

AN EXPLORATION OF NURSE EDUCATORS'
EXPERIENCES OF ASSESSMENT IN A MULTI-CAMPUS
NURSING COLLEGE IN THE EASTERN CAPE PROVINCE

BY

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DECLARATION

I, **Sindiswa Hammond** declare that, the research reported in this dissertation, except where otherwise indicated is my own original work. This dissertation has not been submitted for any other degree or examination at any university. This dissertation does not contain other person's data, writing, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.

Signed:

Date:

DEDICATION

I dedicate this study to my late parents who died in 1992 and 2011 who always believed in me. I would also like to express my gratitude to my loving husband **Kwame Nii**, my siblings, all my children and grandchildren for all their support, patience, love and understanding. I love you all.

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ABSTRACT

Assessment is central to teaching and learning and yet it remains a challenge in most academic institutions. Both teachers and students experience assessment differently because of the different factors affecting them. In this study, internal institutional systems- centralization system of summative assessments, multiple learning sites within a single nursing college, individual assessor and student characteristics were investigated. The study used a qualitative exploratory research design using eight focus group interviews of fifty two nurse educators (n=52) to explore and describe their experiences of a centralised summative assessment in a multi campus nursing college.

The study exposed major constraints within the nursing education system, the assessors' and the students' personalities challenges of the centralised multi-campus summative assessment process, ranging from questioning, invigilation, marking and scoring to cribbing and low nurse educator morality. Specifically low quality assessment questioning, large numbers of students, unreliable marking including biased marking, lack of proper supervision and support by academic managers resulting in burn out by nurse educators were observed.

Recommendations of this study focussed on boosting nurse educators' morale through motivational, support, professional development programmes improving resource availability at campuses and accountability of nurse educators as assessors and as specialists.

ABBREVIATIONS

AQIP- Academic Quality Improvement Programme

GSCE- General Certificate of Secondary Education

OSCE- Objective Structured Clinical Evaluation

QAA- Quality Assessment Authority

QSEN- Quality and Safety Education for Nurses

SAQA-South African Qualification Authority

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CHAPTER ONE

OVERVIEW OF THE STUDY

1.1. INTRODUCTION AND BACKGROUND

The importance of assessment in teaching and learning, has triggered a worldwide debate (Wohlstetter, Datnow & Park 2008; Volante & Cherubini 2010; Biggs & Tang 2011) for the past fifteen years. Some of the most authoritative works on this theme were published by Paul Black and his colleagues (Black 2008a, 2008b, 2009a, 2009b, 2009c, 2010; Black, Gardner & William 2008; Black & Harrison 2010; Black & McCormick 2010; Black & William 2010). While this research has taken place elsewhere, no such research has been conducted in the multi campus nursing college of the Eastern Cape.

Experiences of nursing students as receivers of assessment has been explored in relation to those of nurse educators as assessors, but little attention has been given to the factors that affect summative assessment practices and the nature of processes related to assessment (MacLellan & Soden 2008). Oermann and Gaberson (2013:24) point out that assessment is “a process of collecting information to make decisions about learners, programmes and educational policies to determine relevant instructional strategies and assist students to meet their learning needs or improve performance”. The multifaceted nature of assessment is created by the following attributes: (1) it forms the basis for grading, passing or failing students; (2) determines licensing of students to proceed to next level or practice; (3) enables students to obtain feedback on the quality of their learning; (4) enables teachers to evaluate the effectiveness of their teaching and (5) and finally, assists academics to maintain academic standards and determine award elements (Carvalho 2013:491).

Assessment may be done during (formative assessment) or at the end of an instructional programme (summative assessment). Walker (2009:64) describes “formative assessment” as an on-going developmental process that focuses on understanding and improving student learning. Formative assessment is used by teachers to adjust on-going instructional strategies and procedures or by students to adjust current learning tactics. Formative assessment is therefore an instructional tool devoted to benefit both teachers and students.

Summative assessment is driven by educational attachment of value operating in the form of marks or grades that determine progress to the next level of study or qualification. In such a measurement model student’s performance is placed on a measurement scale to determine the degree of attainment of what has been taught. While formative assessment results prepare the student for lifelong learning, academics use summative assessment results to determine students’ readiness to proceed to the next level of study or judge fitness to practise (Oermann & Gaberson 2013:26). Such a model seems to be similar to the current operating system researched in this study.

Summative assessments are supposed to be highly reliable, yet it is difficult to treat them as infallible (Looney 2011; Wiliam 2014.). The common challenges facing assessment, identified in the United States of America, were either related to assessment process, technique or assessor (Bennett 2011). Reliability of instruments, assessors’ judgement, knowledge, and biasness often lead to unfair discrimination of certain students. Consequently the majority of nursing education institutions are increasingly adopting computerized assessment programmes that often include entrance and exit assessments, which are more valid and reliable, and often used for accreditation of nursing schools (Morrison, Adamson, Nibert & Hsia 2004; Adamson & Britt 2009). This study hopes to identify challenges related to the current system of summative assessment as well as possible solutions to such challenges.

Both assessment for learning (formative) and assessment of learning (summative) have been explored for the benefit of both students and teachers (Nicol & Macfarlane-Dick 2006, 2009). The study by Harlen (2005:5) discusses the negative and the positive reciprocal relationship that characterises both formative and summative assessment. In the past years, assessment data has been used not only to motivate students and direct teaching and learning but also by policymakers to draw up institutional assessment policies and practices (Swaffield 2011:12). Assessment has then evolved, and moved away from assisting students to understand the subject matter and to think critically to providing information about the quality of teaching and learning to those outside the student-teacher relationship. Recently, more focus has shifted to accountability of educational systems (educational institutions, teachers, support services and governments) during assessment of students nationally and internationally (Newton 2010:3). Such an approach in South Africa has been assigned to the South African Nursing Council (SANC) through regulations and prescripts of the education and training of nurses who serve the health needs of the communities they serve.

Quality assurers prescribe norms and standards for nurse educators to authenticate assessments (Oermann 2010). Such norms and standards are used to determine competencies to be acquired at the end of an educational programme. South Africa has a regulatory framework for quality assurance of education and training of nurses. Like the United States of America (USA) nursing education system, whose quality assurance is regulated by “the Academic Quality Improvement Programme (AQIP) and Quality and Safety Education for Nurses (QSEN)” (Coons, 2014: iii), the South African quality assurance framework, focusing on education and training of nurses, is regulated and maintained by the South African Qualifications Authority (SAQA) and the South African Nursing Council (SANC). Through the regulatory framework, the country has adopted legislation and policies to regulate the education and training of nurses in South Africa (National Qualifications Framework Act No 67 of 2008; South African Nursing Council Act 33 of 2005). The purpose of these policies and legislation is to ensure that competent and critically reflective nurses are produced by every nursing education institution in the country (South African Nursing Council

Act 2005 (Act No 33 of 2005; National Qualification Framework Act 2008 (Act No 67 of 2008). This study has a potential to serve as a reference in quality assurance determinants of the assessment processes of the multi-campus nursing college.

According to the South African Nursing Council Act 2005 (Act No 33 of 2005), public safety is the primary concern of the South African Nursing Council. Through this Act, the South African Nursing Council sets out conditions for accreditation of nursing colleges, determines conditions for practising nursing in South Africa and controls practicing of nurses, by keeping their names in registers, and annually license their nursing practise. The Act further emphasizes the production of competent safe nurse practitioners on completion of a prescribed period of education and training in an accredited educational institution. Public safety issues relating to nursing students are the responsibility of nurse educators and the education institution that provides the training. The results of this study could possible assess whether the college produces practitioners who are competent and safe.

Previous research by Jessop, MacNab and Gubby (2012:145), describes some of the challenges that have continued to undermine the quality of assessment in nursing education. The increased modularisation of college programmes, heavy workloads associated with high student numbers and the pedagogic preparation of nurse educators have heavily impacted on the quality of assessments and threatened public safety. This study sets to explore the experiences which might impact on the quality of summative assessment processes (during setting of question papers, conducting assessments, marking and capturing assessment scores and publishing results) at the nursing college in the Eastern Cape.

The educational assessment research by Wiliam (2010, 2014) has underscored questioning as the key to teaching and learning, arguing that the level of questioning connects to the level of student thinking. But the studies by Weiss and Pasley (2004, 2009), Trinkle (2009), and Hansen and Buczynski (2013) have highlighted the importance of questioning in the classroom, and the teacher's role in the effective

application of questioning strategies. The above studies have indicated that a teacher's purpose and effective use of questioning is crucial in guiding students' critical thinking. It is argued that the teacher's ability to design well-constructed questions, reflecting higher order thinking and constructed questions with a concerted purpose, underpin not only the students' acquisition of knowledge but also high-quality-question summative assessments. The literature so far reviewed argues that high-order quality of questioning impacts positively on classroom instructional performance and the quality of questions set for summative assessments (Shah, Rani & Mahmood, 2013:255). In this study, the role, level and effect of questioning in summative assessment has been explored.

In their seminal study entitled "Questioning for Quality" Marge Crowe and Pokey Stanford (2010) highlight the postulation that the quality of questions asked during summative assessment and the purpose of the questions all determine the quality of assessments. The ability of nurse educators to develop and utilise different types and levels of questions in both formative and summative assessments impact directly on the quality of the student learning and quality of the graduate. Planning to use high level questions during delivery of an instruction and relating them to what is to be learnt is critical to the quality of assessments (Hill & Flynn 2008: 6).

Powell-Howard's (2009:28) study, which investigates issues affecting reliability of examiner's marking, argues that examiners will always need support, monitoring and guidance irrespective of their marking experience. Without these supportive factors, Powell-Howard (2009) concludes that examiners will find it extremely difficult to fulfil the task of examining effectively and reliably. Crisp (2007: 571-581) in a study – "Is it worth the effort? How feedback influences students' subsequent submission of assessable work" – investigates the extent to which students have the ability to act on assessment feedbacks they have received from assessors. Crisp's results challenge the assumption that assessment feedback provision alone is sufficient to enable students to achieve higher academic performance. Crisp's (2007) findings have also exposed a worrying assessment weakness that impacts on assessments of students' academic performance.

It is argued that academic assessors' attempts to understand the decision-making process involved in marking and making judgement tend to undermine the traditional academic fairness and reliability that govern assessment of students' examinations. Crisp (2007:577) has suggested that variations in marking may emanate from a number of external factors: (1) the quality of language used by the student even though communication is not being assessed and (2) emotional or social responses, which occurred prior to the marking process. These external factors negatively affect the validity and reliability of students' assessments. Firstly, literature has criticised the persistent flaws of such assessments. And secondly, accuracy of such grading is questionable (Reeves 2011; Marzano & Kendall 2008) has permeated the exact literature for decades. In his article "Is feedback a waste of time? The students' perspective", Doan (2013:1-10) argues that only when educators help students to understand and use feedback effectively to improve their learning, feedback become a powerful assessment instrument capable of enhancing educational performance outcomes.

How assessments impact on the quality of both teaching and learning is gradually becoming a concern for every student, teacher, parent, educational institution, professional body as well as every employer and every government. The rising costs of establishing and maintaining an effective public education system in any country has compelled governments nationally and internationally to monitor the efficacy of public educational institutions and to provide evidence for student learning (Candela, Gutierrez & Keating 2012). As professionals, nurse educators have a primary educational responsibility to take lead in accountability when assessing nursing student's learning (Scrivener et al 2011). This research has a potential to reflect and review how current summative assessment processes at the multi-campus nursing college impact on the quality of teaching and learning.

The researcher as a role player in nursing education in the Eastern Cape has observed that the South African post-apartheid assessment of nursing students in

the public multi-campus nursing college in the Eastern Cape has been fraught with enormous challenges. According to Benner, Sutphen, Leonard and Day's (2009), both the national and the provincial governments have realised that providing quality education for nurses will require a lot of work, and as such highlighted a need for "a radical transformation" in nursing education.

The challenges facing the post-1994 nursing education in South Africa as global constraints are discussed in the nursing education literature (Hughes 2008; Cronenwett, Sherwood, & Gelmon 2009; Cronenwett, Sherwood, Pohl et al 2009; Haas 2012; Quality and Safety Education for Nurses 2012a, 2012b). The South African contextual nursing education challenges include the following: (1) moving nursing education to higher education level nationally and internationally, (2) radical transformation of nursing education in post-apartheid South Africa, (3) the enormous pressure of implementing centralised summative assessments in a Multi-Campus Nursing College, (4) dealing with heavy workloads or teaching large classes, (5) ethical behaviour of nurse educators, (6) quality of nurses' knowledge of the subject content, (7) nurses' pedagogical expertise and (8) demands of the curriculum or programme offered. Nurse educators are expected to protect the public from unsafe practices of nursing students while leading them to professional maturity. Nurses are also expected to simultaneously remain professionals who are accountable for their practices and continuously adhere to the prescripts of quality assurers. According to Cronenwett, Sherwood and Barnsteiner (2007) nurse educators are expected to know what to teach, how to teach and assess learning competencies in a diverse health environment.

Following rationalization of Nursing Education in South Africa, a Policy on Restructuring of Nursing Education in 2003 was implemented (Daniels 2010:42). The restructuring resulted in a merger of then five previously existing Nursing Colleges in the Eastern Cape into a single Nursing College. The Eastern Cape public nursing college where the study was conducted consists of five main campuses, located in Port Elizabeth, Queenstown, East London, Mthatha and Lusikisiki with eighteen satellite campuses. Such a merger not only created challenges in the strategic management of the college but also in the actual teaching, learning and assessment

practices at main and satellite campuses, which prompted the need for this study, so that the summative assessment related challenges are unpacked.

The study focuses mainly on the experiences the nurse educators encounter during summative assessment – the experiences created by the summative assessment aspect of the college's centralised assessment mandates and policy implementation. The interest of the researcher, who is a nurse manager monitoring processes, systems and procedures at the assessment unit of the Eastern Cape nursing college, was triggered by a series of the following observation: (1) the quality of questions set for summative assessment, (2) the quality of marking, and (3) the progressive increase in the amount of errors in developing marking schedules. Hence, the researcher decided to investigate and to explore the experiences of nurse educators involved in the summative assessment of nursing students undergoing a four-year course programme offered at the public Nursing College of the Eastern Cape.

The identification of such experiences will enable the researcher to evaluate the nurse educators' summative assessment practices. The contextual characteristics of the nurse co-educators' summative assessment practices and experiences are shaped and informed by the demands of the programme, the varied and complex teaching environment of the main campuses. And most importantly, the study will evaluate the possible effects of the nurse educators' summative assessment practices on the quality of College graduates, while the nurse educators remain accountable to themselves, their students, nursing college, community, government, and the nursing profession within South Africa and abroad (Holroyd 2013:5). Results of the study have a potential to assist the college management to identify the needs and problems of nurse educators in centralised summative assessment practices and will give guidance to the necessary changes and improvements as part of quality improvement systems for the nursing college.

Since the merger of the four previous nursing colleges, the new nursing college uses a common curriculum for the four-year comprehensive programme in all five campuses utilising a centralised summative assessment system. There seems to be no studies conducted on the nurse educators' experiences on centralised summative assessment in the new nursing college. It is against this background that the researcher decided to investigate the experiences of nurse educators with regard to centralised summative assessment in the Nursing College in the Eastern Cape Province.

The literature that has assisted in conceptualising the need for this study addresses issues of assessment and evaluation in relation to the (1) experiences of students as recipients of assessments (2) the purpose of assessment processes and procedures (3) types and nature of assessments or models (4) challenges related to assessments elsewhere (5) recommendations to improve assessment systems (6) legislative prescripts on assessment (7) assessment systems as a quality assurance measure in general education and nursing education (8) assessment and accountability of nurse educators to the public and policy makers (9) marking reliability (10) impact of external factors in setting, conducting and marking of examinations and (11) summative assessment questioning.

The study has a potential to give credence to the systems, processes and procedures that form a centralised summative assessment system currently used in the Eastern Cape nursing college since the merger of the pre-apartheid nursing colleges in the same province, more especially in the light of being incorporated into the South African Higher Education system.

1.2 PROBLEM STATEMENT

A research problem is an area of concern or where a gap in knowledge is identified. The researcher needs to look at what is known and not known about the specific phenomenon (Burns & Grove 2009: 68).

At the public nursing college in the Eastern Cape, teaching and learning occurs at the main and satellite campuses. All students undergoing college programmes follow a uniform curriculum, and nurse educators in all main campuses become assessors. In order to prevent bias and prejudice, a centralised model of summative assessment is used. This involves setting common examination question papers and random distribution of examination scripts across campuses for marking while ensuring strict security and confidentiality.

The college students write a common examination question paper in each module or paper developed from relevant pool questions submitted by each campus in a programme. Examination answer scripts are “double marked” by all nurse educators, who co-teach the subject in all main campuses. Senior subject specialists monitor the implementation of the curriculum in main campuses and act as internal moderators. The external moderation is carried out by academics, (from the three universities located in the province), who are responsible for ensuring that academic standards are adhered to.

The researcher, who is a manager monitoring processes, systems and procedures at the assessment unit of the nursing college in the Eastern Cape, has noted with concern the inconsistencies and low levels of question papers as well as poor quality of mark schedules and marking. Administrative errors characterised by high variances between markers have also been noted. Students obtain high marks during formative assessments as against very low marks obtained by the same students during summative assessments.

Having been involved in centralised summative assessment for four years, the researcher has decided to explore experiences of the nurse educators in the centralised system of summative assessment – contextual determinants that impact on the quality of the nursing education qualifications produced by the college and (Oberg 2009; Looney 2011) argue that summative assessments used to assess

learning lack a deep approach to learning and measure only very little of student's potential.

According to Mulondo, Khoza and Risenga (2013), nursing colleges must constantly evaluate their clinical teaching and assessment strategies, so that a highest level of creativity and critical thinking is always attained. Aranda and Yates (2009) contend that reliability and validity of assessment depends on the perspective and training of the assessors.

1.3 PURPOSE OF THE STUDY

In the light of the above background, the purpose of the study is to explore and describe the experiences of nurse educators in centralised summative assessment in a multi-campus nursing college. The researcher intends to make recommendations on strategies to improve the centralised summative assessment system and indirectly improve the competence of nursing students and the quality of the college qualification.

1.4 RESEARCH OBJECTIVES

The research objectives are:

- To explore and describe the experiences of nurse educators regarding centralised summative assessment in the Multi-Campus Nursing College.
- To describe how the experiences of the nurse educators affect the centralised summative assessment practices in the Multi-Campus Nursing College.
- To identify strategies for improved centralised summative assessment system within the Multi-Campus Nursing College.
- To make recommendations to the nursing college, the Department of Health, other nursing colleges and other educational institutions on the findings of the study.

1.5 RESEARCH QUESTION

In the light of the above background, the researcher poses the following main question as a point of departure for this study: *What are the experiences of the nurse educators in the centralised summative assessment in a multi-campus Nursing College in the Eastern Cape?*

1.6 CLARIFICATION OF CONCEPTS

Assessment, Experiences, Nurse Educators, Summative assessment, Multi Campus College.

1.6.1 Assessment:

Educators have defined assessment in different ways. Wilkipaedia defines assessment as “a process of documenting in measurable terms knowledge, skills, attitudes and beliefs focusing on the learner, learning community, institution and educational system”. The South African Qualification Authority (SAQA) (2012:1) defines assessment as a “process of collecting evidence about the learner’s work to make judgements about achievement and non-achievement of specified National Qualification Framework standards and / or qualifications”. McDonald (2007:1) defines assessment as a ‘systematic process of collecting and interpreting qualitative and quantitative data to make decisions about students’ learning and effectiveness of teacher’s instruction’.

Assessment is a broad term that includes all of the various methods used to determine the extent of an individual’s achievement. In teaching and learning contexts, assessment refers to the methods used to determine achievement of

learning outcomes (Gronlund 2006). Similarly in professional contexts, assessment is concerned with the achievement of professional standards or competence.

In this study, assessment will refer to a continuous process of gathering, analysing and reflecting on evidence at hand to judge and feedback to improve student learning. Assessment will refer to a developmental process that provides opportunities for the student to display thinking, engages with classroom feedback, extends, refines and deepens understanding about tasks or performances.

1.6.2 Experiences:

Experience is a fact or state of having been affected or gained knowledge through direct observation or participation. In this study, the term “experience” will refer to practical knowledge, skill or practice derived from direct observation or participation in summative assessment as a nurse educator. Experience will refer to how centralised summative assessment has been viewed by nurse educators as assessors and how they react to it.

1.6.3 Nurse Educators:

The term nurse educator refers to a person, who has undergone a prescribed period of education and training as a nurse educator, who is registered with the South African Nursing Council as a nurse educator, and who is responsible for training nurses in a nursing education institution in South Africa (South African Nursing Council Act (Act No 33 of 2005)). In this study, a nurse educator is defined as follows: a person, who is registered with the South African Nursing Council as a nurse educator and is employed as an educator at the nursing college, and who is responsible for both the theoretical and practical training of nursing students registered for the basic nursing education and training programme leading to professional registration as a nurse (general, psychiatry and community) and midwife. The nurse educator is a person responsible for the assessment of the nursing students.

1.6.4 Summative Assessment:

Summative assessment is assessment that occurs at the end of an educational programme to produce information that can be used to inform teachers, students, parents and governments about the quality of teaching and learning (Osborne & Dillon 2010:236)

In this study summative assessment will mean the assessment that occurs at the end of the academic year or programme of study. Summative assessment is used to evaluate the effectiveness of a programme or course at the end of the academic year. It is used to make judgements of learner competency after completion of the instructional phase or to determine if learner has mastered the specific competencies (Gardner 2012:87).

