







SOCIAL REPRESENTATIONS OF NURSING STUDENTS ON THE ACTIVE LEARNING ASSESSMENT

REPRESENTAÇÕES SOCIAIS DE ESTUDANTES DE ENFERMAGEM SOBRE A AVALIAÇÃO NA APRENDIZAGEM ATIVA

REPRESENTACIONES SOCIALES DE ESTUDIANTES DE ENFERMERÍA SOBRE LA EVALUACIÓN ACTIVA DEL APRENDIZAJE

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ABSTRACT

Objective: to understand the social representations of Nursing students about their assessment in active learning. **Method:** a qualitative study, based on the Theory of Social Representations, in a public institution in the Midwest of São Paulo, which uses active learning in the teaching process. Twenty students from the second grade of the Nursing course participated, selected by an intentional sample because they had experienced the evaluation process in the first grade, through semi-structured interviews, with a guiding question that focused on the student's understanding of the evaluation process. Data analysis was developed through the collective subject discourse, from the methodological figures: Key expressions, central idea, anchorage, and collective subject discourse. **Results:** the social representations of Nursing students about the evaluation process referred to three central ideas – student profile and communication; teacher profile; evaluative environment. **Conclusion:** it appears that the evaluation process is continuous, influenced by characteristics and behaviors of students and teachers, requires teacher training and an enabling environment, which reaffirms the complexity of the assessment practice in active learning, as well as the need for continuous investments aimed at its improvement. **Keywords:** Learning; Educational Measurement; Students, Nursing; Education, Nursing; Qualitative Research.

RESUMO

Objetivo: compreender as representações sociais dos estudantes de Enfermagem sobre sua avaliação na aprendizagem ativa. **Método:** estudo qualitativo, fundamentado na Teoria das Representações Sociais, em uma instituição pública do centro-oeste paulista, a qual utiliza a aprendizagem ativa no processo de ensino. Participaram 20 estudantes da segunda série do curso de Enfermagem, selecionados por amostra intencional pelo fato de terem vivenciado o processo avaliativo na primeira série, por meio de entrevistas semiestruturadas, com uma questão norteadora que versou sobre a compreensão do estudante acerca do processo avaliativo. A análise dos dados foi desenvolvida pelo discurso do sujeito coletivo, a partir das figuras metodológicas: Expressões-chave, ideia central, ancoragem e discurso do sujeito coletivo. **Resultados:** as representações sociais dos estudantes de Enfermagem sobre o processo avaliativo remeteram a três ideias centrais – perfil e comunicação do estudante; perfil docente; ambiente avaliativo. **Conclusão:** depreende-se que o processo de avaliação é contínuo, influenciado por características e comportamentos de estudantes e docentes, requer capacitação docente e ambiente propício, o que reafirma a complexidade da prática avaliativa na aprendizagem ativa, bem como a necessidade de investimentos contínuos visando ao seu aperfeiçoamento.

Palavras-chave: Aprendizagem; Avaliação Educacional; Estudantes de Enfermagem; Educação em Enfermagem; Pesquisa Qualitativa.

RESUMEN

Objetivo: comprender las representaciones sociales de los estudiantes de enfermería sobre su evaluación en el aprendizaje activo. **Método:** estudio cualitativo, basado en la Teoría de las Representaciones Sociales, en una institución pública del Medio Oeste de São Paulo, que utiliza el aprendizaje activo en el proceso de enseñanza. Participaron 20 estudiantes del segundo grado de la asignatura de Enfermería, seleccionados mediante una muestra intencional por haber vivido el proceso de evaluación en el primer grado, a través de entrevistas semiestructuradas, con una pregunta orientadora que se enfocó en la comprensión del estudiante del proceso de evaluación. El análisis de datos se desarrolló a través del discurso del sujeto colectivo, a partir de las figuras metodológicas: Expresiones clave, idea central, anclaje y discurso del sujeto colectivo. **Resultados:** las representaciones sociales de los estudiantes de enfermería sobre el proceso de evaluación se refirieron a tres ideas centrales: perfil del estudiante y comunicación; perfil del profesor; ambiente evaluativo. **Conclusión:** parece que el proceso de evaluación es continuo, influenciado por características y comportamientos de estudiantes y docentes, requiere de la formación docente y un entorno favorable, lo que reafirma la complejidad de la práctica evaluativa en el aprendizaje activo, así como la necesidad de inversiones continuadas encaminadas a su mejora.

Palabras clave: Aprendizaje; Evaluación Educacional; Estudiantes de Enfermería; Educación en Enfermería; Investigación Cualitativa.

