

CAUSES AND EFFECT OF STUDENT NURSES ABSENTEEISM AT THE KWAZULU-NATAL COLLEGE OF NURSING

Pratima Singh

Dissertation submitted in fulfilment of the requirements for the Degree of
Master of Technology in Nursing in the Faculty of Health Sciences at the
Durban University of Technology

Supervisor : Prof. M.N. Sibiyi

Date : May 2015

DECLARATION

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

Signature of student

Date

Approved for final submission

Prof MN Sibiya
RN, RM, D Tech: Nursing

Date

ABSTRACT

INTRODUCTION

A four-year diploma nursing programme undertaken by the KwaZulu-Natal College of Nursing provides training to students to become professional nurses. However, it has been noted that absenteeism of student nurses enrolled in this programme has increased. Absenteeism could result in demotion, extension of training or termination of students from the programme. This would result in fewer student nurses completing training and therefore a shortage of professional nurses.

AIM OF THE STUDY

The aim of the study was to determine the causes and effects of absenteeism amongst student nurses that are currently registered for a four-year diploma programme (R425) in the KwaZulu-Natal College of Nursing (KZNCN).

METHODOLOGY

A quantitative method was used, which comprised two phases, namely, data collection through the use of a self-administered questionnaire and a retrospective record review. Simple random sampling was used to select students from the peri-urban Midlands and rural uGu districts. Stratified random sampling of 301 student nurses at different levels of training from the three campuses was done. A total of 301 questionnaires were distributed to participants; all were returned, resulting in a 100% response rate. During a retrospective record review student records were examined to assess clinical and theoretical performance of students. Statistical analysis was done using the SPSS version 22.0.

RESULTS

The results of the study revealed that students experienced problems in the clinical/practical areas that resulted in them absenting themselves. There were 14 terminations of training due to absenteeism. Student nurses who did not absent themselves obtained entry to the examination, whilst students with excessive absenteeism did not obtain entry to the examination.

DEDICATION

I dedicate this dissertation to my late father Mr. Ramouthar Seeban who instilled the value of education in me, to my mother Mrs. Neilawathie Seeban who always has my well being at heart and to my husband Krishen and children Mikayra and Mikhail for all the love and support throughout my studies.

ACKNOWLEDGEMENTS

To my dearest Lord, Shri Satya Sai Baba, without whom this accomplishment would not have been possible and to the following people:

- My supervisor Prof MN Sibiya for her invaluable assistance whenever it was required and even after hours.
- My statistician Mrs G. Hendry for data analysis.
- The Principal and staff of KwaZulu-Natal College of Nursing for allowing me to undertake this study.
- Mrs J. Reddy and colleagues from RK Khan Campus.
- The staff from the other campuses who willingly assisted me.
- The students who participated in the study.
- My family members Niraj, Reena, Yajna and Genita who assisted with photocopying.
- My friends Premie and Paramas for all the support.
- The librarian, Saro, at RK Khan Campus.

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LIST OF ACRONYMS

Acronym	Full Word
AIDS	Acquired Immunodeficiency syndrome
DOH	Department of Health
DP	Duly Performed
EAP	Employee Assistance Practitioner
FNS	Fundamental Nursing Science
GNS	General Nursing Science
HIV	Human immunodeficiency virus
KZN	KwaZulu-Natal
KZNCN	KwaZulu-Natal College of Nursing
MDG	Millennium Development Goals
NCD	Non-communicable disease
R425	Four year nursing course registered with SANC
SA	Sickness Absence
SANC	South African Nursing Council
SP	Sickness Presence

CHAPTER 1 : OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND TO THE STUDY

Internationally, there are concerns about levels of student absenteeism (Barlow and Fleischer 2011: 227). Student nurse absenteeism is increasing at nursing colleges where the researcher is currently employed and with the growing nursing shortage in most countries, staffing and in particular, the provision of professional nurses has become a daily challenge for health care administrators (Gaudine and Gregory 2010: 599). Nurses are the health professionals with whom patients and clients interact with more frequently than any other health service professional. Therefore, retaining student nurses in training is imperative as they will increase the pool of trained/professional nurses. However, attrition prevention strategies and absenteeism control measures appear to be ineffective.

