

National perspectives guiding occupational therapy education transformation: Highlights from the pandemic

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Background. Globally, all educational programmes were disrupted by the COVID-19 pandemic. This necessitated the exploration of how higher education institutions responded during this crisis to facilitate preparedness for similar emergencies in the future.

Objective. To explore how occupational therapy educational programmes in South Africa (SA) responded to the pandemic and examine the influences of external factors such as national and higher education institution policies, professional associations and professional boards.

Method. An exploratory qualitative design was used. Data were gathered through interviews with purposively selected participants, specifically the heads of departments or their proxies, along with representatives from the professional board and professional association ($n=9$), and analysed thematically.

Results. Four major themes emerged from the study, namely: (i) adaptation of occupations to an online instructional environment; (ii) prioritising the person; (iii) environmental systems: interuniversity collaboration and stakeholder engagement; and (iv) emerging pathways for occupational therapy education. These themes synthesise the transformation of occupational therapy education and highlight future implications.

Conclusion. Occupational therapy education in SA must constantly adapt to contextual changes, such as the COVID-19 pandemic and technological advances.

Keywords. COVID-19 pandemic, occupational therapy educational programme, occupational therapy profession, institutions and professional boards.

Afr J Health Professions Educ 2025;17(3):2654. <https://doi.org/10.7196/AJHPE.2025.v17i3.2654>

The COVID-19 pandemic significantly altered practices and highlighted the roles of various stakeholders in higher education institutions (HEIs). In South Africa (SA), the pandemic disrupted traditional methods used in occupational therapy programmes across eight HEIs. These programmes are guided by the Occupational Therapy Association of South Africa (OTASA) and regulated by the Health Professions Council of South Africa, Medical Orthotics and Prosthetics and Arts Therapy Board (HPCSA OCP). To maintain programme standards and graduate competence, significant transformations were necessary. Occupational therapy education traditionally involves face-to-face teaching and practical assessments to integrate theory with real-world practice, preparing graduates for the SA health system. Live patient simulations are crucial for developing necessary clinical skills and reasoning.^[1,2] However, the pandemic necessitated social distancing, which disrupted these conventional methods. In response, HEIs shifted to online and remote learning platforms as recommended by the SA Department of Higher Education and Training (DHET).^[3,4] This rapid transition to blended learning allowed occupational therapy programmes to continue, enabling final-year students to graduate and commence community service. This study explored the factors driving HEIs' responses during the pandemic, focusing on both internal adaptations (interactions among department heads, educators, and students) and external influences (interactions between HEIs, OTASA, and the HPCSA OCP board). Understanding these adaptations and their impact on academic programmes is crucial for informing future responses to similar crises, ensuring that academic standards are maintained.

Methods

An explorative qualitative design explored the perspectives of stakeholders in SA's occupational therapy education during the pandemic. The authors practised reflexivity to distinguish their roles as HEI members and researchers.^[5] Semistructured interviews were conducted.^[6] Participants were contacted via email, and those who agreed were sent consent forms and Zoom links. Interviews, led by two researchers (NN and SM) in English, lasted 60 - 90 minutes and were recorded. The final sample comprised heads of departments (HODs) from 7 of 8 SA HEIs offering occupational therapy ($n=7$), as well as representatives from OTASA ($n=1$) and the HPCSA OCP education committee ($n=1$). Interviews were transcribed and analysed thematically using NVivo (12-Pro).^[7] Data were coded, categorised, and reduced to themes. Dependability, credibility, and transferability were ensured through detailed descriptions, analyst triangulation, purposive sampling, peer debriefing, and thorough data review. Ethical approval was granted, with informed consent, anonymity, and confidentiality maintained. Participants' identities were protected through pseudo-anonymity in reporting.

Results

Four overarching themes emerged from the study, each covering distinct aspects of occupational therapy education during the pandemic (Fig. 1).

