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Perceptions of Fourth Year Nursing Students Regarding Objective Structured Clinical Examinations at the University of Namibia, Oshakati Campus

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Fillemon, S., Salomo, S., & Popyeni, S. (2023). Perceptions of Fourth Year Nursing Students Regarding Objective Structured Clinical Examinations at the University of Namibia, Oshakati Campus. *Indiana Journal of Humanities and Social Sciences*, 4(7), 1-4.**Abstract:** The purpose of this study was to explore and describe the perceptions of fourth-year nursing students regarding OSCE at the University of Namibia, Oshakati campus. A qualitative, exploratory, descriptive, phenomenological, and contextual research designs were used. A non-probability purposive sampling technique was adopted. Individual interviews were conducted with ten (10) participants upon which data saturation was reached. An interview guide and field notes were used for data collection. Responses were audiotaped and transcribed verbatim. Tesch's method of qualitative thematic analysis was used to analyse data.

The study revealed that most participants viewed OSCE as the vital type of practical examination that equip nursing students with practical skills and enable them to be practically competent. However, some participants expressed unfavourable and negative responses for OSCE, such as unsupportive examiners and stressful environment. More than two-thirds of participants described OSCE as a stressful type of practical examination. The study recommended practical orientation prior to OSCE as this will enable students to be well prepared and to identify gaps in their clinical skills. Similarly, the 5 minutes time limit per station should be revisited as it proved to be unrealistic and stressful to most students.

Keywords: Perception, Nursing Students, Objective Structured Clinical Examination.**Copyright © 2023 The Author(s):** This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0).

INTRODUCTION

Objective Structured Clinical Examination (OSCE) is a versatile multipurpose evaluative tool mostly utilized to assess nursing students at clinical settings or simulations in all domains to encourage deep learning by testing higher cognitive functions (Bashir *et al.*, 2016). Introduced in 1975 by Ronald Harden, OSCE has been used to assess students in medical related field since the mid-1970s (Rushforth, 2013). It is among other practical approaches used in nursing that blend theory with practice to narrow the academic gap (Alaskar *et al.*, 2022). During OSCE, students rotate round series of stations with strictly limited time. At one station, they are being asked to carry out a procedure, such as history taking, undertake one aspect of physical examinations or interpret laboratory investigations, while on the next station they must answer questions on the findings at the previous stations or patient management (Harden *et al.*, 2015; Thandar *et al.*, 2016). Students are being assessed in simulations and during their practical allocations at health facilities because the assessment of clinical skills is far more important and complex as it is directly linked with patient care (Bashir *et al.*, 2016). Students must perform their OSCE by hook or by crook, exactly what they all learned and exactly what they practiced in clinical setting. Thus, this gives their chances and gold opportunities to identify their competency (Thandar *et al.*, 2016). The advantage of OSCE apart from its versatility and ever broadening scope are subjectivity,

reproducibility, and easy to recall. All students get examined on predetermined criteria on same or similar scenario (Khin *et al.*, 2016). In addition, performance is judged by a team of many examiners in-charge of the various stations.

In the United Kingdom, United States of America, Canada, and indeed most reputable colleges of medicine, OSCE has been adopted as a standard mode of assessment of competency and counselling sessions satisfactorily complementing cognitive knowledge testing in practice (Harden *et al.*, 2015). In Pakistan, higher authorities in medical education such as Pakistan Medical and Dental council (PM&DC) and Higher Education Commission (HEC) have encouraged the utilization of OSCE (Khan *et al.*, 2018). In Namibia, the University of Namibia (UNAM) has adopted OSCE whereby students are being assessed in different academic modules. At UNAM, Oshakati campus, all third and fourth-year undergraduate nursing students are being assessed in Midwifery and General Nursing Science modules, however, various students have expressed shortcomings about OSCE. The campus trains undergraduates studying towards a Bachelor of Nursing Science (Clinical) (Honours). In 2016, among the eighty-three (83) students registered with General Nursing Science II, 1(1%) student failed OSCE. In 2017, student failure increased to 39 (50%) out of 78 students. Literature has it that, students' preparations toward OSCE is not strengthened to enable good performance

(Harden *et al.*, 2015). A study by Arash *et al.* (2013) about the experiences of students towards OSCE revealed insufficient time allocation per station as among the contributing factors to students' poor performances. In a study conducted by Zayyan (2011) students criticized OSCE for using unreal objects even though actual patients can be used based on the need. This study aims to explore and describe the perceptions of fourth years nursing students regarding OSCE at the University of Namibia, Oshakati campus.