Nursing students currently following the four year diploma nursing programme (R425) at the KZN CN enter into a fixed term appointment as a trainee nurse. Under this contract, their vacation leave, sick, special leave and maternity leave are specified. These trainee nurses are not entitled to family responsibility leave but are entitled to sick leave and vacation leave (Department of Health 2010a: 2-3). It has been noted that student nurses are abusing their sick and vacation leave to such an extent that some need to be demoted to another group to complete training or have to be de-registered or terminated from the course due to absenteeism (KZN CN 2011: 13). In KZN CN, the policies, rules and regulations regarding nurse training follows the policies set out by the South African Nursing Council (SANC 2005). According to the SANC (2005), student nurses are required to complete a certain number of hours of training and that a candidate shall be admitted to an examination only if he/she has completed the prescribed period of training for the programme not later than the end of the month in which the examination is conducted (Thobakgale, Lekhuleni and Kgole 2013: 183).

As mentioned these students enter into a fixed term appointment as a trainee nurse. As such, they are appointed as trainee nurse bursary holders on a non-public service contract for a period of four years. Under this contract, they are ranked as bursary holders and receive a bursary of R36000 per annum. Conditions of the contract relating to leave include:

- **Vacation leave:** Vacation leave is granted at a rate of 22 working days per annum excluding public holidays. This leave must be utilized during each year of training.
- **Sick leave:** Sick leave is available to a maximum of 12 days per annum. A medical certificate must be provided if two or more consecutive days sick leave is taken.
- **Special leave:** Special leave, with full pay, may be granted to you for special purposes, for example, examination purposes.
- **Maternity leave:** Maternity leave without pay to a maximum of four consecutive months will be granted. Training will be extended for the equivalent period of leave.
- **Family responsibility leave:** Students are not entitled to family responsibility leave. Should the student's spouse/life partner give birth to a child or if the student's child is ill, or if the student's spouse/life partner, child, parent or sibling dies the student may take vacation leave due to the student, or take limited unpaid leave (Department of Health 2010b: 2-3).

1.2 PROBLEM STATEMENT

Absenteeism in the workplace is increasing world-wide and student nurses are no exception. Student nurse absenteeism can lead to serious consequences such as demotion, extension of training and de-registration from the course. Students therefore spend a longer time in training rather than as a qualified/professional nurse, thus there is a need to find out why student nurse absenteeism is high. Absenteeism will result in fewer professional nurses being trained thereby impacting on the quality of nursing care patients receive as there will be fewer professional nurses who complete training.

As stated by Yun, Jie and Anli (2010: 122), today's health sectors worldwide face the challenge of providing high quality care, despite increasing healthcare costs and limited resources. In particular, the scarcity of qualified health personnel, including nurses, is being highlighted as one of the biggest obstacles to achieving the Millennium Development Goals (MDG's) for improving the health and well-being of the global population. A study which was conducted by Connelly et al. (2007: 115) revealed that nursing students have the highest prevalence of drop-out is most concerning, given that nursing students are in short supply in South Africa and are urgently needed to fill vacant posts; hence there is a need for a study that will explore the causes and effect of absenteeism amongst student nurses.

1.3 AIM OF THE STUDY

The aim of the study was to determine the causes and effects of absenteeism amongst student nurses that are currently registered for a four-year nursing diploma programme (R425) in KZNCN.

1.4 OBJECTIVES OF THE STUDY

The objectives of the study were to:

- Identify reasons for student nurse absenteeism.
- Determine the effect on their clinical performance.
- Determine the effect on their theoretical performance.

1.5 SIGNIFICANCE OF THE STUDY

The shortage of experienced nurses has created many challenges and changes in the health care environments in which health professionals work. Many of these changes are just beginning. There will be many more in the years to come as nurses become scarcer and the need for nursing becomes greater (Zerwekh and Garneau 2012: 556). In order for student nurses to become experienced nurses, they need to complete training and this can be

challenging due to high rates of absenteeism amongst student nurses. Banks, Patel and Moola (2012 cited in Booyens and Bezuidenhout 2013: 247) state that absenteeism in the workforce is a costly and complex problem for management, as it costs organizations billions of rands each year. It also affects the organization in terms of the quality of service provided, the loss of income and the additional pressure on staff members who are at work. Student nurses who absent themselves lose out on valuable learning and clinical experiences which could affect their performance in the clinical and theoretical areas.