Theme 1. Adaptation of occupations to an online instructional environment

This theme highlights the response of HEIs to transitioning critical occupations to an online instructional environment amid the global

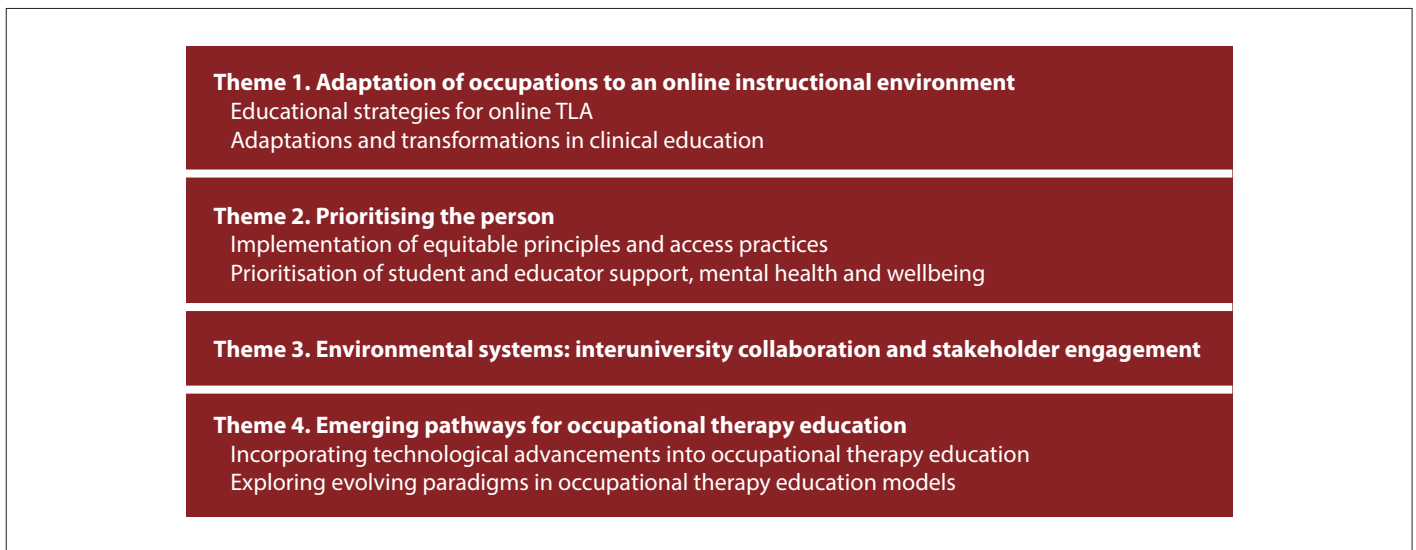


Fig. 1. Emergent study themes. (TLA = teaching, learning and assessment.)

COVID-19 pandemic. The emergent subthemes include: (i) educational strategies for online teaching, learning and assessment (TLA); and (ii) adaptations and transformations in clinical education.

Educational strategies for online TLA

A significant shift to online learning was observed, moving away from traditional face-to-face lectures. HODs supported this change, highlighting the effectiveness of online methods and increased student responsibility. This aligns with problem-based learning, where students engage in self-directed learning before interactive sessions, emphasising person-centred therapy and remote rehabilitation.

We had to move now from face-to-face interaction to an online environment and, you cannot just take material that was meant to be prepared for a face-to-face basis to an online environment. So we had to also modify the lectures and the teaching material as for an online environment, and the other major change (because occupational therapy you know uses a practical approach) you've got to teach practical skills and contact session is very important to make sure that students can understand the concepts very well. – HOD proxy, HEI 5

The challenges brought about by the pandemic also necessitated deviations in assessment practices. Owing to the lockdown restrictions, HEIs transitioned to online tests via the Blackboard/Moodle or other platforms, showcasing the flexibility and adaptability required in response to the crisis. Educators opted for in-person exams, especially for practical skills assessments, to ensure control over the testing environment and prevent academic dishonesty.

In order to look at the integrity of the assessment we had to constantly monitor that for our practical skills, which is your more applied questions in your third and fourth years; we did pick up one or two students that copied verbatim from each other via their phones or via two devices on at the same time. – HOD, HEI 7

HEIs recognised the need for educators' support and training in adapting to online teaching methods. Workshops and seminars were organised to help educators improve their online teaching skills, acknowledging that not all educators were initially familiar with the online systems.

Both the staff and the students were not very familiar with the online environment, so there had to be a lot of preparation (and) training, as well, which impacted and delayed the offering of the programme. – HOD, HEI 2

Adaptations and transformations in clinical education

The pandemic prompted HEIs to innovate in teaching methods and in redefining clinical practice in occupational therapy to include broader contexts.

