THE VIEWS OF NURSE EDUCATORS OF ASSESSMENT STRATEGIES USED AT A PRIVATE NURSING EDUCATION INSTITUTION IN SOUTH AFRICA

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DECLARATION

I, Precious Reyneck, declare that this research report is my own work and that all the sources quoted have been indicated and acknowledged by means of complete references and is being submitted for the degree of Master of Science in Nursing. This report has not been submitted for any other degree at any other institution.

Signed at Johannesburg

P.Reyneck

On the .....13.... Day of .....JULY....., 2020

DEDICATION

I dedicate this study to my daughter,

Moecia Reyneck

Always remember that what you believe about yourself, guides what you will accomplish.

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My gratitude goes to God almighty for giving me the ability to complete my studies.

Dr Sue Armstrong my supervisor, thank you for the support, guidance, and encouragement and not giving up on me, I am forever grateful. Thank you for your contribution to nursing and nursing education.

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ABSTRACT

Assessment strategies are a critical aspect of teaching and learning. Despite research by many authors both nationally and internationally on assessment strategies, little is known about the views of nurse educators on assessment strategies in the private nursing education institution in South Africa. The overall impression based on anecdotal evidence, indicates that there is a lack of assessment literacy amongst educators and that educators are not well supported with regards to the facilitation of the assessment processes. Little is known, however, about the opinions of nurse educators involved in the implementation of policy on assessment strategies. This study is part of a growing body of research that seeks to find information regarding the views of nurse educators on assessment strategies and to use this information to improve the educational process.

The aim of the study was to establish the views of the nurse educators on the relevance and effectiveness of assessment strategies at a private nursing education institution in South Africa. A qualitative, exploratory design was used to collect data from nurse educators currently employed at the various campuses of a private nursing education institution by means of semi-structured interviews. The interviews were recorded and transcribed verbatim, and the data analysed using thematic content analysis by Braun and Clarke.

The findings of this study revealed that the assessment processes are driven by policy which is developed by management and nurse educators are required to follow these policies leaving little room for autonomy related to decision making regarding assessments and assessment strategy. Part of this problem relates to the fact that the students write summative examinations set by the SA Nursing Council and not by the institution itself. There was a general concern relating to the lack of time for designing and administering assessments and also a shortage of human resources for the tasks related to assessment. This leads to questionable practices, such as recycling test papers. Classroom assessments were used almost exclusively as a form of assessing the student nurses, rather than for development purposes. The findings of the study also suggested that participants do little to involve learners in the development of assessments and that assessments are largely based on the lower levels of the cognitive domain of Bloom's taxonomy. There was an ever-present concern regarding the need to prepare students for external examinations by the SANC, which may hamper the quality of teaching and learning.

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CHAPTER ONE

OVERVIEW OF THE RESEARCH STUDY

1.1. INTRODUCTION AND BACKGROUND

Assessment of learning is one of the core responsibilities of any teacher. It is a critical requirement to ensure quality learning and teaching take place in the classroom (Schuld, Kanjee, and White 2017).

The word 'assessment' comes originally from the Latin *assidere*, which literally means 'to sit beside' someone, presumably in order to form a judgement about their capabilities (William 2014). The South African Nursing Council (SANC) defines assessment as 'a systematic process for collecting qualitative and quantitative data to measure, evaluate or appraise performance against specified outcomes or competencies' (South African Nursing Council 2005).

Learning is defined as changed behaviour that results from experience (De Houwer, Barnes-Holmes, and Moors, 2013) and can therefore be examined through assessment of behaviours, or criterion-based assessments. While used for summative evaluation purposes, the use of such assessments in formative assessment provides an opportunity for learning, and for ascertaining whether the teaching and learning process was a meaningful experience. Learning should, therefore, be an integral feature of assessment.

Amua- Sekyi (2016) asserts that formative assessments are assessments *for* learning, where the teacher judges how well the students are learning and grasping the knowledge of the subject. The results from the formative assessments can provide the teacher with an opportunity to self-reflect, as these give an indication as to how effective his/ her teaching process has been. It also assists in determining what was taught and learned, and how well it was taught and learned. The educator can then make the necessary adjustments and improvements to his / her teaching. Summative assessments are assessments *of* learning and take place at the end of a course or programme. This facilitates a final judgement which can be made about the achievement of the students, teachers and the school.

The quality of nursing education is dependent on the teaching, learning and the assessment process, but also includes how these assessment results are used. In the private nursing

education institution, students are assessed with the view to determining whether he/ she is competent at the end of their training (foundational, practical, reflexive, and applied competency). The assumption is that 'passing' the assessments indicates that the student will be successful in the workplace and provide an employee that is fit for purpose. The emphasis is on the students' performance rather than the quality of the assessments and the assessment process.

Kibble (2016) states that best practice in summative and formative assessments includes the process of planning, developing and deploying tests as well as monitoring their effectiveness.

Livingston & Hutchinson (2017) and Shepard (2019) believe that assessments must improve learning. This is based on the idea that the purpose of the assessments is not to "catch the student out" but to assist him/her to meet the clearly stated learning objectives. A variety of assessment strategies are used to gather adequate evidence on the students learning, while providing specific, timely and effective feedback, for example, through conversations between students and teachers, peer assessments, self-assessment and written feedback.

Okobia (2015) notes that assessment of students in the past required students to rote learn or recite memorized knowledge and focused mainly on the cognitive domain of learning. Learning taxonomies are helpful when developing and matching learning assessments (Kibble 2016). The most commonly used taxonomy is Blooms Taxonomy (1956) which defines six cognitive process dimensions (remembering, understanding, and applying, analysing, evaluating and creating). Munroe (2017) emphasizes that teachers need to understand the details of Blooms taxonomy domains (cognitive, affective and psychomotor) so that they can serve as to guide the educator in lesson planning, the teaching process and applying relevant assessment strategies. This will guide the process to achieve the objectives of these three learning taxonomy domains.

Teachers must also keep in mind that students have different learning styles. One assessment strategy may therefore clearly not be effective for all learners. Green and Batool (2017) advocate that written and oral examinations are most effective for assessing the cognitive domain, and that reflective learning, personal reflection papers, self- assessments and journaling, best assess the affective domain, while the psychomotor domain assesses whether the learner is competent in executing the skill. The teacher should also take into consideration the complexity of the skill during the assessment.

Formative and summative assessments shape teaching and learning, allowing room for planning and remediation as well as reflection, SAQA (2013). Assessments do not only refer to written tests but refer to many assessment strategies, including oral examinations, reports, portfolios, posters, presentations, reflection, peer evaluations, self- evaluations, scoring rubrics and instructional rubrics. The processes of learning and assessments require educators to possess both theoretical and practical knowledge, skills and experience in these processes to enable them to administer assessments that are effective, and to meet student's needs and improve on their teaching (Mahapoonyanont, Hansen, & Poskitt 2017).

Countries around the world are undertaking curriculum reform in higher education institutions, while educators are not being provided with enough support to adjust to these reforms within their own settings (Camburn & Han, 2015). In South Africa, Le Cordeur (2014) found that teachers spend too much time on standardised tests. This has contributed to their inability to use assessments to support learners' creativity, innovation, and independent thinking. There is further evidence that in South Africa, lecturers' fail to fail students who are not competent (Willemse, 2016) and that the affective skills of student nurses are not adequately evaluated (Tshikanda, 2020).

Kanjee and Croft (2012) as well as Kanjee and Mthembu (2015) identified a lack of assessment knowledge and practice amongst teachers across all different school categories. To enable educators to interpret and use data, Marsh (2012) suggests a 'theory of action' which states that the effective and efficient use and interpretation of data by teachers requires teachers to be supported throughout the entire assessment process. According to Kanjee and Moloi (2014), this support should focus on assisting educators to gather data that is valid and relevant in their context, while combining this with the educator's professional expertise. This mix should be used so that the educators remain informed about the learners, followed by the last leverage point, where the subject advisor together with district officials, play a role in facilitating the assessment process.

The private nursing education institution where the study took place used formative and summative evaluations and used Blooms taxonomy extensively. To date, however, no evaluation has been done of the current assessment practices used, to ascertain whether the teaching and learning process was a meaningful experience, and whether they were effective.

As the study was conducted using participants involved in teaching the Bridging Course, information is given here to provide context. The Bridging course is a two-year course which provides the opportunity for enrolled nurses to upgrade to professional nurses. The regulations of the SA Nursing Council that pertain to this course are the "Regulations relating to the minimum requirements for a bridging course for Enrolled Nurses leading to registration as a General Nurse or a Psychiatric Nurse" (R683). The programme consists of five modules in the first year and five modules in the second year. Each year has three performance standard reviews (PSR) which are a way of monitoring the students' academic progress for formative theoretical as well as formative clinical requirements. The assessment strategies used at the PNEI are diagnostic assessments, formative theoretical assessments, individual and group assignments and peer evaluations. A student must obtain a mark of 50% and above to enter for the summative theoretical assessment by the South African Nursing Council (SANC). Two summative assessments are conducted by the SANC - for the first and second year. A student requires 50% to pass the SANC summative assessment.

An assessment pathway is available for the Bridging Course at the PNEI. Its purpose is to map out all the assessments that students have to undertake both in theory and clinical practice. It encompasses all the assessment criteria for the programme. This assessment plan is available to students as part of their study material and is discussed with them during their orientation programme where their roles and responsibilities regarding assessments are discussed with them. Assessments are designed by the academic staff members / lecturers for the course that they teach. Assessments are designed by the academic staff members / lecturers for the course that they teach. Lecturers ensure that assessment planning, preparation activities and processes are aligned with the assessment requirements of the PNEI.

Formative theoretical assessments are internally moderated to ensure that the assessments meet the assessment principles.

From a research point of view, it is crucial to explore the understanding that teachers have of assessment, so that teacher education can be more effective (Pastore et al., 2019. The researcher therefore believed it important to examine the relevance of practices used at the nursing education institution, with a view to improving the quality of assessments, and bringing practices up to date.

1. 2. PROBLEM STATEMENT

Assessment strategies are an integral part of teaching and learning and are used to ascertain whether the teaching and learning processes provide for a meaningful experience and have been effective. In order to ensure that assessment practices remain relevant in a changing educational environment, it is important to evaluate the assessment strategy used at nursing education institutions. Nurse educators who use the assessment strategies, are best placed to provide relevant feedback. No such evaluation has been done at the PNEI (Private nursing education institution), and results from such an evaluation will inform the nurse educators of any changes that may be indicated, to provide for a relevant and effective assessment strategies.

1. 3. PURPOSE OF THE STUDY

The purpose of the study is to explore the views of nurse educators regarding assessment strategies related to their relevance and effectiveness.

1. 4. RESEARCH QUESTION

What are the views of the nurse educators on the relevance and effectiveness of assessment strategies at a private nursing education institution in South Africa?

1. 5. OBJECTIVE OF THE STUDY

To establish the views of the nurse educators on the relevance and effectiveness of assessment strategies at a private nursing education institution in South Africa.

1. 6. OPERATIONAL DEFINITIONS

The following definitions apply in the context of this study:

Assessment is a systematic process of assembling empirical data of learning progress, skills acquisition and educational needs of a student. It establishes what a student has learned within his/her educational environment and uses a variety of tool and methods to collect the data.

Assessment strategies are ways of providing valuable information to both the teacher and the learner about a student's progress. Each strategy offers unique purposes, methods, and instruments for evaluation.

Principles of assessment refers to ideas or rules that influence or control how things are done and are used to guide practices, and in the case of assessment specifically refer to reliability, validity, fairness and flexibility. In this study additional principles of authenticity, clarity of feedback, purposefulness and transparency were added.

Evaluation is a term often used interchangeably with assessment but implies value judgement. It is a broader term than assessment and complements various methods of measurement to make these value judgements.

Formative assessment is assessment carried out during the course of a programme to establish the progress a student has made towards meeting their learning goals and to identify problems learning areas.

Nurse educator is a person registered with the SA Nursing Council as a nurse educator and who is employed by the private nursing education institution to teach students.

Private nursing education institution is a nursing education institution accredited by the SA Nursing Council to offer nursing programmes.

Summative assessment is a term used for assessments carried out at the end of a programme or module and is used to determine whether a student should progress to the next level or be granted a qualification. The term is used interchangeably with “high stakes” assessment.

1.7. CONCLUSION

In this chapter an overview of the study has been given. The next chapter will provide a review of the relevant literature.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter provided an overview of the study. This chapter presents a review of the literature related to assessments strategies, and a lecturer's views on assessment strategies. The issues that will be discussed are the importance of assessments, the purpose of assessment, types of assessments, common assessment practices, and challenges related to assessments in nursing education.

2.2 IMPORTANCE OF ASSESSMENTS

If one examines the regulations related to education in South Africa, and elsewhere in the world, assessment is considered a most important aspect of education. Statutory bodies responsible for the provision of nursing education, all mention assessment directly or indirectly. The Higher Education Act (Act No 101 of 1997) states that no degree or diploma may be conferred by a higher education institution unless the students has "completed the work and attained the standard of proficiency determined through assessment as required by the senate of the public higher education institution, subject to section 7". The Nursing Act (No 33 of 2005) indicates that a person may not be registered before completing an examination conducted by the relevant nursing education institution. The SA Qualifications Authority Act (No 58 of 1995) states that one of its functions is "the registration of bodies responsible for establishing education and training standards or qualifications; and the accreditation of bodies responsible for monitoring and auditing achievements in terms of such standards or qualifications." This indicates that this body has an oversight function regarding the assessment that takes place in institution of learning in order to meet the requirements to obtain a qualification.

SAQA has articulated in detail how it sees assessment taking place in its National Policy and Criteria for Designing and Implementing Assessment for NQF Qualifications and Part-Qualifications and Professional Designations in South Africa (2014) indicating the core assumptions and principles of assessment, the content of assessment, criteria and guidelines for the implementation of assessment, assessment requirements and responsibilities. SAQA (2015)

further states that assessment is an integral part of any curriculum, and that it is integral to the quality of qualifications. They advise that decisions regarding the purpose of assessment, and how assessment will contribute to learning, should be kept in mind while planning and executing assessments.

Several authors (Shuichi, 2016; Quinn & Hughes, 2013; Stuart, 2013; Evans et al., 2014) have spoken about the importance of assessments, saying this vital or essential part of the educational systems ensures that all domains of learning are achieved (cognitive, affective and psychomotor). They go on to say that assessment assists in identifying learner needs, and therefore enables the teacher to take remedial action to assist the student. This in turn acts as a powerful motivator for students, and is an important way of assessing the effectiveness of the curriculum.

2.3. THE PURPOSE OF ASSESSMENT

One can see when reviewing the importance of assessment, that it is closely linked to the purpose of assessment and fulfils an important function.

