

Table 2.1: Below, number of words per interview

INTERVIEW/PARTICIPANT	NUMBER OF WORDS
Interview1/participant1	1530 words
Interview2/participant2	1666 words
Interview3/participant3	754 words
Interview4/participant4	1338 words
Interview5/participant5	1014 words
Interview6/participant6	3593 words
Interview7/participant7	1279 words
Interview8/participant8	1270 words
Interview9/participant9	1484 words
Interview10/participant10	1108 words
Interview11/participant11	1409 words
Interview12/participant12	1228 words
Interview13/participant13	831 words
Interview14/participant14	878 words
Interview15/participant15	1225 words

The researcher worked with an independent coder. A coder is a person who performs the segmentation and coding of data (Kuckartz, 2019:185). The data were inductively analysed via ATLAS Ti Version 9. This software is used as a qualitative research tool for coding and analysing transcripts, among other things. The steps followed were as follows:

a) As soon as all fifteen (15) interviews were transcribed by the researcher, they were emailed in a zip folder to the coder. A folder was created by the coder that contained all the documents, quotations and codes. The transcripts were prepared for import. Fifteen (15) transcripts were imported. Identification (ID) codes were used to present verbatim quotes (Mthimunye and Daniels, 2019:56). Participant 1 or interview 1 was used to distinguish between participants or interviews.

Figure 2.1, below, interviews distinguished and arranged for importing

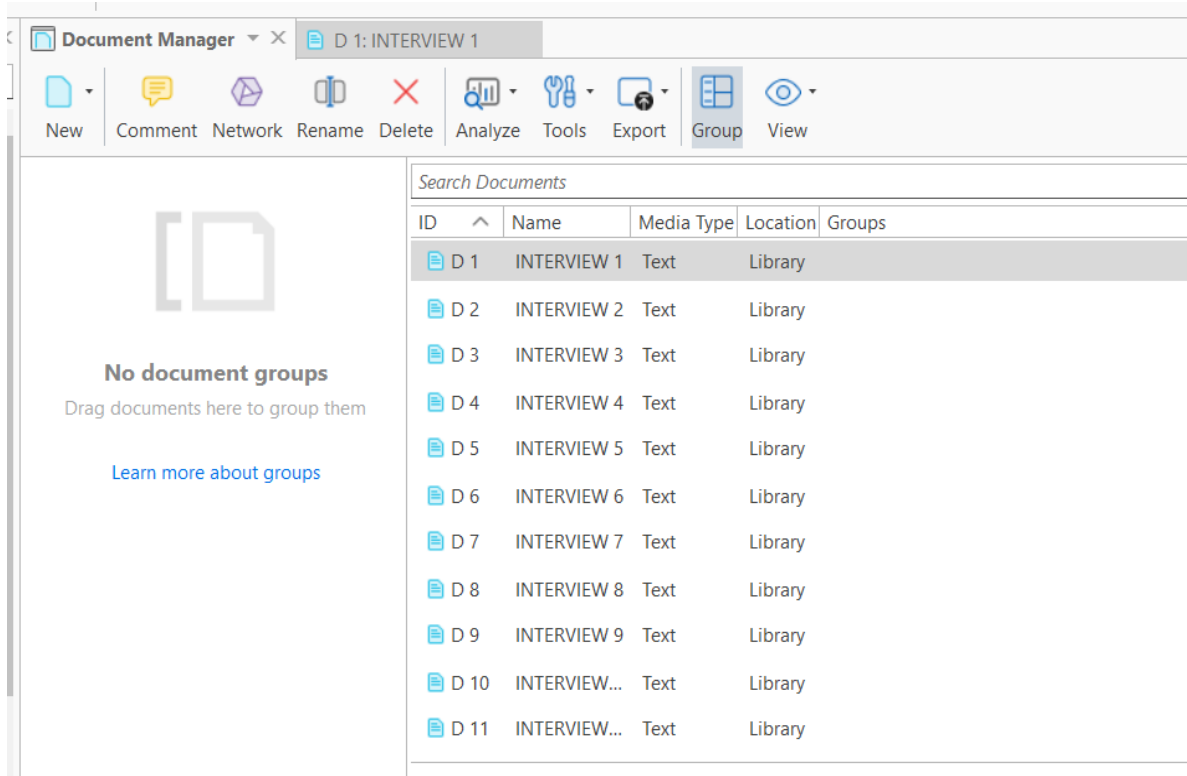


Figure 2.1 Arranged interviews

b) Coding of transcripts

Adelowotan (2021:192) alluded that coding is a code, word or short phrase assigned to a selected segment of a text or data. Codes refer to quotations (ATLAS.ti 9 Windows: 14). A quotation is a segment that is important. A textual quotation was created, and appropriate text segments that reflected the meaning of participants' experiences were selected in the transcript. Coding, because of large volumes of data, is labelled and allows the coder to find patterns and themes (Gray et al., 2017:271). Kuckartz (2019:18) reported that working with codes in qualitative research is a "proven method". After findings are grouped together, codes are created.

Figure 2.2, below, arranging data to find patterns and themes.

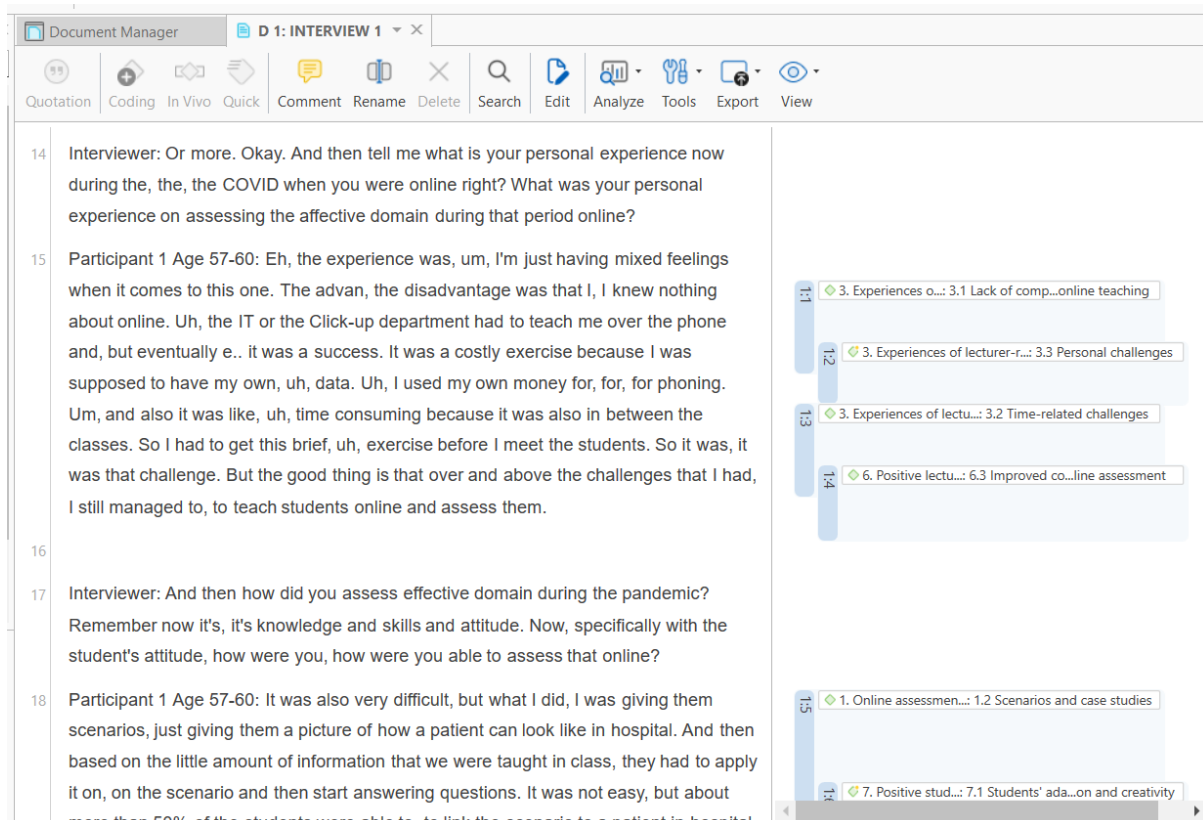


Figure 2.2: Identified patterns

c) Grouping codes as themes and subthemes

Open coding was used to create a new code associated with selected quotations or text segments. Text segments are also called data extracts (Dawadi, 2020:63). Vollstedt and Rezat (2019) alluded that open coding is the part of data analysis that focuses on forming ideas and labels of the data through intensive analysis. The data are broken into smaller parts and thoroughly analysed by the coder to grasp the core idea of each part and to develop a code to describe it. In open coding, the coder used verbatim interviews where sentences with similar patterns were grouped together and given a concept name. The coder added a new code to the code list and, if needed, a new quotation to the quotation list. The coder analysed all fifteen (15) transcripts electronically by selecting quotations and assigning descriptive codes to the quotations. The subthemes have similar patterns and are grouped together. Two hundred and twenty-six quotations (262), twenty-eight subthemes, and eight (8) themes were identified.

Figure 2.3, Below, naming and grouping data to form themes and subthemes

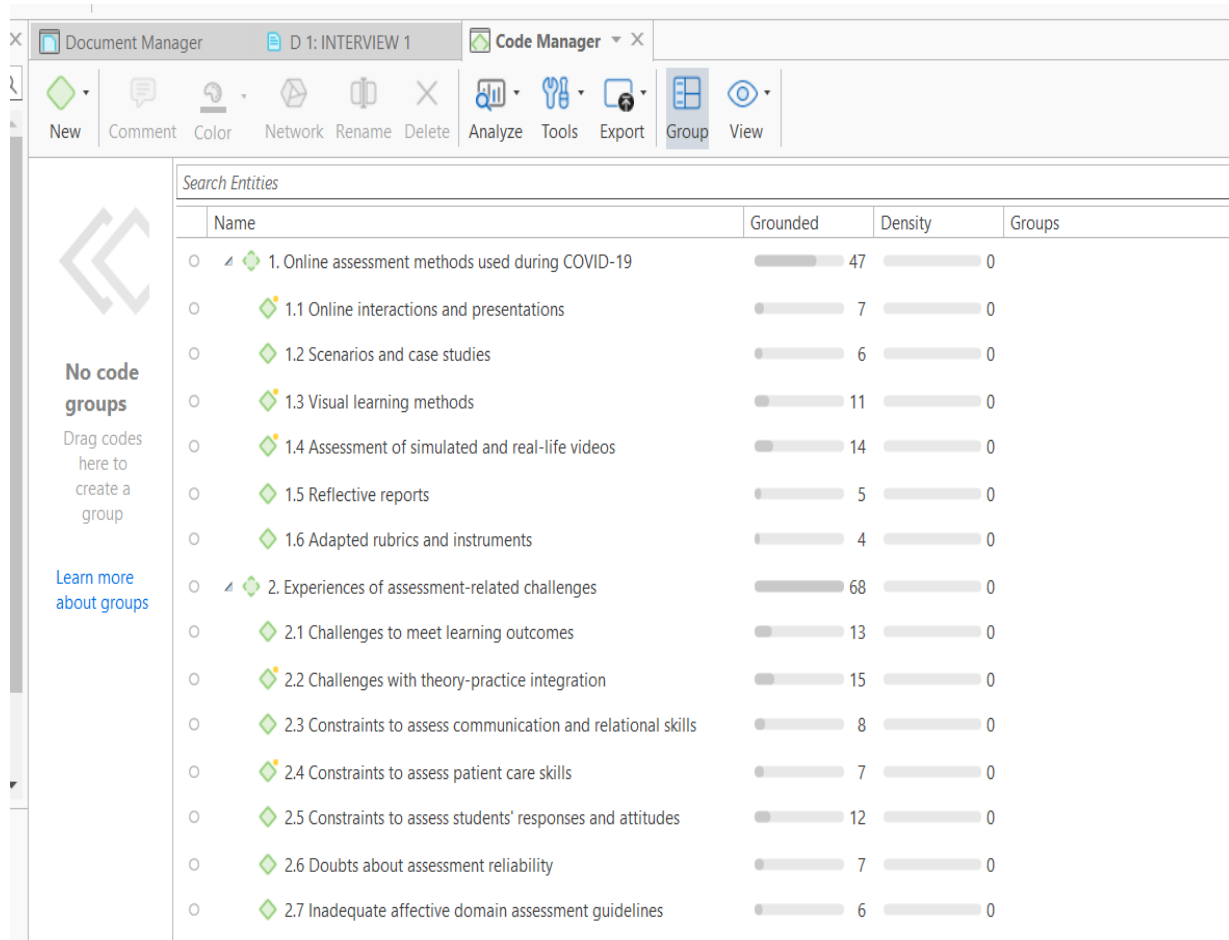


Figure 2.3: merged data to form themes and subthemes

d) Refining and merging of codes (themes and subthemes)

Themes were evaluated, refined and merged to identify the essence of each theme and the aspects of each theme captured (Dawadi, 2020:69). A large number of very specific topics were created and merged into smaller codes under a more general heading. Having distinguished the core category, the phenomenon of the research can now answer the research question (Vollstedt and Rezat, 2019:89). All the codes were grouped together to form a theme. Wæraas (2019:158) reported that themes summarizing meanings are conveyed by many codes. Gray et al. (2017:271) reported that a label for merging codes is interpretative and is called a theme if it is constantly identified in the data.

Subthemes were grouped together on the basis of their core commonalities and grouped under a single theme. The coder and researcher agreed not to include personal challenges, technological challenges, pandemic-related challenges and institutional support. These subthemes are intertwined with the other subthemes. However, all related challenges to the phenomenon were identified in the themes and subthemes by the researcher and extensively

discussed in Chapters 3 and 4. Below is a breakdown of the coder's themes and subthemes (Table 2.2).

Table 2.2: Below, themes and subthemes

THEMES	SUBTHEMES
<ul style="list-style-type: none"> ○ 1. Online assessment methods used during COVID-19 	○ 1.1 Online interactions and presentations
	○ 1.2 Scenarios and case studies
	○ 1.3 Visual learning methods
	○ 1.4 Assessment of simulated and real-life videos
	○ 1.5 Reflective reports
	○ 1.6 Adapted rubrics and instruments
<ul style="list-style-type: none"> ○ 2. Experiences of assessment-related challenges 	○ 2.1 Challenges to meet learning outcomes
	○ 2.2 Challenges with theory-practice integration
	○ 2.3 Constraints to assess communication and relational skills
	○ 2.4 Constraints to assess patient care skills
	○ 2.5 Constraints to assess students' responses and attitudes
	○ 2.6 Doubts about assessment reliability
	○ 2.7 Inadequate affective domain assessment guidelines
<ul style="list-style-type: none"> ○ 3. Experiences of lecturer-related challenges 	○ 3.1 Lack of competency with online teaching
	○ 3.2 Time-related challenges
<ul style="list-style-type: none"> ○ 4. Experiences of student-related challenges 	○ 4.1 Lack of commitment and engagement
<ul style="list-style-type: none"> ○ 5. Experiences of external challenges 	○ 5.1 Unstable network connectivity and loadshedding
<ul style="list-style-type: none"> ○ 6. Positive lecturer-related experiences with online assessment 	○ 6.1 Flexibility and improvisation related to online assessment
	○ 6.2 Innovation and creativity of lecturers
	○ 6.3 Improved competency in online assessment
<ul style="list-style-type: none"> ○ 7. Positive student-related experiences with online assessment 	○ 7.1 Students' adaptation and creativity
	○ 7.2 Students' preparedness for clinical practice
	○ 7.3 Students' progress and standards obtained
<ul style="list-style-type: none"> ○ 8. Recommendations for assessment challenges 	○ 8.1 Explore alternative affective domain assessment methods

The researcher further changed the eight themes and merged them into four, as the four themes better underpin the essence of the phenomenon. The four main themes were as follows: a sense of inefficiency as an educator, an untimely clinical and educational environment, a balance between the cognitive and the affective domains and a sense of

fulfilment. The researcher did not merge the subthemes but rearranged them to fit into the themes. Although some subthemes could have been merged, the researcher decided to keep it as is, as it addressed and highlighted different challenges that speak to the phenomenon. The chosen themes encapsulated all the subthemes under that particular theme. The researcher discussed three quotes per subtheme in Chapters 3 and 4.

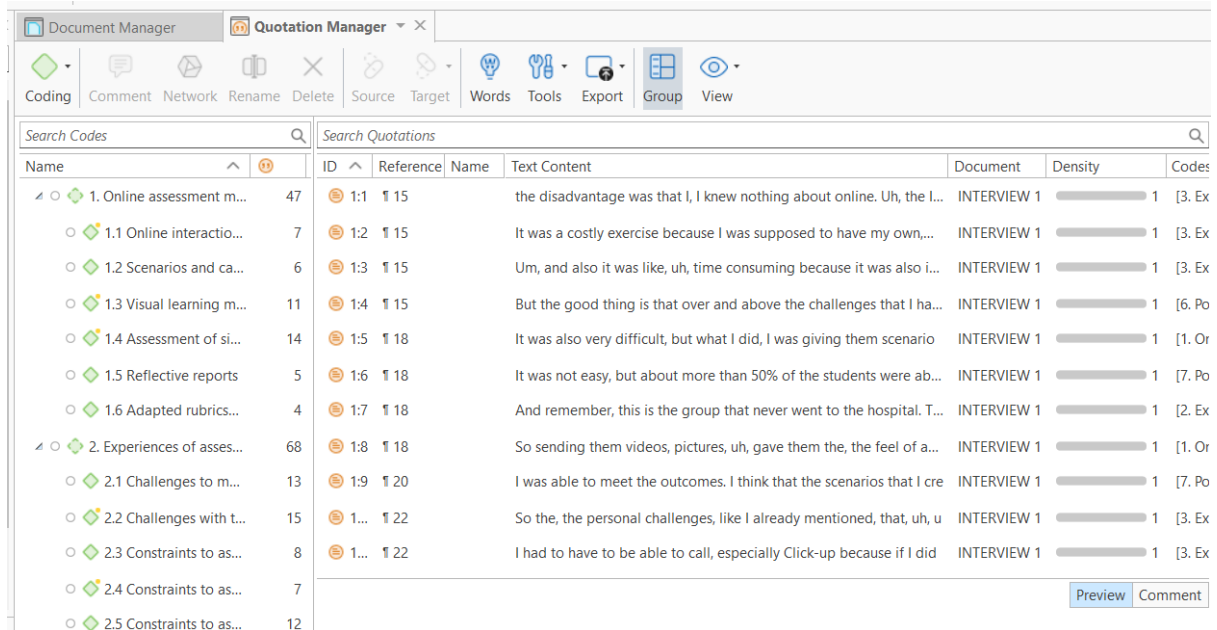
Below, the themes and subthemes were rearranged by the researcher (Table 2.4)

Table 2.3: Below, amended themes and subthemes

THEMES	SUBTHEMES
1. A sense of inefficient as an educator	1.1 Challenges to meet learning outcomes.
	1.2 Constraints to assess students' responses and attitude.
	1.3 Doubts about assessment reliability.
	1.4 Lack of competency with online teaching
2. Untimely clinical and educational environment	2.1 Online interactions and presentations.
	2.2 Scenarios and case studies.
	2.3 Visual learning methods.
	2.4 Assessment of simulated and real-life videos.
	2.5 Adapted rubrics and instruments.
	2.6 Reflective reports.
	2.7 Unstable network connectivity and loadshedding.
	2.8 Time-related challenges.
	2.8 Lack of commitment and engagement
3. Balance between cognitive and the affective domains	3.1 Inadequate affective domain assessment guidelines.
	3.2 Challenges with theory and clinical integration.
	3.3 Constraints to assess patient care skills.
4. A sense of fulfilment	4.1 Flexibility and improvisation related to online assessment
	4.2 Innovation and creativity of lecturers
	4.3 Improved competency in online assessment
	4.4 Students' adaptation and creativity
	4.5 Students' preparedness for clinical practice
	4.6 Students' progress and standards obtained
	4.7 Explore alternative affective domain assessment methods

e) Open coding in qualitative research presents sub-coding opportunities (Williams and Moser, 2019:49). Code groups were created. Codes were assigned to code groups, which represented the themes and coded the subthemes in Figure 2.4 with findings. The coder and researcher agreed on the number of themes and subthemes (Wæraas, 2019:155).

