and curriculum. The final summative assessments using the OSCA are held bi-annually; one for each intake of student nurses. The OSCA usually consists of four skills stations, one written station and one resting station of ten minutes each, running simultaneously in two venues. Two nurse educators, with one nurse educator at the written station, staff each station. The nurse educators score student nurses against a pre-determined checklist, with the scoring differing from station to station depending on the skill assessed with its related elements and components. One moderator is assigned per simulation laboratory to oversee the examination process. At the end of the session, student nurses complete an evaluation questionnaire of the OSCA.

### **3.4 RESEARCH METHOD**

A research methodology refers to the process of conducting the study (Grove, et al. 2013:707). In other words, the research method is the way in which the research is planned, structured and executed to comply with science (Parahoo, 2014:165). This study was conducted in two phases and to maintain a clear distinction the phases will be discussed separately.

#### **3.4.1 Phase I: Exploration and description of the experiences of nurse educators and student nurses of the OSCA as an assessment method**

In this phase, the research responded to the first objective of the study. The research focused on exploring and describing nurse educators' and student nurses'

experiences of the OSCA as an assessment method. This phase included a discussion on the research design, methods and data analysis.

#### **3.4.1.1 Population and sampling**

A population is defined as all elements (individuals, objects, events or substances) that meet the sampling criteria and is sometimes referred to as a target population (Grove, et al. 2013:703). In this study, the target population comprised of nurse educators and student nurses at a private nursing college. A sample represents a subset of a larger set, selected by the researcher to participate in a study (Brink, et al. 2012:217). Sampling is defined as the selection of groups of people, events, behaviours, or other elements with which to conduct a study (Gove, et al. 2013:708). In this study, the sample that represented the study population comprised of ten nurse educators and ten student nurses from the private nursing college. The sampling technique and sampling criteria will be discussed below.

#### **3.4.1.2 Sampling technique**

The sampling technique chosen for this research was purposive sampling. Purposive sampling allowed for the conscious selection of participants that will best contribute the information necessary for this study, also referred to as information-rich participants (Grove, et al. 2013:365). The purposive sampling technique assisted the researcher to include only those participants who met the sampling criteria and were able to provide the necessary information within the context of the study.

#### **3.4.1.3 Sampling criteria**

Groves, et al. (2013:352) define sampling criteria as a list of characteristics essential for the target population. To be eligible to participate in the study nurse educators needed to be registered with the SANC as a nurse educator, or be in their final year of study towards the additional qualification in nursing education in terms of regulation R118. Only nurse educators with a minimum of two years' experience as assessors in the summative OSCA at the private nursing college were included in the study.

The inclusion criteria for student nurses to participate in the study were that participants had to be registered with the nursing college as first-year student nurses undergoing training and education in terms of R2176. All student nurses had to have undergone final summative assessment by means of the OSCA. Most importantly, both sets of participants were required to be willing to participate in the study voluntarily.

#### **3.4.1.4 Sample size**

The sample size in this qualitative study was guided by data saturation as the interviews continued until no new information emerged, only redundancy of previously collected data (Gove, et al. 2013:371). If the sample size is too small, data collected may lack adequate depth and richness (Grove, et al. 2013:371).

Qualitative research does not focus on the size of the sample but on the richness of information provided by the participants (Munhall, 2012:544). In this study, the ten nurse educators and ten student nurses who met the sampling criteria provided the necessary information to meet the research objectives as data saturation was achieved. There are a number of factors to be considered in determining the sample size, such as the scope and nature of the study, the quality of the data, and the study design (Groves, et al. 2013:371; Munhall, 2012:544). Schmidt and Brown (2011:261) assert that if the study has a clear focus, a large sample size is not required. In this study, the research focus was clear and therefore data saturation was reached with the small sample size. Furthermore, the participants in this study were key informants and provided rich and credible data as they were able to reflect on their experiences of the OSCA.

#### **3.4.2 Data collection**

Data collection is a precise, systematic gathering of information relevant to the research purpose or the specific objectives and questions of the study (Grove, et al. 2013:691). The purpose of qualitative data collection is to gather rich, descriptive details that will enable the researcher to provide a description and or interpretation of the phenomenon in question once analysed (Taylor & Green, 2013:142-143, Cottrell

& McKenzie, 2011:4). The data collection method will be described under the following headings: in-depth interviews, setting of interviews and communication techniques used during the interviews, field notes, and anticipated problems during data collection.

### **3.4.2.1 Data collection method**

According to Grove, et al. (2013:691), data collection is a precise, systematic gathering of information relevant to the research purpose or the specific objectives and questions of the study. In this study, data were collected by means of in-depth individual interviews, field notes, observational notes, and personal notes.

#### **a) In-depth interviews**

Interviews are interactions between participants and the researcher that produce data in words. In-depth interviews are a powerful method for generating descriptions and interpretations of a person's social world (Ritchie, Lewis, Mcnaughton-Nicholls & Ormston, 2013:178). According to Siedman (2015:9), the purpose of in-depth interviewing is an interest in understanding the lived experiences of people and the meaning they ascribe to their experience.

There are, however, certain limitations concerning this form of data collection. It is difficult to make systematic comparisons across participants in establishing reliability with a likelihood of interviewer bias. This difficulty was addressed by following the steps of the data analysis process to allow for comparison across participants. Further limitations of conducting interviews are that the interviewer may lead or misinterpret a participant's response and participants may feel intimidated (Williamson & Whittaker, 2011:65). During interviews, participants were not interrupted while they spoke, and the duration of one hour allowed sufficient time for participants to express themselves. Ambiguous statements made by participants were clarified with them during the interview and insufficient information was probed to prevent misinterpretation of the data.

The primary advantage of in-depth interviews is that it allows the participant to express his/her perceptions freely. In-depth interviews place control of the interview with the research participant, allowing the participant to tell his/her personal story concerning the phenomenon without interference from the interviewer (Roller & Lavrakas, 2015:53). Additional strengths of interviews include that it enables the interviewer to access people's attitudes and feelings through probing for more detailed responses, gaining richer and more in-depth data (Williamson & Whittaker, 2011:65).

## **b) Recruitment of participants**

Recruitment of participants commenced in April 2015 after ethical clearance was obtained from the institution (Annexure A and B). Nurse educators who met the sampling criteria were invited to participate in the study telephonically. I contacted the identified potential participants telephonically to enquire if they would be interested in taking part in the study. Thirteen nurse educators were initially contacted to participate in the study and three participants declined to participate. The reasons offered for not participating was that they were too busy or simply did not demonstrate an interest in the study.

To recruit student nurses to participate in the study, I visited a classroom of student nurses who had completed the OSCA in November 2014. The class comprised of thirteen students nurses; six participants agreed to participate in the study. The invitation to participate in the study was then extended to a second group of students who had completed the OSCA in January 2015. Of this group of twenty student nurses, four more participants volunteered to participate in the study. This resulted in a sample of ten student nurses who represented this population. The reasons provided by student nurses for declining to participate were that they were unsure if they actually wanted to participate and some did not want to be audio-recorded.

All participants had experience of the OSCA, either as a nurse educator or as a student nurse. Participants agreed voluntarily to participate in the absence of coercion. They received information about the research topic, objectives, risks, benefits, and the data collection procedures. An information sheet attached to a

consent form was given to participants and they all signed the informed consent and were told of their right to withdraw from the study at any point without any reprisal. A total of 533 interview minutes were recorded, which culminated in 204 transcribed pages.

### **3.4.2.2 The interview process**

The interview process that was followed will be described below and includes the pre-interview arrangements, conducting the interview, communication techniques used during the interview, and the anticipated problems that could occur during the interview.

#### **a) Pre-interview arrangements**

In preparation for the interviews the pertinent literature was reviewed, and consent forms, the interview guide, a journal for field notes and a digital audio recorder were prepared. At this stage of data collection, ethical approval was granted and the relevant authorities allowed access and entry into the research setting. The dates, times and venues for the interviews were arranged and communicated well in advance to participants, allowing them sufficient time to prepare for the interview. Prior to all interviews, the researcher arrived well in advance to ensure that the physical environment was conducive for the interview in terms of privacy, seating arrangements, and silence. To guarantee that the interview was successfully managed, the steps discussed in the following section were used.

#### **b) Conducting the interview**

In this study, in-depth interviews were conducted consisting of one grand tour:

“Tell me about your experiences of the OSCA as an assessment method.”

The role of the researcher in interviewing will be discussed below, including the communication techniques used, and the anticipated problems that could occur during interviews.

### **c) Communication techniques used during the interview**

In qualitative studies, the researcher is the primary instrument in qualitative inquiry and involve themselves in every aspect of their work (Litchman, 2012:13). According to Merriam and Tisdell (2015:16), the researcher is intensely involved in the data collection phase. The quality of the interview is unique and weighs heavily on the interaction between the researcher and participant (Mligo, 2013:133). King and Harrocks (2010:48) contend that the key to successful qualitative interviewing is the development of rapport between the researcher and the participant. Building rapport is essentially about trust. The presence of rapport suggests a relationship of reciprocity and mutuality (Jones, Torres & Arminio, 2013:120). In this study, I endeavoured to maintain an attitude and demeanour of respect and genuine interest in what the participants' views and experiences were (Gerrish & Lathlean, 2013:353). Communication techniques that were used during the interviews will be discussed below.

- **Probing**

Probing allows the researcher to get to the core of the reality about the phenomenon under study. Probes are responsive questions asked to find out more about what has been raised. Their aim is always to obtain greater clarity, detail, or elicit further meaning or description (Ritchie, et al. 2013:209). Probes should be neutral to avoid biasing the participants' responses. Specific probing techniques used within this study included open-ended questions which are designed to put the onus on the participant to supply the content of the answer and require more than single worded answers (Ritchie, et al. 2013:209).

Probing questions and open-ended questions were added while the interview was in progress to elicit information that is more detailed and were determined by the flow of the conversation. Examples of probing questions utilised were:

“If you say that the OSCA is an ineffective method of assessment, what have you experienced or observed to make you say that?”

“You say that the OSCA is a fragmented method of assessment, what do you mean?”

Clarification probes ask for more information or meaning, sometimes by asking the participant to clarify something that was said earlier to elicit detail (Trochim, Donnelly & Arora, 2015:198). An example of a clarification probe could be “Earlier you mentioned you were nervous. Could you tell me more about that?”

Trochim, et al. (2015:198) state that an effective way to encourage someone to elaborate is to pause and wait, also known as the silent probe. It suggests to the participant that the interviewer is listening and waiting for what they will say next.

- **Overt encouragement**

This type of probe should be used with caution. If incorrectly used, it could imply approval or disapproval of what the participant has just said. Examples of overt encouragement could involve simple phrases such as “uh-huh” and “okay” after the participant has completed a thought (Trochim, et al. 2015:198).

- **Elaboration**

With this probe the participants are encouraged to provide more information by asking them to elaborate on a particular issue. The participants were asked, “Is there anything that you would like to add?” (Trochim, et al. 2015:198).

### **3.4.2.3 Anticipated problems during interviews**

In this section, the anticipated issues, which could have occurred during the data collection, are addressed.

#### **a) Environmental factors**

According to Polit and Beck (2013:202), environmental factors such as lighting, room temperature, noise, and interruptions during the interview may affect adversely on the study participants’ responses. Within this study, situational contaminants were

removed by ensuring that the room was well ventilated, kept at a temperature that the participant was comfortable with, and was well ventilated. A 'do not disturb' sign well placed on the door to prevent interruptions during the interview.

**b) Researcher bias**

I, as the researcher, was the primary conductor of the study in the participants' natural setting. Bracketing and intuiting were practiced to curb researcher bias and ensure objectivity. The use of appropriate interviewing techniques limited the researcher in leading the participant during the interview. In addition, an external co-coder was used to limit biased interpretations.

**c) Transient personal factors**

Transient personal factors within this study refer to the temporary states of participants such as fatigue and anxiety, hunger or mood. These temporary states could influence the participants' motivation to participate or their ability to co-operate and act naturally. To limit transient personal factors, the interviews were conducted at a date, time and place that best suited the participant. Before the commencement of the interview, it was confirmed with the participant that they were ready to participate and their comfort level was assessed prior to proceeding. Participants were monitored for signs of fatigue or anxiety throughout the interview. If any stress or fatigue were noted the interview was discontinued immediately.

**3.4.2.4 The process of recording interviews**

All interviews were audio-recorded with the permission of participants. The digital recorder was pre-tested to ensure that it was in good working condition, with standby batteries. To guarantee high-quality audio recordings, the digital recorder was strategically placed between the participant and the researcher. On completion of each interview, the audio recording was downloaded onto a computer, and each recording was given a file name to correspond with the code name assigned to the participant. The audio-recordings were later transcribed and used for data analysis.

### **3.4.2.5 Field notes**

Field notes provide detailed descriptions of context, environment and non-verbal communications observed during the data collection. These field notes were added into the transcriptions to enrich the data (Houser, 2014:425). I used field notes as a written account of what was seen, heard, experienced, and thought about during the interview. Field notes comprise of observational notes and personal notes. Observational notes included descriptions of the physical setting, time, and place, and accounted for particular events that happened during the in-depth interviews (Willig, 2013:32). I made personal notes to document emotions, personal reflections, and experiences during the data collection process (Munhall, 2012:309). The personal notes totaled twenty A4 typed pages.

Before the commencement of each interview, the participant was made aware that notes would be taken during the interview. However, the note taking was discrete to avoid distracting the participant during the interview and the loss of eye contact between the researcher and the participant was minimal.

### **3.4.2.6 Direct observation**

Direct observations are observations that are made in an attempt to obtain a comprehensive picture of the situation (Ary, Jacobs, Sorensen & Walker, 2013:233). Observations made during the interviews included observing the participants' body language, facial expressions and other non-verbal behaviours like nodding of the head and eye contact. Direct observation also included an objective description of the research settings, events, interactions, the behaviour of the participant during the interview and how they responded to the interview in both verbal and non-verbal prompts. However, these notes were written after the interview session was completed.

### **3.4.3 Data analysis**

According to Grove, et al. (2013:46), data analysis is a method to reduce, organise, and give meaning to the data. In this study, thematic analysis followed six phases

according to Clarke and Braun (2013:121). Familiarisation with the data forms the first phase of data analysis. After the verbatim transcription of audio-recorded in-depth interviews, I became immersed in the data. To become intimately familiar with the data, transcripts were read and re-read and any analytical observations were noted (Glasper & Rees, 2016:101; Campbell, Brian & McGlade, 2016:68; Gbrich, 2012:61).

The second phase of thematic analysis was coding. Keywords or concepts were then assigned to codes. Thereafter, selected codes from the transcripts were listed and collapsed into merging codes, and redundant codes were deleted. The remaining codes were then sorted by grouping similar codes into categories and these categories were later formed into themes (Jason & Genwick, 2016:34).

This was followed by the third phase of thematic analysis: searching for themes. A theme is a coherent and meaningful pattern in the data relevant to the research question (Clarke & Braun, 2013:121). I ended this phase by collating all the coded data pertaining to each theme.

In the fourth stage of thematic analysis, themes were reviewed and refined. Once a set of potential themes were identified, they were reviewed and refined as some themes may not be relevant to the research question (Jason & Glenwick, 2016:34). The nature of each individual theme was defined, as well as the relationship between each theme.

The fifth phase of thematic analysis involved reviewing the themes. In this phase, I reflected on whether each theme worked in relation to both the coded data and the full data set. The nature of each theme and the relationship between themes were defined. A central idea for each theme was identified and provided with a name that concisely captured the themes (Jason & Glenwick, 2016:34). A clean set of data were presented to an external co-coder who was experienced in qualitative data analysis for independent analysis, whereafter a consensus discussion was held to reach consensus over the main themes and categories.

#### **3.4.4 Phase II: The development of implementation guidelines for the OSCA of student nurses**

In this phase, the research responded to the second objective of the study which was to develop implementation guidelines for the OSCA of student nurses. The data generated from Phase I during data analysis, together with the literature control and inductive and deductive reasoning, was applied to the development of implementation guidelines of the OSCA.

### **3.5 MEASURES OF TRUSTWORTHINESS**

In qualitative research, rigor can be defined as the criteria for trustworthiness of data collection, analysis and interpretation (Adamson & Prion, 2013:e1). Trustworthiness refers to the quality, authenticity, and truthfulness of findings in qualitative research. It relates to the degree of trust and confidence readers have in the findings (Schmidt & Brown, 2014:405). According to Lincoln and Guba (2013:203), trustworthiness refers to the quality of inquiry. There are four classic strategies to ensure trustworthiness in qualitative research, which include: truth value or credibility, transferability, dependability, and conformability (Lincoln & Guba, 2013:203).

#### **3.5.1 Credibility**

Credibility in qualitative data is measures of trustworthiness focused on ensuring that results represent the underlying meaning and truthfulness of the data and the subsequent interpretation (Lincoln & Guba, 2013:201; Adamson & Prion, 2013:e1; Hays & Singh, 2011:207). Credibility also refers to establishing confidence in the research findings and interpretation of the data drawn from participants' original data (Lincoln & Guba, 2013:104). Credibility of this study was ensured through prolonged engagement, persistent observation, triangulation, and member checking, which will be discussed below.

### **3.5.1.1 Prolonged engagement**

Prolonged engagement as a strategy for improving the trustworthiness of qualitative research attempts to reduce the impact of reactivity and respondent bias (Rubin & Herbert, 2012:373). It refers to sufficient time in data collection and analysis activities to provide a rich description and interpretations of the views and experiences of the participants (Riazi, 2016:68, De Chasney, 2015:15). In this study, prolonged engagement was achieved by developing rapport with the participants prior to commencing the interview and spending sufficient time with participants during in-depth interviews. Participants were allowed to share their experiences in a comfortable environment without any interruptions. Prolonged engagement was further achieved through the evidence of a total of 533 audio recorded interview minutes, which were later transcribed by myself. Transcription of the interviews took approximately 84 hours. Interviews were conducted until data saturation occurred, which demonstrated that the researcher had spent sufficient time on data collection. I immersed myself in the transcripts and audio-recordings from the point of data collection until the final report.