1.6.5 Multi-Campus Nursing College:

The term “multi-campus college” according to Oxford advanced learner’s dictionary (2005) is used to describe a higher education institution or a university whose educational programmes are delivered at multiple (two or more) locations. In this study multi campus-college will refer to a public Nursing College with five main campuses and 23 satellite campuses in the Eastern Cape the educational entity under investigation.

1.7 SIGNIFICANCE OF THE STUDY

The researcher identified the nurse educators’ experiences in centralised summative assessments and drew up strategies from recommendations based on the themes, categories and sub categories that emerge from the study to improve summative assessment strategies of the nursing college. If recommendations are implemented at the nursing college, the nurse educators will be conscious of their strengths and weaknesses in the summative assessment processes. Nurse educators will take their responsible professional roles in creating enabling environments for both

teaching and learning in the main campuses where nurse education and training takes place.

1.8. RESEARCH METHODOLOGY

Research methodology is the process of how the research data is collected, analysed and interpreted to make research findings (Polit & Beck 2012:12). The stages of the research methodology include description of the research approach, design, population and sampling procedure, methods of data collection data analysis and pilot study. The research methodology will be discussed in detail as the second phase in chapter two.

1.9. RESEARCH APPROACH

The study will follow a qualitative research approach. Qualitative research refers to the methods of exploring and understanding the meaning individuals or groups attach to a human or social problem (Creswell, 2012:4). In this study the researcher would seek to understand the experiences of nurse educators in centralised summative assessment in a multi- campus nursing college.

1.10. RESEARCH DESIGN

The research design is defined as a plan or blueprint of how researchers conduct research studies (Babbie, Mouton, Voster & Prozesky 2006:74) or an overall plan for collecting and analysing data including specification for enhancing the internal and external validity of the study. Bless, Higson-Smith and Kagee (2006:46) define a research design as the plan of how to proceed in determining the nature of the relationship between variables. In this study, an exploratory, descriptive and contextual design was used. The exploratory, descriptive and contextual perspectives are discussed separately:

1.10.1. Exploratory perspective

Exploratory research designs provide an in-depth exploration of a single process, a variable or a concept, such as bereavement (Brink & Wood 1998:284). The explorative perspective is chosen because it is appropriate for the phenomenon under investigation: the holistic descriptive exploration of the in-depth real-life experiences of the nurse educators involved in the teaching and in the centralised summative assessment of the four-year nursing comprehensive programme at the Eastern Cape multi-campus nursing college.

The researcher is interested in this reflective empirical research information generated by the study because it might not only be very useful in developing evidence-based guidelines for implementing the objectives of the centralised summative assessment for nurse educators but also has the capacity to enhance the quality of the nursing graduates produced by the College. Results could also be used to improve summative assessment practices within the College. Besides improving the College's summative assessment practices, the findings of the study could also form the basis for further research in Nursing Education and Higher Education.

1.10.2. Descriptive perspective

Descriptive research design attempts to discover facts or describe the reality of the situation or phenomenon (Burns & Grove 2009:238). In this study, the researcher intends to describe the experiences of nurse educators in centralised summative assessment using focus group interviews of the sampled participants from the main campuses of the Eastern Cape nursing multi-campus College. It is envisaged that the findings will be utilised to develop evidence-based college assessment strategies that might be useful in improving the quality assessment of nurse college graduates.

1.10.3. Contextual perspective

Brown (2008:13) explains that if an event is understood against the background of the context in which it occurs and how this confers meaning to other events associated with this context, a better understanding of the events or situation will emerge. The context of this study is the implementation of centralised summative assessment in a multi-campus nursing college. The researcher used semi-structured interview guide to conduct focus group discussions to gather information

from the sampled participants within the context of their functional areas in the main nursing college campuses located in the Eastern Cape Province of South Africa.

1.11. RESEARCH POPULATION

Research population refers to the entire group of cases that meet the specified set of criteria. It is a set of entities that contain all elements or individuals of interest to the researcher. Research population is the total number of units from which data may potentially be collected because they meet the criteria for inclusion in the study (Burns & Grove 2009: 549).

In this study the target population consisted of all the nurse educators involved with the teaching and assessing the four-year nursing comprehensive course students in the multi-campus nursing college located in the Eastern Cape Province. The research participants were selected from nurse educators, who were involved in the facilitation of education and the training of the four-year programme. The second criterion for inclusion in the study's target population was that the nurse educators should not only be involved in the teaching and assessing both theory and practical subjects but must also be involved in the summative assessment of nursing students at the multi-campus nursing college in the Eastern Cape.

1.12. SAMPLING AND SAMPLE SIZE

A sample is "a part of a whole, or a subset of a large set", or a portion of the population selected by the researcher to participate in the research or a subset of the population to be studied (Brink, Van der Walt & Van Rensburg 2012:124; Burns & Grove 2009:554).

The research sample was selected from the research population to ensure that selected individuals include people who are able to provide important information because they are knowledgeable about centralised summative assessment. For this study a purposive and convenience sampling technique was used to select a sample of nurse educators, who have been assessors of the four-year nursing

comprehensive programme from the entire nurse educator sector in the Multi-Campus Nursing College to participate in the study (De Vos, Strydom, Fouchè and Delport 2011: 350).

At this stage it was not possible to determine the total size of the sample as interviews continued until data was saturated. According to Burns & Grove (2011;364) data saturation is a stage where there is no new emerging data during data collection and this occurs when the researcher no longer obtains new information during data collection. In this study interviewing continued until there were no new themes, categories or sub categories that emerged.

1.13 DATA COLLECTION

A semi-structured interview guide was used to conduct eight focus group interviews in different main campus college sites. Various techniques in the form of observation and field notes communication skills were used to collect data to address the research problem to ensure accuracy of the research findings (De Vos *et al*, 2011:359).

1.13.1 Interviews

An interview is a method of data collection where the interviewer collects data from participants during a face to face encounter (Burns & Grove 2009:403). In this study data was collected by using semi structured interviews field notes and observations of participants by the researcher. A semi structured interview is a one to one (researcher and participants) discussion used to gain a detailed picture of the participants' view of a particular research topic (De Vos *et al*, 2011:351). In this study the researcher conducted interviews with nurse educators who formed focus groups and met all the inclusion criteria for participation. The researcher used open ended questions to stimulate the nurse educators' experiences regarding centralised summative assessment in the multi campus nursing college in the Eastern Cape.

The questions that formed the basis for discussion was: *What are the experiences of the nurse educators in the centralised summative assessment in a multi-campus Nursing College in the Eastern Cape?*

Each focus group interview lasted for forty to fifty minutes. During the interview the researcher listened attentively to participants' responses, clarified, paraphrased and reflected using minimal verbal responses to obtain richer information from participants. Probes and, summaries were also used so that participants opened up their experiences and thoughts more freely (De Vos *et al*, 2011: 350). An audio tape recorder was used to capture all interview data with participants' permission to ensure that nothing was missed (De Vos *et al*, 2011: 359). The researcher continued the interview until data saturation was reached. On completion of the interview, the recorded interview data, researcher's field notes formed a rich database for drawing up the research findings. A detailed interview discussion was done in chapter two.

1.13.2 Observation and field notes

Observations in qualitative research are done informally (unstructured) by observing and recording participants' personal accounts of situations or behaviours during the interview. The interviewer may either summarise or reflect on what the participants have said or how they behaved during the interview and record these to form field notes. The researcher collected 1) observational notes, 2) methodological 3) theoretical notes and 3) personal notes as field notes that are discussed in detail in chapter two.

1.14 DATA ANALYSIS

Data analysis is defined as "the systematic organisation and synthesis of the research data and the testing of research hypotheses, using those data" (de Vos *et al* 2011:399). Data analysis is also described as methodological component of scientific inquiry that entails "categorising, ordering, manipulating and summarising the data and describing them in meaningful terms" (Brink, Van der Walt & Van Rensburg 2012:178). Through data analysis the researcher attempted to bring to order, structure and made sense all the mass of information collected during interview, by searching for relationships and formulating general statements from

interviews, and field notes to form themes, categories and sub-categories from the data base at hand (Burns & Grove 2009:695).

The researcher used Tesch's (1990) eight steps of data analysis cited by Botma, Greef, Mulaudzi, and Wright (2010: 224) as a framework to guide her in the data analysis process to give meaning to the mass of data at her disposal. Tesch's (1990) eight-step data analysis model involves the practical application of the following data analysis strategies: (1) carefully reading through all the transcripts in order to make sense of the data; (2) analysing the content of each transcript and identifying the most relevant and interesting data item and getting an in-depth perspective or understanding of the transcript; (3) formulating themes through grouping or clustering of similar topics which may also be arranged as columns and major topics; (4) coding and grouping the emerging themes to form new categories – a preliminary organisation; (5) grouping the most related topics together thus reducing the number of categories that had emerged; (6) making a final decision about the abbreviation on each category; (7) making a preliminary analysis of all data material, (8) and finally recording all existing data.

The researcher engaged the services of an independent research coder- an expert in qualitative research to validate raw data and assist in the coding process. The audio tape recorder and the transcribed transcripts were presented to the independent coder for confirmation. A consensus meeting was later held between the researcher, supervisor and the independent coder to discuss the research findings and to ensure trustworthiness of the results. All identified discrepancies were discussed until a consensus on the findings was reached (Bailey 2007:198).

1.15 LITERATURE CONTROL

A literature control was done to ascertain if findings from other research studies support the findings of this study (Burns & Groove 2011:189). Once data analysis was finalised the researcher reviewed the related literature to identify similarities and differences with the study.

1.16 PILOT STUDY

Pilot study is a small study conducted before the main study to test if the research methodology, sampling, data collection instrument and data analysis are appropriate for the study (de Vos et al 2011:237). In this study the pilot study was conducted in the East London Campus because of its proximity to the researcher.

1.17 TRUSTWORTHINESS OF THE STUDY

Trustworthiness describes the criteria for judging the quality of qualitative study. According to Finlay (2006:19), the criteria to judge trustworthiness must fit the methodology used in the research. (Brink, Van der Walt & Van Rensburg 2012:119) confirms this and explains that the research question and the components of the method must tally. In qualitative research the concepts of credibility, transferability, dependability and conformability are used to judge the trustworthiness of the study. The concepts will be discussed in detail in chapter two.

1.18 ETHICAL CONSIDERATIONS OF THE STUDY

Butts and Rich (2013:70) define ethics in nursing practice as “a code of behaviour considered correct”. Ethics relate to two groups of people: (1) those conducting research, who should be aware of their obligations and responsibilities, and (2) those being “researched upon”, who have basic rights that should be protected. Foundation for ethical principles in research involves declaration of fairness, the protection of rights of participants and elimination of risks (Brink 2006:30). Steps to ensure high standards of ethics will be discussed in detail in chapter two.

1.19. STRUCTURE OF THE STUDY

The study is composed of five chapters, which are:

Chapter One: Introduction and Background, outlines the components of the research methodology and research design as well as providing contextual background to the research problem.

Chapter Two: Research Design and Methodology provides a detailed analysis of all the methodological procedures crucial for scientific inquiry: research design sampling techniques, data collection techniques, data analysis strategies, and data interpretation methods, which guided the study.

Chapter Three: Discussion of the Findings deals with how the data collected was analysed, interpreted, and the research report presented.

Chapter four: Conclusions, Limitations and Recommendations are made.

1.20 CONCLUSION

The study's coming into being as a research entity has been sketched in the introductory section. The orientation and the background of the study locate the study within the relevant existing previous studies, using concepts from and information from the contextual educational summative assessment scholarship: the phenomenon under investigation. An outline and description of the research methodology was given, conceptualised by (1) the research approach, (2) the research design, (3) data collection techniques and (4) data analysis methods.

This study aimed to explore and describe the experiences of nurse educators involved in the centralised summative assessment in the Eastern Cape nursing

multi-campus college in order to make recommendations that could improve not only the quality of assessment and also the quality of the nurse graduates produced by nursing college.

CHAPTER TWO

RESEARCH METHODOLOGY

2.1 INTRODUCTION

This chapter is an elaboration of the research design and method mentioned in chapter one and used to fulfil the objectives of the study. Chapter two firstly provides a detailed discussion of the research purpose, research method, trustworthiness of the research and ethical considerations used followed by the justification for the research decisions taken.

2.2 RATIONALE FOR THE STUDY

MacLellan & Soden (2008) argue that although assessment is an educational requirement that prepares students for the world of work, the experiences of both the assessor and assessee differ remarkably. The earlier studies report that in a survey aimed at describing the experiences of staff and students at the universities of Glasgow, Scotland and Strathclyde, MacClellan (2001: 307-318) observed that, while both staff and students' primary focus was directed more towards the grading or ranking of students, the developmental / formative aspect of assessment for both teachers and students was consistently driven by indecision and lack of coherent performance strategies. The researcher is of the opinion that such differences result from the differences in focus of assessment by both the teachers and students as affected by the system of assessment and resource availability.

While many studies globally have investigated the competence of newly qualified nurses on graduation and their fitness to practice based on the assessment practices of institutions where research was conducted (Beresford 2005; Morolong and

Chabeli 2005; Calman 2006; Lofmark, Smide & Wikblad 2006; Clark & Holmes 2007; Mooney 2007; Scott, Engelke & Swanson 2008; Roberts 2009; Hartigan, Murphy, Flynn & Walshe 2010; Walff, Persut & Regan 2010; Danbjorg & Birkelund 2011), little research has been done on the assessors' experiences of the assessment process. The results of this study will assist the public nursing college in this study and other nursing educational institutions elsewhere to improve their assessment practices and produce more reflective minded graduates.

The purpose of this study was to explore and describe the experiences of nurse educators regarding centralised summative assessment in a multi-campus college in the Eastern Cape Province in South Africa.

2.3 RESEARCH OBJECTIVES

The research objectives are:

- To explore and describe the experiences of nurse educators regarding centralised summative assessment in the Multi-Campus Nursing College.
- To describe how the experiences of the nurse educators affect the centralised summative assessment practices in the Multi-Campus Nursing College.
- To identify strategies for improved centralised summative assessment system within the Multi-Campus Nursing College.
- To make recommendations to the nursing college, the Department of Health, other nursing colleges and other educational institutions on the findings of the study.

2.4 RESEARCH DESIGN

Research design is further described as a sequence of operations or activities for data collection and data analysis. A research design lays down a conceptual framework for the researcher and gives logic to the study. It is an overall plan of how to obtain answers to the question under investigation, and helps to control various

factors that may influence the validity of the research findings (Creswell, 2009:5, De Vos *et al*, 2011:142).

In this study the researcher employed a qualitative, exploratory, descriptive and contextual design, which used phenomenological and descriptive methods to investigate the experiences of nurse educators regarding centralised summative assessment in a multi-campus nursing college in the Eastern Cape Province.

2.4.1 Qualitative Approach

Qualitative research refers to a subjective investigating process of understanding based on traditions of inquiry and approaches that investigate a human or social problem. According to De Vos *et al*, (2011:65) qualitative research involves interpretation and description of the participants' world in their natural setting in order to understand the meaning that people attach to their daily lives.

Speziale-Streubert and Carpenter (2007:1) argue that qualitative research is used to understand reasons for particular type of behaviours of healthcare and education of personnel so that policies are developed. Reasons for such behaviour in qualitative studies are understood within a specific philosophical framework. In studying the experiences of nurse educators in summative assessment the researcher tried to build a multi-layered and holistic picture by analysing meanings of words, reporting detailed views of participants and conducting the study in a natural environment (De Vos *et al*, 2009:268). Using this approach the researcher was able to scrutinise rationale for different behaviours and attitudes within the context in which they occurred.

2.4.2 Exploratory Research

Exploratory research is conducted to reflect the experiences, perceptions, and behaviours of participants in their own words in the context in which they live and work. Blaikie, cited in De Vos *et al*, (2011:95), explains that explorative studies are conducted to gain insight into situations or phenomena mainly because the researcher lacks basic information.

The researcher gained more insight into the summative assessment practices of the nursing college by exploring the in-depth experiences of nurse educators, who taught and assessed the four-year comprehensive course offered by the multi-

campus nursing college through focus group interviews. The new knowledge generated gave the researcher insight into understanding the nurse educators' experiences and assisted in making recommendations to improve summative assessment practices within the nursing college or form the basis for further research in both Nursing Education & Higher Education (De Vos et al 2011:95; Morolong & Chabeli 2005: 47).

2.4.3 Descriptive Research

Descriptive research design is used where more information is required for a particular situation through a picture of the phenomenon occurring naturally (Brink,2006:102). In descriptive research design, language is used to articulate the intentional contents of consciousness and is aimed at discovering facts or describing the reality of the situation or phenomenon (Burns & Grove, 2011:238). The setting where the study was conducted was the classrooms in the main college campuses where summative assessments are conducted. The researcher did not manipulate the environment where these experiences occur (Burns & Grove 2011:40). Giorgi (2009) recommended the following steps for descriptive research: (1) assume the phenomenological attitude, (2) read entire written account for a sense of the whole, (3) delineate meaning units, (4) transform the meaning units into psychologically sensitive statements of their lived-meanings, and (5) synthesize a general psychological structure of the experience base on the constituents of the experience. In this study the researcher firstly observed and recorded what the participants said during the focus group interviews, and captured field notes with clear description of the interview venue and the participants' behaviour during the interviews.

The researcher adopted an empathetic position by empathic immersion with the nurse educators and their descriptions in order to get a sense of the ways that the experiences given by the participants were actually lived. During this process, the researcher tried to avoid theoretical or speculative interpretation so as to flesh out the full lived meaning inherent to the descriptions themselves (Giorgi 2009: 127).

Using the descriptive perspective in this qualitative study the researcher obtained detailed information on how and why specific issues emerged as more nuanced information – an attribute of descriptive design responsible for laying bare the deeper meanings (De Vos *et al*, 2011: 96).

2.4.4 Contextual Research

Contextual research design gives understanding of events within their concrete and natural context in which they happen (Barbie, 2007: 272). According to Brown (2008), the phenomenon under investigation can only be clearly understood against the contextual background that created the event or the research problem being investigated. Recent studies on contextual research methodology (Knight, Halkett & Cross 2010; Chenail 2011; Knight & Cross 2012) have stressed the correlation between research context and contextual constructs refashioned from participant descriptive interview responses. According to Knight and Cross (2012), the emergent contextual constructs model determines the framing of the research and identifies the conceptual, philosophical, implementation, and evaluation tasks associated with research investigations. Using the “whys” and the “how’s” the researcher obtained the nurse educators’ experiences related to where they work as assessors and how they make judgement decisions during centralised summative assessments.

2.5 RESEARCH METHODOLOGY

The research method in this study is described in two stages. The first stage describes the explored and described the nurse educators’ experiences in the main campuses of the multi- campus nursing college where they conduct summative assessments. Initially the research population was identified, the research sample selected, data collected and analysed. The second stage involved the presentation of discussions and recommendations for improved summative assessment practices.

2.6 PHASE ONE: EXPERIENCES OF NURSE EDUCATORS REGARDING SUMMATIVE ASSESSEMNT

2.6.1 RESEARCH POPULATION

Johnson, Christensen and Turner (2011) describe research population as a collection of objects, events or individuals having some common characteristics that the researcher is interested in studying. They further state that research target population is the sums total of all the cases that meet the definition of the unit of analysis. Barbie (2011:168) maintains that a population may be described as that group (usually people) about whom the researcher wants to draw conclusions. Research populations is also referred to as the target population and is described as the entire group of individuals or elements that meet the specified set of criteria that is of interest to the researcher. This means that all elements or individuals used in the study that meet the specific criteria of inclusion set by the researcher before the commencement of the study.

The nursing college, at the time of data collection, consisted of five main campuses, where the four-year comprehensive course was offered. The target research population – total number of nurse educators and students for 2013 in the five main campuses – were distributed as follows:

Table 2.1 Distribution of students and nurse educators per campus

CAMPUS	NUMBER OF STUDENTS	NUMBER OF NURSE EDUCATORS
A	365	35
B	452	83
C	440	42
D	474	39
E	290	27
Total	2021	226

The researcher focused on certain inclusion criteria to decide on whether an individual qualifies to be part of the sample for the study (Polit & Beck, 2008:274). The inclusion criteria were set as follows: (1) being a nurse educator, (2) registered with South African Nursing Council as a Nurse Educator, (3) be on full-time employment at the public College of Nursing in the Eastern Cape, (4) be a nurse education facilitator for teaching and learning in the four-year nursing programme at the main campuses of the public nursing college in the Eastern Cape, (5) have two-year teaching experience as nurse educator and (6) have participated in the summative assessments of the college for at least two years.

Nurse educators who accepted the invitation to take part in the study were given letters of invitation together all information about the study and an informed consent form for everyone to voluntarily complete and sign before taking part in the study (**Annexure C and G**).

2.6.2 SAMPLING

Sampling is a process of selecting a portion of the research population to conduct the study (Barbbie 2011: 91). Also affirms that a sample is a set of elements taken from a larger population. De Vos et al, (2011) argue that the participants forming the sample should be information-rich. But although information-richness of participants is central to the selection of the sample for the study, Creswell (2011), states that the key concept in sampling is representativeness. For this study a sample of nurse educators as assessors was be drawn from the entire nurse educator sector in the Multi-Campus Nursing College of the Eastern Cape.