During the pandemic, HEIs adapted clinical placements by using simulated patients to meet required numbers because of disruptions in traditional placements. Communication with professional bodies explored modifying patient requirements, demonstrating HEIs' flexibility in meeting clinical training needs.

The yardstick that we used (at) the beginning of the pandemic in the sense that we needed to look very carefully at what the minimum standards of training were and make sure that whatever decision that the board took in terms of the requirements for last year's cohorts was just to make sure that the 2020 cohort would meet the minimum standards of training – representative from professional board.

Institutions transitioned to online platforms for clinical education, delivering curricula online and rescheduling practice blocks. They expanded the definition of clinical practice to include online assessments and treatments, maintaining training integrity.

We needed to look very carefully at what the minimum standards of training ... the one issue, uhm, that we focused on was: What is clinical training or practical training? What is... what does the minimum standards of training actually say? How does it define that? And what we realised was that the minimum standards of training don't say anything like, you know, it has to be face-to-face treatments of all assessments and treatment of patients.– representative from professional board

A proposal recommended adjusting clinical hours, allocating 800 of the 1 000 required hours to traditional fieldwork and 200 to alternative forms of service delivery, balancing traditional and innovative training methods.

We brought in those 200 hours of alternative teaching, but as you can see, we just finished our block and immediately had to go over this alternative teaching. So, you know, it really took a lot of effort from staff. – HOD, HEI 2

HEIs broadened clinical hour definitions to include advocacy and service delivery to persons with disabilities, showing adaptability and integration of technology in training.

But there was no definition to what that meant, and we had to, as a committee, make sense of what contact means and what non-contact means, right? Obviously, we all had different interpretations of it, which created a lot of debates amongst the board, and it was very difficult to come up with an agreement. We decided to write to the HPCSA education committee to get a letter from them stating what we need to do, and then we will follow through with that consistently across the eight universities. – representative from professional association

Theme 2. Prioritising the person

This theme focuses on prioritising students and educators in HEIs during the pandemic. The resultant subthemes include: (i) implementation of equitable principles and access practices; and (ii) prioritisation of student and educator support, mental health, and wellbeing.

Implementation of equitable principles and access practices

Students faced difficulties in connectivity owing to living conditions, which hindered their ability to study effectively. To address this, some students had to apply to return to the HEIs to ensure continued learning while adhering to health and safety protocols.

So we had to ensure that all the students are on board and they're ready, then we can continue with the learning. Yes, and the connectivity, as I said, was a big issue, once the logistics of the devices and gadgets were sorted out ..., so that also affected the provision of teaching because there were disruptions and delays, which also led to students being dissatisfied and, of course, engaging in protests as well. – HOD, HEI 6

Challenges faced by students who are not as well prepared for an online instructional environment, particularly the issue of predominantly African students facing difficulties in assessments, highlighted a need to understand and address the factors contributing to these disparities to level the playing field in education. HEIs supported students and educators by providing resources such as laptops and data to facilitate online learning. This support was crucial in ensuring continuity in academic activities during the challenging times of the pandemic.

The university then made laptops available for students; they purchased the laptops, they borrowed the laptops from the university, but the value of the laptop was added to their student accounts. – HOD, HEI 4

Prioritisation of student and educator support, mental health, and wellbeing

Students faced increased, stressful workloads within the programmes, highlighting the absence of modelling occupational balance. There was concern that current conditions did not allow students to lead balanced lives, impacting their development as professional occupational therapists. A concerning aspect of SA occupational therapy education arose, noting that very little has changed since the year 2000. This continuity has resulted in the ongoing stress that students experience during their training as occupational therapists. The unchanged nature of the educational system seems to perpetuate the challenges and stress students face, indicating a lack of adaptation over the years. Moreover, participants highlighted how the pandemic catalysed critical reflection within higher education. There

was a call to re-evaluate how students are supported in developing their professional identities in a healthy manner that contributes to their overall wellbeing. This call for reflection underscored the need for a more student-centred and supportive approach in academic programmes.

