

**EXPLORING ABSENTEEISM OF NURSING AND MIDWIFERY STUDENTS IN A
SELECTED CAMPUS IN FREE STATE PROVINCE, SOUTH AFRICA**

by

Griselda Nokuzola Magobolo

Student number: 215081566

Thesis submitted to the College of Health Sciences

School of Nursing and Public Health

University of KwaZulu-Natal

in partial fulfilment of the requirements for the

Master`s degree in

Nursing Education

Research supervisor: Mrs Makhosazana Dube

June 2016

Declaration

I, Griselda Nokuzola Magobolo, declare that I am the original author of this dissertation titled “**Exploring Absenteeism of Nursing and Midwifery Students in a Selected Campus in the Free State Province of South Africa**”. This study is entirely my own work and has never been submitted for any purpose. All sources of information used in this study have been acknowledged by means of referencing.

This research project has been read and approved for submission by supervisor, Mrs B.M.Dube.

Mrs Griselda Nokuzola Magobolo
(Student number: 215081566)

Date

Mrs Makhosazana Dube
(Research supervisor)

Date

Abstract

Background. Student nurse attendance during training is mandatory and the South African Nursing Council (SANC) stipulates that students must attend a certain percentage of hours for both theory and practice during their training. Unauthorized student nurse absenteeism, especially in the clinical areas, has become an increasing problem in nursing education institutions and in the universities. This study explored student absenteeism with the aim of generating solutions which are specifically relevant to the context of the Free State School of Nursing.

Methods: A non-experimental, descriptive, exploratory design was used to guide the research process. The non-probability convenience sampling method was used, with 152 nursing and midwifery students as participants. Data was collected by means of a questionnaire. Data analysis was performed using SPSS version 23.0. Descriptive statistics and co-relational procedures were used to analyse the data.

Results: The results showed a significant relationship between age and absenteeism. Evidence revealed that younger participants between the age range of 18-30 years were in agreement that students are absent at the college because lecturers' teaching methods are boring and they are avoiding certain wards with very sick patients. The majority (62.5%) of second-year participants agreed that students are absent in college because they are lazy to do the work, while 48% of third-year and 2.6% of fourth year participants agreed. The students proposed college holidays after the first semester examinations, family responsibility, sick leave and an increase in their monthly stipend.

Conclusions: Nursing and midwifery students at the selected campus are generally absent at the college and clinical areas because they: attend leadership meetings, have family challenges to attend, are not paid for working but funded for studying, and because of physical illness. It was recommended that lecturers should make use of innovative teaching strategies that stimulate the students' analytical thinking and creativity to avoid boredom in class, as well as introduction of rewards and/ or incentives in the form of certificates or trophies for students who do not absent themselves.

Key words: Absenteeism, Clinical areas, Student Nurses, Perception.

Dedication

I dedicate this dissertation to my family, especially my children.

Acknowledgements

I am very grateful to my Creator, God for giving me the gift of life and ability to go through whatever circumstances I come along.

My gratitude goes to my supervisor and lecturer, Mrs Makhosi Dube for her guidance and support throughout the whole process of my research project. Thank you Makhosi for the time you spent coaching, guiding and supporting me; you always accommodated me in your busy schedule.

Professor Fikile Mtshali, thank you very much for your guidance and support, especially in the beginning of this project. I would also like to thank my lecturers, Dr Joanne Naidoo and Ms Ntefeleng Pakkies, for being eye openers in my studies.

I would also like to thank the NEPI together with ICAP for supporting me financially with my studies. Thank you to the Department of Health and Free State School of Nursing for having afforded me the study leave to further my studies and for granting me permission to conduct this enquiry. A special acknowledgement to the College, Mrs Mabandla and Ms Nyami Msayi for your continued support and encouragement.

My thanks also to the editor, David Newmarch for his time and expertise in reviewing this document.

To the participants, I am very grateful to all of you, this project was a success because of you.

To my friends and colleagues, Jean Paul (JP), Queen, Gertrude, Thandi, Zanele, Lindeni and Julliet, thank you very much for all the encouragement and unity throughout this project. Tsili Mosebi my friend, you have always been there for me whenever I needed your help, thank you so much. To all the brothers and sisters in Goldfields Assembly of God thank you very much for your prayers.

To my sisters Andiswa and Xoliswa thank you very much for encouraging me to pursue this dream.

A special thank you to my girls, Aphiwe and Ongezwa, thank you for understanding when I was away from home.

Thank you Mr Magobolo for looking after our property while I was away.

Table of Contents

Declaration	ii
Abstract	iii
Dedication.....	iv
Acknowledgements.....	v
Table of Contents	vi
List of Tables	ix
List of Figures	ix
Chapter 1 Introduction	1
1.1 Introduction.....	1
1.2 Background	2
1.3 Problem statement.....	6
1.4 Purpose of the study.....	7
1.5 Objectives of the study	7
1.6 Research questions	7
1.7 Significance of the study.....	8
1.8 Operational definitions	8
1.9 Conceptual framework.....	9
1.9.1 Personal reasons	10
1.9.2 College-related reasons	10
1.9.3 Factors in the clinical area.....	11
1.10 Conclusion.....	11
Chapter 2 Literature Review	12
2.1 Introduction.....	12
2.2 Factors affecting students' absenteeism	12
2.2.1 Personal factors affecting student absenteeism	13
2.2.1.1 Age	13
2.2.1.2 Gender	13
2.2.1.3 Accommodation and transport problems.....	14
2.2.1.4 Physical illness	15
2.2.1.5 Family responsibility	16
2.2.1.6 Years of training/experience	16
2.2.2 College-related factors affecting student absenteeism.....	17
2.2.2.1 Dislike of lectures and teaching methods.....	17
2.2.2.2 Motivation	18
2.2.2.3 Learning environment.....	20
2.2.2.4 Workload	21
2.2.2.5 Attendance policy	22
2.2.3 Clinical placement factors affecting student absenteeism	23
2.2.3.1 Staff attitudes	23
2.2.3.2 Mentoring	24
2.2.3.3 Type of unit and shift working	25
2.2.3.4 Students' role in nursing care delivery	26
2.3 Conclusion.....	27
Chapter 3 Research Methodology.....	28
3.1 Introduction.....	28

3.2	Research paradigm	28
3.3	Research approach	28
3.4	Research design.....	29
3.5	Research setting.....	29
3.6	Study population.....	30
3.7	Sample, sampling procedure and sample size.....	30
3.7.1	Inclusion and exclusion criteria.....	31
3.8	Data collection instrument.....	32
3.9	Validity of the instrument	32
3.9.1	Content validity	32
3.9.2	Face validity	34
3.10	Reliability of the instrument.....	34
3.11	Data collection process.....	34
3.12	Data analysis	35
3.13	Data management	36
3.14	Ethical considerations.....	36
3.14.1	Informed consent.....	37
3.14.2	Beneficence	37
3.14.3	Right to protection from exploitation	37
3.14.4	Right to self-determination and full disclosure	37
3.14.5	Right to fair treatment and privacy.....	37
3.15	Dissemination of Findings.....	38
3.16	Conclusion.....	38
Chapter 4	Research findings.....	39
4.1	Introduction.....	39
4.2	Demographic characteristics of respondents	39
4.2.1	Age.....	39
4.2.2	Gender	39
4.2.3	Residence	40
4.2.4	Year of training.....	40
4.2.5	Dependents.....	41
4.2.6	Marital status.....	41
4.3	Personal reasons for absenteeism.....	42
4.4	College-related reasons for absenteeism.....	43
4.5	Clinical-placement reasons for absenteeism.....	45
4.6	Discussing all six variables	47
4.6.2	Cross tabulation of demographic data and perceived college reasons	54
4.6.3	Cross tabulation of demographic data and perceived clinical area reasons	62
4.7	Responses to open-ended questions.....	69
4.7.1	Other personal reasons that may contribute to absenteeism	69
4.7.2	Suggested solutions to high student absenteeism	69
4.8	Conclusion.....	70
Chapter 6	Discussion of Findings; Recommendations; Limitations and Conclusion	71
5.1	Introduction.....	71
5.2	Discussions of the findings	71
5.2.1	Students` personal reasons that may contribute to their absenteeism	71
5.2.2	College reasons that may contribute to students` absenteeism	72
5.2.3	Reasons in the clinical area that may contribute to students` absenteeism	73

5.3	Student demographic data in relation to absenteeism.....	74
5.3.1	Age.....	74
5.3.2	Gender.....	75
5.3.3	Residence.....	75
5.3.4	Year of training.....	75
5.3.5	Number of dependents.....	76
5.3.6	Marital status.....	76
5.4	Nursing and midwifery students' solutions to absenteeism.....	76
5.5	Recommendations.....	76
5.5.1	Nursing practice.....	77
5.5.2	Nursing education.....	77
5.5.3	Policy maker.....	77
5.5.4	Nursing research.....	77
5.6	Limitations.....	78
5.7	Conclusion.....	78
	References.....	80
	Annexure A: Questionnaire.....	86
	Annexure B: Letters to request permission.....	91
	Annexure C: Letters granting permission to conduct the study.....	93
	Annexure D: Informed consent.....	96
	Annexure E: Information sheet.....	97
	Annexure F: Editing letter.....	99

List of Tables

Table 3.1 Summary of construct validity	33
Table 4.1 Dependents of respondents	41
Table 4.2 Personal reasons perceived as contributing to absenteeism	43
Table 4.3 College-related reasons perceived as contributing to absenteeism	45
Table 4.4 Clinical area reasons perceived as contributing to absenteeism	47
Table 4.5 Age in relation to personal reasons	48
Table 4.6 Gender in relation to personal reasons	49
Table 4.7 Residence in relation to personal reasons	50
Table 4.8 Year of training in relation to personal reasons	51
Table 4.9 Dependents in relation to personal reasons	52
Table 4.10 Marital status in relation to personal reasons	53
Table 4.11 Age in relation to college reasons	54
Table 4.12 Gender in relation to college reasons	55
Table 4.13 Residence in relation to college reasons	56
Table 4.14 Year of training in relation to college reasons	58
Table 4.15 Dependents in relation to college reasons	59
Table 4.16 Marital status in relation to college reasons	61
Table 4.17 Age in relation to clinical area reasons	62
Table 4.18 Gender in relation to clinical area reasons	63
Table 4.19 Residence in relation to clinical area reasons	64
Table 4.20 Year of training in relation to clinical area reasons	65
Table 4.21 Dependents in relation to clinical area reasons	66
Table 4.22 Marital status in relation to clinical area reasons	68

List of Figures

Figure 1.1 Conceptual framework of predictors of nurse absenteeism	9
Figure 4.1 Gender distribution of respondents	40
Figure 4.2 Residence of respondents	40
Figure 4.3 Current year of training	41
Figure 4.4 Marital status of respondents	42
Figure 4.5 Students' solutions to absenteeism	70

Chapter 1

Introduction

1.1 Introduction

Student nurse attendance during training is mandatory since it is a crucial requisite in the training, it influences the learning outcomes and professionalism (Dika & Sylejmani, 2012). The South African Nursing Council (SANC), which is the Education and Training Quality Assurance body for nurses, stipulates that students must attend a certain percentage of hours for both theory and practice during their training. In addition to being expected to attend classes for theoretical instructions, students are periodically allocated to various clinical areas to correlate theory and practice.

Unauthorized student nurse absenteeism has become an increasing problem in both nursing education institutions and universities. According to Wadesango and Machingambi (2011), absenteeism disrupts the active teaching and learning environment and affects the overall well-being of other students. Absenteeism is also associated with poor academic performance, unprofessional conduct and inadequate socialization within the profession.

According to college statistics, the Free State School of Nursing is experiencing high rates of absenteeism among nursing and midwifery students in both clinical areas and classes, despite regulations to restrain such behaviour. The Free State School of Nursing Curriculum Guide for the diploma leading to registration as a nurse (general, psychiatric and community) and a midwife, stipulates that demotions and termination of training become inevitable should a student fail to attend 80% in both clinical areas and classes. Absenteeism may result in students being barred from examinations due to attendance deficit in either the theoretical or practical components or both. The consequence is that students take longer to complete their training, which has an adverse impact on human resources. In addition to having a negative effect on the academic performance of the student, absenteeism also affects their competency level at graduation. Various researchers (Baderin, 2005; Dika & Sylejmani, 2012) have found that students who frequently skip lectures perform badly.

Managers at the Free State School of Nursing have raised concerns about absenteeism both at clinical meetings with the college academic staff and at Senate meetings. According to the college leave records, absenteeism among nursing and midwifery students amounts to 15% per year (selected campus leave records, 2014). This can be attributed to the absence of any policy giving guidance on student absenteeism in the college. Monitoring and control of student nurse attendance is the responsibility of the nursing education institutions. Leufer and Cleary-Holdforth (2010) emphasize that students' clinical attendance should be verified and documented by the preceptor on a daily basis and submitted to the academic staff.

The focus of research has chiefly been on absenteeism among professional nurses, overlooking the fact that student nurses also play a vital role in the health team (Lipscomb & Snelling, 2010). Absenteeism not only affects the students themselves but also has financial implications for the Department of Health which is funding their training. It is against this background that the researcher decided to conduct this study in a selected campus of the Free State School of Nursing.

This chapter looks at the background of the study, problem statement, purpose of the study, objectives, research questions, significance of the study, operational definitions, conceptual framework and conclusion.

1.2 Background

Lecturers in nursing education institutions and universities are troubled by the high rate of unauthorized student nurse absenteeism because, as already noted, it disrupts the teaching learning environment and affects the overall well-being of other students (Barlow & Fleischer, 2011). Absenteeism is also associated with poor academic performance, unprofessional conduct and inadequate socialization within the profession (Leufer & Cleraly- Holdforth, 2010). A study conducted by Lipscomb and Snelling (2009) indicates furthermore that absenteeism may lead to disruption in collaborative learning since students who are attending lectures resent the fact that others get away with unauthorized non-attendance.

A student nurse in clinical practice plays a dual role as both learner and worker. Both these roles come with responsibilities, expectations and challenges. O'Brien, Keogh

and Neenan (2009) and Timmins and Kaliszer (2002) concur that student nurses form part of the workforce and make a critical contribution in the delivery of health care service to the public; their absence thus reduces efficiency and profitability in the clinical area. Lectures and in-service training relating to patient care and needs which are given to students during their clinical practice are also an important aspect of their training which they should not miss.

During their training, student nurses attend classes for theoretical instruction and also spend time in clinical placements to correlate theory with practice. They are expected to attend a certain number of hours in both these areas according to their level of training. According to the International Council of Nurses Report ICN (2009), insufficient time allocation for students in clinical learning areas is one of the barriers that hinder production of clinically safe and competent nursing graduates. Absenteeism in the allocated clinical areas further reduces students' exposure time and their ultimate level of competency.

The World Health Organization Report (WHO, 2013) calls for a patient-centered approach in training of the health care workforce, an approach which is recommended by numerous healthcare disciplines, including nursing.

Each country has a professional body which regulates the training of student nurses. The Irish Nursing Council (An Bord Altranais, 2009) stipulates that students must attend 100% of clinical placements each year, and students who have not satisfied this requirement may not progress in the programme. Finland tolerates a 95% attendance to fulfil the requirements of the course, allowing 5% non-attendance. In Nigeria, the University of Abadan authority makes it mandatory for students to attend 75% of lectures before being allowed to sit their examinations (Fayombo, Ogunkola & Olaleye, 2012).

In South Africa the South African Nursing Council (SANC) is the Education and Training Quality Assurance body for the profession. The South African Nursing Act (No. 33 of 2005) governs nursing education and the South African Nursing Council Regulation 425 (R425) of 1985, as amended, is the regulation that governs qualification and registration as a nurse (general, psychiatry and community) and midwife and provides curriculum guidelines stipulating the hours required for both

theory and practical exposure of students. According to this regulation, integration of theory and practice requires that student nurses attend a minimum of 80% of both academic and clinical portions of their training programme, thus allowing 20% nonattendance (SANC Regulation 425 of 1985).

Because South Africa's healthcare system is predominantly nurse-based and primary-healthcare based, it is important that nurses have the necessary competence and expertise to manage the country's burden of disease and meet national healthcare needs. Students' placements in the clinical areas provide them with opportunities to interact with patients and become socially developed in the practice of nursing (Donnelly & Wiechula, 2012).

According to Dolnicar, Kaiser, Matus and Vialle (2009) and Teixeira (2014), students tend to absent themselves from lectures that they describe as poor-quality, boring and not worth attending. This absenteeism has an adverse effect on their academic performance (Bati, Mandiracioglu, Orgun & Govsa, 2013; Teixeira, 2014). Students who are absent from clinical practice miss valuable information on procedures done in that particular clinical area on that specific day. According to Dika and Sylejmani (2012), regular attendance in classes and labs correlates directly with students' success in examinations, a point that is supported by studies on student absenteeism by Wadesango and Machingambi (2011) and Kousalya, Ravindranath and Vizayakumar (2006) which reported a relationship between students' regular attendance and academic achievement.

Lipscomb and Snelling (2010) argue against enforced student attendance in higher education, maintaining that it runs counter to important humanistic and androgogic principles. Some academics see student absence as the right of the student and tolerate absence that is within legal limits (Ugurlu, Koc, Usta & Simsek, 2012). However, Macfarlane (2013) argues that some universities justify policies stipulating attendance on the basis that it prepares students for the workplace so that they can enter their various professions as competent and safe practitioners. This study further maintains that punctuality and reliable attendance are attitudes that students must learn in order to familiarise themselves with expectations and demands of the

workplace. Teixeira (2014) affirms that enforced mandatory attendance may be beneficial.

Monitoring can be done by keeping accurate records of attendance and calculating non-attendance rates at frequent intervals to identify each student's pattern of attendance (Doyle, O'Brien, Timmins, Tobin, O'Rourke & Doherty, 2008; Young, Yates, Rickaby, Snelling, Lipscomb & Lockyer, 2010). Monitoring and control of student nurse attendance is the responsibility of the nursing education institutions. These institutions should have a delegated person responsible for monitoring the clinical attendance of students. Leufer and Cleary-Holdforth (2010) advise that students' clinical attendance should be verified and documented by a preceptor on a daily basis and submitted to the academic staff. Monitoring and enforcement of student attendance needs to begin as early as the orientation phase.

Student absenteeism can be attributed to a number of factors. Wadesango and Machingambi (2011) suggest that absenteeism can be linked to lack of interest in the subject matter, poor teaching strategies, unfavourable learning environments, excessive socialization among students, part-time jobs, ill health, sleeplessness and poor relations with lecturers. Other factors that have been identified include personal issues such as physical illness, family responsibilities such as a death in the family, and problems with transport to placement areas (Doyle et al., 2008; Hidayat, Vansal, Kim, Sullivan & Salbu, 2012; Isah, Omorogbe, Orji & Oyovwe, 2008).

A strategy for nursing in South Africa which was launched in 2008 spelled out how nursing education and training, practice, resources, social positioning, regulation and leadership should be linked to support the nation's health system. Among the objectives of the nursing strategy are promotion and maintenance of a high standard and quality of nursing and midwifery education and training, and enhancement and maintenance of professionalism and professional ethos among members of the nursing and midwifery professions (DOH, 2013). In striving to produce professional nurses who will maintain the integrity of the nursing profession, nursing education in the country must align the curriculum accordingly.

There is evidence that nurse educators are not always effective in supporting students during their clinical placements. Poor support and supervision, even in a

clinical setting with adequate learning experiences, may discourage learners and result in absenteeism (Hutchings, Williamson & Humphreys, 2005; Mabuda, Potgieter & Alberts 2008; Msiska, Smith & Fawcett, 2014). Student support therefore needs to be intensified to assist students in making sound decisions related to their studies and to life in general.

1.3 Problem statement

Student absenteeism is a concern for nurse educators, now more than ever, as it has potential ramifications for the profession and indeed for public safety (Leufer & Cleary-Holdforth, 2010). Although absenteeism of student nurses is a problem globally in institutions of higher education only a limited number of studies have been conducted on factors contributing to this absenteeism. According to Cleary-Holdforth (2007), there is very little evidence of policies on student absenteeism in higher education. This is confirmed in the study by Barlow and Fleischer (2011), who reported that there was no policy on attendance in their institution. According to Newman-Ford, Fitzgibbon, Lloyd and Thomas (2008), there has been little research into the causes of absenteeism in higher education

As part of the programme, the SANC stipulates a specific number of hours, over a period of four academic years, of practice in clinical settings for students registered as trainees for the diploma leading to registration in (general, psychiatric and community) nursing and midwifery (SANC R425 as amended). Absenteeism therefore reduces the hours of training, which are a requirement of the South African Nursing Council.

While students may be absent due to physical illness, family responsibilities, transport problems or unforeseen circumstances such as a court summons (Hidayat et al 2012; Young et al, 2010), various researchers (Desalegn et al., 2014; Wadesango & Machingambi 2011) have argued that poor teaching strategies and quality of lectures also have a bearing on student absenteeism.

Donnelly and Wiechula (2012) argue that competent professional nurses require adequate exposure in clinical practice to gain relevant skills and knowledge. However, student nurse absenteeism in clinical placements is a common problem among nurse educators, irrespective of the monitoring measures that are in place,

and in this regard the Free State School of Nursing is no exception. To compound the problem, there is no absenteeism policy which can be used as a measure for reinforcing attendance in this nursing college. This led the researcher to explore the issue of student absenteeism with the aim of generating solutions that would be specifically relevant to the context of the Free State School of Nursing.

1.4 Purpose of the study

The purpose of the study is to explore and describe absenteeism among nursing and midwifery student nurses at a selected nursing college campus in the Free State and to identify possible solutions in order to combat absenteeism.

1.5 Objectives of the study

- To describe perceived personal reasons of nursing and midwifery student nurses that contribute to absenteeism
- To describe perceived college-related reasons that contribute to nursing and midwifery students' absenteeism
- To describe reasons related to clinical areas that contribute to nursing and midwifery students' absenteeism
- To explore the relationship between demographic data and reasons for absenteeism
- To identify possible solutions to students' absenteeism

1.6 Research questions

- What personal circumstances of students contribute to absenteeism?
- What college reasons are perceived by students as contributing to absenteeism?
- How are the clinical areas perceived by students as contributing to absenteeism?
- What is the relationship between the students' demographic data and absenteeism?
- What are possible solutions to students' absenteeism?