PROBLEM STATEMENT

The number of nursing students failing OSCE at UNAM, Oshakati campus is increasing on yearly basis. Among the eighty-three (83) students registered with General Nursing Science II in 2016, 11 (13%) students failed OSCE. In 2017, ninety-four (94) students took part in OSCE of which 24 (25.5%) students fail. In 2018, the students' failure rate ballooned to 50% whereby 39 out of 78 students failed similar examination, consequently resulting in financial implications of the concerned students as they had to re-register the failed module. Similarly, failing OSCE may result in the extension of the duration of study for the concerned students at the university and consequently delaying graduation. During daily interactions, students have expressed concerns with regards to insufficient time allocated to OSCE as well as lack of clinical equipment in the simulation room to facilitate clinical practice. Similarly, students expressed that clinical Instructors do not give feedback to students as to avoid repeating the similar errors. The above background results in the researcher to become concerned as to whether enough is being done to address the failure rate amongst nursing students at Oshakati campus, and therefore triggered the research question namely:

“What are the perceptions of the fourth-year nursing students regarding OSCE at UNAM, Oshakati campus?”

Purpose of the Study

The purpose of the study was to explore and describe the perceptions of fourth year nursing students regarding OSCE at the University of Namibia, Oshakati campus.

METHODS

A qualitative research design was employed as the basis for carrying out this study because answers provided by qualitative data reflect important evidence that provides valuable insights about a particular phenomenon or clinical situation, in this study, the perceptions of fourth years nursing students regarding OSCE at the University of Namibia, Oshakati campus. An exploratory, descriptive, phenomenological, and contextual designs were embraced to explore and describe the students' perceptions (Creswell & Creswell, 2018). Exploratory design enabled the researcher to gain insight into a specific clinical situation namely, the

perceptions of fourth years nursing students regarding OSCE. The descriptive portion of this study consisted of a denser description of students in this situation (Polit & Beck, 2012). The phenomenological design enabled the researcher to learn and construct the meaning of students' perception regarding OSCE through in-depth individual interviews (Shikalepo, 2021). The study is contextual because it was conducted at UNAM, Oshakati campus.

Population

The population of this study consisted of all fourth-year nursing students registered with the University of Namibia, Oshakati campus. The campus has an approximate total number of eighty (80) fourth year nursing students studying towards a Bachelor of Nursing Science (Clinical) (Honours) for the 2019 academic year.

Sampling and Sampling Size

A non-probability purposive sampling technique was adopted (Creswell & Creswell, 2018). In this study, non-probability purposive sampling enabled the researcher to identify participants who are knowledgeable on the phenomenon being investigated, in this study, the perceptions of fourth years nursing students regarding OSCE, therefore the sample is likely to provide rich data whose analysis can yield in-depth findings for a better understanding of the phenomenon (Guest *et al.*, 2016). Ten (10) participants with previous experience of OSCE and who met the inclusion criteria were interviewed of which sample size was determined by data saturation (Shikalepo, 2021). The following inclusion criteria applied during sampling namely: (i) a participant had to be in his/her fourth academic year of nursing and with previous experience of OSCE, (ii) participation had to be on voluntary basis.

Data Collection

Data collection was done through in-depth individual face -to -face interviews as the most direct method of obtaining facts and perceptions from participants (Creswell & Creswell, 2018). Ten (10) fourth year nursing students who met the inclusion criteria were interviewed. An interview guide was used to pose questions to participants and to maintain consistency during the interviews (Guest *et al.*, 2016). With participants' consent, a tape recorder was used to capture the interviews to establish an accurate narrative of the interview which was replayed for transcription (Shikalepo, 2021). The interviews commenced with the following central question posed to each participant namely: *“What are your perceptions as a fourth-year nursing student regarding OSCE at UNAM, Oshakati campus?”* Probing questions were asked to encourage participants to elaborate more on their perceptions regarding (Polit & Beck, 2012). Field notes were used to capture the non-verbal behaviors of the participants during the interviews. Each interview lasted for about 30-

45 minutes. Ceasing of data collection was determined by data saturation (Burns & Grove, 2013).