### **3.5.1.2 Persistent observation**

Persistent observation is a result of prolonged engagement and adds depth by identifying those characteristics and elements that are most relevant to the issue under study (De Chasney, 2015:15). Depth in data collection was achieved by engaging in several data collection methods, namely in-depth interviews, direct observation, and field notes (Hays & Singh, 2011:137).

### **3.5.1.3 Triangulation**

According to Riazi (2016:68), triangulation refers to the converging of findings from multiple data sources. In this study, triangulation was achieved through the collection of data via in-depth interviews, direct observation, and field notes.

#### **3.5.1.4 Member checks**

This is a technique whereby the data interpretations and conclusions are clarified with the research participants (Lincoln & Guba, 2013:108). In this study, member checks were done throughout the interview process by summarising, repeating, and paraphrasing participants' words. I then asked the participants if the interpretation of their experiences was a true reflection of their words. The main reason for member checking during interviews was to obtain feedback from participants regarding the researcher's interpretation of the data, which was obtained from them as individuals (Halloway & Wheeler, 2013:305).

#### **3.5.2 Transferability**

Transferability is the extent to which the findings of the research may be transferred or applied beyond the context of the study (Lincoln & Guba, 2013:103; Boswell & Cannon, 2014:237). To ensure transferability in the current study, the sampling method and thick descriptions will be discussed below.

##### **3.5.2.1 Sampling method**

In this study, purposive sampling allowed for the selection of information-rich participants who were knowledgeable and had first-hand experience of the OSCA as an assessment method, thereby aiding in transferability (Markula & Silk, 2011:93). Furthermore, the description of the demographic information of nurse educators and student nurses may allow transferability to other study settings.

##### **3.5.2.2 Thick description**

Thick description is a detailed account of the research process, context, participants, and the outcome, which includes an audit trail (Hays & Singh, 2011:432). In this study, in-depth descriptions of the research purpose and objectives, research design and method, and the outcome of the study were provided. The thick descriptions continued in the research setting, audio recordings and transcripts, which formed the

audit trail for use by other researchers. The results of the in-depth interviews contain direct quotations from the interviews with participants.

### **3.5.3 Dependability**

According to Lincoln and Guba (2013:105), dependability is the assessment of the quality of the research process including data collection, data analysis and the generation of findings to draw a conclusion. Dependability was ensured through the dense description of research findings. In this study, dependability entailed a comprehensive description of the data collection, data analysis and interpretation of findings. An audit trail supported the dependability of this study and its analysis. An audit trail is a thorough, conscientious reflection on and documentation of the decisions that were made, the procedures that were designed, and the data analysis (Houser, 2014:428). Data quality checks during data analysis were implemented by means of a consensus discussion with an independent coder.

### **3.5.4 Conformability**

Conformability or neutrality refers to the objectivity concerned with establishing that data represents the information participants provide (Pilot & Beck, 2013:323). The implication according to Bloomberg and Volpe (2011:126) is that findings should be the result of the research and not the biases or subjectivity of the researcher. I ensured conformability by confirming that the findings reflected the participants' voices and the conditions of inquiry. Conformability also refers to how the study findings and interpretations are a result of a dependable process of inquiry and data collection (Lincoln & Guba, 2013:105). A consensus discussion was held with an independent coder and study supervisors to verify and validate findings during the data analysis process. Results were then compared and any differences in themes, categories and sub-categories were noted. Information gathered from interviews, field notes and direct observations were verified through literature control to determine whether similar experiences were identified in other studies. In the current study, I established an audit trail by providing a detailed report on the exact method of data gathering, the context of the interviews, data analysis, and interpretation.

### **3.6 SUMMARY**

In this chapter, the research design and method was described in detail. The study's strategy of implementing the research was discussed in detail, particularly in terms of the research design which was qualitative, exploratory, descriptive, and contextual in nature. The research setting was introduced along with the research methodology, which included determining the population and sampling, sample criteria, sample size and data collection, data analysis, ethical considerations, and methods of ensuring trustworthiness. The data collection methods utilised was discussed as in-depth interviews with the aid of an interview guide and observational notes. Interviewing and communication techniques used in the interviews, and potential problems that could be encountered during interviews, were described. Finally, the data analysis method and measures to ensure trustworthiness were discussed in detail.

## **CHAPTER 4**

### **DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS**

#### **4.1 INTRODUCTION**

This study utilised a qualitative, exploratory, descriptive, and contextual research design. The purpose of the study was to explore and describe nurse educators' and student nurses' experiences of the OSCA as an assessment method. This chapter forms part of Phase I of the study that presents and discusses the data analysis and findings of the study of participants' experiences of the OSCA.

#### **4.2 DEMOGRAPHIC DATA**

The nurse educators were a heterogeneous group with one male and nine female participants. The nurse educator participants' work experience ranged from four years to 35 years' experience. Of the ten nurse educators, one had a Master's degree, five held a postgraduate degree in nursing education, and four were in the process of obtaining their additional qualification in nursing education. Five participants were college based nurse educators and the remaining five were hospital based nurse educators at various hospitals. All nurse educators were registered with the SANC in terms of the Nursing Act No. 33 of 2005.

The demographic information of the student nurses revealed a homogenous group of ten first-year, female student nurses. The ages of student nurses ranged from 21-38 years. All student nurses had undergone summative assessment by means of the OSCA.

#### **4.3 QUALITATIVE DATA ANALYSIS**

In this study, thematic analysis was the chosen method of qualitative data analysis that involves identifying and examining themes and patterns of meanings across a dataset in relation to the research question (Clarke & Braun, 2013:175; Clasper &

Rees, 2016:101). One of the strengths of thematic analysis is that it can be utilised to develop a detailed descriptive account of a phenomenon or a certain aspect of a phenomenon (Clarke & Braun, 2013:178). The phases followed in the data analysis process were described in the previous chapter. A consensus discussion was held with an independent coder and resulted in the themes and categories to be discussed. The following discussion presents the analysis and interpretation of study findings in relation to the research question:

“Tell me about your experience of the OSCA as an assessment method.”

#### **4.4 DESCRIPTION OF FINDINGS: STUDENT NURSE EDUCATORS’ EXPERIENCES OF THE OSCA AS AN ASSESSMENT METHOD**

Nurse educators mostly had a negative view of the OSCA as an assessment method related to the ability of the OSCA to assess all learning domains, the quality, structure, and organisation of the assessment, the simulated nature of the tool, the availability of resources, as well as the feedback, communication and remedial action during the process. Challenges were experienced with the assessment tools as well as the educator as an instrument. Finally, they raised concerns regarding the students’ readiness for evaluation.

Thematic analysis of nurse educators’ transcripts revealed four major themes with twelve categories. Table 4.1 provides a view of the themes and categories related to nurse educators’ experiences of the OSCA.

**Table 4.1: A summary of nurse educator themes and categories**

<b>THEMES</b>	<b>CATEGORIES</b>
4.4.1 Theme 1: The OSCA as an assessment method	4.4.1.1 Negativity regarding the OSCA as a method to assess different learning domains 4.4.1.2 Quality of the OSCA assessment 4.4.1.3 The structure and organisation of the OSCA 4.4.1.4 The OSCA environment 4.4.1.5 Challenges faced with the equipment used in

THEMES	CATEGORIES
	the OSCA 4.4.1.6 The communication of results, feedback and remediation
4.4.2 Theme 2: The OSCA assessment tools	4.4.2.1 Clarity, consistency and reliability
4.4.3 Theme 3: The assessor as an instrument in the evaluation of student nurses	4.4.3.1 Assessor conduct <ul style="list-style-type: none"> <li>• Approach and non-verbal communication</li> <li>• Assessor bias</li> </ul> 4.4.3.2 Assessor fatigue and boredom 4.4.3.3 The preparation of the nurse educator to assume the role of an assessor for the OSCA
4.4.4 Theme 4: Student nurses readiness for summative assessment with OSCA	4.4.1 The preparation of student nurses for the OSCA 4.4.2 Management of student stress and anxiety during the OSCA

#### 4.4.1 Theme 1: The OSCA as an assessment method

The following categories will be discussed: negativity regarding the OSCA as a method to assess different learning domains, the quality of the OSCA assessment, the structure and organisation of the OSCA, the OSCA environment, challenges faced with the equipment used in the OSCA, the communication of results, feedback, and remediation.

##### 4.4.1.1 Negativity regarding the OSCA as a method to assess different learning domains

It was observed during the interviews with nurse educators that they emphatically expressed their negativity regarding the OSCA's capacity to evaluate all three learning domains. Nine of the ten nurse educators felt that the OSCA was poorly suited for assessing affective and cognitive domains of student nurses.

*“You don’t evaluate anything else, not communication, not the way the patient-student interacts, you do not evaluate values. You do not really evaluate anything else; you evaluate purely skills”* (Nurse Educator 6).

Consequently, participants felt that student nurses passed the OSCA because there was limited or no evaluation of the cognitive domain. One participant flatly stated as she shrugged her shoulders:

*“so they can pass OSCA, there’s not much knowledge that you’ll see from the student. Personally, it does not test students’ knowledge”* (Nurse Educator 3).

Nurse educators further illuminated that student nurses need to rationalise actions performed during the OSCA to determine their competency and the assessment method restricted their evaluation of the student nurses’ critical thinking:

*“it’s more about the action but there is no thought behind why they doing an action in an OSCA situation”* (Nurse Educator 2).

Participants expressed that it was essential that during a final summative assessment the student nurse demonstrates that learning had occurred to determine progress to the next year of study. Nurse educators experienced the OSCA as a method that does not allow the student to demonstrate that learning had occurred.

*“I don’t have something positive to say about it, we not testing knowledge, there’s nothing showing that learning has occurred”* (Nurse Educator 3).

Nurse educators perceived the OSCA as limited since they are unable to holistically evaluate all domains of learning and therefore question the student nurses’ ability to safely work in practice as illustrated by this participant:

*“I don’t think it’s an effective means of testing a nurse’s ability to work safely in practice”* (Nurse Educator 7).

Another participant concurred with this statement:

*“The OSCA does not allow you to monitor the if the student has grown in a year that they have been nursing because they might be proficient in a skill but that does not mean that they are not going to harm a patient”* (Nurse Educator 2).

According to the views of nurse educators, the OSCA is a limited approach that does not capture the holistic, patient-centred approach that nursing education advocates.

#### **4.4.1.2 Quality of the OSCA assessment**

Nurse educators felt that the OSCA compartmentalise nursing into tasks that simply require execution, resulting in contradictions in the course curriculum. This is reflected in the below statement by one participant with over thirty-three years' experience as a nurse educator:

*“We teach them to look at man holistically and now we are going to compartmentalise man. And for me, that is not on”* (Nurse Educator 9).

The possible impact of compartmentalising nursing was illuminated by another nurse educator who stated that:

*“...in a way we teaching students to do things in little boxes, to compartmentalise their nursing instead of looking at it in terms of nursing the patient as a whole”* (Nurse Educator 2).

Nurse educators raised a number of concerns regarding the use of the OSCA as an assessment method, namely that it encourages rote learning and the examination is a staged performance, making the assessment superficial:

*“You are actually encouraging them and you are teaching them rote learning”* (Nurse Educator 2).

Other participants shared similar sentiments and described the OSCA as:

*“rote learnt, by hearted, insufficient method and students are rehearsed”*  
(Nurse Educator 7).

Concern was expressed that the design of the OSCA is fragmented due to multiple components of various procedures being condensed into one assessment task. Nurse educators, from their experience, were of the opinion that students should be assessed in a holistic and integrated manner to avoid disjointedness and fragmentation of the assessment task and nursing practice. As one participant angrily stated:

*“They want to get as many components examined but it doesn’t fit and it doesn’t integrate and the student gets very confused as to what is expected of them because it is so disjointed. It is not like a nice set out scenario where you go from point A to point B; it is like going to Cape Town via Dubai. The students don’t see the connectedness because there isn’t connectedness and if we are trying to assess if they can actually nurse patients, they need to be able to work from point A to point B and work holistically and systematically”*  
(Nurse Educator 2).

Nurse Educator 9 said that the OSCA is task oriented and provided the following description:

*“We teach them to look at man holistically and now we are going to compartmentalise man and for me that is not on, we do fragment and we should not because that is not what we advocate in the classroom”* (Nurse Educator 9).

#### **4.4.1.3 The structure and organisation of the OSCA**

Nurse educators unanimously agreed that the OSCA does require considerable planning and organisation to ensure an effective assessment process. However,

participants experienced the OSCA as poorly planned and disorganised. Discontentment was expressed:

*“OSCA needs a lot of planning and organisation and I think that sometimes that’s lacking”* (Nurse Educator 4).

Factors contributing to the disorganisation include poor preparation of documentation, and ill-prepared assessors and students on the day of the exam. This results in process overload in the structuring and organisation of the OSCA. As explained by the following participant:

*“The whole process was disorganised from the beginning, like the pre-assessment of the students were not properly prepared as per their hospitals. The assessors that were allocated were not prepared, they came in late and you know everyone did not get the information from the start...there is many mistakes on the scenario, on the tool you can see this was not thoroughly prepared for the student. They are running around for paper towels...the environment is just not ready yet for exams”* (Nurse Educator 5).

Similar sentiments were shared by another participant:

*“The whole process was disorganised from the beginning, like the pre-assessment, the students were not properly prepared as per their hospitals, the nurse educators that were allocated were not prepared, they came in late and you know, everyone did not get the information from the start”* (Nurse Educator 4).

The consequences of poor planning and organisation result in delays in the assessment process that may extend the length of the examination that nurse educators already experience as labour intensive.

*“OSCA's tend to be arranged in such a way that there's just too much happening in one day and I know it's due to the large amounts of students that we don't have much choice, it tends to become very labouring for nurse educators” (Nurse Educator 1).*

*“The OSCA environment that I've been working in, I find that it's tiring; I think that there are too many students examined in one day. It's like we jam pack everything in two days” (Nurse Educator 4).*

*“It's like a sausage factory...it just about ticking boxes passing it along and then the next lot and then ticking those boxes and then moving along again” (Nurse Educator 2).*

#### **4.4.1.4 The OSCA environment**

A participant pejoratively stated that she experienced the OSCA as a:

*“simulated event, rehearsed, bad role play, and an ineffective method of assessment” (Nurse Educator 7).*

Nurse educators succinctly expressed that they would prefer to conduct the summative assessment in the real clinical setting:

*“I would like it to be more natural, I would like it to happen in a real environment” (Nurse Educator 4).*

The simulated environment also cause nurse educators to have trouble in assessing the learning domains of the student:

*“how does a student relate to a manikin, you know they can't and yet here you are assessing whether they can integrate and communicate with a patient” (Nurse Educator 2).*

*“The way one would act in simulation is way different to the way one would act next to a patient because in simulation, it’s just a doll, a manikin. And in simulation you can say whatever you want to, to the doll” (Nurse Educator 3).*

The OSCA needs strict adherence to time control as this is fundamental to ensure consistency and fairness; each student needs an equal amount of time to complete the same assessment task. This effective time control allows for large volumes of student nurses to undergo assessment over a relatively short period. Nurse educators in the following quotes articulate the advantage of the time effectiveness of the OSCA:

*“...in view of the numbers we do, it is a quick easy way of assessing students otherwise it could become more time consuming” (Nurse Educator 2).*

*“So you can evaluate a group of students in one day whereas in the hospital setting you can only evaluate four or five students on the same day” (Nurse Educator 8).*

In contrast, the controlled and time effective environment does present nurse educators with challenges. Nurse educators feel overwhelmed by the pace of the OSCA, which is described as rigid and fast paced. One of the nurse educators described the effect that the controlled time has on the assessment:

*“It doesn’t give you a lot of time to discuss any discrepancies. It is just about ticking the boxes, passing it along and then the next lot, then ticking those boxes, and then moving along again [tapping the table for emphasis]. I just find it’s a little fast paced and there’s no time to actually discuss any problems that do come up within like a minute you basically need to have marked commented on where the student went wrong, whether they were competent or whether they failed or whether they passed” (Nurse Educator 2).*

Additionally, nurse educators elucidated that the ten-minute timeframe allocated per station does not yield reliable and valid information regarding the clinical competence of student nurses.

*“To me it isn’t reliable information that you get because the student at that moment in time is working against time, she doesn’t really have the opportunity to think, all she is doing is chasing the clock [tapping wrist watch for emphasis on time] and I really don’t think that is valid”* (Nurse Educator 9).

Physical factors also prove to be problematic for nurse educators, such as the space within the venue being inadequate:

*“The OSCA environment with regards to the sim lab, the space for me is just not sufficient there are too many people in one room”* (Nurse Educator 7).

The OSCA is a multi-stationed examination with numerous assessors at various stations, each with its own equipment, therefore, the space within the venue needs to be adequate to ensure effective rotation of the students. The inadequate space leads to other issues that affect the assessment process, such as the privacy of the student undergoing assessment. Nurse educators feel that the inadequate space within the venue allows students to overhear the assessment in the adjacent stations. This was described by a participant who indicated that:

*“because they hear the questions and they already formulate the answers in their heads, so there is no privacy, privacy is a big thing”* (Nurse Educator 1).

#### **4.4.1.5 Challenges faced with the equipment used in the OSCA**

Nurse educators’ experiences varied regarding the equipment, with only one participant proudly stating:

*“The student was given all the equipment they needed, it was well stocked”* (Nurse Educator 6).

In opposing experiences, nurse educators indicated that unfamiliar equipment is sometimes utilised in the OSCA, which could confuse the student during the exam:

*“unfortunately not all hospitals is using the same suppliers or using the exact same equipment. I think even the thermometers you know the infra-red ones are different from the ones that they are going to get in the OSCA” (Nurse Educator 1).*

*“The equipment that is used is not always the equipment that the students are used to. So each hospital even though they belong to a particular group obviously due to budget constraints and that they use different equipment...so a lot of the equipment that is being used to examine the student is not necessarily familiar to them. There is a lot of inconsistency in terms of the equipment the student is exposed to in the wards where they are comfortable” (Nurse Educator 2).*

Student nurses are exposed to different equipment as they are placed in various hospitals for experiential learning. Therefore, the equipment that is used in the OSCA is not always what they are familiar with.