1.7 Significance of the study

Polit and Beck (2012) argue that the ultimate goal of nursing research is to change practice to improve the well-being and health of people in the community. This study aims to explore reasons contributing to absenteeism of student nurses at a selected campus in the Free State. This is significant for nursing practice, nursing education, policy makers and nursing research.

Nursing practice: Msiska et al. (2014) argue that student nurses make a significant contribution to patient care and service delivery. Student nurse absenteeism might have a negative impact both on patient care and on the competency of the graduate nurses. The results of this study will inform managers in the nursing practice of reasons that predispose student nurses to absenteeism, and may lead to development of policies that will help professional nurses to guide students in avoiding absenteeism.

Nursing education: According to Desalegn et al. (2014) and Wadesango and Machingambi (2011), poor quality of lectures and teaching strategies can contribute to students' absenteeism. The findings of this study may help nurse educators to improve their teaching strategies and student support in the clinical areas.

Policy makers: The results of this study will be available to policy makers, thus advising them of reasons that contribute to student absenteeism. This may assist them in formulating a policy on student nurse absenteeism in the Free State Department of Health and Free State School of Nursing.

Nursing research: Findings and recommendations from this study could serve as a baseline data for further research on student nurse absenteeism and other matters relevant to students' behaviour.

1.8 Operational definitions

Absenteeism: Singh (2012) describes absenteeism as an unplanned, unjustifiable, disruptive incident, characterized by the lack of physical presence of an employee at work as scheduled. In this study, absenteeism refers to nonappearance of the student nurses in the clinical and college facilities during programmed periods.

Clinical areas: The clinical area is the area where the health service is provided to patients, clients and families, so that the health service is promotive, preventive, rehabilitative, maintenance or terminal (Mellish, Brink and Paton, 2000).

Student Nurses: The Nursing Act 33 of 2005, as amended, defines a student nurse as any person registered as a learner by the South African Nursing Council who is undergoing training in nursing at a registered nursing education institution. In this study, “nursing and midwifery student nurse” refer to a registered student at the selected campus who is studying the four-year diploma for registration as a (general, psychiatric, and community) nurse and midwife.

Perception: The Oxford Advanced Dictionary (2010) edition defines perception as the ability to understand the true nature of something through the senses.

1.9 Conceptual framework

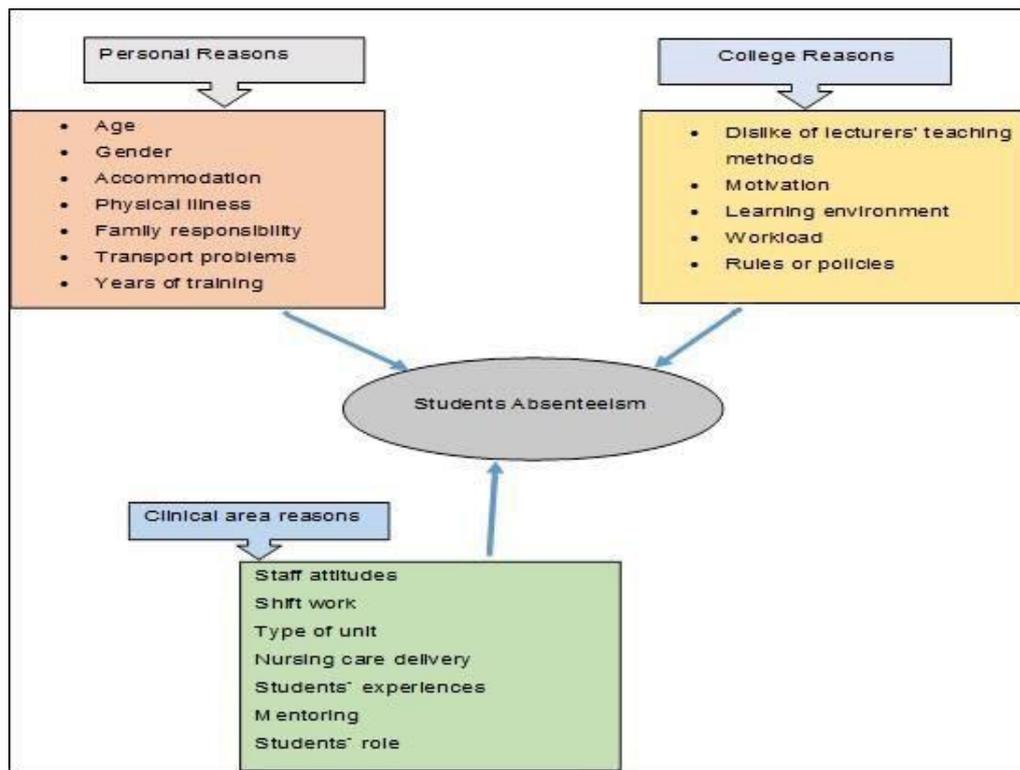


Figure 1.1 Conceptual framework of predictors of nurse absenteeism

(Modified version of Taunton, Hope, Woods & Bott (1995))

A theoretical framework, according to Polit and Beck (2012), is the overall conceptual underpinning of a study. A theory is an interrelated set of constructs formed into

propositions that specify the relationship among variables (Creswell (2013)). This study was shaped around, and guided by, the conceptual framework adapted from Taunton, Hope, Woods and Bott (1995) which was modified by Simelane (2013) in her study on student nurses' absenteeism. The model portrays the causes of students' absenteeism as three-tiered: based on personal reasons of the student, college-related reasons and reasons in the clinical areas, along with their characteristics (see Figure 1.1).

The focus in current study includes all the characteristics of the framework. The researcher will describe the reasons perceived to be contributing to nursing and midwifery student absenteeism, channelled by the study objectives, literature review and questionnaire, each shaped according to the parameters of this framework.

1.9.1 Personal reasons

Figure 1.1 indicates that some students' characteristics such as age, gender, accommodation, physical illness, years of training, family responsibility and transport problems might contribute to their absenteeism. Desalegn et al. (2014) argue that absenteeism is more prevalent in older students than in younger students. However, Dolnicar et al. (2015) contest these findings and argue that there is no significant relationship between the age of the students and absenteeism. Bati et al. (2013) and Wadesango and Machingambi (2011) found that male students tend to be absent more frequently than female students. Because accommodation for student nurses is limited in public hospitals, many stay outside the college. Westrick et al. (2009) found that students living far from the campus tend to be absent more often than those living closer due to transport problems and weather conditions. The same study also found that students tend to be absent when they are sick. Hidayat et al. (2012) argue that students' non-attendance may be due to their family commitments.

1.9.2 College-related reasons

College-related reasons that might contribute to absenteeism of nursing and midwifery students include dislike of lecturers' teaching methods, lack of motivation, an uncondusive learning environment, workload and rules or policies. While Leufer and Cleary-Holdforth (2010) argue that poor quality of lectures and teaching

strategies might contribute to students' non-attendance in the classroom, Lipscomb and Snelling (2010) argue that students' lack of motivation could also be a factor. Sarkodie et al. (2014), state that poorly ventilated and congested classrooms discourage students from going to school. Academic workload, such as difficult assignments, may lead to students missing lectures (Desalegn et al., 2014). Attendance policies enforce student attendance and help in their preparation for the workplace demands after completion of training (Macfarlane, 2013).

1.9.3 Factors in the clinical area

Factors in the clinical area that might lead to student absenteeism (as depicted in Figure 1.1) are staff attitudes, shift work, type of unit, nursing care delivery, and students' experiences and mentoring. Msiska, Smith and Fawcett (2014) suggest that bad attitudes of permanent staff might lead to students absconding from the allocated clinical areas. This is supported by Murphy et al. (2012), who found that students' attendance tends to be more positive in units where they feel welcomed and supported, thus leading to better attendance.

1.10 Conclusion

In addition to attending classes during their training, student nurses are periodically allocated to clinical areas. This enables them to correlate theory and practice as well as promoting competency. According to the ICN Report (2009), minimal hours of clinical placement for students hinder the production of competent nurse graduates. This chapter outlined the background of this study, the research objectives and questions deriving from the conceptual framework. The next chapter deals with literature search.

Chapter 2

Literature Review

2.1 Introduction

Reviewed empirical literature is presented in this chapter. Literature review provides a framework for establishing the importance of the study and informs the researcher of the results of other studies that are closely related to the present study (Creswell, 2013). The purpose of a literature review is to identify gaps in relation to the topic, to integrate and condense what is known in a specific area and to help the researcher in determining how best she can contribute to existing evidence (Polit & Beck, 2012). This chapter covers research studies on absenteeism of student nurses and the possible causes.

Multiple computer data bases were searched for literature using the following key words: 'absenteeism', 'non-attendances' 'attendance' 'student nurses', students' absenteeism in higher education', 'causes', 'contributory reasons'. The following data bases were used for literature search: Medline, ERIC, Africa-wide Information, Health Source: Nursing and Academic Edition, and Science Direct, via EBSCO host. Through Google Scholar other articles were also accessed.

There is a paucity of literature focussing specifically on absenteeism among student nurses, although this is an important issue because students' learning is based on consistent attendance in preparing them for work as professionals (Lipscomb & Snelling, 2010). Reviewed information was acknowledged by means of Harvard reference style.

2.2 Factors affecting students' absenteeism

Absenteeism among student nurses may be due to personal reasons such as age, gender, accommodation and transport problems, physical illness, family responsibilities, and years of training/experience. College-related reasons may include dislike of lecturers and teaching methods, motivation, learning environment, workload, and attendance policy (Wadesango & Machingambi, 2011). Reasons relating to clinical area placements may include staff attitudes, mentoring, type of unit

and shift working, students' roles in nursing care delivery. These factors are detailed further underneath.

2.2.1 Personal factors affecting student absenteeism

2.2.1.1 Age

Age of student nurses could contribute to their absenteeism. According to the Oxford Dictionary (2010) age is defined as the length of time that a person has lived. A variety of views are expressed in the literature with regard to linkage between age and absenteeism. Young students on clinical placement may have the perception that they are being intimidated by senior staff members and decide to skip attendance in the placement area. According to Simelane (2013) in her study on bursary students' absenteeism, younger students, who formed the majority in her study, agreed that they were absent because they were mistreated by senior staff at the clinical areas. In the study by Bjørk, Berntsen, Brynildsen and Hestetun (2014), older students were found to be more motivated when they enter nursing education and to have a positive attitude towards their placement; absenteeism among them is thus uncommon.

In contrast to these findings, Desalegn, Berhan and Berhan (2014) in their study on absenteeism among medical and health science undergraduate students at Hawassa University Ethiopia found that older students were more often absent than younger students, attributing absence to peer influence and familiarity with the program. However, Dolnicar et al. (2009) and Singh (2012), in independent studies, found no significant relationship between age and absenteeism.

2.2.1.2 Gender

A range of findings have been reported in the literature on gender as a predictor of absenteeism among students, reflecting various influences affiliated to gender that might contribute to absenteeism. Some of the reviewed studies show that male students are more likely to be absent than females (Bati et al., 2013, Deane & Murphy, 2013, Fayombo et al., 2012, Wadesango & Machingambi 2011). In a study by Bati et al. (2013) among students of health science, absenteeism among female students was lower than with males. This is supported by Deane and Murphy (2013),

who reported that male students were more likely to be absent than female students. Fayombo et al. (2012) reflect similar findings in their study: that male students absent themselves because of personal reasons like lack of intrinsic motivation, while female students do so because of academic reasons like lack of interest.

Wadesango and Machingambi (2011), in their study on causes and structural effects of student absenteeism in three South African universities, found that male students were frequently absent due to socioeconomic factors such as having a part-time job. Male students thus end up being more frequently absent than female students because of the responsibility of supporting their families or themselves during training. However, female students are more likely to arrive late than their male counterparts because their parents involve them in domestic activities (Sarkodie, Ntow-Gyan, Bempong & Saaka, 2014).

In contrast to these findings, an earlier study by (Westrick, Helms, McDonough & Breland, 2009) found no significant differences in the degree of absenteeism between male and female students. These findings are consistent with more recent findings by Simelane (2013) and Singh (2012) that gender was not a significant predictor of absenteeism. Desalegn et al. (2014) found, furthermore, that repeated missing of classes by their students did not have any relationship with gender.

2.2.1.3 Accommodation and transport problems

Accommodation for student nurses in public nursing colleges in South Africa is identified as a problem in a 2010 audit conducted by the Department of Health (DOH, 2013). One consequence is that student nurses often live away from the training institution and use public transport to travel to and from the college and placement areas. This is consistent with the findings by Simelane (2013) that some student nurses lived away from at the campus, either at their homes or renting a room somewhere else. Weather conditions (e.g. rain) and travelling distance to the college and placement areas may therefore also influence attendance. Song (2013) thus indicated that students occasionally blamed bad weather, public transport schedules and their private cars for their absenteeism.

Doyle et al. (2008), in their evaluation of an attendance monitoring system for undergraduate nursing students in Ireland, found that the reasons cited by student

nurses for their absenteeism included travelling long distances between clinical placements. This is consistent with the findings by Song (2013) that long distance students intermittently had traffic issues that prevented them from coming to school. In a study by Killam, Carter and Carter (2010) students reported that they were unable to get to placement areas due to inadequate bus services in some rural areas. Strike action in the public transport industry may also sometimes lead to unavailability of transport for students. In all these cases transport difficulties may lead to unavoidable absenteeism.

In a recent study by Persky, Kirwin, Marasco, May, Skomo and Kennedy (2014), students absenteeism is also correlated with average travel time to the campus. Furthermore, Komakech and Ossu (2014) found that students who travelled long distances to school would either arrive late and tired or be totally absent. However, in independent studies by Bati et al. (2013) and Westrick et al. (2009) students who lived closer to campus reported fewer absences compared to their counterparts who lived further away. These findings are consistent with findings by Singh (2012) that nurses living on the work premises have less absenteeism than those walking to work or those using public transport. Students who travel by public transport are more often absent than their counterparts who walk to the campus (Merghani, Badr-EldinHaroun and Elmubarak, 2013).

2.2.1.4 Physical illness

Physical illness, both minor and serious, is the most common cause of student absenteeism. Female students are more likely to be absent, due to premenstrual syndrome and dysmenorrhoea. This corresponds with the study by Lakshmi, Priy, Saraswathi, Saravanan and Ramamchandran (2011) in which most of the female students were absent from class on their days prior to and during menstruation.

In an online submission report on absence excuses in freshman college classes and solutions (Song, 2013), most excuses related to sickness of one kind or another. Students believe that this is the most effective excuse because professors can relate to being sick and may be compassionate. Students like using sickness as an excuse since they know that some illnesses which are hard to substantiate may self-resolve

after plenty of rest (Song, 2013). However students may also be given sick leave by the doctors in cases of contagious viral illnesses such as chicken pox.

In other studies in the literature, physical illness is the cause most commonly cited as a composite cause of absenteeism among students globally. In a cross-sectional survey by Westrick et al. (2009) of factors influencing pharmacy students' attendance decisions in large lectures 46% of the respondents reported illness as their reason for not attending classes. This corresponds with independent studies by Hidayat, Vansal, Kim, Sullivan and Salbu, (2012), Komakech and Ossu (2014), and Sarkodie et al.(2014) which found that illnesses and injuries were the reasons most frequently reported by students for not coming to school.

2.2.1.5 Family responsibility

Absenteeism of students may be unavoidable due to family commitments and emergencies. Hidayat et al. (2012) found that students were absent due to unforeseen circumstances that included death in the family and court summons. This coincides with findings by Komakech and Ossu (2014) which reflected that students may be absent from school due to unanticipated reasons such as loss of a parent or close relative. Song (2013) found also that family justifications such as moving house, looking after a sick relative, caring for a terminally ill relative and funeral were among the excuses reported by students. The same study found that the funeral explanation was the most effective as it provoked emotions and some professors felt uncomfortable about asking for supportive evidence.

Students with children may have commitments such as taking the baby to the clinic or accompanying a child to school. Doyle et al. (2008) found that students who had children were significantly more likely to be absent because of family commitments than students without children. Dolnicar et al. (2009) found, on the other hand, that commitments such as having children did not affect students' attendance.

2.2.1.6 Years of training/experience

Differing views are evident in literature on what effect level of training may have on students' absenteeism. Doyle et al. (2008) found that stress influenced absence during the first two years of training, especially when related to overtiredness.

However, the quantitative study by Desalegn et al (2014) also found that students from second year onwards were more frequently absent compared to first-years. The same study also found that when students were familiar with the program and culture on campus they tended to be absent more often.

Barlow and Fleischer (2011) found however that difficulty experienced by first-year students in adapting to an independent approach to learning often led to poor attendance. Furthermore, in their study on pharmacy student absenteeism and academic performance, Hidayat et al. (2012) detected similar degrees of absenteeism among first- and second-year students. In contrast, Burke (2010) found higher absenteeism in class by senior students, who indicated low motivation as the reason.

2.2.2 College-related factors affecting student absenteeism

2.2.2.1 Dislike of lectures and teaching methods

There is extensive literature on how absenteeism is linked with lack of interest in subject matter and poor teaching strategies (Desalegn et al., 2014; Moore, Armstrong & Pearson, 2008; Persky et al., 2014; Wadesango & Machingambi, 2011).

It is very important that lecturers should prepare their lessons well in advance and use a diversity of teaching methods. The quality of lectures and the teaching style of the teacher as perceived by the students were found to be significant factors in very low levels of student attendance in a study by Desalegn et al. (2014). This is consistent with findings by Leufer and Cleary-Holdforth (2010) in which poor quality of lecturing and poor lecture content were among the reasons given by students for not attending. Similarly, Moore et al. (2008) note that if lectures are not perceived as worthwhile, relevant or useful, students may be less likely to turn up.

Students need to participate actively in their learning and innovative methods of teaching should therefore be adopted by lecturers, such as problem-based learning. Persky et al. (2014) note that when instructors predominantly lecture with little active learning, or are dull, boring and rarely organized this leads to lack of student engagement and increased likelihood of absence from class. In the same study students indicated also that dislike of teaching style and whether it was easy to

understand the subject matter without guidance also had a bearing on their decision whether or not to attend class. Thus students may end up bored and discouraged from attending if they are just recipients of information from the lecturers yet nonetheless have their own cognitive abilities.

According to Leufer and Cleary-Holdforth (2010), tertiary education students will not miss lectures that are interesting and considered as important for their degree. Fayombo et al. (2012) found that students were most likely to attend classes in which a lot of materials were handed out and classes where they liked the subject content or in which the lecturer was good. Wadesango and Machingambi (2011) found furthermore that lecturers significantly contributed to students' failure to attend lectures. Their study indicated that 58% of students were not attending lectures because of lecturer attitudes, boring teaching methods, lecturers' inability to teach, and favouritism displayed towards certain students. From their findings it emerged that demeaning lecturer attitudes often lead to student absenteeism.

Lecturers who have good communication skills and present their lessons interestingly can boost student attendance (Ugurlu et al., 2012). Similarly, Teixeira (2014) notes that teachers have a responsibility to present value-added knowledge by incorporating active learning in lectures and by elaborating further in the slides presented or notes issued in class. Barlow and Fleischer. (2011) note, on the other hand that poorly motivated students may not give themselves the opportunity to find out how inspirational their teachers and teaching methods may be.

2.2.2.2 Motivation

Absence can be regarded as a personal decision based on an individual's ability to attend and on their motivation to attend (Newman-Ford et al., 2008). Student motivation is thus a factor in determining attendance at lectures, on the assumption that more motivated students are less likely to miss lectures (Davis, Hodgson & Macaulay, 2012). Lack of motivation and unwillingness or inability on the part of the students to accept the role apportioned to them may therefore intensify nonattendance (Lipscomb & Snelling, 2010). Students' motivation to attend may be intrinsic or extrinsic.

Herzberg et al. (as cited by Byrne, 2006) point to the presence of certain “motivators” internal to the individual, such as responsibility and recognition that could promote long-running attitudes and job satisfaction. Barlow and Fleischer (2011) found furthermore that a significant number of students had difficulty in taking responsibility for their own learning at university, while students who are responsible for their own learning rarely miss classes and clinical placements. This is confirmed by Bati et al. (2013) who found that poor self-motivation is one of the most compelling factors leading to absenteeism.

Credé, Roch and Kieszczynka (2010) maintain however that individual factors such as motivation and intelligence increase the likelihood of student attending class. This is similar to the finding by Bati et al. (2013) that intrinsic motivators such as student interest and desire to be successful and prove oneself have an effect on lecture attendance. Thus well-motivated students rarely miss lectures and clinical placements, and motivation also improves responsibility.

Moore et al. (2008) in their study on lecture absenteeism among students in higher education found that 60% of the students indicated low motivation among their reasons for absenteeism. This corresponds with the finding by Desalegn et al. (2014) that absenteeism was an indicator of low level of motivation for learning; the same authors noted also that student motivation led to attendance in lectures.

However, student motivation can also be enhanced by introducing extrinsic factors such as incentives for attendance. This is borne out by the findings reported by Burke (2010) where students regarded extra credits or grading requirements as incentives that would motivate their peers to attend class frequently. Furthermore, Paredes and Ugarte (2011) propose incentives as an approach to enhance students’ attendance and pointing out that this approach has been effective in Chile where students were given vouchers for good attendance. Similarly, Bati et al. (2013) maintain that extrinsic factors such as rewards lead to better attendance. Subramaniam, Hande and Komattil (2013) likewise reported improvement in student attendance after the introduction of incentives in their medical college.

2.2.2.3 Learning environment

There is linkage between absenteeism and unfavourable learning environments such as large class sizes and inconvenient class schedules (Desalegn et al., 2014). Leufer and Cleary-Holdforth (2010) found that large student numbers in class may make it difficult to promote active engagement of students, leading some students to absent themselves because they feel that the lecturer is not interested in their contributions. Hence, in a large classroom with many students, passive students might perceive rejection by the lecturer.