While one can look at the purpose of assessments as being to assess competency, to assess the quality of the curriculum and to identify learning needs as indicated in the previous section, another useful, if more uncomfortable way, is to look at the purpose of curriculum in terms of incentives, sanctions and power relations, as do Skedsmo & Huber (2018). Yet another way of viewing the purpose of evaluation is to look at it in terms of the need to make comparison, the need to instruct and the need to evaluate as suggested by Popham (2016). Borch et al., (2020) view the purpose of evaluation in yet another light. They suggest that assessment and evaluation is a "balancing act between control, public accountability and quality improvement."

These arguments, or differing classifications, indicate that assessment and evaluation mean different things to different people.

In nursing, as with other professions, an important purpose of assessing student nurses is to safeguard patients and to ensure that the public is protected (Walsh 2010). This matches Borch et al.,'s (2020) assertion that one of the functions of assessment is that of public accountability. If however, it becomes a means of control, which it could, one has to question who is

implementing the control and for what purpose. If it is to control quality of graduates, there is little chance that it would be challenged, but if it becomes a means of excluding people who should or could have gained access to the profession, the practice becomes questionable.

Popham's (2016) suggestion that assessment is used to make comparisons, as well to instruct and to evaluate, seems, at first glance to be non-controversial, but the means of making comparison deserves a second look. If assessment is used to compare one student with another, or one group with another, and therefore to classify them, as is done in the school system where they are streamed, it could lead to inequitable teaching and learning, or even to students being allocated to alternative programmes such as the diploma programme as opposed to a degree programme. The other danger is, particularly if a national licensing examination is held, that the scores of students will be 'moved' to fit a pre-conceived percentile.

Hernandez (2012), Stuart (2013), Prashanti and Ramnarayan **(**2019) and Reddy et al., (2015) all believe that it is most important to use assessment as an opportunity for building and supporting students, rather than penalizing them and that it should form an integral part of the learning process. This raises the issue of summative versus formative assessment, which will be discussed in a later section as the purpose for each of these methods differ. Assessment, whether formative or summative can certainly be used to determine priorities, but it must be born in mind that the assessments usefulness in determining priorities will depend on the design of the assessment, as one type of assessment does not fit all (Dixon-Román, 2011).

Probably one of the easiest ways of looking at the differences in purpose of assessment is Brady et. al.,'s (2019) dimensions of assessment namely, assessment **for** learning; assessment **of** learning and assessment **as** learning. Assessment for learning equates to formative assessment. Assessment of learning is information gathered by an educator at the end of a course, or section of a course to assess what the learner has learned, and can be equated with summative assessment, whereas assessment as learning involves the student in the assessment process, and can include peer assessment and self-assessment, with the purpose of providing feedback to the learner.

2.4. TYPES OF ASSESSMENT

If one asks a student to explain 'assessment', they most commonly consider summative assessment first. Summative evaluations measure what students have learnt and create

accountability for student performance through testing (Shuichi 2016), as well as determining student's futures. Williams (2013) argued that, rather than students learning what they are taught, they learn what they will be assessed on. This could be viewed in a positive light in that if an educator assesses well, student will learn well. On the other hand, if important aspects are not assessed, and if William's idea is correct, it means that those aspects will not be learned, which could be to the detriment of the community. In the case of summative assessments, it is clearly not possible to include everything the student needs to know, or will be able to demonstrate competence in. Lau (2016) warns against making a clear distinction between formative and summative evaluations, as she says formative evaluation has come to be considered as "good", and summative "bad. However, not only do they both have important functions, but the two are part of the same system and should not be separated. This idea is echoed by Alsalhanie et al., (2017) who states that while the goal of formative evaluation is to monitor students learning and provide ongoing students feedback, this very process improves teaching, finds the strengths and weaknesses of the students, and therefore improves their performance. This occurs prior to summative evaluation, when an individual student's performance is compared against a set of chosen standards to decide whether he/she is fit to "pass" the programme.

Johnson et al., (2016) state that formative assessments indicate good teaching, they motivate students to engage and strive for higher achievement while Hendrick et al., (2017) view frequent summative assessments as demotivating and causing disengagement amongst students.

The practice of allowing or requiring students to assess themselves has been implemented, again with mixed results. Panadero et al., (2015) points out that a variety of mechanisms can be used for this purpose, and that the idea behind it is that students assess the quality of their own learning – both processes and products of learning. Papanthymou and Darra (2019) argue that this type of assessment is one of self-regulation, and that it assists in raising the students' self-esteem.

A modification of self-assessment is peer assessment, which, Chen et al., (2016) argue, have the advantage of students receiving feedback on their performance in more accessible language, and may elicit more positive feelings when criticism comes from a peer than from an authority figure. Sasser (2018), however, points out that peers may not be adequately trained which might render the assessment ineffective.

The goal for most educators is to ensure that students can practice safely in real life situations, and while simulation is widely used, authentic assessment is regarded as useful in that they encourage the integration of teaching, learning and assessing, in the process of the students demonstrating that they can meaningfully apply concepts (Mueller 2016). Seattlepi (2018) and Murphy et al., (2017) express some concern, however, as the validity and reliability of such assessments is questionable, and they tend to be difficult to set up and are time and resource consuming. The alternative to authentic assessment must, then, be simulation. Assessment in simulation has received a great deal of attention.

2.5. COMMON ASSESSMENT PRACTICES

A literature review of summative assessment practices in nursing was carried out by Helminen et al., (2016), which provide for a useful discussion of common assessment practices for this current study. Whilst their study was conducted relating specifically to assessment in the clinical environment, many of the lessons learned, are applicable equally to the assessment of theory. Their headings will therefore be used to frame this section of the chapter.

2.5.1. Acts Performed Before Final Assessment of the Student

Several authors (Sharma et al., 2016; Raymond and Grande, 2019; Bruce & Klopper, 2018) refer to the need for an educator to prepare for assessments. It is common practice to have established policy or documentation that can assist in this process. These are interchangeably referred to as assessment blueprints, (Sharma et al., 2016; Raymond and Grande, 2019), and assessment plans (Raymond and Grande, 2019; Bruce & Klopper, 2018). These documents assist in creating rational, well balanced assessments that meet the course objectives. The plans need to be communicated to both students and educators to ensure that there is a common understanding of what is required.

The alignment of objectives and assessments should extend to practica and theory evaluation, to ensure alignment in the assessment of these aspects (Patil et al., 2014).

The need to manage the administrative processes around the setting of examinations, is an important quality assurance mechanism. (Domeniter et al., 2019).

Williams (2019), Beutel et al., (2017) and Ombasa (2017) refer to the importance of the moderation process. This is a quality assurance mechanism that ensures accountability and gives the opportunity for peer review (Crisp, 2017; Monyatsi & Ngwako, 2019).

2.5.2. The actual situation of final assessment of students

During the writing of tests and examinations and the conduct of clinical examinations, it is important that the process runs smoothly, to alleviate stress and ensure quality of the process. This can be ensured through the preparation of venues the day prior to the assessment (Quinn and Hughes 2013), and by invigilators carrying out their roles and responsibilities meticulously (Minott 2018).

One of the other issues raised by authors related to the assessment process during the examinations, is the issue of misconduct. All efforts to prevent misconduct should take place, as the likelihood of cheating occurring is ever present if students are involved in high stakes examinations. Onyibe et al., (2015) links misconduct to growing demands for certification and educators that lack the pedagogy that imparts content to learners, as well as where there is a lack of resources such as libraries. These factors put pressure on students, and it could lead to academic dishonesty (Korn and Davidovitch 2016).

2.5.3. Acts after the assessment situation of students

After an assessment has been written students are awarded marks for the work they have done, and the nurse educator uses these marks to make an evaluation (Bruce & Klopper 2018). The student's assessments are then moderated. The roles of the moderator should be clearly stated as the moderation of assessments ensures that quality is maintained. Academics remain accountable and go a long way to improve the assessment process (Villarroel et al., 2017).

Crisp (2017) emphasizes the importance of checking the difference between the marks of the internal and external examiners in assessing the validity of the examination, and also discusses reactions of internal examiners to the moderators comments, which may be negative or positive depending on how the moderator has approached the task.

Management information systems should be in place where marks are uploaded to produce timely, as well as effective information that supports decision-making and other functions that management may need (Berisha-Shaqiri, 2014). In the case of assignments and reports, the

assessment must be run through a plagiarism detector to address plagiarism (Mphahlele and McKenna 2019).

Students receive individualized performance standard reviews/reports, however these results may, in the case of formative assessments, also be communicated to other stakeholders such as student funders/supporters, and the SANC who are responsible for the licencing of nursing programmes in South Africa.

2.6. CHALLENGES RELATED TO ASSESSMENT IN NURSING EDUCATION

A paper written by Ahluwalia, Damberg, Silverman, Motala & Shekelle (2017) indicates that as it is essential for any health service to be of high quality, and to provide secure and efficient patient services, policy makers need to evaluate their prospective workforce, based on the requirements of the work setting. If one views the programme objectives for the Bridging Programme (R683) (which is the programme followed by the students whom the educators in this study teach) only two of the eleven objectives relate specifically to work in the clinical setting – that of (b) which states, " … is skilled in the diagnosing of man's health problems, the planning and implementing of therapeutic action and nursing care for the individual at any point along the health/illness continuum in all stages of the life cycle as well as care of the dying, and in the evaluation thereof; and (h) which states, "… displays an enquiring and scientific approach to the problems of practice and is prepared to initiate and to accept change". As it is a regulation, it is necessarily broad to allow nursing education institutions to apply the regulations. The difficulty is that students on this programme are prepared to work in various health settings, and are never specifically taught, or evaluated, on the requirements of the work setting. This must be learned once newly qualified nurses commence practising.

Bvumbwe (2016) has pointed out that nurse educators, or, as she phrases it, "competent faculty members", are responsible for providing quality education to students, to ensure that they are able to provide quality care in the workplace. The competencies of the nurse educator, as articulated in the competency framework (SANC, 2014) indicate that they should use assessment and evaluation strategies, among other aspects, to "use a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and effective domains", and to "Demonstrate skill in the design and use of assessment tools for assessing knowledge and clinical practice". The implication is that assessment and evaluation of the ability to work "based on the requirements of the work setting" is done, but this is not explicit, and could

readily be avoided or, more commonly, generic assessment tools used, which do not necessarily meet this suggested criterion. Mulaudzi et al., (2014) suggested several years ago that, based on the findings of her study, nurse educators need increased capacity-building for nurse educators, and that they be regularly assessed, to ensure currency and relevance of their competencies regarding evaluation and assessment. There is no evidence in the literature that this recommendation has been acted upon.

A further problem related to assessment and evaluation was raised in the study by Willemse (2016) that nurse educators' commonly "fail to fail" students who do not demonstrate competence. She stated that this problem is multi-factorial, and that while some of the causes are on an individual level and could potentially be addressed, most are entrenched system issues which are more problematic.

2.7. CONCLUSION

In this chapter, a review of relevant literature has been given. In the next chapter the research methodology will be described.

CHAPTER THREE

RESEARCH METHODOLOGY

3. 1 INTRODUCTION

In this chapter the research design, research setting, sampling process data collection, data analysis, trustworthiness and ethical considerations will be described.

3. 2 RESEARCH DESIGN

A research design is the plan of what the researcher intends to do and involves various components such as the research method, data collection techniques, the approach to analysis of the qualitative data, report writing and how the research intends to publish the findings (Myers, 2019)

In this study, a qualitative, exploratory design was used. The qualitative research approach is a systemic approach that seeks to assist the researcher in understanding of human experiences, subjective views and feelings. (Brink et al., 2017).

Botma et al., (2011) states that the use of exploratory research is beneficial when the problem being studied has limited research on the issue. Due to there being no studies in South Africa that explore the views of nurse educators regarding assessment strategies related to their relevance and effectiveness, the exploratory research approach was considered most suitable for this research study.

3.3 RESEARCH SETTING AND CONTEXT OF THE RESEARCH

In a qualitative study, data collection should occur in a natural setting (Creswell, 2014).The study was conducted at a large private nursing education institution, attached to private hospital groups in four different provinces. These campuses currently offer Bridging courses, 1st and 2nd year, Enrolled nursing upgrade programme, post- basic programmes, in- service certificates and short courses. There are currently approximately 3000 students registered at the various campuses of private nursing education institutions.

3.4 POPULATION

A population is the entire group of persons or objects that are of interest to the researcher, in other words, that meet the criteria that the researcher is interested in studying (Gray, Grove & Sutherland, 2016).

The target population for this study was nurse educators currently employed at the various campuses of the private nursing education institution N = 34.

3.5 THE SAMPLING PROCESS

According to Polit and Beck (2017) sampling is the process of selecting and searching for situations, context and or participants who provide data related to the phenomenon of interest. A sample is a subset of the population that is selected for a particular study, and sampling is the process of selecting a group of people, events and subjects, to enable the researcher to source answers and information (Burns & Grove 2013).

The sampling method that was used in this study is a purposive sampling method. Purposive sampling is where the researcher chooses participants who have experience and are conversant with the matter at hand (Brink et al., 2017) and who are capable of providing the necessary data (Dewanti and Novitasari 2019). Crossman (2017) states that a purposive sampling technique focuses on characteristics of a population based on the objective of the study.

Qualitative studies cannot give the sample size in advance because it is established when data saturation is reached in the study area and when there are no new ideas, information and views gathered from participants (Fusch & Ness 2015; Brink et al., 2014). When the researcher assesses issues being raised by the participants, their variation, the depth and richness of the data and the point at which data is being repeated and redundant (Myers 2019).

When the researcher notes that the theme is being heard repetitively with no new information arising, the researcher should consider ending data collection (Monette et al., 2010). The researcher established that saturation was reached when after asking the same open-ended questions and probing for new information no new information was obtained. Twenty (20) in - depth face to face interviews were conducted until the researcher believed that data saturation had been reached, and when no new information was being obtained from the participants.

3. 6 INCLUSION AND EXCLUSION CRITERIA

Inclusion and exclusion criteria allow the researcher to decide, as to whether the person or object can be regarded as a member of the study population (Brink et al., 2012).

Participants included were lecturers purposively selected from three campuses of the private nursing education institution.

The researcher selected lecturers who teach basic and post- basic students as they are involved in the designing of student assessments and are therefore assumed to be more knowledgeable about the subject.

Two of the campuses were excluded because they have a small number of employees at these campuses. The academic staff of the clinical departments were also excluded as they do not design student assessments. Lecturers from three of the five campuses were therefore included in the study.

3.7 DATA COLLECTION

3. 7. 1 Data Collection Method

The researcher conducted semi-structured interviews with the participants that were digitally recorded, and then transcribed them to meet the aim of the study. During semi-structured interviews the researcher has sufficient freedom in probing the interviewees so as to elaborate on their original responses or follow on lines of inquiry introduced during the interview. The researcher has a general idea of where he or she wants the interview to go (Hashemnezhad 2015). The questions are pre-structured based on the pre-knowledge of the researcher, although there may be opportunities for “tell me more” kinds of questions (Percy, Kostere and Kostere 2015). Moreover, such interviews have a possibility to produce the highest response rate (Creswell, 2014) and often hold a potential in giving a voice to minority groups in societies that may be unable to be heard elsewhere (Reeves et al., 2015). An interview guide was used to guide the interview (Appendix A). This enables the researcher to prepare the questions or the topics that will be covered in the interview in advance. (Polit and Beck 2010).