Additional frustrations expressed by nurse educators is that often equipment is not in optimum working condition, which disrupts and delays the assessment process:

*“It delayed the process because they had to look for batteries and exchange the doll for something else that was working, I think they had to go borrow from the hospital” (Nurse Educator 3).*

*“I have known there to be faulty equipment and you know that is time consuming and disruptive” (Nurse Educator 4).*

#### **4.4.1.6 The communication of results, feedback, and remediation**

In this category nurse educators expressed concern regarding the communication and feedback of results. Participants elucidated that the feedback is insufficient, generic and second hand. Participants described the feedback received by nurse educators as follows:

*“It’s sort of second hand feedback and not first-hand so they students don’t really know where they went wrong” (Nurse Educator 1).*

*“Often the feedback comes via a third party which is often not very conducive because you actually don’t know why the student failed. There is no clear guideline when you do remediation of what the student did wrong in order for them to fix. Very generic feedback in terms of what they need to re-do, which actually doesn’t really mean anything to the student” (Nurse Educator 2).*

*“I should be able to tell them, if I am going to tell them whether they are competent or not yet competent whether they have passed or failed. I should also be able to tell them where they went wrong and where they did well” (Nurse Educator 3).*

Nurse educators face the challenge of remediating the student without completely understanding where or how the student failed, so they are unable to give constructive feedback:

*“They will just tell you the student failed at the station with the pulse, they don’t say the student was too nervous or there was time management, so you cannot really give constructive feedback” (Nurse Educator 5).*

One participant sadly stated that she felt she was not being truthful towards the student as she herself was uncertain of what feedback to give the student:

*“As a nurse educator you are anxious because you want the student to pass, you want to give constructive feedback but you really don’t give that feedback, it makes you feel, how can I say, like you are not being truthful to yourself and the student” (Nurse Educator 5).*

This questioned the value of the feedback as it did not take into consideration the students’ need for growth and development:

*“I think that's where we fail our students because we are not seeing them as individuals we actually seen them as students that everybody makes their same mistake. We need to start building people based on their weakness and not categorising students that all students have that weakness. There's no value for the student at the end of the day for the student in terms of their growth experience” (Nurse Educator 2).*

Participants felt that the feedback they received was insufficient, generic and second hand, which negatively affected the quality of the remediation the student received prior to the supplementary examination.

#### **4.4.2 Theme 2: The OSCA assessment tools**

Theme 2 describes nurse educators' experiences regarding the validity and reliability of the OSCA assessment tools. The clarity, consistency, and reliability of the assessment tools were identified during data analysis as the sub-categories associated with this theme.

##### **4.4.2.1 Clarity, consistency and reliability**

Nurse educators were of the opinion that they did not have enough input in developing the OSCA instruments:

*“I don't have enough input in the developing of instruments of the OSCA” (Nurse Educator 1).*

It may be due to the lack of involvement in the development of the assessment tools that these participants felt that the instruments lack clarity, as demonstrated by the below quote:

*“Yes sometimes it is confusing and then the assessor will stop and come to the moderator and say what should I be doing here and I also think that the documentation scoring part makes no sense to me” (Nurse Educator 2).*

Assessment tools used within the OSCA are often modified to suit the ten-minute period allocated per station. This may result in flaws in the design of the instrument compromising the validity of the assessment. Nurse educators felt that often the assessment tools lack clarity and they have to alter the criteria for the assessment so that it makes sense to them and the student nurse:

*“Oh for sure, I alter, I always alter the thing so that I am able to assess the student on what I think the student needs to tell me for a procedure” (Nurse Educator 7).*

The lack of clarity impacts on the consistency of the assessment as different nurse educators may interpret the assessment tools and criteria differently. This results in different nurse educators assessing student nurses against different criteria, which could give the student nurse either an unfair advantage or influence the outcome of the assessment negatively.

Additional matters that arise according to nurse educators are that the scenario used at certain stations are ambiguous and poorly written. There is a lack of comprehension on the part of the assessor and the student nurse. This is expressed by nurse educators in the following quotes:

*“The questions asked are sometimes not clear, so you have to elaborate and rephrase for the students” (Nurse Educator 3).*

*“Where the language on the tools is not coherent for someone that’s English speaking it does not make sense to me sometimes or the language is of a standard that the student is not easily able to understand” (Nurse Educator 4).*

Certain stations within the OSCA contain critical points. Critical points are essential criteria for inclusion that, if not done successfully, may compromise patient safety. Nurse educators cited that they do not agree with the critical points or lack thereof on the assessment tool:

*“Some of the things that I think are critical are not”. So for example, I think if you, if you do not test the urine properly you are not competent. Because sometimes I think sometimes I think something could be a critical point and then it is not...so you know some things, some procedures are right or wrong. If you are going to hold a urine dipstick upside down, it is wrong! You are not testing the urine properly it is wrong and that should be a critical point for example and it’s not always” (Nurse Educator 4).*

Nurse educators also cited that they sometimes alter the assessment tools and questions because they just do not make sense to the assessor and the student. One nurse educator stated:

*“Oh for sure, I alter, I always alter the thing so that I am able to assess the student on what I think the student needs to tell me for a procedure. The tool misses’ vital things sometimes” (Nurse Educator 7).*

*“...there is lack of understanding of the student on what is required of them. So you now have to ask the questions because they don’t know what they are supposed to do” (Nurse Educator 3).*

The implications of ambiguous assessment questions or scenarios are evident as indicated by the following nurse educator:

*“If I now change the question or modify the circumstances then tomorrows assessors will not do so...so I will rather fail (the student) and then address the situation afterwards” (Nurse Educator 6).*

This statement highlights the question of clarity, consistency, and reliability of the assessment that could have a negative outcome for the student nurse. The lack of clarity and the criteria of the OSCA have serious implications regarding the reliability and validity of the examination as different assessors will interpret the criteria of assessment differently, which could alter the outcome of the assessment for the student nurse.

### **4.4.3 Theme 3: The assessor as an instrument in the evaluation of student nurses**

This theme comprises of aspects related to the nurse educators who serve as assessors during the OSCA. The three categories under this theme include assessor conduct, assessor fatigue and boredom, and the preparation of nurse educators to assume the role of an assessor for the OSCA.

#### **4.4.3.1 Assessor conduct**

This category includes three sub-categories related to assessor conduct namely, attitude and experience, approach and non-verbal communication, and assessor bias. Various nurse educators highlighted the attitude of the assessor as an issue during the OSCA assessment. Some participants indicated that a negative attitude has the potential to adversely affect the assessment process:

*“It’s quite frustrating because you know you need to adhere to the principles of education but you also need to have undergone some form of assessors training and that. Quite often a person who their own anxiety and their own inability to know what’s going on, quite often they become arrogant and that rubs off on the process”* (Nurse Educator 2).

The impact of a negative attitude by assessors results in nurse educators feeling that fellow assessors are not productive during the OSCA, creating an environment that is not conducive for the OSCA. This is highlighted by the below quote:

*“I have had that, where assessors are just not nice and they really not productive, you know, they really not conducive to doing an exam with that student cause they just are being I don't know why, maybe bringing their emotions to work but they just not being pleasant and they not really showing much thought or empathy”* (Nurse Educator 4).

Nurse educators who felt that newly qualified assessors were obstructive in their marking of the student nurse also identified inexperience of the assessor as an

issue. They felt this could negatively affect the assessment process and the outcome for the student nurse as the fairness of the OSCA is questioned.

*“Some of them have not done assessors yet so they have no idea of the fundamentals of assessing...”* (Nurse Educator 4).

*“...they might not have their education qualification yet and they have perhaps never done many OSCA’s. They are quite rigid in their way of assessing knowledge...there are a lot of ways that can be right or wrong...they are very black and white in their thinking”* (Nurse Educator 2).

The importance of the experience of the nurse educator was also highlighted by the below participant who had over thirty-five years’ experience in the field of nursing education and training:

*“With experience you know what is important and you know what is critical in every procedure. Not anything that will not endanger the life of the patient must be taken as a thing to fail a student. And by saying so, I am not saying that the student must not know the procedure but in an exam, you cannot remember everything. If you are not experienced you become procedure centred, you cannot weigh what is important in that situation but when you are experienced you will know what is important and that will matter for you”* (Nurse Educator 10).

The problems around assessor inexperience may be because newly qualified assessors lack in their clinical skills or do not understand the assessment process. Nurse educators who have a fair amount of experience with the OSCA felt that newly qualified assessors are too strict or rigid in their assessment, resulting in friction between assessors during the OSCA. Nurse educators who are too strict or very lenient could be indicative of poor knowledge or clinical experience to support their assessment decisions or judgements of the student nurses.

*“I think that it’s their lack of clinical skills...their lack of dealing with students and I think also it’s their lack of communication skills because things come with time and experience” (Nurse Educator 4).*

It is important to note that nurse educators viewed newly qualified and inexperienced assessors as students themselves:

*“...they are still learning they are likes students themselves, taking the step by step of the procedure which really and truly is not what is important. What is important is, is the student a safe practitioner” (Nurse Educator 10).*

Still, nurse educators who served as moderators during the OSCA felt that working with experienced assessors have a positive impact on the assessment process:

*“If you have a good group of assessors, nicely experienced the process is very smooth...they are doing what they are supposed to so, that professional process just flows.” (Nurse Educator 6).*

#### **a) Approach and non-verbal communication**

The role of the assessor is very important and the manner in which the assessment is conducted and should be grounded in the principles of assessment. A concerning issue that arose in this study is the approach and non-verbal communication of the assessors responsible for the evaluation of student nurses during the OSCA. Nurse educators cited that they felt some of the assessors lack objectivity and the manner in which they conduct themselves could have a negative outcome for the student nurse:

*“I mean I have noticed that the times I have done it there are some assessors that are very strict, quite intimidating of the students and I feel that is not conducive for a student who is under pressure for ten minutes” (Nurse Educator 2).*

Participants identified intimidation of the student nurse undergoing assessment as a contributory factor to an adverse outcome. Inappropriate body language, facial expressions, and verbal remarks made towards students nurses, like “*get on with it*”, were viewed as unprofessional. The body language of some assessors was described as:

*“I think that sometimes the assessor’s body language is so off-putting, makes the student more nervous”* (Nurse Educator 4).

The impact of unprofessional conduct of the assessor correlate with the data provided by student nurses. Although the assessor is not required to speak to the student undergoing assessment during the OSCA, care should be exercised that inappropriate body language can be anxiety provoking for the student nurse.

One participant, in particular, equated the approach of the assessor as sometimes threatening, and stated:

*“The manner in which you conduct yourself is very important...you never ever let the learner feel threatened, you always make the environment safe, let the learner feel safe”* (Nurse Educator 7).

Nurse educators also felt that assessors could be kinder to the student nurses:

*“I think that assessors could be kinder, there is nothing wrong with smiling in an exam...you don’t have to have such a stern face, there is nothing wrong with smiling at a student”* (Nurse Educator 4).

## **b) Assessor bias**

Within this category, nurse educators cited various reasons for inconsistencies during the OSCA, which resulted in assessor bias. Fatigue and tiredness is described as a contributing factor as explained by this participant:

*“It does at the end of the day tend to affect, your fairness you know, starting off to being strict or later you may become lenient because you tired” (Nurse Educator 1).*

The participant further elaborated that when nurse educators are familiar with student nurses they are assessing, they often become more lenient:

*“you tend to become less strict when it comes to your own student” (Nurse Educator 1).*

Other nurse educators who admitted that their fellow assessor who was familiar with the student often swayed their assessment decision, shared this sentiment:

*“For example maybe if this nurse educator, it's her student, she knows the student, and says she's not normally like that because it is my student and then immediately you don't know that student, you become lenient” (Nurse Educator 2).*

One participant felt that prior knowledge of the student nurse should not be taken into consideration:

*“A student should be assessed on the basis of the assessment on the day alone, not previous experiences” (Nurse Educator 7).*

#### **4.4.3.2 Assessor fatigue and boredom**

Assessor fatigue results from assessing large student volumes over an extended examination period, which requires the assessor to remain constantly focused and on high alert for the duration of the assessment. Nurse educators articulated that there is insufficient time to rest during the assessment process, which heavily contribute to them being fatigued:

*“...especially if there is a high amount of students on one day that rotates every ten minutes...you don’t get enough time to rest in between.”* (Nurse Educator 1).

Large student volumes also result in work overload:

*“It’s draining to do more than thirty, forty students per day”* (Nurse Educator 3).

*“It’s tiresome, [started massaging temples] it’s bothersome, it’s boring, your brain gets bored and I think that by student number twenty five, in all honesty you are lost from what you are doing”* (Nurse Educator 7).

*“I find that it’s tiring there is too many students assessed on one day”* (Nurse Educator 4)

The large volumes of students result in a longer duration of the assessment and this has mental and physiological effects on nurse educators. Participants reported a loss of focus, concentration, and physical exhaustion.

Nurse educators elaborated that assessor fatigue does negatively influence the fairness of the assessment, with assessors becoming either strict or lenient during the assessment process:

*“It does at the end of the day tend to affect your fairness you know, starting off bring strict or later you become lenient because you are tired or you become lenient because you irritated”* (Nurse Educator 1).

This poses a threat to the consistency of the assessment as assessor fatigue may either advantage or disadvantage the student nurse undergoing assessment. Part of the consistency of the OSCA requires that the same assessor assesses the same station throughout the duration of the assessment for a particular day. Therefore, the OSCA is described as a tedious and monotonous examination with assessors allocated at the same station, assessing the same assessment task for the entire

duration of the examination. A participant with thirty-three years' experience in nursing education described the OSCA as:

*"It is monotonous and I do feel yes, as for the physical exhaustion of the examiners should be taken into consideration because that is a deciding factor for me for the outcome of the student because you are not being realistic any longer".* Majority of nurse educators shared the same views of the repetitive nature of examination. *"And being at one OSCA station the whole day it becomes draining and monotonous for the assessor"* (Nurse Educator 1).

As reported by nurse educators, assessor fatigue results in assessors becoming bored, irritable with a loss of focus, interest, concentration and their actual willingness to be a part of the assessment:

*"I think from an assessor's point of view it becomes boring and when you get bored do you really concentrate and focus? It does impact on the student outcome"* (Nurse Educator 3).

#### **4.4.3.3 The preparation of the nurse educator to assume the role of an assessor for the OSCA**

The consistency of the OSCA as an assessment method is questionable. This may be due to inadequacies in the preparation of the assessors to evaluate student nurses on a summative basis. This was revealed by nurse educators when they indicated that they felt only guided by the assessment tools. Nurse educators also felt that they receive insufficient or no mentoring and orientation prior to conducting the OSCA:

*"it was difficult, there was no mentoring in the beginning so I had to just go with the flow"* (Nurse Educator 5).

On the day of the OSCA, pre-assessment meetings are held thirty minutes prior to the commencement of the examination. These meetings are reported as inadequate by nurse educators. Comments made relate to the insufficiencies of the pre-assessment meeting:

*“They tell you were you are allocated, what time you start, lunch, teas whatever. That’s not enough [bangs fist on table to demonstrate anger]”*  
(Nurse Educator 4).

Assessors felt that the time is insufficient to address questions and obtain clarity on the day of the examination:

*“You get paper fifteen minutes before, and you have to make them make sense to you”* (Nurse Educator 3).

This results in the assessor experiencing difficulties during the examination as they are unclear as to what the criteria of assessment are and what they should be assessing, and they often have to seek clarification from the moderator.

The lack of clarity regarding the role of the assessor during the assessment may lead to role conflict, which may negatively affect the outcome for the student nurse. Nurse educators expressed their uncertainty in the following statement:

*“How should I behave, how should I conduct myself, whether I should prompt or just leave the student”* (Nurse Educator 2).

The assessor and standardised patient need clear guidelines about their roles and how much interaction is allowed with the student; similarly, the student undergoing assessment requires the same guidelines.

#### **4.4.4 Theme 4: The student nurses' readiness for summative assessment with OSCA**

Theme 4 will discuss the readiness of the student nurse to undergo the OSCA assessment. The preparation of student nurses and the management of student nurses' stress and anxiety were identified as associated categories during data analysis.

##### **4.4.4.1 The preparation of student nurses for the OSCA**

The preparation and familiarisation with the OSCA is a key issue identified by nurse educators. Nurse educators feel that if students thoroughly prepare for the OSCA it will reduce their stress and anxiety. It is important to note that nurse educators at the base hospitals are primarily responsible for the preparation of students; this results in various approaches to the preparation of the student.

Some nurse educators identify mock OSCAs as the best method of preparation and this provides an opportunity to remediate and correct any "grey areas". In contrast, other nurse educators stated that:

*"I have never done a mock OSCA before all I just tell is remember all your critical points, and just relax, when I'm preparing them mostly for OSCA's it's just like reassurance more than actual helping them in any other way"* (Nurse Educator 3).

Some participants felt that the student has the opportunity to practice the entire year and therefore do not need to receive extensive preparation, as described by this nurse educator:

*"I have put in a whole year and I have showed them this procedure till death do us part [rolls eyes], so they must either shape up or ship out [jerks thumb toward office door], that's it!"* (Nurse Educator 6).

This results in inconsistencies in the preparation of the student nurse, either with some students being over-prepared or some students being under-prepared. Despite the variance in the methods of preparation, all students are on average given between two to three days to practice, whether it is with direct supervision of the hospital nurse educator, or on their own. The major reason nurse educators gave for not being able to run a mock OSCA is that they do not have the time available. Similarities in preparation included explaining the structure and organisation of the OSCA to the student.