South African public nursing colleges face challenges in large student numbers, small classrooms, and inadequately equipped demonstration rooms (DOH, 2013). Students may therefore be absent due to non-conducive learning environments such as poorly ventilated classrooms. This is confirmed by Dashputra, Kulkarni, Chari and Date (2015), whose study noted that a student may be absent in class because of uncomfortable sitting arrangements in the lecture hall and overcrowded lecture halls.

Sarkodie et al. (2014) make the point that a poorly ventilated, congested and unhealthy classroom which is not conducive for teaching and learning discourages students from going to school. Hence, students in a large class believe that their absence will be unnoticed by the lecturer and they also perceive that smaller classrooms allow greater interaction between them and the lecturers (Dolnicar et al., 2009). Bati et al. (2013) note in addition that at the university students experience their first encounter with lectures in large classrooms and that these lectures both create difficulties for the lecturers and at the same time open the way to absenteeism among students.

Lecture attendance may however vary according to the time of the day, the days scheduled, and the time of the year. According to Burke (2010), students would more frequently skip morning classes rather than classes in other time slots. Furthermore, Davis et al. (2012) found low attendance by students at early morning lectures (08:00) and improved attendance at lectures scheduled between 10:00 and 13:00. Similarly, Dolnicar et al. (2009) agreed with these studies by affirming that classes scheduled outside 10:00 and 15:00 show low attendance. In contrast to these

findings a study by Newman-Ford et al. (2008) found that attendances at early morning lectures were not significantly different from attendance later in the day.

Students may choose to be absent on certain days of the week, especially the first day of the week. In this regard, Doyle et al. (2008) found a particular pattern of nonattendance among university students, with most absenteeism occurring on Mondays and Fridays and being of one day duration.

Various studies show absenteeism increasing sharply over the course of the semester and very few students attending classes by the end of the semester (Davis et al., 2012; Teixeira, 2014). Similarly, Burke (2010) found that students commonly skipped classes in the last weeks of the semester more than in other weeks in the semester. Dashputra et al. (2015) found that non-attendance increased in the pre-examination period because students were studying until late in the night in preparation for the examinations.

2.2.2.4 Workload

Students of health sciences have a heavy lecture load, over and above which they have assignments and examinations running concurrently (Bati et al., 2013). In the study by Bati et al. (2013), further reasons for non-attendance included time spent revising for exams in other subjects or other high-priority academic commitments. Students are thus sometimes faced with situations where they have assignments due to be handed in or summative or continuous assessments outstanding and opt to be absent in preparation for all that work. Similarly, Leufer and Cleary-Holdforth (2010) found that students attributed their absence to pressure of other learning tasks. These studies correspond with earlier findings by Westrick et al. (2009) in which students who were absent in class said that they were studying for other courses and for exams.

Desalegn et al. (2014) indicate likewise that academic and non-academic workload on students could be a factor in affecting attendance, and that students miss lectures in preparation for the examination. In addition, some students live at home or are renting and might therefore have family members who are dependent on them and therefore absent themselves because of a domestic workload. This was found by Newman-Ford et al. (2008) whose findings showed that non-attendance can also be

indicative of stress and work overload. Furthermore, students in the study by Davis et al. (2012) indicated that social activities and deadlines for assessments negatively influenced their attendance.

2.2.2.5 Attendance policy

Student absenteeism is both intriguing and frustrating and yet there is very little evidence of university or governmental policy relating to it Leufer and Cleary Holdforth (2010). However, there is some evidence that certain institutions of higher education have mandatory attendance policies to combat non-attendance. According to Subramaniam et al. (2013), Melaka Menipal medical college implemented a mandatory attendance policy which raised mandatory attendance to 90% and improved attendance overall. Similarly, the University of the West Indies (UWI) which mandated minimum attendance of 75%, with persistent absenteeism being regarded as withdrawal from the course (UWI student handbook, 2014-2015).

In professional courses such as nursing, attendance is a specific requirement laid down by the professional body (Barlow & Fleischer 2011). Several nursing bodies worldwide, including Ireland and South Africa, stipulate in their regulations for training that student nurses must attend a specific percentage of time in both clinical and theoretical areas to fully qualify as registered nurses. In Ireland the regulatory body for nursing, An Board Altranais (2009), stipulates 100% attendance in clinical areas and 80% attendance in theoretical practice for student nurses. Similarly, the South African Nursing Council (SANC) permits no more than 20% student absenteeism (SANC R425, as amended).

Although some nursing colleges and universities, Free State School of Nursing among them, have no specific policy on attendance, rules and regulations governing attendance are in place at Free State School of Nursing and attendance is monitored by signing of attendance registers by students and signing of student attendance forms by professional nurses at the clinical placements. Barlow and Fleischer (2011) noted that there was no over-arching policy on attendance in their institution which is in the United Kingdom (UK) and no use of a commercial attendance monitoring system. Absence of an attendance policy might thus lead to ineffective follow-up of absenteeism, especially in institutions with large numbers of students.

According to Leufer and Cleary-Holdforth (2010), lecturers in their institution identified poor attendance levels at lectures, showed concern and addressed the problem; in consequence a mandatory attendance policy was adopted. Attendance policy thus has a strong impact on reducing absenteeism (Subramaniam et al 2013). Similarly, Snyder, Lee-Partridge, Jarmoszko, Petkova and D'Onofrio (2014) maintain that a compulsory attendance policy can reduce student nonattendance, arguing that students who are subject to a compulsory attendance policy are likely to have fewer absences than those who are governed by a mere statement of policy. Macfarlane (2013) notes however that mandating attendance at lectures in the higher education sector is a cause for debate – particularly in academic schools of nursing, given their professional requirements. Macfarlane also makes the point that universities have identified poor attendance as a problem and have established working groups to look into the issue and develop attendance policies.

Teixeira (2014) argues on the other hand that mandatory attendance policies impose a welfare loss on the student and artificially distort the opportunity cost of absenteeism – a point also made by Lipscomb and Snelling (2010) who argue that it potentially undermines androgogic and humanist principles associated with the concept of adult learning.

2.2.3 Clinical placement factors affecting student absenteeism

2.2.3.1 Staff attitudes

Levett-Jones and Lathlean (2009) highlight the relationship between staff and students as the most important influence on nursing students' sense of belonging and learning. Attitudes of staff working in a particular unit may undermine students' confidence and learning, especially when they are still young in the profession, leading ultimately to absenteeism. On the other hand, good staff attitudes may even attract students to apply for work in the placement areas after completion of training. This corresponds with the point made by Killam et al. (2010) that students with positive learning experiences in a particular setting are more likely to work in that setting.

In a qualitative study by Msiska et al. (2014) students experienced rejection by nurses whom they described as having bad attitudes that hindered their learning and some students ended up abandoning the placement and going back home. The authors noted also that there were nurses who declined to teach students because they doubted their ability to do so and other who were generally not interested in teaching. The latter tended to have dismissive attitudes towards the students, and the students tended to be afraid of them; this hinders their learning because they cannot ask questions.

It is therefore important for nurse educators to notify the operational managers in the various clinical areas about the allocated students coming to their units and their duration of placement. In the study by Dale, Leland and Dale (2013) students emphasized the importance of being anticipated and welcomed in the clinical area, whereas in some cases they were met on arrival with an attitude characterized by surprise, unpreparedness or even negative reactions. In the same study students indicated that some registered nurses regarded them as a burden. When students are excluded as team members they end up not offering any input in the unit because their opinions are ignored (Bradbury-Jones et al., 2011).

Levett-Jones and Lathlean (2009) note however that when staff are welcoming and friendly students feel more secure and confident; they are more likely to participate in activities in the clinical area and absenteeism is often reduced. In these units the students perceive themselves as part of the nursing team, leading to positive relationships between the students and staff. Moreover, positive relationships between registered nurses and students in the clinical areas may reinforce students' confidence since they are able to seek advice and help whenever necessary (Courtney-Pratt, 2011).

2.2.3.2 Mentoring

Clinical mentoring is described by Mhlaba and Mthembu (2012) as an approach to guide and scaffold students in order to help them integrate theory with practice through practice and evaluation of their performance by mentors. The London Nursing and Midwifery Council (2008) describes mentors as practitioners who facilitate learning, supervise and assess students in the clinical setting, and have set

standards to support learning in practice. However, students also need to actively participate and be self-directed in clinical learning to facilitate the mentoring process. Clinical involvement therefore is an important factor for future practice as it provides hands-on experience and enhances communication and technical skills (McCall and Hughes, 2010).

In a qualitative study by Mhlaba and Mthembu (2013) on participant perceptions of clinical mentoring, involving first- and second-year students and experienced registered nurses in the clinical placements, the students indicated that mentoring helped to boost their confidence and self-esteem, and reduce feelings of isolation, as they interconnected with the mentor and other students during the exploration of information. This supports findings by Baglin and Rugg (2010) in which students reported that working closely with their mentors boosted their confidence in provision of patient care. When students' self-confidence is enhanced it makes them eager to be punctual in clinical placements. Consequently, large numbers of students in relation to a shortage of registered nurses in the clinical areas might be an obstacle to effective mentoring.

Problems that affect mentoring were also recognised in the study by Mhlaba and Mthembu (2013), such as the limited amount of time that the mentors were able to spend with students due to staff shortages and other clinical commitments. Similarly, Emanuel et al. (2013) found that most mentors in their study were aware of their role in working with students but barriers such as organizational constraints and increased workload led them to prioritise patient care over student learning.

Nurse educators also have a responsibility to mentor students on clinical placements, but some lecturers fall short in this supervision, leading to students' feeling deserted and absenting themselves in the knowledge that there won't be any follow up by the lecturers (Msiska et al., 2014).

2.2.3.3 Type of unit and shift working

In compliance with the SANC training requirements on integration of theory and practice, nursing and midwifery students are allocated to general, psychiatric, community and midwifery units according to their various disciplines. The different disciplines are characterized by differing types and numbers of patients in need of

care as well as differing workloads that could be challenging to the students. Students might thus have differing perceptions about the various clinical units, giving rise to anxiety and stress, especially for first-year students. Consequently it is important for senior students in the same unit to give them support, and continuity of staff for a few days would be also essential for them (Houghton et al., 2012).

In a qualitative study by Tshabalala (2011) students were satisfied with their placements at the primary health care settings as they received more attention and support from the registered nurses. This corresponds with findings by Murphy, Rosser, Bevan, Warner and Jordan (2012) that students' satisfaction was higher in community health settings compared with hospital settings. Increased satisfaction levels in clinical areas might thus reduce anxiety and stress, leading to improved attendance.

Furthermore, in their socialization into the nursing profession students are oriented to the shifts that are worked by other staff members in the clinical areas. The SANC also stipulates that they should work 40 hours of night shift in each level of their training (SANC R425, as amended). However, students might feel tired when working 12-hour shifts and leave before the end of the shift, especially when they are allocated to demanding cubicles. In the study by Simelane (2013) students indicated that heavy workload in a clinical placement contributed to their absenteeism.

2.2.3.4 Students' role in nursing care delivery

Globally, and in most institutions in South Africa, the model for nursing care delivery is team work. Therefore when students are on clinical placement they are also part of the team rendering nursing care and should be treated with respect. This is evident in the study by Papastavrou et al. (2009) who found that being part of a team and being treated with respect as an individual may increase confidence and promote attendance and learning. Furthermore, students also learn leadership and organizational skills in different units; therefore they need to be inspired and to develop relationships with other team members. In this regard, Sabatino et al. (2014) indicate that the clinical learning environment with its role models plays a major part in developing ethical values and professionalism in students. Students' active

participating in patient care delivery in the clinical areas as part of the team enhances their self-esteem and thus promoting attendance.

However, shortage of human resources may mean that students are simply regarded as part of the workforce, and be made use of for non-nursing duties, resulting in neglect of their learning objectives and heightened absenteeism. On this point, Msiska et al. (2014) found that shortage of human resources in the clinical areas students may mean that duties are delegated to them that are beyond their scope of practice. They may be misused as a labour resource and put in a vulnerable position with sanctions if they fail to carry out the delegated tasks (Dale, Leland & Dale, 2013). Sabatino et al. (2014) found that students ended up absconding from placements when they were treated as members of the workforce and exploited for non-nursing duties that had no educational purpose.

2.3 Conclusion

This literature review chapter highlighted and discussed reasons that might contribute to absenteeism of nursing and midwifery students as outlined in the conceptual framework. Student demographic reasons that may contribute to absenteeism include age, gender, accommodation and transport problems, physical illness, family responsibility and the student's year of training. College-related reasons considered as factors that might contribute to absenteeism include dislike of lectures, lecturers' teaching methods, motivation of the students, learning environment, workload and attendance policy. Attitudes of staff, clinical mentoring, type of unit and shifts worked, model for delivery of nursing care, and students' role in the delivery of care were also discussed in the chapter as further factors that can contribute to student absenteeism. The next chapter deals with research methodology that was used in the study.

Chapter 3

Research Methodology

3.1 Introduction

According to Polit and Beck (2012), research methodology encompasses the techniques used to structure, gather and analyze information in a systematic fashion. This chapter presents the research paradigm, approach, and design selected for the study. It covers also the setting, study population, the sampling procedure, the tool used to collect data, the validity and reliability of the instrument, how data was managed and analyzed, ethical considerations, dissemination of findings, and conclusion.

3.2 Research paradigm

A research paradigm is a way of looking at natural phenomena. A research paradigm encompasses a set of philosophical assumptions that guides one's approach to enquiry (Polit & Beck, 2012). Weaver and Olson (2006) describe a paradigm as a lens for viewing and interpreting substantive issues significant to the discipline. The Oxford Dictionary defines "approach" as a way of dealing with something.

A positivist paradigm was used in this study. Positivism arose from a philosophy known as logical positivism, which is based on rigid rules of logic and measurement, truth, absolute principles, and prediction (Weaver & Olson, 2006). Positivism assumes that an objective reality exists independent of human observation and that phenomena are not haphazard, but have originating causes (Polit & Beck, 2012). A positivist paradigm was adopted in this study because the researcher sought to explore the underlying causes of absenteeism in student nurses.

3.3 Research approach

A quantitative approach was adopted in this study because it is a logical and systematic process. A quantitative approach is a formal, objective, rigorous, systematic process for generating information about the world, where the phenomenon of interest can be precisely measured and quantified in a rigorous and

controlled manner (Creswell, 2013; Polit & Beck, 2012). Quantitative researchers use various control strategies to minimize biases and maximize accuracy and validity. A quantitative approach is a means for testing theories by examining relationships among variables which can be measured on instruments so that numbered data can be analyzed using statistical procedures (Creswell, 2013). This approach is relevant to the present study in which absenteeism was explored using a structured questionnaire.

3.4 Research design

Kumar (2012) and Polit and Beck (2012) describe research design as a plan, structure or strategy of investigation to obtain answers to research questions. A non-experimental, descriptive, exploratory design was adopted for this study. According to Burns and Grove (2009), a descriptive study can be used to identify problems with the current practice, make judgments and determine what others are doing in similar situations. The aim of this study has been to identify the reasons for absenteeism among students. The researcher wants to have a better understanding of the phenomenon.

An exploratory component is imperative for attaining knowledge in an area in which little research has been conducted (Burns & Grove, 2009). A descriptive exploratory design was viewed as appropriate for this study to describe the causes of students' absenteeism as it occurs in the selected campus. According to the researcher's knowledge, no study of this nature had been previously conducted at the selected campus. The study also sought to uncover ways of improving students' attendance in both theory and practice settings.

3.5 Research setting

Polit and Beck (2012) describe the research setting as the physical location and condition in which data collection takes place in the study. This study was conducted in one of the three campuses of the Free State School of Nursing. This campus offers a four-year diploma in Nursing (General, Psychiatric and Community) and Midwifery, a one-year diploma in Midwifery and a two-year bridging course leading to registration as a General Nurse. The campus has three sub-campus: hospital

nursing schools at Boitumelo and Bongani, offering one-year and two-year Enrolled Nurse courses, and at Metsimaholo, offering a one-year Enrolled Nursing Auxillary course.

The researcher chose this setting because of its accessibility. The other campuses are far from the researcher's place of residence, with one campus being 160 kilometers distant and the other 271 kilometers distant from the chosen site. Polit and Beck (2012) state that descriptive studies observe, describe and document aspects of a situation as it naturally occurs.

3.6 Study population

According to Polit and Beck (2012), a study population includes all the individuals or objects with common characteristics. The population for this study included 282 student nurses in their second, third and fourth year levels enrolled at the selected campus who were training for the diploma in Nursing (General, Psychiatric and Community) and Midwifery.

3.7 Sample, sampling procedure and sample size

According to Polit and Beck (2012), a sample is a subset of population elements, which are the most basic units from which data is collected, while sampling is the process of selecting cases to represent an entire population so that corollaries about the population can be made.

The non-probability, convenience sampling method was used to recruit the participants. In the non-probability convenience sampling, the researcher chose participants who were available and ready at the right place and the right time during the study period (Polit & Beck, 2012; Welman, Kruger & Mitchell, 2011). This technique was suitable for this study because it was possible that some of the students might be allocated in clinical areas far from Welkom. The researcher therefore used student nurses who were at the college and nearby clinical areas for sampling purposes.

The RAOSOFT Sample Size Calculator (2004) and a formula was used to calculate the recommended minimum sample size for this study. Margin of error was set at 5%

and the confidence level at 95%. Margin of error is the amount of error a researcher can tolerate, with a lower margin of error requiring a larger sample size. Confidence level is the amount of uncertainty the researcher can tolerate, with a higher confidence level requiring a larger sample size. If 90% of participants answer yes while 10% answer no, the researcher might be able to tolerate a larger amount of error than if the respondents are split 50-50 or 45-55. The minimum recommended sample size is 163 registered nursing and midwifery students at a selected nursing college campus in Free State. Only 152 (93%) returned properly completed questionnaires, which, according to Polit and Beck (2012), is an acceptable response rate.

3.7.1 Inclusion and exclusion criteria

According to Polit and Beck (2012), eligibility criteria are those that determine who may participate in the study and who may be excluded.

3.7.1.1 *The inclusion criteria*

Inclusion criteria are those characteristics that a subject must have to be eligible to participate in the study (Polit & Beck, 2012). In this study the following inclusion criteria were used:

- All registered students in second, third and fourth year of training at the selected campus who were training for the Diploma in Nursing (General, Psychiatric, Community) and Midwifery.
- Those nursing and midwifery students with exposure in clinical areas.

3.7.1.2 *The exclusion criteria*

According to Polit and Beck (2012) exclusion criteria are those characteristics that eliminate a subject from being eligible to participate in a study. In this study, the exclusion criteria were

- The first-year students as they were not yet allocated in the clinical areas.

3.8 Data collection instrument

The data were collected using a questionnaire that had been adapted from various sources (Prentice & Robinson, 2010). Instruments from Simelane (2013), accessed through the University of KwaZulu-Natal (UKZN) library, and Thobakgale (2013), accessed online, were modified by the researcher to suit the purpose of this study.

The questionnaire was divided into five sections as follows:

Section A was made up of six questions which sought sociodemographic data from participants such as age, gender, residence, year of training, number of dependents and marital status.

Section B consisted of ten items pertaining to personal factors that might contribute to student absenteeism. Items 1 to 9 were presented in the form of a Likert scale, which included the following options: strongly disagree (SD), disagree (D), agree (A) and strongly agree (SA), and question 10 was an open-ended question.

Section C had 12 items, also in a four-point Likert scale as in Section B, pertaining to college reasons that may contribute to student absenteeism.

Section D had 14 items in the same-four point Likert scale pertaining to reasons in the clinical areas that may contribute to student absenteeism.

Section E consisted of one question which sought students' views on possible solutions to high absenteeism.

3.9 Validity of the instrument

Burns and Grove (2009) outline the validity of the research tool as a determination of the degree to which the tool reflects the abstract construct under investigation. The validity of the questionnaire was maintained by ensuring that it contained the same questions for all participants. The validity of this study was determined through content validity and face validity.

3.9.1 Content validity

Content validity scrutinizes the extent to which the method of measurement includes all the major elements relevant to the constructs being measured, whereas face

validity attests that the instrument gives the appearance of measuring the appropriate construct (Burns & Grove, 2009). To determine validity, the researcher checked the items in the data collection instrument against the research objectives and conceptual framework to determine whether they measured all of the elements of interest in the study. Table 3.1 presents a summary of content validity. In addition, the questionnaire was subjected to scrutiny by a panel of experts in the disciplines of Nursing Education and Research and certain adjustments to the tool were made in accordance with their suggestions.

Table 3.1 Summary of construct validity

Research objective	Conceptual framework	Measurement (questionnaire)
To identify the perceived personal reasons of the students that may contribute to absenteeism among nursing and midwifery students	Personal reasons: Age, gender, physical illness, accommodation, family responsibility, transport problems and years of training	Section B: Questions 1 to 10
To describe the perceived college related reasons that may contribute to nursing and midwifery students' absenteeism. To identify possible solutions to students' absenteeism.	College-related reasons: Dislike of lecturers' teaching methods, motivation, learning environment, workload and rules or policies	Section C: Questions 1 to 12
To identify the perceived reasons in the clinical areas that may contribute to nursing and midwifery students' absenteeism.	Clinical-placement reasons: Staff attitudes, shift work, type of unit, nursing care delivery, students' experiences, Mentoring, students' role	Section D: Questions 1 to 14
To explore the relationship between demographic data and reasons for absenteeism To identify possible solutions to students' absenteeism.	Personal reasons, college reasons and clinical area reasons:	Sections A, B, C and D Section E: Question 1

3.9.2 Face validity

Face validity refers to the extent to which a measuring instrument (questionnaire) looks as though it is measuring what it aims to measure (Polit & Beck, 2012). Each item or question in the instrument has a logical link with an objective (Kumar, 2012). The researcher ensured that the questions on the questionnaire were congruent with the research objectives and also took into account suggestions from the panel of nursing education and research experts.