2.6.2.1 Sampling technique

Sampling technique considers which people, settings, behaviours and social processes are considered in the study. For an in- depth understanding of the investigated phenomenon qualitative studies considers smaller samples as adequate to investigate the meanings people attribute to their life world (Hesse-Biber & Levy, 2011:45). In this study the researcher used purposive and convenience sampling to select the participants. Purposive sampling is also referred to as judgemental

sampling because it involves conscious selection of participants with the characteristics that serve the research purpose by the researcher (De Vos *et al*, 2011:232). The researcher purposely selected the nurse educators who met inclusion criteria and are participating in summative assessment as assessors, have rich assessment experiences at the nursing college.

Convenience sampling means selecting available participants and occurs when the researcher approached the nurse educators who met the inclusion criteria for the study and were readily available and willing to participate in the study at the time of data collection (Burns & Grove 2009:353).The researcher conducted at least two focus group interviews in each main college campus as determined by varied numbers of nurse educators and students shown in table 3.1 above.

2.6 .3 DATA COLLECTION

Data collection is a precise, systematic process of collecting information relevant to the research purpose, questions and objectives, depends on the selected research for the study. Data collection is a method of collecting information to address the research question and occurs after permission to conduct the study has been obtained from all the gatekeepers where the research will be conducted (Burns & Grove 2009: 695). The researcher commenced with data collection after obtaining written permission from 1) University of Fort Hare through the ethical clearance certificate (**Annexure D**) 2) the Eastern Cape Department of Health (**Annexure E**) 3) the principal of Lilitha nursing college (**Annexure J**),and (3) Dates and times for visits were scheduled to suit the availability of participants.

For this study the researcher used carefully made preparations before collecting interview data. A schedule of visits to all five main campuses was planned after personal appointments were made with potential participants and held private meetings with them. The researcher conducted two focus group interview sessions in each of the following sites: (1) Mthatha, (2) Queenstown and (3) Port Elizabeth Campuses. These three data collection sites had more interview sessions than those

held in the Lusikisiki Campus because they have more students and nurse educators than the Lusikisiki Campus.

Table 2.2: Schedule of the Focus Group Interviews

DATE	CAMPUS	DISTANCE	TYPE	NUMBER OF INTERVIEWS	NUMBER OF PARTICIPANTS
06/04/2014	B	48 Kilometers	PILOT STUDY	1	7
21/04/2014	D	265 Kilometers	FOCUS GROUP	2	8 6
29/04/2014	C	230 Kilometers	FOCUS GROUP	1	6
16/05/2014	A	335 Kilometers	FOCUS GROUP	2	7 6
20/05/2014	E	380 Kilometers	FOCUS GROUP	1	7
TOTAL		1108 Kilometers		8	52

The researcher visited the five main campuses of the nursing college to collect information related to summative assessment from nurse educators involved in their area of nursing education specialities. For this study the researcher used carefully made preparations before collecting interview data. A schedule of visits to all five main campuses was planned after personal appointments were made with potential participants and held private meetings with them. Consent forms were read, explained and signed by each participant before the start of the focus group interviews. An example of the consent forms, which explains the purpose, procedure, risks and benefits for the study, was attached as Annexure C of the study. A voice recorder was used to record the discussions, and brief field notes, which were taken, were later used to deepen the meaning-seeking attributes of the data analysis and data interpretation. Written permission to conduct the focus group interviews and use an audio tape recorder was received from the participants when they gave their

informed consent to participate in focus group interviews and to be tape recorded (**Annexure C**).

2.6.3.1 Interviewing

The focus group interviews were conducted in an empty classroom in a quiet place with fewer distractions in the main campuses of the nursing college. The medium of communication was English, but participants sometimes used one or two vernacular expressions or phrases as they felt comfortable doing so. All the vernacular phrases or words were translated in English to ensure that the meanings of these African language expressions incorporated into the focus group discussions, which were conducted in English, were not lost. The seating arrangement was semi-circle in full view of each other to enhance full participation. All participants were made comfortable during the entire session. A tape recorder was used to record the focus group discussions. The tape recorded focus interviews dataset was transcribed verbatim for analysis. Written consent to use the tape recorder was obtained prior the focus group interview sessions from each participant. The voice recorder was placed strategically in order to capture the process of discussion between the researcher and the participants, and among the participants themselves. Each focus group participant membership ranged from five (5) participants to eight (8) participants.

The nurse educator participants were asked to respond to open-ended questions focused on the participants' experiences in centralised summative assessment policy, which was being implemented by the multi-campus nursing college. The focus group interviews were conducted as an open-discussion in which each participant was free to participate and to comment on the discussions or ask other participants questions or respond to questions asked or comments made by the researcher and other participants.

The question that formed the basis for this study was:

- *What are the experiences of the nurse educators in the centralised summative assessment in a multi-campus Nursing College in the Eastern Cape?*

Probes and follow ups were used to collect more detailed information (Brink, Van der Walt & Van Rensburg 2012:152). Engaging empathetically with nurse educators by means of the focus group discussions offered the opportunity for the nurse educators to reveal otherwise hidden aspects of their experiences through, for example, “a felt, embodied, [and] intersubjective experience” (Finlay 2005: 272).

The researcher also used non-verbal cues such as head-nodding or minimal verbal responses that indicated more interest. The researcher encouraged the participants to talk freely on their experiences. However, the researcher guided the process of the discussions to avoid deviations from the topic under investigation.

The researcher also recorded what was noteworthy or observed during the interviews through the use of field notes. Each focus group interview lasted between forty (40) to fifty (50) minutes depending on the group dynamics. The researcher allowed the discussion to continue in each interview session until saturation was reached: that is the same statements were heard over and over again.

The participants were asked to elaborate on all aspects of the centralised summative assessment process as determined by the following thematic concerns: (1) setting of questions or question papers, (2) invigilation, (3) marking of scripts, (4) compiling schedules, (5) capturing of marks, and (6) making recommendations to improve the quality of summative assessments at the college. Listening, probing, paraphrasing, encouragement and reflecting were used to gather more information from participants (De Vos *et al*, 2011:345).

All interview recordings on the audio tape were fully coded to ensure anonymity. Transcripts were made from each interview recording to form the database for the study. On completion of each interview session the researcher made a short summary and thanked the participants for the valuable information shared and for taking part in the study.

2.6.3. 2 Observation and field notes

Observation and field notes contain valuable information recorded by the researcher during the interview in the form of observation, theoretical, personal and operational notes. The researcher observes participants' reactions to conversations, events, context and dialogue during interview and records them objectively as observation notes. The researcher also records theoretical notes when reflecting on what actually happened, together with personal notes that reflect her own feelings during the interview. The researcher also collects operational notes on the process of research about what she saw, heard or experiences during the interview.

2.6.3.3 Trustworthiness during data collection

The researcher visited all the five college campuses where the four comprehensive programme is offered to collect data. Schedule of visits to conduct focus group interviews presented in Table 2.2 above. During these visits the researcher met a sample of nurse educators that meet the criteria for the study. According to (Polit & Beck 2010:495) this allowed the researcher to obtain comprehensive information about the nurse educators' experiences in centralised summative assessment in all college main campuses. This prolonged engagement continued until data saturation.

Time and space triangulation was done to make sure data is of high quality. Using time triangulation the researcher collected data in the five campuses on different dates to ensure that responses are consistent. The distribution of the five main campuses table 2.2 above where focus group interviews cater for space triangulation. Interview narratives and field notes also contain rich comprehensive data on what occurred in the field. Prolonged engagement and triangulation ensured trustworthiness if the study during data collection (Polit & Beck 2010:497).

2.6.4. DATA ANALYSIS

Data analysis is a process of bringing order, structure and sense to the mass of data collected. Through data analysis the researcher attempted to categorise, and manipulate data while searching for relationships and formulated general statements and summaries from interviews and field notes and formed data categories from the

data base to give meaning to all collected data (Brink, Van der Walt & Van Rensburg 2012:170; Burns & Grove 2009:695). Polit and Hungler (2008:639) describe data analysis as “the systematic organisation and synthesis of the research data and the testing of research hypotheses, using those data” (Polit & Hungler 2008:639). Data analysis also entails “categorising, ordering, manipulating and summarising the data and describing them in meaningful terms” (Brink 2006:178).

2.6.5. PROCESS OF DATA ANALYSIS

Data analysis was done concurrently with data collection process. The researcher transcribed verbatim all tape recorded focus group interviews dataset. The transcriptions were done within 24 hours on completion of the focus group interviews. The transcripts were read and re-read word for word and sentence by sentence in search of recurring statements or regularities until the researcher was convinced that the data was correctly interpreted.

As argued in Polit and Hungler (2008:642) the researcher reached an understanding of the nurse educators’ experiences while safeguarding the uniqueness of each participant perception through the interpretative approach. The researcher attempted to adopt the attitude of the phenomenological reduction as she strived to convey the authentic lived experiences of the participants. These interpretive and descriptive constructs aim to create faithful re-enactments of the nurse educators’ views on the centralised summative assessments. The emergent participant views were filtered through their own individualised lenses and mirrored the intrinsic intelligibility of the hidden meanings embodied in the transcripts. In the process of reaching an understanding of the what and the how aspects of the research question, the researcher tried to convey not only words themselves, but also go beyond the surface connotations of the words and to lay bare the deeper meanings given through the words in such a manner as to achieve descriptive adequacy.

The description of the steps that were followed was as follows:

2.6.5.1 Transcription & Familiarisation

Ritchie, Lewis & Nicholas (2013) argue that transcription and familiarisation becomes the first steps of data analysis. Transcription and familiarisation occurred throughout the data collection process. The researcher personally transcribed the audio tape recordings from each focus group interview verbatim. Information from the field notes was also typed and sorted out according to its original source.

Familiarisation with data commenced during the process of transcription of data from the audio tape recordings. Most transcriptions were done a day after the focus group interview to familiarise the researcher with the collected data. The more the researcher involved herself with the data, the deeper she developed the sense of each respondent's metaphors. The researcher read and re-read the transcripts word by word, sentence by sentence in order to search for recurring statements or phrases and to identify what general ideas or impressions actually come out in each transcript. While reading through the data and field notes many times, the researcher began to write notes on the transcript margins, drew up diagrams and brainstormed about emerging themes as the collected data began to shape up.

2.6.5.2 Content Analysis

The researcher performed content analysis in order to achieve an in-depth understanding of the meaning of the primary data content. During this process, the researcher then applied the principle of discrimination of meaning of units. This phase involved refining the contextual understanding achieved in the previous step by focusing on discrete changes of meaning within the larger context of each individual transcript. Each protocol was re-read; each re-read protocol carefully noted. The climax of this microscopic search for discrete changes in meaning buried under the mass of focus group interviews data is reached through a series of data analysis synthesises: scrutinising each time and marking each time a change of meaning occurred with reference to the phenomenon studied – that is centralised

summative assessment process. According to Ritchie, Lewis & Nicholas (2013) this meticulous attention to detail was to ensure that the researcher accounted for all relevant nuances and details in her further analysis, and that she spent some time considering all meanings when moving to a greater degree of abstract meaning as opposed to descriptive meaning or framing meaning in general terms later. At this stage the meaning of units in the transcripts from each campus were numbered and separated for further consideration.

2.6.5.3. Inducing Themes and Categories

Statements and phrases from the text were identified and arranged into topics or significant words to form columns of themes, categories and sub-categories using maps to generate an overall idea of all datasets collected, depending on their relationship to each other. The researcher elaborated on these themes, categories and sub-categories by attaching meanings to these chunks of data.

This step entails constructing themes and categories by grouping significant statements and phrases into columns of themes, categories and sub-categories. During this process the participants' everyday expressions and language were then transformed into expressions of meaning for the phenomenon under investigation (summative assessment), which embodied more general and transferable insights. The researcher then read each meaning with the following questions in mind: "What did this change of meaning tell me about the experiences of the nurse educators in a more general way within the total context of this transcript"? How could I express this specific quality in such a way that it does justice to the concrete situation, yet indicates the more general meanings? Here the researcher went beyond the language used by the participants to formulate the sense and meaning of each particular expression for what it could tell further about the nurse educators' experiences in centralised summative assessment in the Multi-Campus College in the Eastern Cape Province: that is, formulation of meanings from significant phrases and statements.

2.6.5.4. Coding & Clustering

The researcher commenced a preliminary organisation of data from segments of analysed text transcripts to emerging codes as she continued with data grouping and merging. Related chunks or segments of data were grouped together so that the number of emerging theme categories and sub-categories, and the meanings of segments of data were reduced through association of meanings. Speziale-Streubert and Carpenter (2007:88), contend that data grouping and merging assisted the researcher in identifying which data belong to which theme, category or sub-category until all data had been classified. All these were coded differently using different predetermined codes. A final decision was made regarding allocation of each emerging word, segment or phrase for each theme category and sub-category, which were finally used as headings.

This step involved the formulation of essential general structures, which requires clustering by grouping related meanings of statements and phrases, namely the classification of the categories and subcategories into themes. This process involved the synthesis of transformed meaning units into a consistent statement of the invariant themes that ran through the different experiences and concrete occasions. The aim was to establish what was typical of the phenomenon and to express such typicality in an insightful and integrated manner (Everitt, Landau & Leese 2011:254).

2.6.5.5. Preliminary Analysis & recording

The researcher used her own intuition of how to create sense-seeking organised whole by re-assembling accumulated countless fragments of the different accounts of the experiences of nurse educators in centralised summative assessment into one coherent whole. That is not all. The refashioning and the hammering of the primary data pieces into a single data analysis framework also involved articulating and formulating the transformed insights contained in the discrete meaning units and synthesising the typical themes that arose from the life world descriptions.

Ultimately, the nurse educators' and the researcher's collective experiences were transmuted into language in a communicative way in order to achieve descriptive adequacy. That is, the research report was presented in such a way that it

accounted for the specific meaning units. During this process the researcher had to go back and forth between the emerging formulations of the general structure of the phenomenon-as-a-whole and the individual experiences (parts) to see how the formulations better make sense of the parts, and to see whether the emerging formulations needed to be refined in some way in order to achieve a more multidimensional synthesis of the nurse educators' perceptions of the centralised summative assessment policy being implemented by the Eastern Cape Multi-Campus College (Burns & Grove (2009: 168). The communicative concern was to find ways of expressing the general structure in a narrative form that facilitates understanding in readers of this study.

The researcher proceeded with the analysis of what stands out in all the transcripts or the narratives based on their interrelatedness, and recorded these into final themes categories and sub-categories. This data analysis method gave the researcher a full emerging story from the data collected from focus group interviews through an outcome of coding, categorization and analytic reflection. The final emerging picture finally became evident to answer the research questions Burns& Grove 2009:170).

The researcher undertook this communicative task in a narrative and accessible form to express how she achieved her own digested understanding of the essential structure of the phenomenon to arrive at the themes expected to create new knowledge derived from the participants about the summative assessment. According to Speziale- Streubert and Carpenter (2007:86), this stylistic process of the research report writing is referred to as the describing operation, whose essence is to communicate and bring to written and verbal description distinct, critical elements of the phenomenon. These processes, in the practical sense, occurred simultaneously. The summary of the approach and stages of data analysis followed are outlined in the table below:

Table 2.3: Data Analysis Summary

STAGE	PROCESS ANALYSIS
Transcription and Familiarisation	Transcriptions and descriptions read by the researcher
Content Analysis (a process of immersion)	In depth understanding of content by researcher
Inducing themes and categories	Grouping significant statements and phrases into columns of themes categories and sub-categories
Coding	Formulation of meanings from significant phrases and statements
Clustering	Group related meanings of statements and phrases, to reduced number of themes, categories and sub-categories
Preliminary data analysis and recording	Draw up analysis and meaning from data and record

2.7. LITERATURE CONTROL

The findings of the study are compared with findings from other studies recent literature so that the findings are validated. Comparing the study findings may either be confirmed or rejected depending on what has been seen in real situation. At the end of data analysis the identified themes, categories and subcategories were compared to identify differences or similarities with other recent literature (Burns & Grove, 2011: 189).

2.8. PILOT STUDY

Pilot study is described as a mini research study based on the same principles and approach as the main study but conducted on the limited number of subjects of the population under investigation.(Burns & Grove 2009: 44). The aim of conducting the pilot study is to check the feasibility of the data collection instrument for the main study (Brink, Van der Walt & Van Rensburg 2012:166).

In this study, six participants who meet the same inclusion criteria as nursing educators were selected and interviewed in East London Campus to find out if the interview guide and process were appropriate, unambiguous and appropriate. The pilot study helped to enhance the clarity of the questions asked, and enabled the credibility of the data collection instruments to be verified. The researcher's supervisor was available during the pilot group interview sessions in order to assist the researcher to conduct the group interviews and to comment on the quality of the interviews and the researcher's skills in facilitating group discussions. In conducting the pilot study, the researcher gained experience in conducting the focus group interview.

During the pilot study, the researcher checked if the data collection instrument was able to elicit the necessary responses from participants before the actual data collection process commenced. The researcher was given permission to proceed with the actual data collection by the supervisor who was satisfied with the researcher's interviewing skills.

2.9 PHASE TWO: RECOMMENDATIONS AND STRATEGIES

During phase two the researcher made recommendations for future summative assessment practices based on the findings of the study. The researcher further recommended strategies for best practices in centralised summative assessment in multi-campus colleges and institutions of higher learning locally and nationally. Recommendations and strategies were discussed in detail in chapter four.

2.10. TRUSTWORTHINESS OF THE STUDY

Trustworthiness is the term used to describe the criteria for judging qualitative study. Validity and reliability are often used to measure the quality of qualitative research. According to Finlay (2005:19), it is important that the criteria must fit the methodology used in qualitative research. Brink, Van der Walt and Van Rensburg (2012:119) support this and explain that the research question and the components

of the method of study must tally. Judging trustworthiness of qualitative research involves aspects of credibility, transferability, dependability and confirmability.

2.10.1 Credibility

Rossouw (2003) in De Vos *et al*, (2011:353) explain that credibility in qualitative research relates to the extent to which the methodology and the results used in the study can be trusted. In this study the interviewer verified the data collected during interview with participants through deliberate probing to ensure correctness of interpretations the researcher made. The interviews were accurately tape recorded to capture responses from participants and data was transcribed verbatim and the audio taped to ensure accuracy before analysis was commenced.

2.10.2 Transferability

Transferability is described in De Vos *et al* (2011:352) as a process where the researcher applies the findings of the study to another context other than the original investigation. To ensure transferability, sufficient information was fully provided about sample characteristics so that judgements can be made about the extent to which findings could be expected to apply to new areas of interest and further research by all interested readers.

2.10.3. Dependability

In De Vos *et al*, (2011:352) dependability refers to a process the researcher embarks on to account for changing conditions in the chosen phenomenon. It is a counterpart of reliability in conventional research. Brink, Van der Walt and Van Rensburg (2012:119) argue that validity establishes reliability and credibility and co-exists with dependability. In this study the transcribed data, which was recorded during interviews, was verified by participants themselves for accuracy and authenticity as recorded during interviews.

2.10.4. Confirmability

Confirmability is described as the extent to which data helps to confirm the general findings and leads to the implications of the study (De Vos *et al*, 2011: 352). According to Brink, Van der Walt and Van Rensburg (2012:119), irrespective of its paradigm, a study must be objective and be able to stand up to scrutiny and bear potential refutation. In this study the researcher left an audit trail of documented steps involved in the study. The researcher was assisted by the supervisor and an independent coder did the initial coding and developed the themes, categories and sub-categories. Later all the items information were given to experts of data analysis for validation.

2.11. ETHICAL CONSIDERATIONS

Ethical consideration in research involves avoidance of hurt, and discomfort to the respondents / participants, by obtaining informed consent, safeguarding their privacy and anonymity while adhering to aspects of confidentiality. The nurse educators in this study disclosed crucial and confidential information about aspects of teaching, learning and assessment. The researcher upheld a high level of ethical behaviour throughout the data collection to ensure that participants remain unharmed. Data will be kept locked in a cupboard in the researcher's office and will be destroyed after two years following publication of the research. Only the researcher and supervisor had access to the data (Brink, Van der Walt & Van Rensburg 2012:31).

Ethical clearance was obtained from the University of Fort Hare as well as written permission to conduct the study from the Eastern Cape Department of Health, Nursing College and the heads of the various campuses where the actual study was conducted. The researcher obtained permission from the all selected participants assuring them of their right to participate or not to participate in the study. The researcher protected all participants from emotional or physical discomfort, harm and embarrassment throughout the study. Potential threats were discussed prior the interviews and participants that wished to withdraw during the study were allowed to do so (De Vos *et al*, 2011:115).

Voluntary consents were obtained from all participants after essential information was given about the study. The information included the purpose, benefits, risks, scope involved in the study. Participants were asked to ask questions before deciding whether they want to participate or not. All participants who agreed to participate gave a written consent before the interview commenced.

Anonymity relates to the fact that the researcher must not be able to identify participants after the research including the researcher so that the responses may not be linked to participants. Confidentiality refers to the fact that the researcher will not share information obtained from participants without obtaining their permission first. Information obtained from participants must be held confidentially (De Vos et al, 2011:119). In conducting focus group interviews the researcher will keep the information discussed confidential and requested all participants to keep the information confidential.