Figure 2.4, below grouping and coding



Search Codes		Search Quotations					
Name	ID	Reference	Name	Text Content	Document	Density	Codes
1. Online assessment m...	47	1:1	1:15	the disadvantage was that I, I knew nothing about online. Uh, the I...	INTERVIEW 1	1	[3. Ex
1.1 Online interactio...	7	1:2	1:15	It was a costly exercise because I was supposed to have my own,...	INTERVIEW 1	1	[3. Ex
1.2 Scenarios and ca...	6	1:3	1:15	Um, and also it was like, uh, time consuming because it was also i...	INTERVIEW 1	1	[3. Ex
1.3 Visual learning m...	11	1:4	1:15	But the good thing is that over and above the challenges that I ha...	INTERVIEW 1	1	[6. Po
1.4 Assessment of si...	14	1:5	1:18	It was also very difficult, but what I did, I was giving them scenario	INTERVIEW 1	1	[1. Or
1.5 Reflective reports	5	1:6	1:18	It was not easy, but about more than 50% of the students were ab...	INTERVIEW 1	1	[7. Po
1.6 Adapted rubrics...	4	1:7	1:18	And remember, this is the group that never went to the hospital. T...	INTERVIEW 1	1	[2. Ex
2. Experiences of asses...	68	1:8	1:18	So sending them videos, pictures, uh, gave them the, the feel of a...	INTERVIEW 1	1	[1. Or
2.1 Challenges to m...	13	1:9	1:20	I was able to meet the outcomes. I think that the scenarios that I cre	INTERVIEW 1	1	[7. Po
2.2 Challenges with t...	15	1:...	1:22	So the, the personal challenges, like I already mentioned, that, uh, u	INTERVIEW 1	1	[3. Ex
2.3 Constraints to as...	8	1:...	1:22	I had to have to be able to call, especially Click-up because if I did	INTERVIEW 1	1	[3. Ex
2.4 Constraints to as...	7						
2.5 Constraints to as...	12						

Figure 2.4: Grouping and coding

f). Report

Among the three methodologies, the researcher applied a qualitative research approach in this study. This methodology explored and described the experiences of undergraduate university nurse lecturers in the online assessment of the affective domain during the COVID-19 pandemic in the city of Tshwane best. Fifteen nurse (15) lecturers who met the inclusion criteria participated in the study. A purposive sampling method was used, and participants were chosen on the basis of their personal experience in assessing the affective domain online during the COVID-19 pandemic.

An independent coder was used for coding. The results are displayed in the form of a table with themes in one column and subthemes in another column. According to Gray et al. (2017:274), in phenomenological studies, quotations that encapsulate a theme best and therefore describe the study findings best exist.

The researchers discussed and reached a consensus on the final themes and subthemes. The researcher included three quotations under each subtheme. Because it is a descriptive phenomenological study, findings are presented as an “exhaustive description” (Gray et al, 2017:274). The findings cannot be generalized, as they described the participants’ personal views. This study provided a thick, rich and exhaustive description of the phenomenon. Age brackets 57--60 was changed to the age of the participants. The findings of the study are further discussed in Chapters 3 and 4.

2.6.7 Rigor/Trustworthiness

Trustworthiness refers to the level of confidence that qualitative researchers have in their data and analyses and is evaluated on the basis of the criteria of credibility, transferability, dependability, confirmability, and authenticity (Polit and Beck 2017, 747). The researcher discussed all the abovementioned aspects below. The researcher ensured reliable and trustworthy data. According to Polit and Beck (2017:164), a thick description is an aspect of trustworthiness of the data. Younas, Fàbregues, Durante, Escalante, Inayat and Ali (2023:1) alluded that a thick description refers to giving a detailed account of the participants’ opinions, intentions, situations, reasons, significance, and understanding. The researcher provided a detailed account of the participants’ views, reasons and understanding. The reporting phase involves deciding a suitable way of presenting the research and finally providing a thick description of the research process and findings (Kibiswa, 2019:2032). The researcher provided a detailed and comprehensive account of the research context and findings in qualitative studies. It contains the writing style, important details and quotes, and embedded quotes where evidence is needed in support of a theme (Kubiswa, 2019:2066).

Polit and Beck (2017:557) noted that integrity in qualitative research is all encompassing and begins with the formulation of questions and extending through until completion of the report. It involves a proper understanding of oneself as someone whose life would lose coherence or be compromised by engaging in various inconsistent actions (oxfordlearnersdictionaries.com). Brink et al. (2018:36) refer to researchers respecting the scientific community by protecting the integrity of scientific knowledge. The researcher used a framework of quality criteria, namely, credibility, dependability, conformability and transferability (Polit and Beck 2017:559; Guba and Lincoln 1994), in her study.

Credibility Polit and Beck (2017:724) refer to credibility as: “... the belief in accuracy and its interpretation ...”. Credibility was achieved through the following techniques: prolonged engagement; triangulation; member checking; and reflexivity (Amin, Nørgaard, Cavaco,

Wirtry, Hillman, Cermase, and Desselle, 2020:2). In this study, the researcher ensured credibility through prolonged engagement and triangulation. Credibility refers to confidence in the truth of the data and data interpretation. The researcher carried out the research study in an ethical manner to ensure that the findings were credible.

Dependability refers to the reliability of data over time and conditions (Brink et al., 2018:11). If the same study is repeated with the same or similar participants, the study must yield the same findings. The researcher ensured dependability through accurate documentation of the study.

Confirmability refers to the objectivity of data accuracy. The findings of the study reflected the “voices” of the participants. According to Polit and Beck (2017:723), the term “confirmability” refers to the objectivity or neutrality of information and its interpretation. The researcher recorded and transcribed the data collected from all the participants. The researcher handed the transcribed data to an independent coder who was an expert in qualitative research.

Transferability, according to Polit and Beck (2017:560), refers to the generalisability of the data and the extent to which the results can be relevant to individuals or groups. Transferability refers to the extent to which study findings can be applied to other settings, and it provides a full description along with interpretations (Amin et al., 2020:6). The researcher described the setting and sample well for others to apply it in other situations or groups. The researcher aimed to generate knowledge that can be used in other circumstances and groups. Fifteen (15) participants participated in the study, which was guided by data saturation. Confirmation of data saturation was finalized by the researcher and an independent coder. Transferability refers to the extent to which findings can be transferred or can be applied in other settings. According to Polit and Beck (2017:164), a thick description is an aspect of trustworthiness of the data. The authors further suggested that a thick description provides a detailed and comprehensive account of the research context and findings in qualitative studies. The researcher provided adequate descriptive data; therefore, the applicability of the data to other contexts can be evaluated.

Authenticity refers to the extent to which researchers’ honestly and loyally display a variety of realities (Polit and Beck, 2017:560). The researcher was sensitive and conveyed that the participants experienced truthfully in her reports. The researcher set aside personal experiences in assessing the affective domain online during the COVID-19 pandemic to ensure that the data remained in their clearest form. An audio recorder was used to collect the

data, and direct quotes were provided as evidence for the findings. Authenticity refers to a range of realities shown by researchers and conveys the “feeling tone” of participants’ lives. It must give readers a glimpse into the participants portrayed by their mood, feelings, experience, language and context so that the lives of the participants are better understood. The researcher ensured authenticity by giving a true reflection of the participants’ views, as depicted in the study.

Prolonged engagement is the process of spending adequate time with participants during data collection (Polit and Beck 2017, 589). The researcher conducted individual interviews with fifteen (15) participants and spent 30–60 minutes with each participant to achieve deep understanding.

Triangulation uses a variety of techniques to gather, analyse, and evaluate information regarding a phenomenon to determine the extent to which a coherent and consistent image of the phenomenon emerges, which is known as triangulation (Polit and Beck, 2017:747). In this study, data triangulation was used by collecting data from participants aged twenty-four (24) years and older than sixty-seven (67) years. This data was collected during the interviews and semistructured interview guides were used. The interviews were recorded and transcribed the researcher.

Reflexivity involves a researcher using a notebook to reflect on potential biases that may influence data collection, analysis, and interpretation of study results (Polit and Beck, 2017:298). The researcher conducted in-depth face-to-face interviews and utilized field and reflection notes to capture both verbal and nonverbal communication from participants. According to Amin et al., (2020:8), reflexivity helps establish all sub-criteria of trustworthiness.

2.7 SUMMARY

This chapter thoroughly addresses the research method and design. The data collection method and analysis were described by the researcher and independent coder. The views of the nurse lecturers were elicited through individual semi-structured interviews. The methods of trustworthiness were ensured.

CHAPTER 3

PRESENTATION OF RESEARCH THEMES AND SUBTHEMES

3.1 INTRODUCTION

Chapter two focused on an in-depth discussion of the research methods and design that were implemented to address the objectives of the study. This chapter presents the research findings and discussion and from the data collected through individual interviews.

3.2 AIM AND OBJECTIVES

The aim of this study was to explore and describe the experiences of undergraduate university nurse lecturers in the online assessment of the affective domain during the COVID-19 pandemic in the city of Tshwane.

3.3 PARTICIPANTS' CHARACTERISTICS

A total of fifteen (15) participants participated in the study on how they were assessing their emotions online during the COVID-19 pandemic. The sample was taken from a selected university in the city of Tshwane, which offers an undergraduate four-year nursing program. Table 3. 1, below, provides the characteristics of the participants.

Table 3.1: Below, demographic information of the sample

PARTICIPANT NUMBER	GENDER	AGE	RACE	UNDERGRADUATE LEVELS	LEVEL OF TRAINING
Participant 1	F	60 years	Black	Level 3	Masters
Participant 2	F	36 years	Caucasian	Level 4	Masters
Participant 3	F	37 years	Black	Level 2	Masters
Participant 4	F	37 years	Black	Level 1	Masters
Participant 5	F	53 years	Coloured	Level 3	PHD
Participant 6	F	58 years	Black	Level 3	PHD
Participant 7	F	60 years	Caucasian	Level 4	PHD
Participant 8	F	65 years	Caucasian	Level 2	PHD
Participant 9	F	58 years	Caucasian	Level 3	Masters
Participant 10	F	55 years	Black	Level 3	Masters
Participant 11	F	59 years	Black	Level 1	Masters
Participant 12	F	55 years	Caucasian	Level 2	PHD
Participant 13	F	57years	Caucasian	Level 4	PHD
Participant 14	F	45 years	Indian	Level 2	PHD
Participant 15	F	43 years	Black	Level 2	Masters

Table 3.1, above, indicates that there were fifteen (15) undergraduate nurse lecturers at a university in the city of Tshwane who participated in the study. The participants' ages ranged between 34 and 69 years. Their qualifications range between those of Masters and PhDs. The nurse lecturers were involved in presenting theory and clinical assessment online for R.174 from Level 1 to Level 4 respectively. The researcher intentionally selected participants based on their knowledge and experiences. There was no male nurse lecturers in the department at the time of data collection.

3.4 OVERVIEW OF THEMES AND SUBTHEMES

The themes and subthemes identified in the transcripts were mutually agreed upon by the researcher and the independent coder. Further changes that were made were discussed and agreed upon by supervisors.

Nursing is a profession that integrates both theory and practice, requiring nursing students to receive support in clinical settings to effectively bridge the gap between the two. Using a descriptive phenomenological method, the researcher discovered that the experiences of a nurse lecturer assessing the affective domain online were reflected in their perspectives summarized in the findings.

Table 3. 2: below, the experience of nursing lecturers assessing the affective domain online

THEMES	SUBTHEMES
3.4.1 A sense of inefficient as an educator	3.4.1.1 Challenges to meet learning outcomes
	3.4.1.2 Constraints to assess students' responses and attitude
	3.4.1.3 Doubts about assessment reliability
	3.4.1.4 Lack of competency with online teaching
3.4.2 Untimely clinical and educational environment.	3.4.2.1 Online interactions and presentations
	3.4.2.2 Scenarios and case studies
	3.4.2.3 Visual learning methods
	3.4.2.4 Assessment of simulated and real-life videos
	3.4.2.5 Adapted rubrics and instruments
	3.4.2.6 Reflective reports
	3.4.2.7 Unstable network connectivity and loadshedding
	3.4.2.8 Time-related challenges
	3.4.2.9 Lack of commitment and engagement
3.4.3 Balance between cognitive and the affective domains	3.4.3.1 Inadequate affective domain assessment guidelines
	3.4.3.2 Challenges with theory and clinical integration
	3.4.3.3 Constraints to assess patient care skills
	3.4.3.4 Constraints to assess communication and relational skills
3.4.4 A sense of fulfilment	3.4.4.1 Flexibility and improvisation related to online assessment
	3.4.4.2 Innovation and creativity of lecturers
	3.4.4.3 Improved competency in online assessment
	3.4.4.4 Students' adaptation and creativity
	3.4.4.5 Students' preparedness for clinical practice
	3.4.4.6 Students' progress and standards obtained
	3.4.4.7 Explore alternative affective domain assessment methods

3.5 PRESENTATION OF THE THEMES AND SUBTHEMES OF THE STUDY

A brief summary of each theme and each subtheme is provided. Verbatim quotations from participants' interview transcripts are presented that are relevant to the respective findings. Each quote is followed by the participant's number in brackets, e.g., (P1,60,F). Each subtheme is discussed in detail below.

3.5.1 A sense of inefficiency as an educator

A participant's sense of inefficiency seems to stem from their experiences in managing classrooms or online environments, feelings of uncertainty, struggles with proper preparation and task execution, and ability to handle students' bad behaviour decisively. To cultivate competent student nurses, these feelings of incompetence must be addressed. Under the theme of being sense inefficient as an educator, the researcher selected several subthemes: challenges in meeting learning outcomes, difficulties in assessing students' responses and attitudes, concerns about assessment reliability, and a lack of competency with online teaching, as explained by the participants.

3.5.1.1 Challenges in meeting learning outcomes

The participants expressed that the restricted observation of students interacting with patients hindered the achievement of affective domain outcomes. They noted the difficulty in attaining outcomes due to the challenge of assessing skills online. Despite not being a new issue, participants found it challenging to meet these outcomes. Alternative methods had to be devised to conduct assessments. One participant voiced concerns about the quality of student nurses' training during the COVID-19 pandemic, stating that outcomes were not met by her standard but were adjusted to what was feasible at the time, particularly in clinical practice and management.

"However, when it came to aspects like physically watching the student in terms of how they interacted with each other or the patients, it was a barrier; it was restricted. Therefore, not all the outcomes for affective domain were attained in this regard." (P3,37,F).

"I was limited because I couldn't really attain all my learning outcomes as far as the assessing skill is concerned." (P3,37,F)

"I've met the outcomes as good as it can be, but not according to my to my quality. The things that I'm used to. If I say that it doesn't mean I have not open myself up for change. It is just

that, I still question the type of students that I produced during COVID because, as I said to you, clinical...I and especially when it comes to management” (P5,53,F)

“It was uh slightly challenging sometimes uh because the learning outcomes were there and that was not new, but we had to find different ways of conducting the assessment so that we could ensure that the same learning outcomes were still being met...so... I can think back on that time that was the experience uhit was new, it was uh a little bit challenging” (P15,43,F)

3.5.1.2 Constraints to assess students' responses and attitudes

A participant mentioned the difficulty in achieving assessment outcomes, as she was supposed to assess the students' character and conduct. The participants found it challenging to see and observe what the students were doing. Another participant noted that students would switch off their cameras, making it difficult to assess their emotions. The participants expressed difficulty in evaluating the affective domain of students due to the lack of direct access, resulting in assessments being conducted solely on paper.

“I don't think all the outcomes were attained because, in my opinion, when you're assessing the, like I said earlier, when you're assessing these effective skills, you really have to look at the character of the students, the way they carry themselves, which was not possible at that time.” (P3,37,F)

“And sometimes the assessment you find you cannot see this student; you don't know what is actually happening.” (P6,58,F)

“My personal challenges were that that the limitation of not having that uh that verbal ag to have only verbal cues to on and not having uh other nonverbal cues to truly rely on. Uh so for me it was a bit, I will not say frustration” (P7,60,F)

“It was extremely difficult uh you couldn't uh really uhm see the person's emotions. Uhm very often, the students will actually switch off their cameras because of issues related to data, so

the only thing that you could work on was to actually listen to what they have to say.” (P7,60,F)

“My experience of assessing...my experience assessing the affective domain was very difficult for me ... uh ... because the students were not so participative and a what I did uhm what I did I could only assess it on paper. I couldn't see the people ... so my experience was that I need human contact in order to assess the affective domain.” (P14,45,F)

3.5.1.3 Doubts about assessment reliability

One (1) participant indicated that online assessments were not as effective as face-to-face interactions with students. The complexity of affective domain assessment online resulted in some nurse lecturers being doubtful if the outcome of assessing the aspects of the affective domain was achieved. Another participant reported that students who received high marks during online assessments achieved lower marks after returning to campus. She suspected that students were assisting one another or studying together during online assessments to achieve high marks. The participants noted that the assessments were subjective, requiring them to "read between the lines" and make presumptions, which made it difficult. The participants mentioned uncertainty about whether the students understood the content, as the participants were unable to demonstrate, and the students were unable to practice. A gap in the reliability of assessing the affective domain online was identified as iterated by participants.

“But on the other side when I look at the assessments, I don't think the assessments were done effectively like when you are assessing the students face-to-face.” (P6,58,F)

“Why am I saying this, when you look at the learning during that time you find students when they are writing test or being assessed on whatever, they will get more marks and it was just then the theory part of it because we didn't have uh the knowledge of assessing, I mean the practical part of it, I was just theory. They will write a test on Click on on Teams; they would do whatever, respond to questions on that. So sometimes when you give them an assignment, they were to go home I think, they were copied, they will get 100% and then now because after that when students were supposed to go back to campus and be assessed according to the normal way of doing things, you find the marks you can see if you observe the marks are going down. So, according to me, it shows that when they were at home not that they were actually free or they have learned a lot with regard to what was what was being taught, but I

think it was a matter of maybe coping or maybe assisting each other because sometimes the students will be at home, others will be at the residence when it was wave...was it wave one or two when some were at the residence you find when the university said learning and teaching can continue online. You find maybe they were in the same room. A lot of students you find they would get a lot of marks, but when you look at it, when they were back and then you try to assess them on whatever, you find the marks go drastically they were very low. So, it shows something was happening there not actually that they were free, or they had a lot of time to read, study and understand everything. I think they were using another method, maybe that's why I say they might have been copying.” (P6,58,F).

“So, there were much more subjectivity into it that you had to read between the lines that you had to try and take a I want to say a calculated guess on on actually what the affective uhm their affective response is to the specific questions so for me it was very difficult. I really had to a t I tend to be quite sensitive for vibes, but I really find it quite difficult online” (P (P7,60,F).