Data Analysis

All interviews were audio-recorded (with permission) and transcribed verbatim before being analyzed using Tesch’s steps of open coding technique (Creswell & Creswell, 2018). Transcripts were coded iteratively with constant comparison between the codes and the data to ensure the incorporation of consistent and diverging responses. Exemplar responses were identified across transcripts to illustrate and confirm labelling of emerged themes (Shikalepo, 2021). The researcher and the independent coder held a consensus discussion and agreed upon the identified themes and sub-themes.

Excerpts from participants were used in support of identified themes. Trustworthiness of the study was ensured by literature control (Shikalepo, 2021). Other measures to ensure trustworthiness of the data were considered as discussed below.

Trustworthiness of the Data

Trustworthiness pertains to the truthfulness of the manner the research was conducted and the correctness of the research findings (Guest *et al.*, 2016). To ensure the trustworthiness of this study, the following strategies were observed as illustrated in table 1 namely: credibility, transferability, dependability, and confirmability.

Table 1. Measures to ensure trustworthiness of the study

Strategy	Criterion	Application to the study
Credibility	Prolonged engagement	The researcher spent three months in the field in which the research was conducted.
	Triangulation	The study adopted a qualitative, exploratory, descriptive, phenomenological, and contextual designs. Individual interviews, field notes, observations and audio recorder were used as methods of data collection. Various relevant literature sources were reviewed to ensure credibility.
	Peer review/debriefing	The research supervisor helped to ascertain the suitability of the questions before they were administered. Data were coded by an independent expert.
	Member-checking	The researcher validated the credibility of the data through debriefing, discussions and replaying the tape with participants to confirm the accuracy of the themes and sub-themes. Literature control was done.
Transferability	Think description	All interviews were recorded and transcribed immediately after data collection took place to minimize the risk of misinterpretation and avoid bias. Each interview took approximately 30 to 45 minutes. Data were collected until the point of saturation was reached. The sample and sampling procedures, data collection and analysis were described in the study.
	Purposive sampling	Purposive sampling was employed to purposely select the participants who gave rich information about their perceptions regarding OSCE.
	Triangulation	Individual interviews, field notes, observation and tape-recordings were used as methods of data collection to enrich the data collection process.
Dependability	Dependability audit	Interview guide was first piloted to establish whether participants understood the questions and that the questions elicited appropriate discussions. Questions were reviewed by the study supervisor for relevancy before the actual data collection.
	Triangulation	As discussed under credibility.
	Peer examination	Research experts reviewed the study to establish whether the methodology used was adequate to address the research objectives.
	Code-recode procedure	The researcher analyzed textual data gathered during data collection after which themes and sub-themes emerged. An external expert auditor verified the process and procedures used by the researcher to ascertain their applicability.
Confirmability	External audit	Rigorous review of interview transcripts was conducted. Auditing was carried out by an independent expert researcher. Literature review was conducted.

Ethical Considerations

Permission to conduct the study was obtained from the Decentralized Ethical Committee (DEC) of the University of Namibia, Oshakati campus, in line with the code of ethics for conducting research with human subjects. Additional permission was sought from the Director of UNAM, Oshakati campus where the study was conducted. Fundamental ethical principles guided the study, namely: principle of respect, beneficence, and justice (Guest *et al.*, 2016).

Informed consent was obtained from each participant after explanation of objectives and benefits of the study to the individual and the institution (Creswell, 2014). The right to withdraw from the study was explained. No physical or medical experiments that may cause harm to participants were conducted throughout the study. The recruitment of participants was done in

accordance with the set inclusion criteria (Creswell & Creswell, 2018). None of the participant was coerced to partake in the study.

RESULTS AND DISCUSSION

The sample of this study was drawn from a population of fourth year nursing students at UNAM, Oshakati campus. Ten (10) participants were interviewed. The interviews intended to explore and describe the perceptions of fourth years nursing students regarding OSCE at the University of Namibia, Oshakati campus. Two themes were identified through data analysis as illustrated in table 2, namely: (i) various perceptions on OSCE, and (ii) inadequate resources to facilitate clinical practice. Each theme was discussed and verified with direct quotes from participants.