The researcher assured the participants that any information divulged about their experiences will not in any way be connected to them personally when recommendations are made or feedback given to the nursing college or the Eastern Cape Department of Health. The researcher made sure that the participants' names and addresses do not appear anywhere in the study. Participants were also assured that they would be treated with dignity and respect and interview records would be tightly secured.

2.12. CONCLUSION

This chapter described in detail the research methodology used to explore the experiences of the nurse educators with regard to the centralised summative assessment practices currently used in the nursing college. Included in this chapter are the research methods and the research design used, the research population, sampling and sampling process, and ethical considerations used in the study. In the next chapter, analysis and interpretation of collected data will be presented.

CHAPTER THREE

ANALYSIS, PRESENTATION AND DESCRIPTION OF FINDINGS

3.1 INTRODUCTION

In the previous chapter the research design and methods were discussed. This chapter deals with analysis of data, describes and presents the research findings in response to research objectives.

These research objectives were to: (1) explore and describe the experiences of nurse educators regarding centralised summative assessment in the Multi-Campus Nursing College; (2) describe how the experiences of nurse educators affect the centralised summative assessment practices in the Multi-Campus Nursing College a (3) identify strategies for centralised summative assessment system within the Multi-Campus Nursing College (4) make recommendations to the nursing college, the Department of Health, other nursing colleges and other educational institutions on the findings of the study.

Focus group interviews were used to collect data from nurse educators involved in centralised summative examinations of the four-year comprehensive nursing course in a multi-campus nursing college in the Eastern Cape Province.

3.2 PARTICIPANTS' DEMOGRAPHIC DATA

This study had a total of fifty-two (52) participants. The sample of 52 nurse educators consisted of 50 females and two males. All the participants were full-time employees of the public multi-campus nursing college in the Eastern Cape. The participants

were involved in facilitation and summative assessment of the four-year comprehensive nursing programme and had a minimum of two years of teaching and assessing various modules in the programme. All the participants were registered with the South African Nursing Council (SANC) as nurse educators for 05-22 years. Their ages ranged between 42 and 57 years old.

3.3 IDENTIFICATION OF THEMES, CATEGORIES AND SUB-CATEGORIES

Wood and Ross- Kerr (2006: 247) argue that organising unstructured research data in trying to understand interview narratives requires extreme creativity and skill. A theme is defined as “the essence or the main idea” of research data, that occurs over and over again during data analysis. A theme is the basic topic of what the research data is about. Categories are that “what” of the research data and are used to identify relationships in smaller units of research data. Sub-categories are the smallest units of data that determine relationships in research data.

In analysing the data collected, the researcher presented the words, clusters, or segments from the transcripts of all the focus groups in themes, categories and sub-categories. In this study literature control is discussed with each theme, category and sub-category. The main question probed by the focus group interviews was:

What are your experiences as nurse educators regarding centralised summative assessment in the multi-campus Nursing College? The interrogation of this broad opening question was followed by further relevant probing, clarification, sub-questions aimed at achieving enhanced clarification and richness of the descriptions and explanations.

The following themes emerged from the data collected: (1) Negative Experiences (2) Strengths and (3) Recommendations.

Table 3.1: Tabular Representation of Emerged Themes

Themes	Categories	Subcategories
1.Challenges / Negative Experiences	1.Academic Responsibilities	(1) Academic workload during setting of assessments and marking
		(2) Quality of questions or question paper.
		(3) Curriculum distribution and spread of questions in the question paper.
		(4) Question paper errors and misplaced content .
		(5) Academic dishonesty / Cheating / Cribbing
		(6) Biasness / subjectivity in marking.
		(7) Recruitment of markers
		(8) Marking reliability
		(9) Markers' judgement
		(10) Class Size and Marking of scripts
		(11) Class size, Marking and marking time frames including scheduling
		(12) Class Size and Objective clinical evaluation (OSCE).
		(13) Students' Handwriting and marking
		(14) OSCE and Time Tabling
	2.Institutional Resources and facilities	(1) Summative Assessment Venues
		(2) Security of summative assessment scripts
		(3) Setting and marking environment
		(4) Travelling to marking centres
		(5) Multiple roles: invigilation and marking
		(6) Non adherence to policy
		(7) Multiple roles: markers used as invigilators or facilitators
		(8) Compensation for marking summative assessment scripts
2.Strengths	1.Professional development	(1) Peer coaching
		(2) Improved students' academic performance
		(3) Marking time frames
3.Areas of improvement	1.Marking can still improve	1) Second or double Marking
		2) Who marks what ?

3.4 PRESENTATION AND DESCRIPTION OF FINDINGS

Most participants presented with different experiences although there were commonalities. Three themes emerged from this study, namely: (1) Challenges / Negative experiences, (2) Strengths and (3) Areas of improvement.

3.4.1 THEME 1: Nurse educators have negative experiences / challenges with centralised summative assessment

The negative experiences that emerged in this study are related to (1) academic and (2) administrative responsibility.

3.4.1.1 Category 1: Nurse educators' experiences in centralised summative assessment were both academic and professional.

Nurse educators are academics and their primary role is the teaching of nurses. Nurse Educators sampled had rich experiences in all teaching and assessment activities. The sub-categories that emerged in academic responsibilities were 1) workload 2) low quality of questions 3) low quality of question paper 4) errors in the question paper 5) high levels of academic dishonesty 6) biasness / subjective marking 7) recruitment of markers 8) marking reliability 9) big class size and marking 10) big class size and OSCE 11) meeting marking deadlines 12) students' handwriting and marking 13) OSCE time tabling..

3.4.1.1.1 Sub-Categories:1 Nurse educators experience overload of academic responsibilities during setting of assessments and marking in centralised summative assessment

Workloads of academic responsibilities for nurse educators involve involvement in facilitation, setting and marking of formative and summative assessments, moderating and supervising work of junior staff members and accompanying students in clinical practice (Bittner & O'Connor 2012:253).

In this study, the participants identified that the setting of centralised summative assessment question papers presents greater workload when:-

- Many summative assessment pool questions, each of which was allocated 25 marks, are set by all nurse educators, who are involved in teaching the four-year nursing programme in all five college main nursing campuses.
- Setting summative assessment question papers period is combined with facilitation of learning and setting formative assessments in other modules or component.
- Setting summative assessment question papers for more than one module at a time.
- Setting summative assessment question papers while one has also to moderate the questions set by her subordinates.

The focus group interview questions revealed the sentiments of the participants on the summative assessment system. The following are verbatim fragments of the nurse educators' transcribed responses:

“All five campuses have to set five 25-mark pool questions with related marking guides from which the question paper will be drawn”.

“Too much when combined with facilitating teaching and setting tests for another module.”

“Imagine ...a person has to set ten 25 mark questions with relevant marking guides, if it is two papers and setting own questions & relevant marking guides for 100 mark question paper while moderating work of subordinates and supervising/ co-ordinating facilitation by subordinates, is too much”.

“One may be required to set two question papers for two different modules e.g. teaching Pharmacology for both first and second years”.

Workloads in academic institutions according to Wilbron, Timpe, Wu-Pong, Monakalis, Karboski, Clark and Altieri (2013:9), are not easily quantifiable. Workload formulas in the past have been used to determine academic workloads. It was found

that there was a direct correlation between facilitating learning and academic workloads. However, the multi-campus nursing college allowed academic staff shortages and the incidence of lack of support to academic staff to dominate the nursing education system. Jessop, McNab & Gubby (2012:148) argue that if a programme is highly modularized, there is increased academic workload among teachers due to fragmented visible formative assessments resulting in high summative demands.

In their study on workloads Gerulamo and Romer 2011 cited in Candela Gutierrez & Keating suggest few studies have been done on assessing workloads in nursing education. More comparative research on faculty workloads are suggested, to check if nurse educators spend more hours per week in teaching and facilitating nursing. The studies may assist the directors and deans of nursing education programmes to recruit and retain nurse educators. The participants' experiences of work overload in this study also confirms that there is a need for more research on academic workloads for nursing educators.

3.4.1.1.2 Sub-Categories:2 Nurse educators experience low quality of questions in summative assessments in centralised summative assessment

Quality according to Oxford advanced learner's dictionary (2005) is the value of something. The participants in this study identified that the quality of questions or question paper set as a second sub-category of academic challenges when:-

- Quality of cognitive level of questions set does not tally with level of training of students being assessed.
- Scenarios used do not relate to the question asked
- Questions are ambiguous and incorrectly phrased and marks incorrectly allocated.
- The final question paper has been taken from unknown source.
- The content of paper is misplaced
- There is no direct feedback received from the moderators instead the questions are changed without examiner's knowledge.

In this study participants mentioned that:

“At times you find a lot of low quality questions in the question paper at third or fourth year question paper”.

“...the scenarios do not talk to what has been asked in the question paper.” One participant explained that “...scenarios must be simple and short when setting OSCE questions, and not to set a long list of history. Again, you don’t have to give answers in that scenario. You find that there a lot of answers in the scenario and the students are confused when it comes to now actually doing the skill.”

...“we also have a problem of ambiguous questions, and that poses a problem for both students when answering and markers when marking”.

We always struggle to interpret the questions and students’ responses when we mark.”

Quality is a standard against which something is measured. Baker and Almerico (2004:1) argue that a master list of action verbs based on cognitive level classification was developed by Bloom to focus on specified learning outcomes to be attained.

Nurse educators serve as gatekeepers to the nursing profession. The quality of any qualification is determined by the quality of summative assessment questions or question paper. Bloom’s taxonomy of educational objectives is widely used to measure different levels of learning acquisition. The model was created to improve the assessment precision in academic institutions. The taxonomy outlines six hierarchical domains of educational progress ranging from the simple to the highly complex: namely knowledge, comprehension, application, analysis, synthesis, and evaluation. These levels help the educators in forming appropriate objectives and standardized assessments (Jones, Harland,& Reed ,2009:18).

In a conventional written summative assessment system the student’s ability to acquire a particular grade depends are assessed through the ability to provide relevant responses to a summative assessment question paper. A reasonable summative assessment question paper, according to Jones, Harland, Reid, and Bartlett (2009) comprises of different levels of cognitive level questions based on the

student's and modular learning outcomes. However teachers have found it easier and quicker to set low level questions irrespective of expected level of learning and modular outcomes. Nurse educators have long been pressured to use strategies that develop critical thinking abilities to nursing students, but measuring the extent of such development has been difficult (Walsh & Seldomridge 2006:212-219). In setting quality summative assessment questions teachers require adequate knowledge of what is to be assessed, why, how and when. According to Mukarugwiza (2003), Azer (2003), Hendricks (2004) and Cross, Taasobshirazi, Hendricks and Hickey (2008), summative assessments must determine the students' cognitive, intellectual and developmental, critical thinking and reflective learning, decision making, leadership capability and team work. But according to the above literature, summative assessments often fail to do so.

If a student succeeds in summative assessments it does not necessarily mean that the student has effectively mastered what teachers assessed during summative assessments. Jones, Harland, Reid and Bartlett (2009) argue that the quality of what is asked the weight and spread of required capabilities determine the quality of the summative assessment as set out in the level course or modular outcomes. Nurse educators throughout the world have used Bloom's Taxonomy to successfully develop and rank assessment questions and performance tasks to assist development of critical thinking and creativity to nursing students. Although information is often taught at knowledge and comprehension levels on entry to the programme, nursing students should later be able to make inferences and think logically through application, analysis, synthesis and evaluation as they progress to qualification in the programme (Lord & Baviskar 2007:4) Drake and Stokes (2004) argue that the manner of assessing students and regarding them as fit to practice, is tricky and problematic but largely depends on the criteria used to make such decisions.

According to Garekwe (2010: 19), the taxonomic model of assessment has been widely accepted by most curriculum designers and educators. However, it has been discovered that about 80 to 90% of teachers still tend to ask lower order cognitive level questions rather than higher order challenging questions for summative

assessment. Students are also asked lower order cognitive questions instead of higher order cognitive questions despite the fact that it is through higher order testing that a student can progress through the programme. The higher order cognitive level requirement is essential for application and synthesis of knowledge, skills, values and attitudes for more development of reflection and critical thinking.

According to Boo, (2005), if the assessment question papers are flawed they result in less valid assessments because of erroneous reasoning resulting in students misunderstanding the entire question. The study by Mukarugwiza,(2003) identified skewed weightages of questions across the Bloom's Taxonomy of educational objectives resulting in more lower questions often used by nurse educators against the higher order questions. The experiences of nurse educators in this study regarding low level of questions asked during summative assessment results confirms flawed assessments and is supported by the study by Garekwe (2010).

3.4.1.1.3 Sub-Categories:3 Nurse educators experience low quality of question papers in centralised summative assessment

Quality of question papers refers to the level of excellence of the question papers (Oremann & Gaberson 2013:282).

Most participants in this study identified that setting of summative practical and theory assessment question papers often has ambiguous statements / scenarios, or typing errors /mistakes. This delays starting time as corrections in the question paper are made telephonically to all centres before the candidates start writing.

This is affirmed in the following statements by some participants:

A participant added that "You find too many typing mistakes / errors in final paper. Corrections of these mistakes are usually done while paper is written. This delays the starting time and students have to finish late because they started late"

"Or, the content of one paper is asked in another paper. The students now are confused in the examination because they are not expecting this question today".

Summative assessment question papers according to (McCoubrie 2004:710) should be well structured, simple without construction and typing errors and easy to understand. The use of imprecise terms and grammatical errors cause confusion to both candidates and examiners and this invalidates the assessment.

3.4.1.1.4 Sub-Categories:4 Nurse educators experience errors in the question paper in centralised summative assessment

Errors in the question papers range from typing errors or ambiguous statements, unclear scenarios. Participants mentioned that:

“...in the examination you find the content that belongs to Paper 1 in Paper 2 and the students are not ready now for that content but will be may be ready later. You find information that is from an unknown source, only to hear later that it is from the internet. Not all students have an internet facility, so they must not suffer to that”.

Questioning and question content in summative assessments have been widely used to assess student's performance for cognitive ability for acquiring a qualification. In nursing education, nurses are developed to acquire knowledge, skills, attitudes and values that will enable them to develop clinical judgement to manage complex situations in nursing practice (Wangensteen, Johansson, Björkström, Nordström 2010:2). The origin of questions set in an assessment has been questioned where assessments are not related to learning objectives or outcomes and again where the arrangement of curriculum content is haphazard.

Secondly the distribution of the curriculum content into many parts or sections of the programme or level renders the programme assessment manageable to both students and lecturers. This is clearly useful where the programme curriculum is very packed and or modularized.

“It is always said that we must stick to the prescribed books, but you find that there are also questions from recommended books in the exam papers, and then the

students are not aware because when you teach the students in class you always say that such and such a book is a recommended book”.

3.4.1.1.5 Sub-Categories:5 Nurse educators experience high levels of academic dishonesty / Cheating or Cribbing by students during centralised summative assessments.

Cheating during summative assessment gives other students advantage over others.

Participants mentioned that:

“Students are coming to write examinations with their cell phones or are having their pencil cases as big as this one on this desk, yet she’s going to write exams. And as invigilator, you are not going to open each and every pencil case to see what is in there. Why are students carrying big pencil cases to the exam room now? What has gone wrong? We used to be students also. You only go there with your student card and your pen and your Identity Document and nothing else. You leave your other stuff back.”

“And it must not be the responsibility of the invigilator to keep I cell phones of students. We are dealing with adult students. All we can need inside the exam room is a student. Whether she can put the cell phone wherever, but it should not be my responsibility to keep it”.

“Should anything happen to this collection of cell phones, you will have problems, because the student will say she has given the cell phone to you. You are accountable for whatever happens to the cell phones whereas you are not supposed to be accountable for students’ cell phones. They know that they are going to write exams, they must not bring the cell phones to the exam room.”

Cribbing or academic dishonesty is an ethical problem that is growing in academic institutions worldwide (McCabe 2009; Theat 2011; Chinamasa Mavuru, Maphosa &

Tarambawamwe 2011; Muchai 2014). It results in students being credited for knowledge that she / he does not possess. While nursing is a highly moral profession, one would expect that nursing students are in turn highly ethical. Researchers have identified a positive correlation between academic dishonesty and unethical professional behaviour. (McCabe, Butterfield & Trevino 2006; McCabe 2009:616; Kenny, Wilton & Hilts 2007:17)

Cribbing involves the act of the candidate's gaining unfair advantage over others in an examination (Chinamasa, Mavuru, Maphosa & Tarambawamwe 2011:91). Cheating is a type of summative assessment malpractice taking place in the summative assessment hall / venue. Participants in this study reported an increasing number of candidates found with material of assistance in the summative assessment venues.

The experiences of nurse educators in this study are supported by Olafson, Schraw,& Kehrwald (2014) when they argue that academic dishonesty is a global challenge for educators very few students are caught and even fewer receive sanctions. Receiving external assistance during summative assessment received a second ranking, while plagiarism ranks the highest. With rapid advances in technology and social media networks cheating methods have gone viral. According to Reddy (2011) educators are challenged to be more proactive and use surveillance strategies that involve all areas of digital world when invigilating.

3.4.1.1.6 Sub-Categories:6 Nurse educators experience biasness / Subjectivity in marking in centralised summative assessment

Subjectivity in marking refers to instances where the markers purposely inflates or deflates the candidate's scores.

Participants reported that *"If marking is done at own campus, marking becomes subjective, markers are careless when marking students from other campuses"*.

Bias in marking assessment scripts may be conscious or unconscious and occurs where different markers rate student's responses in summative assessment differently (Falchikov 2005: 36). Marking has long term results for students, teachers,

the institution, the country and the entire world. Therefore it has to be done efficiently and effectively without bias and without mistakes. Marking has to be transparent, fair and thorough. Different interpretations of assessment criteria and marking standards between markers often result in variations in assessment scores. But Annetts, Jones & Deursen (2013) argue that marking is generally a subjective activity, but the measurement error in marking has been reduced by the introduction of double marking to ensure reliability, a process called inter-rater reliability. Nursing is a highly ethically regulated profession and nurse educators are always expected to exercise the highest level of professionalism, honesty and accountability as their products mirror their professional maturity (Bol, Van de Werfhorst, & Dronkers, 2014:208).

Falchikov (2005:34) confirms this comment and argues that subjectivity in marking may either be deliberate or unconscious. Assisting one's friend/relative as a nurse educator over other students is not only subjective but also is unethical. For obtaining a qualification, students' performance must be determined objectively using externally verifiable assessments that assess students' reflective and critical thinking ability. Participants identified a degree of leniency in marking where students are known to markers.

3.4.1.1.7 Sub-Categories:7 Nurse educators experience challenges in the recruitment of markers in centralised summative assessment

Recruitment and selection of markers refer to processes and procedures for appointment of markers.

In this study participants commented as follows:

"Marking is very strenuous, and yet there are a lot of disturbances. When you are fully engaged in the marking process you will be called to attend a certain administrative issue. Now your concentration is interrupted and then you make a lot of mistakes".

Royal-Dawson's (2004) study investigated whether it is necessary for a marker/assessor of Key Stage 3 English to be a qualified teacher with three years' teaching experience. The author examined the marking reliability of four types of markers with an academic background in English but different amounts of teaching experience: (1) English graduates, (2) post-graduate certificate in English (PGCE)

graduates, (3) teachers with three or more years' teaching experience and (4) experienced assessors/examiners. Kan and Bulut (2014) argue that experienced teachers tend to score performance assessment objectively because of they have up to date knowledge of the subject matter and have rich experience in scoring and assessments.

Other assessor marking traits identified by research as factors that influence marking reliability are transient assessors' traits, which include (1) fatigue and (2) mood for example. Race (2005:28) confirms that fatigue and mood changes can affect marking many scripts especially when marking many essay questions and suggested tips on how to deal with this situation. He confirms that the average mark per hour tended to increase over time and the distribution of the marks awarded to students decrease.

3.4.1.1.8 Sub-Categories:8 Nurse educators experience challenges in marking reliability and markers' judgement in centralised summative assessment

Marking reliability is the consistency of scores obtained during marking. Participants in all campuses commented that:

“Although the college uses double marking you’ll find that the second marker is not thorough. The script has the same error that was missed by the first marker”.

Meadows and Billington (2005:30) observed that it is likely that the tightly prescribed mark schemes and standardisation achieved through the code of practice which demands that assessors or examiners must have relevant experience in the subject and be well trained, The code of practice removes the effect of ideological bias in General Certificate of Secondary Education (GCSE) and A level marking in United Kingdom. Their study defined marking reliability in a number of ways: (1) the correlation between the marks awarded to the scripts by the Lead Chief Marker/Assessor and the marker/assessor; (2) the agreement between the levels assigned to a pupil by a marker compared to those assigned by the Lead Chief Marker/Assessor, and (3) the frequency of administrative errors. Overall there was little difference in the marking reliability of the different types of marker/assessor. The recent study by Allal (2013:30) on teacher's professional judgement in summative

assessment noted that both psychological and social practices often come to play and errors occur. Suto *et al* (2009) affirm this in their study on the reliability of marking and teaching experience, teacher's qualification in the subject being marked or qualification in other subjects.