And I think as much as we didn't expect this to happen, it opened our eyes to the future. And I think things will not be the same anymore. So I think we really, I mean, there's lots of technological developments as well. So we really need to embrace new ways and ensure that we think about the future and prepare. – HOD, HEI 3

There were disruptions and delays, which also led to students being dissatisfied and of course, engaging in protests as well. – HOD, HEI 1

They (students) have felt really incompetent; they were not incompetent, but they lack confidence, and they are much more stressed than the previous cohort. – HOD, HEI 1

Theme 3. Environmental systems: interuniversity collaboration and stakeholder engagement

Engaging with regulatory bodies like HPCSA ensured programme quality and that graduates will meet patient needs. HODs recognised the need to adapt training methods and integrate technology, addressing socioeconomic challenges to align with population needs and evolving practices. Academic leaders needed to be adaptable, open to feedback, and willing to adjust decisions based on input. This flexibility was crucial for navigating the uncertainties and ensuring effective responses within academic programmes. HEI administration demonstrated commendable resilience and collaboration, essential for overcoming pandemic-related challenges and completing academic tasks successfully. Proactive support was key to managing these obstacles. Sharing expertise and resources among HEIs was vital for enhancing occupational therapy education. Effective collaboration between management structures and departments facilitated decision-making and implementation of necessary changes.

I think the other change that has been a really positive change in terms of teaching, learning and assessing is closer collaboration to the universities in South Africa. I think we had a very good network; anyway we have relied on each other for support and share a lot of our resources and teaching which has been a really positive experience. – HOD, HEI 6

Theme 4. Emerging pathways for occupational therapy education

Addressing the future of occupational therapy education within the SA context involves a strategic focus on two key subthemes that have emerged: (i) the incorporation of technological advancements into educational practices; and (ii) exploring evolving paradigms in occupational therapy education models.

Incorporating technological advancements into occupational therapy education

The COVID-19 pandemic underscored the importance of integrating technology into education. HEIs used online platforms to continue training for students reflecting a proactive approach to maintaining educational continuity during disruptions. Technology significantly impacted occupational therapy training, with HODs emphasising online platforms for delivering curricula, including practical sessions like splint and garment design, ensuring skill development continuity. E-learning tools, such as paper-based case studies and simulated videos, facilitated remote planning and intervention, broadening learning opportunities and adapting to current needs.

There is an ongoing move. Blended learning is already in the discussions for this year (2021), ... a lot of the online content activities that have been developed to be utilised even when we can return to face-to-face classes.
– HOD, HEI 4

Exploring evolving paradigms in occupational therapy education models

HEIs proposed adopting a hybrid teaching model to enhance learning flexibility, recognising that some topics are better suited for online instruction while others require in-person interaction. HODs highlighted the need to incorporate online learning and telehealth into curricula because of prolonged pandemic effects, preparing students for evolving healthcare practices. There was an acknowledged need for curriculum decolonisation, signalling a shift towards a more inclusive educational approach. Emphasis was placed on equipping educators with skills for blended learning and finding alternative ways to provide clinical exposure during disruptions like lockdowns. HODs stressed the importance of maintaining hands-on clinical practice alongside blended learning to address the mental health challenges of students and ensure skill development. Preparing students for telehealth and integrating practical applications with theoretical knowledge were deemed crucial for bridging theory and practice.

Ensuring that students meet training standards and are clinically competent, with HPCSA oversight, was a key focus.

So, I think in that way it actually, it forced people to draw on technology more, which I think was a real benefit because I don't know if our program was a little bit... sort of... people were a bit hesitant to incorporate technology into teaching and learning and so now they had to do (it). So, I think this will change the way teaching happens long term. – HOD, HEI 4

Findings highlighted a move from rigid specialisations (e.g. neurotherapist) to a holistic occupational therapist identity, enhancing adaptability and an acknowledgement of a growing recognition of person-centred therapy and effective remote rehabilitation, underscoring the need for practice adaptation. Integration of technological changes, including considerations related to National Health Insurance (NHI), is crucial for aligning occupational therapy education with evolving healthcare technologies.

Telehealth is here to stay and this will also be clinical competency that South African occupational therapists are going to have to learn. – HOD proxy, HEI 1

Discussion

This study highlights how HEIs transitioned and adapted to achieve sufficient occupational performance of the educators and students in the programmes during the COVID-19 pandemic. The study shows how internal and external factors, including the professional association and professional board, interacted to ensure the continuation of occupational therapy educational programmes in SA.^[8] The discussion concludes with exploring the way forward for occupational therapy education in SA.

