

UNVEILING THE HIDDEN STRUGGLES: A PHENOMENOLOGICAL INQUIRY INTO NURSING STUDENTS' EXPERIENCES WITH OSCE IN INDIA.

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ABSTRACT

The Objective Structured Clinical Examination (OSCE) has become a global standard for evaluating clinical competence in nursing education. Despite its perceived objectivity, nursing students often encounter significant emotional, cognitive, and logistical challenges during OSCE. This review article synthesizes current literature and qualitative evidence to examine the lived experiences of nursing students, particularly in the Indian context, through a phenomenological lens. Key challenges identified include performance anxiety, time constraints, lack of realism in simulations, evaluator inconsistency, and organizational inefficiencies. The review also offers evidence-based strategies to address these challenges and enhance the fairness, validity, and educational value of OSCE assessments.

Keywords: OSCE, phenomenology, nursing students, clinical assessment, India, qualitative review, student experience, simulation

INTRODUCTION

The Objective Structured Clinical Examination (OSCE), introduced by Harden and Gleeson in 1975, is a standardized, performance-based assessment used globally to evaluate clinical competence in nursing and medical education. It assesses diverse skills—such as clinical reasoning, communication, and psychomotor abilities—through multiple stations using standardized patients and structured checklists. OSCEs are widely regarded for their objectivity and are now integral to nursing curricula worldwide, offering students a safe environment to demonstrate readiness for real-world clinical practice.

Despite its advantages, OSCEs present notable challenges, especially in resource-constrained settings like India. Nursing students often report stress, time pressure, inconsistent examiner feedback, and limited realism in simulations. These issues are exacerbated by infrastructural limitations, faculty shortages, and socio-cultural factors such as language barriers and hierarchical dynamics. A phenomenological approach helps uncover these lived experiences, offering valuable insights for improving OSCE design and delivery. This review aims to explore these challenges and suggest evidence-based strategies to make OSCEs more effective, equitable, and student-centered in the Indian nursing education context.

REVIEW OF LITERATURE

The following sections present thematic review of literature, categorised into five major determinants of Challenges Experienced by Nursing Students Regarding Objective Structured Clinical Examination (OSCE).

Emotional and Psychological Stress

Fear, anxiety, and self-doubt are among the most frequently reported experiences by nursing students undergoing OSCE. Several studies have documented intense pre-exam stress, particularly due to the high-stakes nature and unfamiliarity with the OSCE format.

- In an Indian study by Anand et al. (2021), 72% of participants reported "moderate to severe anxiety" before and during OSCE.
- Phiri et al. (2022) observed similar emotional patterns in a Malawian cohort, citing fear of failure and lack of confidence.

These findings highlight that emotional and psychological stress is a significant barrier to effective performance in OSCEs. Addressing these issues through mock exams, stress-reduction strategies, and supportive learning environments is essential to help students perform to their full potential.

Time Constraints and Task Overload

Students consistently report that the allocated time at OSCE stations is insufficient to perform all required clinical tasks, leading to incomplete or rushed performances.

- A study by Khan et al. (2019) highlighted that more than 60% of students felt they were unable to demonstrate their true clinical skills due to strict time limits.
- Time pressure was also found to increase cognitive load, especially in multi-step procedures like catheterization or emergency care.

Time constraints in OSCEs can compromise the accuracy of competency assessments and may not provide a fair reflection of students' true clinical capabilities.

Lack of Realism in Simulations

Another recurrent issue is the perceived artificiality of OSCE stations. Many students feel that standardized patients and props fail to replicate the complexity and unpredictability of real clinical settings.

- In a study by D'Souza & Karkada (2020), students reported that mannequins often lacked responsiveness, making it hard to simulate actual patient interactions.
- Limited realism can undermine the educational value of OSCE and affect students' clinical judgment development.

In conclusion, the lack of realism in OSCE simulations can diminish student engagement and hinder the development of critical clinical judgment. Enhancing simulation fidelity through responsive mannequins and well-trained standardized patients is essential to improve the authenticity and effectiveness of the assessment.

Evaluator Bias and Inconsistency

Despite its structured nature, OSCE assessments may be compromised by variation in examiner interpretation and inter-rater reliability.

- Students in India have reported feeling judged more harshly based on prior academic reputation, gender, or communication skills.
- According to Sheikh et al. (2020), inconsistent feedback and non-verbal cues from evaluators caused confusion and demotivation.

In conclusion, evaluator bias and inconsistency can significantly affect the fairness and credibility of OSCE results. Standardized examiner training and clear, objective scoring rubrics are crucial to ensure reliable and equitable assessment for all students.