Retaining student nurses in order to complete nursing courses is essential. However attrition rates still remain high. Currie et al. (2013: 2), suggest a commonly proposed solution to reduce attrition which is to introduce a system of absence monitoring for early identification of “at risk” students. Monitoring student absenteeism and supporting students who are experiencing difficulties during the course is an important management strategy to try and reduce absenteeism, but it still does not ensure that students will attend. Currie et al. (2013: 1) state that given the growing worldwide shortage of nurses and demographic changes, including an ageing workforce, the need to recruit and, more importantly, retain suitable candidates for nursing education programmes is clear.

Records and statistics from one of the KZNCN campuses where the researcher is employed indicate an upward trend of student nurse absenteeism. Certain patterns of absenteeism have also been noted where more students appeared to be absent after days off or after or before public holidays or on weekends. Thobakgale, Lekhuleni and Kgole (2013: 190) state that absenteeism policies should be distributed and explained to pupil nurses as part of their orientation programme on their first day of training. This is also practiced at the KZNCN campuses however the high absenteeism rate occurs in spite of students consistently being reminded by lecturers and management about policies regarding absenteeism. Students appear to ignore the regulations and continue with this absenteeism pattern.

Non-attendance clearly raises complex and difficult questions. However, mandating or forcing attendance appears to run counter to humanist and andragogic principles that many nurse lecturers purportedly maintain (Lipscomb and Snelling 2010: 573). Adult learners should be encouraged to attend rather than be forced to attend classes. For some nursing lecturers meeting course or module learning outcomes rather than time served or attendance could, perhaps, undermine professional socialization norms such as punctuality, discipline, self-control and respect for authority (Lipscomb and Snelling 2010: 577). Nursing lecturers have to look at various methods to ensure attendance of learners. The outcomes of the study can contribute to an understanding of why student nurses absent themselves and assist in retaining student nurses.

1.6 CONCEPTUAL FRAMEWORK

The study was guided by Process Model of Employee Attendance (Steers and Rhodes 1978). The framework describes the relationship between absenteeism and individual characteristics, characteristics of the job, pressures to attend, ability to attend. It describes the effect of the above mentioned factors on absenteeism. The conceptual framework will be discussed in detail in Chapter 3.

1.7 DEFINITIONS OF KEY CONCEPTS

Absenteeism

It means the practice of absenting oneself from work(Allen 1993: 5).

Assessment

It means a value judgement of the performance of a learner whether or not based on test results.

Clinical assessment

A system of continuous clinical assessment, which enables monitoring of the progress of learners in learning and development of skills.

Clinical placement

Placement in practice settings, which we also call 'clinical placements' or 'practice placements', enables nursing students to learn from clinical encounters with patients, clients, families and communities, and to meaningfully transfer learning from theory to practice (Mellish, Klopper and Bruce 2011: 253). In this study, clinical placement refers to the practical area where the nursing students following the four year nursing course (R425) are placed.

College

An establishment for further or higher education, sometimes part of a university (Allen 1993: 221). In this study, college refers to the nursing college.

Course

The content of a subject taught in a certain time period such as semester or year.

Demotion

It refers to a student who has not met the minimum requirements of a module. The student will be demoted by six months, except for failure to meet requirements in Social Science I, Community Nursing Science I and Anatomy and Physiology II.

Duly performed (DP)

According to KZNCN Learner Information Guide and Rules, this means that all the requirements for entry to an examination have been met (KZNCN 2011).

Effect

The result or consequence of an action (Allen 1993: 374).

Examination

A summative written evaluation of learning in a subject which determines promotion or completion of a course, subject of programme.

Performance

A person's achievement under test conditions (Allen 1993: 1130). In this study, performance will refer to the clinical and theoretical performance of students following the four year nursing diploma programme (R425).

Procedure evaluations

These are selected procedures, which are evaluated as procedure evaluations.

Programme

It refers to a complete curriculum leading to the award of a diploma as prescribed in regulations made under the Nursing Act, 1978 (Act of 1978) as amended.

R425 Nursing Diploma

According to the SANC (1985), it is a regulation relating to the approval of and minimum requirements for the education and training of a nurse (General, Psychiatric and Community) and Midwife leading to registration as a professional nurse.

Student

This is a person who is studying, especially at university or another place of higher education (Allen 1993: 1547). In this study, student will refer to students who are following the R425 nursing programme in KZN.

Termination

This refers to a student has failed to re-enter into an examination resulting in exclusion from the nursing programme.