3.10 Reliability of the instrument

Reliability refers to the accuracy and consistency of measures obtained in the use of a particular instrument (Burns & Grove, 2009). Reliability can be equated with the instrument's stability, consistency and dependability. Stability of an instrument is the extent to which similar scores are obtained on separate occasions (Polit & Beck, 2012). A test-retest was performed whereby the researcher administered the tool a week before data collection to six respondents from the sample who would not form part of the study. The data collected from these respondents were analyzed and checked to ascertain whether anything needed to be adjusted before collecting data from the required sample. Burns and Grove (2009) define test-retest reliability as determination of the stability or consistency of a measurement technique by correlating the scores from repeated measures. Internal consistency reliability was evaluated by performing a calculation of the coefficient alpha. The normal range of values for coefficient alpha is between 0.00 and 1.00. A high reliability coefficient determines a more accurate internal consistency.

3.11 Data collection process

Polit and Beck (2012) define data collection as the gathering of information to address a research problem. The researcher first obtained ethical clearance from the University of KwaZulu-Natal (annexure C). She then obtained permission to conduct the study at the selected campus from the Free State Department of Health and the acting Principal of the Free State School of Nursing. The researcher then met the Dean of the selected campus to ask permission to recruit the respondents.

She then contacted the lecturers to arrange a suitable timetable to avoid disturbing the classes and requested permission to speak to students. The researcher then met the students in the classroom and explained the purpose of the study, the importance of respondents' involvement in the study and their rights as respondents. They were assured of the confidentiality and anonymity of any information provided on the questionnaire. The researcher also explained that participation was voluntary and they had a right to withdraw anytime if they felt uncomfortable without fear of negative consequences. After explanation to the sample of all the relevant information, consent forms (annexure D) were issued to those students who volunteered to participate. The questionnaires (annexure A) were then distributed to the respondents and the researcher explained that no names could be written on the questionnaires. The respondents were given time to read the questionnaires and ask questions. The researcher went out of the class in order to let the respondents fill in the questionnaires without feeling intimidated, but stood outside in order to answer any queries of the respondents. The completed questionnaires were put in a sealed box. The researcher had to wait until the respondents completed all the questionnaires. The data collection was done every Monday, Wednesday and Thursday for two months because not all the respondents were available at the same time.

Data collection took place in the classroom. The researcher collected the sealed box, counted the answered questionnaires and thanked respondents for their participation in the study.

3.12 Data analysis

Data analysis aims to derive answers to the original research question from the data. According to Brink, Walt and Rensburg (2012), statistics is the most powerful tool available to the researcher in analyzing quantitative data. The questionnaires were coded and the data was captured in Statistical Package for Social Science (SSPS), Version 23 and was checked to eliminate mistakes. Descriptive statistics were also used which focused on frequency distributions, using measures of central tendency with indexes, and the mode, median and mean. Descriptive statistics allowed the researcher to examine the phenomenon from different angles. Cross tabulation of the variables was considered by comparing Section A, Section B and Section C from the data collected to see if certain demographics might be reasons for absenteeism.

Inferential statistics provide a framework for making objective judgments about the reliability of the sample estimates. The Chi-square test was also considered to explore the association between demographic data and personal reasons, college related reasons and clinical area reasons as perceived by nursing and midwifery student nurses. The significance level of P-value was 0.05. Findings were presented with pie charts, cone charts, tables and graphs. The responses from open ended questions were analyzed using content analysis and were scrutinized to establish the main themes which were coded.

3.13 Data management

The data was collected by the researcher to ensure confidentiality. The completed questionnaires in the sealed box were opened during data entry. The data was entered into SPSS, version 23 using codes. Data collected was used for the purpose of this study only. Completed questionnaires were, and will continue to be kept confidential, under lock and key. Data was stored during the study on a computer which had an access code known only to the researcher. After a period of 5 years, all paper will be disposed of by means of a paper shredder and data stored on the computer will be erased from both the programme files and the recycle bin.

3.14 Ethical considerations

According to Polit and Beck (2012), when humans are used as study respondents, care must be exercised to ensure that their rights are protected. The study adhered to the fundamental research principles of obtaining the necessary approval and permission from the relevant authorities. The respondents were fully informed about the study and asked to sign an informed consent. They were assured that their participation was voluntary. No names were mentioned, thus preserving privacy, confidentiality and anonymity. They were protected from exploitation and were not exposed to any harm.

The researcher requested ethical approval from the Ethical Committee of University of KwaZulu-Natal and permission to conduct the study at the selected campus from the acting Rector of the Free State School of Nursing and the Free State Department of Health.

3.14.1 Informed consent

According to Polit and Beck (2012), informed consent means that respondents have sufficient information about the research, comprehend that information and have the ability to voluntarily accord or decline participation. Written consent forms were issued to the participants, who were also informed that failure to participate would not result in any penalty and they were informed about their right to withdraw from the study should they wish to do so (Polit & Beck, 2012).

3.14.2 Beneficence

Beneficence imposes an obligation on the researcher to minimize harm and maximize benefits for respondents. The respondents were simply required to answer the questions on the questionnaire and no invasive experiments were conducted on them (Polit & Beck, 2012).

3.14.3 Right to protection from exploitation

Respondents were assured that their participation and the information they might provide would not be used against them (Polit & Beck, 2012). The researcher ensured that the respondents were not intimidated or manipulated to participate in the study.

3.14.4 Right to self-determination and full disclosure

Self-determination means that respondents can voluntarily decide whether to take part in a study without detrimental treatment and have the right to ask questions. The researcher explained the nature of the study and her responsibilities, and informed the respondents that they had the right to withdraw from the study at any time they wished without fear of prejudice (Burns & Grove, 2009; Polit & Beck, 2012).

3.14.5 Right to fair treatment and privacy

The respondents were from different backgrounds and the researcher showed respect with regard to their beliefs, habits and lifestyles (Polit & Beck, 2012). The participants were not expected to write their names on the research questionnaires.

Only the researcher and her supervisor had access to the answered questionnaires so as to ensure privacy.

3.15 Dissemination of Findings

The findings will be presented in the form of a hard copy dissertation that will be submitted to the University of Kwazulu-Natal Faculty of Health Sciences, the library and the Free State School of Nursing Northern Campus. The findings will be published in journals and presented at conferences.

3.16 Conclusion

This chapter presented the methodology of this study and indicated that it was a quantitative study. Data were collected using a questionnaire. Ethical considerations were considered before the beginning of the study. The findings will be disseminated to the University of KwaZulu-Natal, Free State School of Nursing and also presented at conferences and published in journals. In the next chapter research findings are discussed.

Chapter 4

Research findings

4.1 Introduction

This chapter presents an analysis and interpretation of the research findings. The questionnaire was the primary tool of data collection. SPSS package, Version 23.0 was used to organize and analyze the raw quantitative data, cross tabulation and Chi-square. A P-value 0.05 was considered statistically significant. Descriptive statistics were used that describe one variable at a time: the unvaried standard deviation, the mean, contingency tables, and correlation indexes in which frequencies of the two variables or more were cross-tabulated. Co-relational procedures were used to establish relationships between variables.

4.2 Demographic characteristics of respondents

The recorded demographic characteristics of respondents included age, gender, current year of training, residence, number of dependents and marital status.

4.2.1 Age

Minimum age of respondents was 19 years old and maximum age was 46 years, with mean age of 28.11 years. The median was 27 and standard deviation was 5.973.

4.2.2 Gender

The majority of respondents were females n= 121 (79.6%) compared to males n=31 (20.4%). Figure 4.1 below displays the gender of respondents.

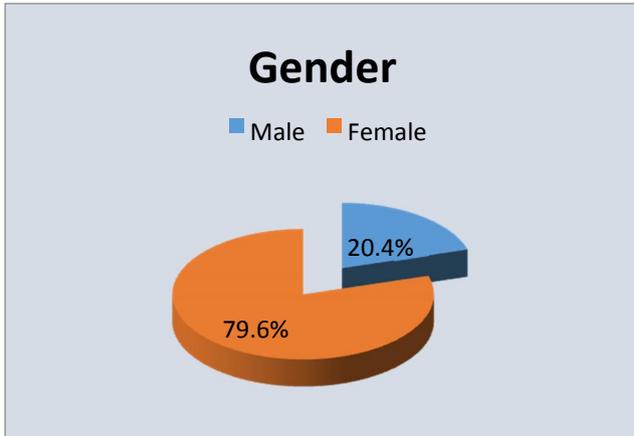


Figure 4.1 Gender distribution of respondents

4.2.3 Residence

The majority of the nursing and midwifery student nurses, 79.6% (n=121), lived in the nurse's residence; 19.1% (n=29) lived at home and 1.3% (n=2) rented elsewhere.

This is showed in figure 4.2 below.

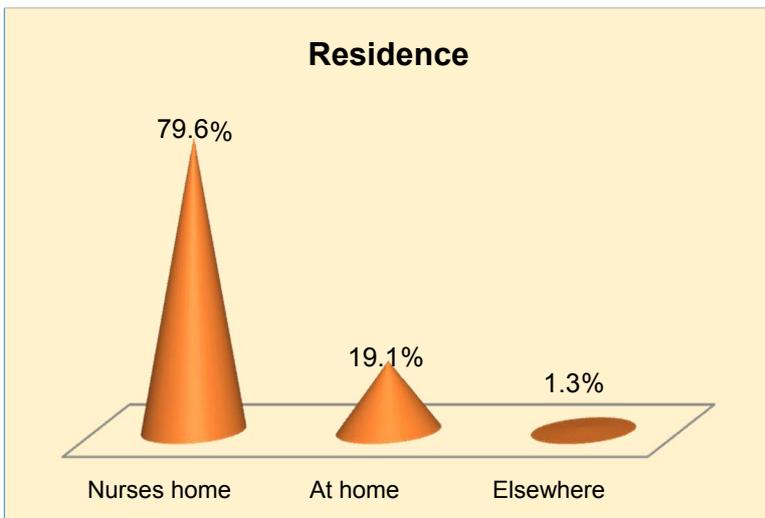


Figure 4.2 Residence of respondents

4.2.4 Year of training

Most respondents were in the second year of study, 42.1% (n=64), followed by 32.9% (n=50) in third year, and 25.0 (n=38) in fourth year. Figure 4.3 illustrates these findings.



Figure 4.3 Current year of training

4.2.5 Dependents

Most of the respondents, 76.4 % (n=116), had dependents, compared with 23.6% without any dependents. Table 4.1 below illustrates these findings.

Table 4.1 Dependents of respondents

No of dependents	Frequency	Percentage
None	36	23.6%
One	59	38.8%
Two	39	25.7%
Three	13	8.6%
More than 3	5	3.3%
Total	152	100%

4.2.6 Marital status

From responses on this question, 70.4% (n=107), of the respondents were single, 21.1% (n=32) were married, 1.3% (n=2) were cohabiting, 3.2% (n=5) were divorced, 0.7% (n=10) were widowed and 3.3% (n=5) were separated. This is indicated in Figure 4.4 below.

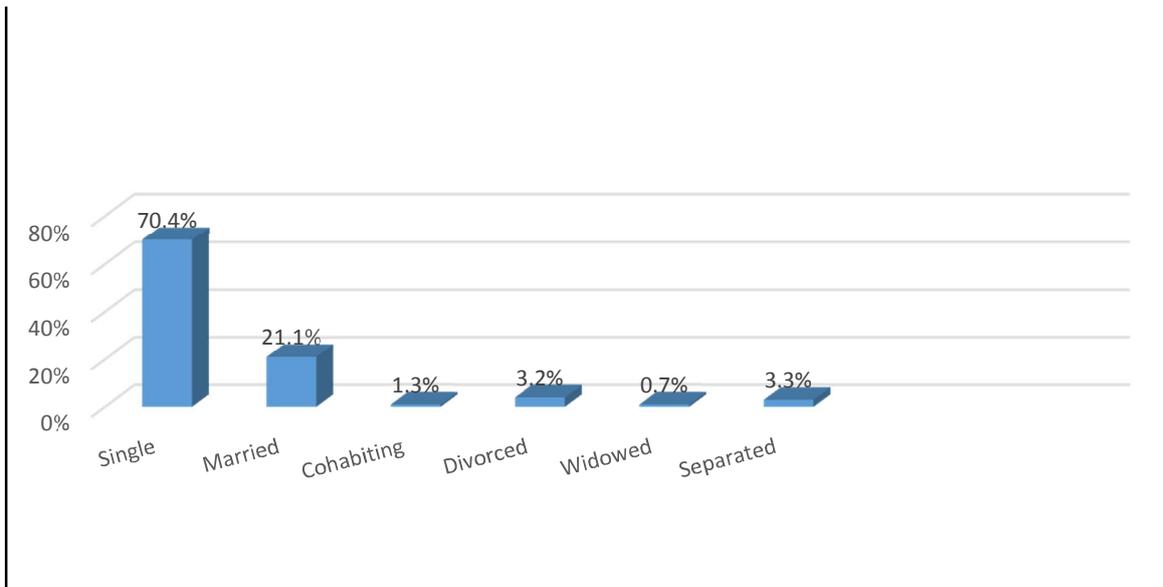


Figure 4.4 Marital status of respondents

4.3 Personal reasons for absenteeism

This section looks at the extent to which perceived personal reasons contribute to absenteeism by nursing and midwifery students.

On attending leadership meetings as a reason for absenteeism, a majority of respondents, 63.2% (n=96), agreed, and 7.2% (n=11) strongly agreed, compared to 19.1% (n=29) who disagreed and 10.5% (n=16) who strongly disagreed. The mean score of 2.67 indicates that attending leadership meetings can be a contributory reason for absenteeism of nursing and midwifery students.

On having to attend to family challenges as a reason for absenteeism, 55.9% (n=85) of respondents agreed and 39.5% (n=60) strongly agreed, while only 4.6% (n=7) disagreed with this reason. The mean score of 3.35 indicates that family challenges, too, can be a contributory reason for absenteeism.

On physical illness as a reason for absenteeism, 42.8% (n=65) of respondents agreed and 29.6% (n=45) strongly agreed, compared to 20.4% (n=31) who disagreed and 7.2% (n=11) who strongly disagreed. The mean score was 2.95, which indicated that physical illness is a major contributory factor in nursing and midwifery student nurses' absenteeism.

On being funded for studying but not being paid for working as a reason for absenteeism, 34.9% (n=53) agreed and 26.3% (n=40) strongly agreed, while 31.8% (n=50) disagreed and 5.7% (n=9) strongly disagreed. The mean score was 2.82. Table 4.2 below illustrates these findings.

Table 4.2 Personal reasons perceived as contributing to absenteeism

Students are generally absent because:	S/Disagree	Disagree	Agree	S/Agree	Mean
They attend leadership meetings e.g. student representative council.	n=16 10.5%	n=29 19.1%	n=96 61.1%	n=11 7.2%	2.67
They have family challenges to attend to, e.g. sick child, spouse or parent.	n=0 0%	n=7 4.6%	n=85 55.9%	n=60 39.5%	3.35
They are physically ill.	n=11 7.2%	n=31 20.4%	n=65 42.8%	n=45 29.6%	2.95
They are not paid for working, but funded for studying.	n=9 5.9%	n=50 32.9%	n=53 34.9%	n=40 26.3%	2.82

4.4 College-related reasons for absenteeism

This section looks at the extent to which perceived college-related reasons contribute to absenteeism by nursing and midwifery students.

Ranked first as a reason for college absenteeism was not being ready for a test or assignment, with 61.8% (n=94) who agreed and 21.1% (n=32) who strongly agreed, compared to 13.2% (n=20) who disagreed and 3.9% (n=6) who strongly disagreed. The mean score was 3.00.

The second-ranked reason was that students who never absent themselves from college are never noticed or rewarded. The majority of the respondents, 44.1% (n=67), agreed and 34.9% (n=53) strongly agreed, while 17.8% (n=27) disagreed and 3.3% (n=5) strongly disagreed. The mean score was 3.11.

The third-ranked reason was that students are absent because they have no platform to raise their academic problems and opinions concerning teaching and learning. On this point, 38.2% (n=58) agreed and 27.0% (n=41) strongly agreed, while 28.3% (n=43) disagreed and 6.6% (n=10) strongly disagreed. Mean score was 2.86.

The fourth-ranked reason was students were avoiding certain subject content. On this point, 52.0 % (n=79) agreed and 7.2% (n=11) strongly agreed, compared to 32.9% (n=50) who disagreed and 7.9% (n=12) who strongly disagreed. The mean score was 2.59.

The fifth-ranked reason was not wanting to do presentations. On this point, 39.5% (n=60) of the respondents agreed and 17.8% (n=27) strongly agreed, compared to 36.8% (n=56) who disagreed and 5.9% (n=9) who strongly disagreed. The mean score was 2.69.

The sixth-ranked reason was wishing to avoid lecturers who are strict and unfriendly. On this point, 38.8% (n=59) agreed and 15.8% (n=24) strongly agreed, compared to 36.2% (n=55) who disagreed and 9.2% (n=14) who strongly disagreed. The mean score was 2.61.

The seventh-ranked reason was because lecturers' teaching methods were boring. On this point, 39.5 % (n=60) agreed and 14.5% (n=22) strongly agreed, while 38.8 % (n=59) disagreed and 7.2% (n=11) strongly disagreed. The mean score was 2.61.

The eight-ranked reason was because of favouritism, with lecturers disciplining students unequally. On this point, 37.5% (n=57) agreed and 13.8% (n=21) strongly agreed, while 41.4 % (n=63) disagreed and 7.2% (n=11) strongly disagreed. The mean score was 2.58.

On students being absent from college because they are lazy to do the work, 44.1% (n=67) disagreed and 7.9% (n=12) strongly disagreed, compared to 39.5% (n=60) who agreed and 8.6% (n=13) who strongly agreed. The mean score was 2.49.

On absence from college because lecture rooms are not conducive to learning, 40.8% (n=62) disagreed and 31.6% (n=48) strongly disagreed while 14.5% (n=22) agreed and 13.2% (n=20) strongly agreed. The mean score was 2.49.

On students being absent because they feel certain subjects are forced on them against their will, 41.4% (n= 63) disagreed and 42.1% (n=64) strongly disagreed, and only 11.2 % (n=17) agreed and 5.3% (n=8) strongly agreed. The mean score (1.80) indicated that generally students disagreed that they may be absent from college because they feel certain subjects are forced against their will.

On students being absent because the lecturer is absent, 44.1% (n=67) disagreed and 42.8% (n=65) strongly disagreed, compared to 11.8% (n=18) who agreed and 1.3% (n=2) who strongly agreed. The mean score was 1.72. See Table 4.3.

Table 4.3 College-related reasons perceived as contributing to absenteeism

Students are absent from college because:	S/Disagree	Disagree	Agree	S/Agree	Mean
Not ready for a test or an assignment that was due	3.9% n=6	13.2% n=20	61.8% n=94	21.1% n=32	3.00
Students who never absent themselves from college are never noticed or rewarded	3.3% n=5	17.8% n=27	44.1% n=67	34.9% n=53	3.11
Have no platform to raise academic problems and opinions concerning teaching and learning	6.6% n=10	28.3% n=43	38.2% n=58	27.0% n=41	2.86
They avoid certain subject content	7.9% n=12	32.9% n=50	52.0% n=79	7.2% n=11	2.59
Do not want to do presentations	5.9% n=9	36.8% n=56	39.5% n=60	17.8% n=27	2.69
They avoid certain lecturers who are strict and unfriendly	9.2% n=14	36.2% n=55	38.8% n=59	15.8% n=24	2.61
Lecturers' teaching methods are boring	7.2% n=11	38.8% n=59	39.5% n=60	14.5% n=22	2.61
Lecturers discipline students unequally, there is favouritism	7.2% n=11	41.4% n=63	37.5% n=57	13.8% n=21	2.58

4.5 Clinical-placement reasons for absenteeism

This section looks at the extent to which perceived reasons contribute to absenteeism of nursing and midwifery students from clinical placements.

Ranked first as a reason for absenteeism was students covering staff shortages, with 77.6% (n=118) who strongly agreed and 19.7% (n=30) who agreed, while only 2.6% disagreed. The mean score was 3.75.

The second-ranked reason was is work overload for students. A majority of the respondents 53.9% (n=82) strongly agreed and 35.5 (n=54) agreed, while 9.9% (n=15) disagreed and 0.7% (n=1) strongly disagreed. The mean score was 3.43.

The third-ranked reason was students being absent from the clinical area because they are ill-treated by senior staff. On this point, 36.2% (n=55) agreed and 46.7%

(n=71) strongly agreed, while 15.1% (n=23) disagreed and 2.0 (n=3) strongly disagreed. The mean score was 3.28.

The fourth-ranked reason was students being absent because they do not want to be treated as workforce. On this point, 47.4% (n=72) agreed and 28.3% (n=43) strongly agreed, while 21.1% (n=32) disagreed and 3.3% (n=5) strongly disagreed. The mean score was 3.01.

The fifth-ranked reason was students avoiding certain shifts, with 44.7% (n=68) agreeing and 30.3% (n=46) strongly agreeing, while 21.1% (n =32) disagreed and 3.9% (n=6) strongly disagreed. The mean score was 3.01.

The sixth-ranked reason was burnout after working more than three days without a day off. On this point, 36.2% (n=55) agreed and 35.5% (n=54) strongly agreed compared to 25.7% (n=39) who disagreed and 2.6% (n=4) who strongly disagreed. The mean score was 3.01.

The seventh-ranked reason was students being absent because they are not given days off that they requested. On this point, 30.9% (n=47) agreed and 37.5% (n=57) strongly agreed, while 28.3% (n=43) disagreed and 3.3% (n=5) strongly disagreed. The mean score was 3.03.

The eighth-ranked reason was students being absent because they are allocated to cubicles where there is a heavy workload. On this point, 37.5% (n=57) agreed and 25.0% (n=38) strongly agreed, compared to 36.2% (n=55) who disagreed and 1.3% (n=2) who strongly disagreed. The mean score was 3.05.

The ninth-ranked reason was students being absent because they need time to finish an assignment or prepare for a test. On this point, 27.0% (n=41) strongly agreed and 30.9% (n=47) agreed, while 34.2% (n=52) disagreed and 7.9% (n=12) strongly disagreed to this reason. The mean score was 3.03.

The tenth-ranked reason was students being absent because they are avoiding certain wards with very sick patients. On this point, 35.5% (n=54) of the respondents agreed and 15.8% (n=24) strongly agreed, while 47.4% (n=72) disagreed and 14.5% (n=22) strongly disagreed. The mean score was 2.86. See Table 4.4.