3.7.1.1 Data collection tool

McGrath, Palmgren, and Liljedahl (2019) pointed out that that the researcher is the main means of data collection in qualitative research studies as he /she will be formulating meaning through engagement in the study. To meet the aim and purpose of the research study, as well as to answer the research question, an interview guide was developed with assistance from the research supervisor based on work conducted at the McQuarie University (2018). The researcher reviewed the interview guide several times so as to become acquainted with it, thereby ensuring that during the interviews with participants, the focus would be on listening, engaging and facilitation, instead of trying to understand the interview guide.

3.7.1.2 Interview guide

The interview guide lays down the pre – planned open ended questions that guide the person who is interviewing the participants. The interview guide enables the researcher to prepare the questions or the topics that were covered in the interview in advance, explore language, the clarity of the questions, and aspects of active listening, allowing the interviewer to explore issues brought forward by the interviewee (McGrath, Palmgren, and Liljedahl 2019). It is important that the interview guide aligns with the methodological approach (Laksov, Dornan and Teunissen 2017). Since the researcher already has some knowledge in the area of the subject matter of the semi-structured interview, it allows for flexibility within each interview so that optimal information is obtained from participants (Jacob & Ferguson, 2012).

Colbert (2019) advises that a pre-test is used to check if individuals for whom the developer designed the tool, understand the questions, and whether they are relevant to the respondents.

Four participants were used to pre-test the interview guide in order to see how much time it would take to complete each interview, whether or not the time to complete the interviews was reasonable, whether responses could be elicited from each question, and to allow the researcher to practice and improve on her interviewing skills. The data gleaned from the pre-test has not been included in this research study. Some additional probes were used during the interview which were helpful in being able to guide the participants, such as “tell me more, can you elaborate? Can you give me an example to illustrate what you mean?” “Is there anything more you would like to add?”

The interview questions and probes were as follows (Appendix A):

Question 1: How do you currently assess your students?

Probes: Can you tell me about the methods you use.

Question 2: Do you believe each assessment you currently use is worthwhile?

Probes: In terms of A: meeting the outcomes of the assessment.

B: assessing skills you want your students to acquire

C: the time taken to design the assessment and the resources used.

Question 3: How do you decide upon assessments to be used?

Probes: In terms of A: involvement of lectures.

B: involvement of students.

C: number and type of assessments.

Question 4: What do you believe the students think about the assessment system?

Probes: In terms of A: understanding the assessment process.

B: feedback they receive.

C: different types of assessments.

D: their usefulness.

E: the guidance they receive.

3.7.2 The Process of Data Collection

Permission to conduct the research study was requested from the private nursing education institution research committee (Appendix B). Permission to conduct the research study was then requested (Appendix C) from the principals of the three campuses of the private nursing education institutions that were included to conduct the research. Once permission was granted (Appendix D) the researcher sent out the invitation to participate (Appendix E), including the information letter (Appendix F) which explained the purpose of the study, the method that would be used and that the researcher would maintain confidentiality with respect to any information divulged.

Acquiring access to participants:

- The names and contact details of the lecturers were obtained from the principals of the included campuses.
- The researcher then contacted the participants and scheduled appointments with lecturers who were willing to participate.
- Participants were sent reminder messages via email closer to the date of the interviews.

During the interviews

- The campus managers provided private rooms away from the students lecture rooms so that the researcher could conduct the interviews in privacy. When an interview is going to be used as the research tool, McGrath, Palmgren & Liljedahl (2019) suggest the use of a setting that ensures the most comfort to participants.
- The meeting times were arranged by the principals of the campuses to suit the class schedules of the nurse educators.
- On meeting the participants, the researcher introduced herself and welcomed and thanked the participant for participating in the research study to establish a good rapport with participant, which is essential in enabling participants to provide rich and detailed accounts of their experiences (McGrath, Palmgren & Liljedahl, 2019).
- Before commencing with the interviews, confidentiality, the purpose of the study and anonymity were discussed again.
- The information sheet was signed (Appendix F) by the participants as well as the consent forms (Appendix G and H) for participation in the study, as well as for the digital recording of the interview.
- Upon the commencing of the interview, questions in the interview guide were followed sequentially although there was not necessarily a connection between them.
- Within each interview, the prompts attached to each question were used to elicit more information when the interviewee did not extend answers towards that direction.
- Each interview lasted approximately 15 to 20 minutes, varying from one person to another.
- The researcher thanked the participants at the end of the interviews

- There was a total of 20 participants.
- One day was spent at each of the various campuses.
- The interviews were transcribed verbatim by a professional transcriber.

3.8. DATA ANALYSIS

Data analysis according to Gray, Grove and Sutherland (2016) is to reduce, organize and give meaning to the data Brink et al., 2012). They state that data analysis should be carried out concurrently with the data collection process. In this study data analysis was conducted using thematic content analysis by Braun and Clarke (2006) which is a method used to categorize, analyse and report patterns within a data set, as is appropriate to use when analysing qualitative data. According to Braun and Clarke (2006) there are six phases of thematic analysis viz;

3.8.1. Familiarizing Yourself with Your Data

During this phase of data analysis, the researcher and her co-coder began by reading the data collected so that they became familiar (Percy, Kostere & Kostere, 2015). The researcher repeatedly read the transcribed interviews so as to develop a general sense of the responses and to make meaning of the data collected, highlighting and writing the underlying meanings on the sides of a margin until the content became familiar and identified patterns within the data for categorisation. The researcher printed the transcribed data as she found it easier to do this process on a hard copy.

3.8.2 Generating Initial Codes

Percy, Kostere and Kostere (2015) state that the process of coding involves identifying the concepts of interest found in the data that must be assessed meaningfully about the research problem. After reviewing the research question and the aim of the research, the responses with related information were then highlighted and recorded in an excel document to make categorization of the data easier, and to produce a list of the codes from the dataset.

3.8.3 Searching For Themes

Quality of qualitative empirical research is ensured when the researcher pursues to guarantee the research credibility, i.e. the researcher seeks to ascertain that they depict accurately what participants conveyed, by making use of member checking (Creswell 2014).This was confirmed by Saldaña (2016) who advised that coding is not an act done in solitude, the researcher should discuss his/her coding and analysis with a co – worker and / participants so as to validate the findings, thereby enriching the analysis.Themes were identified by analysing the coded data. A table presentation of the themes was then done, so that the codes could be grouped into potential themes, followed by putting together the coded data under the themes that were identified, which then led the researcher to the formulation of the theme categories. Analysed data was presented to the research supervisor and they then together both examined the analysis process. The applicability of themes to the context of the data was confirmed.

3.8.4 Reviewing Themes

According to Braun and Clarke (2006), when reviewing themes, the researcher is checking whether the selected themes match with the coded data. A thematic map was used to confirm whether the themes were in keeping with the participants' reflection of perceptions. This was done several times until the researcher was satisfied that there were no inconsistencies and was checked with a co-coder.

3.8.5 Defining and naming themes

According to Braun and Clarke (2006) when the researcher is reviewing, analysing and evaluating the collated data, they are doing theme refinement. This process was done together with the research supervisor.

3.8.6 Producing the report

Braun and Clarke (2006) state that producing of the report happens at the final stage of qualitative thematic analysis, when the researcher writes a research report of the analysis of the study findings. This report is presented in the chapter that follows.

3.9 TRUSTWORTHINESS

Polit and Beck (2014) describe trustworthiness as the extent or amount of confidence that the researcher has in the data they have collected. Lincoln and Gubas' (1985) four criteria for assessing the trustworthiness of qualitative research was used in the study. Lincoln and Guba (1985) state that trustworthiness should be the primary focus in qualitative research to assist the researcher to evaluate the consistency, as well as the quality of the methods that were used while conducting the research. The four criteria are credibility, transferability, dependability and confirmability.

3.9.1 Credibility

Jolley (2013) described credibility as being the "intensity to which the interpretation of the data by the researcher can be justified in the data itself." It can also be described as the confidence that the researcher has in the veracity of collected data and all the meanings attached to this data (Polit et al., 2014). Several measures were taken in this study to ensure credibility, including prolonged engagement, and peer debriefing (Brink et al., 2017).

Prolonged engagement is explained either by the length of time a research spends with the participants, or the outcome in terms of the rich description of data obtained (Moon, Brewer, Januchowski-Hartley, Adams, and Blackman, 2016) or, alternatively, whether saturation has been reached (Brink et al., 2014). In this study the researcher spent time with individual participants and encouraged them to share their opinions by responding to questions and probes. In addition, saturation of the data was reached prior to the twentieth interview. Although the interviews were between 15 and 20 minutes long, they covered only one subject which aided in reaching saturation.

Peer debriefing took place with the researcher's supervisor during the preparation for data collection and the data analysis stage. Polit and Beck (2010) refer to debriefing as external validation of the data analysed by the researcher. During debriefing sessions and through discussing the data with the supervisor, the viewpoint of the researcher was widened, and alternative approaches considered. This assisted the researcher to identify her bias to the research study (Shenton 2004).

3.9.2. Transferability

Transferability refers to applicability of the research findings to a different population and/or phenomenon (Roller & Lavrakas, 2015). In this study, the primary intention was to collect data relating to a specific context, but the way in which the report has been written gives enough information, so that should another researcher wish to replicate the study in another setting, it will be possible. To this effect, detailed descriptions of the findings have been given. This practice is referred to as providing thick descriptions and the process was further enhanced by ensuring data saturation, as once this occurs descriptions are considered to be rich and thick (Brink et al., 2017). The use of purposive sampling ensured that the information related to the specific population was "information rich" (Palinkas et al., 2015), and ensures that the data is linked to the research question.

3.9.3. Dependability

Dependability means that, should the study be repeated over time, the results would be similar, and is similar to the concept of reliability in quantitative studies. Korstjens and Moser (2018) describe dependability not only in terms of the consistency of findings but also whether the analysis is done according to accepted standards. Attempts to ensure dependability included the use of literature to verify or support findings, as well as the keeping of an audit trail. The process was also assisted by having regular consultation with the researcher's supervisor.

3.9.4. Confirmability

Confirmability ensures that the results of the study reflect the voice of the participant and are a representation of their contributions, rather than that of the researcher (Moon et al., 2016). This process was facilitated by using verbatim transcripts of the participants' interviews. It is important to provide enough information to ensure that the results can be confirmed, which is why an audit trail was kept. The audit trail that was created included the provision of digital recordings, to ensure that all information from participants was captured and transcribed verbatim. Raw data was analysed and will be kept in a secure facility for two years after publication. In addition, the researcher and the research supervisor both coded the data and reached consensus after some discussion and debate.

3.10 ETHICAL CONSIDERATIONS

Ethical considerations play a prominent role in the protection of human subjects in clinical research (Wu, 2019). For this purpose, the requirements of the University's Ethics Committee were followed and an ethics clearance certificate (M180748) (see Appendix F) was obtained.

Permission to conduct this research study was sought and granted by the following committees**.**

- The University of Witwatersrand Postgraduate Committee granted the title approval on 17 June 2018.
- The University of Witwatersrand Human Research Ethics Committee (Medical) granted the ethics clearance certificate and protocol number: M180748 on the 7 December 2018, (Appendix I).
- Permission to conduct the study at the private nursing education institution was sought from private nursing education institutions' Research Operation Committee. Permission was granted on the 24 April 2019. The research proposal number UNIV-2019-0013, (Appendix D).
- Permission to invite the nurse educators from the included private nursing education institution' campuses to participate in the study was sought from the principals of those Campuses.

Informed consent should provide essential and sufficient information in an understandable format, to assist the potential participant to make an informed decision as to whether or not he/she wishes to take part in the study voluntarily (Gray et al., 2016).

In this research study the potential participants were nurse educators at a private nursing education institution, and they all had an adequate understanding of the information provided by the researcher on an information sheet (Appendix F) that was written in English. English is used as the medium of instruction at the private nursing education institution. The following steps were taken:

- Before signing the consent form (Appendix G), the information sheet (Appendix F) was provided to the potential participants.

- The information sheet contained an "easy to understand" description of the purpose of the study, its potential benefits, risks involved, an explanation as to how data will be collected, the approximate length that the interview might take, as well as explanations of how anonymity and confidentiality would be ensured.
- Potential participants were specifically informed that participation in the study was voluntary and that they could withdraw from the study at any stage without fear of prejudice at the time, or at a later stage.
- Prospective participants were given an opportunity to ask questions and seek clarity about the information letter (Appendix F) and the consent forms (Appendix G and H).

Confidentiality refers to the need for the researcher not to disclose information either during the collection of the data and thereafter. By contrast, **anonymity** ensures that participants cannot be identified from the data they provide, or from any other information that is relating to them (Sim and Waterfield 2019).

In order to ensure confidentiality and anonymity in this study:

- Participants' names were not used in the research report, instead numbers were allocated to participants during the interviews, and these numbers appear in the research report.
- Access to the data collected was limited as it was only available to the researcher and the research supervisor. Transcriptions of the data were kept in a locked cabinet and will remain there for a minimum of two years after its publication, and up to six years if the research study is not published.
- Private rooms away from classrooms were used to conduct the interviews so the participants would not be seen or heard during the interview.

Respect for persons is also referred to as human dignity (Miracle 2016). In research it means appreciating an individual's autonomy, and freedom to make informed decisions where there are no external influences. Individuals must be provided with both written and verbal information through an informed consent process and confidentiality must be maintained as these two form the cornerstones of the principle of respect (Al Tajir 2018). It is an important aspect of respect to understand an individual's right to self-determination and to avoid exerting

influence on the participants. For this reason, it was important that the researcher did not include any sub-ordinates among the participants.

The following measures were put in place by the researcher to ensure the right to self - determination:

- Participants were informed that participation in the research study was completely voluntary, and that they had the right to withdraw from the study at any time. They were informed that by so doing would not lead to any negative consequences.
- The purpose of the study was communicated to participants.
- Participants were informed that they may seek clarity about the research from the researcher and the research supervisor, and their contact details were provided.
- Respect towards participants was upheld throughout the research study
- Rewards and benefits were not offered or promised to participants.

Beneficence and non-maleficence

Wessels and Visagie (2015) state that these principles mean that the researcher maximizes the potential benefits of participation while minimizing the risks. It also involves ensuring the well-being of the participants. (Hoffman & Nortjė, 2019)

- Participants were reassured that all the information they shared with the researcher would not be shared with other staff members or held against them in the future.
- Participants were given the right to withdraw from participating in the research study at any time during the process of data collection without a penalty to themselves.