Table 2: Themes and sub-themes

Themes	Sub-themes
Various perceptions on OSCE.	OSCE as an enabler of clinical competence Unconducive environment
Inadequate resources to facilitate clinical practice.	Lack of space and clinical equipment Insufficient time allocation

Theme 1: Various Perceptions on OSCE

The result of this study reveals various perceptions towards OSCE as an assessment method intended to test the clinical performance and competence of nursing students at undergraduate level. Most participants viewed OSCE as the vital type of practical examination that equip nursing students with practical skills and enable them to be practically competent. According to participants, OSCE as an assessment for clinical competency, allows them to develop self-confidence and critical thinking that enables them to make sound clinical decision making when confronted with challenges at clinical areas. However, some participants expressed unfavourable and negative responses for OSCE, such as unsupportive examiners and stressful environment.

“I feel like the more I am exposed to OSCE, the more I get more knowledge and become clinically competent to treat my patients. Like this year, we did resuscitation procedure, so I now know it better and feel more confident enough to resuscitate without any hesitation.” [P1]

This finding is consistent with that of study conducted by Fouad *et al.* (2019) in which a great proportion of nursing students acknowledged that OSCE provided them valuable and real-world learning experiences that are of great benefit at clinical set up. The study also revealed high satisfaction of students with regards to the validity and reliability of OSCE than other traditional clinical examination approaches.

Sub-theme 1.1: OSCE as an Enabler of Clinical Competence

Most participants interviewed described OSCE as a type of examination that instill clinical competency among nursing students, consequently preparing them for their imminent professional duties. The following statements were highlighted by participants:

“I see OSCE ... [clearing the throat] as a vital type of assessment because it helps and equip us with clinical skills during and after examination. OSCE enables the university to know that by the end of the course, the institution has produced competent graduates ready to serve the public and able to manage a health facility”. [P3]

Another participant added:

Literature has it that, OSCE is one of the best significant techniques in nurse education to evaluate clinical skills competence at undergraduate level (Awad *et al.*, 2017). A study by Alaskar (2022) on health science students’ perception about OSCE as a method of clinical assessment reveals that, OSCE enables students to acquire logical and clinical thinking skills rather than fostering passive learning. Khan (2016) stressed that, OSCE enables students to pinpoint their clinical areas of weakness and offer them an opportunity to expand their learning style and skills.

In support of the above findings, another participant had these to say:

“They evaluate us through OSCE. At the end of the day, we want to be competent nurses, similarly, the ministry wants competent nurses.”

Therefore, it is correct to test students through OSCE before they progress to the next level” [P8]

The above sentiments are consistent with Alaskar *et al.* (2022) who emphasized that, students who undertake OSCE learn analytically, and hence, gain self-confidence in addition to the value-added expertise they accumulate. In a study conducted by Awad (2017) most students indicated that OSCE covers powerful clinical skills, therefore, engaging students in active and vigorous clinical involvement to tackle the real-world health circumstances. A study by Fouad (2019) about perception of students, staff, and simulated patients towards OSCE concluded that OSCE is the most valid, reliable consistent tool for evaluating clinical or practical performance of students that provides them with great learning experience, therefore, should remain as a form of performance assessment in nursing. This is line with Mahmoud and Mostafa (2015) who emphasized that learning in the clinical environment offers the real-world context for nursing students to acquire the knowledge, skills, attitudes, and values of a nurse.

Sub-theme 1.2: Unconducive Environment

Participants in this study perceived the environment in which OSCE takes place to be unconducive and stressful due to unfriendly examiners and lack of feedback. These findings are in line with that of a study conducted by Alamri *et al.* (2022) in which more than half of the students found the examiners to be unsupportive, hostile, and non-cooperative. More than one-third of participants declared the OSCE as a stress-inducing and problematic type of practical examination (Alamri *et al.*, 2022). Literature has it that, the anxiety aggravated by OSCE is the greatest compared to other types of examination (Alaskar *et al.*, 2022). This contradicts Alamri *et al.* (2022) who stressed that it is critical for the educators to guide and support students by providing them with feedbacks after both formative and summative assessment.