#### **4.4.4.2 Management of student stress and anxiety during the OSCA**

Nurse educators highlighted student anxiety, stress, and its possible impact on assessment outcomes. Intimidation of the student by the assessor was identified as a possible reason for student anxiety:

*“So you know I think that intimidating a student that increases their anxiety and actually results in poor performance” (Nurse Educator 2).*

The stressful nature of the OSCA environment was also identified as a contributing factor as nurse educators felt that students are under pressure to complete a task within a specified time frame:

*“the students are like more anxious I would say then when they are doing a normal assessment because all they are worried about it time” (Nurse Educator 2).*

However, some nurse educators apply the word “performance” in a different context due to the simulated environment of the OSCA:

*“I think it's nerve wrecking for the student because its staged, it's like a staged performance, they on stage now they have to do this procedure” (Nurse Educator 4).*

Despite the reasons for possible anxiety and stress of the student, all nurse educators are in agreement that student nurses should receive sufficient support prior to and during the assessment. Measures to alleviate anxiety as described by nurse educators, included:

*“...tell them have some water or take deep breaths or tell them that just know your hard work will pay off”* (Nurse Educator 1).

*“I had a very emotional student during the exam. What I did was I swapped her around with another student and let her come back at the end of the day”* (Nurse Educator 4).

*“I mean communication and support is very important especially during and exam process”* (Nurse Educator 7).

Reasons for possible student anxiety and stress as described in the transcripts included unfamiliar equipment, the time allocation of ten minutes per station, poor preparation, as well as the conduct of the assessor. Because these factors could have a negative impact on student outcomes of the OSCA, it is imperative that the assessor recognise and handle the situation appropriately.

The OSCA, like any other type of assessment, does cause feelings of nervousness and anxiety on the part of the student. However, nurse educators indicated that if student nurses are confident in their skills despite their nervousness, and if they are guided appropriately, they could successfully pass the OSCA.

#### **4.5 DESCRIPTION OF FINDINGS: STUDENT NURSES’ EXPERIENCES OF THE OSCA AS AN ASSESSMENT METHOD**

Qualitative analysis of data obtained regarding student nurses’ experiences of the OSCA as an assessment method revealed three major themes with five categories. Table 4.2 provides a summary of student nurses’ themes and categories. Student nurses related their experiences prior to the OSCA, their experiences of the educator, the structure and organisation of the OSCA, and their experience related

to the communication and feedback of the results. Students described their mixed emotional experiences being recipients of the assessment as well as the relevance and benefits of the OSCA.

**Table 4.2: Summary of student nurse themes and categories**

THEMES	CATEGORIES
4.5.1 Theme 1: The OSCA as an assessment method	4.5.1.1 Preparation prior to the OSCA 4.5.1.2 Student nurses' experiences of the nurse educator as an assessor <ul style="list-style-type: none"> <li>• Supportive approach of the assessor</li> <li>• Feelings of intimidation</li> <li>• Unprofessional conduct</li> </ul> 4.5.1.3 The structure and organisation of the OSCA <ul style="list-style-type: none"> <li>• Physical set up</li> <li>• Composition of stations</li> <li>• Unfamiliar equipment</li> </ul> 4.5.1.4. Communication and feedback of results
4.5.2 Theme 2: The student nurse as a recipient of the OSCA assessment	4.5.2.1 The mixed emotional experience of the student nurse <ul style="list-style-type: none"> <li>• Stress, anxiety and nervousness</li> <li>• Confidence</li> <li>• Feelings of relief</li> </ul>
4.5.3 Theme 3: The relevancy of the OSCA to clinical practice	4.5.3.1 Benefits of the OSCA

#### **4.5.1 Theme 1: The OSCA as an assessment method**

Theme 1 pertains to the experiences of the OSCA as an assessment method from the perspective of student nurses. This theme comprises of four categories and six associated sub-categories that were identified during data analysis.

#### 4.5.1.1 Preparation prior to the OSCA

The preparatory phase prior to the OSCA was regarded as a positive experience for student nurses. Student nurses within this study were all prepared by means of a mock OSCA held over a two to three day period to accommodate large student numbers at base hospitals and provide each student with an opportunity to practice sufficiently. Student nurses found that the preparation leading up to the OSCA was insightful and allowed them to familiarise themselves with the assessment process:

*“... we had an idea okay this is how things are going to be on the day of the exam”* (Student Nurse 1).

One participant, in particular, excitedly described the preparatory phase as:

*“...it was fun preparing for the OSCA”* (Student Nurse 4).

The below quotation from transcripts summarise the same student nurses' feelings about receiving preparation before the assessment:

*“So with the preparation it was also quite intense cause now we were getting guidelines, we were doing, you know when you think that you know something and you find out that a I'm actually not supposed to be doing what I am doing, I'm supposed to be doing it in a different way”* (Student Nurse 4).

The preparation before the OSCA allows student nurses to correct improper practices prior to the examination. Preparation also assists student nurses to feel more relaxed for the exam:

*“Okay for me I thought based on the preparation I had from the hospital, it wasn't beyond what I had expected but for me it was fair. Like it's, like we had enough time to prepare and every, most of the things that we were practising them, they came out so it actually made me more relaxed when I get to the exam”* (Student Nurse 9).

One participant strongly emphasised the importance of preparation by saying:

*“I might have failed but as I say it is all about preparations [smiles and winks]”*  
(Student Nurse 3).

All student nurses reported that the preparation they received from the nurse educators at the hospital were beneficial and they expressed feelings of satisfaction in this regard:

*“we got good preparation”* (Student nurse 1).

*“we had enough time to prepare”* (Student Nurse 8).

Student nurses used the opportunity to correct improper practices to ensure readiness for the exam. Support offered to them by hospital-based nurse educators was highlighted:

*“There were a lot of mistakes that I made, that I only came to realise during preparations”* (Student Nurse 4).

Student nurses felt that the learning and practice before the OSCA assisted them in retaining skills, thereby increasing their confidence and competence in their clinical abilities. These findings demonstrate the importance of a practice or mock OSCA for the students.

#### **4.5.1.2 Student nurses’ experiences of the nurse educator as an assessor**

Within this category, student nurses described their experiences of the nurse educator as an assessor. These experiences were defined in the following sub-categories: the supportive approach of the assessor, and feelings of intimidation, and unprofessional conduct.

**a) Supportive approach of the assessor**

Student nurses expressed positive experiences surrounding the approach and conduct of nurse educators during the OSCA. Positive experiences as elucidated by participants included that assessors were friendly, helpful, offered guidance, and displayed encouraging body language, such as smiling, which reduced their anxiety and nervousness. The below quotations highlight the positive experiences of student nurses regarding the assessor's approach and conduct:

*"...they smile, you know it already breaks the ice and as a student you don't feel uncomfortable"* (Student Nurse 10).

*"I would say that the assessors are friendly like in my case at each and every station that I got to the assessors gave me a lot of hints"* (Student Nurse 2).

*"The assessor had welcoming face and the approach was welcoming. I think that's what put me at ease and was able to do well in my OSCA's, it was the nicest experience"* (Student Nurse 3).

*"They made us relaxed, they were nice, they were calm, it wasn't as scary as when you are outside but when you actually get into the station it was fine"* (Student Nurse 7).

The supportive approach by nurse educators help to create a relaxed and calm environment that is perceived by student nurses as conducive for assessment purposes.

**b) Feelings of intimidation and unprofessional conduct**

It was observed that when describing their negative experiences, student nurses demonstrated body language that expressed their embarrassment, disbelief, anger and frustration at the conduct of the assessors during their OSCA. Body language noted in the field notes included lowering or avoiding eye contact, fidgeting with fingers, and covering the face with the hands.

Flushed faced, one participant described how she was so nervous and the assessors started laughing at her:

*“I was nervous and they started laughing at me” [covers face with hands as if embarrassed] (Student Nurse 9).*

Similar negative views were shared by other participants:

*“I didn’t like the attitude of the assessor, it wasn’t professional and “she gave me the perspective that I was not competent” (Student Nurse 6).*

*“I felt that she was very intimidating and confrontational” [avoids eye contact and lowered voice] (Student Nurse 10).*

*“They actually show you that you said the wrong thing because they shake their heads and write and so you feel really bad while doing the OSCA” [shakes head as in disbelief] (Student Nurse 7).*

The unprofessional conduct of the assessor result in student nurses experiencing a sense of failure, as expressed below:

*“So in a way I felt very blank. I felt incompetent. I ended up feeling insure of what as was doing. I felt very broken during that assessment” (Student Nurse 10).*

#### **4.5.1.3 The structure and organisation of the OSCA**

Within this category student nurses described their experiences of the structure and organisation of the OSCA in the sub-categories: physical set up, the composition of stations, and unfamiliar equipment.

**a) Physical set up**

This category will describe the structure and organisation of the OSCA inclusive of the physical setting, the composition of OSCA stations, and the equipment as experienced by student nurses. A major concern described by student nurses is that the venue is inadequate to accommodate the number of assessors and students during the assessment. The venue is described as crowded and result in student nurses being distracted while undergoing assessment at various stations:

*“It should have been more spacious because it was crowded, you need to make your way around , if you were doing something perhaps in the cubicle to say, you had to go around , you needed to come back, it just felt it should have been more spacious with regards to the stations, it should have given us the allowance so I can't hear the next person next door, what's this person saying cause it gives that person an unfair advantage because I know now what's expected of me at the following station”* (Student Nurse 4).

*“Okay when I was in resting station, they asked my colleague the regulations acts and omission regulation and I started being so confused I was like, okay fine, she said the wrong one but then while I'm still sitting there trying to figure out which one is the right one, when I got there I had to say the wrong one that she said”* (Student Nurse 9).

Other student nurses shared similar experiences that resulted in them being distracted while undergoing their own assessment within the same venue:

*“But then the problem was the stations were like, it wasn't rooms it was curtains like, and the problem with curtains is because while I was doing urine analysis there were other students who were doing the CPR and I could hear what the person was saying. And it was loud and I was like what am I going to do when I get there. Therefore, the problem was hearing the student doing that. I think that if there could be rooms like you do not hear things from other rooms because they just put on the curtains. That was my problem with the OSCA”* (Student Nurse 8).

The distraction resulted from students being able to overhear their colleagues at various stations that were in such close proximity. This issue raises concerns about the fairness of the assessment as well as the privacy of the student undergoing assessment.

**b) Composition of stations**

Participants had differing opinions of whether the OSCA tested their clinical skills or not. Certain participants felt that the OSCA tested knowledge that is more theoretical:

*“I thought it was a lot of theory more than practical”* (Student Nurse 1).

This participant further went on to state that she felt:

*“They are just being lenient, the OSCA is not challenging”*. While other student nurses felt that *“it’s actually a good test of clinical skills”* (Student Nurse 5).

Students’ experiences also differed with the composition and scenarios used at the various stations. While most students felt the scenarios and stations are easy to understand, some students felt that the compositions of the stations are fragmented:

*“Some worked well together and you could implement them all together properly, some it just didn’t make sense to me...it was just bits and pieces”* (Student Nurse 4).

This fragmentation as perceived by the student nurse is because a single OSCA station could comprise of multiple procedures combined to form one station.

Student nurses also differed in their perception of whether the simulated environment of the OSCA reflects clinical practice. Most student nurses experienced the OSCA environment as closely resembling clinical practice while others did not share the same experience. As one participant enthusiastically stated:

*“You must deal with a real patient, be assessed on a real patient, they must see how you react on a real patient” (Student Nurse 6).*

Despite the differing opinions, all student nurses indicated that they would prefer their final summative assessment within the hospital setting on a real patient and not in simulation as this is where they are more comfortable.

### **c) Unfamiliar equipment**

Challenges experienced by student nurses during the OSCA included equipment which was unfamiliar to them. In particular, the urine dipstick bottles were not the same brand that is utilised within the hospital setting that they are familiar with. The unfamiliar urine dipstick bottle caused confusion for the students and they felt that they wasted a lot of time looking for expiry dates. The below feedback illustrates the impact unfamiliar equipment has on the student:

*“When I got there it’s a different bottle, it’s a different manufacturer, I don’t know where the expiry date is...I wasted time trying to figure those things out, I think had it being a familiar bottle I could have done everything systematically” (Student Nurse 4).*

Additional challenges that student nurses were presented with was the ten-minute period allocated per station of the OSCA. Participants’ experiences differed with some of the students indicating that the allocated time was sufficient:

*“I didn’t see any station that ten minutes was not enough, some of them ten minutes was too much” (Student nurse 2).*

However, some student nurses felt that there was added pressure to complete the assessment tasks in ten minutes. These participants strongly felt that the ten-minute period hindered their performance and they were unable to perform at their best. The quotations from two participants demonstrate how student nurses experienced the ten-minute timeframe:

*“Now theoretically ten minutes is a lot, until you actually start the procedure and then you will see, ten minutes is nothing” (Student Nurse 3).*

*“Ten minutes per station personally I think that it affected my performance because now I’m stressed about the ten minutes...I’m so panicked about the ten minutes, I’m stressed out” (Student Nurse 4).*

Possible reasons that student nurses provided for finding the time frame insufficient is that they were anxious, the equipment was unfamiliar and they were not accustomed to completing assessment tasks within ten minutes. During clinical accompaniment and formative assessments, students are generally not under pressure to complete procedures within a pre-determined time.

#### **4.5.1.4 Communication and feedback of results**

The stressful nature of the OSCA as an assessment and the anxiety related to a possible unsuccessful outcome makes early feedback valuable. Student nurses did express dissatisfaction at waiting extended periods of up to a week for the outcome of the assessment and they viewed the waiting period as stressful:

*“I was felt like sjoe, I finally did it, now there was a burden for like getting the results, did I make it or not” (Student Nurse 1).*

*“I had no idea what to expect and then when I arrived there I was scared [places hand over heart], I uncertain if I said everything I was supposed to say. Therefore, when I left I was scared. I thought I didn’t make it,, and the time frame that we have to wait it would have been better if we got the results the same day” (Student Nurse 7).*

*“But we would come here every day to get our results and every time we would go home without knowing our results and it was stressing and we couldn’t even prepare for our final” (Student Nurse 9).*

However, they also demonstrated an understanding that with large student numbers it is not always possible to get immediate feedback regarding the outcome of the OSCA. Overall, student nurses did express satisfaction in the manner in which their hospital-based nurse educators deliver their results to them, which was either telephonically, via group feedback, or individually.

#### **4.5.2 Theme 2: The student nurse as a recipient of the OSCA assessment**

Participants expressed a wide array of emotions related to this form of assessment comprising of stress, anxiety, nervousness, and feelings of relief, which contributed both negatively and positively to their experience of the OSCA as an assessment method. It became evident from the transcripts that the “*unknown*” OSCA element certainly played a role in the participants’ feelings and reactions leading up to the assessment.

##### **4.5.2.1 The mixed emotional experience of the student nurse**

This category reveals a broad range of responses from the participants, which were sub-categorised into stress, anxiety and nervousness, confidence, and feelings of relief.

##### **a) Stress, anxiety and nervousness**

It became apparent that students’ anxiety and nervousness was because they had never formally been assessed by means of an OSCA during their training. Despite the extensive preparation received prior to the OSCA, most participants still made mention of the “*fear of the unknown*”. As this participant stated:

*“we are all going to get nervous, we don’t know what to expect”* (Student Nurse 1).

Other student nurses cited similar views:

*“Yes the fear, it was terrifying. The thought of us going there, not knowing what is going to happen and which the assessors are going to be there. The fact that it was not going to be our assessors was really, really scary, cause you don't know how the others from the other hospitals are because we weren't use to them. Okay, the day before I was more scared and then in the morning when we got there, the other students, all was scared. And while waiting to go in, when they first called the first people to go in, sjoe, it was really, really scary, it's not a good feeling” (Student Nurse 7).*

*“Well, I haven't done it before, I haven't seen it before, the only thing that I have ever done was my Matric, and I have never done anything practically like that. I have never been in that kind of environment, the environment that is very tense when you go in, it is very tense when you go in it” (Student Nurse 2).*

However, it is interesting to note that once student nurses commenced their assessment, some of the anxiety and nervousness that was initially felt seemed to dissipate, as shared by this participant:

*“you get anxious before you even start anything but when you went around everything was fine” (Student Nurse 2).*

It is also important to note that some of the emotionality experienced by student nurses was a result of the inappropriate approach of the assessor as mentioned by this participant as she explained her feelings regarding the confrontational approach of the nurse educator at a particular station:

*“So in a way I felt very blank, I felt incompetent. I ended up feeling unsure of what I was doing, you know so that was my worse, worse experience. You know, I felt very broken during that assessment” (Student Nurse 10).*

The uncertainty and associated emotions felt by student nurses is due in large part to the fact that the OSCA is a new experience to all of them. Additional factors that contributed to uncertainty amongst student nurses were that they were unfamiliar

with the OSCA scoring methods, and the types and number of stations. If such uncertainty can generate negative emotions associated with the OSCA, it demonstrates that student nurses lack knowledge on the assessment method, as expressed by these participants:

*“You feel like you should just leave cause you failed that station and you are more scared because what if it the most important station and you cannot fail it” (Student Nurse 6).*

*“On completion of the OSCA I felt very down simply...because I did not know which one was a critical station then you know when you get of there, maybe I made it or I haven't. But then I was panicking because of something I didn't know maybe it was a critical station or not” (Student Nurse 2).*

According to the experiences of some participants, they felt that the nervousness and anxiety hindered their ability to articulate their thoughts and effectively express themselves during the assessment:

*“It affected my performance like I said with regards to the nerves, I couldn't do things that I know I could do correctly. I fumbled because I wanted to say something but I could not get it out because now I'm so nervous. This word is at the back of my mind, I can't project it” (Student Nurse 4).*

## **b) Confidence**

Student nurses also communicated varying degrees of confidence. Some participants expressed high levels of confidence and used positive self-talk as a motivating mechanism:

*“I was very confident, I was, anything I did I showed them I know this, you can ask me anything” (Student Nurse 1).*

Others expressed a complete lack of confidence:

*“I didn’t have much confidence in me, truthfully I didn’t have. I saw I did well during preparations but when I got there , I didn’t know what to expect, there is new faces so I’m thinking I’mnot going to make it here. I see that if I was calmer, more relaxed not being nervous, it just made me lose my confidence”* (Student Nurse 6).