Justice

Polit and Beck (2014) state that in research ethics this principle seeks to ensure that participants who are cannot protect their own interests should not exploited to advance new knowledge. It also refers to the fairness of selecting participants which means they should be selected according to a criterion that would enhance the objectives of the research. To this aim:

- Formal inclusion and exclusion criteria were used to select participants
- Similar questions were asked to all the participants to ensure that they were treated in a similar manner, and their responses were regarded as equally important

- All participants participated voluntarily in the study.

3.11. CONCLUSION

In this chapter the research design and methods, including a description of the research setting, population, sampling, sample size, data collection process, data analysis, trustworthiness and the ethical considerations of the study were discussed.

The next chapter presents the study findings.

CHAPTER FOUR

FINDINGS

4.1 INTRODUCTION

This chapter provides a comprehensive description of the research findings. Content analysis of the interviews with nurse educators was done using Braun and Clarke's (2006) stages of thematic analysis which are: familiarising yourself with your data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report. Three themes emerged during this data analysis process namely 1. Drivers of assessment strategy, 2.Processes followed, and 3. Outcomes as well as seven categories as illustrated in table 4.1.

Table 4.1: Themes and Subthemes

Themes	Categories
1.Drivers of assessment strategy	1.1 Policy 1.2 Resources 1.3 Priorities
2. Processes followed	2.1 Types of assessments used 2.2 Student involvement in development of assessments 2.3 Lecturer involvement in development of assessments
3. Outcomes	3.1 In relation to the curriculum 3.2 In relation to principles of assessment

Table 4.1 Themes and sub categories.

4.2. DESCRIPTION OF THEMES

4.2.1 Theme 1: Drivers of assessment strategy

The term "driver" used in this study is based on the understanding of the meaning of a driver in business. Drivers are people, inputs, processes, resources, decisions and activities that have a major effect on the system – in this case the evaluation system, and which are measurable. (Crowse & Sharma, 2017). Drivers may initiate or support activities in the business, and determine the outcomes of the business.

Drivers of assessment strategies refer to the factors that influence the assessment system, the purpose of the assessment, planning of the assessment and the context in which the assessment takes place.

Three categories emerged from this theme, namely policies, resources and priorities.

4.2.1.1 Policy

The term "policy" is from "*politia*" which is a Latin word. Mason et al., (2011) defined policy as, "choices of a society or a part of a society or an organization that takes into consideration the purposes of, health priorities and ways of supplying resources so as to reach purposes". Management books refer to policies as guidelines for procedures, and aid people in decision making. Management needs to understand how these policies can underpin effective leadership (Sullivan and Garland 2010). In this study the term policy refers to the policies of the institution that drive all the decision making of the nurse educators with regards to assessment.

For the purposes of this study these 'groups of people' may include internal policy makers such as the College Senate or management committee, or external policy makers which, in this context refers to the SA Nursing Council. The fact that policy has been agreed to 'officially' means that the lecturers and students are bound by those decisions and cannot influence the decisions in any substantial way. This category refers to the factors that influence the course of action taken by the nurse educators, while complying with policy, at the private NEI when deciding upon the type of assessment strategy as well as the principles and the guidelines to use.

There were three main policies driving the process of assessments at the NEI namely the regulations and policies of the SANC, institutional policies and local NEI policies.

The NEI where this study was conducted, was, at the time still offering courses which were controlled by the statutory body. The SANC provides regulations for the courses which include a broad outline of what should be taught. While it could be argued that the NEI develops its own curriculum, guided by these regulations, the students are required to write examinations set by and managed by the SANC. In effect, students are taught to pass these examinations giving the SANC far more control than appears on paper.

Participants were clearly conscious of these dynamics with P8 saying, "I think that we are guided by SANC because most of the… the final examination that they write are by SANC so we mostly prepare them to pass that exam. So maybe they can have 3 assessments and I think there are pre-final assessments as well that are like... almost like mark of a SANC exam. So we don't set our own final, final exam as a college".

This statement was supported by P2 who stated that "it's according to SANC regulation or SANC guidelines …"

P 1 echoed the same view by saying" we are guided by the SANC regulations and the guidelines ……"

The institutional policies refer to those policies that are developed by the management of the group, under whose auspices the college is managed. As there are several campuses belonging to this group, they make policies that must be adhered to by all campuses, in order to ensure there is conformity. While participants were accepting of this situation, they indicated that it meant that they, as individuals, were not able to exercise autonomy about assessment.

Students following the bridging courses to date, have to write a SANC summative examination. This states how students must be assessed at the NEI, which obligates the nurse educator to assess the student nurse in preparation for the SANC examination. This limits their autonomy as illustrated by P4 who said, "so for us it's actually written in a curriculum so we can't really decide".

P15 stated "I don't think so because everything is set out in the policies already, so we know that there's this amount of written assessments that's going to be done for theory in this block and in that block. So I think it's decided upon already." The institutional curriculum lays down what should be included in the assessment and when the assessments should be written as illustrated by P9 who said, "Well we've got the study guides… it's more… it's set up in a way that if they studied all the work which the study guide gives them to study, then if you incorporate the questions from the study guide, they should be able to answer it. So the way I structure the questions is I use the information from the study guides*".*

P10 expressed a similar idea saying that "the assessments are done per study guide and they are already stipulated in the study guide as to which assessment should be done and when".

P 1 also mentioned that *"*we normally have content that we taught the students and we normally use those in our assessments*"*.

Internal or local policies guiding the nurse educators, are decided upon by the individual private NEI which stipulates the number and nature of assessment per course/programme/module. These are determined by the curriculum committee prior to the commencement of each course/programme/ module and is stipulated in the curriculum for formal programmes and study material for short courses. Changes to the assessment pathway must be approved by the Faculty Manager upon recommendation from the Academic Head. Dates for local assessments such as tests and assignments are set by the NEI prior to the commencement of each intake for each course/programme/module. Dates for pre-final examinations are set by the academic head of the NEI, and summative assessment dates are set by the SANC.

A national assessment planner is formulated for each course/module/programme by the academic committee or designated staff member in November of each year. This outlines deadlines for the various stages of the national assessment process and designates the campus responsible for the design and moderation of each assessment. Internal formative assessment dates are planned by the Programme Manager (PM), Head of Department (HOD) and academic staff at each campus.

Participants highlighted that they are guided by this policy when deciding upon assessments to be used as illustrated by P 3 who said, "it is based on the assessment plan." This assessment plan is developed by the academic head of the NEI.

Many of the participants referred to this assessment plan or pathway.

P10 believes that "this is a set in out in our assessment pathway and we're not going to change it with the basic programs anymore because they have their formative that is 4 and then there's summative at the end of the program. So we're not allowed to change anything on that because it is set".

This was supported by P20 who mentioned that *"*we have our assessment pathway which actually stipulates what assessments needs to take place. What assessments are required?

There's not really… you know when you're in class if you just want to assess understanding, you can use your own methods and decide on your own methods but in terms of formal assessments, it's actually stipulated for us and I don't think lecturers or students have much involvement in the design of the assessment*"*.

P6 indicated that "We set assessments according to our moderation… assessment and moderation… what's the word? Pathway and that will tell us that in a semester we need to do 2 formative assessments and 1 summative assessment for each module"

P12 shares that *"*we just set the test and number and type of assessments is also where we're guided by the academic department. So there is according to the curriculum, they set out the number of tests so say for whichever course it is, this course involve 3 tests or 4 tests over this period of time and when the formative test would be and that sort of stuff, so we're guided by department*"*.

P 17 highlighted that "I don't particularly decide on what type of assessments, it's already embedded in the program. So I'm not involved in the… so it's part of the pathway, the progression pathway of the program but when we are busy with curriculum development then we… we do have that involvement which we currently are with other programs but… So I think there is a certain level of involvement if you're developing a curriculum or a program and then there's many things that you are look into for consideration".

It was clear from what all these participants said that they have little individual autonomy with regard to assessment of students, as the methods and types and timing of the assessments are stipulated in policies which they are required to follow. The participants however seem to accept this as normal practice and do not have a problem with the system.

4.2.1.2 Resources

Resources in this study refers to the time, human resources and material resources that will be needed to add value and quality to different types of assessment strategies used at a NEI to meet the purpose of the assessment, which can be a formative purpose or summative purpose. Whereas policy referred to in the earlier category lays down what is expected, the available

resources sometimes has an impact on the plans. Time in this context refers to the time taken to design assessments as well as administer and mark assessment.

Regarding time as a resource, participants had different views on the matter. P 1, and 2 believed that the time allocated for assessment was sufficient whereas P5 said *"*it's quite hectic to set the tests, to teach, to do everything yeah. Resource wise, I think we've got enough resources (pause) so resources I think we're fine, it's just the time".

P18 emphasized this opinion "Time… no there's not enough time that is why we recycle questions because you… at the end of the day, I mean the students are writing how many assessments. I know it's rotated but we have 2 intakes a year and I think if we want to a quality assessment, you are going to have to sit down and draft a case study, practice it in class and then go back to the moderator and refine it. There's a whole process to formulating questions, so time… we don't have enough time to set quality questions. That is why we are pressed to just use the same questions that was used previously".

With regard to human resources, participants appear to share a feeling that this is a problem area. P 6 reported that *"*we don't have enough human resources.*"* This view was echoed by P 7 who highlighted that "it's the marking that becomes a challenge because if you got large numbers of students, it can become very labour intensive when you're marking and as… especially in the post basic groups you need somebody who knows the content well in order to be able to mark. Especially with the way we have our marker guide where we don't actually have the answers there. So the person really needs the content, needs to know and understand the content well. So it can become a bit of a challenge with Human Resources*"*.

Few referred to other resources, and those that did seem satisfied with the physical resources available to them to support assessment. P5 said, "Resource wise, I think we have enough resources. We've got the textbooks, we've got internet. We've got articles."

4.2.1.3 Priorities

Priorities in this study refers to the educational factors that nurse educators at the private NEI take into consideration when planning to measure the individual learner's progress through assessment strategies, as well as monitoring the learners' performance through these

assessment strategies. Their decisions are based on priorities related to student needs and the content that has been covered up to the time the assessments are carried out.

The background or previous experience of the student drives assessment decisions as they influence the types of questions and the scenarios that are used in assessments. This was illustrated by P11 who stated, "Which hospitals they come from, where they come from because I get quite a lot of students that come from Provincial hospitals - State hospitals - so I try to take that into account because their experiences are not obviously the same as our private students. So I try to make scenarios which are pertinent to both.*"*

P19 confirmed that student needs drive decisions, but was much less specific saying, "it depends on the topic and the needs of the student."

With regard to the content taught, it would appear that decisions about assessments are taken depending on how far the lecturers are in covering the curriculum rather than the other way around.

P1 commented "we consider what the students have covered and we will look at the timetable and set an assessment based on what they have covered and the time period they were in on block". This ideas was supported by P 5, who said, "I take the students into account when I'm setting the assessments to ensure that I try and cover everything that I've taught the students and I take into account that the group of students I've got, if I can put it like that…The number is based on the hours that are spent in theory. Each and every block there is an assessment and the type, they're all formative because we don't do a summative and the number is based on the time that is spent as I said in theory blocks*"*.

P12 indicated that students are aware of this procedure of setting tests on what has been taught to date. "We don't really involve the student when planning the tests. They just aware of where they are at. You know, just outlining the learning unit that they covered and that's about it".

4.2.2 Theme 2: Processes followed

This theme related to the activities and procedures employed in order to ensure expected deliverables related to assessment take place in the NEI. These are opposed to structural issues

or outcomes issues in an assessment system and relate to both student involvement and lecturer involvement. While both are needed in the assessment system, these categories were distinct from one another with students taking a passive role and lecturers taking an active role in assessment processes. This included the types of assessments that are used, as well as whether or not the students and the lecturers are involved in the decisions regarding assessment.

4.2.2.1. **Types of assessment used**

Types of assessment in this study refers to the types of assessment practices that are used in the PNEI and may refer to the timing of the assessment i.e. formative or summative, or the methods such as short answer questions, essays, multiple choice questions.

Seven of the participants (P3, P4, P5, P6, P7, P12 and P17) stated that they only used theoretical formative assessments. This was taken to mean that only formative assessments were used during the testing of theory rather than excluding practical assessments. Those that did refer to summative assessments (P9, P11, P16) were referring to the teaching of the post-basic courses rather than the bridging programme which formed the context of this study. All theoretical summative assessments are designed by and administered by the SA Nursing Council. In describing formative assessments used, P16 said, "Okay we use formative and summative methods. Yes… okay so we have 7 formative assessments. One in the form of a research assignment and then the other 6 are assessments".

P9 went into some detail about how objective type assessments are set and administered. She said, "We do use true/false questions but if we ask a question that has got a false answer, they have to motivate why their answer is false. We do use "choose column A, column B", but we do make it appropriate to the level meaning we do make it… it's not easy, it's a bit difficult. So medications we like using in a column A, column B question and then your normal describe/design questions."

Participants also referred to the use of tests and assignments (P1), case studies and problem solving (P2), quizzes and scenarios (P15), and role plays (P18).

P10 said she complemented these methods by informal methods in the classroom such as using a show of hands following what is being taught and asking questions to check on understanding. P13, P14 and P15 confirmed that informal processes are used. P 13 said "So

currently there is a formal process that we follow as well as informal. In the formal process it is written assessments and in the informal process there's also class quizzes that we have as well as some written assessments and spot checks.

P 18 mentioned all the above strategies but added that she values feedback from students. "Probing them with questions and I think it's a continual thing where I ask students "how do they feel regarding where they are?" and also a lot of reflection, even from case studies to role playing, to also looking at a feedback as well as how they see themselves after an assessment is done. Getting their feedback is also another way of assessing".

4.2.2.2. Student involvement in development of assessments

The term "involvement" is taken to mean participation in something. In this context, participation in the planning, setting or even evaluation of tests and assignments. There are degrees of involvement and it was clear from the responses that participants viewed the concept differently when applied to students and to themselves.

Participants had different views on student involvement in the processes of planning. Some stated categorically that they were not involved, and others seemed to believe that they should be involved, but clearly thought they were not actively involved. They did, however, attempt to explain that the students had some role, although somewhat obliquely, in the processes related to their assessments.

Examples of what was said by participants in this latter group were P3 who mentioned that "students are given projects such as assignments that are based on their program and they choose their own topics" and P1 who stated "we set projects and we normally allow the students to apply what they have learned in the clinical settings. These two participants were explaining that while assignments are set by the lecturers, there was some leeway for students to use their own initiative within the given parameters. P 6 indicated that students are asked to evaluate the assessments they were given therefore giving useful feedback to the lecturers and participant 13 stated that, with regard to informal assessments, students were permitted to decide on the format of an assessment such as a quiz or a case presentation.

P 11 explained that: "No this is explained to them in the beginning of the program so yes, they are involved maybe on their assessment day what will suit them like more or less this is what

we… do you want to write on a Monday or maybe on a Friday but we don't give a lot of lenience to the students for example do you want to give in a POE or do you want to write the formative? Because in the assessment pathway there is no place adjustment".