A study by Khan *et al.* (2016) about an audit of the medical students' perceptions regarding OSCE established that, rude and apathetic approach of the examiners during exam contributed negatively to the students' practical performance. In this study, the findings gave a clear picture to the researcher that nursing students endure unconducive environment during clinical assessment. Almost every participant perceived OSCE examiners of being unsupportive and unapproachable during clinical assessment. Participants expressed that they became anxious and react emotionally as they see facial expressions of the lecturers as they enter the simulation room.

“The facial expression of the evaluator was too scary. I mean [looking up...], the expression was so intense to an extent that I became so confused. Even if you are doing right, at the end of the day, you might end up changing due to

that expression. That affects our performance”. [P3]

Another participant added:

“The facial expressions of the lecturers are really disturbing us during assessment. You became so uncomfortable and stressed until you find yourself making mistakes during exam. At the end of the day, you just fail. No... [taking a deep breath], that is unfair”. [6]

Hornby (2014) define facial expression as a look on a person's face that displays their thoughts or feelings. In this study, participants felt prejudiced by examiners as they enter the simulation room for OSCE. This confuses most students as they do not perform as per expectations. In support of the above sentiments, another participant had this to say:

“The moment you see these unsupportive facial expressions, then you become totally confused. You forget everything and fail eventually. If you happen to fail OSCE, there will be no chance for you to proceed with theoretical examination of that specific module”. [4]

Literature has it that, besides the clinical competence, OSCE creates an unpleasant environment that most participants find worrying, stressful, and appalling (Alaskar *et al.*, 2022). These results are consistent with the perceptions of nursing students regarding OSCE in a study conducted by Alamri *et al.* (2022) that reveals OSCE to be extremely stressful, to an extent that students were unable to perform well in the real clinical setting due to the tension of observation by examiners as well time limit assigned for each proficiency. Most students perceived OSCE examiners as being, unfriendly, frightening, unapproachable and non-cooperative. In a study conducted by Alaskar *et al.* (2022) most students described OSCE as the most common examination that trigger nervousness due to the presence of numerous examiners at one station. A study by Fouad *et al.* (2019) established that lack of feedback from OSCE examiners discourages students from attending clinical examinations due the possibility of repeating similar mistakes. Mohsen and El-Abbassy (2015) stressed that the fear of making mistakes is the highest anxiety-producing situation for both senior and junior nursing students.

Theme 2: Inadequate Resources to Facilitate Clinical Practice

The most concern expressed by participants in this study was inadequate resources to facilitate clinical practice at the university. Most participants stated lack of clinical equipment in the simulation room as well as insufficient time allocation to students during OSCE.

Sub-theme 2.1: Lack of Space and Clinical Equipment

Lack of space and clinical equipment in the simulation room in which OSCE takes place became evident in this study. Most participants expressed that most equipment used for OSCE were outdated and not set up in the manner that reflect real clinical situation. Participants described the simulation room as too tiny and not suitable to facilitate clinical practice. The sentiments from participants agree with that of a study conducted by Alamri *et al.* (2022) in which students rated OSCE negatively, as they disagreed with the view that OSCE equipment is sufficient, valid and relevant. In this study, most participants raised concerns with regards to poorly equipped and congested simulation room, therefore, compromising clinical practice. This is what some participants had to say:

"We do not have enough simulation rooms. In fact, we only have one. We are almost a hundred in our class, but the simulation room is very small, tiny, and too congested. Some students will not even see when the lecturer is demonstrating". [P3]

"Our campus' simulation room is too small and does not accommodate all students at once. Sometimes students are a lot, and we must squeeze in, very uncomfortable ... [smiling]" [P4]

One participant had this to say:

"The room is too small to an extent that you can even clearly hear what the other student is saying at his/her station. This is very distractive and confusing. You simply become confused, and eventually fail" [P1]

When asked about their perception regarding equipment used for OSCE, this is what participants had to say:

"We do not have enough equipment in simulation. Sometimes I feel I want to practice but there are only two or three and we are approximately close to hundred in a class. At the end of the day only some students get chance to practice" [P3]

Other participants supported:

"Some equipment that are there... [pointing to simulation room] are of old fashion. No latest ones. Even some of the forms used there are not like the ones at clinical settings" [9]

Some of the instruments are no longer being used. The university should purchase new instruments." [P7]