“I could not demonstrate.... they could not practice...now I was not sure if they understood the content.” (P13,57,F)

3.5.1.4 Lack of competency with online teaching

One (1) participant expressed that her lack of knowledge about online teaching was a disadvantage. The IT or Click-up department had to teach her over the phone, which was successful. Another participant noted that she was not initially exposed to online teaching. She mentioned that the curriculum was designed for face-to-face interactions and did not accommodate online teaching, making it difficult to adjust to the idea of not being in class. She further mentioned that it was very challenging for her, and she had to upskill herself. Although it was frustrating, she managed. Some participants also expressed their frustration with using online platforms for the first time. Taking into consideration that participants experienced lack of competency in online teaching, assessing the affective domain, that is important to be assessed, is more complicated to be assessed. Participants had to be taught the basic skills, but nowhere did they mention they receive guidance for online affective domain assessment.

“The disadvantage was that I, I knew nothing about online. Uh, the IT or the Click-up department had to teach me over the phone and, but eventually e. it was a success.” (P1,60,F)

“So, and I was not exposed to online teaching. Remember their curriculum in itself, does not make uh provision for online teaching. We had this face-to-face, and that part for me was very difficult for me because I first have to upskill myself. I first have to ... uh familiarize myself and ... I had to be taught how to do things online. And it it comes with a lot of frustration, a lot of difficulty as but we manage to get there at the end of the day. But it really took some time just to ...to get used to the idea of not being in a classroom.” (P5,53,F)

“My challenges with regard to it was, firstly if you are using a platform for the first time, it was our first time that. Yes, we had computers; we were knowledgeable about laptops but not the programs that the assessments are being used for. So, the university had to train everyone; they were they kept on there was a professor who was spearheading that. She find that she had to teach everyone.” (P6,58,F)

“So, all in all it was a little bit difficult for me because yea it was my first time and I think even the other colleagues because when we went for meetings, we find we will meet on Teams, they will be expressing their frustrations and everything. So, it was a new thing, my experience yes it was a good one but a negative one because you become stressed as well to say I’m not able to use this thing.” (P6,58,F)

3.5.2 Untimely clinical and educational environment.

The term "untimely clinical and educational environment" refers to the sudden transition from traditional classroom teaching and assessment to online formats and the subsequent impact on both participants and students. Abdu (2021:2) alluded that the abrupt shift from face-to-face and blended learning to full-time online learning presented numerous challenges. Lecturers had to adapt their teaching strategies quickly and redesign teaching aids to be suitable for online education and assessment. Presentations, scenarios and case studies, visual learning methods, assessments of simulated and real-life videos, adapted rubrics and instruments, reflective reports, and time-related challenges that were meant for physical classroom teaching and assessment had to be adjusted quickly to “suit” the online teaching and assessment environment. No measures were in place to evaluate whether the changes were in line with the curriculum outcomes. The researcher identified the following subthemes under this topic: online interactions and presentations, scenarios and case studies, visual learning methods, assessment of simulated and real-life videos, adapted rubrics and

instruments, reflective reports, and time-related challenges, on the basis of participants' responses.

3.5.2.1 Online interactions and presentations

The participants explained that online interactions with students allowed her to evaluate certain skills, such as calmness in their voice, their audibility, the confidence they exuded, and their overall conduct when speaking. She further explained that the tone of student voice indicates whether a student is respectful and has dignity or is rude. A participant mentioned that it was easy for her; she arranged a seminar, where they would present. One participant explained that she would ask the same question and rephrase it to see if a student arrived at the same answer. A participant said she would observe them after she requested that they appear on the camera during online sessions, as she wanted to observe student behaviour and attitudes.

“So at least having online interactions with the students enabled us to assess some of those skills through those measures that I already explained. You would assess the calmness in their voice, how the audibility, the confidence with which they talk, how they conduct themselves when they are talking to you. You can sense it from the tone of their voice to be able to know that this student is actually, respectfully answering me with respect and dignity. Or it is maybe rude. You can sense it from somebody's voice.” (P3,37,F)

“I must say for me, I think for me it was kind of easy for the final exam. You know, the final exam I do it different like your conservative uh exam for the 4th year management students. Uh, I do a seminar, where they go and present what they have done. ... Uh so, they do a project that they already get in their 3rd year. That part, the end product for me was ok.” (P5,53,F)

To ask the same question more than one way is uh (laugh) uh to see if you got the same answer. Uh ss so I didn't really know how else to do it so, so I would ask a question if I if there was a little bit uh of doubt of how to interpret it, I will continue with the rest of the case study, because we use case studies so I will continue with the case study and then I will ask a similar question but in a different format, uh and then I will see do I get the same result and uhm and especially in such a case where there were some doubt, I ask even a third time and also tried to formulated it in a different way that is it not so obvious that it is the same question. And in

some cases, it was a case where the student is very consistent, so will answer from using again different words from their side but having exactly the same way of answering it. And then there were some who will give you different answers for the different questions uh and then for me it was a case of a I take my calculated guess to say they were not honest. Therefore, So, they learn certain things that they have to say, they did not practice it and therefor they answer in different ways if I ask the same question different uh formats, but I could not think of anything else to do (laugh).” (P7,60,F)

“I will be observing them in order to see that emotionally or or the whether they they understand what they are saying mentally whether they will be their hundred percent when I say whatever I'm talking with them then for whatever they say I will be just looking at them that's why most of the time I said open up so that we can see you in camera and because most of them they were like ohh adolescent they feel being comfortable to be I mean to be on screen or on camera which was good for me so that I must observe their behaviours and attitude..” (P11,59,F)

3.5.2.2 Scenarios and case studies

A participant mentioned that she provided students with scenarios depicting the inside of a hospital. Another participant stated that appropriate scenarios and case studies were designed. The participant said she divided students into groups, and various case studies were allocated to them. She then facilitated the students through these scenarios and case studies. Nurse lecturers used scenarios and case studies to teach and assess the affective domain online. Nurse lecturers must be able to assess affective domain components on how students relate to fellow students and patients online. They were never exposed to online case studies and scenarios of the online assessment of the affective domain prior the COVID-19 pandemic. They had to design scenarios and case study tools as the need arises during this period.

“It was also very difficult, but what I did, I was giving them scenarios, just giving them a picture of how a patient can look like in hospital. And then based on the little amount of information that we were taught in class, they had to apply it on, on the scenario and then start answering questions.” (P1,60,F)

“I think with regards, I think it would be more appropriate to make, to creatively arrange, to creatively organise the learning experiences in terms of, say, developing scenarios, real scenarios or case studies” (P3,37,F)

“The scenarios are not bad, but alternatively it's an not a negative thing.” (4,37,F)

“So, will be working on a case study and you meet with their lecturers or their facilitators and then you are allocated in various case studies to say that you are in group whatever so they mixed the students so I will facilitate students from somewhere else” (P6,58,F)

3.5.2.3 Visual learning methods

The participants mentioned that students were provided with videos of patients in the hospital to give them a sense of what it was like to be in that environment. One participant explained that it was challenging for students to grasp the content without physical contact with a patient, so videos were used to bridge this gap. These videos allowed students to imitate how other students, nurses, or doctors performed certain skills and served as reinforcements when watching and discussing them. Another participant noted that teaching aspects such as caring was challenging, so she resorted to finding videos that covered this aspect. The videos provided a true reflection of the clinical setting and nursing students could relate to mastering aspects of the affective domain by participating in online discussions. This allowed the nurse lecturers to assess if adequate development of the affective domain took place.

“So, sending them videos, pictures, uh, gave them the, the feel of a patient in hospital.” (P1,60,F)

“And then also using recorded scenarios of different patient care scenarios involving expression of that skill would also be beneficial in helping the students to reinforce the skill because when they watch maybe those, when the video they watch, maybe the nurse, student nurses or doctor, or student nurses or registered nurses interacting with the patients in the clinical setting, then they can be able to emulate what these people are doing in the scenario than when you just talk about it during the class, during the discussion.” (P3,37,F)

*“It was very difficult for students to can grasp that but yeah we tried uh yes to use like videos, but we actually needed the students to touch to touch the patient that is how difficult it was.”
(P10,55,F)*

“It’s already difficult in class to teach students aspects such as caring, uhm... so what I did is I first looked for videos uhm ... that would ... uh ... demonstrate the procedures in a way that...uhm students would gain more than just the ... the procedure itself.” (P12,55,F)

3.5.2.4 Assessment of simulated and real-life videos

The participants showed the students self-recorded videos to critique themselves afterwards. The participants said it gave them an opportunity to identify their mistakes and identify ways to improve. The participants said that using videos, case studies, scenarios or dramas assisted students in roleplaying a situation with a difficult patient to see how the student can handle a situation competently and assisted them in assessing the student’s skill. The participant said she was able to assess using the students’ recordings that showed how actively the students listened and posed questions to patients.

*“More videos of how students are doing things or them to actually also being able to critique themselves afterwards because of student made a video they can actually watching themselves and see oh well I could have done that better maybe which we don’t really have in a clinical setting you can’t you have your perception of what happened but now you actually have that evidence and for the student say oh but you see here you made a mistake or here you could have done it a little bit better I think maybe yea that’s something positive from it”
(P2,36,F)*

“And also using videos so that maybe if you have to assess this kind of skill, you can sort of like give the students a case study or a scenario or drama, a drama -like scenario where they act out a situation of maybe a difficult patient who has to be calmed by the student nurse and so that maybe that can at least help to see how the learner can handle a situation, a complex situation of how to interact competently with a difficult client in that, based on the practicability of the scenario, it may not always be the difficult client, but I mean to put up a situation which would require those skills to really come out strongly, then at least it can sort of improve the

way in which the skill can be reinforced in terms of competency on the part of the student” (P3,37,F)

“But alternatively, some other methods were used to like video recording to see if the students are really gaining that objective, to make sure that there is nothing missing within such dominant,” (P4,37,F)

“I can now remember the one where they had to do a hmm mental status examination with a patient and had to record that one. So hm most (pause) of it I was able to grab you know, did they respond well did they ask open ended questions, did they used these skills showing empathy hm and uhm did they respond to what the client said, hm did they show active listening by paraphrasing or reflecting on what the person said hm so most of that I was able to assess.” (P8,65,F)

3.5.2.5 Adapted rubrics and instruments

A participant said there's a part in the instrument with questions that ask about not only the technical aspects of what they must do but also the affective domain, using skills such as open-ended questioning, listening, reflecting, and acknowledging what has been said. The participants said that facial expressions and nonverbal communication, such as eye contact and showing empathy through facial expressions, were considered. Another participant mentioned that the assessment tools needed to be adjusted slightly. The participants looked at the assessment tool to ensure that it was correct and then translated it into something artistic or reflective for the students to engage with. She said that this approach involves deep reflection and giving back.

“There's a part in the instrument the questions that I suppose to ask the uhm what I must actually do the technical things but then there's there's definitely the affective domain that they uhm use their skills, ask open ended questions, use their listening skills reflect who acknowledged what the client's said uhm and we also look at hm facial expression their non-verbal of communication. Do they actually make eye contact, and do they show empathy through the facial expression so uhm I think for me it's easier in a way because I focus a lot on those skills?” (P8,65,F)

*“We have that I have those assessment tools some of the tools I had to adjust a little bit”
(P9,58,F)*

“And we have the assessment tools, so I can look at the assessment tool and see ok this is what they need to do this is the scale now I I translate it into something art or something for them to do, so it’s also a bit of reflection deep deep reflection and think giving back.” (P9,58,F)

“I also included aspects in my tools, ... uh a couple of aspects at the end, you know, how the patient was managed or uhm ... how the student treated the patient.” (P12,55,F)

3.5.2.6 Reflective reports

The participant said that reflective reports assisted her in observing whether a student had a caring nature towards the community. The participants said that although it was the first time for all of them, the students actively participated in providing feedback on their own experiences. A participant said that she had an assessment tool for reflection to measure the required outcome, using Rolf’s model of reflection. The participant said that she gave students reflective reports in the form of assignments to assess the affective domain during the COVID-19 period, as she did not have physical access to a student.

“In other modules that I was involved in like the integrated health leadership I think things like the reflective report it was always there and that is where you could get a bit of a sense of does the student actually care for the community members”. (P2,36,F)

*“... We also did reflection during the feedback session. I must say...because it was a first for all of us ...they actively participated in giving uh feedback uh on their experience ...”
(P13,57,F)*

“So, what I do ... do is I have a I have a ... uhm ... an assessment tool for reflection and that was how I measured the outcome, so I did not just give them just one uhm ... reflective report to write I structured it. I use the Rolfs model of reflection, what happens, so what now what and then I look at if they did describe their personal experience, if the description was meaningful for them for their practice and what inside they gain, what did they write uhm in the reflective report? Therefore, I could measure it, and I can give evidence (P14,45,F).

“So, I use reflection...reflection reports uh they have to do like assignments on patients and they have to write a reflective report on it. So mostly I use reflection to assess the affective domain during the COVID period because I could not really uh I don't uh did not truly have access to the student's whole being; I could just have their words (P14,45,F).”

3.5.2.7 Unstable network connectivity and loading

The participants said it was challenging when loadshedding occurred while they were busy with assessments. One (1) participant mentioned that students from rural areas have connectivity issues. The participant said that losing signals and loadshedding left her feeling frustrated; once the signal was lost, she tried reconnecting and starting all over. The participants said that some students indicated that the reason for not attending online classes was due to a lack of internet connections. The loadshedding challenge caused interruption while nurse lecturers were busy with online assessments of the affective domain, forcing them to start all over with the assessment. Continuous interruption during online assessments will disadvantage students and burden nurse lecturers requiring more time to complete affective domain assessments.

“The disadvantages for me when assessing online were the aspects of internet connection challenges. Sometimes, the internet was not stable during classroom interactions.” (P3,37,F)

“So, the few challenges I think is maybe the internet connections. For example, some students, maybe when they were at home, they stay in the rural areas. So, it's difficult for them to record. So those are another setback. Those are the challenges mostly during this period.” (P4,37,F).

“And most of the time they will say they didn't attend classes because I was not connected. I was not connected; I was at home.” (P6,58,F)

“Uh the frustrations were that when there's an interruption, it's loadshedding and the signal went off so than you have to make contact again and start again with the with the whole process.” (P7,60,F)

3.2.3 Balance between cognitive and the affective domains

The cognitive domain refers to knowledge attainment and intellectual processes. The affective domain characterises the emotional domain reflected by participants' and students' beliefs, values, attitudes and interests related to learning information. To achieve a balance between the cognitive and affective domains. The cognitive and affective aspects need to be combined to support learning, decision making and behaviour. Under the theme balance between the cognitive and affective domains, the following subthemes were discussed: inadequate affective domain assessment guidelines, theory and clinical integration and constraints to assess patient care skills, as reflected by participants' experience.

3.5.3.1 Inadequate affective domain assessment guidelines

The participants said that there were not enough criteria to assess online because they had to scramble to go online as a result; they did not focus on that enough and had to focus on what to do. The participants said that the practical modules did not have online assessment criteria. The participants said that they had adopted the instrument to include specific aspects of the affective domain; however, it has not yet been well integrated. A participant described the affective domain as a mystery and said that some lecturers found the affective domain difficult because she alluded lecturers to assess their own subjectivity.

"I think yea like I said they was probably not enough criteria to assess it especially online because we had to everyone had to scramble when we went online that we probably didn't focus on that enough I think we focused on what we had to do and what we could do with what we had but I don't think we really went further I think." (P2,36,F)

"But in most of our practical nursing modules, I don't think we really had that aspect you know in our criteria for online assessment" (P2,36,F)

"Like I said, our instruments do not, and we feel and for quite some time try to adapt the instruments to include specific aspects of the affective domain. It's still not very well integrated in my opinion but so for the mental health that's actually all that you (laugh) do" (P8,65,F)

"So, I do think that the affective domain remains a mystery to most educators and uh assessment is difficult of the affective domain because I think it's tainted with so much subjectivity from the educator. The... it depends on your own ability to reflect on your own

ability to see a situation from a different lens from a different perspective from a different cultural background...so the affective domain is very uh for me subjective. And it also depends on how I feel and how developed my affective domain is and I think that is the biggest problem that we have with the affective domain whether you do it online or in person. It is so subjective” (P14,45,F).

3.5.3.2 Challenges with theory and clinical integration

The participants said that the students were never exposed to the clinical environment and that videos and pictures were used. The participants alluded to the gap between correlating skills between theory and practice. The participants said that the students were not directly involved with real patients; instead, videos were used. A participant who felt that it was not a good experience for her as the clinical component that was vital was left out. When nurse alluded their challenge with theory and clinical integration, the question arises does this poses a challenge for assessing the affective domain online as they were unable to comprehensive assess the integration. Students were never exposed to relate with patients, it was done online. Besides, theory, nurse lecturers were unable to assess how students relate to fellow students and patients. Nurse lecturers had to assess if students could integrate theory and clinical aspects of the affective domain online.

“The students were never able to, to be exposed to clinical environment except through videos, pictures” (P1,60,F).

“And also, there was an issue of how should I put it? Let me say there was a bit of something like there was a gap in correlating the actual skill with practice. So, it was more of the theoretical aspect of teaching the skill than application” (P 3,37,F).

“Not fully. In a way, these students are not directly involved with the real patients. Alternatively, most of the students is online with some videos attached or not real patients and they are not directly involved with this patient care during this period.” (P4,37,F).

“That was for me uh not a good experience it felt that all of a sudden, the practica which is quite important for me was just chopped off it was this theory” (P9,58,F).

3.5.3.3 Constraints to assess patient care skills

The participants said it was unnatural not to be with a patient; instead, student assessment was performed through self-recorded videos, and it came across as rehearsed. The participant said it was difficult for her to assess student interaction with patients, as students were not allowed in the clinical areas. To understand theory integration, which is the core of nursing, the participants needed to assess whether a student cared for a patient at the patient's bedside. The participants said that during lockdown, classes still had to continue. She further stated that it was difficult to say that the affective domain was assessed objectively and comprehensively, as the students used family members and were comfortable with them.

"I think it's but unnatural because you know you're not you're not really there with the patient I think uhm you can rehearse a little bit when you're online a or you can yea you like I said the videos they did can't be very rehearsed I can almost do a script but you can only really see how a person comes across or how caring a person is until they were with, they are with the actual patient. They can't really rehearse that.: (P2,36,F)

"So, it was a bit of a challenge because it was difficult to observe the student, how they carry themselves. They were not allowed obviously to go to the clinical areas during those days and because of the pandemic. So, interaction with the patients was limited. So, it was a bit of a challenge to assess that skill in particular." (P3,37,F)

"I think from my experience the best way is at the bedside maybe I'm an old educator but but for me to see theory integration, the the caring uhm placing you in the position of having this patient, you need to get that deepness in nursing for me it's the best at the bedside." (P9,58,F)

"Remember uh we were under lockdown ... classes still had to continue. Uh ... they were very comfortable with their family member... so it was difficult to say the affective domain was assess objectively and comprehensively ...as they were very comfortable with their family members. The assessment took place at home... Uh...where they were familiar with the environment uh, they were familiar with their family member as a patient ... I believe ... uh and that is just my personal opinion ... uh that that if it was in a hospital or clinic with an unfamiliar patient...assessing the affective domain might have been different. I could hear the friendliness ...the warmth, not sure as I said ... would it had played out the same if they were

in a hospital setting. But ... some students are naturally friendly, culturally sensitive and ... uh helpful and others not.” (P13,57,F).

3.5.3.4 Constraints to assess communication and relational skills

The participants said that it was challenging to assess their skills online; they needed the student and patient physically present to see how the students related, observe the student's personality, and how the students displayed care. The participants said it was difficult to assess the affective domain online and said it was better to assess it in real life than online. She only had student verbal cues to assess. The participants said that the students had to video record their interactions with their patients.