P12 further more mentions that: "Involvement of the students… we don't really involve the students when we're planning the tests. We just… they just are aware of where they're at. You know just outlining the learning units that they covered and that's about it. We don't ask them what type of question you would like or how you would like a paper set".

P 15 reported that: "I have discussions with them about it. I'm not giving them the answers but I will tell them I think this is important and that is important but the thing is I've already burnt my fingers more than once with that strategy because then they come back and say sister said this is important but she didn't ask it in the test. So now I don't anymore. I tell them you need to study this and this and that's it. So I tried to make it easier for them but I've had bad comebacks P5's response was confusing in that she said when asked if she involved her students in the processes relating to assessment, "with my assessments obviously I pick what's pertinent to the students at the time and what they need know and I base that on the lectures that I give them".

It would appear from what P15 and P5 said that they consider involvement in assessment to mean students are told what the assessments will cover, rather than considering the idea of inviting students to participate in the planning or setting of the tests.

Of the group that were certain there was no student involvement, P 7, 8 and 18 all stated the students are not involved at all, and P10 did not think it necessary to involve students as "the student can go and see the study guide".

Several participants seemed embarrassed that there was little or no student involvement and rationalized this situation saying it depends on the topic, as well as the needs of the student (P13), and especially problem areas (P20) indicating that involvement meant the students were given additional assistance. P 20 believes the students are not able to be involved: "I know a lot of us have tried to explain the assessment process to students but I still think they lack understanding just based on the calibre of the students we have at the moment".

4.2.2.3.Lecturer involvement in development of assessments

Participants were asked if they were involved as lecturers in the assessment processes, and what informs their decisions regarding the assessment strategies to be used at the private NEI. There was a great deal of emphasis on decisions related to content to be covered.

P1 who stated that: “Okay in terms of involvement of the lectures, we normally have content that we taught the students and we normally use those in our assessments”.

P 7 also mentioned that: “For me since I’m still new… also what I would do like, I would teach the content and then the senior lecturers would ask me what do I want to assess the students on, on what I’ve taught and that’s how they make it into the assessments”.

P 2 also reported that: “involvement of the lectures we look at what the student have covered and we will look at the timetable and set an assessment based on what they have covered and the time period they were in on block”.

P 11 and 18 echoed the same view about content but added a second dimension about decisions taken – that of the level of knowledge to be tested. “The involvement as a lecturer… well obviously I decide on what was taught to date and how much needs to be tested at that particular time of the test guided with the Blooms and then I use it to the full extent to test my students knowledge up to the date of the test and the content that was delivered” (P11) and ” I think in terms of cognitive skills from a theoretical perspective, yes… you know theory concentrate a lot on cognitive and we don’t really assess psychomotor as such and affective, I actually think we do 2 little assessments on affective in theory” (P18)

P 4 suggested that the content that the students were given as self-study was chosen to be included in assessments.

New work and commonly required knowledge were other areas that was given weight when setting assessments. P 14 said: “And I will concentrate in my assessment I will concentrate more on the new work and the things that they will get into contact on the daily basis in the hospital”.

Others including P 3, 9, 10 and 17 believed that lecturers were not involved in decision making as the assessment pathway was decided by management and could not be deviated from. This is best illustrated by P3 and P5's remarks:

"The type of assessment that we use is kind of also determined by our curricula. Like it tells us the students will be given assessments in written format and mark allocation will be either 50 marks or 100 marks and then we kind of work with that". (P5)

"…it is based on the assessment plan and after each week there is an assessment and that content that is covered during that time is what would be in the assessment".

Those lecturers teaching the post basic programmes share this idea as illustrated by P 4, who said that: "Alright so for us it's actually written in a curriculum so we can't really decide. For post basic we have a modular system so in the first semester they write 2 formative assessments and 1 summative and that's pretty much it".

Some participants (P6, P12, P13 and P16) were under the impression that the decision-making regarding assessment is made at a particular campus, or by groups made up of lecturers other than themselves.

P 6 said: "I think the lecturers are involved although the… for the most part the assessments are decided upon from Joburg… well not sorry, not from Joburg, from the academic telecons. Okay so the HODs and various academic people sit together and decide what particular assessments are going to be done during the year. Okay but the lecturers do have the opportunity to be involved in deciding that".

P 12 who mentioned that: "for the formal assessments our formative or our class assessments, we as lecturers set that on our own but in terms of our national where you know a lecturer from one of the other campuses set it".

P 13 said, "These are our planning sessions, where we decide in terms of this program what the outcome for this program is? And then we decide, what are the assessment pathways for this? Do you know how many tests do the students do in order for them to meet the outcomes of this program? Do you know how many formative, how many summative... so this is discussed together with the HOD and our academic head as well. He is very involved in all of this".

P 16 furthermore mentions that: “I don’t particularly decide on what type of assessments, it’s already embedded in the program. So I’m not involved in the… so it’s part of the pathway, the progression pathway of the program but when we are busy with curriculum development then we… we do have that involvement which we currently are with other programs but… So I think there is a certain level of involvement if you’re developing a curriculum or a program and then there’s many things that you are look into for consideration”.

Other factors that influenced the lecturers on the assessment processes were as mentioned by P 8 who seemed to believe that there is no point in involving students in assessment as they are already given study guides which assist them to know what to study. “Like more the questions that’s going to be asked in the physical assessments… Well we’ve got the study guides… it’s more… it’s set up in a way that if they studied all the work which the study guide gives them to study, then if you incorporate the questions from the study guide, they should be able to answer it. So the way I structure the questions is I use the information from the study guides. So they can’t say but its work that they should have been studying and at a higher cognitive level questions is then… we incorporate more than one level of the module to get to an answer”.

4.2.3 Theme 3: Outcomes

“Outcomes” in this theme refers to the results of the assessment system – whether or not the activities related to assessment have contributed to the development of learning in the private NEI. Under this theme the factors that contribute towards quality assessment and, in turn, produce quality outcomes were: outcomes related to the curriculum and outcomes related to the principles of assessment.

4.2.3.1 Outcomes in relation to the Curriculum

Curriculum in this context refers to the Bridging Course that is followed by the student nurses at the private NEI, in order to achieve the planned cognitive, psychomotor and affective skills. Nurse educators at the private NEI were asked whether they believe assessments they currently use are worthwhile in assisting the student nurse to acquire these skills.

Participants were divided in their opinion as to whether the assessment methods being used were worthwhile or not. Both groups based their opinions on whether the assessments covered the domains of learning or not, and whether they adequately measured the levels (or categories)

of learning based on Bloom's taxonomy of educational objectives. Most referred to the knowledge domain, some the skills domain and none the affective domain of Bloom (1956).

Of those who thought the assessment to be worthwhile, and covered the levels of learning, P4, P13 and P15 believed that by setting assessment questions according to the levels of Blooms taxonomy, one was assured assessment was worthwhile. P13 said, "Sure, so we have the Blooms taxonomy which actually stipulates at what level of competency we want our students to be at. So when we're formulating the assessment we ensure that the Blooms taxonomy… the outcomes of the Blooms taxonomy is actually met. So say for example for a bridging 2 student we want a Blooms taxonomy under just your straightforward remembering so like 20 marks of 100 mark assessment will be set on just remembering questions and then of course taking us up to the highest level which will be our creating, where we make sure that we set assessments where perhaps we ask them now to formulate a nursing care plan and that will make a marking of 5 as an example".

P 15 said "The Blooms taxonomy, we use that to analyse the different levels so for BC1 students there's certain criteria that we need to adhere to. Like there is a certain amount of questions where I have to ask in knowledge and understanding, analysis and so forth".
Participant 1also added that: "Assessing the skills of the students we always use the Blooms taxonomy also to make sure the student is knowledgeable and that we guide the student accordingly".

P 4 who confirmed this by saying: "Yes I do because we use an analysis… a taxonomy so when we assess we use the taxonomy to make sure that we cover all the outcomes that we have already taught the students. So I think that it is quite a good, good method".

Of the participants who considered all three domains of Bloom's taxonomy, they said that the NEI was succeeding more with meeting the knowledge domain requirements, than the skills and affective domain.

P 3 said: "here are 3 skills that we want the student to acquire. They are based on Blooms domains. It is cognitive. It is psychomotor. It is affective. In theory we emphasize the cognitive where the student must get knowledge and skills that are related to that knowledge".

P 2 agreed and said:" We mostly look at the cognitive and psychomotor and affective domain when assessing the students, we're still a bit of a struggle when it comes to affective domain but it is being applied on the assessment".

P 7: "Theoretically it is hard to assess skills because skills are more clinical I think. So theoretically it tests more theory than skill. So I'm not quite sure".

P 19 had mixed feelings stating that: "I think in terms of cognitive skills from a theoretical perspective, yes… you know theory concentrate a lot on cognitive and we don't really achieve other domains".

P 9: "In terms of skills, I haven't seen any skills questions as much Exactly because after setting the paper, whether it's formal or informal paper, we do the analysis of the assessment and we check if we have covered all the aspects according to the Blooms taxonomy Okay, psychomotor cognitive as well as well as affective".

This was further confirmed by; P 6 who said: "yes I do believe it does meet the outcomes of the assessments. Some questions might be mostly cognitive in nature whereas others do tend to look at possibly the affective domains in the sense that students will have to express their… how they would manage a patient".

P 8 added that: "I would say they are but in terms of the theory exams, I feel sometimes they just assess for knowledge and understanding. So it's… sometimes when you look at the questions, there isn't much like analysing, problem solving".

P 18 also shared that: "I think in terms of cognitive skills from a theoretical perspective, yes… you know theory concentrate a lot on cognitive and we don't really assess psychomotor as such and affective, I actually think we do 2 little assessments on affective in theory".

Of the participants that disagreed that the current system of assessment was worthwhile, they based their opinions more on whether there was integration of knowledge, skills and attitudes, and were not positive.

P 16 who said: “Not entirely, I feel like our assessments don’t assess the students in the true sense of the world, like in reality. So what happens in the clinical area in reality and what happens in the book is not the same, so I think we don’t quite have that balance yet. I feel like we could… our assessments should be more problem solving based… yes, rather than information from the book”.

P 17 explained that: “The skills that we want the students to acquire is that they will be able to nurse a patient… so what we want to integrate the theory into clinical and we want them to put the two together and nurse a patient safely. I personally feel that we don’t… we haven’t reached that objective fully because it’s… see compiling a case study isn’t always easy and then when you have… so finding the balance is very difficult because when you have too many case studies in an assessment, then there is not enough time, so… and you want the students to have more case studies than to just give information from the book. To make meaning of the information I don’t know… what happens is that we use… we recycle questions a lot. So what students tend to do is they cram the questions and answers so”.

P 11 also added that: “Okay, skills is a behaviour and we are talking about theoretical tests. So it’s more the higher cognitive thinking ability. So I don’t think that you can assess skills through a theoretical test. That must… it cannot be done. Yes you can look at the student’s… maybe their high cognitive skills, their theory that must be in place for skills but you cannot assess skills”.

P 12 shared that: “I don’t think it’s worthwhile for skills because when you just ask a student, a nursing… when you ask a student to explain nursing interventions for a person with a certain diagnosis… trying to explain it is difficult but clinically doing it would be easier to assess. If that makes sense… yeah
Settings and they are able to do task allocation. They are able to correlate theory with practice in terms of skills”.

P17 highlighted that: “I think theoretically there is other skills that we look at like communication skills that we would want them to learn and a whole lot that I think you could… you don’t assess all the skills you want them to acquire “.

P14 spoke about similar issues but did not express an opinion as to whether assessment was effective or not. She said, "We want them to be able to do higher cognitive level thinking. Also we want them to be able to relate theory and practices as well. So psychomotor as well is included in that because whatever theory we teach them here, they go out to the practical".

One lone participant measured success in terms of whether students met the intended specific outcomes. P15 was in agreement saying that: "Yes, I think in the assessments we do because we use different types of questions for specific outcomes but then the ones that didn't grasp it in class is not going to be able to answer it in the formal assessment".

4.2.3.2 Principles of assessment

The term "principle" refers to ideas or rules that influence or control how things are done and are used to guide practices. In this category the principles related to participants' opinions, as to whether the assessment system was worthwhile when seen through the lens of sound principles of assessments such as transparency; validity, reliability, fairness, feasibility, authenticity, clarity of feedback, purposefulness and transparency. While few of the participants used the terms related to the principles of assessment, their intention was clear.

The **principle of transparency** appears to be most important to the participants as it was mentioned by many of them. (P3, P6, P8, P9, P14, P15, P16 and P20). These participants believed students are well informed about the system – usually during orientation and appears to be a priority. P3 explained "There's a timetable set up for them when they arrive on block. That is the first thing we discuss …the expectation on assessments and when they are supposed to write…"

P14 stated that during orientation "we… explain in depth to them about the assessment system. What is it that is expected of them during the course of their training in order for them to meet the outcomes of the program? So we tell them that there will be formative assessments, which is 3 and then at their summative exams, they need to have a 50% average for that in order for them to progress in the program."

P15 echoed the same sentiment saying "when they come in for the week orientation, we go through the assessments policy so they know exactly what they need to get to pass assessments.

They need to know what the year mark they need to get to pass. They know when the PSR, the performance Review Standards is 3 times a year where we tell them okay you need to work harder or we've got a problem. So they get a full out setup of everything. They get the letter that they need to sign with all the requirements on so that they are aware all the time of what is expected of them."

As well as P16 who ensures students are informed by showing them the policy on assessment during orientation. And P 4 added that: That is the first thing that we discuss on orientation, the expectation on assessments and when they're supposed to write and when are they going to write. There's a timetable set up for them when they arrive on block.

The above participants appear to believe that if information is given to students about assessments, they will understand and accept the information. Whether this constitutes transparency as such as debatable.

Some participants seemed to understand this as P6 explained that although students are informed during orientation, they "… need reinforcements throughout the semester. Like they forget like what makes up my semester mark? How do I get exam entry? So we just reinforce throughout the semester. How much the test contribute or what's the pass mark" and P9 indicated that if students are still unsure, they can come and ask for clarification.

P 8 and 20 both spoke about similar issues but had doubts as to whether the system was working.

P 8 related " they get their little booklet at the beginning of the year where they… where we say at the end of the 4th assessment, they do have a meeting and if they are not lying at a 40% year mark they cannot continue with the course but some of them tend to not to be worried until they get a letter of deregistration because they're not at a 40 but most of the students study hard to get to their 45 at least and their 50 year mark but I do believe that some of the students do not have the theoretical ability for the course that they're currently in to do… to be able to get to their 50 year mark. So… and those students we experience that they are the ones that experience the assessments as negative. They are the ones that says they do not understand questions, they do not understand how the questions are structured."

P20 explained that "they do understand but I don't think they understand entirely if we utilize something like a role play. What is the purpose of using a role play as a form of assessment? What is the purpose of utilizing a peer assessment as a form of assessment?"