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INTRODUCTION

New conceptions of health and care, as well as new Nursing practices, emerged from current social transformations. If this profession appears linked to hospitals, motivated by the need to assist hospitalized people and help doctors, it currently aims at the comprehensive care of the human being and acts not only in the curative sphere but also in health promotion and disease prevention. To support such advances, Nursing education has also undergone adjustments over the years.¹

From an altruistic and devoted connotation to the sick and needy, Nursing gradually turned to the biologist and technical practice and is currently concerned with uniting the affective, cognitive, and psychomotor dimensions. Some of the attributes indicated by the National Curriculum Guidelines (NCG) for Nursing education are health care, decision-making, communication, leadership, administration and management, continuing education, and ethical, humanistic, and scientifically based. Therefore, the NCGs also suggest the use of active learning methods.¹⁻³

Active learning favors the construction of skills described in the NCGs by making the student the protagonist of their learning, while the teacher assumes the role of mediator in this process. The break with the teaching model based on transfer provides opportunities for living in scenarios that mimic professional reality, providing better theoretical-practical interaction and enhancing meaningful learning. Furthermore, it enables the student to reflect on their actions and develop as a critical, responsible, and committed individual with his knowledge and of his peers (knowledge sharing), which are fundamental skills in the Nursing area. It is essential to emphasize that the course of active learning, imperatively, must be guided by achievable and precise goals, which must be known by each student.⁴⁻⁶

The evaluation is a powerful practice to polish this process of affective, cognitive, and psychomotor development. Some synonyms are comparing, examining, judging, and even punishing – and this composition corroborates the breadth and complexity of the evaluative moment.⁵ Far from neutrality or action by action, the evaluative practice needs an intimate relationship with the process of teaching and learning to translate its effectiveness. In other words, it requires intentionality, objectivity, and clarity to properly fulfill its function.^{2,7}

The evaluation act must modulate teaching and learning. Like a compass, it should indicate where the student is (diagnosis) and allow him, with the professor, to glimpse the direction in which he should walk, keeping in mind the point of arrival. Just as compasses can be used at any point along the way, active learning involves the practice of feedback, which is concerned with allowing the student to reflect on their performance and make adjustments during the process of developing a certain attitude or skill.^{2,3}

Thus, we assume that Nursing education, as proposed by the NCGs, organizes the teaching and learning process of each of the dimensions, in such a way that it is aligned with the evaluative practice. This requires that professors, students, and institutional representatives understand the objective, application, and functionality of each of these processes to culminate with better nurses.

Considering the complexity of active learning assessment, which has been implemented in Nursing education, the need for research involving the student's view of their assessment is evident, as they are still incipient. Therefore, from the guiding assumption that assessment in active learning needs understanding and clarity of its process by all involved, this research was based on the assumptions of the Theory of Social Representations (TSR).⁸

This theory enables to compile the participants' interpretation of the investigated reality and to better understand their attitudes and behaviors. This understanding is fundamental for improvement actions to be proposed, as they will often need to intervene in beliefs and values shared by these individuals or groups. The objectification and anchoring processes contained in this guiding assumption allow the manifestation of representations by articulating the cognitive with sociocultural determinations. In other words, objectification occurs through what is stated and materializes the abstract classification, based on common sense or preexisting knowledge, which consists of anchoring and providing meaning to the studied objects.⁸

Therefore, this research emerged from the following question: "what is the understanding of Nursing students about their assessment in the active learning process?"

OBJECTIVE

To understand the social representations of Nursing students about their active learning assessment.

METHOD

This is a qualitative study based on the assumptions of Durkheimian social representations and which proposed to follow the criteria required by the Consolidated Criteria for Reporting Qualitative Research (COREQ).⁹ TSR is characterized by ideas, practices, and values with the ability to know and change reality. Therefore, it relies on the subjects' behavior, conduct, discourses, opinions, and values, from common sense, which denotes the understanding that an individual, a group, or a collectivity has on a certain theme or phenomenon. Such understanding, often at odds with scientific ones, allows us to know the social reality and then to propose ways to strengthen the relationship between science and society.⁸

Data collection took place from interviews that addressed the understanding of second-grade students about their active learning assessment, in a Nursing course at a public institution in the Midwest of *São Paulo*, which develops its teaching process through active learning methods.^{10,11}