It was identified during the analysis that student nurses who expressed high levels of stress and anxiety were the ones who experienced the lowest levels of confidence in the OSCA.

### **c) Feelings of relief**

Student nurses expressed feelings of relief on completion of the OSCA, with students saying:

*“It was a huge burden lifted off my shoulders, like finally final prac is removed; now I’m waiting for final examination. It was like a huge relief”* (Student Nurse 4).

*“Yes, after doing OSCA’s, I felt like sjoe, I finally did it”* (Student Nurse 2).

*“I was relieved an then I realised it’s not as bad as people said it was and it also depends on your own experience, like people can tell this is how I felt but then you need to go and experience it for yourself. So, after the OSCA I was relieved, I was excited, I wanted to go back and do it again”* (Student Nurse 3).

The reduction in stress and the sense of relief was purely associated with the completion with of the OSCA prior to the publishing of their results.

### **4.5.3 The relevancy of the OSCA to clinical practice**

#### **4.5.3.1 The benefits of the OSCA**

The benefits of the OSCA indicated by participants ranged from an increase in their confidence in the execution of clinical skills and the retention of knowledge and skills related to the OSCA.

*“I am knowledgeable of the things I do, not just for the OSCA but it is something that I now know”* (Student Nurse 2).

From the perspective of the above quote, student nurses felt that learning and practising for the OSCA in the preparation phase leading up to the examination embedded the knowledge and enabled the transferability of skills into daily nursing practice. One participant reflected on the OSCA process from preparation to receiving the results and stated:

*“I’m glad with the whole thing because it actually builds up skills”* (Student Nurse 5).

Student nurses were also of the opinion that the OSCA assists them in executing procedures correctly within the hospital setting:

*“it actually makes people do the right thing in the wards”* (Student Nurse 9).

Increased confidence was also associated with having successfully completed the OSCA, as elucidated by the following quote:

*“Now I have confidence in actually performing those skills”* (Student Nurse 4).

## **4.6 SUMMARY**

This chapter included an analysis and interpretation of the findings of the study. Major themes, categories and sub-categories that emerged from the in-depth

interviews with the two datasets were tabulated and discussed accordingly. In summary, the similarities and differences between the two data sets are briefly discussed.

It is interesting to note that nurse educators and student nurses shared similar experiences with regards to the negative attitude and unprofessional behaviour of assessors that could adversely affect the assessment process. Student nurses identified that the OSCA had learning benefits and better prepared them for clinical practice in contrast to the negative perceptions of nurses educators who felt the OSCA is an ineffective method of learning and assessment.

Both sets of participants agreed on the importance of preparation prior to the OSCA. Student nurses experienced the preparatory phase as a valuable learning opportunity, and nurse educators viewed the preparation as a means to reduce the anxiety and stress of the student nurses.

Similarly, nurse educators and student nurses experienced the OSCA as a stressful form of assessment. Student nurses indicated that the “unknown” element of the OSCA was the primary reason for their stress, anxiety and nervousness, and nurse educators claimed that the process overload and labour intensive nature of the assessment resulted in stress and examiner fatigue.

Nurse educators and student nurses both described that unfamiliar equipment used in the OSCA was problematic for the student nurses’ assessment. Both sets of participants described the physical environment of the venue of the OSCA as inadequate, with insufficient space. Nurse educators and student nurses felt that the lack of space did not provide adequate privacy for the student undergoing assessment. Furthermore, nurse educators had trouble in understanding the assessment criteria and felt that the stations were fragmented and ambiguous. This was mirrored by certain student nurses who felt that some of the stations did not make sense to them and the stations were described as fragmented.

Chapter 5 will discuss the study findings and literature control.

## **CHAPTER 5**

### **DISCUSSION OF FINDINGS AND LITERATURE CONTROL**

#### **5.1 INTRODUCTION**

The previous chapter dealt with the presentation and the findings collected from ten nurse educators and ten student nurses in a private nursing college in Gauteng. This chapter offers a summary of the findings with reference to the literature review. At the time of the conceptualisation of this study, there were limited studies on the use of the OSCA as an assessment method in private nursing colleges in Gauteng. This became the driving force to conduct a study to explore and describe nurse educators' and student nurses' experiences of the OSCA as an assessment method.

#### **5.2 SUMMARY OF THE STUDY FINDINGS**

Data analysis resulted in seven themes and seventeen categories pertaining to the experiences of the OSCA as a summative assessment method. Nurse educators mostly had a negative view of the OSCA as an assessment method related to the ability of the OSCA to assess all learning domains, the quality, structure, and organisation of the assessment, the simulated nature of OSCA, the availability of resources, as well as the feedback, communication and remedial action during the process. Challenges were experienced with the assessment tools as well as the educator as instrument. Educators raised a concern regarding the students' readiness for evaluation. Student nurses related their experiences prior to the OSCA, their experiences of the educator, the structure and organisation of the OSCA, and their experience related to the communication and feedback of the results. Students related mixed emotional experiences as recipients of the assessment as well as the relevance and benefits of the OSCA.

##### **5.2.1 Nurse educator themes and categories**

Thematic data analysis resulted in four themes and twelve categories relating to the experiences of nurse educators of the OSCA.

### **5.2.1.1 Theme 1: The OSCA as an assessment method**

This theme identifies the following negative categories regarding the OSCA as a method to assess different learning domains, the quality of the OSCA assessment, the structure and organisation of the OSCA, the OSCA environment, challenges faced with the equipment used in the OSCA, the communication of results, feedback, and remediation.

#### **a) Category: negativity regarding the OSCA as an assessment method**

Nurse educators expressed their negativity regarding the OSCA as an assessment method and its ability to assess different learning domains, and primarily focused on the psychomotor domain (Bouchoucha, et al. 2012:5). These findings are supported by a review of clinical competence assessment in nursing conducted by Yanhau and Watson (2011:835), which reported that many studies found that the OSCA lacks psychometric properties and its suitability in nursing education as an assessment method is therefore questionable. Franklin and Melville (2013:6) recommend that adopting a multi-faceted approach, competency assessments may need to ensure that they do not use a 'one-size fits all' or are simply a 'tick-box' system.

#### **b) Quality of the OSCA assessment**

The quality of the OSCA assessment was viewed as fragmented, repetitive, and superficial. Similar findings were established by Rafiee, Moattari, Nikbakht, Kojuri and Mousavinasab's (2014:42-48) study, in which nursing faculty expressed views that the OSCA was more stressful and a superficial method of clinical examinations. This was due to flaws in the design, structure and checklists used for the OSCA stations. Cazzelle and Howe (2012:e220) state that the OSCA checklists should be developed to measure all domains of learning and should reflect the 'holism' of nursing practice.

**c) The structure and organisation of the OSCA**

The findings suggest dissatisfaction regarding the structure and organisation of the OSCA. Factors contributing to the disorganisation include poor preparation of documentation, and ill-prepared assessors and students. Furthermore, disorganisation and poor planning of the OSCA delay the assessment process. This results in process overload, making the OSCA labour intensive on the day of the OSCA. McWilliam and Botwinski (2012:38-39) recommend that nursing faculty should determine the feasibility of the OSCA for their programme as the faculty members need time to write a variety of case scenarios, update them, and recruit and supervise the standardised patients' training. The researchers further stated that provisions to monitor and collect data and arrange for an optimal setting for the OSCA session should be in place. The researchers also cautioned that without adequate preparation, a viable and objective assessment will be hampered. Similar findings were found by Katowa-Mukwto, et al. (2013:51) and Mukhondya, et al. (2014:707), confirming that the OSCA requires meticulous planning and organisation for the overall duration of the examination as it is labour intensive.

**d) The OSCA environment: realistic versus simulated, controlled and timed environment**

The participants felt that the OSCA environment lacked realism and this influenced their ability to assess all the learning domains of the students, particularly the affective domain. Nurse educators felt that the OSCA was poorly role-played; a rehearsed event that promoted rote learning and this made it an ineffective method of assessment. These findings are consistent with findings in the literature where students will only study specific topics or critical points for the OSCA (Idris, Hamza, Hafiz & Mohammed, 2014:17). In a study by Munkhondya, et al. (2014:708), nurse educators noted that students were encountering challenges due to the artificial nature of the examination that hindered the nurse-patient interaction and students were confused as to whom to communicate with regarding the procedure. Franklin and Melville (2013:6) suggest that competency assessment tools such as the OSCA must reflect the 'real-life' clinical environment.

**e) Challenges faced with the equipment used in the OSCA**

Nurse educators had differing opinions regarding the equipment used within the OSCA. The main issues that arose from this study were that the equipment used within the OSCA was unfamiliar to student nurses since they are placed at different clinical settings for experiential learning. However, student nurses may experience challenges with equipment due to instructions not being clear enough and they may have experienced stress, anxiety and nervousness (Villegas, et al. 2016:250). Nurse educators also had differing experiences with regards to the functioning of equipment and the availability of stock on the day of the OSCA.

**f) The communication of results, feedback, and remediation**

The study revealed that nurse educators experienced the feedback received post assessment as insufficient, generic and second hand, which negatively affected the quality of remediation the student received prior to the supplementary examination. Other studies examined, identified delays in the process of feedback (5 weeks) due to marks having to be processed and ratified by the exam board (Taylor & Green, 2013:13).

**5.2.1.2 Theme 2: The OSCA assessment**

This theme is comprised of one category: clarity, consistency, and reliability of the assessment tools.

**a) Clarity, consistency and reliability of the assessment tools**

Equitable and consistent marking of the OSCA station is essential to ensure parity of assessment for student nurses (Mukhondya, et al. 2014:708). Nurse educators felt that they did not have sufficient input into the development of the OSCA assessment tools. The lack of involvement in the development of the tools leads to insufficient clarity. The lack of understanding of the assessment tool also causes some nurse educators to alter the assessment criteria according to their own understanding and interpretation.

This has a direct impact on the outcome of the assessment for the student nurse due to a lack of conformity of the OSCA. Similar findings were identified by Bouchoucha, et al. (2012:5), where participants suggested that some components of the OSCA may be seen as more significant than others. If there is a lack of conformity regarding essential criteria by assessors, there is a potential lack of legitimacy of the OSCA tool. The results thus obtained are compatible with various studies (Bouchoucha, et al. 2014:5; East, Peters, Halcomb, Raymond & Salamonson, 2014:466).

### **5.2.1.3 Theme 3: The assessor as an instrument in the evaluation of student nurses**

Participants identified that the attitude and inexperience of some assessors impact negatively on the assessment process. Nurse educators described the impact of a negative attitude as being obstructive and unproductive during the OSCAs. The inexperience of newly qualified assessors was viewed as a liability to the assessment process.

#### **a) Assessor fatigue and boredom**

The findings revealed that participants found the OSCA labour intensive due to the large volumes of student nurses. This resulted in assessor fatigue and boredom. Assessor fatigue and boredom caused nurse educators to lose objectivity and they either became too strict or too lenient in the scoring of students. These findings were confirmed by Swift, et al. (2016:62); over time assessor fatigue increased and their ability to concentrate decreased. As a result assessors scored students lower. Additional studies that confirm these findings include Katowa-Mukwato, et al. (2013:51). The OSCA becomes monotonous, especially when assessors are dealing with large numbers of students. Clarke, et al. (2011:94) state that examiner fatigue is due to the large amounts of students who pass through each station as well as the focus required in watching the same skill repeated on many occasions. However, changing of assessors for a particular time may compromise the objectivity of the assessment and either advantage or disadvantage the student (Katowa-Mukwato, et al. 2013:51). In contrast to other findings, Hatamleh and Sabeeb (2014:24) found

that 70% of nurse educators reported that they could stay focused while assessing the same skill.

## **b) Assessor conduct**

This category will summarise the attitude and experience, approach and non-verbal communication, and assessor bias.

### **• Attitude and experience**

Nurse educators expressed that a negative attitude and lack of experience by their fellow assessors is a hindrance to the assessment process. Poor implementation of assessment principles and rigid marking were cited as issues that could have a negative outcome for the student nurse undergoing assessment. Furthermore, participants felt that newly qualified assessors lacked in their clinical skills and understanding of the assessment process which negatively impacted on the assessment process. Moderators expressed that the assessment process flowed more smoothly when working with experienced assessors. The assessor's judgement, without explicit criteria and training, is likely to be biased (Levett-Jones, Gerbasch, Arthur & Roche, 2011:65).

### **• Approach and non-verbal communication**

Intimidation of the student nurse was identified by nurse educators as a major concern during the OSCA. Inappropriate body language, facial expressions and negative verbal comments made by assessors to the student nurses were cited as potential factors that could have an adverse outcome for the student nurses. Participants highlighted that the unprofessional conduct of nurse educators during the OSCA was anxiety provoking for the already nervous student nurse undergoing assessment. These findings were consistent with other studies; the OSCA was perceived by students as a stressful experience and induced feelings of anxiety and nervousness (Ha, 2015:15, Mulddon, Biesty & Smith, 2014:471). In contrast, one study that examined students' experience of the OSCA reported that students felt supported (Levette-Jones, et al. 2011:67).

- **Assessor bias**

The findings revealed that factors that contributed to assessor bias included assessor fatigue and boredom, familiarity with the student, and inexperience of the assessor. Nurse educators stated that assessors were sometimes biased due to the influence of comments and suggestions made by colleagues that a particular student is good or bad in clinical skills. East, et al. (2014:7) confirmed similar findings, stating that assessor bias was a result of the nurse educators' perceptions about the student's level of confidence, physical appearance, and verbal communication skills.

- c) **The preparation of the nurse educator to assume the role of an assessor for the OSCA**

The available evidence seems to suggest that there were inconsistencies in the preparation of nurse educators to assume the role of assessor for the OSCA. Nurse educators indicated that they were only guided by the assessment tools, some of which they had difficulty understanding. Participants revealed that the pre-assessment meeting prior to the OSCA was inadequate to address concerns and obtain clarity regarding the assessment process. McWilliam and Botwinski (2012:38-39) cautioned that without sufficient time for essential preparation, the intention for a viable and objective assessment might be hampered.

#### **5.2.1.4 Theme 4: Student nurses' readiness for summative assessment with OSCA**

This theme described nurse educators' experiences regarding the preparation of student nurses for the OSCA and the management of students' stress and anxiety during the OSCA.

- a) **The preparation of student nurses for the OSCA**

Methods used to prepare the student nurses prior to the OSCA differed amongst nurse educators. Some nurse educators prepared student nurses by means of a mock OSCA while others only addressed certain areas that the student nurse was experiencing difficulty with. Certain nurse educators felt that the student had the

whole year to practice the skill and therefore there was no need for intensive preparation before the OSCA. Ultimately, this resulted in inconsistencies in the preparation of student nurses to undergo assessment by means of the OSCA. Despite the conflicting views of nurse educators, the literature does recognise the preparation of student nurses prior to the OSCA as a coping strategy to reduce students' anxiety levels (Fidment, 2012:7). The literature also highlights various methods of student preparation prior to the OSCA which include a mock OSCA, preparation in groups that promote co-operative shared learning, and lecturer-based workshops held in the clinical area (Fidment, 2012:7, Barry, et al. 2011:693).

The most established method for the preparation of student nurses for the assessment is a mock OSCA (Mulddon, et al. 2014:469).

#### **b) Management of student stress and anxiety during the OSCA**

Nurse educators identified that the OSCA is a stressful environment for the student nurse undergoing assessment. The stress and anxiety experienced by students were dealt with by nurse educators in a positive manner. Student nurses were reassured, given positive reinforcement before, during, and even after the OSCA. Nurse educators recognised that student nurses need sufficient support during the assessment process which contributes to a positive outcome. The literature recognises the preparation of student nurses prior to the OSCA as a coping strategy to reduce students' anxiety levels (Fidment, 2012:7).

### **5.2.2 Student nurse themes and categories**

Thematic data analysis resulted in relating three major themes with five categories concerning the experiences of student nurses of the OSCA.

#### **5.2.2.1 Theme 1: The OSCA as an assessment method**

The following theme described student nurses' experiences of the OSCA as an assessment method, and contained four categories: preparation prior to the OSCA,

student nurses' experiences of the nurse educator as an assessor, the structure and organisation of the OSCA, and communication of results and feedback.

**a) Preparation prior to the OSCA**

Interviews revealed that student nurses valued the preparation received prior to the OSCA. All student nurses in this study were prepared for the assessment by means of a mock OSCA and this assisted to familiarise them with the assessment process. Despite the practice by means of a mock OSCA that student nurses received before the assessment, students still relayed feelings of nervousness and anxiety due to not knowing what to expect. Fidment (2012:7) also identified that despite a practice OSCA, students still expressed a lack of awareness of the rules of assessment and more practice was required before the assessment.

**b) Student nurses' experiences of the nurse educator as an assessor**

The evidence gathered demonstrates that some participants found the approach of the assessor during the OSCA as supportive. These assessors displayed encouraging body language which helped reduce the anxiety and nervousness of the student nurse during the assessment. However, in contrast, additional qualitative data obtained from the student nurses' experiences revealed that some participants had negative experiences with the approach of the assessor during the OSCA. The findings indicate that the negative experiences were attributed to intimidation and unprofessional conduct of the assessor. Unprofessional conduct was described by participants as assessors laughing at them and being confrontational during the assessment. This demonstrates the poor quality of the assessor during the OSCA. Although the intimidation and unprofessional conduct were only experienced by three of the ten participants, it is still an area of concern. Similar findings were confirmed by Ha (2016:15).

### **c) The structure and organisation of the OSCA**

This category described the physical set up of the OSCA, the composition of the stations, unfamiliar equipment, and the communication and feedback of results as experienced by student nurses.

