Health Course Lecturers Managing Online Teaching in a Historically Disadvantaged University in South Africa: The Raging Waves

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ABSTRACT

The emergence of the coronavirus pandemic (COVID-19) required the sudden closing of educational institutions to save lives. Universities had to adopt and adapt to new teaching strategies to ensure that no learner was left behind. The purpose of this study is to describe the challenges experienced by university lecturers teaching health courses in adopting online teaching strategies. The objective of the study is to explore challenges experienced by university health course lecturers in a university from South Africa in managing online teaching platforms and the strategies employed by them to enhance online teaching. The study adopted a qualitative interpretative phenomenological approach engaging six purposefully sampled lecturers teaching health courses in a historically disadvantaged university in South Africa. Data were obtained through online methods such as blackboard meetings, in addition to face-to-face and telephone interviews. Preliminary findings revealed both positive and negative experiences in offering health courses online. Positive experiences included flexible time management, fuel-saving, and multi-tasking. Negative experiences included challenges such as lack of experience in designing online content, lack of knowledge to create a conducive teaching environment, students' incapacity to engage in learning tools, poor lecturer-student interaction, and difficulty integrating theory into practice. So far, it has been concluded that a sudden shift to online teaching needs to consider the skill-level of lecturers, learners, and the courses offered. A one size fits all approach may not be an option.

KEYWORDS

Online teaching; interpretative phenomenology; university; health courses; experiences.

INTRODUCTION AND BACKGROUND

This paper discusses the raging waves experienced by healthcare science lecturers from a historically disadvantaged university (HDU) in South Africa in managing online teaching. Managing online teaching entails designing and organizing for better learning experiences and creating distinctive learning environments using digital technology (Rapanta et al., 2020). Fry (2001, as cited in Adedoyin & Soykan, 2020) defined online teaching as the use of the Internet and some other technologies to develop materials for educational purposes, instructional delivery, and management of programs. The general South African education system is tainted by the historical challenges of inequality and inequity (Tanga et al., 2020). Most universities in the Republic of South Africa (RSA) are considered historically disadvantaged universities (henceforth, HDUs) (Tanga et al., 2020). Such HDUs include under-resourced universities like the University of Fort Hare, Limpopo, Venda, Western Cape, Zululand, Walter Sisulu University, Mangosuthu University of Technology, and Sefako Makgatho Health Sciences University (Wangenge-Ouma & Kupe, 2020).

The broad social gap, inequality, and inequity in the RSA are also experienced in the universities where students from high-income groups are mostly registered at well-equipped universities where there are better teaching and learning resources, including Internet and information communication technology (ICT) devices rather than at the HDUs. Such a division leads to digital distinctions between the "haves" and the "have nots" (Mpungose, 2020), thus leaving some students behind and ultimately increasing segregation and perpetuating social classes.

Online teaching was adopted in institutions of higher learning for teaching to take place in an online platform rather than in person which was not possible due to the COVID-19 pandemic. Universities were forced to deeply rethink, restore, and redesign the educational system to address the unprecedented situation, moving from traditional classroom-based teaching to modern teaching online or blended teaching (Martinez, 2020). Online teaching is, therefore, a move from classroom-based teaching to Zoom, virtual classes, seminars, and webinars (Mishra et al., 2020). The adoption of online teaching during COVID-19 was a solution to provide psychological safety in the learning environment (Mishra et al., 2020). The literature shows that the acceptance of online teaching differed among countries, affected as they were by different factors such as readiness to use e-learning, age, and gender, social factors such as interpersonal and instructor influence, and organizational factors comprising technological, financial, and infrastructural factors (Zalat et al., 2021; Medhat & Elkassas, 2020; Chawinga, 2016).

Likewise, Briliannur et al. (2020) posit that online teaching is less effective where there is a lack of facilities, infrastructure, and preparedness for technological education. In China, it was reported that online experiments were poorly implemented due to the lack of teacher experience and unequal learning outcomes caused by diverse experiences, informational gaps, and environmental difficulties experienced by teachers in their homes (Zhang et al., 2020).