In this institution, the cognitive assessment exercise is used as evaluative strategies and instruments, carried out four times a year, and focused on cognitive knowledge from an interdisciplinary perspective. It involves biopsychosocial aspects; a daily self-assessment and peer assessment at the end of activities; a formal document filled out by the professors four times throughout the school year, containing essay questions about the individual performance of the student of cognitive skills, attitudes, and knowledge; a portfolio that is an exercise in the assessment of professional practice and is a simulation carried out individually by students with simulated patients at the end of the period.^{10,11}

The inclusion criterion to participate in the research was to be a student of the second grade of the Nursing course in 2019, considering that the first grade is a period of knowledge and adaptation to the academic phase and the curricular and evaluative proposal institution. There were no exclusion criteria. The sample was obtained for convenience, through contact with students, at the end of their educational activities. When we observed the depletion of new data, the collection ended with theoretical saturation, that is, when the researchers noticed that the quantity and quality of the findings reflect the different dimensions of the phenomenon studied.¹² Thus, 24 students participated in the research, with four pilot interviews and 20 components of the final sample, with no refusal among the invited students.

We scheduled the interviews according to the availability of each student, between March and May 2019, in environments of the institution that guaranteed confidentiality, after explaining the objective of the research and the data collection procedure. They were mediated by the main researcher, a graduate of the Nursing course and a Master's student at the Faculty of Medicine of Marília. Each interview lasted an average of 15 minutes. They were audio-recorded, later transcribed in full, and then deleted. At the end of the interview, the participants had the opportunity to check their answers and include or correct reported data. There was no need to repeat interviews.

From a semi-structured model, the characterization of the participants (age, gender, and marital status) and their perceptions about the evaluation process were obtained from the following guiding question: "talk about how you are evaluated in active learning". The interview script was evaluated by qualitative research expertise and active learning training, and four pilot interviews were conducted with students from the same grade, which indicated a conceptual adjustment for understanding the question, excluded from the final sample.

The authors analyzed the data using the collective subject discourse technique, which is based on the assumptions of the TSR, constituted from the following methodological figures: key expressions (KE), central idea (CI), and Anchorage (AC) and collective subject discourse (CSD). When analyzing each interview, the researcher identifies the KEs - excerpts from the speech that reveal the essence of the interlocutor's position in the research object and exemplify the CIs, which are characterized by words or short linguistic expressions and reveal the meaning of the testimony, the speech mark. Also, it detects AC, which consists of the theoretical and ideological assumption or belief in which the participants support their speech, which is fundamental for identifying the social representations that permeate the object under study. Finally, the researcher elaborates, from all the KEs and ACs observed, the CSD in the first person singular, as it represents the speech of a group.¹³

The CSD allows relationships between these individuals and their social context to be established, which highlights the position of this group. Thus, it promotes a more truthful view of the real context and can support strong actions for its improvement.¹³

Because of the ethical commitment, data collection started after approval by the Research Ethics Committee of the responsible institution, under Opinion number 2.975092 and CAAE 91013218.6.0000.5413.

As recommended by Resolution 510¹⁴, the participants signed the Informed Consent Form and, in respect of ethical issues, they were coded with the letter “NS”, about “Nursing students”, followed by an increasing numerical sequence of “NS1” to “NS20”.

RESULTS

Of the interviewed Nursing students, 90% are female, 55% are between 18 and 20 years old and 95% are single.

The qualitative data contained in the speech of each Nursing student referred to three CIs: student profile and communication; teacher profile; evaluation environment, as shown in Table 1, with the respective SCDs.

DISCUSSION

Analyzing the sociodemographic data, the profile of the students in this research is similar, in terms of gender,

age group and marital status to Nursing students presented by a multicenter study⁶ carried out in six Brazilian public universities. This shows that the characterization of our participants is in line with other scientific findings, which reinforces the use of TSR and may support the development of other research.

Considering that most students entering into the Nursing course in this age group come from the teaching of content transfer and centered on the figure of the professor, it was evident that the second grade is still a challenging period for adapting to active learning and its ways of evaluation, in which both students and professors are discovering the best learning possibilities. The social representation of Nursing students about their assessment in active learning indicated the influence of oral verbal communication, the characteristics of students and professors, evaluative criteria, and interference of the environment in which the assessment takes place.