3.4.1.1.9 Sub-Categories:9 Nurse educators experience challenges of big class size and marking in centralised summative assessment

When enrolment figures are high, scripts for marking are many with negative impact on the quality of assessing students' scripts through: (1) the state of marker judgement during the period of marking large numbers of scripts – a period that stretches over many sleepless and tiring hours; (2) racing to meet the marking deadlines, and (3) having to decipher the intended meanings from student hand-written scripts, many of which are almost unreadable. Participants mentioned that:

“Marking many scripts a day affects the quality of marking and delays results capturing. For quality purposes the duration for marking should be increased. Otherwise we are always marking under pressure.”

The participants' experience of marking too many scripts daily is explicated by Johnson, Hopkin and Shiel (2012:50) in their study, which exposes the dangers of marking overloads. When marking many scripts within limited time frames, markers are likely to make errors because their judgement ability may be negatively affected. The high enrolment trends have negative influences on the quality of teaching and summative assessment (Blankenau 2005).

3.4.1.1.10 Sub-Categories:10 Nurse educators experience challenges of big class size and Objective Structured Clinical Evaluation (OSCE) in centralised summative assessment

OSCE is a multi-circuit session that is often used to assess clinical performance in medicine and nursing for a large number of students. When enrolment figures are

high, reliability and validity of OSCE is doubtful despite the use of many stations at a time.

Participants in all campuses in this study affirm to this:

“We have a challenge of big student numbers during OSCE.”

“During OSCE there are usually no tea or lunch breaks, everything is rushed because numbers are big. There is also no overtime provided. Each OSCE has to be finished in same day irrespective of student numbers and consolidation and capturing of marks has to be rushed.”

“Big student numbers affect quality of OSCE especially for students examined towards the end.” OSCE questions often leak out by first group to last group.”

“I don’t think now its quality, right enough you put these students in one room. For example there are plenty of them, hundred and sixty something. They are going to do OSCE. First round, second round is fine. Third round is also O.K. But when you come to the fourth round, may be after tea time, the student will just go to the client, without even looking to the script or instructions she starts the examination. Why? Because she already knows what has been asked. When the students are many, they send sms each other.”

Participants’ experiences of big class size and OSCE confirm the limitations of OSCE identified by the study by (Walsh *et al*, 2009: 1589) The findings of this study have revealed the concerns related to the conceptual limitations and the lack of psychometric properties of the tools available for measurement in nursing education.

One of the OSCE’s limitations cited by the literature is the fact that OSCE requires a lot of preparation time, personnel and costs. Another shortcoming of the use of OSCE is that it has led to the fragmentation of nursing practice as students move between stations – a situation that has undermined the holism of nursing care provision (Rusforth 2006:484).

Harden and Gleeson first introduced the OSCE into medical education in Scotland in 1975 (Carraccio & Englander 2000).The OSCE has been reviewed to accommodate

more students where there are large student numbers in both medicine and nursing. According to the extant literature (Bujack, McMillan, Dwyer & Hazleton 1991a, 1991b; Walsh, Bailey & Koren 2009), the emergence of the OSCE, one form of evaluation of clinical competence used in medicine, is gaining more scrutiny and consideration in nursing education. The OSCE form of evaluation is designed to address the limitations noted in previous evaluative methods (Clifford 1994:272), the phenomenon under investigation and the weaknesses of comprehensive summative assessment and its challenges.

Walsh, *et al*, 2009:1584, whose literature review paper on OSCE was aimed at describing the utility of the OSCE as a strategy of measuring one form of clinical competence in nursing, have reported that Objective Structured Clinical Evaluation (OSCE) has emerged as an additional approach to evaluate clinical competence. The authors further stated that: “The complexities of evaluating clinical competence can be addressed through use of an OSCE process” (Walsh, *et al* 2009:1585).

Although the advantages of OSCE outweigh its limitations, it is not without challenges. Validity and reliability in OSCE has been questioned in previous research studies as more concerns high stress levels were reported during OSCE (Hatala and Marr 2011, McWilliam and Botwinski 2012). The negative findings on validity and reliability conveyed above, is challenged by Walsh, *et al*, (2009). Despite the limitations, Walsh, *et al*, (2009:1585) have reported that “a number of medical researchers describe the OSCE as an objective, valid and reliable method of assessing clinical competence.

In their earlier study Norman, Watson, Murrells, & Redfern (2002: 134) have confirmed that one of the most challenging tasks in nursing education today is to assess/evaluate clinical competence objectively in the nursing student population, given the complexities of the healthcare system and the dynamic and revolutionary nature of nursing itself.

3.4.1.1.11 Sub-Categories:11 Nurse educators experience difficulty in meeting marking deadlines in centralised summative assessment

Time management directs organisational performance. Participants in one campus mentioned that:

“...when it is time to develop mark schedules we find out that the other campuses are still marking, and now we have to wait because now we cannot proceed doing our marking schedules.

“In some campuses, marking takes longer. By the time we have to do mark schedules, they are not ready, now we have to wait for them. Now we make mistakes when doing schedules because we are now rushing”.

Marking timeframes in summative assessment are prescribed by educational institutions as standard to regulate the entire assessment processes. Prescribing marking time improves accountability of the institution to its principal agents or government (Klein & Ackeren 2011: 184).

The importance of meeting datelines – timeframes for performing declared assessment goals – is reflected in all educational performance guidelines that determine the academic performance of both students and educators. The consequences of the failure of educators to meet assessment datelines are threateningly captured in most literature on assessment datelines (Wareham Public Schools 2013:10; New York City Department of Education 2013:18; Serplus 2013:7). For instance, the consequences of failure to meet datelines in assessments and the failure to achieve the required students’ performance outcomes may lead to being downgraded and having to submit to professional performance evaluation in order to continue working as a professional educator in the USA (New York Department of Education, Advance Guide for Educators 2014:42).

3.4.1.1.12 Sub-Categories:12 Nurse educators experience challenges with students’ handwriting when marking in centralised summative assessment

Handwriting is a complex activity resulting from cognitive kinaesthetic and perceptual functioning of human beings (Connelly, Dockrell & Barnett 2011).

Participants in this study commented that:

....."we spend a lot of time trying to read what the student is trying to say because of poor handwriting. At time it is really bad".

The findings generated by comparative dataset studies conducted by Prof Vince Connelly and his colleagues (Connelly, Dockrell & Barnett 2005, 2006, 2011; Connelly, Dockrell, Critten & Walter 2011; Connelly, Dockrell, Critten, Walter & Lindsay 2010, suggest that models aimed at addressing challenges posed by students' handwritten summative assessment essays reveal that manual marking behaviours, such as navigation and annotation, can influence examiners' comprehension whilst marking.

Literature has identified that student's handwriting in summative assessments is affected by the student's level of stress and anxiety. In their informative article entitled "Marking extended essays on screen" Sumner, Connelly and Barnett (2010:56) argue that the reliability of grading scores awarded by markers tend to be negatively affected especially by students' handwritten summative assessment essay answers (Sumner, Connelly & Barnett 2010:52).

3.4.1.1.13 Sub-Categories:13 Nurse educators experience challenges with OSCE time tabling in centralised summative assessment

Time tabling is a process of assigning activities or events to resources like space, time or personnel. In academic institutions time tabling is the most challenging administrative activity in planning for summative assessment.

In this study participants remarked that:

"...our exams are one on top of another, you find that there was an exam yesterday and then in a day there is another exam, and there's RE-OSCE at the same time". And also with the issue that you are using the same venue for OSCE, for different disciplines then now it means this same venue was used for this discipline must be used by another."

"...if for example you have 20 students for oral you have to spend the whole day doing oral for each student to pass the oral and gain 1-2 marks. The college or examination committee must find a way of dealing with this because the time for oral is too short."

“Oral examinations are time exhausting & time consuming especially where large student numbers are involved”.

Time tabling challenges vary in each institution and can be very costly due to lack of its generalised developmental framework (Lee, Ma, Lai, Hsueh, Fanjiang 2005:4). Summative assessment time tabling involves assigning summative assessment sessions to a number of venues (halls or classrooms), personnel (invigilators) within a specific period of time in an educational institution.

While time tabling has many challenges, participants in the study remarked that time tabling involves preparation and conduct oral examinations or viva for a large student population within a short period of time. Oral examinations are conducted at the end of the scheduling process before the results are tabled to the examination board for all students who obtained 38-39%, 48-49% & 73-74%. At this stage very little time is left before the results are published. Preparing and conducting oral examinations for large student population within a short time is a challenge for both students and examiners (Nursing Education Institution Assessment Policy: 2009:15).

3.4.1.2 Category 2: Nurse educators experience lack of administrative resources and facilities in centralised summative assessment

Sub-categories for the experiences relating to administrative experiences that emerged were 1) setting and marking venues 2) congestion in summative assessment venues, 3) inadequate security when transporting assessment scripts 4) disturbances while setting and marking 5) physical exhaustion when travelling to marking centres 6) multiple roles as markers, invigilators and facilitators in one day 7) adherence to policy 8) incentives / compensation for marking summative assessment scripts.

3.4.1.2.1 Sub-Category:1 Nurse educators experience related to institutional summative assessment resources in centralised summative assessment

Summative assessment resources are human, physical or material structures used in educational assessments and vary in each campus. These may include setting and marking centres and time, travelling distance to these setting and marking centres, assessment halls / classrooms, chairs, and ablution facilities, appointment

of invigilators and markers, additional equipment and material for OSCE and personnel to man additional stations when large student numbers are assessed.

3.4.1.2.2 Sub-Category: 2 Nurse educators experience congested summative assessment venues in centralised summative assessment

Summative assessment venues are areas where summative assessment takes place. The intake capacity in each educational institution affects the quality of teaching, summative and assessment due to limited resources like lecture halls, furniture, libraries, and laboratories (Bunoti 2011:1). Student enrolment figures for a particular paper or programme impacts on the allocation or identification of summative assessment venues and time tabling, but the seating arrangement or where a particular student sits during the assessment is often irrelevant.

The data revealed that the congestion of assessment venues was due to large numbers of candidates being assessed. This not only negatively affects the quality of invigilation as candidates are not likely to be seen when cribbing but also affects the candidates' physical wellbeing.

"...summative assessment venue becomes very congested because of large student numbers during summative assessment ... as an invigilator you are unable to move around big numbers. Again there are no air conditioners to use during hot weather. Instead of concentrating in invigilation now, you have to fetching water for this student then that student to drink."

Participants commented that: *"When you are allocated as invigilator being a lecturer you become uncomfortable, because these students copy a lot. You really feel threatened although you know you are implementing policies."* *"But deep within the student, he thinks you are disadvantaging him. He thinks you are destroying his future / letting him down. You are afraid of himself or his relatives, even if he does not say so."*

One participant gave an example that a particular nurse educator identified that student had invalid certificate during the recruitment and selection process. When meeting the student in town one day, the student said to her: *"you are the one who*

made me loose training, you will see....” The nurse educator thereafter started receiving threatening anonymous phone calls.

...“So one ends up ignoring the students that are copying or else they will get you out of the system. The rate of copying may be lower if invigilator was a foreigner of someone who is not a lecturer.”

Congested classrooms and examination halls limit space for invigilators to move around and inhibit proper monitoring during assessments. According to Matthew (2013:208) educational directors must ensure that institutional enrolment figures match the capacity of educational institution to ensure full utilisation of academic resources and facilities while ensuring that the institution’s academic integrity is always maintained.

3.4.1.2.3 Sub-Category:3 Nurse educators experience lack of security when transporting summative assessment scripts in centralised summative assessment

Summative assessment should be as authentic as possible. This means that we should measure each student’s performance in ways that make us sure that the achievement belongs to the student and nobody else (Race, 2005:4). In this study some participants reported lack of adequate security when moving summative assessment scripts from the assessment venue to the strong room at the end of the assessment session. This exposes them to extreme danger and crime. Participants in one campus remarked that:

“Shortage of transport back to campus where the strong room is located often becomes a challenge especially in the late afternoon when one has to wait until students finish writing the assessment.” She added that *“In my campus a private car is used to transport question papers to the summative assessment venue if far away or back to the strong room in the main campus. “Private cars expose invigilators and exam material to risks especially in late afternoon.”*

According to Njue, Muthaa,& Muriungi (2014) summative assessments must be fair for all candidates without others having an advantage more than the others. Educational institutions must adhere to policies that eradicate summative

assessment fraud to ensure authentic assessments. Instances of malpractice must be eliminated throughout handling and distribution of summative assessments or dealt with promptly when detected to maintain integrity of the educational institution.

3.4.1.2.4 Sub-Category: 4 Nurse educators experience disturbances when setting question papers and marking scripts in centralised summative assessment

Setting and marking environments must be free of distractions. Keeping the office door closed for a period of time and equipping the door with a “Do Not Disturb” sign, while switching all phones off or redirecting all phone calls to the secretary are a means of getting a quiet time or hour. These strategies have been used by many people who want to engage with some important tasks or getting a quiet time to concentrate or relax (König, Kleinmann & Höhmann 2007:5).

In this study participants mentioned that they are often distracted during the setting and marking because there is no specific time or area designed for setting at campuses because they set in their offices and at intervals carry on with their normal duties.

This is affirmed in the following statements: Participants remarked that:

“While you are setting, you may be called to attend to somebody who has visited the campus for any academic issue related to you.” Others mentioned that *“Setting is done in offices where there is no confidentiality. Students can come in any time. You need to hide what you are doing from them.”*

“Marking it should be done in a controlled environment. For example not to be done in campus but somewhere where people will not be disturbed by any other visitors, because if it is done in campuses there is a lot of interruptions and people are not concentrating “.

Preparation and marking of summative assessments require a great deal of care. The environment for development of summative assessment question papers and marking of the candidates’ summative assessment script requires explicit examiner’s

concentration and judgement. A quiet time and environment free of interruptions is required for development of summative assessment questions whether at home or workplace promotes quality setting and marking.

Healthy work environments in nursing summative assessment promote academic excellence. Mistakes and errors in setting and marking however occur either because examiners are not focussed when developing questions or markers are either interrupted or tired because they mark many scripts at night or because they carry on with their normal duties simultaneously during the day.

3.4.1.2.5 Sub-Category: 5 Nurse educators experience physical exhaustion when travelling to marking centres in centralised summative assessment.

Some participants experience physical exhaustion after travelling long distances to marking centres when marking centres are off campus. Markers need to rest and start marking the next day.

From the data it emerged that travelling for long distances to marking centres is a challenge as participants travel by car to a central point identified as a marking centre. Participants revealed that some leave their homes as early as three in the morning. By the time they arrive at the marking centres they are exhausted but have to start marking, and consequently the quality of marking is affected.

“We are expected to travel from 3 am to marking centres, on the same day as when marking starts. When we arrive there, we are usually very tired. One is at the same time expected to finish her daily quota of allocated scripts or the scripts pile up for the next day. There is no consideration for slow markers at all.”

Centralised summative assessments also include centralised marking (Coniaman & Yeung 2010: 265). For marking to be reliable markers must be ready both physically and mentally.

3.4.1.2.6 Sub-Category:6 Nurse educators experience difficulty in performing multiple summative assessment roles within the same working day shift: markers used as invigilators or facilitators simultaneously

In each summative assessment session, a certain number of invigilators must be present, of which one must be the chief invigilator. The college examination policy specifies that one invigilator must be assigned to 25 candidates during every examination or assessment session.

Participants in all campuses complained about markers being used as facilitators or invigilators especially when marking has commenced for all programmes. They feel that invigilation should be outsourced because their concentration is disrupted when they have to stop to go and invigilate and then come back to marking.

“During marking we are also expected to invigilate or teach in other programmes without finishing their marking in the other programme. One is expected to invigilate a three hour examination session and in the afternoon to mark scripts when in actual fact one is already tired.”

“You may also be called out from marking to invigilate, as the same people who are marking are also expected to invigilate. One has to rush to make up for time lost, if she was invigilating in the morning or afternoon and finish the daily allocated scripts.”

“...You cannot concentrate in marking if you are also expected to invigilate. It is worse when students copy when you are invigilating and you have to write those statements to attach to your invigilation report. These disruptions contribute to low standard of marking.”

“Again, if you are expected to teach in one programme and mark in another programme at the same time, because students have written an exam, most of the time is taken up by marking. So it is advisable that different people should do the marking.”

The changing roles of the contemporary educator both internationally (Soomro & Ahmad 2012:148; Masters 2013:11) and in South Africa (Department of Education 2008:1-159) appear to confirm the view that the traditional role of the educator has shifted to incorporate a host of other functions whose weight threatens to overwhelm the educator. Currently, the educator's roles include facilitating learning, assessing

learner performance, setting examination papers, invigilating examinations, ensuring that no cheating takes place prior to the examinations, during, and after examinations, and doing all that needs to be done to facilitate successful delivery of academic programmes to students.

Hence, it is not surprising that the contemporary summative assessment invigilators strive endlessly to ensure that security is maintained in every assessment venue as well as guaranteeing that the assessment is fair and appropriate, and all the candidates are afforded a comfortable and uninterrupted environment to write their papers. Educators performing their assessment duties operate within timeframes that begin many hours before the scheduled stipulated working hours and many hours after closing time. Besides the unreasonable working-hour schedules imposed upon the educator by summative assessment policy implementation mandates, the nurse educator has to endure countless work-related aggravations that include unsafe environmental crisis and candidate's emergencies (Lambert and Lines 2013:71).

3.4.1.2.7 Sub-Category: 7 Nurse educators experience lack of adherence to policy by certain academic managers in centralised summative assessment

A policy is a standard setting in implementing processes and activities. Effective management and supervision forms a solid foundation for quality and stability in organisations. In centralised summative assessments policies are used to promote standardization of processes and procedures, while promoting quality, authenticity, and credibility of summative assessment results.

Some participants commented that:

“When we mark together we are having an opportunity of correcting one another and of coming to a common understanding but will not discredit the student because we are there all of us”.

“There is no uniformity in division and allocation of scripts to markers. Some disciplines do not take into consideration how many markers are available in a campus scripts are just moved from one campus to the next, not considering the numbers of scripts and the number of people to mark”.

...there is no uniformity regarding the availability of refreshments during OSCE and during marking”.

3.4.1.2.8 Sub-Category: 8 Nurse educators experience lack of incentives / compensation for marking summative assessment scripts in centralised summative assessment

Assessment is highly challenging and requires high levels of reliability, consistency, and objectivity. As more students are admitted in higher education institutions and as the programme becoming more modularized, more strain is placed on teachers in higher education in marking summative assessment scripts within stipulated marking time frames. Marking high level order 25 mark essay type summative assessment questions requires critical marker's effort and judgement (Weinberger 2011:50).

One participant in the study commented that *“... marking of examinations is strenuous and it is not the same as marking tests or assignments. We have large amount of students (e.g 120) to mark within may be two weeks and give feedback. This is very strenuous. Lecturers should really be acknowledged or compensated for marking examinations because the scripts are many, so that they remain committed”.*

In order to increase commitment by markers and to improve quality of marking, most participants reported the following:

“Marking must be made attractive. People, even facilitators must be made to apply for marking and markers should be remunerated somewhere somehow. It is often said there is no money to pay markers. So that is why there is no commitment for marking”.

“The college should follow the same approach as Department of Education in Grade 12 exams where markers are taken to a special place away from their homes or work to concentrate on marking only.”

“Marking needs concentration, but when we come to draw schedules and other campuses have not finished marking, we have to assist because time has lapsed, and at that time we are just pushing to finish, papers are needed.

“Actually marking should be done based on the SANC procedures. In fact the whole examination should be done according to SANC especially outsourcing appointment of examiners, invigilators, and markers.”

3.4.2 THEME 2:

3.4.2.1 Nurse educators experience strengths in the centralised summative assessment.

According to Cambridge international dictionary (2005) a “strength” is the degree to which something is powerful.

3.4.2.1.1 Category 1 Nurse educators experience professional development in centralised summative assessment. In this study, professional development emerged as a strength in the only category for theme 2.

The sub- categories of this theme are (1) Peer coaching and (2) Improved students’ academic performance and (3) marking time frames

3.4.2.1.2 Sub-Category1 Nurse educators experience peer coaching in centralised summative assessment

Peer coaching is a collegial process where two or more faculty members voluntarily work together to improve their teaching and assessing ability. Huston and Weaver (2008:5) explain that peer coaching may be a way where one person receives the coaching or reciprocal where both members act as coaches for one another. Some participants mentioned that:

“Centralised marking gives us an opportunity to share and grow”. Others remarked as follows:

“When we mark together we are having an opportunity of correcting one another and of coming to a common understanding but will not discredit the student because we are there all of us”.

“During central marking you get opportunity to share ideas about teaching and assessing from colleagues from other campuses”

Marker’s self-assessment and peer marking according to Boud (2005) improves the quality of marking summative assessments. When markers voluntarily identify their own marking shortfalls, they become positive in improving their marking. When markers mark together in one place they have an opportunity to confer with each other.

3.4.2.1.3 Sub-Category: 1 Nurse educators experience improved student academic performance in centralised summative assessment

Every educational institution assists students to learn and prepares them for the world of work. Efforts of both teachers and students in any educational institution are directed at achieving these goals. In centralised summative assessment both teachers and students’ behaviours are channelled towards improving students’ performance through increasing conscious or unconscious competition.

Participants in this study responded that:

“...as the health needs of the Eastern Cape are similar, the knowledge of the nurses trained in this province is more or less the same because of a common curriculum.”

“A student who qualifies in any campus can work anywhere in this province”.

Both student and nurse educators in this study are developed to a similar level when employing centrally designed formative and summative assessment strategies irrespective of the campus of origin.