Table 4.4 Clinical area reasons perceived as contributing to absenteeism

Students are absent from the clinical area because:	S/Disagree	Disagree	Agree	S/Agree	Mean
Students cover staff shortages	0% n=0	2.6% n=4	19.7% n=30	77.6% n=118	3.75
There is work overload	0.7% n=1	9.9% n=15	35.5% n=54	53.9% n=82	3.43
They are ill-treated by senior staff	2.0% n=3	15.1% n=23	36.2% n=55	46.7% n=71	3.28
They do not want to be treated as workforce	3.3% n=5	21.1% n=32	47.4% n=72	28.3% n=43	3.01
Avoiding certain shifts: e.g. 07h00 to 19h00 and 13h00 to 19h00	3.9% n=6	21.1% n=32	44.7% n=68	30.3% n=46	3.01
Burnout, after working more than three days without a day off	2.6% n=4	25.7% n=39	36.2% n=55	35.5% n=54	3.05
They are not given days off they requested	3.3% n=5	28.3% n=43	30.9% n=47	37.5% n=57	3.03
Students are allocated to cubicles where there is a heavy workload	1.3% n=2	36.2% n=55	37.5% n=57	25.0% n=38	2.86
They need time to finish an assignment or prepare for a test	7.9% n=12	34.2% n=52	27.0% n=41	30.9% n=47	2.81
They are avoiding certain wards with very sick patients	9.2% n=14	39.5% n=60	35.5% n=54	15.8% n=24	2.58

4.6 Discussing all six variables

In this section responses were tested for influence by the demographic characteristics: age of the respondents, gender, residence, year of training, number of dependents and marital status. Association between the demographic data and reasons for absenteeism was explored. Findings showing statistical significant associations between demographic data and reasons for absenteeism are presented.

4.6.1 Association between demographic data and personal reasons of absenteeism

This section demonstrates association between demographic data and personal reasons for student absenteeism using the Pearson Chi-Square test. According to Polit and Beck (2012) the significance level of P- value is 0.05. The results responded to objective four of the study.

Table 4.5 Age in relation to personal reasons

Age in years	Attend leadership meetings e.g. student representative council					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						3.009	3	0.390
18-30	13 (11.8%)	20 (18.2%)	67 (60.9%)	10 (9.1%)	110 (72.4%)			
31-50	3 (7.1%)	9 (21.4%)	29 (69.1%)	1 (2.4%)	42 (27.6%)			
Age in years	Family challenges to attend to, e.g. sick child, spouse or parent.					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						1.203	2	0.548
18-30	0 (0.0%)	6 (5.5%)	59 (53.6%)	45 (40.9%)	110 (72.4%)			
31-50	0 (0.0%)	1 (2.4%)	26 (61.9%)	45 (40.9%)	42 (27.6%)			
Age in years	Not paid for working, but funded for studying.					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						1.263	3	0.738
18-30	0 (0.0%)	6 (5.5%)	59 (53.6%)	45 (40.9%)	110 (72.4%)			
31-50	4 (9.5%)	22 (52.4%)	13 (31.0%)	3 (7.1%)	42 (27.6%)			

In this demographic data, age ranges of students were grouped into two categories: age range 18-30 and age range 31-50 years.

Table 4.5 above shows the Pearson Chi-Square test for personal reasons contributing to absenteeism indicated that there is no statistical difference between the following: age and students' attendance of leadership meetings (p-value 0.390); age and family problems that students attend to (p-value 0.548); age and the reason that students are funded for studying but not paid for working (p-value 0.738). Thus, students in the age range 18-30 years and in the age range 31-50 years agreed collectively with the above reasons.

Table 4.6 Gender in relation to personal reasons

Gender	Family challenges to attend to, e.g. sick child, spouse or parent					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						3.104	2	0.212
Male	0 (0.0%)	2 (6.5%)	13 (41.9%)	16 (51.6%)	31 (20.4%)			
Female	0 (0.0%)	5 (4.1%)	72 (59.5%)	44 (36.4%)	121 (79.6%)			
Gender	Not paid for working, but funded for studying.					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						4.014	3	0.260
Male	1 (3.2%)	7 (22.6%)	11 (35.5%)	12 (38.7%)	31 (20.4%)			
Female	8 (6.6%)	43 (35.5%)	42 (34.7%)	28 (23.1%)	121 (79.6%)			

The Pearson Chi-Square test for personal reasons contributing to absenteeism indicated that there is no statistical difference between gender and family problems that the students attend to (p-value 0.212) or between gender and the reason that students are funded for studying but not paid for working (p-value 0.260). Thus, both male and female students commonly agreed with the above reasons. See Table 4.6 above.

Table 4.7 Residence in relation to personal reasons

Residence	Attend leadership meetings e.g. student representative council					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						5.130	6	0.527
Nurse`s home	13 (10.7%)	22 (18.2%)	76 (62.8%)	10 (8.3%)	121 (79.6%)			
At home	2 (6.9%)	7 (24.1%)	19 (65.5%)	1 (3.4%)	29 (19.1%)			
Renting elsewhere	1 (50.0%)	0 (0.0%)	1 (50.0%)	0 (0.0%)	2 (1.3%)			
Residence	Family challenges to attend to, e.g. sick child, spouse or parent					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						5.471	4	0.242
Nurse`s home	0 (0.0%)	7 (5.8%)	66 (54.5%)	48 (39.7%)	121 (79.6%)			
At home	0 (0.0%)	0 (0.0%)	19 (65.5%)	10 (34.5%)	29 (19.1%)			
Renting elsewhere	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (100%)	2 (1.3%)			
Residence	Not paid for working, but funded for studying					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						3.630	6	0.727
Nurse`s home	6 (5.0%)	38 (31.4%)	42 (34.7%)	35 (28.9%)	121 (79.6%)			
At home	3 (10.3%)	11 (37.9%)	10 (34.5%)	5 (17.2%)	29 (19.1%)			
Renting elsewhere	0 (0.0%)	1 (50.0%)	1 (50.0%)	0 (0.0%)	2 (1.3%)			

In Table 4.7, the Pearson Chi-Square test for personal reasons contributing to absenteeism indicated that there is no statistical difference between residence and students' attendance of leadership meetings (p-value 0.527), between residence and family problems that the students attend to (p-value 0.242), or between residence and the reason that students are funded for studying but not paid for working (p-value 0.727). Thus, students mutually agreed with the above reasons regardless of where they reside.

Table 4.8 Year of training in relation to personal reasons

Year of training	Work overload					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						5.787	4	0.940
Second year	0 (0.0%)	4 (6.3%)	35 (54.7%)	25 (39.1%)	64 (42.1%)			
Third year	0 (0.0%)	2 (4.0%)	28 (56.0%)	20 (40.0%)	50 (32.9%)			
Fourth year	0 (0.0%)	1 (2.6%)	22 (57.9%)	15 (39.5%)	38 (25.0%)			
Year of training	Ill-treated by senior staff					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						4.565	6	0.601
Second year	6 (9.4%)	21 (32.8%)	18 (28.1%)	19 (29.7%)	64 (42.1%)			
Third year	2 (4.0%)	16 (32.0%)	21 (42.0%)	11 (22.0%)	50 (32.9%)			
Fourth year	1 (2.6%)	13 (34.2%)	14 (36.8%)	10 (26.3%)	38 (25.0%)			

In Table 4.8, the Pearson Chi-Square test for personal reasons contributing to absenteeism indicated that there is no statistical difference between year of training and family problems that the students attend (p-value 0.940) or between year of training and the reason that students are funded for studying but not paid for working (p-value 0.601). Thus, students mutually agreed with the above reasons regardless of the year of training.

Table 4.9 Dependents in relation to personal reasons

Dependents	Attend leadership meetings e.g. student representative council					Chi-square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						70863	12	0.796
None	3 (8.3%)	5 (13.9%)	23 (63.9%)	5 (13.9%)	36 (23.7%)			
One	8 (13.6%)	11 (18.6%)	36 (61.0%)	4 (6.8%)	59 (38.8%)			
Two	4 (10.3%)	8 (20.5%)	26 (66.7%)	1 (2.6%)	39 (25.7%)			
Three	0 (0.0%)	4 (30.8%)	8 (61.5%)	1 (7.7%)	13 (8.6%)			
More than three	1 (20.0%)	1 (20.0%)	3 (60.0%)	0 (0.0%)	5 (3.3%)			
Dependents	Family challenges to attend to, e.g. sick child, spouse or parent					Chi-square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						5.754	8	0.675
None	0 (0.0%)	3 (8.3%)	17 (47.2%)	16 (44.4%)	36 (23.7%)			
One	0 (0.0%)	3 (5.1%)	33 (55.9%)	23 (39.0%)	59 (38.8%)			
Two	0 (0.0%)	1 (2.6%)	25 (64.1%)	13 (33.3%)	39 (25.7%)			
Three	0 (0.0%)	0 (0.0%)	6 (46.2%)	7 (53.8%)	13 (8.6%)			
More than three	0 (0.0%)	0 (0.0%)	4 (80.0%)	1 (20.0%)	5 (3.3%)			
Dependents	Not paid for working, but funded for studying.					Chi-square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						14.771	12	0.254
None	4 (11.1%)	16 (44.4%)	12 (33.3%)	4 (11.1%)	36 (23.7%)			
One	2 (3.4%)	18 (30.5%)	18 (30.5%)	21 (35.6%)	59 (38.8%)			
Two	2 (5.1%)	11 (28.2%)	18 (46.2%)	8 (20.5%)	39 (25.7%)			
Three	1 (7.7%)	4 (30.8%)	4 (30.8%)	4 (30.8%)	13 (8.6%)			
More than three	0 (0.0%)	1 (20.0%)	1 (20.0%)	3 (60.0%)	5 (3.3%)			

In Table 4.9, the Pearson Chi-Square test for personal reasons contributing to absenteeism indicated that there is no statistical difference between number of dependents and attendance of leadership meetings by the students (p-value 0.796), between number of dependents and family problems that the students attend (p-value 0.675), or between number of dependents and the reason that students are

funded for studying but not paid for working (p-value 0.254). Thus, students mutually agreed with the above reasons irrespective of their number of dependents.

Table 4.10 Marital status in relation to personal reasons

Marital status	Attend leadership meetings e.g. student representative council					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						12.381	15	0.650
Single	10 (9.3%)	21 (19.6%)	66 (61.7%)	10 (9.3%)	107 (70.4%)			
Married	5 (15.6%)	6 (18.8%)	20 (62.5%)	1 (3.1%)	32 (21.1%)			
Cohabiting	1 (50.0%)	1 (50.0%)	0 (0.0%)	0 (0.0%)	2 (1.3%)			
Divorced	0 (0.0%)	0 (0.0%)	5 (100.0%)	0 (0.0%)	5 (3.3%)			
Widowed	0 (0.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	1 (0.7%)			
Separated	0 (0.0%)	1 (20.0%)	4 (80.0%)	0 (0.0%)	5 (3.3%)			
Marital status	Family challenges to attend to, e.g. sick child, spouse or parent					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						3.702	10	0.960
Single	0 (0.0%)	5 (4.7%)	63 (58.9%)	39 (36.4%)	107 (70.4%)			
Married	0 (0.0%)	2 (6.3%)	15 (46.9%)	15 (46.9%)	32 (21.1%)			
Cohabiting	0 (0.0%)	1 (50.0%)	1 (50.0%)	0 (0.0%)	2 (1.3%)			
Divorced	0 (0.0%)	0 (0.0%)	2 (40.0%)	3 (60.0%)	5 (3.3%)			
Widowed	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	1 (0.7%)			
Separated	0 (0.0%)	0 (0.0%)	3 (60.0%)	2 (40.0%)	5 (3.3%)			
Marital status	Not paid for working, but funded for studying					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						18.195	15	0.253
Single	5 (4.7%)	36 (33.6%)	36 (33.6%)	30 (28.0%)	107 (70.4%)			
Married	3 (9.4%)	9 (28.1%)	13 (40.6%)	7 (21.9%)	32 (21.1%)			
Cohabiting	1 (50.0%)	0 (0.0%)	0 (0.0%)	1 (50.0%)	2 (1.3%)			
Divorced	0 (0.0%)	2 (40.0%)	3 (60.0%)	0 (0.0%)	5 (3.3%)			
Widowed	0 (0.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	1 (0.7%)			
Separated	0 (0.0%)	3 (60.0%)	0 (0.0%)	2 (40.0%)	5 (3.3%)			

In Table 4.10, the Pearson Chi-Square test for personal reasons contributing to absenteeism indicated that there is no statistical difference between marital status and attendance of leadership meetings by the students (p-value 0.650), between marital status and family problems that the students attend to (p-value 0.960), or between marital status and the reason that students are funded for studying but not paid for working (p-value 0.253). Thus, students mutually agreed with the above reasons irrespective of their marital status.

4.6.2 Cross tabulation of demographic data and perceived college reasons

This section indicates association between demographic data and perceived college reasons for nursing and midwifery student absenteeism using the Pearson Chi Square test.

Table 4.11 Age in relation to college reasons

Age in years	Not ready for a test or an assignment that was due					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						1.946	3	0.584
18-30	4 (3.6%)	12 (10.9%)	70 (63.6%)	24 (21.8%)	110 (72.4%)			
31-50	2 (4.8%)	8 (19.0%)	24 (57.1%)	8 (19.0%)	42 (27.6%)			
Age in years	Those who never absent themselves from college are never noticed or rewarded					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						0.389	3	0.942
18-30	4 (3.6%)	20 (18.2%)	47 (42.7%)	39 (35.5%)	110 (72.4%)			
31-50	1 (2.4%)	7 (16.7%)	20 (47.6%)	14 (33.3%)	42 (27.6%)			
Age in years	No platform to raise their academic problems and opinions concerning teaching and learning					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						2.856	3	0.414
18-30	8 (7.3%)	28 (25.5%)	41 (37.3%)	33 (30.0%)	110 (72.4%)			
31-50	2 (4.8%)	15 (35.7%)	17 (40.5%)	8 (19.0%)	42 (27.6%)			
Age in years	Avoid certain subject content					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						4.549	3	0.208
18-30	11 (10.0%)	39 (35.5%)	53 (48.2%)	7 (9.4%)	110 (72.4%)			
31-50	1 (2.4%)	11 (26.2%)	26 (61.9%)	4 (9.5%)	42 (27.6%)			

Marital status	Lecturer`s teaching methods are boring.					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						6.393	3	0.094
18-30	7 (6.4%)	37 (33.6%)	47 (42.7%)	19 (17.3%)	110 (72.4%)			
31-50	4 (9.5%)	22 (52.4%)	13 (31.0%)	3 (7.1%)	42 (27.6%)			

In Table 4.11, the Pearson Chi-Square test for college reasons contributing to absenteeism indicated that there is no statistical difference between age and the reason that students are not ready for a test or an assignment that was due (p-value 0.584), between age and the reason that students who never absent themselves from college are never noticed or rewarded (p-value 0.942), between age and no platform to raise their academic problems and opinions concerning teaching and learning (p-value 0.414), or between age and avoidance of certain subject content (p-value 0.208). Thus, students mutually agreed with the above reasons irrespective of their age. However, there was significant difference with regard to age and the reason that lecturer's teaching methods are boring (p-value 0.094); respondents in the age range 18-30 years agreed or strongly agreed with this reason.

Table 4.12 Gender in relation to college reasons

Gender	Not ready for a test or an assignment that was due					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						0.721	3	0.868
Male	1 (3.2%)	4 (12.9%)	21 (67.7%)	5 (16.1%)	31 (20.4%)			
Female	5 (4.1%)	16 (13.2%)	73 (60.3%)	27 (22.3%)	121 (79.6%)			
Gender	Those who never absent themselves from college are never noticed or rewarded					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						0.299	3	0.960
Male	1 (3.2%)	5 (16.1%)	15 (48.4%)	10 (32.3%)	31 (20.4%)			
Female	4 (3.3%)	22 (18.2%)	52 (43.0%)	43 (35.5%)	121 (79.6%)			
Gender	No platform to raise their academic problems and opinions concerning teaching and learning					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						4.657	3	0.566
Male	4 (12.9%)	11 (35.5%)	8 (25.8%)	8 (25.8%)	31 (20.4%)			
Female	6 (5.0%)	32 (26.4%)	50 (41.3%)	33 (27.3%)	121 (79.6%)			

Gender	Avoid certain subject content					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						2.032	3	0.566
Male	2 (6.5%)	13 (41.9%)	15 (48.4%)	1 (3.2%)	31 (20.4%)			
Female	10 (8.3%)	37 (30.6%)	64 (52.9%)	10 (8.3%)	121 (79.6%)			

In Table 4.12, the Pearson Chi-Square test for college reasons contributing to absenteeism indicated that there is no statistical difference between gender and the reason that students are not ready for a test or an assignment that was due (p-value 0.868), between gender and the reason students who never absent themselves from college are never noticed or rewarded (p-value 0.960), between gender and no platform to raise their academic problems and opinions concerning teaching and learning (p-value 0.199), or between gender and avoidance of certain subject content (p-value 0.566). Thus, students generally agreed with the above reasons irrespective of their gender.

Table 4.13 Residence in relation to college reasons

Residence	Not ready for a test or an assignment that was due					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						10.985	6	0.089
Nurse`s home	2 (1.7%)	17 (14.0%)	75 (62.0%)	27 (22.3%)	121 (79.6%)			
At home	4 (13.8%)	3 (10.3%)	18 (62.1%)	4 (13.8%)	29 (19.1%)			
Renting elsewhere	0 (0.0%)	0 (0.0%)	1 (50.0%)	1 (50.0%)	2 (1.3%)			
Residence	Those who never absent themselves from college are never noticed or rewarded					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						4.523	6	0.606
Nurse`s home	5 (4.1%)	20 (16.5%)	51 (42.1%)	45 (37.2%)	121 (79.6%)			
At home	0 (0.0%)	6 (20.7%)	15 (51.7%)	8 (27.6%)	29 (19.1%)			
Renting elsewhere	0 (0.0%)	1 (50.0%)	1 (50.0%)	0 (0.0%)	2 (1.3%)			
Residence	No platform to raise their academic problems and opinions concerning teaching and learning					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						9.134	6	0.166
Nurse`s home	10 (8.3%)	30 (24.8%)	47 (38.8%)	34 (28.1%)	121 (79.6%)			
At home	0 (0.0%)	11 (37.9%)	11 (37.9%)	7 (24.1%)	29 (19.1%)			
Renting elsewhere	0 (0.0%)	2 (100.0%)	0 (0.0%)	0 (0.0%)	2 (1.3%)			

Residence	Avoid certain subject content				Total	Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree				
Nurse`s home	8 (6.6%)	40 (33.1%)	63 (52.1%)	10 (8.3%)	121 (79.6%)	2.796	6	0.834
At home	4 (13.8%)	9 (31.0%)	15 (51.7%)	1 (3.4%)	29 (19.1%)			
Renting elsewhere	0 (0.0%)	1 (50.0%)	1 (50.0%)	0 (0.0%)	2 (1.3%)			

In Table 4.13, the Pearson Chi-Square test for college reasons contributing to absenteeism indicated that there is no statistical difference between residence and the reason that students are not ready for a test or an assignment that was due (p-value 0.089), between residence and the reason students who never absent themselves from college are never noticed or rewarded (p-value 0.606), between residence and no platform to raise their academic problems and opinions concerning teaching and learning (p-value 0.166), or between residence and avoidance of certain subject content (p-value 0.834). Thus, students mutually agreed with the above reasons irrespective of their residence.

Table 4.14 Year of training in relation to college reasons

Year of training	Not ready for a test or an assignment that was due					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						9.626	6	0.141
Second year	5 (7.8%)	6 (9.4%)	36 (56.3%)	17 (26.6%)	64 (42.1%)			
Third year	0 (0.0%)	6 (12.0%)	35 (70.0%)	9 (18.0%)	50 (32.9%)			
Fourth year	1 (2.6%)	8 (21.1%)	23 (60.5%)	6 (15.8%)	38 (25.0%)			
Year of training	Those who never absent themselves from college are never noticed or rewarded					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						10.197	6	0.117
Second year	3 (4.7%)	10 (15.6%)	22 (34.4%)	29 (45.3%)	64 (42.1%)			
Third year	2 (4.0%)	12 (24.0%)	25 (50.0%)	11 (22.0%)	50 (32.9%)			
Fourth year	0 (0.0%)	5 (13.2%)	20 (52.6%)	13 (34.2%)	38 (25.0%)			
Year of training	No platform to raise their academic problems and opinions concerning teaching and learning					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						6.212	6	0.400
Second year	4 (6.3%)	12 (18.8%)	27 (42.2%)	21 (32.8%)	64 (42.1%)			
Third year	3 (6.0%)	19 (38.0%)	18 (36.0%)	10 (20.0%)	50 (32.9%)			
Fourth year	3 (7.9%)	12 (31.6%)	13 (34.2%)	10 (26.3%)	38 (25.0%)			
Year of training	Avoid certain subject content					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						8.151	6	0.227
Second year	6 (9.4%)	22 (34.4%)	29 (45.3%)	7 (10.9%)	64 (42.1%)			
Third year	2 (4.0%)	20 (40.0%)	27 (54.0%)	1 (2.0%)	50 (32.9%)			
Fourth year	4 (10.5%)	8 (21.1%)	23 (60.5%)	3 (7.9%)	38 (25.0%)			

In Table 4.14, the Pearson Chi-Square test for college reasons contributing to absenteeism indicated that there is no statistical difference between year of training and the reason that students are not ready for a test or an assignment that was due (p-value 0.141), between year of training and the reason students who never absent themselves from college are never noticed or rewarded (p-value 0.117), between year of training and no platform to raise their academic problems and opinions concerning teaching and learning (p-value 0.400), or between year of training and avoidance of certain subject content (p-value 0.227). Thus, students generally agreed with the above reasons irrespective of their year of training.