Table 1 - Central idea and collective subject discourse of Nursing students, *Marília* - SP, 2021

Central Idea	Collective Subject Discourse
Student profile and communication	<p>I think it is a very different evaluation process than in other places, we are constantly evaluating, but I still think there are many differences. Here at college, the main thing you have to do to <i>get along</i> is to speak because the way the professor evaluates is according to what we say so that he knows if we studied.</p> <p>Shy people cannot talk a lot and get into the discussion, and that interferes a lot with the grade. To have an "S" in the formats, you need to speak a lot, but you need to speak words and content.</p> <p>Attitude, behavior, attention, and participation in class also interfere. If you read, bring content, go to the board, participate in the discussion, layout the content, you are well evaluated.</p> <p>Sometimes I have social or psychological problems or I get sick and it ends up reflecting on my performance. Because we are biopsychosocial, sometimes we are not well and cannot have that depth in the subject, cannot study and explain, we do not feel well with that group (NS1, NS2, NS3, NS4, NS5, NS6, NS7, NS8, NS9, NS10, NS11, NS12, NS13, NS14, NS16, NS17, and NS20).</p>
Teacher profile and evaluation criteria	<p>I think the personal characteristics of the professors also interfere. There's no way to walk in the door and leave the whole story of life behind. Sometimes he is emotionally or physically altered and sees the student differently and this ends up affecting the assessment as well. Some tutors' attitudes, or the way they behave, always leave pressure on the student. Many professors have a very different look for a person they have more contact with than for a person they don't know.</p> <p>Another thing is that there would have to be a correct parameter to evaluate, which you should be looking at, like a table for them to be adding, then just go looking and see if the person is there or not, because you never know if you are being enough.</p> <p>There should be better training for professors to try to make everything right (NS2, NS4, NS5, NS9, NS15, NS18, NS19, NS20).</p>
Evaluative environment	<p>I believe that the fact that there are many students also interferes; for example, sometimes the tutor is not able to take a more comprehensive look at each person, and then he ends up evaluating the group. I understand the difficulty, but I think he could have a more concise, more attentive look because many times someone can be harmed by this (NS4, NS9, NS12, NS13, NS19).</p>

Assessment in active learning requires that not only cognitive aspects be considered in the evaluation practice, nor should it be restricted to the oral participation of students since the aim is to analyze them in their entirety.¹⁵

When it comes to communication – an interactive process that enables the sharing of ideas, emotions, messages, and perceptions –, although many associates this act with written or spoken language, non-verbal content comprises a large part, if not most, of human communication. Literature review⁴ highlights that active learning develops interpersonal communication skills. Thus, professors must be able to notice what the student presents in each discussion, in addition to his/her speech.

When evaluating verbal and non-verbal communication and language codes for effective communication, it is necessary to pay attention to the individual's adequacy to the environment, his ability to express ideas and thoughts, security and decision in words and attitudes, ability to manage and interpretation of reactions (verbal or non-verbal) of those who receive the message during the conversation and, in addition, his availability for communication.⁶

On the one hand, if the professor needs to decode the student's communication, on the other hand, the student must have communication tools and skills that express their intentions. In this sense, active learning supports the student's development by providing opportunities for situations in which he/she needs to show/develop autonomy, ability to question and solve problems, interpersonal relationships, and professional attitude, and identify strengths and weaknesses (evaluation and self-assessment moments). Thus, personal characteristics seen as limiting for this teaching model can be improved and it is essential to evaluate the student engagement.^{7,16,17}

The term "engagement" is used to represent the quality and effort of the student towards their learning process and the resources available at the institution that favor this process, for example, the availability of academic activities, materials, and support services. The result of this relationship qualifies the student's academic success. Regarding the student-dependent variable of engagement, cultural and social aspects, personal characteristics and experiences, level of attention and concentration in classes, study time management, search for instructors and study groups, openness to new experiences, exploration of situations, and level of creativity are aspects to

be investigated, as they provide moments of learning and relate to the student's engagement, that is, their involvement and effectiveness in carrying out the activities.^{18,19}

According to Silva *et al.*¹⁹, engaged students understand their activities as positive challenges. Therefore, they feel connected to them. Such positioning tends to result in an improvement in the degree of personal satisfaction, efficiency, and social support, which are reflected in the achievement of academic goals. On the one hand, if the balance of psychological and social aspects is a factor that maintains this engagement, as it has a direct impact on the student's academic performance, on the other hand, the psychological or social disharmony is reflected in the quality of students' activities - a fact which reinforces the importance of the student having a support network and being aware of it and develop skills such as self-confidence, coping strategies, resilience, and personal values.¹⁹

In addition to considering all the aforementioned aspects, the teacher should not base his conduct on the student or his diagnosis of sporadic facts in the daily life of active learning. Appropriate reflection and compilation of personal characteristics, behaviors, development, and learning moments are necessary so that decision-making is contextualized and capable of collaborating for the student's improvement. The systematic record of professors' perceptions, containing the frequency at which a given fact is observed, favors the coherence of the feedback and the concept attributed to the student.^{7,15,20}