Several barriers to online teaching were cited, for example, the e-learning curriculum, and the organizational and structural factors that needed more collaboration for their solution (Zalat et al., 2021). Naylor and Nyanjom (2021) reported that online teaching caused teachers to feel major embarrassment and inadequacy. Additionally, educators felt the embarrassment of constantly seeking help for being unfamiliar with technology. Several studies highlighted the challenges experienced by lecturers using online teaching, which ranged from unfamiliarity with the online teaching platform, difficulties in monitoring/assessing students' learning, unstable Internet connectivity, electricity challenges, technical problems, and lack of computers/laptops (Zalat et al., 2021; Subur, 2021; Mpungose, 2020). Teaching involves students. Therefore, Hermanto and Srimulyani (2021) reported student-related challenges such as lack of discipline, lack of Internet access, and lack of social interaction in "person" classes. In the event of the COVID-19 pandemic, medical and other healthcare students were initially restricted to online teaching and to using simulated patients and other technologies to supplement real clinical-based work-integrated learning (Rose, 2020).

Unfortunately for most African universities, this was not the case. For example, the University of Malawi experienced challenges due to infrastructural limitations and lacking skills/incapacity among academics, which made online teaching unsuccessful (Kayange, 2019). Most of the academic staff believed that the benefits and opportunities of online learning outweighed the challenges; therefore, it was reinforced in Malawi. A study conducted in RSA by the Department of Higher Education and Training [DHET], (2020a) revealed that issues with the lack of Internet and connectivity problems ranked number one among learners in rural areas, with Internet affordability also in the center of the findings.

Mustakim (2020) reported that online teaching exposed teachers to fatigue and burnout and that the teachers had to be creative to overcome such factors. In contrast, Hikmatiar et al., (2020) argued that Google Classroom was an environment for positive learning outcomes, interesting and that fostered creative attitudes toward students. However, they also reported that online teaching was insufficient to teach subjects related to calculation and practice (Hikmatiar et al., 2020). Similar results from a study on medical students showed that online learning was unsuitable for medical education (Stoehr et al., 2021). The findings further revealed that the medical students require live patient contact obtained through face-to-face interactions to develop clinical skills.

However, online teaching has been reported to have advantages such as flexible work hours and learning time, being economical as it reduces transportation and accommodation costs, providing access to numerous updated information through published e-library and journals, and accommodating various religious practices (Ghafur, 2021; Kayange, 2019). Maatuk et al., (2021) reported that lecturers at the University of Benghazi view online learning as beneficial and helpful in developing students' technological skills, while students claimed difficulties such as the low quality of the Internet as the largest barrier. Teaching online was perceived by the teaching staff as beneficial in terms of the flexibility, speed of teaching, and for increasing the

technological skills and enhancing the educational experience (Zalat et al., 2021; Rose, 2020; Sun et al., 2020). In Indonesia, Hermanto and Srimulyani (2021) found that the success of online teaching depends on several integrated components, i.e., students, educators, learning resources, and the technology used.

This study aims to describe the challenges experienced by university lecturers teaching health courses in adopting online teaching strategies. The objective of the study is to explore challenges experienced by university health course lecturers in managing online teaching platforms, and strategies employed to enhance online teaching by lecturers teaching health courses in the university in South Africa.

Research problem

Healthcare courses include both theory and many clinical components to ensure competency. The researchers are health professional lecturers with academic teaching experience ranging from six to over 10 years. The universities were obliged to save the academic year after the loss of teaching time during the level-five global lockdown. Thus, the researchers studied the challenges and frustrations faced by lecturers and students related to the emergency transition to online teaching in 2020. A plethora of studies, especially in healthcare courses, reported that online teaching caused various issues, including insufficient resources, ineffective teachers, and challenges related to personal attitudes and to the curriculum (Hermanto & Srimulyani, 2021; Rose, 2020; Sun et al., 2020; Zalat et al., 2021). The limited literature available shows that few studies have been conducted in a historically disadvantaged university in RSA exploring the challenges experienced by health professional lecturers regarding online teaching. Therefore, this study aims to examine and describe the experiences of health course lecturers using a phenomenological approach.