The literature has repeatedly emphasised that there is a correlation between effective and efficient utilisation of combined application of summative and formative assessments and improved student performance (Buzzetto-More 2010; Masters 2013; Soomro & Ahmad 2012; University of Portsmouth 2014; Torrance & Coutas 2004; Yu & Li. 2014:) The findings can be traced back to the seminal study by Black and Wiliam (1998) underscores the relationship between students’ improved academic performance and student-oriented use of educational assessments.

3.4.2.1.4 Sub-Category:2 Nurse educators experience ability in meeting marking time frames in centralised summative assessment

Deadlines are time frames for conducting particular activities. Where summative assessment processes are standardised, the efficiency of the institution is measured by its ability to meet timeframes or deadlines in conducting its assessments.

Some participants mentioned that:

“The college is able to meet deadlines in publishing results and no campus is doing its separate thing somewhere”

“...examination results are published on time”.

Meeting deadlines is a critical indicator in assessing management performance in determining academic excellence. Time management in higher education reflects the values of academics and form the basis of total quality management. Scheduling and managing tasks directs all role players in summative assessments to adhere to set time frames to cut down costs and conducting quality assessments (Birley and More 2014).

3.4.3 THEME 3: Nurse educators experience that certain areas still need more improvement in centralised summative assessment.

The only category that emerged for this theme is (1) Marking can still improve

3.4.3.1 Category 1: Nurse educators experience marking can still improve in centralised summative assessment

Marking is the most critical stage in traditional exit summative assessment processes of public institutions. Each candidate must be awarded marks that mostly accurately and fairly reflect the merits of summative assessment script (Taylor 2011:2). Marking has significant outcomes for all stakeholders involved in education and training. Decisions made during marking require marker's expert judgement to ensure reliability and validity of results, despite being influence by related social processes in the marker's mind (Crisp 2007:3).

The sub- categories for this category are 1) second / double marking 2) who marks what?

3.4.3. 2 Sub-Category: 1 Nurse educators experience objectivity in second or double marking in centralised summative assessment

Second marking involves two markers marking the same script to ensure reliability of the scores obtained by the first marker. Students expect markers to be fair, efficient and objective in marking their summative assessment scripts (Cannings et al 2005:302). Some participants commented that :

“Second markers are just allocating marks and not actually doing the marking. They are not thorough”.

“...second markers commit the same mistakes as first markers. For example, if the first marker did not calculate well, the second marker does the same mistake, instead of correcting it”.

3.4.3. Sub-Category:2 Nurse educators experience uncertainty about who marks what in centralised summative assessment?

Accuracy in marking demands both markers' cognitive expertise and the actual task of marking.

In this study some participants commented that:

“When marking a subject that I’m not teaching, I’m not an expert in that subject I will not be thorough in marking that subject as I was when marking my own subject, so that way it becomes a disadvantage to a student to a certain degree”.

“...in some campuses you find that makers who are teaching a portion of the paper are allowed to mark”.

“In some cases people who are teaching a different level are allowed to mark another level of the module”.

Suto, Nadas and Bell (2011) argue that markers require the highest educational experience in the relevant subject or relevant subject content, together with both teaching and marking experience in order to be accurate in marking. Specific criteria are used by educational institutions to recruit and appoint marker to ensure that marking is reliable.

3.5 CONCLUSION

This chapter presented the analysis and discussion of the study's findings as presented by the participants. From their perspective it is clear that besides the academic issues that challenge them as academics, the centralisation of summative assessment processes, the congestion of the four year programme and the demographics of the province itself impact negatively on the summative assessment of the college. However these are not unique problems as some have been experienced by other educational institutions nationally and abroad as indicated in literature.

CHAPTER FOUR

DISCUSSION OF FINDINGS, RECOMMENDATIONS AND CONCLUSION

4.1 INTRODUCTION

This chapter sums up the experiences of nurse educators regarding centralised summative assessment in a multi-campus public nursing college in the Eastern Cape Province. The researcher was able to identify themes, categories and sub-categories to understand and explain these experiences in relation to the research question and the objectives of the study as set out in chapter one. In this chapter, the researcher strives to present research findings for the study with recommendations to the nursing college and other educational institutions.

In concluding the study, the researcher unpacked the research findings and made recommendations on strategies to improve the quality of summative assessments. Assessment competency programme strategies do not only use traditional assessment techniques, instead they combine both the traditional assessment programme with performance assessment (Van der Vleuten & Schuwirth, 2005) – a strategy used by Eastern Cape Nursing College’s comprehensive four-year course, which combines the traditional summative assessment with the OSCE clinical performance assessment aimed at examining nursing students’ professional competency.

The findings, recommendations, and conclusions were shaped by the purpose of the study, which was to explore and describe the experiences of nurse educators in centralised summative assessment in a multi-campus nursing college in the Eastern Cape. The outcomes of the study exposed the challenges associated with research focused on competency assessment programmes. The study was influenced with how nursing education was undergoing a global change, from educator-centred instruction focused on knowledge transfer towards a more learner-centred instruction

focusing on competency-based learning. The nurse educator assessors' negative experiences, as indicated by their responses to the interview questions, were triggered by the changes in the changing labour market, which currently requires flexible, adaptive nursing employees' ability to respond to a rapidly changing healthcare environment in South Africa, and who possess competencies instead of isolated knowledge and skills. These changes in classroom instructional strategies and learning necessitate the development of assessment methods to adequately determine the acquisition of such competencies (Baartman, Bastiaens, Kirschner & Van der Vleuten 2006).

The literature reviewed in the previous chapter was integrated with the findings of the study to endorse the findings and the recommendations made so that quality assessment indicators or criteria were strengthened by the findings. In summative assessments competency strategies do not only use traditional assessment techniques. Instead they combine both the traditional assessment programme with competency assessment performance – a strategy used by Eastern Cape Nursing College's comprehensive four-year course, which combines the traditional summative assessment (Van der Vleuten & Schuwirth, 2005) with OSCE clinical assessment competence performance aimed at testing nursing students' ability to perform effectively in the healthcare workplace. Recommendations capable of bringing about changes in the conduct of summative assessment at the multi-campus nursing college and other education institutions were made.

4.2 FINDINGS

The researcher found that most of nurse educators' experiences and responses to the research questions on summative assessment suggested that the nurse educators value mere academic acquisition of knowledge at the expense of nursing professional skills and competences. Scores obtained by students during summative assessments appear to be more important than the acquisition of professional skills and competencies that save lives. This high devotion to the level of the scores acquisition by students nurse educators to "teach to test" so that one obtains a

higher pass rate in the subject she is facilitating. The centralised examination system appears to influence the setting of non-academically challenged questions or questions that do not nurture critical thinking and logical reasoning.

Consequently, the nursing graduates' critical thinking, reflective ability and achieved learning competencies are greatly compromised. The compromised quality of the nursing college's summative assessments is clearly visible and is manifested as 1) lower level questioning 2) reduced quality of summative assessment question papers 3) subjective marking despite the double marking approach that is in place 4) reduced quality emanating from certain individuals through lack of adherence to policies and procedures.

Errors or biases are also introduced into the summative assessment system through: (1) computation of marks; (2) management of large student numbers when conducting Objective Structured Clinical Examination (OSCE); (3) the burdens of academic workload; (4) compromised human, physical and material resources; (5) congested summative assessment time table and lack of suitable venues due to a highly packed educational programmes; (6) assessment security setup created by an expensive centralised system with high security risks that are sometimes breached whenever summative assessment material is moved from one area to the next.

A number of unhealthy academic workplace conditions were responsible for the biased conditions that compromised the summative assessment policy implementation at the Eastern Cape Multi-Campus Nursing College.

Most participants' explained that they are hurried to submit pool questions during the first quarter of the academic year when the different course topics that make up each of the yearly component of the four-year programme is not yet taught. At this stage nurse educators are still furiously busy engaged with the actual programme facilitation. There is an interval of many months between the settings of questions and completing the facilitation of the course components allocated for the year undermined the content and the reflective quality of the questions set at the

beginning of the academic year. This is directly related to the academic workload experienced.

The actual classroom instructions tended to shift focus from one topic area to another after the same course topics had been repeatedly taught for a number of years – a summative assessment characteristic that made it difficult for the nurse educators to set questions on the most relevant sections of the nursing curriculum. The quality of the questioning is further compromised by the various competence-related attributes of the different nurse educators with varying personal and educational backgrounds with varying cognitive and profession abilities.

4.3. STRATEGIES FOR IMPROVED SUMMATIVE ASSESSMENT PRACTICES

4.3.1 Purpose

Based on the findings of the study the researcher draws up strategies for better assessment strategies for the nursing college that will assist in producing competent and proficient nurse graduates. It is hoped that the suggested strategies will focus on areas of best nursing education practices and cover all the nurse educators as assessors, the nursing college as the environment where summative assessment occurs, the students as those who are to be assessed and the process of summative assessment as per quality assurance measure.

4.3.2 Rationale

The strategies will equip and update nurse educators on the purpose of assessment of nursing students and enforce the importance of their role as gate keepers of the nursing profession, their role in saving human life promoting peaceful death. Nurse educators are specialists in nursing education and as such they should always ensure that nursing education institutions produce competent professionals for best nursing practice. This study identified insufficient knowledge in some nurse educators when assessing nursing students summatively, non-adherence to assessment policies and procedures by others, lack support by manager or supervisors through 1) lack of resources- staff shortages materials and equipment especially during OSCE, 2) high enrolment figures that are not commensurate with institutional facilities, highly loaded programme that often strains ones' pedagogical expertise 3) lack of development programmes in actual assessment techniques and

4) continuous motivation and encouragement to remain as a nurse educator. Table 4.1 describe in detail the recommended strategies for improved summative assessments below.

Table 4.1 Strategies for improved summative assessments

No	ACTIVITY	EXPECTED OUTCOME
1	College Academic Management should have detailed development programmes that focus on different levels of nurse educators. Example induction programmes for the newly employed nurse educators, mentoring, support and moderation programmes for senior nurse educators and managers. Workshops, in service training sessions to be done annually .Nurse educators to attend conferences on assessment at least annually(Holroyd 2013:58)	Nurse educators empowered with the necessary knowledge and skills in setting and marking. They know what, who, when and how to assess nursing students,
2	College Academic Management should establish well- resourced academic libraries in all college campuses so that nurse educators can easily refer to latest summative assessment resources whenever in doubt	Nurse educators have up to date information to support them in their daily work
3	College Academic Management should strictly monitor the actual teaching learning and assessment at campuses through strict monitoring programmes and ensure strict adherence to college assessment policies and procedures	Nurse educators own the assessment function in nursing education, take responsibilities for their own acts and omissions in the development of nursing students
4	College Academic Management to limit the enrolment figures so that they tally with available resources in each campus. These include physical, human and material resources	Physical and emotional strain on nurse educators will be reduced and a supportive work

	and ensure the overloaded staff is not again overloaded by the already overloaded programme overload	environment is created and maintained
5	College Academic Management should ensure that personnel for invigilation is separate from markers or facilitators especially when these take place simultaneously	Nurse educators to concentrate on only one task at a time
6	College Academic Management to ensure that each nurse educator attends motivational programmes at least every five years	Commitment and morale remains high. Negative attitudes are eliminated
7	College Academic Management should ensure that the curriculum is reviewed every five years and submitted for approval to ensure that any identified shortfalls are addressed	Nurse educators are able to align components of the curriculum to ensure that students are taught according to the health needs of the citizens. Integrated teaching and learning is strengthened.
8	College Academic Management should ensure that nurse educators are encouraged to conduct research in different areas in assessment	Improved assessment strategies when research recommendations are implemented.
9.	College Academic Management should have strict recruitment and selection strategies when selecting or hiring nurse educators and assessors so that only high ethical nurses are involved with summative assessments.	Nurse educators have good morals, values and integrity and do not engage in academic fraud taking place in education institutions globally.

4.4 DISCUSSION OF FINDINGS

The following discussions of the findings explain how the nurse educator's experiences affect the centralised summative assessments in the multi-campus

nursing college and what recommendations were made. The section is divided into two main subsections: Findings (4.3.1) and Recommendations (4.3.2).

4.4.1 How these findings influence the quality of centralised summative assessment

The discussions of the findings outlined below are intended to highlight and to explain how the quality of summative assessments was compromised by the major challenges created by contextual factors of the centralised comprehensive summative assessment in place at the Eastern Cape Multi-Campus Nursing College.

4.4.1.1 Phrasing of assessment questions

Phrasing of assessment questions was mentioned as a major challenge in this study. The challenge was compounded by the fact that cognition was not commensurate with higher order thinking skills required for high stakes summative assessment levels of nursing education in which critical thinking and reflective ability are highly prized. The studies by Garekwe (2010:1-131) and Shah, Rhani, Mahmood, and Irm (2013:259) are concerned about the length of time required by students to process responses to the questions in the question paper, or the confusion created in the students' minds when they attempt to respond to each question asked. One participant stated that: *"the scenarios in OSCE are actually long and confusing ... instructions for the student are not actually clear as to where the student must start and end sometimes, and the scenario does not talk to the actual procedure"*.

According to Jones, Harland, Reid and Barlett (2009) in high stakes assessments in higher education and nursing education, a reasonable summative assessment question paper must have different cognitive level questions suitable for the varying levels of student capabilities. Essential questioning quality attributes that are repeatedly undermined by institutional summative assessment conditions are worsened by nurse educators' non-professional work ethics.

Participants were also concerned about the source of questions that appeared in the summative assessment question paper which was unknown to others. This became a major concern as students were taught to memorise facts and procedures to pass summative assessments: a facilitation method that ignored the critical and reflective

thinking abilities the students necessary to perform successfully and effectively in the healthcare environment.

4.4.1.2 Bias created by subjectivity in marking

Subjectivity in marking or biased marking where markers inflated scores for students from their own campuses and awarded lower marks to students from other campuses.

The literature (Meadows & Billington 2005) suggests that tightly prescribed mark schemes and standardisation enforced by the code of practice (South African Qualifications Authority 2008; South African Nursing Council 2005) might remove the effect of ideological bias from summative assessment marking. Notwithstanding the suggested solutions contained in the literature, the study recommended that the subjective marking bias driven solely by markers' selfish motives must be exposed and administratively addressed by the Eastern Cape Multi-Campus Nursing College.

4.4.1.3 Marking too many scripts within a short period

The four year comprehensive programme in South Africa is highly modularised and packed, making summative assessment period throughout the country is very strenuous to all assessor and examiners.

The participants sampled from the Eastern Cape Multi-Campus Nursing College reported marking bias associated with tiredness or fatigue due to marking many scripts, resulting in tendencies to commit mistakes manifested through leniency, severity and mathematical errors or marks calculation errors and finally low quality of marking. They complained that marking many scripts within a short period of time reduced the quality of marking because "*the marker is rushing to finish marking*" in order to meet the marking deadline set by the Nursing College.

Although scripts and assignments marking form part of their daily teaching, participants identified marking during summative assessment periods as very strenuous – because it involved at the most four twenty five mark questions for one hundred or one hundred and thirty students per paper per module (huge numbers of

scripts and packed programme) – and the most problematic component of their duties as nurse educators who also had to teach nursing courses and mark large numbers of scripts during formative and summative assessments at times in other programmes.

4.4.1.4 Managing many students during OSCE.

Participants reported difficulty in managing many students during OSCE, despite increase in the number of OSCE stations. Branch (2013:26) also affirms this in her study with 128 second year pharmacy students in the United Kingdom. In some campuses participants reported that the starting time for OSCE was sometimes delayed. These delays were often caused by briefing sessions held on the assessment day for both assessors and students in the presence of the external moderators. The purpose of the briefing sessions was to address and finalise OSCE preparations in each station. As a result of these delays, the OSCE tended to be completed very late in the day, resulting in both assessors and students becoming too tired and stressed (Kamran, Khan, Gaunt & Ramachandran 2013: 1456).

The quality of the OSCE assessment was also compromised by students' dishonesty. The expected confidentiality of what has been examined in the various stations could not be secured confidentially. It was reported that students who had finished the first mounted assessment in the stations often conveyed OSCE questions posed to them to those who have not yet been assessed by means of mobile phone messages. This source of bias allows the other student groups to have move advantage of the other group – reducing the quality of the OSCE assessment process intended to address weakness of manual marking that dominates summative assessments.

4.4.1.5 Timetabling and OSCE procedures

OSCE requires a lot of preparatory work by both students and academic staff. Such preparation requires that larger OSCE teams should be put together to conduct the assessment. The larger the student numbers, the bigger the teams and more equipment required to effectively carry out the OSCE. Participants in this study

reported that the student numbers were big and OSCE and were completed long after scheduled working hours: an unacceptable workplace situation that caused inconveniences for both students and assessors. These underlying undesirable factors tended to create fertile environment for unintended and deliberately created biases into the final summative assessment results.

The study recommended that OSCE time tabling should be adequately spaced to allow enough time for assessing large numbers of students, remedial teaching and re-assessments.

4.4.1.6 Academic workload

It emerged from the findings that participants were frustrated by a number of summative assessment issues at the Multi-Campus Nursing College. The assessment frustrations were created by the following: (1) the heavy workloads associated with setting of examination questions; (2) marking especially large numbers of scripts involving enormous student numbers in a highly packed programme; (3) having to combine marking huge numbers of scripts with simultaneous invigilation of examinations on daily basis. The already busy schedules of setting papers, invigilating examinations and the furiously marking of scripts in order to meet datelines led to dereliction of professional duties in other areas of academic work. Some participants indicated that it was difficult for them to support and mentor junior nurse educators while at the same time they were endlessly preoccupied with their normal duties or facilitate teaching in other areas of the comprehensive nursing programme.

In a descriptive study conducted in United States using the Copenhagen Psychological Questionnaire II the participants' reports on workload supported the high levels of emotional work demands, which correlated with high stress levels, work-related fatigue and burnout syndrome (Mintz-Binder & Sanders 2012:14). These results support international research findings that have analysed similar variables in other employment positions (Al-Homayan, Shamsudin, Subramaniam & Islam 2013:17).

Like the study conducted by Candela, Gutierrez and Keating (2012:5) this study showed that nurse educator participants worked at the multi-campus nursing college

as facilitators, assessors, markers and invigilators, where they were expected to facilitate in one or more programmes simultaneously. The two-pronged duties the nurse educators performed were: (1) teaching activities that involved actual teaching and assessment (formative and summative); (2) clinical accompaniment and clinical supervision; and (3) conducting research and mentoring novice nurse educators. The weight of the nurse educator participants' employment duties were not worsened but also rendered more complex when large numbers of students were registered and had to be taken care of. Candela, Guitierrez and Keating (2012) argue that the nurse educators' multiple roles and responsibilities result in academic stress and role confusion, which negatively impacts on the recruitment and retention of nurse educators.

It was recommended that nurse educators should be given more administrative support through extended marking periods and special incentives or financial compensation as part of job satisfaction. The researcher supports the recommendation by Cash, Adger, Berkers, Garden, Lebel, Olsson, Pritchard & Young et al. (2007), Ginot and Aibarran (2012), and Darbyshire (2011) which suggests that nurse managers should support the commitment of nurse educators if they want to retain them. If this does not happen nurse educators are unlikely to remain as educators for long.

4.4.1.7 Academic dishonesty

Although academic dishonesty is a major challenge in every educational institution across the globe, the participants in this study felt that they should not be drawn into it because invigilation was not their function and should be outsourced. They claimed that students bring various forms of assistive or electronic devices to the assessment venues, and the invigilators are forced to deal these dishonest incidents when students are caught cheating. Specific recommendations aimed at tackling the challenges unveiled by the findings are discussed below.

4.5 RECOMMENDATIONS

This section focuses on constructing recommendations in response to the above challenges listed above

Firstly, with regard to questioning in summative assessment, the researcher recommended that strict moderation of all question papers and meticulous proofreading of question papers should be maintained and strengthened in order to eliminate typing errors before question papers were finalised. It was also suggested that a continuous and regular update of all assessors through workshops would enhance the quality of summative assessment service delivered to nursing students. Specifically the study suggested regular training and mentoring on how to design and construct simple, clear, short and unambiguous questions, which tally with competency requirements of the programme, should be vigorously pursued to improve the quality of summative assessment questions. Strict moderation of every assessment must be conducted by immediate supervisors to ensure that the assessment skills are regularly monitored and enforced. Teaching to test must be vigorously discouraged as it lowers the quality of assessment. The current practice of over reliance on one textbook and compartmentalisation of learning should be discouraged because it promotes regurgitation and recall of raw facts: parrot learning stance that do not promote creative and critical thinking, that form the hallmark of healthcare profession.

In service education and workshop sessions on development of assessment questions and question papers together with vetting of questions may also be used.

Secondly, to tackle the challenge associated bias introduced by subjective marking, the researcher recommended that markers, who deliberately inflate marks for their candidates must be disciplined through the college disciplinary process. Careless mistakes, for example, wrong calculations when totalling up scores in candidates scripts should be punished. The college should enforce stricter moderation of assessment scripts and also conduct surveys randomly to measure the level of the quality of marking across the five campuses.

All personnel involved in the administration and conduct of summative assessments including nurse educator assessors and markers must take a specific oath of secrecy related to summative assessment, to prevent them taking part in summative assessment fraud. This will assist the nursing college summative assessment system to address any loopholes in the assessment system and safeguard the integrity of the college summative assessment processes and qualification.