“It would have been more appropriate if I had to look at the student, do the skill when I'm physically observing them. I would be able to see the body gestures, I would be able to see the body language, how they carry themselves when they are communicating. You know those non-verbal communication skills? They are those that you can directly observe on a person. And then you are able to conclude that this person is actually competent in the way they are interacting with a patient, or they are not yet competent.” (P3,37,F)

“It and I would say assessing the effective domain of domain during the COVID is really kind of challenging. Especially you need to physically observe and assess how. The student can relate with their patient physically, but due to COVID, it's very difficult to see,” (P4,37,F)

“But something like the affective domain I feel is uh can be much better assessed in real life when you have many more cues to work on and not only the verbal cues.” (P7,60,F)

“So, for me, we use the uh they had to use the camera, not only the audio so so that I can observe that thing the affective domain. It was a difficult because you can't see you know... it depends on how they recorded it and are they just focusing on the face or the hm some of them used their cell phones. It was difficult for them to record do they also include the patient that they either simulated patient that they uhm some of them use the family member and they did not focus on that person's face. So, say you can't get that two-way communication to uhm a actually to evaluate or assess that yes.” (P8,65,F).

3.5.4 A sense of fulfilment

A lecturer who is motivated to see students flourish and progress, assisting them in reaching their optimal potential, is likely to be fulfilled. The participants expressed a sense of accomplishment despite the challenges they faced during online teaching and assessment. The participants managed to master online teaching within a short period of time. They were able to adjust the curriculum and align it to ensure that student outcomes were met. They were able to assess the affective domain online, although some expressed the concern of not meeting all or meeting outcomes partially. Despite the abrupt transition, students showed resilience and adjusted despite challenges. Under the fourth theme, the subthemes are the following: flexibility and improvisation related to online assessment, innovation and creativity of lecturers, improved competencies in online assessment, students' adaptation and creativity, students' preparedness for clinical practice, students' progress and standards obtained and the exploration of alternative affective domain assessment methods.

3.5.4.1 Flexibility and improvisation related to online assessment

The participants felt that the online assessment provided theory and clinical continuation. The participants reported that online clinical teaching was better, as no travel time to work was needed; as a result, they had more time and agreed with students to continue with online teaching and assessment of the affective domain. She noted that the interactions among students were spontaneous. The participant said she did better with the online assessment of the affective domain, as she could pick up gestures that she would have missed in the normal assessment setting. During the interaction amongst students, the participants were able to pick up on affective domain cues. How students converse and relate to one another gave participants the opportunity to assess aspects of the affective domain. The continuation of theory and clinical online did to some extent catered for assessing of the affective domain. Although students were fairly comfortable with one another, online continuation of content, assessment of the affective domain were limit to what was available online to be assessed.

“And I realize it I think after the fourth contact session I had with the students; I realize I have to include the theory because there will be an assessment a OSCE or something coming so thereafter I felt more in control. Although I was not in control of that, but it felt for me the students had now a little bit of continuity from theory to practice and and it’s not just the gap there.” (P9,58,F)

“Same with that with us as lecturers I think for the three hours for clinical facilitation and clinical practice, we're having only two hours so just for two hours online was better than me traveling to the campus and work for two hours” (P10,55,F)

“by that time but containing the content will I will make sure that within the stipulated time we are done then if we are done with the procedure of today I will also ask them if I can come with a new content they will they will be so happy to say maybe you can continue because even to them you can feel you can I I can really observe the interaction it was flowing then which means they were interested in such a way that maybe per day I can do two or three or procedures and then from there then I was telling myself that the day will come maybe after this COVID issue where we will see each other face to face I was encouraging them that for whatever videos I was coming with they must make sure that we practice it I even tell them how they can practice then at the end of the day I saw that forward ever was doing in online it was I was within the timelines and more than that I finished a lot of procedures within a stipulated time.” (P11,59,F)

“I think I actually did better than in the clinical practice sometimes. It's good if a student demonstrates it, uhm...but I also had other assessors on board. You know, for the exams, we need to be two assessors. So, uh...I would send out the video recording to my second assessor and to the moderator as well. So uhm...they could uhm...because they were recorded, they could watch the video over and over again and go back to places. Whereas in clinical practice, you very often miss some gestures, or you miss some words. Uhm...You know, the students couldn't come back and say that ma'am, I actually said this in clinical practice because it was recorded on the video. So, I do think I made my clinical outcomes. I really worked a lot with video recordings yah.” (P12,55,F)

3.5.4.2 Innovation and creativity of lecturers

Although COVID-19 caused challenges for nurse lecturers, it has also forced them to think out of the box and be creative. One (1) participant mentioned that although COVID-19 was negative, it was positive and creative, as it forced them to think out of the box to ensure that they were good lecturers and mentors to students. Clinical teaching was reinforced. All the participants agreed that teaching and assessment online taught them to be innovative and creative. Participants have assessed the affective domain by creatively including the aspects of the affective domain into case studies, scenarios, videos, adapted rubrics, assessment tools

and reflective reports. Being innovative and creative allowed nurse lecturers to think of creative ways for students to mirror themselves. The latter allowed nurse lecturers to assess the affective domain to a certain extent.

“I think it COVID actually, though it was a negative thing. It also brought a lot of positivity into our lives. Creativity, um, thinking out of the box, we, we were actually forced. It was not an easy exercise, but it developed a, a good person, a good lecturer, a good mentor to the students.” (P1,60,F)

“So, I feel we as lecturers, assisting students with reinforcing clinical teaching, we have to be more dynamic, more creative and not just based on only the traditional way of how teaching was done in the past, then I think it can sort of improve.” (P1,60,F)

“I think for me I could use my creative side and uh the outcomes that I have put on on the table, I can still use uh when coming back I could still use some of those strategies for the current students. So, so it also assists me in in teaching the theory.” (P9,58,F)

“It was uh my experience uh it it forced us to think out of the box, that was my experience to we had to think differently on how to to assess students...uh on the online platform” (P15,43,F)

3.5.4.3 Improved competencies in online assessment

The participants managed to adjust despite the numerous challenges they faced. All the participants managed to assess the affective domain online, although some expressed their uncertainty if all the outcomes were met. The participants said that they realised that clear instructions to students were very important. One (1) participant expressed that despite these challenges, she enjoyed online teaching and assessment. Although nurse lecturers had accumulated a new skill to assess the affective domain online, concerns of the comprehensiveness on how it was executed remained a concern.

“But the good thing is that over and above the challenges that I had, I still managed to, to teach students online and assess them.” (P1,60,F)

“With the advantages of online, whatever has been brought forth for teaching and learning to go forth, it’s been an advantage because many people now are technophile, they know they know things related to technology more than what they knew in 2018.” (P6,58,F)

“I think we’ve also learned from that that you must give them better instructions that it must be very clear how they must record. Uhm with the second one I actually did better, because I I gave them an example. I did a crisis intervention with one of the students and uhm they had the example to work from, so I think that one was better it was more also we had we also had to learn from the process” (P8,65,F)

“I was so happy to find myself doing teams with the students because that this student with ±60 by number the first year students then at the end of the day I feel when I was hearing their voices when I was interacting with them when they were opening up in camera I mean to me it was like a movie I was I was enjoying it I was feeling being proud of being a junior lecturer at that moment in and they were using all the types of technology which I was I mean the technological devices which I was given in by UP then I was I was enjoying it 100%.” (P11,59,F)

3.5.4.4 Students' adaptation and creativity

The participants said that the students were able to feel that the hospital functioned by watching videos. The participants said that the students were more techno-savvy and submitted professionally written assignments. A participant said that although students were not in the clinical setting and were unable to observe patients, they were nonetheless able to use what was available to them. The participants mentioned that students were extremely excited to perform skills on video away from patients’ bedside. However, they were able to grasp the core of the skill as displayed in the self-recorded videos with a family member or a friend. Nurse lecturers mentioned that based on videos and scenarios provided them with an opportunity to assess the affective domain. However, they reported that students were comfortable with a friend or a family member. The reality in the real clinical setting is different, many factors contribute how a student will conduct her or himself, e.g. noise and interruptions while affective assessments are carried out. The work that is submitted by a student, is done so in an “unrealistic” environment. If students are not satisfied with certain aspects they can

delete and redo it, the real clinical environment hardly give an opportunity to redo aspects that were missed.

“So that help them to see themselves, like in the hospital, they would see themselves empty the, the, the urine catheter. Even if they were not in the hospital, they would see themselves testing. And then at the end they were..., they managed. So, I think the, the, the videos, the scenarios, the pictures that the students had created, uh, an environment in their minds to, to be able to” (P1,60,F)

“The advantage is where you find students as well, they are able to do whatever, and they are more advance than we are. They are able to submit uh professionally written uh assignments. They can do other programs on the technology or the laptop that they are provided with.” (P6,58,F)

“I must say ... uh students where students were very creative. ... uh it was quite different from your traditional assessment next to the patients’ bed ... uh where you could observe the student’s interaction with the patients. Uh... but then, we used what we had available to us at that time.” (P13,57,F)

“I think the activity itself was an advantage uh... I found the students to be extremely uh excited to do something like that uh they were very creative. They got uh someone to assist them and it was maybe a sister or a mother who was then the the patient and they were the nurse who did the interview and uh uh and if if they did not have a friend and they then did an online interview with someone else on the other side of the computer and they still conducted it and I was able to evaluate on it, so I found uh uh the creativity coming from the students. They were very creative they were very enthusiastic to do something like that. I found they really, they really put all into it there wasn’t anyone who I can say really now they just did uh a superficial work uhm...so I think that could be the positive side of it.” (P15,43,F)

3.5.4.5 Students' preparedness for clinical practice

The participants said it was “easy” for the students to do most of the things online, as they learned from the videos that were given to them. The participant said that she could see that

student, on the basis of the students' videos, that they mastered some skills. With self-recorded videos, the participant could rewind to look at certain aspects. She could also pick up on the student's body language and how they respond to a patient. The participants noted that the students were creative, as they learned from videos how to perform clinical skills. Nurse lecturers alluded that students were able to perform skills on the self-recorded videos, reflective reports, case studies and scenarios that were submitted, showing preparedness for clinical practice. Could the creative exposure online serve as a determinant factor that students have developed and are ready for affective domain assessment with a real life patient. Student exposure to assessment of the affective domain was limited to online only, therefore although they displayed readiness for clinical practice and clinical assessment, will they be able to adjust in a real setting with a patient for affective domain assessment.

“Because when after COVID, it was easy for the students to do most of the things we did online on patients. They could feed patients, just learning from what was happening with the videos and everything that I gave them. So, it, it, it was good. I think it was it was good. Creativity was, was a big achievement.” (P1,60,F).

“Now maybe with a student you know giving doing a video you can rewatch and you can say maybe this is what you see a trend with the students and you say maybe it is something that they can do a little bit better in terms of how they ask a question to a patient or so their body language towards a patient uhm I think that's actually an advantage that I didn't think of before now, that you can maybe address with the group if you notice there's a bit of a trend for asking maybe a sensitive question not in a very uh you know tactful way or something like that. So, I think that's maybe an advantage” (P2,36,F)

“You know like I said maybe you watch videos over and over and you think oh Ok well I'm noticing now a trend of this and then maybe teaching the students after that, so yea I think maybe there's not only negative that comes from it and uh also as I said not going to an actual person immediately uh maybe having a bit more practice because when I was a student you learned it in the skills lab and there you go into practice there's not that uh you know that little bit of in-between of being actually assessed even if it's online before you actually go to the person and maybe that's not a bad thing to do anyway.” (P2,36,F)

“As I said just now that students could uh ... re-record and re-practice uhm ... their skills you know. And uhm ... you could see that a lot of students really became confident because they managed to master the skills.” (P12,55,F)

3.5.4.6 Students' progress and standards obtained

The participant said that, on the basis of the scenarios she created, she was able to meet the outcomes. One participant said that although subjective, she was able to achieve the outcomes even though it was not her first choice. All the participants said they were able to assess students online. They claimed that it was better than “nothing”, implying that online assessment of the affective domain online was better than not assessing students at all.

“I was able to meet the outcomes. I think that the scenarios that I created actually paved a way because it was easy for the student to answer questions, and they were passing the test. None of the students actually failed, so they actually did very well. So, I think the experience was quite reassuring.” (P1,60,F)

“But the advantage was that we could continue. We were able to, we were able to pull it through uh to get the work done and uh and still to get a picture, it might have been a bit more subjective, but you still could have uh gathered enough to say did did the student achieve what they were supposed to achieve, so it was not my first choice but I do think at that time, it was the first choice.” (P7,60,F)

“On the other hand, as well online was a much much better opportunity than nothing at all. (Pause a little) so yes, it was not an ideal especially for the affective domain, but we still had more we could do with that then then not having any contact of any kind or any assessment. S...so for me it was it was the best we could do at that time, even with the challenges that we had.” (P7,60,F)

“At the end of the day, we still got the evaluation done uh it is something that could have been uh evaluated online and I believe it was an advantage” (P15,43,F)

3.5.4.7 Exploring alternative affective domain assessment methods

The participants said that due to COVID-19, “gaps” were identified; however, she further stated that many technologies are available to breach the gap. They all agree that assessment tools and the way in which the affective domain is assessed online need to be relooked to breach the gap. A participant mentioned that more exploration needs to be done by nurse lecturers on how to assess the affective domain online, and current traditional assessment instruments need to be re-evaluated to suited for online assessment of the affective domain as they used scenarios, case studies, reflective reports, videos to assess the affective domain. Nurse lecturers verbalised the willingness to explore if online assessment of the affective domain achieved the required outcomes.

“Currently there are a lot of maybe mobile technology involved. So, I think I not rather only rely on one, two, three things. There are so many accessible, even free, or any nursing education institution can invest in to to fill in this gap. Especially when there are some challenges in such like COVID-19 period. There are so many applications, so many things that can be used. We are in an era of technology. There are so many things we can use. To supplement this area. So, it's possible, quite possible. But I think we need to do more to explore more technological aspects to see what can be applied. And it's really achievable. And I agree, like 99%” (P4,37,F)

“But I think with our other skills we still need to do work on the instrument to make sure it's very specifically included in the instrument.” (P8,65,F)

“We as lecturers uh especially clinical lecturers have to re-evaluate how we assess the affective domain ...uh traditionally versus online ... we need to find a way of bridging the gap” (P13,57,F)

“We still need to explore more on assessing the affective domain online and achieving the required outcomes” (P13,57,F)

3.6 SUMMARY

The experiences of undergraduate university nurse lecturers in the online assessment of the affective domain during the COVID-19 pandemic in the city of Tshwane were discussed, highlighting the need for the support of the professional growth of nurse lecturers. In nursing education, affective education and assessment are essential for ensuring a comprehensive educational experience for student nurses. Relying solely on the acquisition of knowledge is misleading. The study demonstrated that ongoing attention is required to assess the affective domain effectively online to mitigate subjective assessments. Additionally, nurse lecturers must be equipped with the necessary knowledge and technical skills to implement strategies that benefit the professional development of student nurses. Furthermore, addressing the imbalance between the cognitive and affective domains in the curriculum requires a comprehensive approach that is well-harmonised by the relevant stakeholders.

CHAPTER 4

DISCUSSION OF THE FINDINGS AND LITERATURE CONTROL

4.1 INTRODUCTION

The previous Chapter focused on the data analysis and presentation of the themes and subthemes with support from verbatim quotes from the voices of the participants. This Chapter presents a discussion of the findings and literature control.

4.2 AIM AND OBJECTIVE

4.2.1 Aim and objective of the study

The overall aim and objective of this study was to explore and describe the experiences of undergraduate university nurse lecturers in the online assessment of the affective domain during the COVID-19 pandemic in the city of Tshwane.

4.3 DISCUSSION OF THE FINDINGS

The COVID-19 pandemic caused a global crisis, impacted all sectors, including the health sector, and brought it to a complete halt (Karaöz, Ustun, Eroglu and Dogan, 2022:56). While complying with COVID-19 lockdown protocols, higher education institutions transitioned to online teaching and learning. High-quality nursing education was fundamental to the long-term outcomes of the nursing profession (Authement and Dormire, 2020:1). The long-term professional outcomes were affected, as contact classes and clinical placement were suspended to maintain the health of nurse lecturers and students. Content that was delivered in a combined face-to-face and online teaching and learning hybrid mode went fully online (Agu, Ophn, Stewart, McFarlane-Stewart and Rae, 2021:154). Unfortunately, the nursing education institution (NEI) did not have prerecorded teaching and assessment content that was readily available during a crisis period. The sudden change to online teaching and learning, resulted in nurse lecturers being forced to learn how to steer and deliver theory and clinical course content and conduct assessments of the affective domain online. Khan and Khan (2019:661) highlighted concerns regarding technological incompetence among lecturers and students alongside “distrust” in the technology infrastructure.

Hasty changes to the curriculum were made to obtain the level outcomes containing affective domain aspects for all students to ensure that they finished their training within the prescribed

time. Agu et al. (2021:154) reported that a number of NEIs do not have the necessary resources to address the challenges of online teaching. The use of online teaching and assessment by nurse lecturers to improve students' clinical skills and mitigate limited clinical exposure identified gaps in finding an effective way to assess the affective domain online. It was determined that the institution had distance education infrastructure before the pandemic (Karaöz et al., 2022:58). Some nurse lecturers were exposed to blended learning and teaching at the NEI.

4.3.1 A sense of inefficiency as an educator

Inefficient nursing is the direct opposite of competence, which is defined by Jobst, Lindwedel, Marx, Pazouki, Ziegler, König, Kugler and Feuchtinger (2022:12) as: "a nurse lecturer's competencies in the areas of knowledge, skills, attitudes and values". Nurse lecturers have a tremendous impact on student nurses' academic development and achievement. Inefficiency indicates that a nurse lecturer lacks the right set of knowledge, skills, attitudes and values. Making a sound judgement when assessing the affective domain, which is a subjective domain, will be compromised.

If a nurse lecturer is ineffective, it inhibits the learning and development of students. Nurse lecturers emphasised that during the COVID-19 pandemic, the hasty transition from face-to-face to online assessment of the affective domain required different student management, teaching and assessment styles. This hasty transition caught them off guard to prepare adequately, ensuring a smooth transition during this period. Abduh (2021:26) reported that a lack of face-to-face interaction between educators and students has drawbacks on its own, resulting in nurse lecturers having fewer choices in regard to online teaching and assessments. The SANC guides the professional practice of nurse lecturers. According to the Nursing Education and Training Standards (2020:1), nurse lecturers are expected to implement effective solutions to counter the challenges they face. The challenges that nurse lecturers face include unfavourable working conditions, a lack of resources, support, poorly designed curricula and program evaluation (Mthimunye and Daniels, 2019:54). Challenges that lead nurse lecturers to express a sense of incompetence include challenges in meeting learning outcomes, constraints in assessing students' responses and attitudes, doubts about assessment reliability and a lack of competency with online teaching and assessments.

4.3.1.1 Challenges in meeting learning outcomes

Meeting the outcomes of assessing the affective online is critical yet complex. This complexity, the doubt of nurse lecturers teaching ability and unavailability of proper clinical setting poses

challenges in meeting the affective domain outcomes. Despite these challenges, higher education institutions must continue to produce practice-ready registered nurses (Spence, Zambas, Mannix, Jackson and Neville, 2019:1). Bvumbwe and Mtshali (2018:2) agree that producing efficient competent nurses remains a challenge due to inefficiencies in the nursing education system.