Research question

The study aimed to answer the following research question: What are the experiences of health course lecturers at a historically disadvantaged university in RSA?

METHOD

The study adopted a qualitative interpretative phenomenological approach engaging six purposefully sampled lecturers teaching health courses in a South African historically disadvantaged university. The study was guided by the constructivist theory. This theory was appropriate as it focused on lecturers who were faced with emergency shifting from the traditional teaching methods to online teaching and who had to quickly adopt and adapt to new technological skills. Furthermore, the constructivist theory challenges the traditional passive learning approach with active engagement where both the students and the lecturer co-learn as they adapt to new online teaching methods (Darchinian et al., 2021). According to the constructivist theory, people use previous knowledge to learn new ones (Phillips, 1995). In the

context of this study, it means that lecturers had to replace previous ways of sharing information with the students with innovative ways of sharing information using online media platforms.

Setting

The setting was an HDU university in South Africa that offers healthcare courses. The university has a population of over 6000 students enrolled in the academic year 2021. Most of the students are black from low-to-middle income families of the rural areas, followed by a few colored, Indian, and white people. The highest staff members are academics aged over 50 years, while a few staff members and academics are younger than 40 years old. The study settings were the offices of the participant lecturers in their different departments, such as nursing, occupational therapy, physiotherapy, natural and biological sciences, and medicine. With all the participants, a private room was used to conduct the interviews where no interruptions occurred, and privacy and comfort were ensured. A "please do not disturb" sign was placed on the door.

Study population

The target population consisted of a sample from the population that the study intended to evaluate and make inferences, and that had specific characteristics (Brink et al., 2017). The study population consists of lecturer participants and the study sample consists of participants from a larger ongoing study. The study population comprised about 600 lecturers. The participating lecturers were responsible for teaching theoretical content and/or clinical modules. All participants had an average of more than four years of teaching experience in healthcare courses in the university studied. They were suitable for inclusion once they had information on the phenomenon being studied, i.e., their experiences regarding online teaching and learning of healthcare courses.

Recruitment and sampling process

Sampling refers to the researcher's process of selecting the sample from a population to obtain information regarding a phenomenon in a way representing the population of interest (LoBiondo-Wood & Haber, 2018). A purposive non-probability sampling method was used to select six participants who met the inclusion criteria. A total of six participants consisting of two male and six female lecturers took part in the study. Participants were recruited by emailing several Departments Heads. Interested members consulted the researchers individually. The purpose of the study and its benefits were explained before the data collection process commenced. Individual appointments were made, and meetings to collect data were scheduled.

Data collection methods and instruments

Data were obtained through online methods such as Blackboard (BB) meetings, in person, and telephone interviews. Participation was voluntary, and the lecturers were informed that they could withdraw from the study at any time without penalty or any explanation. Informed written and verbal (virtual) consent was obtained from the lecturers before the interviews (Creswell & Poth, 2018). Confidentiality and anonymity were ensured using pseudonyms instead of real

names. The data were collected over a period of four months (July to October 2021) by means of in-depth individual interviews (Flick, 2018). A minimum of six lecturers participated in the study. The researchers ensured consistency by asking the same questions to participants. Ethical clearance to conduct the study was provided by the University ethics committee. Permission was also sought from the specific Department Heads before the data collection process commenced. The lecturers' offices within the departments were used as data collection sites after permission was sought and obtained from the Department Heads where face-to-face interviews were conducted.