Thirdly, to ensure high quality of marking while marking too many scripts within a short period the researcher recommended that marking supervisors should constantly assess the quality of marking by identifying those markers whose marking patterns deviated significantly from those of other markers. Bunoti (2012:7), in her study on the quality of marking in higher education in developing countries, argues that there is a relationship between staff morale and goal congruence from academic managers. The researcher supports the use either a tight mark scheme or a means model which can assist academic assessment supervisors to diagnose and correct aberrant marking (Bell, Bramley, Claessen Raikes 2007:7).

Fourthly, the researcher suggested that assessment score calculation and computing errors could be eliminated if all collated marks were proofread and re-checked by two or more people during the manual capturing of marks to make sure that the correct marks per student were captured. Controlled marking environments with less distractions and frequent scheduled short breaks are also recommended to improve concentration and reduce errors, instead of rushing to meet deadlines when drawing up mark schedules.

Fifthly, in resolving challenges posed by managing large numbers of students during OSCE, the researcher recommended that multiple stations should be prepared to ensure that many student groups are simultaneously assessed. Academic managers must ensure that more resources (human & equipment) are available on time for the assessment so that the OSCE process is started and completed on time Pre-planning should be done thoroughly to ensure that everything

is ready before OSCE starts. OSCE must start on time, all role players should iron out problems before hand, typing errors must be eliminated before the question paper is finalised, scenarios to be changed every year so that not the same scenario used every year.

Pell, Fuller, Homer and Roberts (2010:10), who review the metrics available for measuring quality, indicate how a rounded picture of OSCE assessment quality may be constructed by using a variety of such measures, and consider which characteristics of the OSCE are appropriately judged by which measure(s). It was recommended that students that had not yet been assessed through the OSCE must be strictly supervised to ensure that they were not in possession of any electronic equipment that might be used to communicate with the other groups that had been assessed through the OSCE.

Sixthly, to address the challenges created by the congested OSCE timetabling the researcher recommended that 1) the timetable should be done in such a way that enough time was assigned to preparatory stage so that time was not wasted on the first day of the assessment, 2) an OSCE sub-committee should be established in each campus to take responsibility and accountability for the OSCE 3) such a committee might be led and directed by any nurse educator with the responsibility and accountability for overseeing, developing and organising the OSCE at each the campus. 4) each of the five campus sub-committees should be part of the main college OSCE committee that functions centrally (Kamran,et al 2013: e1448).

Automated time tabling is also recommended by the researcher to allow students time to be re-taught in between OSCE– a strategy that could give nurse educators extra time to adequately prepare the next OSCE.Using automated timetabling or simple heuristic procedures may assist in solving the problem of congested venues. Informed by expert research studies on university timetabling (MirHassani 2007;MirHassani & Habibi 2011;Fariva 2013) the researcher recommended the adoption of an integer- programming for the multi-campus nursing college's summative assessment.

Seventhly, in addressing the challenge posed by the huge workloads the researcher supports the recommendation by Gerolamo and Roemer (2011) that not much is known about academic workload and recommend more research in this field. They also reveal that their own study was limited because it focused on only one institution with no comparison with other disciplines.

Academic managers should also offer support and development to the nurse educators and to provide the necessary resources and time for varied individual needs. Clear mentoring and career development programmes for newly qualified educators are also suggested (Candela, Gutierrez & Keating 2012). Similarly, it is recommended that a closer look at the issues of job satisfaction using establishment of special compensation systems, support and improved working conditions are essential for preventing low staff morale and encouraging research production to prevent high turn-over.

And finally, the eighth recommendation, which involves academic dishonesty or cheating. As neophytes in the highly ethical profession, nurse educators must frequently conduct awareness campaigns to change the mind set of nursing students. Rules and regulations related to summative assessment that emphasize code of conduct should be observed by candidates including the code of professional ethics by nursing students (Hosberg.Com Institute 2013).

Hallak and Poisson (2005) recommend improvement in the management of summative assessment where electronic devices can be barred from the assessment venues. Outsourcing the entire assessment system is also recommended to reduce the probability of summative assessment fraud. The researcher supports this measure and adds that culprits be banned from the programme locally and nationally for a period of not less than five years.

4.6 LIMITATIONS OF THE STUDY

The study cannot be generalised because in campus C participants for the second focus group did not avail themselves for the interviews. Only two participants for this group honoured the invitation for the interview but could be interviewed on the scheduled date since the number of five to six participant members was not adequate. The second focus group interview in the affected campus was therefore cancelled.

The results of the study may not be generalised as participants were selected through mixed sampling method that combined purposive and convenience sampling and only the nurse educators that meet the specific inclusion criteria set for the study. Secondly, the fact that no quantifiable data was collected and used and since the research paradigm was qualitative also precludes the results from generalisation. Although the sample of 52 (N=52) was adequate the study findings may not be generalised and the results not be replicated.

4.7 CONCLUSION

Nurse educators are presented with systemic, organisational and individual challenges when they perform their multifaceted academic and professional nursing tasks as assessors mandated to teach nursing courses, conduct summative assessments and to mark the scripts. The traditionally-oriented characteristics of summative assessments, which veer away from assessing integrated cognitive learning, as the findings have demonstrated, has failed to create bias-free assessment environment essential for producing safe quality professionals.

The non-quality-inducing marking biases cited by participants are further compounded by the fact that the summative assessments are centralised and conducted simultaneously in more than one campus – an additional compromising situation that complicates the matter further. Nurse educators have a responsibility to ensure that only nursing students that meet professional competence and skills assessed through quality assurance standards qualify, and enter the nursing labour

market. This study has found that both the nurse educators and the nursing college display symptoms that result in inefficient nurses becoming professionals, unless more aggressive strategies are implemented. These aggressive interventions need to focus on quality improvement in the entire assessment process and involving all persons involved, the educational system, and the curriculum.

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ANNEXURES

ANNEXURE A: Letter to the Lilitha College of Nursing's Principal

43 Conway Road, Sunnyridge

East London 5208

28/01/2014

The College Principal

Lilitha College of Nursing

Bisho 5600

REQUEST FOR APPROVAL TO CONDUCT A RESEARCH STUDY AT LILITHA COLLEGE OF NURSING

I hereby request permission to conduct a study as a Masters student at Lilitha College of Nursing. The title of my research is: "An exploration into Nurse Educator's experiences of assessment in a multi- campus nursing College in the Eastern Cape." The study will be conducted at five main Campuses of Lilitha College of Nursing. This includes East London, Queenstown, Port Elizabeth, Mthatha and Lusikisiki Campuses"

The study will assist the nurse educators to identify their shortfalls in summative assessment process; improve the quality of questioning, marking development of mark schedules thus producing a critically reflective nursing graduates.

The results of the study will assist the nurse educators to identify teaching and assessment strategies that match each client's health environment. Recommendations of this study will contribute towards improving the quality of summative assessment in the nursing College in the Eastern Cape.

On completion of the study, your office will be furnished with a summary of the research findings and recommendations.

Thanking you in advance.

Yours faithfully

S. Hammond (Mrs): M Cur Student

Contact Details: Cell 0833 787 262

E-mail : sindyham@ymail.com

ANNEXURE B: Letter to the Eastern Cape Department of Health

43 Conway Road, Sunnyridge

East London 5802

06/01/2014

The Research & Surveillance Department

Department of Health

King William's Town. 5600

REQUEST FOR APPROVAL TO CONDUCT A RESEARCH STUDY.

I am currently a Master's Degree student in Nursing Education (M Cur) at the University of Fort Hare, East London Campus. One of the requirements for this qualification is to conduct a research study in Nursing Education. The research study I have proposed is: "An exploration into Nurse Educator's experiences of assessment in a multi- campus nursing College in the Eastern Cape." The study will be conducted at five main Campuses of Lilitha College of Nursing. This includes East London, Queenstown, Port Elizabeth, Mthatha and Lusikisiki Campuses.

The main purpose of this study is to explore and describe the experiences of the nurse educators in centralised summative assessment in a multi-campus nursing College in the Eastern Cape. The study will help to identify strategies and make recommendations to improve the centralised summative assessment system currently used at the College and indirectly improve the quality of the College graduate.

The study will assist the nurse educators to identify their shortfalls in summative assessment processes, improve the quality of questioning, marking development of mark schedules thus producing a critically reflective nursing graduates.

The results of the study will assist the nurse educators to identify teaching and assessment strategies that match each client's health environment. Recommendations of this study will contribute towards improving the quality of summative assessment in the nursing College in the Eastern Cape.

On completion of the study, your office will be furnished with a summary of the research findings and recommendations.

Thanking you in advance.

Yours faithfully

S. Hammond (Mrs) : M Cur Student

Contact Details: Cell 0833 787 262

E-mail : sindyham@ymail.com

ANNEXURE C: Participants' Informed Consent Form



University of Fort Hare
Together in Excellence

Ethics Research Confidentiality and Consent Form

Please note:

This form is to be completed by the researcher(s) as well as by the interviewee before the commencement of the research. Copies of the signed form must be filed and kept on record

Our University of Fort Hare through Department of Nursing Science is asking people from Lilitha College of Nursing to answer some questions, which we hope will in future benefit the College and possibly other Colleges of Nursing or Educational Institutions.

The University of Fort Hare through Department of Nursing Science is conducting research regarding experiences of nurse educators in centralized summative assessment in a multi-campus college. We are interested in finding out more about your experiences in centralized summative assessment, the challenges that you experience in this system and if possible, make recommendations to deal with these challenges. We are carrying out this research to help nurse educators and teachers in other educational institutions to improve the quality of summative assessments in order to improve the quality of the graduate.

Please understand that you are not being forced to take part in this study and the choice whether to participate or not is yours alone. However, we would really appreciate it if you do share your thoughts with us. If you choose not take part in answering these questions, you will not be affected in any way. If you agree to participate, you may stop me at any time and tell me that you don't want to go on with the interview. If you do this there will also be no penalties and you will NOT be prejudiced in ANY way. Confidentiality will be observed professionally.

I will not be recording your name anywhere in the research documents, and no one will be able to link you to the answers you give. Only the researchers will have access to this information. The information will remain confidential and there will be no “come-backs” from the answers you give.

The interview will last around 40-50 minutes. I will be asking you a questions and ask that you are as open and honest as possible in answering these questions. Some questions may be of a personal and/or sensitive nature. I will be asking some questions that you may not have thought about before, and which also involve thinking about the past or the future. We know that you cannot be absolutely certain about the answers to these questions but we ask that you try to think about these questions. When it comes to answering questions there are no right and wrong answers. When we ask questions about the future we are not interested in what you think the best thing would be to do, but what you think would actually happen in the college or the lives of people nursed by the college graduate.

If possible, the university would like to come back to the college once we have completed our study to inform you and your college about the results, and discuss our findings and proposals around the research, and what this means for people in the college.

CONSENT

I hereby agree to participate in research regarding nurse educators’ experiences regarding assessment in a multi-campus college. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview.

I understand that this consent form will not be linked to the interview, and that my answers will remain confidential.

I understand that if at all possible, feedback will be given to the college on the results of the completed research.

.....

Signature of participant

Date:.....

I hereby agree to the tape recording of my participation in the study

.....

Signature of participant

Date:.....

ANNEXURE D: Ethical Clearance Certificate



University of Fort Hare
Together in Excellence

ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: TSH021SHAM01

Project title: **An exploration into nurse educators' experiences of assessment in a multi-campus college in the Eastern Cape Province**

Nature of Project: Masters

Principal Researcher: Sindiswa Hammond

Supervisor: Dr N Tshotsho

Co-supervisor:

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually; and at the end of the project, in respect of ethical compliance.

Special conditions: Research that includes children as per the official regulations of the act must take the following into account:

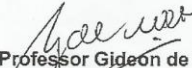
Note: The UREC is aware of the provisions of s71 of the National Health Act 61 of 2003 and that matters pertaining to obtaining the Minister's consent are under discussion and remain unresolved. Nonetheless, as was decided at a meeting between the National Health Research Ethics Committee and stakeholders on 6 June 2013, university ethics committees may continue to grant ethical clearance for research involving children without the Minister's consent, provided that the prescripts of the previous rules have been met. This certificate is granted in terms of this agreement.

The UREC retains the right to

- withdraw or amend this Ethical Clearance Certificate if
 - o Any unethical principal or practices are revealed or suspected
 - o Relevant information has been withheld or misrepresented
 - o Regulatory changes of whatsoever nature so require
 - o The conditions contained in the Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project.
- In addition to the need to comply with the highest level of ethical conduct principle investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to the Dean of Research's office

The Ethics Committee wished you well in your research.

Yours sincerely


Professor Gideon de Wet
Dean of Research

09 December 2013

ANNEXURE E: Permission from Eastern Cape Department of Health

14/02/10 01:40AM HF LASERJET FAX

p. 01



Eastern Cape Department of Health

Enquiries: Zonwabile Majo

Tel No: 040 808 0800

Date: 12th February 2014

Fax No: 043 542 1408

e-mail address: zonwabile.majo@ecdh.gov.za

Dear Ms S Hammond

Re: An exploration into nurse educators' experiences of assessment in a multi-campus nursing college in the Eastern Cape Province

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

DEPUTY DIRECTOR: EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT



ANNEXURE F: Focus Group Interviews Schedule Guide

FOCUS GROUP INTERVIEW GUIDE

- Greetings and introductions were done
- Rapport Established
- Purpose of the gathering was explained by researcher
- Topic of the research was read and confirmation that everyone understand
- Confirmation was done that everyone understood and consent signed by all, and explanation for using the audio tape and confirmation that all agree
- Explanation of seating arrangement done and that everybody is free to express herself as much as possible or
- Explanation that researcher will be taking notes as much as possible
- The researcher will ask the questions as clearly as possible and all participants are free to respond as clearly as possible.
- Researcher will talk as freely as possible but only use as many communication skills to obtain as much information, e.g listening, nodding, probing, paraphrasing, clarifying reflecting
- Rules of engagement were laid down- Switch off all cell phones to prevent any disturbance, All participants should talk as freely as possible as there is no right or wrong answer, Participants should allow everybody to finish before the next person starts talking.

The following questions were asked from the participants.

- How do you experience centralised summative assessments as nurse educators facilitating the four year comprehensive programme in this nursing college?
- What influences summative assessments at the nursing college?
- Tell me about your experiences in conducting summative assessments at the college.
- What are positive and negative aspects of the centralised summative assessment according to your experiences?

ANNEXURE G: Letter to the participants

Examination Office, Lilitha College of Nursing

40 Lennox Road

Amalinda

East London

5800

16/03/2014

Dear Colleagues,

I am Sindiswa Hammond, a Masters' student at the university of Fort Hare. As part of the requirements for the study I must conduct focus group interviews with nurse educators involved with summative assessment at the college. My research topic is: *An exploration of experiences of Nurse Educators regarding centralised summative assessment at the multi campus nursing college of the Eastern Cape.*

My supervisor is DrTshotsho at the Nursing Science Department of the university. I hereby request your permission to be one of the participants to be interviewed for this study.

The objectives for the study are:

- To explore and describe the experiences of nurse educators regarding centralised summative assessment in the Multi-Campus Nursing College.
- To identify challenges experienced by nurse educators in centralised summative assessment practices in Multi-Campus Nursing College.
- To evaluate how the nurse co-educators cope with the pressure of implementing the mandates of the centralised summative assessment policy within the Multi-Campus Nursing College?
- To make recommendations for strategies to counter the challenges faced by nurse educators in centralised summative assessment system.

The results of the study will benefit the nurse educators, nursing college, other educational institutions or colleges, the Department of Health, citizens of the Eastern Cape Province as receivers of improved health care provision. Data will be collected from you through semi

structured focus group interviews in your campus in one of the classrooms or boardrooms. The date for the interview will be communicated to you once you agree to participate. The interview will be recorded to ensure that all information is captured and analysed later. The duration of the interview will be 50-60 minutes. The interview will be conducted during your free time but during your working hours.

The information that you will share during the interview will remain strictly confidential and will only be shared with people associated with this study. Your name will not appear anywhere in the study or with any of your responses to the interview. The information that will be recorded will only be numbered for storage purposes so that information is readily available for analysis later.

Participation in the study is voluntary. Should you decide to withdraw after you had already agreed to participate, you are free to do so. Your withdrawal will not be used against you.

Copies of approval from the University of Fort Hare, Eastern Cape Department of Health and Lilitha College of Nursing to conduct the study are hereby attached.

On completion of the study, I have undertaken to provide the nursing college and the Eastern Cape Department of Health with a summary of the report, findings and recommendations. This study will be shared in academic forums, workshops, conferences locally and internationally.

If you require more information about this invitation or study, please do not hesitate to contact me or my supervisor.

Tel No. 043 7009730 Cell No:0833783262 Email: sindyham@ymail.com

Supervisor: Dr Tshotsho 043 7047855 Cell No 0725616647

Email: ntshotsho@ufh.ac.za

Thank you for your consideration in this matter

Yours faithfully

Sindiswa Hammond (Masters Student- University of Fort Hare)

ANNEXURE H: Sample transcript for focus group interview

Focus Group Interview- Group 1 - Campus D -

09/04/14

Introduction:

Ladies Good Morning: Welcome, I am a student, My name is Sindiswa Hammond, I am a student at the University of Fort Hare doing Masters in Nursing Education. I am doing research as part of my studies. My topic of research is (hmm) .”The experiences of nursing educators, of nurse educators in summative assessments, in centralised summative assessments of the College, of the nursing College.” It is important for me to explain that you have just signed i consent and agreed to participate in this study and your participation of this study is voluntary. I would like to inform you that the information that you give in the study is confidential, completely confidential and will not be associated with you, as no name will appear in any of the records of the study. And you have also agreed when signing the consent that you.. the.... discussions will be taped , a tape will be used to tape the discussions of the focus group so that we capture your valuable experiences and opinions and ideas regarding examinations of the.. centralised examinations of the college . You are free to refuse to participate, if you wish to do so, or you wish to withdraw at any time during the study and it is important to that the information that we share in this room or in this study is kept as confidential as possible and it is private. We are trying to obtain as much information as possible regarding your participation in this study.

Alright, Are there any questions, about what I have just said as an introduction? Eh.... No.....Thank you, Alright! If there are no questions I think we can proceed then with the actual questioning of the study. Welcome againh ladies to the focus group interviews for the...Experiences of nursing educators in centralised assessments of the nursing college at Eastern Cape.