An outcome according to SAQA Guidelines on Integrated Assessment (2005) “ is a description of demonstrable and assessable end products of a learning process”. Outcomes of online assessments of the affective domain that are not well formulated and thoroughly assessed tend to be taken less seriously, regardless of their importance. Karaöz et al. (2022:57) emphasised the need for evidence that shows that outcomes were achieved as the practical component of nursing education allowed students to learn by hands-on practice; however, concerns about nursing practices with online teaching and assessment during the pandemic were raised. Given the subjective nature of assessing the affective domain online, it is crucial to ensure clear assessment instruments to support the achievement of learning outcomes. When outcomes are properly assessed, it enhances student competence and leads to meaningful learning outcomes. Clear, measurable, and realistic outcomes for online affective domain assessment will foster a better understanding for both nurse lecturers and students, promoting constructive professional growth.

Nurse lecturers must ensure that students on online platforms grasp the learning outcomes of online classes (Almahasees, Mohsen and Amin, 2021:6). According to Herbert, Perry, LeBlanc, Haase, Corey, Giudice and Howell (2021:78), nurse lecturers must ensure that students have the necessary learning experiences to deliver safe and effective care to this population. Sasmal and Roy (2021:1892) mentioned that nurse lecturers were uncertain about the effectiveness of online learning in achieving the programme’s objectives. Nurse lecturers were concerned with not meeting the outcomes. Molato and Sehularo (2022:5) stated that since the current curriculum was created for traditional teaching methods, there is a need to redesign it to better suit online learning to meet the required outcomes. Bester, Smit, De Beer and Myburgh (2021:81) endorsed the integration of ICT meaningfully into nursing curricula to facilitate deep learning. Although the learning outcomes remained unchanged, they had to develop new methods of assessment to ensure that outcomes were still being achieved. For example, Egilsdottir, Heyn, Brembo and Byermoen, Moen and Eide (2022:4) agree that NEIs must change the curriculum to address clinical learning outcomes. Moreover, online courses must assist in achieving the learning outcomes of academic curricula (Almahasees et al., 2021:8). Nurse lecturers found it challenging to meet the outcomes online.

4.3.1.2 Constraints to assess students' responses and attitudes

The nursing education system is based on a holistic approach that draws attention to patient subjectivity to develop an attitude of acceptance of individuality and create a relationship with the patient (Atar and Asti, 2020:412).

The nurse lecturers found it challenging to assess students' responses and attitudes and could not confirm whether a student was competent in attaining these skills. Furthermore, the experiences of nursing students are influenced by their personal qualities and the behaviour of their patients (Kandal, Kristiansen and Uhrenfeldt, 2018:7). Nurse lecturers were unable to assess the students' emotions and character. Students are encouraged to engage actively in the learning process (Almahasees et al., 2021:7). Abraham (2021:63) mentioned that while it was possible to demonstrate empathy verbally, effectively using nonverbal communication skills on an online platform proved challenging. Additionally, picking up nonverbal signals from an online platform remains difficult.

4.3.1.3 Doubts about assessment reliability

According to SAQA Guidelines on Integrated Assessment (2005), "assessment" is a controlled method for gathering evidence and making judgments about a student's performance in relation to registered national unit standards and qualifications. Online assessments of the affective domain during the COVID-19 pandemic was essential in determining if a student has met the necessary outcomes to progress to the next level of training or to complete their training.

According to Ryan (2019: 149), many nurse lecturers lack confidence in their ability to teach and assess the affective domain online. This gives raise to the doubt about the reliability of affective domain assessment online. The most vital factor could be associated with a nurse lecturer's own beliefs about the "nature and goals" of assessment (Abduh, 2021:8). Additionally, a nurse lecturer's conceptualisations, interpretations, and practical decisions during assessment play a significant role in her ability to assess a student affective domain objectively during online assessments. NEIs face great challenges; they have to train student nurses to become frontline health workers with the best competence, yet they are faced with concerns to achieve their own knowledge and skills (Olum, Atulinda, Kigozi, Nassozi, Mulekwa, Bongomin and Kiguli, 2020: 578). Implying that sufficient affective domain development took place to deem the student competent. Moreover, identifying and addressing factors that negatively affect students' progression are essential. Despite these challenges,

higher education institutions must continue to produce practice-ready registered nurses (Spence, et al., 2019:1). However, the nurse lecturer must be skilled enough to assess if a student nurse show affective domain development. Bvumbwe and Mtshali (2018:2) agree that producing efficient competent nurses remains a challenge due to inefficiencies in the nursing education system. According to Abduh (2021:8), reliability is a fundamental aspect of assessment. According to Almahasees et al., (2021:8), when lecturers are asked if they are able to assess students fairly, the lack of interaction between students and their nurse lecturers could lead to lower performance.

Although cheating in online assessment does not speak to the reliability of online assessment of the affective domain, it speaks rather to the student who is submitting the work posing it as his own (Holden, Norris and Kuhlmeier (2021:2). Reliability, in particular, involves opportunities for continuous documentation and monitoring of learning, which informs the feedback process.

4.3.1.4 Lack of competency with online teaching

Nurse lecturers faced challenges due to the unprepared abrupt change from face-to-face to online teaching of the affective domain. This resulted in nurse lecturers doubting their own competency on online teaching when they had to continue with aspects containing the affective domain. Cheng, Huang, Yang and Chang (2020:3) reported that teaching in nursing education have changed from knowledge transfer only to active student learning strategies. Competence refers to the digital competence of nurse lecturers. Shon, Shin, Rim and Jeon (2024:1) reported that online teaching was accelerated due to COVID-19 when nurse lecturers could not teach aspects of the affective domain in clinical classes, hospitals and clinics. Nurse lecturers had to use digital technologies, such as mobile devices, virtual simulations, and online platforms, provide nursing departments with tools to teach students clinical practice effectively, including aspects of the affective domain (Shon et al., 2024:1). These various interactive and immersive methods offered engagement with students, enabling them to develop clinical content, essential affective skills and knowledge in a flexible and accessible manner. Khatoony and Nezhadmehr (2020:89) reported that, owing to limitations, some lecturers would have preferred to stop implementing new technologies in their classrooms. Acclimatising online was a challenge for nurse lecturers (Ullah, Ashraf, Ashraf and Ahmed, 2021:37). The abrupt transition to online teaching left little room for nurse lecturers to adjust adequately, with some expressing their frustration. Nurse lecturers experienced challenges in integrating technologies during the lockdown period teaching aspects of the affective domain (Khatoony and Nezhadmehr, 2020:91).

Nursing education, which traditionally relies on methods such as preceptorship, mentorship, and clinical accompaniment, has shifted to online platforms (Shon et al., 2024:1). Nursing education includes proficiency in teaching, management ability, problem-solving ability, educational intelligence and clinical nursing skills. Moreover, online teaching has emphasised digital teaching competence. Nurse lecturers lack digital competencies (Jobst et al., 2022:2). The authors alluded that there is not enough research addressing the digital competence of nurse lecturers. According to Jobst et al. (2022:2), nurse lecturers require more support via technology in online education. The COVID-19 pandemic has accelerated the process of technology integration, resulting in a negative impact on enthusiasm in Hakim (2020:34). Therefore, nurse lecturers should be able to integrate digital competencies into their pedagogical work (Jobst et al., 2022:2). Moreover, the process of learning new practices have a great impact because nurse lecturers influence one another's opinions and attitudes toward the use of technology.

4.3.2 Untimely clinical and educational environment

During COVID-19 pandemic, sudden online teaching and assessment has had an impact on nursing education, resulting in untimely clinical and educational environment changes, referred to as abrupt changes from traditional classroom teaching and assessment to online teaching and assessment and the impact it has had on both nurse lecturers and students. "Institutions have had to hastily migrate teaching, learning and assessment to online domains, at times with ill-prepared academics, students and institutions and with unwelcome and disorienting consequences" (Chidzonga, Haruzivishe, Chikwasha and Rukweza, 2022:1).

Owing to the abrupt change from face-to-face and blended learning to online learning, several untimely clinical and educational environment changes took place, namely, online interactions and presentations, scenarios and case studies, visual learning methods, assessment of simulated and real-life videos, adapted rubrics and instruments, reflective reports and time-related challenges, as depicted from the nurse lecturer's response. Nurse lecturers had mixed responses regarding swift changes in online teaching and assessments of the affective domain.

4.3.2.1 Online interactions and presentations

Karaöz et al. (2022:56) suggested that online education, which requires benefiting from technology, has made inequality in education visible. While ensuring that online education is more effective requires the use of technology, the importance of face-to-face nursing

education at all levels cannot be denied. Hadžimerović (2021:42) alluded that the student learning approach must concentrate on students' needs, learning and motivating them to participate more actively.

The online interactions and presentations create opportunities for students to develop their knowledge and skills. The nurse lecturer gave the students content in their third year, which they prepared and presented in their fourth year. Giving adequate preparation time decreases students' anxiety when dealing with patient management. Jowsey, Foster, Cooper-loelu and Jacobs (2020:2) agree that online presentations should allow active student involvement so that learning is most effective. Therefore, nurse lecturers facilitate the learning process during online interactions for students to develop their understanding and skills to achieve set learning outcomes. Agu et al. (2021:153) reported that the pandemic disrupted face-to-face classes, clinical teaching in skills laboratories and the suspension of student clinical placement. Martin, Wang and Sadaf (2018:52) reported that when communicating with students online, feelings of connectedness to reduce the sense of perceived distance must be created. Without face-to-face interactions, effective communication arguably becomes the most crucial element of high-quality online teaching. However, students often face numerous stressors related to patients' conditions (Suikkala, Leino-Kilpi, Katajisto and Koskinen, 2020:8).

4.3.2.2 Scenarios and case studies

Nermine, Elcokany, Abdelhafez, Sharaby and Safia (2021:1) stated that technology can present students with clinical scenarios they might not have experience in actual practice, assisting with the development of the affective domain. Owing to technological advancements, nurse lecturers are now required to integrate excellent teaching practices to ensure that nursing students remain motivated and engaged, contributing to students affective domain development. Therefore, computer-based learning provides reliable descriptions of case scenarios with simulated realistic patient conditions. These scenarios require students to make accurate, precise, and timely decisions. Alconero-Camarero, Sarabia-Cobo, Catalán-Piris, González-Gómez and González-López (2021:2) alluded that computer-based scenarios create an environment that fosters the development of nontechnical and affective skills. A nurse lecturer mentioned that scenarios serve as an effective clinical learning assessment tool without compromising patient safety. Additionally, it fosters student engagement and empowers them soft skills to relate to fellow students online.

When the objectives of the case study are adequately challenging, it enhances student competence, leading to meaningful learning outcomes (Silén-Lipponen, Äijö and Aura, 2022:481). Case studies and scenarios should be articulated clearly and be measurable. Professionally crafted case studies and scenarios are not only realistic but also align with the educational aims of the course and the broader curriculum. By meticulously clarifying objectives of case studies and scenarios, the nurse lecturers fostered mutual comprehension that enhanced constructive professional development. Bezdicek (2024:1) reported that a well-written case study scenario can help students enhance their clinical judgment and comprehension.

When the objectives of a case study or scenario are adequately challenging, it enhances student competence to engage meaningfully, showing development of the affective domain (Silén-Lipponenet al., 2022:481). Case studies and scenarios must be aligned with the educational aims of the course and the broader curriculum. Bezdicek (2024:1) reported that a well-written case study scenario can help students enhance their clinical judgment while also providing nurse lecturers with the opportunity to address and ease students' fears and anxieties therapeutically. The author further alluded that a scenario offers students a thorough teaching and learning experience, with complete step-by-step instructions and rationales. Some nurse lecturers formulate scenarios and scenarios in such a way that they depict a true reflection of events in a real setting. Munn, Lay, Phillips and George (2021:1) believe that scenarios and case studies provide an opportunity for nurse lecturers to discuss content in a therapeutic environment and allay student fears and anxieties. Nurse lecturers encouraged students' participation during the online case study discussions to achieve learning outcomes. Well-crafted scenarios are fundamental for nurse lecturers to seamlessly incorporate learning affective domain aspects into the educational experiences of nursing students (Ahmed, 2019:581).

4.3.2.3 Visual learning methods

Not all NEIs, nurse lecturers and students have access to online teaching (Karaöz et al., (2022:56)). Visual learning can be used in creative ways to facilitate student online engagement (Martin et al., 2018). According to Habibzadeh, Rahmani, Rahimi, Rezai, Aghakhani and Hosseinzadegan (2019:4), virtual training in nursing offers benefits such as delivering consistent and "reusable" educational content. The nurse lecturers indicated that it was quite challenging to facilitate online; hence, they developed creative ways to ensure student engagement to achieve the development of the affective domain outcomes. Videos

can enhance students' comprehension of the material and actively engage them in the learning process (Herron, Powers, Mullen and Burkhart, 2019:129). Virtual techniques can increase students' knowledge (Habibzadeh et al., 2019:4). Although online teaching and assessment can enhance a student's knowledge, adequately assessing the affective domain that addresses the caring nature of a student remains a concern. Nurse lecturers mentioned that they had to find innovative teaching strategies to ensure that outcomes were met. Audiovisual materials often motivate students to engage in learning (Yeh, 2022:1). Learning management systems (LMSs) have grown rapidly in nursing education, with information and communication technology (ICT) integrating the active learning principles of reflection, interaction and engagement (Mtshali, Harerimana, Mdunge and Mthembu, 2022:89). Visual learning methods, e.g., real-life videos, reflective reports, online presentations, case studies, scenarios, adapted rubrics and assessment instruments, are further discussed in this chapter.

4.3.2.4. Assessment of simulated and real-life videos

Nurse lecturers were able to assess students' skills via videos on how students would relate to patients. Tseng, Hou, Huang and Ou (2021:2) reported that delivering high-quality clinical care relies on comprehensive training and assessment methods. They further stated that summative and formative assessments capture the realities, operational difficulties, and challenges of the teaching process, aiding future learning. According to Kohan, Janatolmakan, Rezaei and Khatony (2021:1), academic performance serves as a measurement for assessing and comparing students.

Although virtual reality is often associated with immersive entertainment videos, its initial purpose was actually education (Chang, Sung, Guo, Chang and Kuo, 2022:1). Virtual methods are emerging as effective resources for both nurse lecturers and students.

Assessment motivates students to learn, offers feedback on their progress, measures their achievement and defines actual curriculum progress (Abduh, 2021:5). Through the assessment of students' performance via video, nurse lecturers were able to observe student behaviour. They observed whether students were culturally sensitive and were able to apply appropriate communication skills. Nurse lecturers confirmed that they were able to assess the affective domain via online videos. Chang et al. (2022:1) reported that, compared with traditional instruction, students experienced greater learning motivation and greater satisfaction; however, few studies have applied the theoretical framework of innovative education within the nursing field. Assessment of simulated and real-life videos forms part of

innovative teaching. However, Martins, Santos, Lumini, Sousa, Peixoto, Freire and de Fátima Araújo (2023:3326) reported that the aim of realistic simulations is to enable students to encounter situations in controlled environments, thereby increasing their awareness of their profession's demands. Assessment of simulated and real-life videos forms an integral part of assessing the affective domain online if nurse lecturers are objective and if outcomes are met. Aspects such as audibility, good lighting, a clear view of the student and his/her patient, and affective domain aspects must be built into the video. A student will lose marks if not audible, if some scenes are obscured, or if the lighting is poor.

4.3.2.5 Adapted rubrics and instruments

According to Francis (2018:3), assessment rubrics, often presented in a format, are a type of evaluation tool used by nurse lecturers to grade students' performance. These rubrics can also serve as valuable instructional tools to enhance student performance if the purpose of the rubric is well defined and in line with students' learning outcomes. Rubrics form part of an assessment tool and can have positive effects on student learning and their ability to self-regulate the education process. Morton, Northcote, Kilgour and Jackson (2021:3) agreed that rubrics can serve as an effective assessment tool, positively influencing student learning and enhancing their ability to self-regulate their educational journey.

The nurse lecturer evaluated the assessment tools by Leighton, Mudra, and Gilbert (2018:4). The nurse lecturers strived to assess performance in soft skills, such as the clarity of communication and the adequacy of teamwork skills. Instruments must include assessment aspects on how a student treats the patient. Leighton et al., (2018:3) alliterate that the emphasis must be on creating reliable and valid assessments that enhance objectivity in evaluating simulation outcomes. Beer (2019:1) suggested that the rubric aims to bridge this gap by offering a method to assess both student learning and the design of the learning process. These instruments have criteria against which an assessment or performance level will be marked (Francis, 2018:3). A rubric is more than just a questionnaire; it includes specific components that make the criteria measurable (Parmigiani, Jones, Silvaggio, Nicchia, Ambrosini, Pario and Sardi, 2022:8). Schleicher (2018:59) further stated that some of these aspects include knowledge, skills, attitudes, and values. Achieving excellence in nursing education necessitates the use of evidence-based curricula, teaching strategies, and appropriate assessment methods. The use of rubrics is important in assessing the affective domain (Tshikanda 2020:40).

4.3.2.6 Reflective reports

Nursing education has eagerly embraced the concept of reflection as a crucial element of the learning process. Ordin, Bilik, Turhan Damar and Çelik (2018:119) reported that students who prepare reflection reports enhance problem-solving behaviour during clinical practice in the clinical setting. When students watch video recordings of their performance, it becomes a powerful and invaluable experience, offering highly beneficial feedback and encouraging reflection (Önal, 2019:810). Reflection provided students with the opportunity to reflect in ways that were not possible among live lecturers. Caswell (2019: 2) described reflection as a vital recognized and lifelong element of high-quality education in higher learning institutions. Nurse lecturers use reflection in assessments and assignments, which can reveal developments in soft skills. Nurse lecturers used a reflection assessment tool to assess whether outcomes were met.

Through these collective, reflective learning experiences, peers have the chance to support one another (Caswell 2019: 4). Reflection enhances group engagement with academic ideas and the integration of concepts. Students need to be encouraged to actively participate during feedback sessions. It fosters the development of comprehensive professional judgement and discernment. Bjerkvika and Hilli (2019:33) suggested that reflective writing improved students' reasoning skills and alertness in clinical situations. The students described their personal experience. Self-reflection enhances skills related to motivation and temperament, which are essential for success in the healthcare profession (Parwanda, 2023:6). Reflective learning assists in students developing soft skills. Nurse lecturers assess whether the students display a caring attitude toward community members. The nurse lecturer used the Rolfs model of reflection. Parwanda (2023:4) described Rolf's model of reflection as "... Rolfe's reflective model is based on three simple questions what happened, (self-awareness) and how it happened (critical analysis and evaluation), and what will be next plan (action oriented), so what and what next ...". Reflection allows students to pause and do introspection and evaluate their personal experiences. If a nurse lecturer facilitates reflection and allows a student to do so, it will foster personal and professional growth.

4.3.2.7 Unstable network connectivity and loadshedding

Nurses have been trained face-to-face in the South African setting (Mokoena-de Beer and Moloko, 2022:1). However, online teaching and learning have been applauded as the pinnacle of online education, yet challenges affecting online learning and learning activities have inconvenienced nurse lecturers and students. Load shedding, whether planned or unplanned, is the process of intentionally reducing sections of the electrical supply to alleviate pressure on the electrical grid or network (Pitikoe-Chiloane and Dondolo, 2024:2). According to Kgarose, Makhubela and Setaise (2023:447), South Africa is experiencing an electrical crisis and load shedding for many hours each day across the country because of its inability to meet electricity demand. Agu et al. (2021:154) reported that even in cases where resources are present, nurse lecturers and students still experience some challenges. Nurse lecturers and students are required to attend classes and write assessments online, but the electrical crisis has prevented e-learning from properly achieving its goal (Kgarose et al., 2023:448). Kgarose et al. (2023:448) further suggested that online teaching and learning seem to be academically less effective than in-person learning because of challenges such as load shedding and unstable network issues.