Individual face-to-face structured interviews were used to collect data from the participants. Telephonic interviews were conducted after work at the convenience of the participants. The structured interview guide with open-ended questions was used throughout the interviews. Each interview lasted 35 to 45 minutes and was conducted in English. The interview times varied as this was dependent on the amount of information the participant was willing to share (Creswell & Poth, 2018). The interviews were audio-recorded with permission of the participants. Data were collected at a convenient time for each lecturer to ensure that teaching and learning times were not compromised. The researchers used field notes to document unstructured observational data. The research question posed was "*May you please share your experiences on transition from in-person to online teaching?*" Follow-up probing questions were used to clarify the participants' initial responses.

Data analysis

The study aims to explore meaning from the lecturers' daily practice of online teaching through interpretative phenomenology (IPA) (Peat Rodriguez & Smith, 2019). Through IPA the researchers explored knowledge of managing online teaching and went deeper through critical reflections and interpretation with the study participants (Creswell & Poth, 2018). Data analysis was guided by the research question to explore the experiences of participants in the context of a sudden shift from traditional classroom-based teaching to online platforms. The data were analyzed following the IPA's iterative process. The researchers were actively engaged in an iterative double hermeneutic process of meaning-making of the participants' experiences while the participants made meaning of their experiences (Smith & Eatough, 2020). The recorded interviews were transcribed verbatim. The researchers intensely read and re-read the transcribed data to become familiarized and develop a holistic feel of the participants' experiences. This step was followed by the identification of common themes throughout the quotes. The participants' verbatim quotes are included to clarify their voices as originally expressed.

FINDINGS

This section presents findings on data generated through an interpretative phenomenological approach to explore and describe the experiences of healthcare lectures at an HDU in the RSA

on managing online teaching of healthcare courses. Demographically the study participants were mostly 35 to 55 years old and had technological skills ranging from beginner to advanced level (Table 1).

Table 1. Demographic data of the participants

Pseudonym of participant	Age range	Gender	Rank	Years of teaching experience	Department
Glenda	35–40	F	Lecturer	4 years	Nursing
Sandile	35-40	F	Lecturer	5 years	Nursing
Cane	41–45	M	Lecturer	6 years	Occupational therapy
Shadow	46–50	M	Lecturer	4 years	Occupational therapy
Rose	46–-50	F	Senior Lecturer	6 years	Nursing
Portia	51–55	F	Senior lecturer	12 years	Nursing

Data analysis results showed both positive and negative experiences in offering health courses online. Positive experiences included flexible time management, fuel-saving, and multi-tasking. Negative experiences included challenges such as lack of experience in designing online content, lack of knowledge to create a conducive teaching environment, students' incapacity to engage in learning tools, poor lecturer-student interaction, and difficulty integrating theory and practice.

The researchers presented the study participants' personal experiences in parentheses to articulate their unique experiences and minimize theoretical bias (Flick, 2018; Smith & Eatough, 2021). The researchers ascribed to the hermeneutic circle of phenomenological design following its iterative process of tinkering between the texts to make meaning from isolated texts, arrive at a bigger picture of the experiences of the participants (Peat et al., 2019). In the process, data were condensed and interpreted to account for all possible explanations using a cohesive and rigorous approach of compilation and interpretation (Smith & Eatough, 2021). Four main themes emerged from the data analysis, each with related sub-themes. The themes were negative experiences with sudden shift to online teaching, positive experiences with online teaching, and difficulties with managing online teaching.

Theme 1: Negative experiences with online teaching of healthcare courses

There were negative experiences during the implementation of the online teaching in the study setting. Participants revealed Internet related problems such as late supply of Internet to both students and lecturers by the university, Internet affordability, poor and lack of connectivity, and electricity cuts.