Table 4.15 Dependents in relation to college reasons

Dependents	Not ready for a test or an assignment that was due					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						10.647	12	0.559
None	0 (0.0%)	2 (5.6%)	26 (72.2%)	8 (22.2%)	36 (23.7%)			
One	3 (5.1%)	10 (16.9%)	34 (57.6%)	12 (20.3%)	59 (38.8%)			
Two	2 (5.1%)	7 (17.9%)	24 (61.5%)	6 (15.4%)	39 (25.7%)			
Three	1 (7.7%)	0 (0.0%)	7 (53.8%)	6 (15.4%)	13 (8.6%)			
More than three	0 (0.0%)	1 (20.0%)	3 (60.0%)	1 (20.0%)	5 (3.3%)			
Dependents	Those who never absent themselves from college are never noticed or rewarded					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						12.755	8	0.387
None	2 (5.6%)	6 (16.7%)	14 (38.9%)	14 (38.9%)	36 (23.7%)			
One	1 (1.7%)	13 (22.0%)	24 (40.7%)	21 (35.6%)	59 (38.8%)			
Two	1 (2.6%)	6 (15.4%)	22 (56.4%)	10 (25.6%)	39 (25.7%)			
Three	0 (0.0%)	2 (15.4%)	4 (30.8%)	7 (53.8%)	13 (8.6%)			
More than three	1 (20.0%)	0 (0.0%)	3 (60.0%)	1 (20.0%)	5 (3.3%)			
Dependents	No platform to raise their academic problems and opinions concerning teaching and learning					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						14.771	12	0.257
None	5 (13.9%)	7 (19.4%)	13 (36.1%)	11 (30.6%)	36 (23.7%)			
One	5 (8.5%)	15 (25.4%)	23 (39.0%)	16 (27.1%)	59 (38.8%)			
Two	0 (0.0%)	13 (33.3%)	18 (46.2%)	8 (20.5%)	39 (25.7%)			
Three	0 (0.0%)	5 (38.5%)	4 (30.8%)	4 (30.8%)	13 (8.6%)			
More than three	0 (0.0%)	3 (60.0%)	0 (0.0%)	2 (40.0%)	5 (3.3%)			
Dependents	Avoid certain subject content					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						16.193	12	0.183
None	5 (13.9%)	8 (22.2%)	19 (52.8%)	4 (11.1%)	36 (23.7%)			
One	6 (10.2%)	20 (33.9%)	28 (47.5%)	5 (8.5%)	59 (38.8%)			
Two	1 (2.6%)	17 (43.6%)	21 (53.8%)	0 (0.0%)	39 (25.7%)			
Three	0 (0.0%)	2 (15.4%)	9 (69.2%)	2 (15.4%)	13 (8.6%)			
More than three	0 (0.0%)	3 (60.0%)	2 (40.0%)	0 (0.0%)	5 (3.3%)			

Dependents	Lecturers discipline students unequally, there is favouritism					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
None	1 (2.8%)	13 (36.1%)	19 (52.8%)	3 (8.3%)	36 (23.7%)	18.074	12	0.113
One	5 (8.5%)	21 (35.6%)	22 (37.3%)	11 (18.6%)	59 (38.8%)			
Two	5 (12.8%)	18 (46.2%)	13 (33.3%)	3 (7.7%)	39 (25.7%)			
Three	0 (0.0%)	7 (53.8%)	2 (15.4%)	4 (30.8%)	13 (8.6%)			
More than three	0 (0.0%)	4 (80.0%)	1 (20.0%)	0 (0.0%)	5 (3.3%)			

In Table 4.15, the Pearson Chi-Square test for college reasons contributing to absenteeism indicated that there is no statistical difference between dependents and the reason that students are not ready for a test or an assignment that was due (p-value 0.559), between dependents and the reason students who never absent themselves from college are never noticed or rewarded (p-value 0.387), between dependents and no platform to raise their academic problems and opinions concerning teaching and learning (p-value 0.257), or between dependents and avoidance of certain subject content (p-value 0.183). Thus, students generally agreed with the above reasons irrespective of their number of dependents. The Pearson Chi-Square showed no significant difference between number of dependents and the reason for absence being that there is favouritism and lecturers discipline students unequally (p-value 0.113). The majority of respondents with two, three and more than three dependents strongly disagreed and disagreed that students may be absent because there is favouritism and lecturers discipline students unequally.

Table 4.16 Marital status in relation to college reasons

Marital status	Those who never absent themselves from college are never noticed or rewarded					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						9.347	15	0.859
Single	5 (4.7%)	17 (18.9%)	44 (41.1%)	41 (38.3%)	107 (70.4%)			
Married	0 (0.0%)	9 (28.1%)	15 (46.9%)	8 (25.0%)	32 (21.1%)			
Cohabiting	0 (0.0%)	0 (0.0%)	1 (50.0%)	1 (50.0%)	2 (1.3%)			
Divorced	0 (0.0%)	1 (20.0%)	3 (60.0%)	1 (20.0%)	5 (3.3%)			
Widowed	0 (0.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	1 (0.7%)			
Separated	0 (0.0%)	0 (0.0%)	3 (60.0%)	2 (40.0%)	5 (3.3%)			
Marital status	No platform to raise their academic problems and opinions concerning teaching and learning					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						12.616	15	0.632
Single	10 (9.3%)	27 (25.2%)	39 (36.4%)	31 (29.0%)	107 (70.4%)			
Married	0 (0.0%)	11 (34.4%)	13 (40.6%)	8 (25.0%)	32 (21.1%)			
Cohabiting	0 (0.0%)	0 (0.0%)	2 (100.0%)	0 (0.0%)	2 (1.3%)			
Divorced	0 (0.0%)	2 (40.0%)	2 (40.0%)	1 (20.0%)	5 (3.3%)			
Widowed	0 (0.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	1 (0.7%)			
Separated	0 (0.0%)	3 (60.0%)	1 (20.0%)	1 (20.0%)	5 (3.3%)			
Marital status	Avoid certain subject content					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						12.997	15	0.603
Single	9 (8.4%)	39 (36.4%)	49 (45.8%)	10 (9.3%)	107 (70.4%)			
Married	1 (3.1%)	8 (25.0%)	22 (68.8%)	1 (3.1%)	32 (21.1%)			
Cohabiting	0 (0.0%)	0 (0.0%)	2 (100.0%)	0 (0.0%)	2 (1.3%)			
Divorced	1 (20.0%)	1 (20.0%)	3 (60.0%)	0 (0.0%)	5 (3.3%)			
Widowed	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	1 (0.7%)			
Separated	1 (20.0%)	1 (20.0%)	3 (60.0%)	0 (0.0%)	5 (3.3%)			

In Table 4.16, the Pearson Chi-Square test for college reasons contributing to absenteeism indicated that there is no statistical difference between marital status and the reason that students are not ready for a test or an assignment that was due (p-value 0.002), between marital status and the reason students who never absent themselves from college are never noticed or rewarded (p-value 0.859), between marital status and no platform to raise their academic problems and opinions concerning teaching and learning (p-value 0.632), or between marital status and avoidance of certain subject content (p-value 0.603). Thus, students generally agreed with the above reasons irrespective of their marital status.

4.6.3 Cross tabulation of demographic data and perceived clinical area reasons

This section indicates association between demographic data and perceived clinical area reasons for student absenteeism using the Pearson Chi-Square test.

Table 4.17 Age in relation to clinical area reasons

Age in years	Cover staff shortages					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						2.776	2	0.250
18-30	0 (0.0%)	2 (1.8%)	19 (17.3%)	89 (80.9%)	110 (72.4%)			
31-50	0 (0.0%)	2 (4.8%)	11 (26.2%)	29 (69.0%)	42 (27.6%)			
Age in years	Work overload					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						3.490	3	0.322
18-30	1 (0.9%)	10 (9.1%)	35 (31.8%)	64 (58.2%)	110 (72.4%)			
31-50	0 (0.0%)	5 (11.8%)	19 (45.2%)	18 (42.9%)	42 (27.6%)			
Age in years	Ill-treated by senior staff					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						5.812	3	0.121
18-30	1 (0.9%)	15 (13.6%)	37 (33.6%)	57 (51.8%)	110 (72.4%)			
31-50	2 (4.8%)	8 (19.0%)	18 (42.9%)	14 (33.3%)	42 (27.6%)			
Age in years	Avoid certain wards with very sick patients					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						1.878	3	0.598
18-30	10 (9.1%)	40 (36.4%)	41 (37.3%)	19 (17.3%)	110 (72.4%)			
31-50	4 (9.5%)	20 (47.6%)	13 (31.0%)	5 (11.9%)	42 (27.6%)			

The Pearson Chi-Square test for clinical area reasons contributing to absenteeism indicated that there is no statistical difference between age and the reason that students cover staff shortages (p-value 0.250), between age and the reason there is work overload (p-value 0.322), or between age and the reason that students are ill-treated by senior staff (p-value 0.121). Thus, students generally agreed with the above reasons irrespective of their age. Furthermore, with regard to age and the reason for student absence being to avoid certain wards with very sick patients, the Pearson Chi-Square showed no significant difference (p-value 0.598); a majority of respondents in the age range 18-30 years agreed or strongly agreed. See Table 4.17.

Table 4.18 Gender in relation to clinical area reasons

Gender	Cover staff shortages					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						2.396	2	0.302
Male	0 (0.0%)	0 (0.0%)	4 (12.9%)	27 (87.1%)	31 (20.4%)			
Female	0 (0.0%)	4 (3.3%)	26 (21.5%)	91 (75.2%)	121 (79.6%)			
Gender	Work overload					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						4.514	3	0.211
Male	1 (3.2%)	2 (6.5%)	12 (38.7%)	16 (51.6%)	31 (20.4%)			
Female	0 (0.0%)	13 (10.7%)	42 (34.7%)	66 (54.5%)	121 (79.6%)			
Gender	Ill-treated by senior staff					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						3.211	3	0.360
Male	1 (3.2%)	3 (9.7%)	15 (48.4%)	12 (38.7%)	31 (20.4%)			
Female	2 (1.7%)	20 (16.5%)	40 (33.1%)	59 (48.8%)	121 (79.6%)			
Gender	Avoid certain shifts e.g. 07h00 to 19h00 and 13h00 to 19h00					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						4.316	3	0.229
Male	1 (3.2%)	6 (19.4%)	10 (32.3%)	14 (45.2%)	31 (20.4%)			
Female	5 (4.1%)	26 (21.5%)	58 (47.9%)	32 (26.4%)	121 (79.6%)			

In Table 4.18, the Pearson Chi-Square test for clinical area reasons contributing to absenteeism indicated that there is no statistical difference between gender and the reason that students cover staff shortages (p-value 0.302), between gender and the

reason there is work overload (p-value 0.211), between gender and the reason that the students are ill-treated by senior staff (p-value 0.360), or between gender and avoidance of certain shifts (p-value 0.229). Thus, students generally agreed with the above reasons irrespective of their gender.

Table 4.19 Residence in relation to clinical area reasons

Residence	Work overload					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						9.456	6	0.150
Nurse`s home	1 (0.8%)	8 (6.6%)	45 (37.2%)	67 (55.4%)	121 (79.6%)			
At home	0 (0.0%)	6 (20.7%)	9 (31.0%)	14 (48.3%)	29 (19.1%)			
Renting elsewhere	0 (0.0%)	1 (50.0%)	0 (0.0%)	1 (50.0%)	2 (100%)			
Residence	Ill-treated by senior staff					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						7.275	6	0.296
Nurse`s home	2 (1.7%)	19 (15.7%)	39 (32.2%)	61 (50.4%)	121 (79.6%)			
At home	1 (3.4%)	3 (10.3%)	15 (51.7%)	10 (34.5%)	29 (19.1%)			
Renting elsewhere	0 (0.0%)	1 (50.0%)	1 (50.0%)	0 (0.0%)	2 (100%)			

In Table 4.9, the Pearson Chi-Square test for clinical area reasons contributing to absenteeism indicated that there is no statistical difference between residence and the reason there is work overload (p-value 0.150), or between residence and the reason that the students are ill-treated by senior staff (p-value 0.296). Thus, students generally agreed with the above reasons irrespective of their residence.

Table 4.20 Year of training in relation to clinical area reasons

Year of training	Cover staff shortages					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						3.599	4	0.463
Second year	0 (0.0%)	3 (4.7%)	10 (15.6%)	51 (79.7%)	64 (42.1%)			
Third year	0 (0.0%)	1 (2.0%)	10 (20.0%)	39 (78%)	50 (32.9%)			
Fourth year	0 (0.0%)	0 (0.0%)	10 (26.3%)	28 (73.7%)	38 (25.0%)			
Year of training	Work overload					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						5.332	6	0.502
Second year	0 (0.0%)	8 (12.5%)	19 (29.7%)	37 (57.8%)	64 (42.1%)			
Third year	1 (2.0%)	4 (8.0%)	22 (44.0%)	23 (46.0%)	50 (32.9%)			
Fourth year	0 (0.0%)	3 (7.9%)	13 (34.2%)	22 (57.9%)	38 (25.0%)			
Year of training	Ill-treated by senior staff					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						1.113	6	0.981
Second year	1 (1.6%)	11 (17.2%)	22 (34.4%)	30 (46.9%)	64 (42.1%)			
Third year	1 (2.0%)	6 (12.0%)	18 (36%)	25 (50%)	50 (32.9%)			
Fourth year	1 (2.6%)	6 (15.8%)	15 (39.5%)	16 (42.1%)	38 (25.0%)			
Year of training	Avoid certain shifts e.g. 07h00 to 19h00 and 13h00 to 19h00					Chi square	df	p-value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						6.917	6	0.329
Second year	1 (1.6%)	11 (17.2%)	27 (42.2%)	25 (39.1%)	64 (42.1%)			
Third year	3 (6.0%)	14 (28.0%)	23 (46.0%)	10 (20.0%)	50 (32.9%)			
Fourth year	2 (5.3%)	7 (18.4%)	18 (47.4%)	11 (28.9%)	38 (25.0%)			

In Table 4.20, the Pearson Chi-Square test for clinical area reasons contributing to absenteeism indicated that there is no statistical difference between year of training and the reason that students cover staff shortages (p-value 0.463), between year of training and the reason there is work overload (p-value 0.502), between year of training and the reason that the students are ill-treated by senior staff (p-value 0.981), or between of training and avoidance of certain shifts (p-value 0.329). Thus, students generally agreed with the above reasons irrespective of their year of training.

Table 4.21 Dependents in relation to clinical area reasons

Dependents		Cover staff shortages				Chi square	df	p-value	
		S/Disagree	Disagree	Agree	S/Agree	Total	14.510	8	0.069
None		0 (0.0%)	0 (0.0%)	5 (13.9%)	31 (86.1%)	36 (23.7%)			
One		0 (0.0%)	0 (0.0%)	11 (18.6%)	48 (81.4%)	59 (38.8%)			
Two		0 (0.0%)	3 (7.7%)	9 (23.1%)	27 (69.2%)	39 (25.7%)			
Three		0 (0.0%)	1 (7.7%)	2 (15.4%)	10 (76.9%)	13 (8.6%)			
More than three		0 (0.0%)	0 (0.0%)	3 (60.0%)	2 (40.0%)	5 (3.3%)			
Dependents		ill-treated by senior staff				Chi square	df	p-value	
		S/Disagree	Disagree	Agree	S/Agree	Total	12.275	12	0.424
None		2 (5.6%)	6 (16.7%)	9 (25.0%)	19 (52.8%)	36 (23.7%)			
One		1 (1.7%)	8 (13.6%)	19 (32.2%)	31 (52.5%)	59 (38.8%)			
Two		0 (0.0%)	5 (12.8%)	20 (51.3%)	14 (35.9%)	39 (25.7%)			
Three		0 (0.0%)	2 (15.4%)	5 (38.5%)	6 (46.2%)	13 (8.6%)			
More than three		0 (0.0%)	2 (40.0%)	2 (40.0%)	1 (20.0%)	5 (3.3%)			
Dependents		Avoid certain shifts e.g. 07h00 to 19h00 and 13h00 to 19h00				Chi square	df	p-value	
		S/Disagree	Disagree	Agree	S/Agree	Total	13.382	12	0.342
None		1 (2.8%)	6 (16.7%)	21 (58.3%)	8 (22.2%)	36 (23.7%)			
One		4 (6.8%)	12 (20.3%)	25 (42.4%)	18 (30.5%)	59 (38.8%)			
Two		0 (0.0%)	7 (17.9%)	18 (46.2%)	14 (35.9%)	39 (25.7%)			
Three		1 (7.7%)	6 (46.2%)	2 (15.4%)	4 (30.8%)	13 (8.6%)			
More than three		0 (0.0%)	3 (60.0%)	2 (40.0%)	0 (0.0%)	5 (3.3%)			
Dependents		Not paid for working but funded for studying				Chi square	df	p-value	
		S/Disagree	Disagree	Agree	S/Agree	Total	14.771	12	0.254
None		4 (11.1%)	16 (44.4%)	12 (33.3%)	4 (11.1%)	36 (23.7%)			
One		2 (3.4%)	18 (30.5%)	18 (30.5%)	21 (35.6%)	59 (38.8%)			
Two		2 (5.1%)	11 (28.2%)	18 (46.2%)	8 (20.5%)	39 (25.7%)			
Three		1 (7.7%)	4 (30.8%)	4 (30.8%)	4 (30.8%)	13 (8.6%)			
More than three		0 (0.0%)	1 (20.0%)	1 (20.0%)	3 (60.0%)	5 (3.3%)			

In Table 4.21, the Pearson Chi-Square test for clinical area reasons contributing to absenteeism indicated that there is no statistical difference between the number of dependents and the reason that students cover staff shortages (p-value 0.069), between the number of dependents and the reason that the students are ill-treated by senior staff (p-value 0.424), or between the number of dependents and avoidance of certain shifts (p-value 0.342). Thus, students generally agreed with the above reasons irrespective of their number of dependents. Moreover, with regard to dependents and the reason that students are funded for studying but not paid for working the Pearson Chi-Square showed no significant difference (p-value 0.254): a majority of respondents with no dependents strongly disagreed or disagreed.

Table 4.22 Marital status in relation to clinical area reasons

Marital status	Work overload					Chi square	df	P value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						19.492	15	0.192
Single	1 (0.9%)	7 (6.5%)	36 (33.6%)	63 (58.9%)	107 (70.4%)			
Married	0 (0.0%)	7 (21.9%)	12 (37.5%)	13 (40.6%)	32 (21.1%)			
Cohabiting	0 (0.0%)	0 (0.0%)	1 (50.0%)	1 (50.0%)	2 (1.3%)			
Divorced	0 (0.0%)	0 (0.0%)	2 (40.0%)	3 (60.0%)	5 (3.3%)			
Widowed	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	1 (0.7%)			
Separated	0 (0.0%)	0 (0.0%)	3 (60.0%)	2 (40.0%)	5 (3.3%)			
Marital status	Ill-treated by senior staff					Chi square	df	P value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						13.349	15	0.575
Single	3 (2.8%)	15 (14.0%)	37 (34.6%)	52 (48.6%)	107 (70.4%)			
Married	0 (0.0%)	4 (12.5%)	15 (46.9%)	13 (40.6%)	32 (21.1%)			
Cohabiting	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (100.0%)	2 (1.3%)			
Divorced	0 (0.0%)	1 (20.0%)	2 (40.0%)	2 (40.0%)	5 (3.3%)			
Widowed	0 (0.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	1 (0.7%)			
Separated	0 (0.0%)	2 (40.0%)	1 (20.0%)	2 (40.0%)	5 (3.3%)			
Marital status	Avoid certain shifts e.g. 07h00 to 19h00 and 13h00 to 19h00					Chi square	df	P value
	S/Disagree	Disagree	Agree	S/Agree	Total			
						18.723	15	0.227
Single	4 (3.7%)	18 (16.8%)	48 (44.9%)	37 (34.6%)	107 (70.4%)			
Married	2 (6.3%)	9 (28.1%)	14 (43.8%)	7 (21.9%)	32 (21.1%)			
Cohabiting	0 (0.0%)	0 (0.0%)	2 (100.0%)	0 (0.0%)	2 (1.3%)			
Divorced	0 (0.0%)	1 (20.0%)	3 (60.0%)	1 (20.0%)	5 (3.3%)			
Widowed	0 (0.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	1 (0.7%)			
Separated	0 (0.0%)	4 (80.0%)	0 (0.0%)	1 (20.0%)	5 (3.3%)			

In Table 4.22, the Pearson Chi-Square test for clinical area reasons contributing to absenteeism indicated that there is no statistical difference between marital status and the reason that there is work overload (p-value 0.192), between marital status and the reason that the students are ill-treated by senior staff (p-value 0.575), or between marital status and avoidance of certain shifts (p-value 0.227). Thus, students generally agreed with the above reasons irrespective of their marital status.

4.7 Responses to open-ended questions

The responses of students to open-ended questions were coded and grouped into themes. Students had to respond to the following questions:

- What are other students' personal reasons that may contribute to absenteeism apart from those mentioned in the questionnaire?
- In your view what would be the solution to high student absenteeism?

4.7.1 Other personal reasons that may contribute to absenteeism

None of the students n=152 (100%) had other personal reasons apart from those mentioned in the questionnaire.

4.7.2 Suggested solutions to high student absenteeism

Some students (16.4%; n=25), did not respond to this question. However, the majority (83.6%; n=127), responded and the most common responses were grouped into themes. The majority of the respondents (78%; n=120) suggested college holidays after the first semester examinations, 76% (n=115) suggested family responsibility to attend to their immediate family members when they are sick as well as family funerals. Furthermore, 72% (n=110) suggested an increase to their monthly stipend while 68% (n=104) suggested sick leave for the students without having to pay back those hours. See Figure 4.5 below.