Validity of testing was another principle that was referred to by some of the participants. P1, P2, P5, P8, P12, P13, P15, P16 and P19 all referred to the importance of validity of testing when deciding whether the assessment system was worthwhile or not, and differing in their opinions. It would appear that the overriding belief is that if the content was covered and that the content that had been taught was assessed, the assessment was both fair and valid.

Examples of such statements were: P1 who also stated that: We use the assessment process and we make sure it is fair. It is… it's everything that we put the assessment to that we are meeting the outcomes of the assessment and that we only assess what the student was taught." P 2 who said, " we look at what the student have covered and we will look at the timetable and set an assessment based on what they have covered and the time period they were in on block. When it comes to assessment, we do more likely the revising of content in class and look at… are there problem factors in terms of content that we can ask in the assessment."

One participant (P13) believes that having a moderation system in place assures validity. She said, "…it goes to the moderator for moderation purposes, so I do think that it meets our criteria and expected outcome for students."

P 16 spoke about validity of assessments but was dissatisfied with the system saying, "Not entirely, I feel like our assessments don't assess the students in the true sense of the world, like in reality. So what happens in the clinical area in reality and what happens in the book is not the same, so I think we don't quite have that balance yet. I feel like we could… our assessments should be more problem solving based… yes, rather than information from the book"

Only one of the participants (P19) referred to **reliability** but used the term to describe validity rather than reliability and was unhappy about assessments. She said, "To me it's unreliable because it's not in a real world. It's a set up thing and everything is set in terms of being beneficial to the student. It doesn't necessarily incorporate what would happen in a real-life situation."

The principle of **relevance** was raised by P15. " In my assessment I will concentrate more on the new work and the things that they will get into contact with on a daily basis in the hospital, what I usually do as I teach, I also guide at the same time because I look at the… at the prevalence or how practical is the lesson that I'm teaching. There are things that you'll find most of the time happening in the particular context so it's something that you must know for example… I'm going to make an example. Right now there is a high number of patients with renal failure so the student should know everything about renal failure. Renal failure's condition and treatment modalities."

The principle of **practicality and feasibility** was indicated by
P 15 who said "We recycle questions because you… at the end of the day, I mean the students are writing how many assessments. I know it's rotated but we have 2 intakes a year and I think if we want to a quality assessment, you are going to have to sit down and draft a case study, practice it in class and then go back to the moderator and refine it. There's a whole process to formulating questions, so time… we don't have enough time to set quality questions. That is why we are pressed to just use the same questions that was used previously".

P 11 said this with regards to practicality: "So in terms of feedback that they receive to be quite honest I wish that we had you know we are currently working under very short staffed, so then maybe the feedback is not necessarily given within that two week or a month period and maybe there is not sufficient feedback to write into each script so that it's not individual feedback… but the feedback that is given is in general in class and we would make mention okay there was a couple of students who wrote this or these are the mistakes that were made and please refrain from doing this or this is what the question asked. So it's… you know its general feedback given targeted and then obviously the person will look at their script in order to determine where they fell in…"

P10: There is always pressure of time. There is always pressure of time and sometimes in other programs, in other modules the student will write the first test and then write the second test before they are given the feedback for the first test

P 20 mentioned that: I know a lot of us have tried to explain the assessment process to students but I still think they lack understanding just based on the calibre of the students we have at the moment

The principle of **provision of feedback** was referred to by most of the participants (P3, P5, P7, P9, P10, P11, P12, P14, P15, P16, P17 and P20).

Some of the participants spoke of the fact that this system was in place (P15), but others went into more detail about how feedback is done, and what the reaction of the students is to feedback. The attempts to explain how feedback was done, were given in justification of their opinion that assessments were worthwhile. P3, P5, P9, P12, P15, P16, P17 and P20 all described how feedback is done in the PNEI and seemed to place great store by it.

P 3 explained that there are written guidelines of how feedback is done and they are also made to understand what is expected during feedback. She stated that students are expected to raise their problems but, in any event, feedback is always given after an assessment has been marked. P 9 indicated that this feedback was done on a one-to-one basis by appointment. P12 said it is a useful system as that is when the students realize their mistakes. P12 elucidated further saying that during feedback the students realized where they had misinterpreted questions. P15 stated that the important issue is to give feedback before the student write the next test so as to avoid repeating mistakes.

P 16 elaborated on her system of feedback by saying, "when I mark an assessment I got a book, so I make notes as I mark. This question the student misinterpreted… they thought this was the answer… they should have answered it like this, terminology that they get wrong and that they don't understand. So when I give feedback because you don't always remember after you've marked what was all the trouble that they had in the assessment, so I take that book with me to class and when I go with them question by question by question and I tell them this is the mistake you've made. This is what you need. You misunderstood this question and they seem to be happy with it. I've not really had anybody that complained that the feedback wasn't…"

P17 pointed out that feedback is sometimes done individually, and sometimes in groups. She said, "We give individual and group feedback. … I actually did a little study on that recently where after they have written an assessment, I give them absolute constructive feedback. I spend a lot time. I encourage them to write notes as I'm going through every single question as I give the feedback. I spend lots and lots of time on it. I also started something when they

get below 50% they need to do an open book exercise for me and then come and sit with me and then we take what they actually wrote in their first test, we compare it to what they did with their open book test and I've seen huge improvements because they actually see where they are going wrong."

P 20 agreed that the feedback system was in place but expressed some reservation about the reality of feedback. "In terms of the feedback they receive… feedback is usually generalized in the classrooms however students are encouraged that if they want individual feedback to come and see the assessors but very few of them utilize the individual feedback."

P 5 and P7 also expressed some reservation about the system. P5 said "I think the feedback that they receive, some students accept it more readily than others students, depending on how well that they have done or how badly they have done… yeah, feedback sessions with students sometimes goes well and sometimes it doesn't go well and then they have to come back on an individual basis so that we can give them more feedback and then it turns into a remediation and then you have to go that route with the students." P7 was not certain that the students always understand the feedback that was given and were not able to apply the advice they received during subsequent assessments.

P 17 suggested that while feedback is given, it is often subtle rather than being specifically given and understood. "Sometimes they are not aware that we're giving them feedback. Yes, because it's on the program and it's on their timetable where we state today is feedback for assessment 1 or assessment 2. So normally in there we have like a listening forum and then they would say that we don't give them feedback… so I don't know. They're not aware of it, so you must make them aware that feedback was given because sometimes they don't differentiate… can't differentiate between feedback and remediation because it's two different things, but… yeah, but we're getting there."

Two of the participants (P10 and P11) indicated that while feedback is given, it is not without its difficulties.

P 10 highlighted that: There is always pressure of time. There is always pressure of time and sometimes in other programs, in other modules the student will write the first test and then write the second test before they are given the feedback for the first test.

P 11 echoed the same sentiment by saying that: So in terms of feedback that they receive to be quite honest I wish that we had you know we are currently working under very short staffed, so then maybe the feedback is not necessarily given within that two week or a month period and maybe there is not sufficient feedback to write into each script so that it's not individual feedback… but the feedback that is given is in general in class and we would make mention okay there was a couple of students who wrote this or these are the mistakes that were made and please refrain from doing this or this is what the question asked. So it's… you know its general feedback given targeted and then obviously the person will look at their script in order to determine where they fell in…

The principle of **fairness** was raised by one participant (P1) who stated "We use the assessment process and we make sure it is fair. It is… it's everything that we put the assessment to that we are meeting the outcomes of the assessment and that we only assess what the student was taught."

P 9 spoke broadly about the difficulties of ensuring quality assessments. She said, "… right at the beginning of the year when I got them, when they started with… I've got the 2nd year students so right at the beginning of year I spent the whole day explaining these types of words… so what do you need to do when you get a question that says "describe"? What do you need to do when a question is "explain"? So… but I think some students still just struggle." She continued, "The lower level cognitive questions, they understand but the higher level… most of the students struggle with them. They… if you ask them a simple question where you give them a statement and you ask them to defend the statement, they do not know what defend a statement means so they can't answer the question because they don't know what you mean by asking "defend the statement", so I have to explain."

4.3. CONCLUSION

The findings of the three themes and seven categories that emerged in the study during data analysis of the interviews with participants were presented in this chapter. Discussion of the findings in relation to literature, will be discussed in the next chapter.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.1 INTRODUCTION

The previous chapter outlined the study findings. In this chapter, the findings will be discussed, and supported by literature, under the three themes that emerged from the participants' interviews, namely; 1. Drivers of assessment strategy, 2. Processes followed, and 3. Outcomes.

5.2 DISCUSSIONS

5.2.1 Drivers of assessment strategies

5.2.1.1 Policy

Participants in the study base many of their actions regarding assessment on policy, which is encouraging given that, in terms of governance, policies are put in place to guide an organization towards the achievement of its objectives. With specific reference to assessment policy, it should influence the learning and the performance of students (Kickert et al., 2018).

The difficulties expressed by the participants were not with the policies themselves, but with their lack of involvement in the development of the policy, the rigidity of the policies, and uncertainty about content and implementation of the policies. Participants also expressed concern about their inability to make autonomous decisions regarding assessment.

In nursing education, and in relation specifically to the legacy courses run by the private nursing education institution, the SA Nursing Council plays a key role in determining policy. While Blaauw, Ditlopo and Rispel (2014) states that the key actors involved in the policy processes in nursing education are the Department of Higher Education and Training (DHET), the SA Qualifications Authority (SAQA) and the Council of Higher Education CHE) and that they are having an increased role in nursing education and training, the Bridging course (R683) is overseen by the SA Nursing Council only. The SANC has been solely responsible for developing and regulating nursing qualifications, setting educational standards and accrediting NEI's in relation to the bridging course.

Blaauw et al., (2014), agrees with the statements made by participants that nurse educators cannot influence decisions made by SANC, and that within the SANC and National Department of Health (NDoH) there is a lack of expertise when it comes to shaping nursing policy. One could argue that, in this study, the NDoH does not play a significant role as the

institution is private. As the institution has multiple campuses, there is a division within head office responsible not only for nursing education, but for nursing itself, within the private group, who clearly play an important role in shaping the ethos of the organization. While there is undoubtedly expertise at the head office level, the bureaucratic processes could get in the way of involvement of the educators in policy development at this level.

Rapolienė and Jakubė (2015) described academic institutions as bureaucratic institutions. This notion was supported by a study done by Armstrong and Rispel (2015), where they revealed that the engagement of nurses in nursing policy formulation, remains contested and difficult to understand. Sarinah, Akbar & Prasadja (2018) asserted that autonomy is an essential ingredient of job satisfaction, an idea supported by Abraiz (2012) who revealed that nurses who work in autonomous environments have higher levels of employee satisfaction. An autonomous environment is created when nurses (and by implication nurse educators) are given autonomy and are provided with support from their supervisors. This in turn engenders organizational trust (Cho and Song 2017). Eckhard and Ege (2016) are of the opinion that while bureaucracies have an influence on policy making, the degree to which this happens varies in relation to politics and processes within the organisation.

It is of concern that the SANC is able to make policies, while its governance structures and processes are lacking. Armstrong and Rispel, (2015) showed that there is widespread dissatisfaction with the SANC, and that curricula were outdated and that nurse educators lacked preparedness. McCarthy (2013) makes the point that nurse educators should complement, advocate and present professional advice to regulatory bodies because of ever changing regulatory frame works, attributed to changes in the complexity of health services demands. There is therefore a double-edged problem that bureaucracy gets in the way of involvement in policy making in nursing, and the nurse educators themselves lack experience and capacity to provide guidance.

Middleton et al., (2014) stated that existing leadership and planning within policy makers' needs improvement, which would enable the number of new nurses to increase, and to ensure that they are competent. In order to improve educational programmes, the students, graduates, nurse academics, nurses, and nursing managers at the educational institutions should be involved in these processes (Ashghali-Farahani et al., 2018).

5.2.1.2 Resources

The participants in the study were frustrated by the perceived shortages of resources including time, human and material resources, that they believed compromised their ability to provide quality assessments.

Archer (2017) describes the resources required for assessment more broadly than this, and includes the educator (or human resources), student time, effort, administrative load, technological resources, infrastructure and motivation as requirements. The nursing profession globally is experiencing a shortage of human resources, (National League for Nursing 2015) which is further compounded by the shortage of nurse educators who are expected to train upcoming nurses. According to Mulaudzi et al., (2014) there is a need to train more nurse educators, because South Africa is also being constrained by the global nurse shortage epidemic. In South Africa the problem is exacerbated by the fact that the only nursing norms that have been set for the country, are the population based norms which are not useful in determining the need for new nurses. The SANC statistics of nurses, whilst being accurate, reflect the numbers of nurses on the register, rather than the numbers actively practising as nurses. This makes it difficult for NEIs to determine the numbers of students needed in the country, and, therefore the numbers of educators needed (Armstrong et al., 2019). While Mulaudzi et al., (2014) states the average nurse educator: student ratio is 1:16, there is little standardization of doing these calculations, making it difficult to make decisions regarding the staffing of nursing education institutions.

One way of coping with the perceived shortage is to use the lecture method, as large numbers of students can attend a lecture given by one lecturer, but this encourages the use of content-based approaches (Stokowski 2011). This can also contribute to the lack of student engagement and interaction required to nurture higher order thinking (Ndawo, 2016), and encourages the use of low-level assessment methods. The perceived shortage was a concern to participants who stated that this leads them to having to recycle test papers, and that they mostly used written classroom assessments as a form of assessing the student nurses. Siegel's (2015) findings support this notion, as while acknowledging that innovative or participatory methods allows for improvement of students learning, assessments that support such practices are time consuming and labour intensive, and when used as formative and summative evaluations, may result in the student being penalized, and thereby impacting on their progress. This can then add to the attrition rate.

Regarding material resources, the present study showed that most participants were satisfied with the resources provided by the NEI for them to design quality assessments.

5.2.1.3 Priorities

The study participants mostly mentioned that they take the background of the student, the students' previous experience, students' needs and the content covered into consideration when designing assessments. Msimanga (2017) supports this practice stating that teachers should base their teaching on learners' experiences, and the assessment activities used and that this should be done within the context of the learners' environment.

5.2.2 Processes followed

5.2.2.1 Student involvement in the development of assessment

The participants in the study gave mixed responses and viewpoints relating to this aspect. Participants who said they do involve learners in development of assessments mentioned that they only involve them as far as choosing their assignment topics, the day of the week they preferred writing, and that they told them what was of importance to study, with regards to the content taught, and that they are guided by their study guides.

A study by Laux (2017) found that when students were allowed a voice inside the classroom, it can leave them feeling empowered. It provides an opportunity to construct their own value and meaning on the subject, increases motivation and has a beneficial impact on results. There seemed to be little understanding among participants that this involvement could, or even should, be extended to involvement in assessments.

The participants recognized the need to orientate students to assessment tools which Siddiqui (2017) believes reduces anxiety, and therefore improves performance in assessment. Faculty should make provision in the timetable to acquaint students with assessment tools and grading criteria early in the course, to minimize any stress (Siddiqui 2017).