The study findings revealed that, despite the emergence of advanced ICT in teaching and learning across several areas of education, the use of online teaching in the HDU is lagging behind. This was confirmed by statements such as:

> Portia: "*The experience was not a nice one as it was sudden. We had challenges for both students and lectures. For me ---technology has been in use but getting acquitted instantly like that was difficult. There were Internet issues not provided for by the Institution, network, rural/ remote areas with poor signals. The university was not ready: equipment and tools for students were not provided for as students were at home.*"
>
> Glenda: "*Students were to buy Internet data themselves. However, lecturers would buy and would not be reimbursed. What about the students as they are on scholarships…no data—no classes. This impacted performance. When they had money for Internet data, we had to repeat the missed classes to catch up, which is a complete waste of time for both teacher and that of other students.*"

In this study, the implementation of online teaching was turbulent because lecturers had to teach the same content more than once to ensure that students who had connectivity and/or Internet data problems were not left behind. This pressured the lecturers because the learning content had to be covered in a short period of time. It is worth noting that, although the Minister of Education in RSA guided universities to shift to online teaching to save the academic year with the emergence of the Covid pandemic (DHET, 2020b), the university under study was not ready for such implementation. This was confirmed by findings of this study revealing that there were no Internet data provided for either students or lecturers, that the lecturers and students lacked the ICT skills to navigate the online platforms, and that training and teaching were performed simultaneously. The lack of ICT resources in the university was not aligned with the recommendations made to Universities South Africa for the government to ensure provisions that maintain well-resourced, vibrant institutions that respond to diverse social needs (Wangenge-Ouma & Kupe, 2020).

Theme 2: Difficulty in balancing teaching and work responsibilities

The study participants expressed mixed emotions and frustrations due to the emergency shift from the traditional classroom teaching to online teaching. The negative experiences included the quick adoption of a mixed learning approach, teaching students how to manage the online workstation/navigation during a content presentation, having limited time to guide the student on online tools in addition to delivering a lesson, unfamiliarity with online assessments, no

remodeling of the module or curriculum, and no time to practice after the Blackboard workshop. The participants commented the following:

> Glenda: *"It was not planned, and it was a quick move. It was frustrating at the beginning and there was no planning. We had to move from in person to online classes. It was not easy at all. There was no remodeling of the module, it was a learn-on-the-go approach. We were using online teaching as a visual class and the virtual class replaced the in-person teaching to engage the students."*

> Portia: *"It was very difficult and not easy at all. We were expected to practice everything all at once. We wanted to practice whilst in the workshop, but later the same videos were provided as recordings. Now the process is a bit easier, and you can access the link as well. We were affected as we had to follow the examples without induction or expectations known. I did what I thought was right for me. The fourth IR (Fourth Industrial Revolution or 4IR) is here to stay and is a challenge for many. We have passive students that are not active in class."*

Opposing the negative experiences, participants expressed positive experiences such as flexible teaching moments, saving gasoline to go to work by not traveling, and having time to reflect on the reality of COVID-19 and a solution for COVID-19 isolation.

> Rose: *"The positive thing about this is that it happens anywhere so you do not have to be in a specific place, I can teach while I am at Limpopo, and I can teach wherever, so I think it is convenient for me. My gasoline is also safe."*

Theme 3: Poor student-teacher interaction

The study participants shared their concerns over the poor interaction with students during online teaching, no classroom bond, feeling like talking alone, not sure if learning is taking place, lack of or poor student feedback, lack of physical contact with students and perceptions of talking alone.

> Shadow: *"It is very bad. Students do not participate during online class; I must tell you. You need to put your head on the block for them to participate. They may not participate, sometimes when you point them out, they just keep quiet. They keep quiet but can write something in the chat there, sometimes you would like to hear them talking but I think it is just the challenge with this online approach. Interaction is very limited."*

The researchers worked through the meanings and interpretations that played a major role in influencing the participants' decisions to manage the online teaching. For example, in the insert below, the participant expressed the act of managing online teaching as difficult, without the normal human interaction:

> Glenda: *"The lesson makes it difficult to engage or interact with the students, but of course, as I mentioned, training is happening along with learning. As you move on with teaching and learning, you find ways to engage them, you find ways to teach them, but that human factor is still not there. Is like the 4IR world where it seems like you're talking*

to people that at times resemble a robot because sometimes they respond and sometimes they don't. You know when you put in a robot that can't code what you are saying it will not respond appropriately."