Shifting TLA to an online instructional environment: An SA occupational therapy approach for the future

Sustainable development aims to meet present needs without compromising future generations' abilities.^[9] The COVID-19 pandemic accelerated the shift towards blended learning in occupational therapy education,

emphasising the importance of integrating digital tools like telehealth for client interventions while maintaining social distancing.^[10] Although some argue that online learning can be as effective as traditional methods,^[3] practical and clinical skills still require face-to-face instruction. The fourth industrial revolution underscores the need for the occupational therapy profession to adapt to digital trends globally.^[10] This includes rethinking traditional practice education and embracing blended models to ensure sustainability and effectiveness in crisis management. Future research should focus on adapting pedagogical approaches to support these changes. Additionally, addressing socioeconomic disparities, mental health support, and digital infrastructure in SA HEIs is crucial.^[11] The move towards advanced technological tools and methodologies should consider the loss of non-verbal cues in virtual settings and shift from teacher-centred to student-centred learning to foster lifelong competency.

Collaboration, communication and support for continued occupational therapy education

During the COVID-19 pandemic, traditional practice education was maintained for final-year students, while a blended learning approach was adopted for online teaching, learning, and assessment. Telehealth and online practice methods were introduced to ensure students met the required 1 000 clinical practice hours for graduation and gained skills in clinical reasoning.^[12,13] Socioeconomic disparities in SA HEIs presented challenges in implementing these changes.^[2,11] To address these, HEIs needed collaboration and support from both internal and external stakeholders. Efforts included providing resources, improving connectivity, and supporting educators and students in remote areas.^[14,15] The professional association and regulatory bodies also played key roles in decision-making and programme continuity. The crucial documents issued during the pandemic by these stakeholders highlighted the significance of building supportive networks among HEIs and stakeholders.

Maintaining standards and competence in a transitioning instructional environment

The pandemic accelerated the shift towards digitalisation in occupational therapy education, aligning with the advancements of the fourth industrial revolution. Adapting educational programmes during the pandemic presented challenges for occupational therapy curricula. Training and assessing clinical skills online proved difficult, raising concerns about the rigour and sustainability of assessments.^[16,17] The transition caused frustration among educators and students because of the need for new skills and methods.^[18] Socioeconomic issues impacting education and service delivery also emerged. To address these, HEIs provided training and resources to support educators and students in adapting to online formats.^[19,20] Effective collaboration and communication within HEIs and with professional bodies were crucial in maintaining educational continuity. Preparing for future disruptions, such as protests or disasters, further underscores the need for technological solutions to ensure uninterrupted access to education.

Facing humanity during a crisis

Transitioning during the COVID-19 pandemic was complex, as educators and students had to redefine their identities and cope with the stress and uncertainty of infection and educational disruptions. The lack of understanding about the virus, coupled with the demands of continuing

education, led to significant fear and anxiety. Both educators and students experienced overwhelming stress owing to changes in educational programmes, with concerns about academic progression and practical skill development.^[21] This uncertainty impacted mental health, wellbeing, and occupational performance.^[22] The pandemic highlighted the need for HEIs to enhance support systems to better address these challenges and support mental health and overall functioning.^[22]

Conclusion

The shift to blended TLA in SA occupational therapy education during COVID-19 aimed to maintain educational continuity while adhering to social distancing measures. The OTASA and HPCSA OCP board played crucial roles in guiding curriculum and teaching adjustments. Successful continuation of programmes depended on collaboration and support from HEIs, stakeholders, and professional bodies, though challenges such as resource accessibility, connectivity issues, and mental health impacts affected educators and students. The need for pedagogical shifts towards digital models is essential for future relevance. The study lacked input from 1 of the 8 HEIs, limiting the completeness of the national perspective. Despite this, it provides insights into the challenges and successes faced by the majority of institutions during the pandemic.

Declaration. The data that emerged from this study have been analysed and reported in this paper. Data can be accessed from the corresponding author on reasonable request.

Acknowledgements. The seven heads of department from the universities, and the representatives from the professional association and the professional board are duly acknowledged for their participation.

Author contributions. PG and DN, as supervisors of the study, co-conceptualised the study with primary author NN. NN collected data, and NN and SM completed initial analysis of the data. PG and DN assisted in data interpretation, together with NN and SM. NN and SM drafted the first version of paper. NN revised the paper with critique from PG and DN. All authors reviewed the final version of the paper.

Funding. The primary author is part of a scholarship programme funded by the Department of Higher Education and Training (DHET) at the University of KwaZulu-Natal.

Conflicts of interest. None.

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Received 21 September 2024. Accepted 2 May 2025.