It is also important that the individual learning styles and educational background of students is taken into account, when setting professional examinations, which require the NEI to test competency. It is known that students engaged in authentic, challenging and relevant experiences understand and learn best (Zhao, 2018). This may require a more innovative

approach to assessment and a departure from the traditional methods used, when assessing students, which emphasize test scores, rather than competency.

5.2.2.2 Lecturer involvement in the development of assessment

Participants reported that, to a large degree, they use the content covered as a guide of what must be asked in the assessments to prepare the student nurse for the summative exam which is set by the SANC. They also stated that they are not involved in the development of assessments, which Brown & Remesal (2017) state is problematic and requires rethinking.

Brown (2018) emphasize the problem of the educational environment becoming more complex, which includes the need to deal with demands for external accountability, and the need for academic staff to take accountability for quality, and therefore, as part of this system, for evaluation and assessment. Brown & Remesal (2017) affirm that a significant role should be played by educators in implementation of the curriculum, which would include assessment, and in decision making related to teaching, learning and assessment.

It is known that students tend to learn what they believe they will be assessed on, and while acknowledging this, Scott (2020) suggests the importance of fully aligning curriculum and assessment methods, which means that educators should consider assessment as part of the curriculum. It could be argued that this is what lecturers were referring to when they said that assessment was linked to content, but then the onus is on the lecturer to ensure that the content is appropriate.

The reliance on Bloom's taxonomy may also encourage surface learning, unless all three domains are used, and all levels of each domain. Bozdemir et al., (2019) showed in their study based on a document review, that the curricula reviewed did indeed take place, and that they focused on remembering, understanding and applying levels in the cognitive dimension, and factual and conceptual knowledge dimensions in the knowledge dimension.

5.2.3 Outcomes

5.2.3.1 In relation to the curriculum

According to SAQA (2013), "outcomes" means to "contextually give a demonstration of the end-products of specified learning processes which would include skills, knowledge, and values."

Msimanga (2017), emphasized that an assessment should go beyond recall, and check if learners have understood the information, and whether they have internalized it.

Ashford – Rowe et al., (2014) believe that when students engage in critical self-reflective strategies, their ability to self-assess and think conceptually will improve. This is also the basis of the concept-based curriculum (Giddens, 2016) which seeks to reduce the reliance on rote learning and trying to fit content into an already overloaded curriculum. Instead, they will be learning concepts they are able to apply. They will then be able to deal with issues at a later stage not included in the curriculum, as they will understand the concepts that underlie health care problems.

The affective domain seems to be particularly neglected despite nursing being labelled as a 'caring profession." This domain guides learners to develop values such as empathy and professional behaviour (Wassef et al., 2012) within the context of a specific setting/environment.

Valiga (2014) advises educators to include reflective papers and Begum and Slavin (2012) suggests using role modelling by displaying a helpful attitude towards students and guiding, counselling, welcoming, and encouraging students to assist them to develop affective skills.

Poindexter (2015) suggests that when educators are designing assessments, they need to provide students with the opportunity to demonstrate transference of their basic knowledge. This will, according to this author, address problems and achieve short-term and long-term goals.

Schmidt et al., (2015) asserts that lecturers are poor in the promotion of critical thinking. Tajvidi et al., (2014) reported that multiple components make up critical thinking, and that critical thinking is not a single skill a nurse has to master. In the nursing field, there is now a shift from 'performance' to 'understanding' (Borglin 2012). Kalb et al., (2015) reported novice nurses lack critical thinking skills, and the current nursing education curriculum lacks in preparing the novice nurses to function in the highly libellous health care settings, rendering them ill-prepared to take care of seriously ill patients that are currently seen in the hospitals, which could result in fatal patient outcomes.

Researchers report that there is a prevalence of purposeless assessment practices in numerous classrooms (Strakova and Simonová, 2013).The employers as well as the nursing graduates generally state that a large portion of the nursing graduates arrive at the work place lacking many of the skills needed to function as a professional nurse (McCalla-Graham and De Gagne, 2015). Research done by Calleja et al., (2019) highlighted that there was an evident theory-practice gap amongst newly qualified nurses. The newly qualified nurses are often emotionally overwhelmed and lack self-confidence (Baumann, et al., 2018).

5.2.3. 2 In relation to the Principles of Assessment

Literature recommends that assessment needs to be effective, and that it is informed and governed by a set of principles which includes alignment with the learning outcomes, fitness for the purpose of assessment and includes all the principles of assessment viz; transparency, validity, reliability, fairness, feasibility, authenticity, clarity of feedback and purposefulness (Siddiqui 2017). Nurse educators have an obligation to ensure that assessments include all these principles in measuring of learning for all the student nurses (Stuart 2013).

SAQA (2013) defines "transparency" in assessment as "the degree to which assessment criteria as well as the processes are visible, known and understood by the learners and various role-players involved with the assessment process". In relation to assessment within higher education, Jönsson (2014) describes transparency in terms of students' awareness of the rationale of the assessment, and also the assessment criteria. If students are aware of the assessment criteria, they will be enabled to evaluate their own work long after the formal education programme is completed. (Tai et al., 2017).

Bearman and Ajjawi (2019) explain assessment criteria as criteria that should shape the students' notions of what (for an example) the assignment should look like. This can be done by means of a rubric which prompts students to 'do', 'make', and 'think', and not merely just 'understand' expectations.

In many higher education institutions and schools, it is becoming common practice for educators to share assessment criteria with their students, and it is sometimes a requirement for accountability, and a means of communicating expectations to the students (Jönsson and Prins 2019).

Participants in the study mentioned that in order to comply with the principle of transparency, they explain the assessment process and policies to the students when they arrive during the orientation process. They also mention that these are reinforced during the year, as most students don't understand and tend to forget.

Denman & Al-Mahrooqi (2018) raised the issue of redress in terms of educational assessment, in that students who believe they have been unfairly treated, for example, by being given an incorrect mark, must have the opportunity to query their mark, and for it to be corrected in a timely and fair manner. This implies that students need information as to how the assessment was carried out.

Traditionally, the principles of validity, reliability, fairness, feasibility, and authenticity are considered.

SAQA (2015) supplies definitions for validity and reliability in their policy document. "Reliability" is "the overall consistency of a measure. A measure is said to have high reliability if it produces similar results under consistent conditions. In assessment, reliability refers to the extent to which, in similar contexts, the same assessment-related judgements can be made".

"Validity" means "the extent to which the assessment measures what it has been developed to measure. Validity is about the appropriateness, usefulness and meaningfulness of assessment procedures, methods, instruments, and materials. Assessment is valid when assessment tasks actually test the knowledge and skills required for defined competencies and learning outcomes."

Denman and Al-Mahrooqi (2018) assert that assessments must be fair and ethical, in that they should neither advantage nor disadvantage any individual or group. This would include issues of gender, ethnicity, disability and sexual orientation. Assessment should not only be ethical and fair, but also be *seen* as ethical and fair by learners, teachers, assessors, and other concerned stakeholders.

Villarroel et al., (2017) believe that authentic assessments aim to replicate the tasks and performance standards typically found in the world of work. Doing this has been found to have a positive impact on student learning. They also assert that authentic assessments promote meta-cognition, motivates students, and improves their chances of gaining employment at the end of the programme. It is, however, easier said than done in an educational environment, that has traditionally used testing of students in a de-contextualized manner, and it takes time to entrench and develop authentic assessments in an educational organization.

Results from the study indicated that students do not know the difference between remediation and feedback. Remediation in medical education is the process of facilitating corrections for physician trainees who are not on course to competence, predictably consumes significant institutional resources (Kalet et al., 2016).

5.3. CONCLUSION

Findings of this research have been discussed in this chapter in relation to literature. The next and final chapter of this research report will provide the summary, main findings, limitations, recommendations and conclusions drawn from this study.

CHAPTER SIX

SUMMARY, MAIN FINDINGS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

6. 1. INTRODUCTION

In the previous chapter the findings were discussed and compared to existing literature. In this final chapter of the research report, the main findings are summarised, and the conclusions that were drawn from the findings, the limitations of this research and recommendations for nursing education, research and nursing practice are presented.

6.2. SUMMARY

The purpose of the study was to explore the views of nurse educators regarding assessment strategies, related to their relevance and effectiveness in a private nursing education institution. The research question was, "What are the views of the nurse educators on the relevance and effectiveness of assessment strategies at a private nursing education institution in South Africa?"

The purpose of the study and the research question were met through the appropriateness of the research design. In this study, twenty in-depth semi- structured interviews were conducted with lectures/nurse educators at the private nursing education institutions. Three themes with seven categories emerged from the interviews. The three themes that emerged from the study are drivers of assessment strategies; processes followed and outcomes.

6.3 MAIN FINDINGS

The study revealed that nurse educators accept the system used believing that, certainly in theory, the assessment practices are relevant and effective but that there are some constraints in the system.

With regard to drivers of assessment strategies, this study revealed that the nurse educators lack autonomy, in that they follow the policies without having been part of their development, or interpreting them in a broader manner so as to introduce innovative ideas. Policies driving the process of assessments were policies of the SANC, institutional policies and local NEI policies. Participants were not involved in the formulation of these policies. There was a

general concern relating to the lack of time and human resources, which leads to unacceptable practices, such as recycling test papers. It also meant that written classroom assessments were used almost exclusively as a form of assessing the student nurses. The study participants mentioned that they take the background of the student, the students' previous experience, students' needs and the content covered into consideration when designing assessments.

Processes followed: The findings of the study suggested that participants do little to involve learners in the development of assessments. However, they mentioned that they do involve them as far as choosing their assignment topics, and in the choice of the day of the week they preferred writing.

Assessments are largely based on the content of the curriculum. There was an ever-present concern regarding the need to prepare students for external examinations by the SANC, which may hamper the quality of teaching and learning.

Outcomes:

There is a heavy reliance of Bloom's taxonomy to guide the levels of questions, but the lower levels of the cognitive domain were most often used. Participants found it difficult to measure the learners' affective and psychomotor domains in written assessments which are not always related to the real world.

Assessment processes and policies are explained to students in order to comply with the need for transparency. There was concern related to the imbalance between assessment of theory and practica. The issue of validity seems to be well understood, but reliability did not feature in the participants' responses. Fairness was important, as was concern related to feasibility. The latter was related to the issue of a lack of resources.

Students differ in their acceptance of feedback given to them, and believe they do receive sufficient feedback. There seems to be confusion between feedback and remediation.

6.4. LIMITATIONS

- The sample size for this study was small and confined to three of the five campuses of the private NEI.

- The questions used during data collection were focused and therefore solicited fairly narrow responses. It was therefore necessary to probe extensively. Had the questions been phrased differently this may not have been necessary.
- Data collected was self-reported and may/ could have been affected by the participants' selective memory, who may have attributed events and issues that could have been overcome by themselves, to others. The researcher was obliged to accept the contributions made by participants at face value.
- While literature exists on lecturer's views of assessment none has yet been written on the topic within the context of the private NEI making it difficult to cross check the findings of the study.
- While the language used in the NEI is English and the interviews were conducted in English, it is not the home language of many of the participants which may have influenced their responses and the researcher's interpretation of the responses.

6.5 RECOMMENDATIONS

6.5.1 Recommendations for nursing education

- A solution needs to be found for the lecturer's perceived lack of involvement in decisions relating to assessment and their concern that they lack agency in this regard. It is difficult to involve everyone but a system of decentralized decision making in the relation to the curriculum, and specifically relating to assessment could be introduced. Individual lecturers could be given more autonomy for deciding on individual assessment set related to the subject matter they teach.
- Much of the frustration relating to the SA Nursing Council examinations will disappear with the advent of the new programmes. However, the SANC still intends to set a licensing examination. There should therefore be extensive communication between the SANC and stakeholders to ensure valid, reliable and fair examinations with a robust marking system to ensure quality examination are held.
- Lecturers should form part of curriculum committees, even if it can be on a rotational allocation; so that lecturers can be part of the planned assessments in the meso curriculum that the NEI send to the accrediting body.

6.5.2 Recommendations for clinical practice

- Allocation of nurse educators to teaching and assessment duties must be equitably distributed to ensure maximum utilization of available human resources.
- Concerted efforts must be implemented to improve the nurse educators' understanding of the importance of students' involvement in assessment processes. This is needed to break the culture of power relationships between lectures and students.
- The NEIs' should explore alternative education taxonomies and support nurse educators to use the higher orders of these taxonomies.
- Meetings with management and curriculum committee members should be held regularly so as to promote transparency.

6.5.3 Recommendations for research

An intervention should be implemented to address the issues raised in this study and a longitudinal quantitative study done to measure the effectiveness of such a programme.

6.6 CONCLUSION

The views of the nurse educators on the relevance and effectiveness of assessment strategies were explored in this study. Findings that were generated from the study created an awareness of factors that promote and often hinder the relevance and effectiveness of assessment strategies. Although the Bridging programme is being phased out, the lessons learned from this study can be implemented going forward to the new programmes as most problems are generic in nature and amenable to change. All efforts to improve the quality of nursing education should be encouraged.

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APPENDIX A

INTERVIEW GUIDE

Question 1: How do you currently assess your students?

Probes: List the methods you use.

Question 2: Do you believe each assessment you currently use is worthwhile?

Probes: In terms of A: meeting the outcomes of the assessment.

B: assessing skills you want your students to acquire

C: The time taken and resources used.

Question 3: How do you decide upon assessments to be used?

Probes: In terms of A: involvement of lectures.

B: Involvement of students.

C: Number and type of assessments.

Question 4: What do you believe the students think about the assessment system?

Probes: In terms of A: Understanding the assessment process.

B: Feedback they receive.

C: Different types of assessments.

D: their usefulness.

E: The guidance they receive.

APPENDIX B

LETTER TO [redacted] ETHICS COMMITEE

REQUEST TO COLLECT DATA FOR A RESEARCH STUDY AT [redacted] EDUCATION

No 122 Palm Springs

Murray Avenue

Meredale

2091

[redacted] Research Operational Committee

Re: Request to collect data for non - trial research study

My name is Precious Reyneck; I am a Master of Science student in Nursing Education at the University of Witwatersrand. I am currently employed at (name of institution)

I herewith wish to request permission to conduct my study using nurse educators from both the basic and post – basic programmes at various campuses of (name of institution) as well as to grant me access to the organization and support my research study. The title of my study is: THE VIEWS OF NURSE EDUCATORS OF ASSESSMENT STRATEGIES USED AT A PRIVATE NURSING EDUCATION INSTITUTION IN SOUTH AFRICA. The purpose of the study is to explore the views of nurse educators in relation to the assessment strategies they use.

A participant information sheet and an invitation to participate in the study will be provided to the nurse educators. Permission has been sought from the Wits Research Ethics Committee (medical) and conditional approval (Protocol no. 180748) has been granted. Permission will be requested from the principals of (names of institution)

The names and contact details of the nurse educators will be obtained from the human resource department. The researcher will make an appointment with the nurse educators who will be

willing to participate at a mutually convenient time. There will be no financial implications for (name of company) during this study.