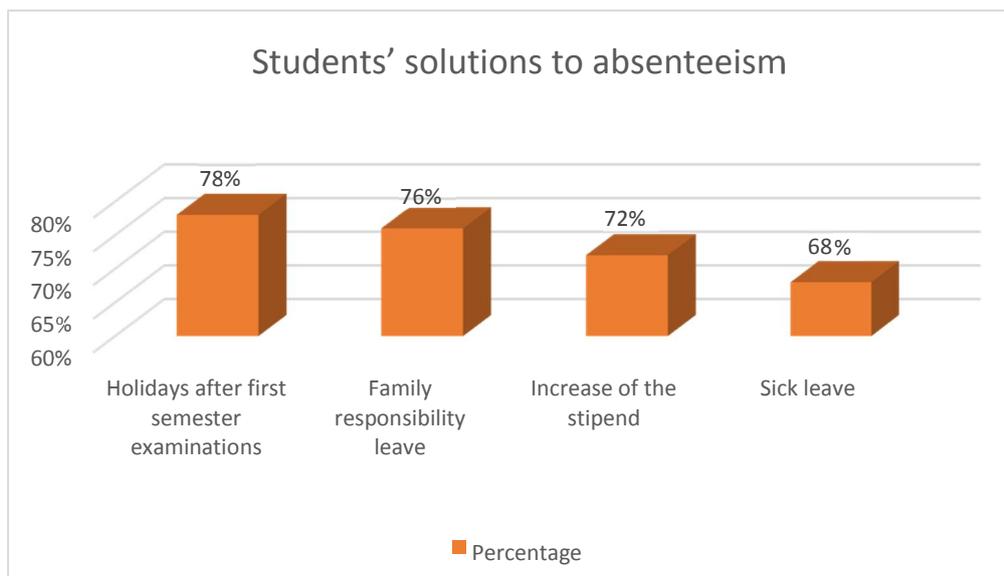


Figure 4.5 Students' solutions to absenteeism

4.8 Conclusion

This chapter presented an analysis of the survey findings conducted by means of a questionnaire. The demographic data indicated that majority of the respondents (72.4%; n=110) were in the age range 18-30 years and the remainder (27.6%; n=42) were in the age range 31-50 years. Furthermore, the research findings showed that almost eight out of ten respondents (79.6% (n=121) were female, against 20.4% (n=31) male. Moreover, the findings revealed that the majority of the nursing and midwifery student nurses (79.6%; n=121) live in the nurses' residence while 19.1% (n=29) live at home and 1.3% (n=2) rent elsewhere.

Analytical and descriptive analysis was done and the findings were presented using tables and figures. Chi-square test, frequencies, and cross tabulations were conducted to identify relationships between student demographic variables (age, gender, year of study, residence and marital status) and reasons (personal, college and clinical area) thought to be contributing to absenteeism among nursing and midwifery students. A significance level of 0.05 was considered as statistically significant. The next chapter deals with discussion of findings, recommendations, limitations and conclusion.

Chapter 6

Discussion of Findings; Recommendations; Limitations and Conclusion

5.1 Introduction

This chapter discusses the findings in light of previous evidence, presents recommendations, and indicates limitations of this study. The study was guided by the objectives of the study, by the conceptual framework, by the positivist paradigm, and by literature and previous studies on this topic. Non-probability convenience sampling was used to obtain a sample of 152 registered nursing and midwifery students at the selected college campus. A questionnaire was used as a data collection tool.

5.2 Discussions of the findings

5.2.1 Students` personal reasons that may contribute to their absenteeism

The study showed that 70.4% of respondents agreed or strongly agreed that students are absent because they attend leadership meetings while 29.6% disagreed or strongly disagreed. This corresponds with the finding by Bati et al. (2013) that students are absent because they have other commitments. It also corresponds with the finding by Komakech and Ossu (2014) that students may be absent from school due to unforeseen reasons such as loss of a close relative or a parent. The results of this study showed that 95.4% of respondents agreed or strongly agreed that students might be absent because of family challenges they have to attend, whereas only 4.6% disagreed or strongly disagreed. This corresponds with the finding by Song (2013) that family reasons such as looking after a sick relative and funeral are excuses for student absenteeism.

The findings in this study are similar to those in the study by Sarkodie et al. (2014), who found that physical illness is a cause of absenteeism among students. In the present study the majority of respondents (72.4%) agreed or strongly agreed that students may be absent due to physical illness while 27.6% disagreed or strongly disagreed. The findings showed also that a majority of nursing and midwifery

students (61.2%) agreed or strongly agreed while 38.8% disagreed or strongly disagreed that they are generally absent because they are funded for studying but not paid for working. These findings are contrary to those by Simelane (2013) which reflected that students' stipend does not contribute to absenteeism of bursary students.

5.2.2 College reasons that may contribute to students' absenteeism

According to Dashputra et al. (2015), students have poor time management skills and study at the last minute for a test or examination. When students realise that they have not studied well for the test they may decide not to attend a class. In the present study the majority (82.9%) agreed or strongly agreed that students may be absent from the college because they are not ready for a test or an assignment, while 17.1% disagreed or strongly disagreed. Cleary-Holdforth (2007) introduced incentive schemes such as awarding marks for attendance and subtracting marks for non-attendance, which led to improvement to attendance. Correspondingly, the findings in this study showed that majority of the respondents (79%) agreed or strongly agreed that students may be absent because those who never absent themselves from college are never noticed or rewarded, while 21% disagreed or strongly disagreed.

According to Fayombo et al. (2012) students should be creative and active in their learning. However, the findings in this study showed that 65.2% of the respondents agreed or strongly agreed that students may be absent because they have no platform to raise their academic problems and opinions concerning teaching and learning, while 34.8% disagreed or strongly disagreed. On the point that students may be absent from college because they avoid certain subject content, 57.2% agreed or strongly agreed, while 42.8% disagreed or strongly disagreed. This corresponds with the finding by Desalegn et al. (2014) that students absent themselves in class when they lack interest in the subject matter.

According to Fayombo et al. (2012), to develop and improve themselves students should participate actively in their learning and be resourceful. The findings in this study showed however that 57.3% of respondents agreed or strongly agreed that students may be absent because they do not want to do presentations. These

findings run counter to the finding by Thobakgale (2013) that this was not a reason that contributed to absenteeism.

The findings in this study showed that 54.6% agreed or strongly agreed that students may be absent from college because they avoid certain lecturers who are strict and unfriendly. This corresponds with the finding by Dashputra et al., (2015) that teacher's attitude can contribute to student absenteeism. Lecturer's teaching methods and quality of teaching can promote student absenteeism. This corresponds with the finding by Leufer and Cleary-Holdforth (2010) that students miss lectures due to poor lecture content and poor quality of lecturing. Furthermore, Clearly-Holdforth (2007) suggests integration in the lecture of innovative teaching methods such as gaming, word searches, five-minute classroom assessment techniques, interactive hand-outs, brainstorming, debates and student-led seminars. The findings in this study showed that 54% of the respondents agreed or strongly agreed that students may be absent because lectures' teaching methods are boring while 46% disagreed or strongly disagreed. In the findings, 51.3% of respondents agreed or strongly agreed that students may be absent from college because there is favouritism, with lecturers disciplining students unequally, whereas 48.7% disagreed or strongly disagreed. This corresponds with the finding by (Wadesango & Machingambi, 2011) that non-attendance in lectures was provoked by lecturers showing favouritism.

5.2.3 Reasons in the clinical area that may contribute to students' absenteeism

On the point that students may be absent from the clinical areas because they are covering staff shortages, 97.3% strongly agreed and agreed while only 2.6% disagreed. This corresponds with the finding by Msiska et al. (2014) that students on clinical placement cover staff shortages and are regarded as additional staff. In the findings in the present study on work overload as a reason for student absence, 89.4% of the respondents strongly agreed and agreed while 10.6% disagreed or strongly disagreed. This corresponds with the finding by Thobakgale (2013) that one of the reasons students why were absent in the clinical areas was work overload. In the study by Singh (2012) students indicated that staff members were unapproachable and rude towards them, thus encouraging absenteeism. The majority of the respondents in this study (82.9%) agreed or strongly agreed that

students may be absent because they are ill-treated by senior staff, while 17.1% disagreed or strongly disagreed.

In this study, 75.7% agreed or strongly agreed that students may be absent because they do not want to be treated as workforce, while 24.3% disagreed or strongly disagreed. This corresponds with the finding by Thobakgale (2013) that students may be absent in the clinical areas because they do not want to be treated as workforce. In the present study, 75% of respondents agreed or strongly agreed that students may be absent because they avoid certain shifts, while 25% disagreed or strongly disagreed. This corresponds with the finding by Simelane (2013) that students may be absent in the clinical areas because they avoided long 12-hour shifts (e.g. 07h00 to 19h00). The majority of the respondents (71.7%) agreed or strongly agreed that students may be absent because of burnout after working more than three days without a day off, while 28.3% disagreed or strongly disagreed. These results correspond with the finding by Simelane (2013) that students take time off because of burnout.

Regarding the suggestion that students may be absent because they are not given days off that they requested, 68.4% of respondents agreed or strongly agreed, while 31.6% disagreed or strongly disagreed. This corresponds with the finding by Simelane (2013) that students were absent in the clinical areas because they were not given days off that they had requested. However a study by Singh (2012) found no significant relationship between student absenteeism and not being given the days off they requested. In the present study, 62.5% agreed or strongly agreed that students may be absent because they are allocated to cubicles with heavy workload. This corresponds with the finding by Singh (2012) that students were absent because they had to attend to too many patients.

5.3 Student demographic data in relation to absenteeism

5.3.1 Age

Adult learning theory by Knowles asserts that the adult learner is motivated to learn by internal factors and has an accumulated reservoir of experiences that is a rich source for learning (Ong, 2009). In the findings of this study a majority (60%) of

respondents in the age range 18-30 years agreed or strongly agreed that students may be absent from the college because lecturers' teaching methods are boring, compared with 61.9% of those in the age range 31-50 who disagreed or strongly disagreed with this as a reason (p-value 0.094). On the suggestion that avoiding certain wards with very sick patients was a reason for student absence from clinical placement, 54% of respondents in the age range 18-30 years agreed or strongly agreed, while 52.4% of those in the age range 31-50 years disagreed or strongly disagreed (p-value 0.598). These findings correspond with those by Simelane (2013) which showed that younger students were more likely to be absent than the older ones. However, a study by Desalegn et al. (2014) found on the contrary that older students were more likely to be absent than the young ones. Singh (2012) found no significant relationship between age and absenteeism.

5.3.2 Gender

This study found no particular relationship between gender and absenteeism, as absenteeism was present throughout. Deane and Murphy (2013) and Wadesango and Machingambi (2011) found that male students were more frequently absent than their female counterparts. Desalegn et al. (2014) and Simelane (2013), on the other hand, found no relationship between absenteeism and gender.

5.3.3 Residence

In this study there was no particular relationship between residence and absenteeism, as absenteeism was present throughout. However, Bati et al. (2013) found that students living closer to campus reported fewer absences than those who living further away.

5.3.4 Year of training

This study indicated that a majority (62.5%) of second-year respondents agreed or strongly agreed that students may be absent in college because they are lazy to do their work. Regarding this same reason, 48% of the respondents in third year agreed or strongly agreed, while only 2.6% of those in fourth year agreed (p-value 0.006). These findings are contrary to those by Desalegn et al., (2014) which showed that senior students were more frequently absent than junior students. Furthermore, in a

study by Simelane (2013) there was no significant relationship between year of training and absenteeism.

5.3.5 Number of dependents

Regarding the reason for absence being favouritism, with lecturers disciplining students unequally, 61.1% of the respondents with no dependents, 55.9% of those with one dependent, 46.2% of those with three dependents, 41% of those with two dependents, and 20% of those with more than three dependents agreed or strongly agreed (p-value 0.113). According to Wadesango and Machingambi (2011) a crucial lecturer characteristic predisposing students to absenteeism is lecturers showing favouritism towards certain students.

5.3.6 Marital status

This study found significant differences in the relationship between marital status and absenteeism. Regarding avoidance of certain lecturers who are strict and unfriendly as a reason for absence, 100% of respondents who were cohabiting, 63.6% of those who were single, 40% of those who were widowed as well as 34.4% of those who were married agreed or strongly agreed (p-value 0.042).

5.4 Nursing and midwifery students' solutions to absenteeism

Students' respondents proposed college holidays after the first semester examinations. They also suggested family responsibility leave in addition to sick leave, and not being expected to pay back those hours. The majority of students also proposed an increase in their monthly stipend.

5.5 Recommendations

Student absenteeism interferes with the learner's progress and is costly to the state since these students are subsidised for their studies. This study provides a broader view of nursing and midwifery students' absenteeism in the context of personal reasons, college-related reasons and reasons that arise in the clinical areas. Based on the study results and literature review, the researcher puts forward the following recommendations to curb absenteeism. These recommendations include suggestions for nursing practice, nursing education, policy makers, nursing research.

5.5.1 Nursing practice

- In-service training of all permanent employees with regard to their attitudes towards student nurses in the clinical areas.
- Proper communication in the form of regular meetings between qualified staff members, lecturers and students to identify problems experienced by students in the clinical areas, thereby improving working conditions of the students.

5.5.2 Nursing education

- Supervision and monitoring of student's attendance could be designated to a single person who will ensure that disciplinary procedures are fairly implemented and are consistent.
- College management should consider reviewing the students' annual leave, and allowing students at least one week's leave on completion of the first semester examinations.
- To avoid boredom in class which promotes absenteeism, lecturers should make use of innovative teaching strategies that stimulate the students' analytical thinking and creativity.
- Introduction of rewards and/or incentives in the form of certificates or trophies for students who do not absent themselves will motivate students to avoid absenteeism.

5.5.3 Policy maker

- An absenteeism policy for the Free State School of Nursing college should be developed and students should be given orientation on it.
- The students' monthly stipend should be increased, since they perceive it as inadequate considering that they are made use of as part of the workforce.

5.5.4 Nursing research

- Additional study is recommended on the same phenomenon that would include all the campuses of the Free State School of Nursing.
- There should be exploration both of student nurses' absenteeism and of reasons for their absenteeism using the qualitative approach.

- The same absenteeism phenomenon should be investigated as perceived by nurse educators and clinical supervisors.

5.6 Limitations

The researcher selected one campus of the three in the Free State School of Nursing due to limited funding, but hopes that the findings may also be applicable to other campuses because they share the common characteristics.

5.7 Conclusion

The findings in the research indicated that when nursing and midwifery students at the selected campus were absent, both at college and in clinical areas, this was generally because they attend leadership meetings, have family problems they need to attend to, or have physical illness, or because that they are funded for studying but not paid for working. The findings showed that students may also be absent from college because they are not ready for a test or an assignment due, because those who are never absent from college are never noticed or rewarded, or because they have no platform to raise their academic problems and opinions concerning teaching and learning. In addition, students may be absent because they are avoiding certain subject content or because they do not want to do presentations. Other reasons for absenteeism relating to the lecturers included avoidance of certain lecturers who are strict and unfriendly, boring teaching methods, and lecturers disciplining students unequally.

Empirical evidence has shown reasons for student nurse absenteeism in the clinical area included being treated as workforce, avoiding certain shifts (e.g. working from 07h00 to 19h00) and burnout after working more than three days without a day off. The student nurses also recommended annual leave after writing the first semester examinations prior to clinical placement. Student nurse absenteeism was thus evident both at the college and in the clinical area. Students' respondents proposed family responsibility leave in addition to sick leave, and not being expected to pay back those hours. Additionally they also suggested college holidays after first semester examinations. Attempts to curb student absenteeism should focus not only

on student nurses per se, but also on the broader student environment with which they interact, including the clinical area and college (Simelane, 2013).

References

- An Bord Altranais, 2009. Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority. Dublin: An Bord Altranais.
- Baderin, 2005 Towards improving student's attendance and quality of undergraduate tutorials: a case study on law. *Teaching in Higher Education* 9(4):491-509
- Baglin, M.R., & Rugg, S. 2010. Student nurses' experiences of community-based practice placement learning: A qualitative exploration. *Nurse Education in Practice* 10 (3), 144–152.
- Barlow, J., & Fleischer, S. 2011. Student absenteeism: whose responsibility? *Innovations in Education and Teaching International*, 48 (3), 227-237.
- Bati, A. H., Mandiracioglu, A., Orgun, F., & Govsa, F. 2013. Why do students miss lectures? A study of lecture attendance amongst students of health science. *Nurse Education Today*, 33 (6), 596-601.
- Bjørk, I. T., Berntsen, K., Brynildsen, G., & Hestetun, M. 2014. Nursing students' perceptions of their clinical learning environment in placements outside traditional hospital settings. *Journal of Clinical Nursing*, 23, 2958-2967.
- Bradbury-Jones, C., Sambrook, S., & Irvine, F. 2011. Empowerment and being valued: A phenomenological study of nursing students' experiences of clinical practice. *Nurse Education Today*, 31, 368–372.
- Brink, H., Van der Walt, C., & Van Rensburg, G.H. 2012. *Fundamentals of Research Methodology for Health Care Professionals*. Cape Town; Juta
- Burke, L. A. 2010. Absenteeism in Undergraduate Business Education: A Proposed Model and Exploratory Investigation*. *Decision Sciences Journal of Innovative Education*, 8 (1), 95-111.
- Burns, N., & Grove, S. 2009. *The practice of nursing research: Appraisal. Synthesis and Generation of Evidence*. 6th Edition St Louis: Saunders Elsevier.
- Byrne, M. 2006. The Implications of Herzberg's "Motivation-Hygiene" Theory for Management in the Irish Health Sector. *The Health Care Manager*, 25, 4-11.
- Cleary-Holdforth, J. 2007. Student non-attendance in higher education. A phenomenon of student apathy or poor pedagogy? Level 3: Dublin Institute of Technology online publication, (5).
- Courtney-Pratt, H., Fitzgerald, M., Ford, K., Marsden, K., & Marlow, A. 2012. Quality clinical placements for undergraduate nursing students: a cross-sectional survey of undergraduates and supervising nurses. *Journal of Advanced Nursing* 68(6), 1380–1390.

- Credé, M., Roch, S. G., & Kieszczyńska, U. M. 2010. Class attendance in college a meta-analytic review of the relationship of class attendance with grades and student characteristics. *Review of Educational Research*, 80 (2), 272-295.
- Creswell, J. W. 2013. *Research design: Qualitative, quantitative, and mixed methods approaches*. Los Angeles: Sage.
- Dale, B., Leland, A., & Dale, J. G. 2013. What Factors Facilitate Good Learning Experiences in Clinical Studies in Nursing: Bachelor Students' Perceptions. *ISRN Nursing*, 2013.
- Dashputra, A., Kulkarni, M., Chari, S., & Date, A. 2015. Medical students' absenteeism in class: reasons and remedies. *Journal of Educational Research and Studies*, 3(1), 24-29.
- Davis, E. A., Hodgson, Y., & Macaulay, J. O. 2012. Engagement of students with lectures in biochemistry and pharmacology. *Biochemistry and Molecular Biology Education*, 40, 300-309.
- Deane, R.P., & Murphy, D. J. 2013. Student attendance and academic performance in undergraduate obstetrics/gynecology clinical rotations. *JAMA*, 310 (21), 2282-2288.
- Desalegn, A. A., Berhan, A., & Berhan, Y. 2014. Absenteeism among medical and health science undergraduate students at Hawassa University, Ethiopia. *BMC Medical Education*, 14, 81.
- Dika, A., & Sylejmani, K. 2012. The level of impact on student success of participation in lectures and laboratory exercises. *Procedia - Social and Behavioral Sciences*, 46, 2403-2408.
- DOH. 2013. *Strategic Plan for Nursing Education, Training and Practice 2012/13 – 2016/17*.
- Dolnicar, S., Kaiser, S., Matus, K., & Vialle, W. 2015. Can Australian Universities Take Measures to Increase the Lecture Attendance of Marketing Students? *Journal of Marketing Education*, 31(3), 203-211
- Dolnicar, S., Kaiser, S., Matus, K., & Vialle, W. 2009. Can Australian universities take measures to increase the lecture attendance of marketing students? *Journal of Marketing Education*, 31, 203-211.
- Donnelly, F., & Wiechula, R. 2012. Clinical placement and case study methodology: A complex affair. *Nurse Education Today*, 32, 873-877.
- Doyle, L., O'Brien, F., Timmins, F., Tobin, G., O'Rourke, F., & Doherty, L. 2008. An evaluation of an attendance monitoring system for undergraduate nursing students. *Nurse Education in Practice*, 8, 129-139.
- Emanuel, V., & Pryce-Miller, M. 2013. Creating supportive environments for students *Nursing Times*, 109 No 37.

- Fayombo, G. A., Ogunkola, B. J., & Olaleye, Y. L. 2012. Cross Institutional Study of the Causes of Absenteeism among University Students in Barbados and Nigeria. *Journal of Educational and Developmental Psychology*, 2, p122.
- Hidayat, L., Vansal, S., Kim, E., Sullivan, M., & Salbu, R. 2012. Pharmacy student absenteeism and academic performance. *American Journal of Pharmaceutical Education*, 76.
- Houghton, C.E., Casey, D., Shaw, D., & Murphy, K. 2012. Students` experiences of implementing clinical skills in the real world of practice. *Journal of Clinical Nursing*, 22, 1961-1969.
- Hutchings, A., Williamson, G.R., & Humphreys, A. 2005 Supporting learners in clinical practice: capacity issues. *J Clin Nurs*, 14(8):945-55.
- ICN, 2009.Reducing the Gap and Improving the Interface between Education and Service: A Framework for analysis and solution generation. Accessed on 20 June 2015.
- Isah, E., Omorogbe, V., Orji, O., & Oyowwe, L. 2008. Self-reported absenteeism among hospital workers in Benin city, Nigeria. *Ghana Medical Journal*, 42, 2.
- Killam, L., Carter, L., & Carter, L. 2010. Challenges to the student nurse on clinical placement in the rural setting: a review of the literature. *Rural and Remote Health*, 10, 1523.
- Komakech, R.A., & Ossu, J.R. 2014. Students' absenteeism: a silent killer of Universal Secondary Education (USE) in Uganda. *International Journal of Education and Research*, 2, 417-436.
- Kousalya, P., Ravindranath, V., & Vizayakumar, K. 2006. Student absenteeism in engineering colleges: Evaluation of alternatives using AHP. *Advances in Decision Sciences*, 2006.
- Kumar, R. 2012. *Research methodology: a step-by-step guide for beginners*. Los Angeles: Sage.
- Lakshmi, S. A., Priy, M., Saraswathi, I., Saravanan, A., & Ramamchandran, C. 2011. Prevalence of premenstrual syndrome and dysmenorrhea among medical students and its association with college absenteeism. *Int J Biol Med Res*, 2, 1011-1016.
- Leufer, T., & Cleary-Holdforth, J. 2010. Reflections on the experience of mandating lecture attendance in one school of nursing in the Republic of Ireland. *AISHEJ: The All Ireland Journal of Teaching and Learning in Higher Education*, 2.
- Levett-Jones, T., & Lathlean, J. 2009. 'Don't rock the boat': Nursing students' experiences of conformity and compliance. *Nurse Education Today* 29, 342–349.