The participants' verbatim quotations also showed that the absence of the human factor was regarded as working with robots. These experiences were regarded as difficult and frustrating.

Theme 4: Improved lecturers' creativity, peer-support, and willingness to adopt online teaching

The study also found that lecturers reconstructed their teaching approaches despite the challenges faced. For example, the participants reported that they formed groups and consulted people with enhanced ICT skills and online teaching to properly manage the transition from classroom-based to online teaching.

Cane: *"With self-reflection, I noted a lot of engagement and improved participation and interest in the subject matter. Through BB, there are a lot of courses/webinars provided to capacitate us as lecturers. BB is doing a lot to encourage us to be active, implement things, and it shapes our ways of doing things."*

Portia: *"Create group activities for students to encourage sharing ideas and value each other's opinions. When they are in practice, there will be case studies where patients are discussed at ward level. Thus, they will be able to contribute."*

Sandile: *"I was telling myself it was easy, it was not a challenge at all, and I knew what to do if the system didn't give me what I want. I will refresh the system or shut it down and switch it on again. I could even assist adults who had difficulties with the basic Windows. They would call seeking assistance even when I was in the middle of my own class. Then it becomes a challenge when you teach your own class, and you must teach a lecturer who needs help in his/her class. It impacts on your own teaching."*

DISCUSSION

This paper aimed to describe the challenges experienced by university lecturers teaching health courses in adopting online teaching strategies. Most of the study participants were 35 to 55 years old and had technological skills ranging from beginner to advanced levels. Studies reported that the younger generations are mostly keen on technology, thus fitting the 4IR advancements. However, the study found that there were varying frustration levels among the younger and older lecturers. The younger lecturers who are sharp on technology quickly adjusted and adapted to online teaching, also acting as anchors and support structures for peers during online teaching. However, such availability to provide support added to their academic and social responsibilities. The lecturer, in turn, had to deal with personal lessons and household chores, in addition to addressing teaching problems from older lecturers. The self-sacrifice and

support of peers reported in this study are aligned with the philosophy of Ubuntu, as alluded by Omodan and Diko (2021).

The participants in this study expressed dissatisfaction and low confidence in the skills and educational outcomes of the graduate students. The participants expressed concern about the absence of the classroom-based teachable moments where the correlation between theory and practice takes place to enhance learning. The teachable moments were not available to demonstrate practical interpersonal interaction with patients, where soft skills such as courtesy, touch, expression of emotional concerns are difficult to share, especially where there is a lack of or insufficient material for both the students and lecturers. This concurs with findings showing that practical courses need less time on online teaching and more time on physical classes (DHET, 2020a; Fan et al., 2020). In addition, Stoehr et al. (2021) reported that online teaching is less effective in medical courses.

This study focused on lecturers; however, the findings of the study are corroborated by the results obtained from a survey conducted with medical students from 12 developed countries (i.e., Bulgaria, Canada, Greece, Germany, and the USA), revealing that most students were dissatisfied with online teaching in the medical field (Stoehr et al., 2021). Remarkably, given the developed state of the South African country, one would not expect learning institutions to be lagging behind in online teaching. In this study, participants expressed frustration with balancing their work and home responsibilities and the creation of "office space" within their homes. The female participants mostly regretted the increased workload and working extended hours to create the new online learning content and meet home responsibilities.

The online teaching causing frustrations experienced by lectures in this study is another example of the inequality and inequity of the country and university. The lectures' lack of advanced ICT skills to manage online teaching and assessments further indicated the university's unpreparedness to embrace the 4IR developments. Similar weak ICT skills were reported in other HDU in RSA among social workers in an Eastern Cape university (Tanga et al., 2020). Furthermore, this finding confirms findings by the DHET (2020a) in which students reported that lecturers' lack of ICT skills increases their online learning challenges. The findings of this study are also parallel those of Stone and O'Shea (2019) who found that an emergency shift from contact teaching to virtual teaching can be challenging to the new ICT users. Such a pattern of lack of ICT skills among lecturers may show the high level of denial among the universities to accept the gaps and develop relevant strategies to address them for better learning outcomes.