Mashiyane, Masuku, and Maphumulo (2024:3959) indicated that the South African education sector faces numerous challenges, which have been worsened by load shedding. This has adversely affected the education sector by disrupting teaching and learning activities, hindering academic performance, and impairing curriculum delivery. Load shedding poses a significant challenge to online teaching and learning, leading to low throughput rates, which in turn contribute to higher student dropout rates (Mthanti, 2023:16). According to Malatji and Baloyi (2023:49), The current disruption raises concerns regarding the fairness and validity of examination results, as learners may face challenges in performing to their utmost capabilities due to the inconsistent power supply (Mashiyane et al., 2024:3965).

4.3.2.8 Time-related challenges

Designing online content and teaching is very time-consuming and even difficult (Khatoony and Nezhadmehr, 2020:90). Nurse lecturers had to search for content that was appropriate and in line with the level or program outcomes. The transition period itself requires adjustment and is therefore a time-consuming process. Nurse lecturers had to exercise first before going online. The transition to online teaching and learning is time constraining and demanding more preparation (Shahba, Alashban, Sales, Sherif and Yusuf, 2022:2). AlMekkawi et al. (2022:118)

reported that creating, preparing, and mastering different instructional technology tools for online courses is time-consuming. Some of the challenges faced by nurse lecturers include inadequate online teaching skills and insufficient time to prepare online learning materials (Ajani, 2021:718).

Procrastination contributes to time-related challenges experienced by students. Academic achievement is obtained through the study and passing of assessments. Procrastination results in students postponing academic duties. Students often find ways to engage in other activities, e.g., playing games and watching TV, among other things. Procrastination is a universal problem (Anoita, Tiatri and Sari, 2020:539). The author further reported that procrastination tends to delay important tasks despite being aware of the negative impact of the delayed times due to other challenges beyond their control, e.g., insufficient study space at home, noise, and loadshedding. Load shedding and connectivity issues contributed to time-related challenges.

4.3.2.9 Lack of commitment and engagement

The majority of nursing students feel that their studies are affected by the transition to online learning and assessment (Singh et al., 2021:4). A lack of commitment and engagement poses a challenge, resulting in insufficient development of the affective domain Ajani (2021:718). Challenges contributing to insufficient affective domain development include insufficient computer training, limited awareness, lack of interest, low student attendance, absence of personal interaction with students, and reduced peer interaction (Ajani 2021:718; Arora and Srinivasan, 2020; AlMekkawi et al., 2022:112; Sims, Lucio-Ramirez and Cilliers, 2024:2). Online learning may lead to social seclusion among nursing students, a lack of practical skills, limited feedback, and increased chances of misconduct, indirectly leading to stunted development of the affective domain (AlMekkawi et al., 2022:114). The authors further alluded that many students lack interaction. The student-related factors include a lack of seriousness, disinterest, underperformance, and poor online behaviour (Hendriani, Eliwatis, Hardi, Putra, Amor and Bihantoro, 2023:569). Abraham (2021:65) noted that some students, when selected to answer, left the online session owing to shyness. The author reported that this behaviour was unusual compared with that of individual sessions. Although some students display poor conduct online, some may be shy when nurse lecturers address them directly when probing for answers. Some students had not fully acclimatized to the online environment and struggled to adjust, affecting adequate affective domain development.

4.3.3 Balance between cognitive and the affective domains

Nurse lecturers must then be able to present theory and clinical content that is a balance between cognitive and affective content. Skills are a dependable link between the perception of mind and the setting and implementation of motor activity, which is consistent across repeated performances and can be flexibly adapted to changes (Kumar, Kumar, Madhurima, Maruthy and Preetham 2018:36). Nurse lecturers need to stay abreast changes in correlating the cognitive and affective domains so that they are able to transfer knowledge and skills along with caring and compassion to their nursing students.

Nurses teach and assess the affective domain emotionally with their students (Tshikanda 2020:41). Assessments of the affective domain are divided into two (2) categories: demonstrating affective skills and measuring affective skills. Assessing the affective domain online was influenced by the subjectivity of nurse lecturers. Teaching and learning for nursing students are continuous processes grounded in experience followed by perception, cognition and changes in behaviour. Student nurses' failure to thrive in theory hampers educational and professional growth, as the affective and cognitive domains are interdependent. The cognitive and affective needs to be in harmony to bring about changes in the behaviour of a nursing student. A student nurse must balance theoretical knowledge and practical skills in a clinical environment to achieve the necessary outcomes and ensure that they become safe nurses. While the affective domain is closely linked to ethical and moral development and is associated with the acquisition of values, the cognitive domain encompasses knowledge acquisition in traditional terms such as reading, memorizing and examinations. The cognitive and affective needs to be in accordance to the learning, decision-making and behaviour of a student. The following subthemes were discussed in terms of the balance between the cognitive and affective domains: inadequate affective domain assessment guidelines, theory and clinical integration and constraints to assess patient care skills, as reflected by nurse lecturers' experience.

4.3.3.1 Inadequate affective domain assessment guidelines

This sudden change created frustration and dissatisfaction among healthcare nurse lecturers (AlMekawi et al., 2022:112). Course presentation criteria offer a framework for designing, developing, or expanding both new and existing courses (Authement and Dormire, 2020:2). Most importantly, the nurse lecturer should thoroughly review all the learning materials before

launching an online course to ensure that they are up-to-date and suitable for various learning styles (Chen, Jones and Xu, 2018:1; Authement and Dormire, 2020:3).

It is crucial to address the affective domain in nursing education, which focuses on attitudes, emotions, and values, as it significantly impacts student learning outcomes (Song, 2023:4). Therefore, evaluating how nursing programs measure affective learning outcomes can provide valuable insights into effectively incorporating affective-domain learning into curricula.

In addition to attitudes such as empathy and interest, the affective domain fundamentally includes learners' emotional experiences, encompassing their attitudes, beliefs, impressions, and sentiments. Ironically, according to Ku Kuo, Batool, Tahir and Yu (2024:1), the affective domain is often sidelined, which signifies a critical lack of nursing education. Moreover, nurse lecturers face significant challenges in evaluating affective objectives due to inadequate assessment methodologies, which are less rigorously scrutinized than those used for assessing knowledge and skills (Ku Kuo et al., 2024:2). How online education and assessment impact nursing education has yet to be determined (Allen et al., 2020:234). Online assessment of the affective and psychomotor domains of nursing education is difficult, particularly when outcomes such as clinical skills, attitudes and compassion are assessed (Rahim, 2020:60).

4.3.3.2 Challenges with theory and clinical integration

According to Zandrato and Hiko (2021:577), nursing students had to achieve knowledge and competence, as competence is the core value in nursing that must be obtained. Molato and Sehularo (2022:2) stated that the nursing curriculum should be adapted from traditional methods to an online format for both theoretical and practical learning. The authors further stated that nursing is a profession that combines theoretical and practical elements to enhance program outcomes. Molato and Sehularo (2022:2) reported that during the COVID-19 pandemic, nurse educators faced significant challenges in teaching the clinical component through online platforms. The COVID-19 lockdown resulted in nurse lecturers teaching students theory and clinical information online. This resulted in students not having the theory and clinical integration done in the clinical setting. This has affected many student nurses, as they are required by various statutory organizations to accumulate a certain number of hours in the clinical setting (Michel, Ryan, Mattheus, Knopf, Abuelezam, Stamp, Branson, Hekel, Fontenot and Faan, 2020:904). The South African Nursing Council (SANC) prescribed the number of clinical hours a student should accumulate, thus enabling them to not only master the skills but also fail to obtain an opportunity to perform theory and clinical integration. As

patient admissions were confined to emergencies and COVID-19 cases because of the pandemic's surrounding events, the integration of theory into practice was hampered, and nurses in practice were unable to show skills, coach or supervise student nurses because of insecurity (Ulenaers, Grosemans, Schrooten and Bergs, 2021:4).

Nursing education includes theory and clinical teaching, with the goal of demonstrating competence in clinical skills on the basis of learned theoretical concepts. According to Salifu, Gross, Salifu, and Ninnoni (2018:72), this results in a deficiency in integrating theoretical concepts into clinical practice, a phenomenon known as the theory–practice gap. Brown (2019:1) reported that while the theory–practice gap is most evident in clinical settings, its roots lie in the educational environments where nurses are trained. Saifan, Devadas, Daradkeh, Abdel-Fattah, Aljabery, and Michael (2021:1) acknowledge that the most significant challenge in nursing academia is the theory–practice gap, which is a widespread issue in both nursing and midwifery. adly, online education and assessment are most useful for theoretical content, but groundbreaking methods have had to be developed to enable clinical teaching and assessment (Chidzonga MM, Haruzivishe C, Chikwasha V, Rukweza J 2022:2). The result of this theory-practical gap is a risk to patient safety and can lead to serious injuries and even death. The need to redesign the curriculum so that there can be delivery of theoretical and clinical components through online platforms (Oducado and Estoque, 2021:149; Tolyat, Vagharseyyedin and Nakhaei 2022:45).

4.3.3.3 Constraints to assess patient care skills

Mokoena-de Beer and Moloko (2022:1) reported that nursing is a clinical course that requires face-to-face teaching to ensure that students understand the notion of compassionate care through demonstrations of practical skills. The authors further suggested that contact teaching ensures that students are equipped with practical skills. Enoch, Abraham and Singaram (2022:2) reported that teaching supports the combination of practical examination, procedural and communication skills, and patient care management to develop competence. Enoch et al. (2022:3) further stated that the complete shift to an online platform may deprive students of realistic learning opportunities associated with the face-to-face curriculum. Kwame and Petrucka (2021:1) reported that the primary core competency of health experts' education should emphasize patient-centred care. The caring attitudes of students towards their patients improve patient–student cooperation and trust. In this unprecedented situation, there are concerns about the retention and transfer of learning from online training settings (Enoch et al., 2022:3). Kwame and Petrucka (2021:3) reported that insufficient time to interact with

patients was a significant barrier to effective interactions. In the transition from being a nursing student to becoming a nurse, developing effective nurse–patient interactions is a crucial and essential skill (Atar and Asti, 2020:412). The authors further elaborated that if nursing educators assess the specific interactional skills of nursing students, this will provide valuable insights into students’ progress throughout their nursing programs. Gause, Mokgaola and Rakhudu (2022:6) reported that technology use in clinical teaching can be divided into two interlinked entities: clinical placements for Work Integrated Learning) WIL and simulation labs. To bridge the gap between online and face-to-face teaching and assessment, it is essential that content is clearly conveyed, understood by the student, and interpreted as meaningful information (Authement and Dormire, 2020:4).

4.3.3.4 Constraints to assess communication and relational skills

During these days of COVID-19, online teaching was the only way to solve the academic crisis worldwide (Ullah et al., 2021: 37). Suspending face-to-face classes has occurred over an extended period of time in many countries, leaving online teaching as the only choice by which nurse lecturers can connect with their students.

According to Abduh (2021:8), nurse lecturers are confronted with numerous challenges, questioning the consequences of shifting from face-to-face to online teaching and learning. A productive learning environment can be achieved through the remote simulation of communication skills according to Abraham (2021:57). Remote engagement between nurse lecturers and students necessitates the development of contextual understanding and a mutually respectful relationship between the student and the nurse educator. Abraham (2021:58) further reported that although virtually facilitated simulation-based training was considered a suitable alternative to in-person face-to-face training, it was evaluated less favourably.

The nurse lecturers found it challenging to assess the communication and relationships between the student nurses and their patients. The nurse lecturer was unable to assess the “patient” facial expression, as some students did not focus on their patients’ faces. According to Kwame and Petrucka (2021:2), a lecturer must assess whether student nurses display respectful communication between them and patients to alleviate uncertainty and foster greater patient participation. It is easier for a nurse lecturer to assess how a student relates to a patient in a real-life situation. The nurse lecturer must assess if the student’s conduct is

appropriate and if they possess the correct skills when interacting with patients. The authors further explained that it is important to express warmth, dignity and compassion to patients. Létourneau, Goudreau, and Cara (2021:292) reported that most nursing education programs train their students to embody humanism and caring, as required by their regulatory bodies. A student nurse must display, according to Labrague, McEnroe-Petitte, D'Souza, Hammad and Hayudini (2020:2), trustworthy communication that is critical for the formation and enhancement of nursing students' learning outcomes. According to Bilaş, Bolat and Demiray (2023:16), the development of nursing students' communication skills is linked to innovative and interactive learning strategies that can be created by assessing students' communication skills.

4.3.4 A sense of fulfilment

Both nurse lecturers and students are strongly influenced by preexisting knowledge, emotional beliefs, sociocultural exposure, values and attitudes. Students place significance on interpersonal relations and social interactions while they are learning (Khan and Khan 2018:662). Changes in values and beliefs bring about change and are further influenced by social norms and individual views. Nurse lecturers and student nurses who were accustomed to online assessment adjusted well compared with those who had limited exposure. Clear, achievable objectives that are measurable are important, as they provide a sense of fulfilment once achieved.

Nurse lecturers need to be creative and implement innovative teaching strategies that enhance the academic performance, success and retention of nursing students (Mthimunye and Daniels, 2019:54). This requires efforts to promote academic performance by nurse lecturers.

Challenges faced by nurse lecturers in performing their responsibilities successfully, unless resolved, have serious consequences for students, higher education institutions (HEIs) and, eventually, the nursing profession and patient care (Mthimunye and Daniels, 2019:54). It is therefore important to understand the challenges experienced by nurse lecturers to ensure that students have satisfactory academic development, progress and retention.

4.3.4.1 Flexibility and improvisation related to online assessment

Although online learning was a valuable way to mitigate virus transmission during the COVID-19 outbreak, methods to improve learning must be developed to meet the learning needs of

student nurses. Abduh (2021:3) alluded that assessment is the ‘heart’ of teaching development. Online assessment shapes students’ understanding of their own ability to progress. The author further explained that online assessment is challenging and requires a legitimate and trustworthy framework. Moreover, assessments were intended to measure whether learning outcomes were met by students. To achieve this goal, nurse lecturers need to be conversant in online presentations to achieve theory and clinical outcomes. Providing students with a platform that encourages the transition from classroom and clinical settings to online settings is crucial. Nurse lecturers must foster interpersonal relationships with students (Kalyani, Jamshidi, Molazem, Torabizadeh and Charif, 2019:7). Nurse lecturers’ ability to convey content to students in a manner that is understood and enhances professional growth is vital. Although the nurse lecturer “felt in control,” it is important that students be given adequate support as online assessments, and failure to adjust is more stressful for students.

However, according to Khan and Khan (2019:667), students voiced the need for a gradual transition process. Unfortunately, the abrupt shift online made it virtually impossible, as nurse lecturers also had to adjust rapidly. However, nurse lecturers must provide students with emotional, psychological and spiritual information (Mthimunye and Daniels, 2019:54). Nurse lecturers enjoy the flexibility offered by online facilitation. Online learning and assessment are the most radical aspects of online learning, freeing nursing students from time and space restrictions (Mtshali et al., 2022:89).

Nurse lecturers explained the importance of encouraging students. Videos play an integral part in online assessment. Although the nurse lecturers finished the content on time and the students were actively involved, further research is needed to establish whether deep learning on the part of the students took place.

Both nurse lectures and moderators were able to rewind videos if they had missed an aspect, which is something that cannot be done during traditional assessment. A concern was the competency of nurse lecturers in carrying out online assessments (Khan and Khan, 2019:669).

4.3.4.2 Innovation and creativity of lecturers

Students should be provided with clear and concise formulated outcomes. Students should be supported and guided during the successful integration of online assessments so that

sudden changes in the online assessment of the affective domain do not adversely affect their marks. The nurse lecturer adds value to the course content by holding students responsible for achieving learning objectives (Mtshali et al., 2022:89). Through interactive online facilitation, the nurse lecturer can judge whether students grasped the content.

The rapid exponential increase in online teaching and assessments may be at the expense of quality if suitable pedagogical methods are not implemented or monitored (Sithole, Mupinga, Kibirige and Manyanga, 2019:62). The authors further stated their concern that lectures had to move swiftly to online teaching and assessment, with little attention given to the quality of online teaching and assessment and what is required of online platforms. Despite the challenges associated with COVID-19, nurse lecturers were forced to think out of the box. Khan and Khan (2019:699) reported that nurse lecturers who lack the technological skills and confidence needed to conduct online assessments have a negative effect on students as well. Students were able to observe nurse lecturers who were computer incompetent, and they could pick up some lecturers who did not like online teaching and assessment. Nurse lecturers experienced the advantages and disadvantages of online teaching and assessment of the affective domain online. Saving travel time, saving paper and money and overcoming these disadvantages increase the likelihood of online fraud (Hassan, 2021:45). Nurse lecturers should formulate their questions in such a way that they are difficult to find in textbooks or online, e.g., through the application of various types of questions.

4.3.4.3 Improved competency in online assessment

The prerequisite for online assessment to be successful has been identified as institutional and nurse lecturer readiness (Rahim, 2020:60). Nurse lecturers' perceptions of methods used for online assessment create several challenges. Nurse lecturers need digital competencies to integrate technology into their teaching and learning (Jobst et al., 2022:1). Nurse educators play a crucial role in promoting the acquisition of digital competences and therefore need to be digitally competent themselves. Major challenges for online teaching and assessments include student academic deceitfulness, a lack of connection with nursing students, too many emails, and a lack of student self-discipline (Sithole et al., 2019:62). The nurse lecturer must therefore be able to assist students in transitioning from teaching theory and clinics in the classroom to the online platform.

Online assessment causes anxiety among students. Poor critical thinking skills, poor learning habits, unclear outcomes, sudden adaptation to a new learning platform and new teaching

and learning methods influence a student's performance (Khan and Khan, 2018:664). Students agreed that their resistance to online assessments was due to breaking old habits (Khan and Khan, 2018: 665), as they were accustomed to paper-based assessments.

Khan and Khan (2018:663) further reported that when students can relate to an activity for learning and are surrounded by a supportive learning environment, they gain the motivation that is essential to succeed. Remedial teaching became indispensable after online assessments. Remedial teaching can be based on nursing students' performance, whereby nurse lecturers and students discuss assessment outcomes and therefore understand and correctly interpret the results. (Ren, Xu, Lin, Zhang, and Yang, 2021:10). Remedial education improves the academic performance of underperforming nursing students (Sharma, 2023:143).

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4.3.4.4 Students' adaptation and creativity

Khan and Khan (2018:662) suggested that when students can relate to an activity for learning and are surrounded by a supportive learning environment, they gain the motivation that is essential to succeed. Agu et al. (2021:154) reported that students did not have access to devices, internet access at home or storage to process data. The authors further suggested that the importance of institutions supporting students is needed to ensure that students cope with unprecedented challenges. Udeagha, van der Wath and Moagi (2021:33) reported that content overload is a great concern, resulting in inadequate time to master the content. Students' manners and flexibility toward a new technology and an assessment of their attitudes can be used to envisage the actual use of the technology (Buthelezi and Van Wyk, 2020:211). Although a nurse lecturer is able to evaluate whether a student is able to use technology or is comfortable with it, it fails to assess whether affective domain objectives are adequately achieved. Some students may have mobile phones, but the devices might have

capacity challenges in storing and downloading study content. The battery life of these devices can also cause limitations. Students who previously had access to lecturers, clinical settings and other students had to adapt to this change and attend classes from home (Agu et al., 2021: 154).