#### **• Physical set up**

From the interviews with participants, the venue of the OSCA was described as crowded and inadequate. Participants highlighted that due to the close proximity of stations that were only divided by curtains, it resulted in them being distracted as they could overhear other students being assessed. There are limited studies that address the physical set up and the issue of privacy of the student undergoing the OSCA assessment. Still, these findings are supported by Ha's (2016:15) study, in which overcrowding and lack of space proved problematic for the students.

#### **• Composition of stations**

The research showed that participants were divided in their opinion as to whether the OSCA tested their clinical skills. Certain participants felt that the OSCA focused more on their theoretical knowledge. Students' experiences also differed with the composition and scenarios used at the various stations. While most students felt that the scenarios and stations were easy to understand, some students felt that the compositions of the stations were fragmented. This view is supported by a study conducted by Villegas, et al. (2016:250), in which students indicated a need for improvement in the clarity of instructions. Student nurses also differed in their perception of whether the simulated environment of the OSCA reflected clinical practice. Most student nurses experienced the OSCA environment as closely resembling clinical practice, while others did not share the same experience.

#### **• Unfamiliar equipment**

Student nurses within this study revealed that the equipment used within the OSCA was unfamiliar to them and this hindered their performance during the OSCA. Additional challenges identified from the transcripts were that some participants found the ten-minute time frame per station inadequate. Student nurses felt under

pressure to complete the assessment task in ten minutes. It was also highlighted that the ten minute time frame for some participants was inadequate for them to articulate their thoughts. In contrast, there were some participants felt that the time frame was adequate for them to complete the station successfully. These findings concur with other studies. Students in Barry, et al. (2011:692) and Hasan, Ali, Pasha, Arsia and Farshad's (2012:62) studies reported that student nurses did not have time to settle their thoughts and struggled to adapt from one scenario to another.

- **Communication of results and feedback of results**

The stressful nature of the OSCA as an assessment tool and the anxiety related to a possibly unsuccessful outcome makes early feedback important. Student nurses did express dissatisfaction at waiting long periods of up to a week for the outcome of the assessment and they viewed the waiting period as stressful. However, it is indicated in the literature that it may not always be possible to provide immediate feedback due to the summative nature of the examination, logistics, and administrative constraints, especially if there are large numbers of students (Nulty, et al. 2011:146).

Overall, the evidence shows that student nurses were satisfied with the manner in which their nurse educators at the base hospitals conveyed the results to them, which was either telephonically or via face-to-face communication. In contrast, in Small, et al's. (2013:6) study, 78% of the nursing students felt that feedback was omitted.

### **5.2.2.2 Theme 2: The student nurse as a recipient of the OSCA assessment**

The mixed emotional experience of the student nurse and feelings will be discussed below with the relevant literature.

High levels of stress, anxiety, and nervousness were evident in this study. This could be due to the fact that students were never formally assessed by means of an OSCA during their training. Despite the extensive preparation received prior to the OSCA, most participants still made mention of the "*fear of the unknown*". The literature reflects these findings. The 'OSCA' element certainly played a part in some of the students' feelings and reactions leading up to the assessment. This suggests that

even though the participants were all exposed to the assessment process by means of a mock OSCA, there is still anxiety about the assessment (Fidment, 2012:5).

These findings are congruent with other published literature where anxiety, stress, and nervousness is identified as a key theme in the students' experience of the OSCA (Rouse, 2010:28; Mulddon, et al. 2014:471; Ali, Mehdi & Ali, 2012:65). Arguably, nervousness, anxiety and stress are likely to be associated with any form of examination procedure; however, it does appear that the OSCA evokes greater levels of stress than other forms of examination (Mulddon, et al. 2014:472). In contrast, the OSCA is viewed by students as less stressful than traditional forms of assessment according to Faramarzi, et al. (2013:2208) and Idris, et al. (2014:17).

#### **a) Confidence and feelings of relief**

Student nurses experienced varying degrees of confidence with regards to the OSCA. Some participants expressed high levels of confidence and used positive self-talk as a motivating factor while others experienced low levels of confidence which may be related to their negative experiences such as intimidation and unprofessional conduct of the assessor during the assessment. Increase levels of confidence were also reported by Alsenany and Al Saif (2012:601), who claim that students may be qualified to practice due to feeling more confident.

The research shows that student nurses experienced as sense of relief on completion of the OSCA. However, this was purely associated with the completion with of the OSCA prior to the publishing of their results.

#### **5.2.2.3 Theme 3: The relevancy of the OSCA to clinical practice**

The above theme had only one category in which student nurses described the benefits of the OSCA.

### **a) Benefits of the OSCA**

There was a strong sense that students' engagement in the OSCA prepared them well for their clinical practice, increased their confidence in their ability to execute certain task, helped to correct incorrect practices, and assisted them in the retention of skills and knowledge. International studies that concur with these findings include Mitchell, Henderson, Jeffrey, Nulty, Groves, Kelly, Knight and Glover (2015:703), Levette-Jones, et al. (2011:69); Mater, Elsayeda, Ibrahim Ahmed, ElSayed, El Shaikh and Farag (2014:610), Khalalia (2013:256) and Barry, et al. (2011:693).

### **5.3 SUMMARY**

This chapter focused on the findings of the study and the relevant literature pertinent to the themes and categories identified in Chapter 4. The next chapter will deal with the implementation guidelines of the OSCA as an assessment method formulated from the results of data analysis and the relevant literature.

# **CHAPTER 6**

## **DEVELOPMENT OF IMPLEMENTATION GUIDELINES FOR THE OSCA OF STUDENT NURSES (PHASE II)**

### **6.1 INTRODUCTION**

Chapter 6 discusses the process followed to develop implementation guidelines for the OSCA of student nurses. The development of the guidelines was based on the findings generated in Phase I and supported literature as discussed in Chapter 5. The final objective of this study was reached with the development of the guidelines.

### **6.2 METHOD OF GUIDELINE DEVELOPMENT**

Reasoning, according to Grove, et al. (2013:6), is the process of organising ideas in order to reach conclusions. Deductive and inductive reasoning was used to analyse the problems identified in Chapter 4.

In this study, deductive reasoning or logic was used to identify the problems and synthesise the conclusive statements about the experiences of nurse educators and student nurses of the OSCA in a private nursing college in Gauteng. From the data generated through data analysis, problems were identified and used as the evidence for the guideline development for the OSCA of student nurses. Deductive logic was therefore applied to formulate the guidelines and inductive logic was used to provide operational suggestions to improve the implementation of the OSCA for student nurses.

### **6.3 GUIDELINES FOR THE IMPLEMENTATION OF THE OSCA AS AN ASSESSMENT METHOD**

#### **6.3.1 Theme 1: The OSCA as an assessment method**

The first theme, the OSCA as an assessment method, encompassed three categories, namely negativity regarding the OSCA as a method to assess different

learning domains, the quality of the OSCA assessment, and the structure and organisation of the OSCA.

### **6.3.1.1 Category: Negativity regarding the OSCA as a method to assess different learning domains**

From the category 'negativity regarding the OSCA as a method to assess different learning domains' a guideline was formulated that address nurse educators' negativity toward the OSCA as an assessment method. The guideline was based on the concluding statements presented in Box 6.1.

#### **Box 6.1: Summary concluding statements regarding nurse educators' negativity toward the OSCA as an assessment method to assess different domains of learning**

- Nurse educators experienced the OSCA as an ineffective method to assess the cognitive and affective domains of learning.
- Nurse educators experienced the OSCA as an assessment method primarily focused on the psychomotor aspect of learning.
- Nurse educators felt that the OSCA did not allow the student to demonstrate that learning had taken place.

#### **a) Guideline 1: The OSCA as an assessment method to assess different domains of learning**

##### **• Recommendations for guideline implementation**

The rationale of this guideline is for nurse educators, both the clinical instructors and lecturers, to work collaboratively in the development and design of the OSCA. This will ensure that all stakeholders have input into the OSCA. This may be executed during the blueprinting of the OSCA. The blueprint is the template that guides the development of the OSCA stations to confirm that the tasks are relevant to the nursing practice (Khan, et al. 2013:e1448). A blueprint or grid for the OSCA is prepared in advance. This outlines the learning outcomes, the context of the examination, and core tasks to be assessed at each station in the OSCA (Harden,

Lilley & Patricio, 2015:5, Khan, et al. 2013:e1448). The appropriate skills based curriculum should be examined so the blueprinting process will ensure that the OSCA is aligned to the curriculum (Khan, et al. 2013:e1448).

### **6.3.1.2 Category: Quality of the OSCA assessment**

The quality of the OSCA assessment emerged as a category and based on the concluding statements in Box 6.2 a guideline was developed to improve the quality of the OSCA. A related recommendation on implementing the guideline is proposed.

#### **Box 6.2: Summary of concluding statements regarding the quality of the OSCA assessment**

- Nurse educators felt that the OSCA compartmentalised nursing into a set of tasks and encouraged rote learning.
- The design of the OSCA was experienced as fragmented; multiple components of various procedures are condensed into one assessment task.

#### **a) Guideline 2: Quality of the OSCA assessment**

The rationale for the guideline is that poorly structured OSCA stations may lead to students learning skills to pass the examination rather than to improve their actual clinical competence (Khan, et al. 2013: e1437).

#### **• Recommendations for guideline implementation**

It is important to meticulously organise and pilot test the OSCA in order to uphold the reliability and validity of the examination. The interconnectedness determines the optimal number of stations and domains required to provide a reliable assessment of student performance (Nuamann, Moore, Mildon & Jones, 2014: 88; Katowa-Mukwato, et al. 2013:51).

To prevent the nursing tasks from being compartmentalised, it is important that certain skills are not assessed in isolation but are blended with other procedures or tasks to provide a more realistic and holistic assessment. However, it is also

important to prevent assessment overload by trying to assess too many skill subsets of performance at a single station (Khan, et al. 2013:e1443).

### **6.3.1.3 Category: The structure and organisation of the OSCA**

The structure and organisation of the OSCA as a category emerged as an important determinant to ensure the success of the examination. The recommendation on the implementation of this guideline are based on the concluding statements in Box 6.3

#### **Box 6.3: Summary of concluding statements on the structure and organisation of the OSCA**

- Nurse educators experienced the OSCA as a labour intensive assessment method that requires considerable planning and organisation.
- Nurse educators experienced the OSCA as disorganised due to poorly prepared documentation, and ill prepared assessors and students on the day of the exam.

#### **a) Guideline 3: the structure and organisation of the OSCA**

The rationale for this guideline is to improve the structure and organisation of the OSCA. The OSCA is labour, resource, and time intensive. Therefore, it is important that nurse educators determine the optimal number of stations and domains required to provide a reliable assessment of student performance (Nuamann, et al. 2014:88).

Information related to stations, name lists of candidates, and marking tools need to be prepared, printed, and distributed timeously to the various examination venues on the day of the OSCA. The marking tools should be prepared with the students' information to reduce the time required during the OSCA to document student information (Khan, et al. 2013:e1444).

#### **6.3.1.4 Category: The OSCA environment realistic vs. simulated controlled and timed environment**

The above category described nurse educators' experiences of the OSCA environment. A guideline to improve the environment of the OSCA was developed based on the concluding statements presented in Box 6.4.

#### **Box 6.4: Summary of concluding statements regarding the OSCA environment**

- Nurse educators experienced the OSCA environment as unrealistic.
- Nurse educators felt overwhelmed at the pace of the OSCA.
- The ten-minute timeframe per station was viewed as insufficient to evaluate the clinical competence of student nurses.

#### **a) Guideline 4: The OSCA environment**

This guideline was formulated based on the concluding statements indicated above. The rationale for this guideline is to improve the OSCA environment. When planning an OSCA, nurse educators need to decide how important the authenticity of the clinical environment is for the summative assessment at hand (Zabar, Kachur, Kalet & Hanley, 2012:7). The OSCA environment should resemble the real clinical environment as closely as possible. This may be achieved by effectively designing stations that resemble real life situations as they occur in practice.

The OSCA should focus on aspects of practice that relate directly to the delivery of safe patient-centred care (Kelly, Mitchell, Henderson, Jeffrey, Groves, Nulty, Glover & Knight, 2016:2). The OSCA schedule should allow for time between assessments to enable assessors to complete documentation and marking sheets to prevent them feeling overwhelmed. The time allocated per station should be sufficient to allow the student nurse adequate time to execute the task to demonstrate competence. The venue of the OSCA needs to account for the number of nurse educators and student nurses that will be present on the day of the assessment to prevent overcrowding. Generally, one large room is turned into 'station areas' with the use of curtains or

dividing screens. Khan, et al. (2013:e1455) recommend that individual rooms have the advantage of increased confidentiality, privacy, and reduction of noise levels to prevent the student undergoing assessment from being distracted. Care should also be exercised when setting up individual stations, allocating sufficient space for the task to accommodate both the assessors and the students. For example, a resuscitation station should be able to accommodate two assessors, the student nurse, the emergency trolley, defibrillator, as well as the 'resus' mannequin, whereas a written or unmanned station may only require a table and a chair for the student.

### **6.3.1.5 Category: Challenges faced with the equipment used in the OSCA**

This category targets nurse educators' experiences of the challenges faced with the equipment used in the OSCA. The recommendation and guideline are based on the concluding statements as shown in Box 6.5.

**Box 6.5: Summary of concluding statements on the challenges faced with the equipment used in the OSCA**

- Nurse educators expressed concern that student nurses were sometimes not familiar with the equipment used in the OSCA.
- Possible difficulties experienced with equipment may be due to instruction at each station lacking clarity.

#### **a) Guideline 5: Equipment**

The rationale for this guideline is to ensure the appropriate use of familiar equipment for the OSCA. All equipment required for specific stations should be sourced well in advanced. Within this study, different brands of the same equipment were used within the OSCA. Therefore, during the preparatory phase student nurses should be exposed to and made aware that an alternative from what they are familiar with may be used during the examination. On the day of the OSCA, checks should be done to ensure that all equipment is in good working order. Spare equipment should be readily available in the event of equipment failure or breakages to prevent delays during the assessment process. Decisions should be made as to whether students

will be allowed to use their own equipment during the OSCA and, in turn, students are to be made aware of this decision to ensure readiness on the day of the assessment (Khan, et al. 2013:e1456).

### **6.3.1.6 Category: The communication of results, feedback, and remediation**

The concluding statements for the communication of results, feedback and remediation are shown in Box 6.6.

#### **Box 6.6: Summary of concluding statements about the communication, feedback, and remediation**

- Nurse educators experienced that the feedback received post assessment was insufficient, generic, and second hand, which negatively affect the quality of remediation in preparation for supplementary assessment.

#### **a) Guideline 6: The communication of results, feedback and remediation**

The feedback that nurse educators received regarding students' outcomes was an area of contention within this study. From the literature, the following guidelines are recommended and are divided into two forms of feedback: skills-based feedback, and station-based feedback. Skills-based feedback is designed to give students an overall grading of how they performed on the generic skills. With regard to station-based feedback, students can receive verbatim transcripts of comments written on the mark sheets as to how they performed in particular stations (Taylor & Green, 2013:11-12). Assessors need to be made aware that their comments will be transcribed verbatim for the purpose of feedback to the students (Beckham, 2013:e459). It is recommended that nurse educators provide written feedback regarding the station they were assessing. This feedback will assist in providing important information as to the problems that were encountered during the OSCA, such as the lack of clarity of the assessment criteria, guidelines and instructions for student nurses, and the appropriateness of the clinical tasks in relation to the level of training, level of difficulty, as well as the time allocated for the completion of each

station. Such feedback will be addressed to improve the quality of the OSCA for future assessments (Khan, et al. 2013: e1459).

### **6.3.2 Theme 2: The OSCA assessment tools**

#### **6.3.2.1 Category: Clarity, consistency, and reliability**

This category focused on nurse educators' experiences of the OSCA assessment tools in terms of clarity, consistency, and reliability. Box 6.7 presents the concluding statements for this category.

#### **BOX 6.7: Summary of concluding statements regarding the clarity, consistency, and reliability of the OSCA tools**

- Nurse educators felt that they did not have sufficient input in the development of OSCA assessment tools.
- Nurse educators felt that the assessment criteria lacked clarity, was ambiguous and open to individual interpretation.

#### **a) Guideline 7: To promote clarity, consistency, and reliability of OSCA tools**

Nurse educators need to see the value in the pre-determined criteria as this promotes compliance to objective and fair assessment of student nurses and increases the quality of the OSCA (Bouchoucha, et al. 2013:5). To enhance nurse educators' compliance to the pre-determined criteria of assessment, it is imperative that all stakeholders are involved in the process to improve the quality of the assessment tools.

### **6.3.3 Theme 3: The assessor as instrument in the evaluation of student nurses**

In theme 2 of data collected from nurse educators, three categories are discussed, namely assessor conduct, assessor fatigue and boredom, and the preparation of the

nurse educator to assume the role of an assessor for the OSCA. From these categories, three guidelines were developed.

### **6.3.3.1 Category: Assessor conduct**

The category of assessor conduct included three sub-categories, namely attitude and experience, approach and non-verbal communication, and assessor bias. The conclusive statements for this category are shown in Box 6.8.

#### **Box 6.8: Summary of concluding statements regarding assessor conduct**

- Nurse educators expressed the negative attitude and lack of experience by their fellow assessors as a hindrance to the assessment process.
- The assessor's judgement, without explicit criteria and training, is likely to be biased.
- Intimidation of the student nurse was identified by nurse educators as a major concern during the OSCA.
- Factors that contributed to assessor bias included: assessor fatigue and boredom, familiarity with the student, and the inexperience of the assessor.