For questions, requirement of more documentation or more details about the study, you can contact me at +27(0) 76 101 6906, or through the email: precious.reyneck@[redacted]. Alternatively, you may contact my supervisor:

Dr. Sue Armstrong using Tel: +27 011 488 3094 and email:Sue.Armstrong@wits.ac.za

This study will be approved by the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg ("Committee"). A principal function of this Committee is to safeguard the rights and dignity of all human subjects who agree to participate in a research study and the integrity of the research.

If you have any concerns over the way the study is being conducted, please contact the Chairperson of this Committee who is Professor Clement Penny, who may be contacted on telephone number 011 717 2301, or by e-mail on Clement.Penny@wits.ac.za. The telephone numbers for the Committee secretariat are 011 717 2700/1234 and the e-mail addresses are Zanele.Ndlovu@wits.ac.za and Rhulani.Mukansi@wits.ac.za

Yours Sincerely

Precious Reyneck

APPENDIX C

EDUCATIONAL NEEDS OF STUDENT NURSES IN RELATION TO WRITTEN FEEDACK ON ASSESSMENTS AT A PRIVATE NURSING EDUCATION INSTITUTION IN PRETORIA

LETTER TO THE [redacted] EDUCATION CAMPUS MANAGER

University of Witwatersrand

Department of Nursing Education

Faculty of Health Sciences,

7 York Road,

Parktown

Johannesburg

2193

18 March 2019

The Campus manager

[redacted]

145 Gerhardstreet

Lyttleton

Centurion

0157

Dear [redacted]

I am a registered nurse currently pursuing a Master's Degree in Nursing Education at the University of Witwatersrand. I intend to conduct a study titled: 'The views of nurse educators of assessment strategies used at a private nursing education institution in South Africa', which is in partial fulfilment for the award of the Master degree. I hereby apply for permission to conduct the study at your nursing education institution.

Assessment strategies form an integral and critical aspect of teaching and learning. The study is a part of a growing body of research that seeks to find valuable information regarding

views of nurse educators in relation to assessment strategies and to explore whether the current methods of assessment strategies are effective, as well as to shed more light on this neglected/rarely acknowledged issue of assessment strategies.

All measures regarding ethical issues will be considered throughout the study to safeguard the dignity of the institution and educators. The study will be conducted after the Committee for Research on Human Subjects of the University of the Witwatersrand has critically reviewed the proposed study and an approval has been issued. Participation in the study will be voluntary after giving information on the research study to all participants.

Should you wish to know more about the study you may contact me on telephone number 0761016906 / 011 6287630

Yours Sincerely

Precious Reyneck

APPENDIX D

LETTER FROM PRINCIPALS GRANTING PERMISSION

[redacted]

Dear Precious Reyneck

Re: The views of nurse educators of assessment strategies used at a Private Nursing Education Institution in South Africa

We hereby confirm knowledge of the above named research application to be made to the [redacted] and in principle agree to the research application for [redacted] subject to the following:

1. That the data collection may not commence prior to receipt of FINAL APPROVAL from the [redacted] Research Operations Committee.
2. A copy of the research report will be provided to the [redacted] Research Operations Committee once it is finally approved by the tertiary institution, or once complete.
3. [redacted] has the right to implement any recommendations from the research.
4. That the Campus Management 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 [redacted] or should the researcher not comply with the conditions of approval.

We wish you success in your research.

Yours faithfully,

[redacted]

29/03/19
Date

[redacted]

[redacted]

LETTER CONFIRMING KNOWLEDGE OF NON-TRIAL RESEARCH TO BE CONDUCTED IN THIS [redacted] FACILITY

Dear Precious Reyneck

Re The views of nurse educators of assessment strategies used at a Private Nursing Education Institution in South Africa

We hereby confirm knowledge of the above named research application to be made to the [redacted] Research Operations Committee and in principle agree to the research application for [redacted] Hospital/site/division, subject to the following:

1. That the data collection may not commence prior to receipt of FINAL APPROVAL from the [redacted] Research Operations Committee.
2. A copy of the research report will be provided to the Netcare Research Operations Committee once it is finally approved by the tertiary institution, or once complete.
3. [redacted] has the right to implement any recommendations from the research.
4. That the Hospital/Site/Division Management 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 / [redacted] or should the researcher not comply with the conditions of approval.

We wish you success in your research.

Yours faithfully

[redacted]

Signed by Hospital/Site/Division Management **Date**

15 March 2019

Campus Manager

(Specify designation)

[redacted]

[redacted]

LETTER CONFIRMING KNOWLEDGE OF NON-TRIAL RESEARCH TO BE CONDUCTED IN THIS [redacted]

Dear Precious Reyneck

Re: The views of nurse educators of assessment strategies used at a Private Nursing Education Institution in South Africa

We hereby confirm knowledge of the above named research application to be made to the [redacted] Research Operations Committee and in principle agree to the research application for [redacted], subject to the following:

1. That the data collection may not commence prior to receipt of FINAL APPROVAL from the [redacted] Operations Committee.
2. A copy of the research report will be provided to the [redacted] Committee once it is finally approved by the tertiary institution, or once complete.
3. [redacted] has the right to implement any recommendations from the research.
4. That the Hospital/Site/Division Management 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 [redacted] or should the researcher not comply with the conditions of approval.

We wish you success in your research.

Yours faithfully

[redacted]

1/4/19.

Signed by Hospital/Site/Division Management **Date**

CAMPUS MANAGER

(Specify designation)

[redacted]

APPENDIX E

INVITATION TO PARTICIPATE IN RESEARCH STUDY: THE VIEWS OF NURSE EDUCATORS OF ASSESSMENT STRATEGIES USED AT PRIVATE NURSING EDUCATION ISTITUTIONS IN SOUTH AFRICA.

Good day

My name is Precious Reyneck. I am currently doing a Master of Science degree in Nursing Education at the University of Witwatersrand. I am required to conduct a research study as part of the course requirements.

Research is a process to learn the answer to a question. In this study I want to explore the views of nurse educators regarding the assessment strategies they use. The overall image from literature is that there is a lack of assessment literacy amongst educators as well as a lack of support for educators with regards to the facilitation of the assessment processes. However the articles have not adequately addressed the issue of assessment strategies from a nurse educator's perspective.

I hereby invite you to participate in this research study.

If you are interested and willing to participate in the study please call me to make an appointment for an interview on 0761016906 or 011628 7630 or send me an email to precious.reyneck[redacted]

Thank you for your time and consideration.

Precious Reyneck

APPENDIX F

THE PARTICIPANT INFORMATION SHEET (nurse educators)

Good Day,

Research title: THE VIEWS OF NURSE EDUCATORS OF ASSESSMENT STRATEGIES USED AT PRIVATE NURSING EDUCATION INSTITUTION IN SOUTH AFRICA.

Introduction

My name is Precious Reyneck, I am currently enrolled as an MSc in Nursing Education student at University of Witwatersrand in Johannesburg, South Africa, in the Department of Nursing Education. I would like to invite you to participate in my study entitled 'THE VIEWS OF NURSE EDUCATORS OF ASSESSMENT STRATEGIES USED AT PRIVATE NURSING EDUCATION INSTITUTION IN SOUTH AFRICA'.This information sheet is to help you decide if you would like to participate and understanding everything may help you to decide whether you wish to participate in the study. The purpose of this study is to explore the views of nurse educators regarding assessment strategies.

Your involvement, if you consent to participate

You were selected to participate in this study as nurse educator who has expertise in the teaching and learning process. Participants in this study will be asked to complete the questionnaire by indicating your opinion on assessment strategies. This will take about 20 minutes of your time to complete the questionnaire.

Access to questionnaires

The researcher will set up appointments for the semi-structured interviews with all interested participants.

Expected Benefits

There will be no immediate benefit to you in participating in the study. However, the information that you will provide through the completion of the questionnaire will be valuable in informing nurse educators of any changes that may be indicated to provide for relevant and effective assessment strategies.

Payment and Cost

There is neither payment nor cost to participants.

Voluntary participation

Participation in this study is voluntary, and even after the study begins you have right to withdraw from the study at any point without any negative effects. You have the right not to answer questions if you do not feel comfortable to do so.

Study results

The data from the study will be confidential and it will be stored securely in the Department of Nursing at the University of the Witwatersrand for a minimum of two years after publication, or six years in the absence of publications. I will be happy to send you, on request, a copy of any report arising from the study.

Confidentiality

No reports of the study will identify your names, which will be designated a code, so that it will not be possible to identify you in any way.

Contact details

For questions or more details about the study, you can contact me at +27(0) 76 101 6906, or through the email: precious.reyneck@[redacted] Alternatively, you may contact my supervisor:

Dr. Sue Armstrong using Tel: +27 011 488 3094 and email:Sue.Armstrong@wits.ac.za

This study will be approved by the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg ("Committee"). A principal function of this Committee is to safeguard the rights and dignity of all human subjects who agree to participate in a research study and the integrity of the research.

If you have any concerns over the way the study is being conducted, please contact the Chairperson of this Committee who is Professor Clement Penny, who may be contacted on telephone number 011 717 2301, or by e-mail on Clement.Penny@wits.ac.za. The telephone numbers for the Committee secretariat are 011 717 2700/1234 and the e-mail addresses are Zanele.Ndlovu@wits.ac.za and Rhulani.Mukansi@wits.ac.za

Thank you for reading this Participant Information Sheet.

Date: March 2019

APPENDIX G

PARTICIPANT CONSENT SHEET

Research study title: **THE VIEWS OF NURSE EDUCATORS ON ASSESSMENT STRATEGIES USED AT A PRIVATE NURSING EDUCATION INSTITUTION IN SOUTH AFRICA.**

1. **I have been given a Participant Information Sheet which explains the nature and processes involved in this study, which is attached hereto;**
2. **I was given time to read it, or had it read to me, in the language I best understand;**
3. **I was given time to ask any questions I wanted to and found any answers given to me to be reasonable and satisfactory;**
4. **I believe and fully understand why the study is being conducted and what the intended outcomes will be;**
5. **I understand that there will be no immediate benefit to me, should I agree to participate, nor will I receive any payment; conversely, participation will not cost me anything;**
6. **I have been given a range of contact details, repeated below, should I require further information at a later stage, or have any cause for concern over any aspect of the treatment I receive; and**
7. **I understand that, even if I initially consent to take part in the study, I may subsequently withdraw at any time and would not be required to give any reasons; if that happened, any data collected about me for the purposes of the study would immediately be destroyed**

Contact details:

For questions or more details about the study, you can contact me at +27(0)076 101 6906, or through the email:preciousreyneck@gmail.com. Alternatively, you may contact my supervisors:

Dr. Sue Armstrong using Tel: +27 011 488 3094 and email:Sue.Armstrong@wits.ac.za

Professor CB Penny, Chairperson of the Human Research Ethics Committee (Medical) at the University of Witwatersrand, on telephone no. 011 717 2301, or by e-mail at Clement.Penny@wits.ac.za.

Ms. Z Ndlovu or Mr Rhulani Mkansi, Committee Secretariat, telephone nos.: 011 717 2700 or 1234, or by e-mail at: Zanele.Ndlovu@wits.ac.za or Rhulani.Mkansi@wits.ac.za

Name of Participant: _____

Date: _____

Place: _____

Signature or mark _____

<u>Witnessed by</u>:

Name of Witness: _____

Signature: _____

Date: _____

APPENDIX H

Research title: THE VIEWS OF NURSE EDUCATORS OF ASSESSMENT STRATEGIES USED AT A PRIVATE NURSING EDUCATION INSTITUTION IN SOUTH AFRICA.

CONSENT FORM FOR AUDIO- TAPING OF INTERVIEW

I……. (Initial and surname) have consented to be a participant in the study being conducted by Miss Precious Reyneck. I have been given the information document on the study and have read and understood the information document.

I have been asked to give my consent to the in the interview being audio- taped to aid in accurate collection and analysis of information. I also understand that if I decide not to consent to the interview being audio- taped that I will be excluded from the study.

I give my consent to the interview being audio-taped **Yes/No**

Signature of participant

…….

Date

…….

APPENDIX I

WITS ETHICAL CLEARANCE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

R14/49 Precious Reyneck

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M180748

NAME: (Principal Investigator)	Precious Reyneck
DEPARTMENT:	Nursing Education
PROJECT TITLE:	The views of nurse educators on assessment strategies used at a private nursing education institutions in South Africa
DATE CONSIDERED:	27/07/2018
DECISION:	Approved
CONDITIONS:	Provide written permision to condcut the study from Netcare: Gauteng, Kwazulu-Natal, Western Cape and Eastern Cape
SUPERVISOR:	Dr Sue Armstrong
APPROVED BY:	Dr C Penny, Chairperson, HREC (Medical)
DATE OF APPROVAL:	07/12/2018

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Research Office Secretary in Room 301, Third floor, Faculty of Health Sciences, Phillip Tobias Building, 29 Princess of Wales Terrace, Parktown, 2193, University of the Witwatersrand. I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report**. The date for annual re-certification will be one year after the date of convened meeting where the study was initially reviewed. In this case, the study was initially reviewed July and will therefore be due in the month of July each year. Unreported changes to the application may invalidate the clearance given by the HREC (Medical).

Principal Investigator Signature _____ Date _____

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX J

[redacted]CLEARANCE: Permission to Conduct Study

RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF RESEARCH

Approval number: UNIV-2019-0013

Ms Precious Reyneck

E mail: Precious.Reyneck@[redacted]co.za

Dear Ms Reyneck

RE: THE VIEWS OF NURSE EDUCATORS ON ASSESSMENT STRATEGIES USED AT A PRIVATE NURSING EDUCATION INSTITUTIONS IN SOUTH AFRICA

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 Private Hospitals, has been approved, subject to the following:

i) Research may now commence with this FINAL APPROVAL from the Committee.

ii) All information regarding the Company will be treated as legally privileged and confidential.

iii) The Company's name will not be mentioned without written consent from the Committee.

iv) All legal requirements with regards to participants' rights and confidentiality will be complied with.

v) All data extracted may only be used in an anonymised, aggregated format and for the purposes of this specific study as specified in the proposal. The data may under no circumstances be used for any other purpose whatsoever.

vi) The Company 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 Committee as well as a FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.

vii) A copy of the research report will be provided to the 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..

viii) The Company has the right to implement any recommendations from the research.

APPENDIX J: CONT'D

ix) The Company 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/ Company or should the researcher not comply with the conditions of approval.

x) 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

8/4/2019

Prof Dion du Plessis
Full member: Research Operations Committee & Medical Practitioner evaluating research applications as per Management and Governance Policy

Shannon Nell
Chairperson: Research Operations Committee
Date: 15/4/2019

This letter has been anonymised to ensure confidentiality in the research report. The original letter is available with author of research