Students suddenly had to cope with the abrupt transition without allowing sufficient time to adjust to the new learning and assessment platform. The teaching and learning environment, as previously known to them, has suddenly changed. The sudden transition caused uncertainty and anxiety among the students. According to Khan and Khan (2018:661), although they were exposed to smartphones, some students were not computer literate. Computer literacy training does not form part of the approved nursing program. Timeous feedback to nursing students is a factor that hampers quick adaptation. The ability of feedback tools to add and boost conventional approaches needs to be explored in this digital era, where feedback can be made readily and easily available to nursing students' devices (Singaram, Bagwandeem, Abraham, Baboolal and Sofika, 2022:4). Timeous feedback increases acceptance of the transition towards online assessments alongside computer training for students. Individualized interaction with instructors is important to students; furthermore, the preferences and concerns emphasized by students should be addressed in a timely manner. Encouraging students' creativity, emotional intelligence, and independence may increase their level of engagement, resulting in greater student retention. Students should also be encouraged to form online groups. Collaborative study is a structured teaching method that allows nurse lecturers to prepare nursing students for close partnership with fellow students (Abramczyk and Jurkowski, 2020:1). Räisänen, Postareff and Lindblom-Ylänne (2020:3) reported that peer teaching and learning involve social engagement in which students work together.

4.3.4.5 Students' preparedness for clinical practice

Motsaanaka, Makhene and Ally (2020:1) mentioned that student nurses' training requires mandatory clinical placement, as it exposes them to learning opportunities to gain competency in clinical skills and competencies. Nursing students' competence depends on but is not limited to clinical bedside teaching and learning, self-self-reliant learning, didactic input, and timeous feedback about performance (Singaram et al., 2022: 1). They further stated that a clinical learning environment should be "rich" in learning opportunities that will enable progress from a student to a professional nurse. Acquiring these valuable skills prepares them to become safe and skilled qualified nurses. A conducive clinical environment and appropriate clinical

exposure develops high levels of cognitive thinking and reasoning skills, professional development and clinical preparedness.

Studies have shown that students are not prepared for online clinical practice because of the abrupt transition from the classroom to online platforms. Not all nursing education sections can be performed or assessed online (Oducado and Estoque, 2021:149). Nursing education consists of theory and practical content. Clinical content requires a skilled laboratory or bedside nursing. Clinical assessment and Objective Clinical Examination (OCSE) evaluate areas that cannot be assessed by traditional methods such as communication (Bdair, Abuzaineh and Burqan ,2019:272). Objective Clinical Examination (OCSE) takes place in a skills laboratory and in a clinical setting. Online instruction and evaluation of clinical skills can make students anxious. Nurse lecturers need to be reminded of the challenges that students face. Almost all the students used their devices on social platforms; however, their inability to type fast on a keyboard for educational purposes caused them to feel that they were at a disadvantage (Khan and Khan 2018:668). Students were unable to concentrate on content while typing. The competence of nurse lecturers in conducting online assessments is a concern. According to Khan and Khan (2018:672) student marks were dropped because of the transition from traditional assessment to online assessment. Students' attitudes towards online learning and assessment determine their perceptions of online learning (Hassan 2021:41).

Despite these challenges, clinical placement is a difficult aspect of training (Ulenaers et al., 2021:1). The lack of clinical practice under supervision has raised concerns, as previously mentioned, that not all skills can be taught and assessed online. However, the dire situation forced nurse lecturers and students to utilize what was available to them.

4.3.4.6 Students' progress and standards obtained

Students need to be encouraged to participate in online activities. Anaita et al. (2020: 538) reported that education can have a major impact on students, insights or changing behaviour. Although COVID-19 has affected students' academic performance online, nurse lecturers have managed to assess and assess the outcomes. However, some studies have shown that students' academic performance is better and that stress levels are lower during online teaching and assessments. Although nurse lecturers are able to meet these outcomes, if scenarios are not well constructed, including those in the affective domain, only knowledge

and skills are tested. A student nurse with high expectations for themselves who displays insight, high logical and analytical thinking, sets clear achievable outcomes, is likely to progress academically.

Even if it was an advantage to continue online, one must ask if the assessment served the intended purpose. The online academic performance of student nurses decreased during *the COVID-19 pandemic* (Oducado and Estoque, 2021:149). Student nurses took the initiative to foster their online learning experience (Rad, Baqain and AlHalabi, 2021:13). Although students actively participate, assessing the affective domain online is subjective in nature. By mere participation, where are they able to assess the affective domain objectively? How well did the nurse lecturer self-reflect if the affective domain assessment might have been subjective? If the affective domain reflects the manner in which a person, in this case a student nurse, copes with circumstances, as well as an attitude, according to Nelson, Pender, Myers, and Sheperis (2020:5), the affective learning domain describes students' emotional processes of learning, reflecting feelings, values, attitudes, interests, and behaviours. Although some nurse lecturers alluded that online was not the first choice and that the results were subjective, the researcher noted that the affective domain was not assessed effectively because of the subjective nature of the assessment. According to Oducado and Estoque (2021:143), during the global COVID-19 outbreak, traditional in-person instruction quickly led to online learning. This new online platform's effectiveness needs to be evaluated. According to the authors, students found online learning to be extremely stressful during the COVID-19 pandemic. Khan and Khan (2018:663) alluded that students must be encouraged to participate in online activities. However, students are not happy with online learning (Oducado and Estoque, 2021:143). This will result in gaps in the affective domain development.

Students not only do not have control over online teaching and assessment but also face technical issues and internet connections, and load shedding affects the reliability and validity of assessments and impedes standards (Abduh, 2021:16). Regardless of challenges, students must complete the clinical and theoretical components of the program to achieve exit-level outcomes, leading to a qualification (SANC, 2020).

4.3.4.7 Exploring alternative affective domain assessment methods

Nurse lecturers face the challenge of developing adequate assessment methods to assess student learning and assessment online (Holden et al., 2021:1).

As previously discussed in this chapter, assessing the affective domain is often sideline (Holden et al., 2021: 2), echoing the intricacies in assessing the affective domain as ineffective curriculum design, poor evaluation methods, instructional methods, and the limited research on assessing the affective domain online. Compared with assessments available to assess knowledge and skills, assessment methodologies pertaining to the affective domain are indeed rare. Securing academic achievement not only in the cognitive and psychomotor domains but also in the affective domain is paramount. Instruments and online methods need to be developed. These outcomes are integral to the affective domain and encompass emotional aspects, attitudes, beliefs, and behavioural attitudes related to learning (Ku Kuo et al., 2024:3).

Nurse lecturers might master online teaching and assessment, resulting in a lack of recognition and nurturing in the affective domain. Lecturer subjectivity is highly desirable. Nurse lecturers must be self-aware not only to concentrate on the aesthetic beauty of videos submitted by students but also to pay greater attention if outcomes are met. The practical content that forms the core of nursing and nursing education, which is usually delivered by clinical exposure, was replaced by online content that seems to have added value but did not offer “an equivalent” to what nursing students had missed (Rad et al., 2021:12).

The development of students’ affective domain stretches far beyond the classroom. The workplace demands professional nurses who are emotionally intelligent and have good nurturing qualities, good communication skills and quick adaptation to ever-changing clinical work environments. It is critical to incorporate affective learning into teaching and learning, as it establishes the attitudes and beliefs that are needed for healthy behaviours (Song, 2023:4). Although assessments have shifted to competence-based outcomes, it remains a challenge to evaluate whether a student attains affective domain development.

4.4 SUMMARY

In the above Chapter, a discussion of the findings and literature control were given on the themes and subthemes exploring and describing the experiences of nurse lecturers in the online assessment of the affective domain during the COVID-19 pandemic in the city of Tshwane.

CHAPTER 5

ESSENCE OF THE FINDINGS, RECOMMENDATIONS, IMPLICATIONS, LIMITATIONS AND CONCLUSION

5.1 INTRODUCTION

In the four previous chapters, the experiences of undergraduate university participants in the online assessment of the affective domain during the COVID-19 pandemic in the city of Tshwane were explained. Chapter 1 provides an overview of what the study entails. Chapter 2 briefly describes the two other research approaches and discusses the qualitative research approach and selected descriptive phenomenology design that underpinned the study. Chapter 3 presented the research themes and subthemes. Chapter 4 discusses the study's findings and literature control. This chapter, chapter 5, summarizes the essence of the findings and discusses recommendations, implications, limitations and conclusions.

5.2 ESSENCE OF THE FINDINGS

The essence of this study was to explore and describe “the experiences of undergraduate nurse lecturers in the online assessment of the affective domain during the COVID-19 pandemic in the city of Tshwane”. The researcher aimed to deepen the understanding of the experiences of these 15 (Fifteen) nurses lecturers and how their perceptions shaped their ability to assess the affective domain online during the COVID-19 pandemic. Through this phenomenological study of 15 participants at a selected university in the city of Tshwane, the researcher attempted to answer the phenomenological question.

The participants described their experiences with the online assessment of the affective domain during the COVID-19 pandemic. The findings were transcribed verbatim, discussed and supplemented with findings from the literature. Four themes were identified in the study, namely, a sense of inefficiency as an educator, an untimely clinical and educational environment, a balance between the cognitive and the affective domains and a sense of fulfilment. The nurse lecturers experience were reflected in their application of the curriculum, methods they used to assess the affective domain online and their ability to use these different methods to achieve the set outcomes.

5.2.1 A sense of inefficiency as an educator

Most of the participants were exposed to blended teaching; theory took place in the classroom, whereas clinical teaching took place in a skills laboratory and next to a patient's bed. Both theory and clinical teaching occur in close proximity to students, colleagues and patients. Nursing students spend their theory time in class, whereas clinical training takes place in hospitals and other clinical facilities accredited by the SANC. The participants provided the nursing students with positive learning experiences, assisting them in the acquisition of cognitive, psychomotor, and affective skills. The acquisition of knowledge and skills is necessary for nursing students to function independently in providing care while studying and in the future once they are qualified nurses.

Despite nurse lecturers' inability to implement full-time online teaching and assessment during the COVID-19 lockdown, the abrupt switch was to avoid total curriculum disruption. The enormous shift in teaching required assessment methods that needed intensive knowledge and the use of technological tools and platforms, adaptation to full-time teaching and learning, and curriculum and teaching methods adjustment to meet learning outcomes of assessing the affective domain. For nursing education, shifting to online was even more questionable because organizing, studying and assessing practical modules online was more challenging. The participants had to continue assessing the affective domain online. Assessment of the affective domain during the COVID-19 pandemic has left nurse educators with a sense of inefficiency, as they have experienced challenges with meeting learning outcomes, constraints in assessing students' responses and attitudes, doubts about assessment reliability and a lack of competency with online teaching. The application of online teaching and assessment of the affective domain was done "loosely" with an emphasis on continuation rather than doing nothing. Nurse lecturers were also required to continue emphasizing the accountability of time spent at home versus the delivery of quality online teaching and assessment while at home.

The absence of contact with students and patients hampered the achievement of all the learning outcomes. They noted the difficulty of assessing the affective domain online and had to devise alternative methods to still meet the outcomes. Online assessment prevented nurse lectures from assessing students' responses and attitudes comprehensively. Some participants mentioned that some students switched off their cameras, making it difficult for them to assess their attitudes and emotions. Some had to rely on the student's voice tone or other verbal signals. Online assessment was not as effective as traditional personal contact assessments, resulting in doubts about the reliability of the assessments. Moreover, the students scored very high marks. This leads to the question of online cheating, although it was not explored in the study. However, online assessment was the only method available to

participants to explore and was a better alternative than not conducting assessments at all. The lack of computer literacy and online teaching caused many challenges and frustrations for participants, as expressed in their interviews. Some nurse lectures used online platforms for the first time and needed to be upskilled while online teaching continued. They had to settle to be taught over the phone by colleagues and their “IT or Click-up” department.

5.2.2 Untimely clinical and educational environments

The untimely clinical and educational environment in the study referred to the sudden transition from classroom teaching and assessment to online teaching and the impact on both participants and students. The students did not form part of the study; however, the participants mentioned the impact on them during the interviews. To accommodate online platforms, participants swiftly modified their teaching and evaluation strategies while continuing to work towards achieving the learning objectives outlined in the curriculum and standards.

During online interaction and presentations, some found it difficult and had to rely on students’ verbal response to assess whether students conducted themselves well. Others listened to the inclination in their voices to evaluate if students are calm, answering with respect and dignity. Some participants had to rephrase the questions to evaluate whether the students’ responses were consistent. Rephrasing questions and receiving the same response from students indicated to participants that a student was truthful. The participant who found it “easy” provided content to students in their third year prior to lockdown. During the fourth year of training, which was during the COVID lockdown, students presented their projects during a seminar that was arranged by their lecturer. The students had ample time to prepare, and the method of presenting their “project” (seminar) was suitable for online assessment. Scenarios and case studies were assimilated, and real-life videos, adapted rubrics and instruments and reflective reports were altered by participants to suit online teaching and assessments.

Loadshedding and connectivity issues interfered with online teaching and assessment. Loadshedding during assessment is stressful for both students and lecturers. Students from rural areas had difficulty recording online classes. The participants were unable to evaluate whether the students genuinely had connectivity issues or whether they did, they lacked themselves. The participants reported that it was time consuming to listen to all the students’ individual video recordings, make narrative recordings, search for appropriate videos, conduct assessments online and attend online briefing sessions between classes. The participants raised concerns about the lack of student commitment and engagement. Some lecturers have raised concerns about poor online participation. Students were also not adequately prepared

to address the sudden shift from contact classes to online classes. The participants were unable to conclude that if students were actively listening to the sessions or did, they just switched their devices on. The question is, did deep learning take place, or did some students only switch on their devices to be counted as “present”. To adapt quickly to the environment, nurse lecturers had to adjust their teaching strategies, presentations, case studies, scenarios, rubrics, reflective reports, visual teaching and assessment, which were time-consuming. Preparation for online teaching and assessment was time-consuming, and connectivity issues and load shedding exacerbated the shift to online teaching and assessment.

Although nurse lecturers have adjusted, despite the challenges they face, the success of their efforts to meet curriculum outcomes in assessing the affective domain online needs to be explored further.

5.2.3 Balance between the cognitive and affective domains

The participants had to find the balance between the cognitive and affective domain assessments challenging. Assessing the affective domain poses a challenge, as it is influenced by nurse lecturers’ subjectivity. Participants’ views and conduct are formed by their own sociocultural exposure, pre-existing knowledge, emotional beliefs, values and attitudes. All these aspects, together with a participant’s view of their own social norms, make it difficult to assess students’ affective domain development objectively. A student nurse needs a balance between theoretical knowledge and practical skills. A caring and respectful attitude in a clinical environment is needed to achieve the necessary outcomes and ensure that nurses become safe. In addition to attributes such as caring, respect, empathy and interest, the affective domain fundamentally includes learners’ emotional experiences, encompassing their beliefs, views and sentiments. All these aspects require close observation during assessment from a lecturer. If relying on verbal cues and the tone of the voice are part of the assessment, it is too subjective and can have an impact on the number of marks awarded to them. Although assessing the affective domain was compromised, participants had to use what was available to them. Assessing the affective domain was not as meticulously examined as skills and knowledge aspects were. In the absence of criteria, guidelines and frames to assess the affective domain, participants found it challenging to assess the affective domain online.

It is crucial to teach and assess the affective domain in nursing education, which focuses on attitudes, emotions, and values, as it significantly impacts student learning outcomes. A caring and respectful attitude are vital attributes when caring for patients and should therefore be developed and assessed. The affective domain forms the basis for a nurse. The students’

communication and relationship skills were compromised when they were assessed online, as the students did not have access to real patients. This study highlights this gap.

5.2.4 A sense of fulfilment

Both nurse lecturers and students are strongly influenced by sociocultural exposure, pre-existing knowledge, emotional beliefs, values and attitudes. Personal and professional maturity play a significant role in a student's and nurse's interpersonal relationships with others. How they act and what they hope to achieve gives them a sense of fulfilment.

Although students could perform the skills on self-recorded videos and videos looked professionally, it did not indicate that students mastered affective domain development fully. Assessment is the core to establish if a student nurse did obtain the set outcomes. The participants had to be creative, innovative and innovative so that they could assess what was set out to be assessed. They had to master computer skills and quickly acclimatize to online teaching and assessment. Students who were previously exposed to lecturers, patients and fellow students had to adjust quickly to the online platforms. Instead of observing real patients and practicing under the supervision of lecturers, students relied only on an online platform. Despite some students and lecturers being techno-savvy, applying those skills in a formal academic online platform caused anxiety. If both students and nurse lecturers are surrounded by a supportive learning and teaching environment, they gain motivation to succeed.

5.3 RECOMMENDATIONS

To be effective, nurse lecturers need computer training. Adequate continuous professional development, training and support for nurse lectures, such as those related to COVID-19, highlighted the need not only to teach and assess online but also to prepare for future events and to stay abreast of technological changes in the health education environment locally and globally. Institutions must invest in and support nurse lecturers to keep pace with the constantly changing landscape. The development and fostering of creativity among both participants and students will promote professional growth and job satisfaction. Continuous training and development will equip participants with the right tools and motivate them to be creative when delivering online teaching and assessment. NEIs need to provide psychological and academic support to both nurse lecturers and students during disasters.

To review, design and implement digital technology in educational policies, curriculum design, teaching guidelines, modify digital resources for teaching and online assessment, and develop

frameworks that are more inclusive of assessing the affective domain online. Designing clear definitions of learning outcomes and incorporating well-crafted scenarios, role-play, reflective reports, journals, real-life videos, and adapting rubrics and assessment instruments should be a starting point. Formulating guidelines and policies that give guidance to nurse lecturers on assessing the affective domain online. Nurse lecturers' participation and consultation when drastic changes in the teaching and learning environment are needed. Participants should provide input in curriculum reviews, policymaking, teaching and learning guidelines to ensure alignment with assessments of the affective domain online.

Regulatory bodies such as the SANC, Council for Higher Education, Department of Higher Education, and South African Qualification Authority need to align their policies and guidelines to cater to dual teaching and assessments of the affective domain. This alignment will enable universities offering nursing programs to adjust their curriculum, policies, and assessment pathways accordingly.

Further research into the online assessment of the affective domain is recommended.

5.4 IMPLICATIONS

This study might contribute to the following areas of knowledge:

5.4.1 South African Nursing Council (SANC) [Regulatory body]

The results of this study may help SANC adopt new strategies to maintain the standards of nursing and midwifery practices in South Africa. It will allow an opportunity to review and include the research findings in adopting policy and scope of practice and guide NEIs to include online assessment in their curricula.

5.4.2 Department of Health [Health and Social Care Services]

The study findings will support the transition of nursing training into their roles in the 4th Industrial Revolution to improve patient care and public health and wellness interventions, efficient skills, and patterns of care.

5.4.3 Department of Higher Education and Training

These findings suggest that the outcome may contribute to the development of skilled, cultured and trained citizens who are able to participate in a workable and diverse economy that meets the growing needs of the country.

5.4.4 Nurse lecturers and nursing students [Nursing Education]

This research will help improve aspects of online assessment of the affective domain. Transitioning to online assessments includes reducing paper usage and decreasing the number of storage rooms. Online assessments provide flexibility in terms of timings and locations of assessment and timeous feedback to students.