#### **a) Guideline 8: Assessor conduct**

An assessor should function as a neutral observer with the primary goal of assessing the absence or presence of a particular skill. The role of the assessor is essential in the establishment of inter-rater reliability of the OSCA checklist (Cazzelle & Howe, 2012:e224). Therefore, it is imperative that the role of the assessor be made clear and the assessor code of conduct should be reinforced to prevent unprofessional conduct of the assessor; providing the student with the opportunity to have a fair assessment. The assessor needs clear guidelines as to their role in the OSCA, including how much interaction is allowed with the student, and the student is also to be made aware of this. It is imperative that a first time or newly qualified assessor be allowed to observe an OSCA so that he/she is familiar with the assessment process.

Inter-rater reliability may be improved by indicating clear guidelines on acceptable limits in the judgement of clinical competence. The following guidelines by Zabar, et al. (2012:8) are recommended for assessors to follow on the day of the assessment in order to ensure the successful implementation of the OSCA: insight and understanding of the OSCA process, and attendance at training for their role as an assessor. During the OSCA assessors should be attentive to student nurses immediately upon their arrival at the station and ensure careful observation of the demonstration of skills. To ensure parity of the assessment, nurse educators should grade student nurses based on the pre-determined marking criteria. Student nurses should only be prompted as required based on the assessment criteria and assessor instructions.

Assessors should maintain a passive demeanour and good interpersonal skills are required in order to reduce student anxiety and stress. Prevention needs to be taken to minimise students encroaching on other students' time to ensure smooth flow of the examination schedule and consistency of the assessment. Nurse educators are to uphold the confidentiality of the OSCE mark sheet content, especially under summative assessment conditions. Restriction of unnecessary noise is essential in order to prevent distraction of the student nurse during the OSCA.

### **6.3.3.2 Category: Assessor fatigue and boredom**

From the category 'assessor fatigue and boredom', a guideline was developed to be followed to support assessors during the OSCA. The concluding statements are presented in Box 6.9.

#### **Box 6.9: Summary of concluding statements regarding assessor fatigue and boredom**

- The labour intensive nature of the assessment, coupled with large volumes of students, result in assessor fatigue.
- Assessor boredom result from the repetitive nature of the OSCA; assessors having to assess the same skill for lengthy periods.

**a) Guideline 9: Assessor fatigue and boredom**

Assessor fatigue and boredom is caused by the labour intensive and monotonous nature of the assessment. This either led to assessors being too stringent or too lenient in their marking, which could advantage or disadvantage the student undergoing assessment. A possible solution to combat assessor fatigue and boredom is to extend the duration of the OSCA so that it is spread over a number of days, with nurse educators assessing fewer students per day. However, it is also necessary to acknowledge that this may not always be feasible depending on the structure and duration of the programme and its curriculum requirements.

**6.3.3.3 Category: The preparation of the nurse educator to assume the role of an assessor for the OSCA**

Box 6.10 indicates recommendations for guideline implementation, based on the concluding statements.

**Box 6.10: Summary of concluding statements on the preparation of the nurse educator to assume the role of an assessor for the OSCA**

- Nurse educators identified that there were inconsistencies in the preparation of nurse educators to assume the role of an assessor for the OSCA.

**a) Guideline 10: The preparation of the nurse educator to assume the role of an assessor**

Assessor training workshops should be scheduled well in advance for the planned OSCA. These workshops should aim to have the following learning outcome according to Khan, et al. (2013:e1454): assessors must be able to understand the nature, purpose and assessment principles of the OSCA to ensure the maintenance of consistent professional conduct within the OSCA. Workshops should be aimed at promoting understanding of the use of the marking sheet to promote uniform and consistent marking during the OSCA. Attention should be paid on how to provide written feedback on performance in summative assessments since summative

assessments are definitive in determining the students' progression for further study. Workshops should also incorporate professional behaviours and attitudes expected of the assessor. These include the maintenance of confidentiality of students' marking sheets, and understanding the procedures for untoward behaviour by candidates. Additionally, refresher workshops should be held if there is a change in the format or scoring of the OSCA (Khan, et al. 2013:e1454).

The assessor needs clear guidelines as to their role in the OSCA, inclusive of how much interaction is allowed with the student and the student is also to be made aware of this. As per guideline 8, it is essential that a first time or newly qualified assessor be allowed to observe an OSCA so that he/she is familiar with the assessment process.

Further, it is important to enhance objectivity and receive valid suggestions and recommendations from assessors and other stakeholders in the development of the OSCA. Zabar, et al. (2012:8) recommends that assessors should, on the day of the OSCA, contribute to the overall good conduct of the examination, understand the assessment process, and attend training for their role as an assessor. During the OSCA, assessors should be attentive to student nurses as soon as they enter the station and ensure careful observation of their performance. To ensure parity of the assessment, nurse educators are to grade student nurses bases on the marking schedule provided.

#### **6.3.4 Theme 4: Student nurses' readiness for summative assessment with OSCA**

The above theme comprised of two categories, namely the preparation of student nurses for the OSCA, and management of students' stress and anxiety during the OSCA. From these categories, two guidelines were developed.

##### **6.3.4.1 Category: The preparation of student nurses for the OSCA**

The category's concluding statements relating to the preparation of student nurses for the OSCA is presented in Box 6.11.

**Box 6.11: Summary of concluding statements regarding the preparation of student nurses for the OSCA**

- Methods used to prepare student nurses for the OSCA differed amongst nurse educators.

**a) Guideline 11: The preparation of student nurses for the OSCA**

Nurse educators need to schedule time within the academic calendar to include time for student nurses to prepare for the OSCA. The methods of preparation need to be clearly indicated, such as lecturer-based workshops or mock OSCAs. Students need to be allowed sufficient time to familiarise themselves with the format of the OSCA by ensuring that they receive equal opportunity and time to practice their skills. The nursing college should provide workshops and guidelines for nurse educators on the methods of student preparation to ensure consistency.

**6.3.4.2 Category: Management of students' stress and anxiety during the OSCA**

The guideline focuses on the management of students' stress and anxiety during the OSCA. The recommendation for the implementation of this guideline is based on the concluding statements indicated in Box 6.12.

**Box 6.12: Summary of concluding statements regarding management of student stress and anxiety during the OSCA**

- Nurse educators identified that the OSCA was a stressful and anxiety-provoking experience for student nurses, but were able to deal with students' stress positively.

**a) Guideline 11: management of students' stress and anxiety during the OSCA**

Acknowledging that the OSCA does evoke feelings of nervousness, stress and anxiety dictate that nursing faculty should consider ways to reduce these emotions

for the student nurses to be assessed using the OSCA. Mulddon, et al. (2014:472) recommend that nursing faculty and OSCA developers should recognise and schedule additional time within the academic year specifically for OSCA preparation. An increase in the number of mock OSCAs during the year may further reduce student nervousness, stress and anxiety associated with this form of assessment.

## **6.4 GUIDELINES BASED ON DATA OBTAINED FROM STUDENT NURSES**

The below guidelines are presented from data analysed from interviews with student nurses. The concluding statements for each category provided the foundation upon which the guidelines were developed.

### **6.4.1 Theme 1: The OSCA as an assessment method**

Theme 1 relates to student nurses' experiences of the OSCA as an assessment method and contained four categories and guidelines which are presented below.

#### **6.4.1.1 Category: Preparation prior to the OSCA**

The category 'preparation prior to the OSCA' emerged as important to ensure success in the OSCA. The concluding statements regarding the preparation prior to the OSCA is shown in Box 6.13.

#### **Box 6.13: Summary of concluding statements regarding the preparation prior to the OSCA**

- Student nurses valued the preparatory phase prior to the OSCA summative assessment.
- Preparation by mock OSCA increased student confidence.

#### **a) Guideline 11: Preparation prior to the OSCA**

Preparation is vital and increases students' confidence in performing skills during the OSCA. Formative or mock OSCAs also improve student nurses' confidence and

competence in the execution of practical skills in the clinical setting. Liddle (2014:3) makes the following recommendations for the student nurses to prepare for the OSCA: student nurses should be psychologically prepared to undertake the OSCA, they should receive information regarding stations and guidelines that are to be used in the OSCA, they should know what equipment will be used and how it works, rehearse skills, know the timing for the OSCA, revise underpinning knowledge of skills, and use feedback from mock/formative OSCAs. Student nurses should be advised in the use of additional resources to prepare for the OSCA, including guided quizzes and videos. In addition, students are to attend a pre-examination information session in which they may obtain clarity regarding any concerns or questions they may have. Khan, et al. (2013:e1456) recommend that the following information is made available to students on the day of the examination: a description of the OSCA stations, including rest stations, and reminders of the examination policies and procedures.

#### **6.4.1.2 Category: Student nurses' experiences of the nurse educator as an assessor**

##### **BOX 6.14: Summary of concluding statements of student nurses' experiences of the nurse educator as an assessor**

- Positive experiences described by student nurses of the nurse educator as the assessor included assessors being supportive by displaying encouraging body language.
- Negative experiences described by student nurses included intimidation and unprofessional conduct by the assessor.

#### **a) Guideline 12: Student nurses' experience of the nurse educator as an assessor**

The rationale for this guideline is to provide a positive experience for the student nurse undergoing the OSCA. Nurse educators should encourage student nurses to complete the post-assessment questionnaire honestly. This may elicit helpful information that may improve future OSCAs. There may be mitigating circumstance

appeals and complaints made by nurse educators and student nurses that need to be attended to fairly and promptly (Khan, et al. 2013:e1458). It is, therefore, important that the institution's complaints and appeal procedure be made available to student nurses. The procedure to be followed in the case of complaints and appeals should be included in the student briefing prior to the examination.

#### **6.4.1.3 Category: The structure and organisation of the OSCA**

The structure and organisation of the OSCA as a category emerged as an important aspect from the experiences of student nurses. The relating recommendation is founded on the concluding statements presented in Box 6.15.

#### **BOX 6.15: Summary of concluding statements relating to the structure and organisation of the OSCA**

- The OSCA venue was described as overcrowded. Noise and the close proximity of the stations distracted student nurses during the OSCA.
- Student nurses indicated that the OSCA tested theoretical knowledge more than clinical skills.
- Instructions to students at stations were unclear and ambiguous.
- The OSCA environment resembled the real clinical setting.
- Equipment used in the OSCA was unfamiliar.

#### **a) Guideline 13: structure and organisation**

It is envisaged that sufficient structure and organisation of the OSCA will ensure a successful implementation of the assessment method. In this study, nurse educators and student nurses provided valuable feedback regarding the OSCA structure and organisation. However, some participants felt that case scenarios and instructions were ambiguous and the time allocation for some stations was insufficient. The assumption that can therefore be made is that a lack of training in time management skills and inadequate practice at being examined via the OSCA format might have contributed to student nurses' dissatisfaction regarding the ten-minute time allocation per station. It is also imperative that nurse educators responsible for the design and

development of case scenarios pilot test the OSCA to exclude any discrepancies/ambiguity on the day of the assessment. The OSCE venue should be booked in advance with due consideration given to the number of stations, assessors and student nurses that need to be accommodated per rotation. In addition to housing the OSCA, the venue should ideally have space to accommodate briefing rooms, administrative offices, waiting areas if standardised patients are used, quarantine areas for students awaiting assessment, and refreshment areas. Khan, et al. (2013:e1456) recommend that care should be exercised when an OSCA circuit includes a rest station. The rest station should be kept private to prevent the student from overhearing what is being said at the other stations.

In addition to the use of the mock OSCA for the preparation prior to the assessment, nurse educators should provide a written description of what would be required of them, what they could expect, and training sessions on the OSCA (AbdAlla & Mohammed, 2016:401).

#### **6.4.1.4 Category: Communication and feedback of results**

This category described student nurses' experiences of the communication and feedback of results. Box 6.16 provides the concluding statements for the above category.

#### **BOX 6.16: Summary of concluding statements of the communication and feedback of results**

- Student nurses described dissatisfaction about the long waiting period for results.
- Student nurses were satisfied at the manner in which their results were conveyed to them by hospital-based nurse educators.

#### **a) Guideline 14: The communication and feedback of results**

The purpose of this guideline is to provide a formalised method for the communication and feedback of results. Following examination, the mark sheets

should be collected and cross-checked for accuracy and missing scores. The assessors should be contacted if any corrections need their verification. The results should then be populated into an appropriate spreadsheet and cross-checked again in preparation for the ratification by the examination committee. The examination committee ratify the results, and in the case of failure or poor performance, penalties are then decided on (Khan, et al. 2013:e1458). The results may then be published electronically and hardcopies given to students. It is recommended that nurse educators provide written feedback regarding the station that they were assessing. This could be used to improve the overall quality of the stations and organisation for future OSCAs. Any issues, such as undue difficulty of tasks, lack of clarity of instructions for the student nurses, and the appropriateness of tasks for the completion in the allocated time, are indicated and addressed based on this information (Khan, et al. 2013:e1459).

#### **6.4.2 Theme 2: The student nurse as a recipient of the OSCA assessment**

This theme comprised of one category, namely the mixed emotional experience of the student nurse.

##### **6.4.2.1 Category: The mixed emotional experience of the student nurse**

This category described the stress, anxiety and nervousness, confidence and feelings of relief experienced by student nurses. The concluding statement for this category is shown in Box 6.17.

#### **Box 6.17: Summary of concluding statements of the mixed emotional experience of the student nurse**

- The OSCA evoked higher levels of stress and anxiety among student nurses than other forms of assessment.

**a) Guideline 15: The mixed emotional experience of the student nurse**

Acknowledging that the OSCA does evoke feelings of nervousness, stress and anxiety dictate that nursing faculty should consider ways to reduce these emotions for the student nurses that will be assessed by means of the OSCA. Mulddon, et al. (2014:472) recommend that nursing faculty and OSCA developers could schedule addition time within the academic year specifically for OSCA preparation. Increasing the number of mock OSCAs during the year may further reduce student nervousness, stress, and anxiety associated with this form of assessment.

**6.4.3 Theme 3: The relevancy of the OSCA to clinical practice**

Theme 3 comprised of one category, namely the benefits of the OSCA. The concluding statements provided in Box 6.18 guided the recommendation on the implementation of the guideline.

**6.4.3.1 Category: The benefits of the OSCA**

This category discussed the learning benefits of the OSCA as experienced by student nurses.

**Box 6.18: Summary of concluding statements of the benefits of the OSCA from the experience of the student nurses**

- The OSCA prepared student nurses for clinical practice by embedding knowledge and clinical skills.

**a) Guideline 16: The benefits of the OSCA**

The purpose of this guideline is to motivate the use of the OSCA on a formative basis as a teaching and learning strategy to embed necessary clinical skills used in everyday practice. The learning benefits described by student nurses outweighed the nervousness and anxiety experienced by them. The OSCA increased student nurses' confidence which better prepared them for clinical practice. This re-iterated

that mock OSCAs are not only important for summative examination preparation but should also be used on a formative basis to facilitate teaching and learning within the context of nursing education. It is recommended that the OSCA be implemented on a formative basis and after each clinical placement to provide students with an opportunity to practice skills in a safe, non-threatening environment.

## **6.5 SUMMARY**

Chapter 6 presented a discussion on the developed guidelines to support the implementation of the OSCA as a summative assessment method. These guidelines were formulated based on concluding statements of data obtained in the qualitative Phase II, with supportive literature.

# **CHAPTER 7**

## **SUMMARY, CONCLUSIONS, RECOMMENDATIONS, AND LIMITATIONS**

### **7.1 INTRODUCTION**

This chapter discusses the key findings, conclusions and limitations of the study, and makes recommendations for further research, practice and education with regard to the OSCA as an assessment method.

### **7.2 PURPOSE OF THE STUDY**

The purpose of this qualitative study was to explore and describe the experiences of nurse educators and student nurses of the OSCA as an assessment method in a private nursing college in Gauteng. The themes generated from the qualitative data (Phase I) provided the foundation for the development of implementation guidelines for the OSCA as an assessment method (Phase II).

### **7.3 RESEARCH DESIGN AND METHOD**

This was a two-phased qualitative, exploratory and descriptive research design. The reason for selecting this design was that it could best answer the research questions: “What are nurse educators’ and student nurses’ experiences of the OSCA as an assessment method?” and “What implementation guidelines could be developed for the use of the OSCA?”

#### **7.3.1 Phase I**

This phase consisted of the collection of data from two samples of nurse educators and student nurses who met the sampling criteria. Nurse educators needed to have a minimum of two years’ experience as a nurse educator and had to have been involved in the OSCA as an assessor. Student nurses had to have undergone summative assessment by the OSCA and had to be currently enrolled at the nursing

college for nursing training and education. The data became saturated after conducting twenty individual interviews with all participants, namely ten nurse educators and ten student nurses. The qualitative data was supported by field and observational notes. The data was analysed thematically and a consensus discussion was held with an independent coder to validate the findings. The data generated from interviews with nurse educators resulted in four themes and twelve categories. The data generated from interviews with student nurses generated three themes and six categories. In addition, trustworthiness was established by using the criteria of credibility, conformability, dependability, transferability, and authenticity. This phase addressed the first objective of the study which was to explore and describe nurse educators' and student nurses' experiences of the OSCA as an assessment method.

### **7.3.2 Phase II**

Phase II allowed for the achievement of the second objective of the study which was to develop implementation guidelines for the OSCA as assessment method. Guidelines were developed both inductively and deductively from the concluding statements reached and was supported by the relevant literature. A set of sixteen guidelines were developed with recommendations for implementation.

## **7.4 CONCLUSIONS OF THE STUDY**

From the integrated data obtained from nurse educators about their experiences of the OSCA as an assessment method, four themes and twelve categories were identified. Nurse educators mostly had a negative view of the OSCA as an assessment method, related to the inability of the OSCA to assess all learning domains, the quality, structure, and organisation of the assessment, the simulated nature of the tool, the availability of resources, as well as the feedback, communication and remedial action during the process. Challenges were experienced with the assessment tools as well as the educator as an instrument. Finally, they raised a concern regarding the students' readiness for evaluation.