Logistical and Organizational Barriers

Common challenges include poorly coordinated station flow, technical failures, and inadequate orientation.

- Students in a South Indian study (Menon et al., 2018) mentioned that unclear instructions and delayed scheduling led to confusion and frustration during exams.
- Limited resources in nursing institutions—such as outdated equipment, understaffed OSCE teams, or lack of briefings—further impair assessment fairness.

In conclusion, logistical and organizational shortcomings can create confusion, increase stress, and compromise the integrity of the OSCE process. Strengthening pre-exam planning, providing clear instructions, and ensuring adequate staffing and equipment are essential for smooth and fair assessments.

METHODOLOGY

This review follows a qualitative, thematic synthesis approach guided by phenomenological principles. A systematic search was conducted in PubMed, Scopus, ScienceDirect, Google Scholar, and ResearchGate using the keywords: “OSCE,” “nursing students,” “India,” “phenomenology,” “challenges,” “qualitative study”. Articles published between 2015 and 2024 were considered. Preference was given to peer-reviewed qualitative or mixed-methods studies that explored student perceptions, emotions, or lived experiences related to OSCE.

A total of 26 relevant articles were reviewed, including studies from India, Africa, the Middle East, and Southeast Asia.

DISCUSSION

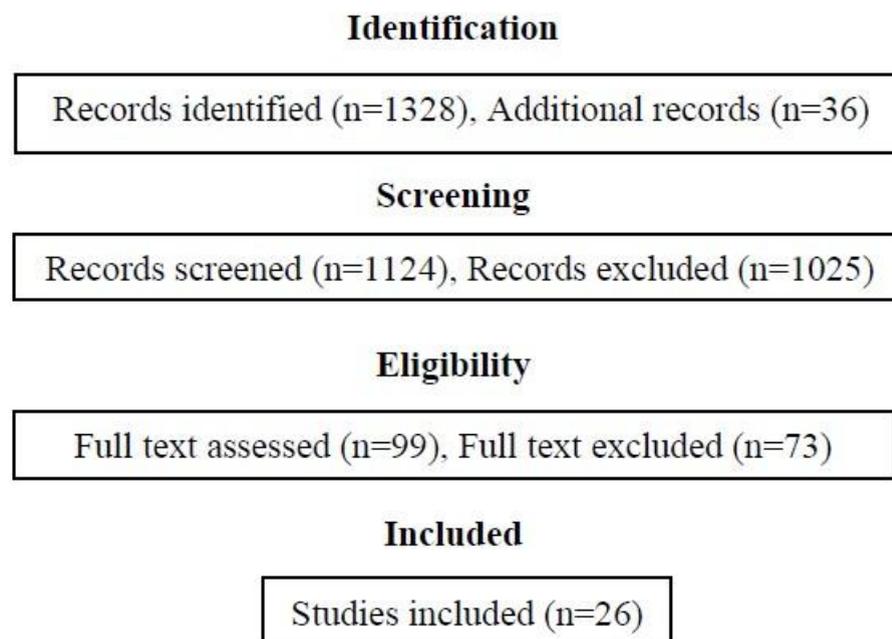
While the OSCE is widely regarded as a valid and structured clinical assessment tool, its real-world implementation—particularly in developing countries—reveals significant challenges. A phenomenological lens highlights how these issues affect students not only academically but also emotionally and professionally.

- Emotional Strain: High anxiety, fear of failure, and stress during OSCEs can hinder students' ability to perform, even when they possess adequate clinical knowledge.
- Cognitive Load: Time constraints and complex tasks can overwhelm students, leading to incomplete or rushed performances that do not reflect their true abilities.
- Impact on Confidence: Repeated negative experiences may reduce students' clinical confidence and self-efficacy, affecting future practice.

These experiences call into question the assumption that OSCEs are inherently objective. Without proper preparation, examiner standardization, simulation fidelity, and contextual adaptation, OSCEs may unintentionally contribute to inequity and educational harm.

Moreover, many institutions lack systems to collect and integrate student feedback, reinforcing a top-down approach that limits ongoing improvement. Including students in the feedback and design process is essential for making OSCEs more equitable, effective, and reflective of real clinical challenges.

PRISMA FLOW DIAGRAM



CONCLUSION

This review highlights the lived struggles of nursing students during OSCEs, particularly in India, through a phenomenological lens. While OSCE remains a crucial assessment tool, reforms are necessary to align it with student needs, institutional realities, and holistic education principles. Integrating student feedback, improving simulation realism, standardizing evaluator training, and addressing logistical inefficiencies are essential steps toward a more effective and equitable OSCE system.

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