The findings of this study may contribute to other studies related to the fourth industrial revolution, which will use the results to increase the knowledge needed to change the nursing education landscape in line with global trends.

5.4.5 Research

This study may contribute to the existing body of evidence on the experiences of undergraduate lecturers in assessing the affective domain of nursing students online. This may assist in the development of further online assessment models that can be incorporated into university curricula. The blooming taxonomy enables nurse lecturers to assess their cognitive, psychomotor and affective assessments both traditionally and online to extend the affective domain. However, a need for greater investigation of the Bloom taxonomy has emerged to address new online assessment developments and objectives of the affective domain in alignment with technology integration for lecturers and students.

5.5 LIMITATIONS

The study's findings were derived from fifteen participants. The participants were all female candidates.

5.6 FINAL CONCLUSION

The purpose of this study was to explore and describe the experiences of nurse lecturers in the online assessment of the affective domain during the COVID-19 pandemic in the city of Tshwane.

The research was qualitative in nature, and the data were gathered and analysed via phenomenological methods. The researcher can conclude that the study's objectives were met. The researcher made recommendations on the basis of the findings of the study.

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ANNEXURE A

DECLARATION



ANNEXURE A: DECLARATION

Student number: 26499488

I declare that the dissertation **experiences of undergraduate university nurses. The use of online assessments in the affective domain during the COVID-19 pandemic in the city of Tshwane** is original work and has not been submitted for any degree or examination at any other institution. All sources have been acknowledged by means of complete references in the text and the reference list.

DAUREEN MOEPI

DATE

ANNEXURE B

UP LETTER OF APPROVAL FROM ETHICS COMMITTEE



ANNEXURE B: UP LETTER OF APPROVAL FROM ETHICS COMMITTEE



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

Deputy Dean: Teaching and Learning

03 April 2023

The Chair
Research Ethics Committee
Faculty of Health Sciences
University of Pretoria

Ethical approval for participation in research project

Project entitled:

Experiences of undergraduate university nurse lecturers on the online assessment of the affective domain during COVID19 pandemic in City of Tshwane

For:

Ms Daureen Moepi (u26499488)

I have no objection to the researcher requesting undergraduate nurse lecturers to participate in the study at the Department of Nursing Science at the Faculty of Health Sciences, University of Pretoria.

Kind regards



Prof V Steenkamp
Deputy Dean: Teaching and Learning

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Fakulteit Gesondheidswetenskappe
Lefapha la Disaense tsa Maphelo

Daureen Moepi

ANNEXURE C

LETTER FROM INDEPENDENT CODER



ANNEXURE C: LETTER FROM INDEPENDENT CODER

Dr Annatjie van der Wath (M Cur, PhD) annavdw@mweb.co.za

CODING CERTIFICATE
Qualitative Data Analysis

This serves to confirm that Annatjie van der Wath has co-coded the following qualitative data: 15 individual interview transcripts for the study titled:

**EXPERIENCES OF UNDERGRADUATE UNIVERSITY NURSE
LECTURERS ON THE ONLINE ASSESSMENT OF THE AFFECTIVE DOMAIN
DURING COVID19 PANDEMIC IN CITY OF TSHWANE**

I declare that the candidate, D Moepi, and I have reached consensus on the major themes and categories as reflected in the findings during a consensus discussion.



Annatjie van der Wath (M Cur, Ph D) annavdw@mweb.co.za

ANNEXURE D

DATA COLLECTION INSTRUMENT(S): INTERVIEW GUIDE



ANNEXURE D: DATA COLLECTION INSTRUMENT(S): INTERVIEW GUIDE

ANNEXURE A

INTERVIEW GUIDE

- Introduction of researcher to participant.
- Purpose of the study is to explore the experiences of undergraduate nurse lecturers on assessing affective domain online during COVID19 pandemic at universities in City of Tshwane.
- Establish consent from participant to conduct interview and all ethical considerations will be outlined.

SECTION A: DEMOGRAPHIC PROFILE

Participant's name and surname

1. Age:

24-34 years

35-45 years

46-56 years

57-67 years

Older than 67 years

2. Gender

Male

Female

Other

3. Post graduate qualifications

Nursing Education

Nursing Management

Nursing Clinical. Specify

4. Number of years in nursing education?

SECTION B: PERSONAL EXPERIENCE OF NURSE LECTURERS ON ASSESSING AFFECTIVE DOMAIN ONLINE DURING COVID19 PANDEMIC

- a. What was your experience in assessing affective domain online during the COVID19 pandemic?

FOLLOW-UP QUESTIONS

- a. How did you assess the affective domain online during the COVID19 pandemic?
- b. What was your experience in meeting the required outcome for assessing the affective domain online?
- c. What personal challenges did you experience when assessing affective domain online during the COVID19 pandemic?
- d. What criteria did you use to measure if the outcome to assess the affective domain was achieved?
- e. What were the advantages of assessing affective domain online during the COVID19 pandemic?
- f. What were the disadvantages for you in assessing affective domain online during the COVID19 pandemic?
- g. Is there is anything you would like to add regarding your personal experience in assessing affective domain online during the COVID19 pandemic?

ANNEXURE E

INFORMED CONSENT FORM



ANNEXURE E: INFORMED CONSENT FORM

PARTICIPANT INFORMATION & INFORMED CONSENT DOCUMENT FOR AN INDIVIDUAL INTERVIEW RESEARCH STUDY

Study title: EXPERIENCE OF UNDERGRADUATE UNIVERSITY NURSE LECTURERS ON THE ONLINE ASSESSMENT OF THE AFFECTIVE DOMAIN DURING COVID-19 PANDEMIC IN CITY OF THE TSHWANE.

Principal Investigator: Ms. D Moepi

Supervisor: Prof. Mooa

Co-Supervisor: Ms. C Mashao

Institution: University of Pretoria

DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):

Daytime number/s: 084 5001241

After hour number: 084 5001241

DATE AND TIME OF FIRST-INFORMED CONSENT DISCUSSION:

Date: _____

Month Year: _____ Time: _____

Dear Prospective Participant

Dear Mr./Mrs. _____

1) INTRODUCTION

You are invited to volunteer for a research study. I am doing this research for master's degree purposes at the University of Pretoria. This document provides information about the study to help you decide if you would like to participate. Before you agree to take part in this study, you should fully understand what is involved. If you have any questions, which are not fully explained in this document, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about what we will be discussing during the interview.

2) NATURE AND PURPOSE OF THIS STUDY

The purpose of this study was to explore the experiences of undergraduate nurse lecturers in assessing the affective domain online during the COVID-19 pandemic at universities in Gauteng Province.

Daureen Moepi

The affective domain includes the way in which we deal with things expressively, such as emotional state, morals, values, gratitude, interests, inspirations, moods and attitudes of the undergraduate nursing students. The researchers will interview you in person. You will not be restricted to the place or a way hence you are open to suggest a place or means that is private and easy for you to reach.

3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPECTED FROM THE PARTICIPANTS

If you agree to participate, you will be asked to participate in an individual interview that will approximately 45–60 minutes are needed. The individual interview will be a one-on-one meeting between you and a researcher. I will ask you several questions about the research topic. This study involves some sensitive questions have been answered. With your permission, the interviews will be recorded on a recording audio tape to ensure that no information is missed.

4) RISKS AND DISCOMFORTS INVOLVED?

We do not believe that taking part in the study will cause any physical or emotional discomfort or risk. During the interview, some questions may have been sensitive. There are also some questions about things that have happened to you in the past, and this may bring back sad or fearful memories. If questions feel too personal or make you uncomfortable, you do not have to answer them. If you need psychological support or counselling during or after the interview, I will be able to refer you to the relevant sources.

5) POSSIBLE BENEFITS OF THE STUDY

You will not benefit directly by being part of this study. However, your participation is important for us to explore the experiences of undergraduate nurse lecturers in assessing affective domains online during the COVID-19 pandemic at universities in Tshwane. The information you give may help researchers improve and suggest recommendations.

6) COMPENSATION

You will not be paid to take part in the study. There are no costs involved for you to be part of the study, however, you will be reimbursed for the cost incurred on transport to the interview.

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7) VOLUNTARY PARTICIPATION

The decision to take part in the study is yours and yours alone. You do not have to take part if you do not want to. You can also stop at any time during the interview without giving a reason. If you refuse to take part in the study, this will not affect you in any way.

8) ETHICAL APPROVAL

This study was submitted to the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, Medical Campus, Tswelopele Building, Level 4--59, telephone numbers 012 356 3084/012 356 3085, and written approval was given by that committee. The study will follow the Declaration of Helsinki (last update: October 2013), which guides doctors on how to do research in people? The researcher can give you a copy of the Declaration if you wish to read it.

9) INFORMATION ON THE WHO TO CONTACT

If you have any questions about this study, you should contact Ms. D Moepi at 084 5001241.

10) CONFIDENTIALITY

We will not record your name anywhere, and no one will be able to connect you to the answers you give. Your answers will be linked to a fictitious code number or a pseudonym (another name), and we will refer to you in this way in the data, publication, reporting or other research output. All records from this study will be regarded as confidential. The results will be published in medical journals or presented at conferences in such a way that it is not possible for people to know that you were part of the study. However, the records from your participation may be reviewed by people responsible for making sure that research is done properly, including members of the Research Ethics Committee. All of these people are required to keep your identity confidential. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records. All hard copy information will be kept safe in the facility's research cupboard room at the University of Pretoria, for a minimum of 15 years, and only the research team will have access to this information.

11) CONSENT TO PARTICIPATE IN THIS STUDY

I confirm that the person requesting my consent to take part in this study has told me about the nature and process, any risks or discomfort, and the benefits of the study. I also have received, read and understood the above written information about the study. I had adequate time to ask questions, and I have no objections to participate in this study. I am aware that the information obtained in the study, including personal details, will be anonymously processed

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and presented in the reporting of results. I understand that I will not be penalized in any way. should I wish to stop taking part in the study, and my withdrawal will not affect my treatment and care. I understand that the audio tape will be used to record the interview. I am participating willingly.

I have received a signed copy of this informed consent agreement.

Participant names:

Participant Signature: **Date:**

Researcher's name:

Researcher's signature: **Date:**

Witness Name:

Witness Signature: **Date:**

ANNEXURE F

SAMPLE OF INTERVIEW AND NOTES



ANNEXURE F: SAMPLE OF INTERVIEW AND NOTES

INTERVIEW WITH PARTICIPANT: Participant 2, Age 35—45

Interviewer: Under which age group do you fall?

Participant 2 Age 35--45: 35—45

Interviewer: And its female, and tell me about you're uh postgraduate qualifications?

Participant 2 Age 35--45: Therefore, I have Nursing Education and Management and then I have Advance Midwifery and Neonatal Nursing specialization with ...uh with masters.

Interviewer: Uh and your number of years in nursing education?

Participant 2 Age 35--45: Uh nursing education now 2 years here and then I was previously involved in for 5 years with medical student facilitation for obstetrics block.

Interviewer: Ok, Uh and then tell me it is easy to assess knowledge of a student and skills, but then what was your experience in assessing effective domain online during the COVID-19 pandemic?

Participant 2 Age 35-45t: Uh I think it was very challenging because I joined the University while you know when I was employed here by nursing during the COVID pandemic, so it was quite a while before I actually got to see the students in person for the first time (pause). So yea know I mean you're only during lectures that you start noticing who asks more questions who have a bit more of a caring nature but you do not truly have any sense of which students you know how they would treat patients in person uhm I think the one thing that it was quite nice was when you let the students make videos of themselves doing a postnatal examination and then give patient education in the clinical setting uhm and that there you could at least get a bit of a sense of the students you know how they speak to the patient and things like that.

Interviewer: And then how did you assess the affected domain during uh COVID-19?

Participant 2 Age 35--45: Ahm (pause) yea I think...

Interviewer: You mention those things.

Participant 2, Age 35--45, said, "Mmm, yes, they were just supposed to go through the procedure, so in the skills lab, it was only a d...uh mannequin, but I mean, you can still by the

way someone speaks even to a mannequin you can start noticing a trend but then they had to... the health education part patient's face was not visible but the way they spoke there you could actually see the little bit of the effective domain but it is still sort of staged. Therefore, you cannot truly assess it freely.

Interviewer: K. In addition, then what was your experience in terms of meeting the required outcome for assessing the effective domain?

Participant 2, Age 35--45: Mm I think it is only recently that we truly started adding the effective domain I think even after the COVID-19 pandemic, we started truly no one knows noticing that it is something we had to sort of add or start assessing, so I think we did not truly know you know focus enough on that during the COVID-19 time.

Interviewer: And then your personal challenges that you experienced when assessing the affective domain online during the COVID-19 pandemic?

Participant 2, Age 35--45, said they were probably not enough criteria to assess it especially online because we had to scramble when we went online that we probably did not focus on that enough, I think we focused on what we had to do and what we could do with what we had but I do not think we truly went further. I think in other modules that I was involved in, like the integrated health leadership, I think things like the reflective report, it was always there and that is where you could get a bit of a sense of does the student actually care for the community members, but in most of our practical nursing modules, I do not think we truly had that aspect you know in our criteria for online assessment.

Interviewer: And then your criteria, what did you use to measure the outcome in regard to assessing the affective domain and if it was achieved.

Participant 2, Age 35--45: umm I like said umm I think umm I mean maybe there's one little aspect in the Midwifery rubric, but I like I said with the health leadership which is for students from all house agge school of healthcare science modules. I think we use the that reflective report where the have to reflect on what they observed how did I experience it, what did they experience in the communities and I think that is that is that is that is uh small part but at least it gives you some sense of the of the student you know if that is the care for the community of which or if it is just about doing what they have to do and finishing it if that makes sense I do not know if I'm answering your question.

Interviewer: What were the advantages of assessing the affected domain online during the COVID-19 pandemic?

Participant 2 Age 35-45: I think the advantage is that you do not immediately I mean I guess it's the same in the skills lab but you do not immediately go to a patient like we did a year after that you go to a patient and the student assesses the patient and you there in person whereas if it is online maybe it is a little bit of a practice station in you can maybe give a student a bit of feedback saying You know maybe you could ask this question in a more sensitive way or you know you what know I mean so that you can actually assess how they ask questions how they you know how they they ag they interview and educate the a patient and then say well maybe look at doing it this or that way before you actually go to a real person so maybe it is something that is we did not use to I mean when we're and I was a student we never had online assessments you always had a mannequin in an in a skills lab and uh now maybe with a student you know giving doing a video you can rewatch and you can say maybe this is what you see a trend with the students and you say maybe maybe it is something that they can do a little bit better in terms of how they ask a question to a patient or so their body language towards a patient uhm I think that is actually an advantage that I did not think of before now, that you can maybe address with the group if you notice there's a bit of a trend for asking maybe a scen sensitive question not not in a very uh you know tactful way or something like that. Therefore, I think that is maybe an advantage.

Interviewer: Ok and then what were the disadvantages for you in assessing the affective domain online?

Participant 2, Age 35--45: I think it is but unnatural because you know you're not you're not truly there with the patient I think that you can rehearse a little bit when you're online a or you can yea you like I said the videos they did cannot be very rehearsed; I can almost do a script, but you can only truly see how a person comes across or how caring a person is until they are with the actual patient. They cannot truly rehearse that.

Interviewer: And then anything that you would like to add regarding your personal experience in assessing the affective domain during the COVID-19 pandemic?

Participant 2, Age 35--45, said that I did not think there was anything that I did not mention anything, as I said it was an interesting experience because I did not truly other than just accompanying students involved in the past have a lot of experience with how it was done before COVID, so I do not have much to compare it with only afterwards, and I actually think

some things during the COVID-19 pandemic and what we had to adjust to make us think a bit and possibly change some things for the better afterwards. Uhm, you know, like I said, “Mayly, you watch videos over and over, and you think oh, ok well, I'm noticing now a trend of this and then maybe teaching the students after that, so yea, I think maybe there is not only negative that comes from it, and uh, as I said not going to an actual person immediately uh, maybe having a bit more practice because when I was a student you learned it in the skills lab and there you go into practice, there's not that uh you know that little bit of in-between being actually assessed even if it is online before you actually go to the person and perhaps that is not a bad thing to More videos of how students are doing things or actually being able to critique themselves afterwards because the student made a video they can actually watch themselves and see oh well I could have done that better maybe which we do not truly have in a clinical setting you cannot you have your perception of what happened but now you actually have that evidence and for the student say oh but you see here you made a mistake or here you could have done it a little bit better I think maybe yea that is something positive from it.

Interviewer: Ma'am thank you very much. Is there anything you would like to ask me?

Participant 2 Age 35--45: Uh, no it would be interesting to see your results and when it comes out, I'm looking forward to that, but I do not think there's anything specific.

Interviewer: thank you so much it is almost uh ten past ten, and that is the end of our interview. Thank you so much.

Participant 2 Age 35--45: It's a pleasure

REFLECTIVE NOTES

Date: 22 May 2023

First entry:

Permission was obtained from the UP Research Ethics Committee.

Permission from Prof V Steenkamp, Deputy Dean: Teaching and Learning Approval received 3 April 2023.

Purpose of reflection notes (journal)

In phenomenological research, a journal or notebook is used to ensure that bracketing is applied to exclude bias. Own perspective regarding

The inclusion criterion for participants was as follows:

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- They had been undergraduate nurse lecturers at the specified university since at least 2019.
- They were involved in assessing the clinical component of the nursing degree online in 2020 and 2021.

Exclusion criteria:

- Undergraduate nurse lecturers at the specified university started teaching after 2021.
- Undergraduate nurse lecturers who had never been involved in assessing the affective domain online during the COVID-19 pandemic.

Objectives of the study

- The experiences of undergraduate university nurse lecturers in the online assessment of the affective domain during the COVID-19 pandemic in the city of Tshwane were explored.
- Describe the experiences of undergraduate university nurse lecturers in the online assessment of the affective domain during the COVID-19 pandemic in the city of Tshwane.

The following questions are asked: *What are the experiences of undergraduate university nurse lecturers in the online assessment of the affective domain during the COVID-19 pandemic in the city of Tshwane?*

If there is a nurse lecturer who does not understand the question, a brief explanation is given. Probing questions will be asked, and open questions will be used to encourage participants to fully describe their experiences in assessing the affective domain online.

The researcher's personal experience is that assessment is performed from a knowledge and skill perspective only. Little attention has been given to very clear affective domain questions. It is my responsibility as a nurse lecturer to ensure that assessment consists of cognitive, psychomotor and affective assessment. Greater attention must be given to the affective domain, as we deal with humanitarian studies. Emphasis must be given to the comprehensive assessment of patient care. Reinforcement must start in class during the professional development of student nurses. Importantly, nurse lecturers cannot teach caring if they do not reflect a caring attitude. Students emulate what they see.

ANNEXURE G

LETTER OF EDITING



ANNEXURE G: LETTER OF EDITING



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LETTER FOR EDITING OF THE DISSERTATION OF DAUREEN MOEPI

*Experiences of undergraduate university nurse
Lecturers on the online assessment of the affective domain online during COVID-19 pandemic in
City of Tshwane*

Submitted in fulfilment of the requirements of degree
Masters in Nursing Education
in the
Department of Nursing Science, Faculty of Health Sciences, School of Health Care Sciences
University of Pretoria

30 December 2024

To whom it may concern

I have edited the dissertation of Daureen Moepi for her Masters in Nursing Education and I have sent her and her Supervisors my comments/suggestions.

Declaration of professional editing: This document certifies that the thesis listed above was edited by an Editor of B Square Synergy Consultants in accordance with the instruction of the Author.

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Kind regards

Dr. Liesl Brown, PhD

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