The first theme, the OSCA as an assessment method, described that nurse educators experienced the OSCA as an ineffective method to assess the cognitive and affective domains of learning. Nurse educators experienced the OSCA as an assessment method primarily focused on the psychomotor aspect of learning. Nurse educators felt that the OSCA did not allow the student to demonstrate that learning had taken place. The negativity of nurse educators toward the OSCA as an assessment method may be attributed to the fact that they did not make a contribution to the design and development of the OSCA.

Despite the vocal expressions made by nurse educators regarding the OSCA as an assessment method, positive aspects of this form of evaluation were also highlighted and included: the OSCA is useful in assessing large volumes of students, and it provides an objective and uniform means of assessment. It may be concluded that from the experiences of nurse educators the OSCA is labour intensive, and can overwhelm assessors. The fast paced nature of the assessment, coupled with large student volumes contribute to assessors feeling overwhelmed.

Nurse educators also indicated that they would prefer to conduct assessments in the real clinical setting as the OSCA environment was viewed as unnatural and unrealistic, hindering their assessment of critical skills such as communication. Furthermore, it may be concluded that nurse educators viewed unfamiliar equipment used in the OSCA as a disadvantage to the students. Dissatisfaction was expressed by these participants regarding the communication and feedback of results which impacted on the remediation of the student nurse. Nurse educators viewed the feedback as generic and second hand, which made it difficult to remediate the student in preparation for supplementary assessment. In the second theme, the OSCA as assessment tool, nurse educators indicated that the tools used in the OSCA were ambiguous, lacked clarity and was open to individual interpretation of the assessment criteria. This could negatively impact on the reliability and validity of the assessment.

The third theme was identified as the assessor as an instrument in the evaluation of student nurses. Nurse educators described adverse experiences regarding the negative conduct of assessors and the impact it had on the assessment process.

The approach and non-verbal gestures made by assessors were viewed as anxiety provoking for the student. Factors that contributed to assessor bias included familiarity with the student, personal interpretation of the assessment criteria, and influence of fellow assessors. Assessor fatigue and boredom resulted from assessing large volumes of students and the assessment was described by some participants as being monotonous, having to assess the same skill for prolonged periods. Assessor fatigue and boredom affected the objectivity of the assessor as some participants admitted that they became either too strict or too lenient as the day progressed. Nurse educators felt that the preparation they received prior to the OSCA was inadequate as it did not provide them with an opportunity to obtain clarity on any questions they had before the assessment.

Student nurses' readiness for the summative assessment with OSCA formed theme 4. Within this theme, nurse educators described how they prepared students for the OSCA. It was from this category that it came to light that all nurse educators within this study had different methods of preparation. Some nurse educators opted for the mock OSCA as a method of preparation and some just allocated the student time to prepare. The inconsistencies in the methods of preparation could prove to either be a disadvantage or an advantage to some students. Interestingly, all student nurses that participated in this study were prepared by means of a mock OSCA and it was noted that all of them had passed the OSCA on their first attempt. Student stress and anxiety were positively managed by nurse educators through reassurance of the student nurses prior to and during the assessment.

From the integrated data obtained from student nurses about their experiences of the OSCA as an assessment method, three themes and six categories were identified.

Theme 1 relates to student nurses' experiences of the OSCA as an assessment method. Student nurses described the importance of the preparation they received prior to the OSCA which helped them correct incorrect practices, improve clinical skills and time management. Participants within this sample had both positive and negative experiences of the nurse educator as an assessor. Positive experiences were associated with the support and reassurance they received from nurse

educators before and during the assessment. Support was described in terms of the assessor smiling at them and having an open body language. Negative experiences were caused by the unprofessional conduct of the assessor, including intimidation of the student.

The structure and organisation of the OSCA was described as being realistic and resembling the real clinical setting by students. Despite this, concerns were raised by student nurses that the venue of the OSCA was noisy, lacked privacy and was overcrowded, which resulted in students being distracted during the assessment. Student nurses further highlighted that some of the instructions at certain stations were unclear and ambiguous. Unfamiliar equipment utilised in the OSCA proved challenging for students and this negatively impacted on them as time was wasted trying to figure out the equipment. Overall, student nurses were happy with the manner in which their results were conveyed to them but they did express dissatisfaction at the long waiting period.

Theme 2 related to the student nurse as a recipient of the OSCA assessment and described the mixed emotional experience of the student nurse. It was concluded that the OSCA does evoke strong feelings or stress and anxiety for the student undergoing assessment. However, this stress and anxiety is outweighed by the confidence expressed by student nurses having successfully completed the OSCA.

The relevancy of the OSCA to clinical practice centres around the benefits of the OSCA from the experiences of student nurses. It may be concluded that student nurses viewed the OSCA as a valuable method of assessment as it enabled them to retain clinical skills and embed knowledge and provide them with the confidence to execute those skills in everyday clinical practice.

## **7.5 RECOMMENDATION FOR NURSING EDUCATION, NURSING EDUCATION MANAGEMENT, AND NURSING RESEARCH**

Recommendations for nursing education, nursing education management, and nursing research follow. These recommendations are based on the issues

highlighted in the study and areas that require further scientific nursing research are indicated.

### **7.5.1 Nursing education**

The programme objectives set out in terms of the SANC (R2175), clearly state that on successful completion of the programme of study, the student nurse should be equipped with the necessary cognitive, psychomotor, and affective skills that provide the foundation for the delivery of safe patient care. The nurse educator, therefore, has a definitive role in ensuring that the student nurse is clinically competent to achieve the above-mentioned goal in accordance with SANC.

### **7.5.2 Nursing education management**

The administration of an OSCA (including planning, organisation and implementation) as a summative assessment method requires considerable commitment and critical evaluation of the assessment process from the management of the nursing education institution. This is in order to deal with the key issues indicated by nurse educators and student nurses associated with this form of assessment to achieve the ultimate goal of determining the student nurses' clinical competence.

### **7.5.3 Nursing research**

Based on the study's findings and the concluding statements of this research it became apparent that the following areas require further scientific nursing research:

- poor planning, preparation, organisation and implementation of the OSCA as a summative assessment method and the effect it has in determining student nurses' clinical competence and progression of training;
- the impact assessor conduct has on the quality of nursing education and training;  
and

- exploration of the type and quality of feedback and the impact it has on the remediation for the preparation of the student nurse to undergo supplementary assessment.

## **7.6 EVALUATION OF THE STUDY**

This became the driving force of the study. The study was significant and unique in that no study had previously been conducted regarding the OSCAs within a private nursing college in Gauteng. The findings of this study could ultimately contribute to an improvement of current assessment practices and enhance the quality of the OSCA when utilised as a summative assessment method within the context of this study.

The study achieved the set objectives, which were to:

- Explore and describe nurse educators' experiences of the OSCA as an assessment method.
- Explore and describe student nurses' experiences of the OSCA as an assessment method.
- Develop implementation guidelines for the OSCA as an assessment method.

## **7.7 LIMITATIONS OF THE STUDY**

The study's findings provided a rich discussion, yet there are some limitations that need to be acknowledged. Only nurse educators who met the sample criteria i.e. an additional qualification in nursing education, a trained assessor, and a minimum of two years' experience as a nurse educator, were included in this study. Student nurses who volunteered to participate had all passed their OSCA on the first attempt, therefore the remediation process from the experience of student nurses for supplementary OSCAs was not explored within this study. Further, all data were collected from two OSCA assessments at a single private nursing college in Gauteng. Findings are therefore transferable, but not generalisable.

## **7.8 CONCLUSION**

Nurse educators and student nurses' experiences of the OSCA revealed valuable information that assisted in the development of implementation guidelines for the OSCA as an assessment method.

It could, therefore, be concluded that this study's objectives of exploring and describing nurse educators' and student nurses' experiences of the OSCA were achieved. In addition, the study developed implementation guidelines for the OSCA as an assessment method. It is anticipated that this set of guidelines may be used to assist nurse educators and student nurses in the use of the OSCA as an assessment method.

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**ANNEXURE A**  
**UNISA: RESEARCH AND ETHICS COMMITTEE CLEARANCE**  
**CERTIFICATE**



**UNIVERSITY OF SOUTH AFRICA**  
**Health Studies Higher Degrees Committee**  
**College of Human Sciences**  
**ETHICAL CLEARANCE CERTIFICATE**

**REC-012714-039**

**HS HDC/371/2014**

Date: 10 December 2014 Student No: 5579-432-2

Project Title: Implementation guidelines for the objective structured clinical assessment of nursing students in a private Nursing college in Gauteng.

Researcher: Amanda Michelle Thawnarain

Degree: MA in Nursing Science Code: MPCHS94

Supervisor: Prof J Maritz  
Qualification: PhD  
Joint Supervisor: Dr MA Temane

**DECISION OF COMMITTEE**

Approved

Conditionally Approved

for **Prof L Roets**  
**CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE**

*L. Roets (Prof)*

*Prof MM Moleki*

**Prof MM Moleki**  
**ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES**

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

# ANNEXURE B

## ETHICAL APPROVAL NURSING COLLEGE

### RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF RESEARCH

Approval number: UNIV-2015-0023A

Ms Amanda Thawnarain

Dear Ms Thawnarain

**RE: IMPLEMENTATION GUIDELINES FOR THE OBJECTIVE STRUCTURED CLINICAL ASSESSMENT OF NURSING STUDENTS IN A PRIVATE NURSING COLLEGE IN GAUTENG**

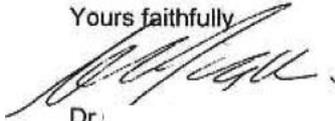
The above-mentioned research was reviewed by the \_\_\_\_\_ Research Operations Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at \_\_\_\_\_ hospitals, has been approved, subject to the following:

- i) Research may now commence with this FINAL APPROVAL from the \_\_\_\_\_ Research Operations Committee.
  - ii) All information regarding \_\_\_\_\_ will be treated as legally privileged and confidential.
  - iii) \_\_\_\_\_ name will not be mentioned without written consent from the \_\_\_\_\_ Research Operations Committee.
  - iv) All legal requirements with regards to participants' rights and confidentiality will be complied with.
  - v) \_\_\_\_\_ must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from the \_\_\_\_\_ Research Operations Committee as well as a FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.
  - vi) A copy of the research report will be provided to the \_\_\_\_\_ Research Operations Committee once it is finally approved by the relevant primary party or tertiary institution, or once complete or if discontinued for any reason whatsoever prior to the expected completion date..
  - vii) \_\_\_\_\_ has the right to implement any recommendations from the research.
  - viii) \_\_\_\_\_ reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects, \_\_\_\_\_ or should the researcher not comply with the conditions of approval \_\_\_\_\_
-

- ix) APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER OR COMPLETION OR DISCONTINUATION OF THE STUDY, WHICHEVER IS THE FIRST.

We wish you success in your research.

Yours faithfully



Dr.  
Full member: Research Operations Committee & evaluating research applications as per  
Management and Governance Policy



Chairperson: Research Operations Committee

Date: 6/5/2015

## **ANNEXURE C**

### **CONSENT FORM**

**Title: Implementation guidelines for the objective structured clinical assessment of nursing students in a private nursing college in Gauteng**

**Researcher: Amanda Thawnarain**

**Supervisor: Prof J. Maritz (UNISA)**

**Co-supervisor: Dr M.A. Temane (University of Johannesburg)**

I am herewith inviting you to participate in a study to investigate nurse educators and student nurses' experiences of the objective structure clinical assessment as an assessment method.

Your participation in the study is voluntary and you are by no means obligated to participate and you may withdraw from the study at any time without any penalties, even if you wish to do so in the middle of the focus group interview.

Although this study will not benefit you directly it will assist in the development of implementation guidelines for this form of assessment.

Your participation would mean that you will meet me for an in-depth interview that should last for one hour. The interview will be audio-recorded to assist in the data analysis process. Your confidentiality and privacy will be maintained in accordance with ethical principles and you will not be linked to any data that you provide.

All data will be stored in a secure place and only the researcher and the supervisors will have access to the recorded interview and the transcripts.

To the best of my knowledge these are risks involved in the study, in addition that some discomfort may arise from recalling events, I will do my best to make you feel as comfortable as possible during the focus group.

Should you have any questions pertaining to the study or participating in the study please feel free to contact me (Amanda Thawnarain): Cell Number: 073 271 1566/ Work: 011 495 5095/ Home: 011 760 5065/ Email: a.thawn@gmail.com

Ethical clearance for the study and its procedures has been obtained from the relevant research committees.

### **Declaration by researcher**

I have discussed the above points with the participant and it is my opinion that the participant understands the purpose, risks and benefits of the study.

-----

Researcher

-----

Date

### **Declaration by participant**

I understand that my participation in this study is voluntary and that I may withdraw from the study at any time without any penalty.

-----

Participant

-----

Date

## **ANNEXURE D**

### **INTERVIEW PROTOCOL AND GUIDING QUESTION INSTRUMENT**

The purpose of the interview protocol and guide is to assist in ensuring that each participant is asked the same question in the same way since changing a few words may shift the intent of the question and affect the response. The researcher having introduced self and purpose of the study at the time of face to face visit or email participants recruitment will meet each participant at the agreed upon venue, date, and time. The following is the interview protocol developed for the participants' individual in-depth interview to explore nurse educators and student nurses experiences of the OSCA as an assessment method at a private nursing college in Gauteng.

The researcher will greet and thank the participant for making time to participate in the study. Explain expectations such as during the interview the participant will be expected to:

- a) Review and obtain informed consent if not signed at the time of recruitment
  
- b) Review the purpose of the study, reiterate interest in the study and for clarity define the OSCA, as the Objective Structured Clinical Assessment commonly referred to as OSCE/ OSCA is an assessment method used to assess student nurses clinical competence during summative assessments. In OSCA the student nurses clinical competence is assessed by rotating students through several skills stations using case scenarios on mannequins and standardised patients in the simulation laboratory.
  
- c) The research will reiterate the interview will last approximately 60 minutes starting with the signing of the consent form and although I will be taking some notes during the interview, I will also be using a digital recorder to record the interview that will assist in the data analysis process.

- d) Following the introduction and the signed consent, the researcher will ask the faculty member if the participant has any questions before the interview commences
- e) The researcher will then commence the interview by presenting the research question: *“Tell me about your experiences of the OSCA as an assessment method?”*

### **Closing Comments**

The researcher will thank the participant for their time and for the experiences shared during the interview adding that, if any clarification of information is required it will be made telephonically or via email. After transcription, coding and data analysis, the participant will review, validate and provide feedback on the transcribed data. The feedback will be by voluntary member checking through an email of the participant's transcribed interview.

### **Grand tour interview question**

Tell me about your experiences of the OSCA as an assessment method?

### **Probing topics**

- OSCA tools
- Organisation and structure
- Advantages/disadvantage of the OSCA
- Positive/negative experiences of the OSCA
- Fatigue/stress/anxiety

### **Examples of open-ended questions**

How would you describe your experiences with the OSCA for the evaluation of student nurses' clinical competence?

What feelings and emotions did you experience with the OSCA?

In your opinion what are some of the advantages of the OSCA as an assessment method?

In your opinion what are some of the advantages of the OSCA as an assessment method?

**ANNEXURE E**  
**EXAMPLE OF ANALYSED TRANSCRIBED DATA**

**TRANSCRIPTION: NURSE EDUCATOR 1 (NE1)**

**18/06/2015**

TRANSCRIPT	SUB-CATEGORY	CATEGORY
<p>Researcher: Tell me about your experiences of the OSCE as an assessment method</p> <p>NE2: Okay, my experiences as a nurse educator of the OSCE's is that it is very fast paced in terms of the volume, the time frame in which the students need to do things, umm, I just find that it's not a very good tool in terms of your student can they really be assessed in ten minutes per station as to whether or not they are competent with their skills but not only that we don't want just skills nurses we want nurses who are able to think and who are able to rationalise, to integrate and communicate with the patient and to understand what they're doing as</p>	<p>fast paced, volume, time frame</p> <p>Time constraints</p>	<p>Process overload</p> <p>Implications for outcome</p>

<p>opposed to just being proficient in a skill. So for me I just find that with the high volumes and the time frame and what they require of the students you don't really get a good sense of the student, umm and then you have got to make a judgement in terms of whether they pass and fail.</p> <p>Research: Mmm</p> <p>NE2: Well my first you know, in the, well what I know of is that a lot of people sit and observe, you know I didn't have the luxury of observing, umm my very first experience I was</p>	<p>high volumes, same</p> <p>Inexperience</p>	<p>Process overload</p> <p>Assessor experience</p>
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## **ANNEXURE F**

### **EXAMPLE OF FIELD NOTES**

#### **AN EXAMPLE OF FIELD NOTES**

Field notes

Date: 27/05/2015

Time: 12:45

Individual interview: Nurse Educator 1

Venue: Nursing college

Background information

The participant was approached at the college a month prior to the interview and verbally invited to participate in the study. The participant agreed and the interview was scheduled for the date and time indicated above. The date, time and venue of the interview was based on the participants availability. On the day of the interview I arrived 15 minutes earlier to allow time to re-explain the research purpose, objectives, risks and benefits and to answer any additional questions that the participant may have had. Informed consent was signed prior to the commencement of the interview. The interview took place in the office of the nurse educator. The digital recorder was placed on a table between the participant and myself to facilitate a quality recording.

Personal notes/observational notes

The participant had rich information to share and was part of many OSCA's over the years. The participant appeared relaxed and maintained good eye contact throughout the interview. There was never any hesitation on part of the participant to share information and the interview flowed smoothly. The venue was initially quiet but the interview was around lunch time and voices and movement could be heard in the adjoining corridor. The noise however did not interfere with the progress of the interview. I experience some anxiety prior to the interview as this was my first interview in the data collection process but as soon as the interview began I managed to relax and focus on the interviewing process.

## Methodology

Most of the field notes were made after the interview as I needed to listen closely to what the participant was saying and didn't want to distract the participant by continuously writing. I observed the participants body language and facial expressions throughout the interview and the participant remained calm and relaxed throughout.

# ANNEXURE G

## TURNITIN REPORT

### Turnitin Originality Report

- Processed on: 21-Jan-2017 20:35 SAST
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