- Lipscomb, M., & Snelling, P. C. 2010. Student nurse absenteeism in higher education: An argument against enforced attendance. *Nurse Education Today*, 30 (6), 573-578.
- Lipscomb, M. and Snelling, P. 2009. Student attendance in HE should not be enforced (encourage if you must). In: *UWE SSH Conference: What is learning in HE and how is it best facilitated?* University of the West of England, Bristol, 21 May 2009. Available from: <http://eprints.uwe.ac.uk/529>.
- London Nursing and Midwifery Council. 2008. Accessed in June 2015.
- Mabuda, B.T., Potgieter, E., & Alberts, U.U. 2008 Student nurses' experiences during clinical practice in the Limpopo Province. *Curationis* 31(1):19-27.
- Macfarlane, B. 2013. The surveillance of learning: A critical analysis of university attendance policies. *Higher Education Quarterly*, 67, 358-373.
- McKenna, L., McCall, L., & Wray, N. 2010. Clinical placements and nursing students' career planning: A qualitative exploration. *International Journal of Nursing Practice*, 16:176-182.
- Mellish, J.M., Brink, H., & Paton, F. 1998. *Teaching and learning the practice of nursing*, 4th edition. Johannesburg: Heinemann.
- Merghani, T.H, Badr-EldinHaroun & Elmubarak, I.A. 2013. Self-report of voluntary absenteeism from didactic lectures by medical students.
- Mhlaba, G.T., & Mthembu, S. 2013. Clinical mentoring the views of the nursing students and clinical mentors. *Journal of Community Health Sciences*, 7 (2).
- Moore, S., Armstrong, C., & Pearson, J. 2008. Lecture absenteeism among students in higher education: a valuable route to understanding student motivation. *Journal of Higher Education Policy and Management*, 30, 15-24.
- Msiska, G., Smith, P., & Fawcett, T. 2014. The "lifeworld" of Malawian undergraduate student nurses: The challenge of learning in resource poor clinical settings. *International Journal of Africa Nursing Sciences*, 1, 35-42.
- Murphy, F., Rosser, M., Bevan, R., Warner, G., & Jordan, S. 2012. Nursing students' experiences and preferences regarding hospital and community placements. *Nurse Education in Practice*, 12, 170-175.
- Newman-Ford, L., Fitzgibbon, K., Lloyd, S., & Thomas, S. 2008. A large-scale investigation into the relationship between attendance and attainment: a study using an innovative, electronic attendance monitoring system. *Studies in Higher Education*, 33, 699-717.
- O'Brien, F., Keogh, B., & Neenan, K. 2009. Mature students' experiences of undergraduate nurse education programmes: The Irish experience. *Nurse Education Today*, 29, 635-640.
- Ong, I. 2009. *Andragogy and Self-Directed Learning: Pillars of Adult Learning Theory*. The UPLB Journal, 6.

- Papastavrou, E., Lambrinou, E., Tsangari, H., Saarikoski, M., & Leino-Kilpi, H. 2010. Student nurses experience of learning in the clinical environment. *Nurse Education in Practice*, 10,176–182.
- Paredes, R. D., & Ugarte, G. A. 2011. Should Students be Allowed to Miss? *Journal of Educational Research*, 104 (3), 194-201.
- Persky, A. M., Kirwin, J. L., Marasco, C. J., May, D. B., Skomo, M. L., & Kennedy, K. B. 2014. Classroom attendance: Factors and perceptions of students and faculty in US schools of pharmacy. *Currents in Pharmacy Teaching and Learning*, 6, 1-9.
- Polit, D. F., & Beck, C. T. 2012. *Resource manual for nursing research: Generating and assessing evidence for nursing practice*. Philadelphia:Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Prentice, M., & Robinson, G. 2010. *Improving Student Learning Outcomes with Service Learning*. American Association of Community Colleges (NJ1).
- Sabatino, L., Rocco, G., Stievano, A., & Alvaro, R. 2014. Perceptions of Italian student nurses of the concept of professional respect during their clinical practice learning experience. *Nurse Education in Practice*, 15, 314-320.
- Sarkodie, N. A., Ntow-Gyan, K., Bempong, E. K., & Saaka, C. A. 2014. Assessment of Absenteeism and Lateness among Hospitality and Tourism Students in Sunyani Polytechnic. *Journal of Education and Practice*, 5, 16-25.
- Simelane, N.D. 2013. Investigating factors that may contribute to absenteeism among bursary students at a selected nursing campus in Kwazulu-Natal. Master's thesis. University of KwaZulu-Natal.
- Singh, R. 2012. Factors contributing to absenteeism of nurses in primary care centres in the Ethekwini Municipal District of Kwazulu-Natal. Master's thesis. Stellenbosch: Stellenbosch University.
- Snyder, J. L., Lee-Partridge, J. E., Jarmoszko, A. T., Petkova, O., & D'onofrio, M. J. 2014. What Is the Influence of a Compulsory Attendance Policy on Absenteeism and Performance? *Journal of Education for Business*, 89, 433440.
- Song, P. 2013. Absence Excuses in Freshman College Classes and Solutions. *US-China Education Review B*, 3(4), 261-268.
- Subramaniam, B., Hande, S., & Komattil, R. 2013. Attendance and achievement in medicine: Investigating the impact of attendance policies on academic performance of medical students. *Annals of Medical and Health Sciences Research*, 3, 202.
- Taunton, R.L., Hope, K., Woods, C.Q., & Bott, M.J. 1995. Predictors of Absenteeism Among Hospital Staff Nurses. *Nursing Economic\$* 13(4):217-29.

- Teixeira, A. A. 2014. The impact of class absenteeism on undergraduates' academic performance: evidence from an elite Economics school in Portugal. *Innovations in Education and Teaching International*, 1-13.
- Thobakgale, E. M. 2013. Factors contributing to absenteeism of pupil nurses in the nursing schools of Capricorn District, Limpopo. Master's thesis. University of Limpopo (Turfloop Campus).
- Timmins, F., & Kaliszer, M. 2002b. Attitudes to absenteeism among diploma nursing students in Ireland—an exploratory descriptive survey. *Nurse Education Today*, 22 (7), 578-588.
- Tshabalala, R.N. 2011. Experiences of a group of student nurses regarding mentoring in the clinical practice. Master's thesis. North-West University.
- Ugurlu, C.T., Koc, C., Usta, H.G.S., & Simsek, A. S. 2012. Faculty of education students' views on absence attitudes. *Procedia - Social and Behavioral Sciences*, 46, 3401-3408.
- UWI. 2014-2015. University of West Indies St Augustine Campus. Student Handbook 2014-2015. Accessed on 20 June 2015.
- Wadesango, N., & Machingambi, S. 2011. Causes and structural effects of student absenteeism: a case study of three South African Universities. *J Soc Sci*, 26 (2), 89-97.
- Weaver, K., & Olson, J. K. 2006. Understanding paradigms used for nursing research. *Journal of Advanced Nursing*, 53, 459-469.
- Welman, C., Kruger, F., & Mitchell, B. 2011. *Research Methodology* (10th impression). Cape Town: Oxford University Press.
- Westrick, S.C., Helms, K.L., McDonough, S.K., & Breland, M.L. 2009. Factors influencing pharmacy students' attendance decisions in large lectures. *American Journal of Pharmaceutical Education*, 73 (5):83
- WHO, 2013. WHO Nursing and Midwifery Progress Report 2008-2012. Accessed on 22 June 2015.
- Young, P., Yates, S., Rickaby, C., Snelling, P., Lipscomb, M., & Lockyer, L. 2010. Researching student absence: Methodological challenges and ethical issues. *Nurse Education Today*, 30, 291-295.

Annexure A: Questionnaire

For office use only

ID Code	

EXPLORING ABSENTEEISM OF NURSING AND MDWIFERY STUDENTS IN A
SELECTED CAMPUS IN THE FREE STATE PROVINCE OF SOUTH AFRICA

Section A

Students' Demographic Data

Please mark with an X in the appropriate box provided or provide an answer as requested.

1. Indicate your age in years.....

2. Indicate your gender

1.Male	
2.Female	

3. Indicate your residence

1.In the nurse's residence	
2.Stay at home	
3.Renting elsewhere	

4. Indicate your current year of training

1.Second year	
2.Third year	

3. Fourth year	
----------------	--

5. Number of dependents

1. One	
2. Two	
3. Three	
4. More than 3, please specify.	

6. Marital status

1. Single	
2. Married	
3. Cohabiting	
4. Divorced	
5. Widowed	
6. Separated	

Section: B

Please answer the following questions using the key below. Please indicate your response with a tick in one block.

1. Strongly disagree (SD); 2. Disagree (D); 3. Agree (A); 4. Strongly agree (SA)

The following questions are related to students' personal reasons that may contribute to their absenteeism.

Students are generally absent because:	SD	D	A	SA
1. They are physically ill.				
2. There is no free health care for nursing and midwifery students				
3. They have family challenges to attend to, e.g. sick child, spouse or parent.				

4. They have no money for transport.				
5. They attend community activities.				
6.They attend leadership meetings e.g. student representative council				
7. They are poorly disciplined from high school.				
8. They are not paid for working, but funded for studying.				
9. Lazy to come to work				

10. Other personal reasons please specify.

.....

.....

.....

Section: C

Please answer the following questions using the key below. Please indicate your response with a tick in one block.

1. Strongly disagree (SD); 2.Disagree (D); 3. Agree (A); 4.Strongly agree (SA)

The following questions are related to college reasons that may contribute to students' absenteeism.

Students are absent from college because:	SD	D	A	SA
1. They avoid certain lecturers who are strict and unfriendly.				
2. Lecturers' teaching methods are boring.				
3. Lecturers discipline students unequally, there is favouritism.				
4. The lecturer is absent.				
5. They avoid certain subject content.				
6. They feel certain subjects are forced against their will.				
7. They are lazy to do the work.				

8. Lecture rooms are not conducive to learning they are either too cold or too hot.				
9. Not ready for a test or an assignment that was due.				
10. They do not want to do presentations.				
11. Students have no platform to raise their academic problems and opinions concerning teaching and learning.				
12. Students who never absent themselves from college are never noticed or rewarded.				

Section: D

Please answer the following questions using the key below. Please indicate your response with a tick in one block.

1. Strongly disagree (SD); 2. Disagree (D); 3. Agree (A); 4. Strongly agree (SA)

The following questions are related to reasons in the clinical area that may contribute to students' absenteeism.

Students are absent from the clinical area because:	SD	D	A	SA
1. They are avoiding certain wards with very sick patients.				
2. There is no indemnity for nursing and midwifery students.				
3. There is work overload.				
4. Students are allocated to cubicles where there is a heavy workload.				
5. Students cover staff shortages.				
6. They do not want to be treated as workforce.				
7. They are not given day offs they requested.				
8. They are ill-treated by senior staff.				
9. They are supposed to do feedback evaluation.				

10. Avoiding certain shifts e.g. 07h00 to 19h00 and 13h00 to 19h00.				
11. Burnout, after working more than three days without a day off.				
12. They are not mentored; being there is a waste of time.				
13. They need time to finish an assignment or prepare for a test.				
14. There is no explanation about the importance of attending full hours as training requirements.				

Section E

1. In your view what would be the solution to high student absenteeism?

.....

.....

.....

Thank you

Annexure B: Letters to request permission

37 Bailey Street
Rietzpark
Welkom
9459
06 November 2015

The Head of Department
Free State Department of Health
Bloemfontein
5100

Dear Sir/Madam

RE: REQUEST FOR APPROVAL TO CONDUCT A STUDY

I hereby request a permission to undertake a research project at the Free State School of Nursing (FSSON), Northern Campus in Welkom.

I am a student studying Master's Degree in Nursing Education in University of Kwa-Zulu Natal School of Nursing at Howard College. The title of my study is **Exploring Absenteeism of Nursing and Midwifery Student Nurses in a Selected Campus in Free State**. The study will be conducted under the guidance of Mrs B.M.Dube as my supervisor throughout the entire research process.

Ethical clearance from the University of Kwa-Zulu Natal, Ethics Committee has been obtained and the letter of approval is attached. The study may benefit the FSSON in identifying possible solutions to students' absenteeism and may also help in the development of a policy on student nurses' absenteeism.

I would like to commence with data collection process by Mid-November 2015. This will be conducted at Northern Campus at a convenient time for students. The research will hold confidentiality, anonymity, informed consent and freedom of choice. Yours Sincerely



Mrs. G.N. Magobolo

Student no: 215081566

Cell no: 083 298 3317 E-mail: zola.magobolo@gmail.com

37 Bailey Street
Rietzpark
Welkom
9459
07 December 2015

The Principal
Free State School of Nursing
Bloemfontein
5100

Dear Madam

RE: REQUEST FOR PERMISSION TO CONDUCT A STUDY

I hereby request a permission to undertake a research project at the Free State School of Nursing (FSSON), Northern Campus in Welkom.

I am a student studying Master's Degree in Nursing Education in University of Kwa-Zulu Natal School of Nursing at Howard College. The title of my study is Exploring Absenteeism of Nursing and Midwifery Student Nurses in a Selected Campus in Free State. The study will be conducted under the guidance of Mrs B.M.Dube as my supervisor throughout the entire research process.

Ethical clearance from the University of Kwa-Zulu Natal, Ethics Committee has been obtained as well as the approval from the Free State Department of Health to conduct the study. The study may benefit the FSSON in identifying possible solutions to students' absenteeism and may also help in the development of a policy on student nurses' absenteeism.

I would like to commence with data collection process as soon as possible. The study will be conducted at a convenient time for students. The research will hold confidentiality, anonymity, informed consent and freedom of choice.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'G.N. Magobolo', is written over a horizontal dotted line.

Mrs. G.N. Magobolo
Student no: 215081566
Cell no: 083 298 3317
E-mail: zola.magobolo@gmail.com

Annexure C: Letters granting permission to conduct the study



19 November 2015

Mrs Griselda N Magobolo 215081566
School of Nursing and Public Health
Howard College Campus

Dear Mrs Magobolo

Protocol reference number: HSS/1441/015M

Project title: Exploring absenteeism of nursing and midwifery students in a selected campus in the Free State Province of South Africa.

Full Approval – Expedited Application

In response to your application received on 12 October 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

cc Supervisor: Mrs M Dube
cc. Academic Leader: Professor M Mars
cc. School Administrator: Ms Caroline Dhanraj

Humanities & Social Sciences Research Ethics Committee

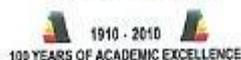
Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/83504667 Facsimile: +27 (0) 31 260 4609 Email: kimbap@ukzn.ac.za / snvmanm@ukzn.ac.za / mohuop@ukzn.ac.za

Website: www.ukzn.ac.za



Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville



health

Department of
Health
FREE STATE PROVINCE

08 June 2016

Mrs. GN Magobolo
School of Nursing and Public Health
Howard College Campus, KZN

Dear Mrs. GN Magobolo

Subject: Exploring absenteeism of nursing and midwifery students in a selected campus in the Free State Province of South Africa.

- Permission is hereby granted for the above – mentioned research on the following conditions:
- This letter is referred to the letter dated **01 December 2015**: This letter replaces that letter and is the first and only official approval letter.
- Participation in the study must be voluntary.
- A written consent by each participants must be obtained
- Serious adverse events to be reported and/or termination of the study.
- Ascertain that your data collection exercise neither interferes with the day to day running of the facilities nor the performance of duties by the respondents or health care workers.
- Confidentiality of information will be ensured and no names will be used.
- Research results and a complete report should be made available to the Free State Department of Health on completion of the study (a hard copy plus a soft copy).
- Progress report must be presented not later than one year after approval of the project to the Ethics Committee of the University of KwaZulu-Natal and to Free State Department of Health.
- Any amendments, extension or other modifications to the protocol or investigators must be submitted to the Ethics Committee of the University of KwaZulu-Natal and to Free State Department of Health.
- Conditions stated in your Ethical Approval letter should be adhered to and a final copy of the Ethics Clearance Certificate should be submitted to khusemj@fshealth.gov.za or sbeclats@fshealth.gov.za before you commence with the study
- No financial liability will be placed on the Free State Department of Health
- Please discuss your study with the institution managers/CEOs on commencement for logistical arrangements
- Department of Health to be fully indemnified from any harm that participants and staff experiences in the study
- Researchers will be required to enter in to a formal agreement with the Free State department of health regulating and formalizing the research relationship (document will follow)
- You are encouraged to present your study findings/results at the Free State Provincial health research day
- Future research will only be granted permission if correct procedures are followed see <http://nhrd.hst.org.za>

Trust you find the above in order.

Kind Regards

Dr D Motau

HEAD: HEALTH

Date: 21/06/16

Head : Health
PO Box 227, Bloemfotein, 9300
4th Floor, Executive Suite, Bophelo House, cnr Maitland and Harvey Road, Bloemfotein
Tel. (051) 408 1646 Fax: (051) 408 1556 e-mail khusemj@fshealth.gov.za/fshealth.gov.za@chikobvup@fshealth.gov.za

www.fs.gov.za



Free State School of Nursing
Northern Campus

P/ Bag X290 WELKOM 9460

Tel: (057) 3963710

Fax: (057) 396 3719

Msayi N – Head of Campus

e-mail Address: msayin@fshealth.gov.za

__07__ / __12__ /2015

Mrs G.N Magobolo
37 Bailey Street
Reitzpark
Welkom

Dear Madam

Re: Permission to conduct research at the Free State School of Nursing – Northern Campus

Title: Exploring absenteeism of nursing and midwifery students in a selected campus in the Free State Province of South Africa

Good day. This is to acknowledge receipt of your correspondence dated 07.12.2015 regarding the above. Permission is granted to conduct the study. We are looking forward to its outcome as student absenteeism is a major challenge facing us, uprooting it would really be beneficial to us all.

I wish you success on this last academic lap.

Feel free to contact me should you require to do so.

Thanks

N. Msayi

Annexure D: Informed consent

Declaration

I.....(initials of the participant), in signing this document, am giving my consent to participate in this study entitled “Exploring absenteeism in midwifery and nursing students in a selected campus in the Free State Province of South Africa”.

I have read the information document, have been explained the purpose of the study and understood the content and nature of the study, and then I agree voluntary to participate in this current study. I have been explained that the participation is voluntary and withdraw is allowed if I feel uncomfortable during the completion of the questionnaire without fear of any negative consequences.

It was agreed that my identification will not appear anywhere on the questionnaire and my identification is not related to my responses.

Please, note that two copies of informed consent will be signed, one for the participant, and the other for the researcher to file

Signature of participant.....

Date...../..... /.....

Annexure E: Information sheet

INFORMATION DOCUMENT

Study title. EXPLORING ABSENTEEISM OF NURSING AND MIDWIFERY STUDENTS IN A SELECTED CAMPUS IN THE FREE STATE PROVINCE OF SOUTH AFRICA

Dear Nursing Students

INTRODUCTION

I, Mrs.G.N.Magobolo, am a student at University of KwaZulu Natal doing honours in Nursing Education. As part of my studies at the University I am required to conduct a study in an area of my interest. My study is exploring absenteeism of nursing and midwifery students

I am requesting your participation in this study because you meet the criteria of the people who are eligible to participate in the study. The purpose of the study is to explore and describe absenteeism among nursing and midwifery students and to identify possible solutions in order to combat absenteeism. This is to identify college and clinical area related reasons perceived as contributing to students' absenteeism. The study findings may assist nurse educators to improve their teaching strategies and student support in the clinical areas, may also help in formulation of a policy on student absenteeism. The findings of the study may also help in the development of policies that will help professional nurses to guide students in the clinical areas. Please note that there are no incentives for the participation.

If you agree to participate, you will be provided with a structured questionnaire and requested to complete it upon your voluntary agreement to participate in the study. The researcher will liaise with your academic director to complete the questionnaire during lunch time. Completing the questionnaire will take 20minutes of your lunch time. Your information you give will be treated utmost confidentiality. Any personal information will not be disclosed unless required by law. Your names will not appear anywhere in the questionnaire or the study findings. You are requested not to put your names on the questionnaires provided. There are no expenses involved because the study will be conducted during usual school days at lunch time.

Please feel free to ask questions you may have so that you are clear about what is expected of you. You are free to participate or not to participate in this study. You are free to withdraw from the study at any stage without repercussions. There will no risks attached to your participation. The results of the study will be made available to you on completion of this study.

Please feel free to ask any questions you may have so that you are clear about what is expected of you.

Thank you for your time and cooperation.

Yours sincerely



Mrs G.N.Magobolo

Date.....

Contact detail of the researcher-for further information /reporting of study related matters.

Mrs G.N.Magobolo

Contact number: 083 298 3317

Email address: zola.magobolo@gmail.com

Supervisor contact details

Mrs Makhosi Dube

Howard College Campus

School of Nursing and Public Health

4th Floor Desmond Clarence building

4041 Durban South Africa

Email address:Dubeb@ukzn.ac.za

Contact number: 031 260 2497

HSSREC Research office: Mariette Snyman

Contact number; 031 260 8350

Email address: Snymanm@ukzn.ac.za

Annexure F: Editing letter



23 June 2016

To whom it may concern

This is to certify that I provided editing assistance to Griselda Nokuzola Magobolo in the preparation of her thesis, "Exploring Absenteeism of Nursing and Midwifery Students in a Selected Campus in Free State Province, South Africa".

The editing covered English grammar, idiom, orthography, punctuation and sentence structure.

I will be happy to furnish additional information if requested.

A handwritten signature in blue ink, appearing to read "David Newmarch".

David Newmarch BA (Hons)(Natal), M Phil (York)



197 Queen Elizabeth Ave. Durban 4001, South Africa
082 554 9090 (c) • 031 261 2197 (h) • grammarline@gmail.com