Remarkably, the sudden shift from classroom-based teaching by this study's participants presented an opportunity for creativity and advancement of personal skills. The lecturers' identification of gaps in ICT skills and their evaluations through reflections are aligned with the critical constructivist theory (Suhendi, 2018). Similar reconfiguration of teaching among the health courses was reported in medical courses in Germany (Haber et al., 2021) and nursing courses in Taiwan (Fan et al., 2020). A meta-analysis study on a flipped classroom approach in

health education showed improved educators' work-ethics, caring, accountability, and students' performance (Hew & Lo, 2018).

The study participants also reported challenges faced by them while they were busy adjusting to the online teaching. Furthermore, the study participants expressed frustration and discomfort when students' present were not forthcoming during online teaching through feedback and active interaction. The participants assimilated such experiences like uncoded robots. This reinforces the idea that teaching, and learning revolve around a triad of teacher-environment-student interaction. These findings are different from those of developing countries, where students were reported to prefer online teaching and the level of performance and motivation was high (Huber et al., 2021; Stoehr et al., 2021). The lecturers' dissatisfaction with online teaching should be mixed to enhance interaction and participation. An empirical study in Taiwan claimed that nursing courses are best held through mixed learning (i.e., both online and in-person classes; Fan et al., 2020).

In this study, the negative challenges such as lack of Internet data availability, poor and/or lack of Internet connection, electricity cuts or battery discharge increased the teaching frustrations experienced by the study lecturers. Lack of Internet and connectivity problems ranked number one in a study conducted in the RSA by the DHET (DHET, 2020a). This is because lecturers had to ensure that no learner is left behind by presenting the same content to accommodate those who missed the class. Challenges such as lack of Internet and electricity cuts were also reported in other studies (Mpungose, 2020; Tanga & Tanga, 2021). With the emergence of the COVID-19 pandemic, the World Health Organization and the United Nations Children's Fund produced guidelines to direct countries on strategies to ensure that no learner be left behind. Ironically, such guidelines were not fully considered in the face of the harsh realities experienced by the general African education system, including the IHE.

Trustworthiness

Qualitative studies ensure research quality through the depth and richness of data rather than quantity (Flick, 2018). In this study, the researchers ensured thorough and careful data mining with participants to ensure depth and thick description of experiences regarding managing online teaching. Through member-checking and collaborative critical reflections with participants, the deeper essence of the meaning of managing online teaching among the lecturers in a historically disadvantaged university (HDU) was attained (Peat et al., 2019). This ensured the rich description of experiences by the lecturers (Bynum et al., 2018; Saldana & Omasta, 2018). The detailed description of the lecturers' experiences through IPA further provided an opportunity to share the true picture of what Husserl in Neubauer et al., (2019) called going beyond "mere sensory perception (i.e., what I see, hear, touch) to experiences of thought, memory, imagination, or emotion.'' By grouping the researchers in this study, who are also working in the HDU, the participants were allowed free expression during the interviews

without bringing in their own experiences (Bynum et al., 2018; Peat et al., 2019), and this enabled research objectivity.

CONCLUSIONS

The study aimed to explore and describe the experiences of healthcare science lecturers from a historically disadvantaged university in South Africa while managing online teaching. The researchers conclude that a sudden shift to online teaching needs to consider the skill levels of lecturers, learners, and the courses offered. A one size fits all approach may not be an option, especially when the university lecturers have different age groups and technological skills to manage online teaching. This study was conducted in one HDU and, its findings concur with that of a study on another university in the Eastern Cape, indicating that HDUs are still stuck in the pre-democratic era of RSA. The researchers recommend further research among both lecturers and students for better alignment of both experiences which will guide better implementation of online teaching. It is also recommended that a similar study be conducted among the historically advantaged universities in RSA.

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