The findings of this study are consistent with the results of a study conducted by Fouad *et al.* (2019) on perception of students, staff, and simulated patients towards OSCE, as students revealed that the examination was stressful, intimidating and conducted in a congested and uncomfortable setting. A study by Almari *et al.* (2022) about nursing students' perception and attitude towards OSCE established that skill laboratories in health and educational facilities lack space and not well-designed to conduct OSCE more effectively to improve clinical competence. These finding are parallel to that of this study in which most participants revealed that the setting in which OSCE was conducted was uncondusive for practical examination due to lack of sufficient space. Fouad *et al.* (2019) stressed that, OSCE require a wide comfortable setting with fans and air conditioning. The above finding is being supported by that of a study conducted by Fidment (2012) about exploring healthcare of students' experience on OSCE, in which most students described equipment and the environment as not sufficient nor realistic enough for them to feel a real-life clinical situation. This is contrary to the findings of a recent study conducted by Alamri *et al.* (2022) about undergraduate nursing students' perception and attitude towards OSCE at Sultan Qaboos University that revealed the state-of-art equipment in the University laboratory that can easily replicate the setting of healthcare facilities.

Sub-theme 2.2: Insufficient Time Allocation

The findings of the study revealed insufficient time allocation to students during OSCE. Most participants raised concerns that they usually do not finish with what they have prepared due to insufficient time allocated per station. When asked about their perceptions regarding the time allocation per station, this is what most participants had to say:

"Uhh... [smiling] the time allocated per station is only five minutes, including that of reading the instructions. You are likely to run out of time amid the procedure". [3]

"While you are busy with the procedure, the time is already finish. We are not failing because we do not know, but because of time limit. The time is simply too short. We do not even read the instruction properly due to time limit. It is very stressful" [1]

In support of the above sentiments, some participants proposed:

"Time is very limited; they should at least try to increase the minutes from 5 to 10 or even 15. Slow students cannot finish within 5 minutes. That is worrisome... [looking up]. We need a separate time just to read the instruction because 5 minutes is just too little. [P6]

"The time frame for OSCE should be extended. Why can't they make it even 30 minutes? [shaking the head]. They seriously need to consider that [7]

This finding is consistent with the results of a study conducted by Majumder *et al.* (2019) in which the majority (66.7%) of students emphasized that time allocation per station was unrealistic and stressful. A study conducted by Alaskar *et al.* (2022) about health science students' perceptions regarding OSCE as a method of clinical evaluation revealed that nearly two-thirds of students experienced stress triggered by OSCE due to harsh time restriction and insufficient preparation and guidance by assessors.

In agreement with the above sentiments from participants, a study conducted by Arash *et al.* (2013) about students and examiners' perceptions towards OSCE, revealed limited time allocation per station as the major concern among students. Literature has it that, the top OSCE-associated flaws declared by students includes the OSCE being stressful and traumatic examination due to strict time limitation and unapproachable examiners (Alamri *et al.*, 2022). This is consistent with the findings of this study, in which most participants expressed that the time allocation for OSCE is insufficient and proposed the time to be lengthened at least to thirty minutes or more. Awad *et al.* (2017) disagreed with the above finding by emphasizing that, students must be meticulously prepared and informed about the aims and objectives of the OSCE as a universal and widely used assessment intended to measure students' clinical competence. During preparation, students should be permitted to ask questions if they are not confident about the task they are expected to perform (Awad *et al.*, 2017).

CONCLUSION

Most participants expressed negative perceptions regarding OSCE, including lack of conducive environment for practical examination, lack of space in the simulation room, outdated clinical equipment, unrealistic time limit per station, and unfriendly examiners. More than two-thirds of participants described OSCE as stressful. To the contrary, some participants viewed OSCE as an enabler of clinical competence. Based on the findings of this study, the following recommendations are proposed: practical orientation to students is needed well in advance prior to the OSCE as this will enable them to be well prepared and to identify gaps in their clinical skills. Modern equipment and mannequins should be acquired for rehearsal purposes to increase students' confidence level and reduce anxiety during the real-life assessment. The five (5) minutes time limit per station should be revisited as it proved to be unrealistic and stressful to most students.

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CONFLICT OF INTEREST

The authors have no conflict of interest to declare.