Researcher	The first and most important question that I want to ask you which is the basic question of the study is: What are your experiences in the conduct of the examinations or summative assessments of the college in the Eastern Cape? What would you regard as your experiences, as nurse educators who have been involved in conducting these exams. Anybody can start talking. Just raise your hand so that you don't all talk at the same time.
Researcher	Yes Mem.....
Participant 1	My experiences is that eh... setting is very strenuous, more especially now that the time now when the papers are expected Mhmm eh.. in the exam office because by that time March April we are very much bussy now , the students are on block, and we are bussy lecturing teaching the students meanwhile and we are expected to set at the same time, setting tests in the campus and yet you are expected to set some exam questions at the same time so I do'nt know whether may be time of setting may be changed may be to January may be when the students are not yet in, with us I don't know
Researcher	Mhmmm, Thank you, Any other comment ? Yes
Participant 2	I think eh ... I've got a negative experience on the setting because there is no place where I'm comfortable, and eh.....the place is not conducive for setting. I use my office to set papers where I'm being disturbed. When a student comes in I've got to to hide these eh....questions. The place is not conducive because I expect a place where you are going to sit quietly and put up all the information you are going to

	set and so on .
Researcher	Thank you. Yes Mem
Participant 3	My experience is that when you are facilitating two papers, it's a problem to set ten questions for these two papers. It's a lot of work ,whereby you have to do marking guides for these two papers , Mh.... so its not O.K
Researcher	O.K, Yes, Alright
Participant 4	Setting is very strenuous, especially when you are a manager, you also, you also have to facilitate. At the same time you've got to supervise, you've got subordinates you have to supervise their setting. They bring their papers to you and you've got to moderate these papers and at the same time you are also expected to set also your questions with their marking guides.
Researcher	Mhm...Alright, Alright
Participant 1	O.K May be I was going to add to the other speaker who was talking about two papers to set, I don't know whether now if you facilitating two papers , I don't know now, ca'nt you be expected to set just one paper, so that you are expected to set this paper and the other one set the other paper. So I'm supporting the other speaker who was talking about two papers to set.
Researcher	O.K Thank You, O.K, Anything else? Yes Mem
Participant 5	And setting these two papers, at the end of the day you don't even know whether your papers will be asked. So whilst you are setting you have got that at the back of your mind the fact that that your papers will be disqualified Mh....So not of good quality. So you have wasted the whole time setting these examinations. Its worse now when they say you've got to set the whole paper meantime may be this paper, they say it will depend whether its of good quality or not so you end up doing, after all they may not consider this one.
	Mh.....
Participant 6	You also have to do the specification table Mh.....when you r setting all these papers.
Researcher	O.K
Participant 3	I just want to add to those papers Eh..... I'm making an example with me because you are lecturing these two, these two courses. One course has got two papers, so you've got to set eh..... six papers for these two papers and then you've got to rush to another eh.. because the papers eh....the the the the . You've got to rush for another paper, four papers you've got to set four questions for this other one. So in total you've got to eh..set ten papers. Is that eh..... normal, as a person. Can you set two papers, ten papers questions. Its so strenuous.
Researcher 4	Ok, May we talk more about the.... paper of good quality, She mentioned something a paper of not good quality and may be ..may not be used. Is that what you have at the back of your mind? So can we talk about that one.
Participant 7	O.k I think after doing wh.... You write your questions and you get a feedback later, may be that will encourage the tutors is because the reason behind that is you don't get any feedback you just do the questions, then you let the questions go.
Researcher	No feedback. O.k
Participant 6	Another thing with setting , it is always said that we must stick to the prescribed books but now when the papers came, that is the exam papers, you find that there are also there are also recommended books in the...the exam papers and then the students are not aware because when you teach the students in class you always say that such and such a book is a recommended book. But you'll find that in other question papers , there is a lot from recommended book . And then now when we are marking, especially that we marking in our, in our campuses. It was better

		before when we were marking centrally. When we were given some days to go and mark in the... college. Because you you sit in the...same same room as a component so any person has something to ask can be able to get that to be clarified. So that, that person who has set that that question from the recommended book can clarify for others, so that ,now our students become so disadvantaged because the other person is going to mark wrong that student whereas that student did the lecturer who facilitating that content has referred , and has used a recommended book.
Researcher		Eh..hm. O.K the better one is the central one as you put it ? central marking
Participant 2		It was better the central marking except that ther were so many days. I do nt know how can it be done okanye how can it be designed. The central marking was better because we were in the same and if the quality the the the this problem of our the quality of marking has gone down after we have stopped the central marking form the College.
Researcher		O.K It has gone down that's a various serious statement I... Not necessarily that it's a wrong statement I just wanted us to talk about it further. It has gone down because A.B C D has happened that is what I'm interested in, or may happen. This is what I want us to talk about.
Participant 1		When we were observing now, after remarking has been moved from the campuses and back to central office we had many problems, Mh h, For example as it is now the papers are being distributed neh ? according to the campuses Mh ..h.. And when now we reach in the college , gone for.....for for mark schedules we we find out now the other campuses are still not yet finished the the the marking of the scripts and now we have to mark them now and now when they are marking now needing our marking schedules we cannot say now they are marking quality. That is what I mean. Because now they are marking under pressure .
Researcher		O.K. Thank you
Participant 3		They are marking under pressure. You get there and some people are still marking and you need to do mark schedules. Whilst they are marking, somebody is standing here waiting to take this paper so that because time is against us , we've been booked for two days money will be finished. There's no moneyI do nt want go there its another issue with exams because that, another thing that has made this marking to be a problem because you are not eh...renumerated for the very setting. That's another thing that makes it eh... we just do for the sake, They will take it if want it if they do nt want they will leave it.You are not committed when you do the marking because nobody even if its not of good quality. You are not even striving to make good quality for that matter because even if you make it good quality somebody changes this question. You see that Ah..ha..this was not the question I asked . And now when now somebody is changing the question the memo is still states that question that was asked originally. And now you see that there's a discrepancy here, What is now happening here ,there's this question and there is this memo. So now that demotivates the setter because now after all it means now that what you are doing after all nobody recognises that. And even if it was not of good quality like one speaker said somebody must come and inform you that this is not of good quality, here and there you need to polish up. Right the comments are made from the moderators but the comments are just a blanket which will say the...some papers were not taken because they were not of good quality. Still you say Ah...next time you will still repeat those because after all nobody has mentioned that yours was not of good quality so you still continue, they will just continue to say they are not ...and I intentionally set poor quality because I do' nt want to be bothered . Afterall my question won't be there.

Researcher		Thank you, O.K
Participant 3		We are talking mos about the whole....Exam... Summative
Researcher		Yeah, We are talking about everything
Participant 3		Coming to the invigilation, you know we don' become comfortable when we are written down there as the invigilator because you know these students they copy. When you catch up a student copying, you know mos, you will be pointed by that student that this is the one who made me to be disqualified. So now we are not comfortable as invigilators being facilitators because these students we are still here with them, but if it was a foreigner from somewhere else now, May be the rate would be lower now of copying neh... So now we are being pin pointed by these students that this is the lecturer who made me to be, to be disqualified, and I know where she stays. So now we are not comfortable with the invigilation. Not at all.
Researcher		Mh.....O.K
Participant 5		It becomes worse with invigilation because you are still there. There's this invigilation there is marking. You are still there marking, which factor will also contributed to the low eh ...standards of marking, I would say. Whilst you are marking you are told that you have to go and invigilate. You ca'nt concentrate. Marking needs its own concentration. Whilst you are there, trying to concentrate and do the marking, somebody is there pushing you at the back. Your Programme Manager is saying I want those papers by this date. And now academic here say "go and invigilate, its your turn today" hayi bo ! how? Then you go and invigilate and whilst you're invigilating something happens they copy, they do that. You have to write all these statements , you even don't even see some that they have not written that or whatever because you are thinking about the call coming asking , how many papers left, I want those papers by this time and you are the same person who must go back and see that these papers are being marked, second marked and everything. So its really a havoc job.
Researcher		O.K
Participant 2		I would also like to..I would also like to...the...the...the..pattern here to be like that of general education where the invigilator is from outside and not the one because sometimes if there is a student copying you would eh..ignore that one who is copying because you know that you are going to go up and down, up and down answering doing this and that because you are..r.r she has noted you. So I would like eh..to take the pattern like the general education where the invigilator is from outside. Not the facilitator.
Participant 3		And the marking too can be attractive. People to mark should apply for marking so that they know they are solely for marking. Even if its still the educators these educators have applied for marking, they should not be disturbed, they are solely for marking and whilst they do that marking, if they can also be renumarated somewhere somehow they will do an excellent job.
Researcher		Yes
Participant 6		While we are still on marking, neh..we have got a problem, for example of having two programmes to facilitate the 4 D and the post basic for example the advanced midwives eh...The advanced midwives are r..r writing their exams in February. You need to mark them in February, meanwhile the 4 D 's now have come to their block. You are expected to teach in the 4 D programme and you are expected to mark at the same time in so much that now what we experience is that the 4 D programme you have got only 2 weeks for them for their block. So there is no time

		for you to facilitate because the two weeks you are still marking your advanced midwives so now I don't know with the marking may be there can be markers set aside solely for marking.
Researcher		Yes
Participant 7		Coming with the invigilation process. There is also a challenge with the invigilation process because in fact the...the marking ,when is combined with marking because as it is marking is so strenuous you've got to concentrate so you need to sit at the same place and do the marking. And you find that now there are no refreshments, at the same time while you are marking here nobody is attending, there are no refreshments which are prepared for us and but in other places there are refreshments prepared for that place . So we need that there should be uniformity .When its marking period all the campuses must be treated the same.
Reaesrcher		O. K
Participant 1		And with the with the marking. We are still on marking. The distribution of papers, myself I do 'nt think its done fairly since that at times the papers are not distributed according to the number of personnel that are there . To make an example the papers may be from Mthatha will go to Lusikisiki from Lusikisiki to Queenstown and all that. Meanwhile the number of the staff which is there is not the same, you just take this campus to that campus meanwhile the numbes the ratio or the lecturers now and students the number does not correlate is not the same, the lecturers and the students now does not correlate. So the distribution of papers may be if we may be can count the number of lecturers or the number of students or papers so that there must be equal distribution of papers.
Participant 3		Actually a follow up to that, it comes to one thing that we are not doing the same thing in the same distribution of papers, because in other disciplines papers are shared according to various campuses. You hear others say, Hayi us in our discipline we just take the whole campus to this place and that one definitely, I.. I.. I anticipate problems there because if I' m given a certain campus and I know I'm marking this campus if I feel like disadvantaging the whole campus I'll do so easily. To me I prefer there must be a standardised way of distributing papers. How are these papers distributed if we are still in the same rules and nothing is changed. If the campuses are shed according to various campuses getting a batch that there are so many, then you get your batch with a mix of campuses . Or if we are saying Mthatha campus will take this then it must be something that is done standardised that how many papers will be taken to this campus. Because now we will end up now in the same venue, when we are marking. Somebody will now say we are havinghow come nina you are having a mix of these, so this is also Things are not done the same way, There is no uniformity hence we say if probably things will change. If examinations are definitely outsourced and follow the proper examination processes .
Reseacher		Like ?
Participant 3		I will make an example of the grade 12's We know that when the grade 12's have finished writing. Everybody goes to a place where examinations are being marked, by identified markers , same things being done on the same process not this one in this venue doing this and that one in that venue doing this.
Researcher		You mentioned something about invigilation, students copying, something like... you are feeling threatened, neh like when you find students copying they know where you stay, something like that.
Participant 3		Even though Mem they have 'nt said to you like that, I mean you know, you know how we are living these days neh! .If you do something wrong to.., although its not

	wrong, its wrong to her. You know you were going according to the policies but you know how South Africa is, anyway the crime rate. So even if the student does not say to you I know where you stay, you know deep down in your mind Yeh...that, this student she may feel that I've disadvantaged her. So I'm letting him down destroying his future or her future or may be her relatives or whatever may do something to. Even if they do not say it like that to you , at the back of your mind you know that may be
Researcher	So you say that this is actually happening ?
Participant 4	May be we feel threatened by the students for various things may be the certificate thing, this is not in the exams. But what she is saying because we've heard experiences, where now they were checking the certificates and now the student will pin point that it was so and so who took my certificate there, and when you meet the student in town the student will say, you are the one who made me loose this four year course because you are the one who took those certificates to be checked and now my certificate was found not to be valid and now you be having anonymous calls threatening you. So what she is saying it has already happened. So in a similar instant really you end up ignoring now that this one is copying because now you will be pin pointing as that one who always get students, catching students who are copying and now students will get a way of getting you out of the system, and there is no other way ,but.....
Researcher	o.k
Participant 2	I was going to talk about the paper after it has been set . Mh.. because last year, I remember last year we had an experience of a third year paper where, where the question was left behind . It was nursing care plan where there was, there was aThe nursing care plan was, was there but there was no question. In fact where I'm going, I'm going to that of proof reading of the paper, the proof reading of the paper at the end, after the paper has been set and moderated so that the person who is responsible for that paper should come and proof read the paper, so that there are no problems when the....paper is now ready for ..to be written by the students.
Researcher	O.K
Participant 5	And if the paper is not proof read now, we get those mistakes now during the exam. Exam time, You are invigilating but now you have got to run in and out you are trying to call. They say somebody is gonna call clarifying this one, students are asking what is happening here, you cannot clarify, so most of the time the time is waisted while you are trying to get hear what if the direction to this question and now students end up now at times, and even now if this one you find that now in other campus, it was interpreted this way and in another campus it was interpreted this way. So students end up not answering the same question the same way. They intrepereted it now differently according now if you are now getting a message you intreprete as invigilator now. You are not the administrator of the paper now. That discrepancy will go until such time that the students will end up probably being disadvantaged or advantaged.
Researcher	O.K, Yes
Participant 6	Still on the exams, there is this thing now about the oral because I know its in the exam policy, its supposed to be there. I do 'nt know how other people feel, other campuses. The oral is supposed to be done towards eh.. eh...the results for the exams are about to ..to..the results are about to be out neh...? So we get a problem now, there are many students that you are supposed to oral within a short period of time. So now which. means now firstly now you need to phone these students to

	get them from where they are to come for oral and also there are many students for you to oral. There is a short period of time. I don't know how we can do it, may be do the oral in an exam way or what. I know we need to oral but there is that problem. I don't know how we can solve it.
Researcher	O.K Alright
Participant 4	The Coming with the practical exams. You find that during the practical exam there is a short time in between these exams. For example in GNS we've got three levels. You find that now like last year, the experience we had last year where you have to do the second years and then after second years it was only one day in between the second years and the third years whereas you've got to count and you've got these big numbers. Another challenge is these big numbers, you feel these big numbers especially when you are marking. So now second years were doing on the.. the...the... on its day, then in between there 's one day, there is a third years that are supposed to come to do. So now you've got to mark these second years and come with a schedule OSCE where now there are students who are going to repeat. So, the time in between was so short. So we need to consider those things like that.
Researcher	O.K, Anything else ? Somebody mentioned something like remuneration. I didn't get that actually, thoroughly.
Participant 1	She was talking about eh... talking about eh.....the appointment of the...the markers, and also invigilation. Mh...starting from setting Yho...and appointment of examiners because while they are not being remunerated because we are facilitators at the same time we are expected taken to do invigilation and son on, but may be if it can be outsourced they are going to pay those people, the markers and invigilators. Unlike us because we are being used as facilitators and at the same time we must go also under the same umbrella that.
Researcher	Mh.....
Participant 5	And as we have indicated you end up doing half job both sides. You are invigilating this side, you are marking that side. Even the setting as I have said, you are just setting, you've got to go and facilitate in that class, so whilst you are setting you are not committed in any of these. You are the jack of all trades and you are the master of none. You cannot say I'm excelling in this one, definitely we know that its our job to set and do everything, but when its coming to the examinations it has a very negative impact, especially with eh.... Scarce resources as staff. If probably we can take the....South African Nursing Council route, with the examinations of the EN'S and ENA's, because they appoint eh....neutral invigilators and then markers are being appointed there, examiners are being appointed. So if we can take the same pattern, I think we can have better standards or better quality.
Participant 3	And to follow up on this Council, because with the Council there are educators, who are facilitating these programmes. When it comes now to setting they appoint examiners, they appoint markers, they appoint invigilators.
Participant 2	And now as a facilitator, if somebody copies during the Council exam, the invigilator who is there is dealing with that issue. You are just informed as the head, you are not like involved, as like somebody who would say I knew this lecturer is after me. She was just making sure she won't miss me, even though she had a "gqiza, nyhani kaloku" she would put it as if you are after her literally.
Researcher	O.k Alright, I don't see any other hand
Participant 6	Coming to practical exams, The time frames, because it is said that according to the policy. When we are going to practical, we need three days before the practical to get that part, but each year sometimes it is not like that. The practical is only one

	day, we are supposed to get that orientation pack three days before, but sometimes it is not like that.
Researcher	O.K
Participant 7	Whilst we are still on the practical .With the big numbers of students we are having, we end up having less examiners, because even in the service we usually ask for i manpower, but they are short staffed. So now you find that at times by the time OSCE is coming to the end, the exams are somehow not as we started because people are requesting to go back to their respective units. They cannot stay here for long especially when there are no refreshments. You find that you request these people to be here the whole day and there's nothing. You wonder, you cannot even give them tea, so after people are having their own problems, diabetic and all that stuff, and you've requested them to stay the whole day, up to half nine if its half nine. And now the same big numbers, the very incumbents of the OSCE, you start it very nicely during those first rounds, but come to those last rounds you find that you are now not doing the exams because they've got now all that is there because the colleagues have told them because kaloku there is a long que, they are waiting, so by the time now it's the last round its no more OSCE its no longer objective structured clinical examination. Especially if it goes as far as 9 pm. Mh.....
Researcher	Quality..... Quality of OSCE
Participant 4	Because now by that 9 pm you find that the programme because these people have to travel they are also not safe, we also have to travel at akward time to our own places of abode in the very incumbents,you don't know how they will reach their destinations, but you just cross that uh... at least they will be there. You don't know how, You just ask how are you getting. and off you go because you are also not safe.
	O. K
Participant 5	Also, coming to the quality of the OSCE, I don't think now its quality, right enough you put these students in one room neh.... There are plenty of them hundred and sixty something. They are going to do the skills.First round, second round is O.K Third round is O.K But when you come to the fourth round, may be after tea, the student will just go to the client neh....without even looking to the script because they are many. They are sms ing each other meanwhile. Right enough it said nobody is supposed to come with a cellphone to the exam room. These students may be will take the phones. They have got two each neh...You take all the phones collect them, you put the same ... but there's one each other who is still looking at these students who is still going to come for OSCE, but by the time , come afternoon they all know the skill like anything, so its not quality. They ve told each other .
Participant 3	Right, Well, It think..... Alright. O.K If, eh..... You ve all said quite a lot, neh....I do think that its gonna help my study, all what you've said if eh..... If I can just summarise: I've noted a lot of issues regarding invigilation, neh.. regarding copying students, regarding big numbers,regarding I outsourcing of invigilation neh....so that its not the same person who is teaching them. I've also noted I setting of questions, use of recommended books neh... and eh... use of eh.... Quality being compromised because you are not sure whether your question its gonna be taken, no feed back from the questions that you set before. So you are not developed neh... So those are the issues that you raised if I'm correct. And also I'm noted with marking, there is also the big numbers, the quality of work that you the quality being compromised because of the big load of work. And with the setting, setting different papers neh... And also done at the same time while you are also doing

	your... your facilitation, your beginning of the year. This should be done according to you, towards the before you even start your blocks neh..... In January to Febraury. And.... i marking if it could be done based on the SANC procedures, in fact the whole examination done according to SANC procedures, that's what you are recommending, especially issues of setting marking and invigilation neh.... O.K What else am I leaving, practica neh.... OSCE . OSCE the issue of big numbers, students sharing information, no more confidentiality, and getting people from service , no refreshments, keeping them here for a long time, no refreshments and then they have to leave you without finishing because its time for them to go, Right and also finishing very late, you are not safe where you stay neh.... So the quality is compromised even then. Students are sharing information, they are sms ing each other or whats upping each other. They tell each other, by the time you come to the number...to the last groups they already know. Quality time for setting, environment for setting, you mentioned that. Environment for setting being disturbed in the offices andeverything. Am I right ?
Participant 1	Uniformity during marking process. What is being done in other campuses, it must also be done, same what is being prepared as the marking process. The sharers The distribution of papers, if it still under the college. The most important recommendation is that the examinations should be outsourced from the college.
Participant 7	Anything else then ?Alright if there is nothing more to say then, May I take this opportunity to thank you ladies, nice beautiful ladies that I got enough information from Mthatha that I 'll be able to work on and thank you for sharing this time with us I think that it has been... Your contributions are very precious to us at the university. We will use it to make sure that the study succeeds.
Participant 4	Hoping that we will get feedback from the study
Researcher	Yes you will, Yes you will
Participant 3	We are just called in here to meetings and we don't see any changes thereafter.
Researcher	I'm promising I'll draw up mem a research report and make recommendation. May be after this aspect has been researched you will see changes.
Researcher	So I don't see any hands now. Does that mean everybody has said everything you have experienced about your experiences in college exams ?
Researcher	May I summarise: You have said,Setting is strenuous for you. You have mentioned that your environment for setting is not conducive, no privacy. Also no direct feedback on your quality of your papers, actually feedback from ext moderators is delayed. you feel threatened by students as invigilators because they copy. Marking is also strenuous. A lot of wrong calculations, second markers not marking well, no uniformity in marking. Quality of OSCE low and big student numbers staff shortage & equipment
Participant 2,4,1,7	Yes, Mem
Researcher	Thank you for your valuable time and information. I hope it will greatly assist me in the study. Thank you. If there is no one to add, then we have come to the end of the interview. Can I now switch off the tape.
Participant 3,4,5	Yes, Mem
Researcher	O.K Again thank you.Tape is switched off

ANNEXURE I: Letter requesting editing of the study

43 Conway Road Sunnyridge

East London 5208

12 October 2014

TO WHOM IT MAY CONCERN

I, Sindiswa Hammond hereby request your assistance in assessing and editing my dissertation (Student Number 201316856) entitled:

An exploration into nurse educators' experiences of assessment in a multi-campus nursing college in Eastern Cape Province

Submitted in fulfilment of the degree Masters in Nursing Education (MCUR) in the School of Health Sciences at the University of Fort Hare.

Any queries related to the editing of this treatise can be directed to me at 0833 787 262

Thank you

S. Hammond (Student)

ANNEXURE J: Letter requesting coding during data analysis

43 Conway Road Sunnyridge

East London 5208

09 September 2014

TO WHOM IT MAY CONCERN

I, Sindiswa Hammond hereby request your assistance to become an independent coder during data analysis for my dissertation (Student Number 201316856) entitled:

An exploration into nurse educators' experiences of assessment in a multi-campus nursing college in Eastern Cape Province

Submitted in fulfilment of the degree Masters in Nursing Education (MCUR) in the School of Health Sciences at the University of Fort Hare.

I have conducted eight focus group interviews using semi structured interview in five main nursing college campuses using the attached interview guide, and schedule. Also attached also is a sample of the transcription of one of the focus group interviews conducted.

Any queries related to the editing of this treatise can be directed to me at 0833 787 262

Thank you

S. Hammond (Student)

ANNEXURE K: Permission from Lilitha College of Nursing principal

From: EL Examinations 0437221121

To: 0865693914

13/03/2014 10:31

#402 P.001/001



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EASTERN CAPE
HEALTH

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Enquiries: Miss V. Delihlazo

MEMORANDUM

TO	MRS S HAMMOND
FROM	MRS N LINKS: PRINCIPAL: LILITHA COLLEGE OF NURSING
SUBJECT	PERMISSION TO CONDUCT RESEARCH STUDY IN ONE OF LILITHA COLLEGE CAMPUSES: (EAST LONDON CAMPUS)
DATE	04 MARCH 2014

1. The subject matter above refers.
2. This correspondence serves to confirm that permission is hereby granted for you to conduct research in one of Lilitha Nursing College Campus: East London Campus.
3. The College will be waiting to be forwarded the results/recommendations from your study for implementation purpose by the college campuses.
4. The organization takes this opportunity to wish you success in your studies.

.....
Mrs N Links: Principal Lilitha College of Nursing



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24 hour call centre: 0800 0323 64
Website: www.ecdoh.gov.za



Ikamva eliqagambileyo!