Regarding the teaching figure in the evaluation process, just as students take their personality and all their academic, cultural, economic, emotional, and social background with them, they cannot get rid of who they are and assume a neutral stance towards the other. The teaching, learning, and assessment process takes place from the teacher-student relationship, individuals with their respective life histories.²

An integrative review²¹ showed that the teaching effectiveness in active learning is directly related to their knowledge of the content and their competence in group facilitation, interdependent skills. Regarding the knowledge of the content covered, the articles analyzed to reveal that knowing the content enables the professor to improve the students' understanding and help them to connect the necessary points, with a view to cognitive congruence. When it comes to group facilitation, they highlight welcoming, informal communication skills, and empathy, compatible with social congruence.

This evidence supports the students' perception that adopting an authoritarian posture or not investing in the relationship with each student interferes with the assessment process.²¹

Regarding assessment practices, Preston *et al.*²² presented the assessment through rubrics as a means of standardizing feedback in teaching practice. These authors defend the idea that the use of explicit assessment criteria, construction, and knowledge by professors and students can improve academic performance and satisfaction with the assessment. According to Montes *et al.*²⁰, students value the professors who provide assertive, descriptive, specific, timely, and respectful feedback.

Furthermore, it is recommended that every feedback is started with the positive aspects, followed by the negative ones, and presenting several negative aspects at the same time should be avoided. Such practices are powerful in standardizing the assessment to make it more discerning, objective, and productive, facilitating the student's understanding of their position on the learning path, what is appropriate and what needs to be adjusted.

According to Megale *et al.*²³, higher education professors base their teaching practice on their previous experiences and make the adjustments they deem necessary throughout their profession. However, many do not feel confident about their performance, especially during the assessment practice. This unprepared teaching in Brazil ends up being reinforced by the admission exams, which require a doctorate in a certain area of health but do not require pedagogical training. Thus, even postgraduate courses in Education seem to be out of date and do not train future teachers about the basic steps to carry out an adequate assessment process, as well as the desired attitude of the evaluator towards their student.²⁴

Therefore, in line with the understanding of Nursing students, continuous teacher training is essential to enable an assessment capable of achieving its goals, being viable, acceptable, promoting confidence and learning, and having an educational impact. In addition to promoting knowledge about evaluative methods and strategies, cognitive content, teacher training also tends to improve teaching behavior and affective skills.²¹

Finally, we need to highlight that the evaluation success requires an environment conducive to establishing relationships of trust and understanding since this practice tends to generate feelings of disappointment, discomfort, or frustration. However, if it meets the aforementioned assumptions, it is capable of achieving success.²⁰

Therefore, it is essential to have a small group of students from six to eight since a larger number hinders interaction between its members and a more individualized approach of the professor towards each student, constituting a barrier to the effectiveness of the assessment process, and being able to generate (or disguise) lack of commitment from group members.²⁵

In small groups, the professor has the possibility of treating and evaluating each one as a unique individual, considering their personality, socio-cultural and economic context, previous education, as well as their life history. In this way, it will provide personalized, constructive, detailed, and specific feedback, capable of enhancing its relationship with students and generating a positive impact not only on grades but also on learning, well-being, and professional practice. On the other hand, students should have interpretation and reflection skills so that they can take advantage of the feedback provided.^{16,22}

CONCLUSION

Considering the guiding assumption, the question, and the objective of this research, we could demonstrate the social representation of Nursing students on how they are evaluated in the active learning process.

The interviewees' social representations indicated that the assessment process must include all dimensions of learning and is influenced by characteristics and behaviors of students and professors, in addition to the assessment environment. In this sense, this study highlighted the importance of everyone involved in understanding the assumptions of active learning, including evaluative strategies and tools, and for educational institutions to adequately support this process. Furthermore, it identified the training of professors as a powerful strategy for conducting more appropriately the student learning process and evaluation, which will support the improvement of performance.

As students and professors understand such information, they may be motivated to adjust their behaviors, communication, study, and interpersonal skills, making the evaluation environment a welcoming, sincere and powerful place. The educational institutions also have a fundamental role in the assessment of the student in active learning, with the responsibility to promote continuous training and make the appropriate dimension of professionals and students, ensuring the formation of small groups, required for the maximum development of the learning.

We expect that the results of this research can provide support for reflection and adjustments in the evaluation process of other Nursing courses developed through active learning.

A limitation of this study was that it was covered only one grade of the Nursing course at an institution. For future studies, we propose to compare all grades and other educational institutions to better understand this phenomenon.

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