Theoretical evaluation

This is a system of ongoing written evaluations which enable monitoring of the progress of learners. It comprises part of the entry requirements to the examination.

1.8 OUTLINE OF THE DISSERTATION

Chapter 1: Background to the study.

Chapter 2: Literature review.

Chapter 3: Research methodology.

Chapter 4: Presentation of the results.

Chapter 5: Discussion of the findings, recommendations and conclusion.

1.9 CONCLUSION

In summary, the aim of this study was to determine the causes and effects of absenteeism amongst student nurses that are currently registered for a four-year nursing diploma programme in KZNCN. This chapter presented background and introduction to the study. The following chapter presents the literature review that was undertaken.

CHAPTER 2 : LITERATURE REVIEW

2.1 INTRODUCTION

The literature review will examine the reasons for student nurse absenteeism and the effect of such absenteeism on the theoretical and clinical performance of students. The study will be guided by the Process Model of Employee Attendance (Steers and Rhodes 1978) as discussed in Chapter 3.

2.2 LITERATURE SEARCH PROCESS

The following search engines were used to identify relevant data: CINAHL Plus, EBSCOhost, Health Source – Nursing/Academic Edition, MEDLINE, ProQuest Nursing and Allied Health Source, PubMed, SA ePublications, South African theses, Sabinet Reference, Science Direct, Science Direct e-books, Durban University of Technology (DUT) Repository, and Google Scholar. Key words used in the on-line search included absenteeism, nursing, effects of absenteeism, causes of absenteeism, students and cost of absenteeism.

2.3 DEFINITION OF ABSENTEEISM

Absenteeism can be very difficult to define. Although actual definitions varied, a typological framework could be established using the following classifications of absence, planned or unplanned, voluntary or involuntary (Berlita, Mbindyo and English 2013: 1). Absenteeism can be broadly defined as “the non-attendance of an employee when scheduled to work” (Werner, 2004 cited in Booyens and Bezuidenhout 2013: 247). Types of absenteeism can vary from institution to institution. However, they tend to have the same meaning.

2.4 TYPES OF ABSENTEEISM

According to Singh (2012: 13) absenteeism can be classified in three broad categories, namely sickness absence, authorized absence and unexcused absence. Sickness absence can be categorized as absence due to illness. Authorized absence is when employees are granted permission to be absent such as study leave and unexcused absence are absences that are not included in sickness absence or authorized absence, usually when no explanation is given for absence or the excuse is not accepted by the employer.

2.5 FACTORS CONTRIBUTING TO ABSENTEEISM

Several factors may contribute to student absenteeism. Chang et al. (2005 cited in Farquharson et al. 2012: 1625) reported in a recent literature review that stressful aspects of nursing included demanding work accompanied by poor support, rapidly changing circumstances, lack of resources, including human resources and dealing with difficult patients and death. Student nurses are also faced with these types of scenarios on a daily basis in the practice/clinical areas, which could be a reason for high absenteeism and attrition rates.

2.5.1 Stress

Absenteeism is multi-faceted, with interrelating factors. Acutt and Hattingh (2009: 436) state that absence from work, a form of withdrawal behaviour, can be a main indication of organizational stress, and it involves great costs, especially with regard to the loss of productivity. Stress continues to be a problem for nurses due to excessive workloads and requires urgent attention by nurse managers in order to retain staff (Suresh, Matthews and Coyne 2012: 770). Other factors that contribute to absence include dissatisfaction with organizational and work factors, for instance insufficient training and supervision, disturbed work relationships, poor work group cohesion and morale and the physical job design. Stress and its effects needs to be

identified and managed as it can have serious consequences. Donovan, Doody and Lyons (2013: 969-970) examined the effect of stress on health and its implications for nursing and found that stress can have a significant impact on individual nurses and their ability to accomplish tasks. Stress can directly contribute towards absenteeism, decreased work performance, and ultimately burnout. Edwards et al (2010: 78) state that it is well recognized that nurse education/training can be a stressful experience and that self-esteem is an important predictor of stress. Students entering the nursing profession are ill prepared and do not know what to expect.

When faced with heavy workloads, theoretically and practically, many are unable to cope which could result in absenteeism. There is indeed variation in student psychological wellbeing across the academic year. It was found that stress levels were highest at the beginning of the third year of training and that these levels were significantly higher than levels reported at any other time in their education/training and that self-esteem levels were lowest at the end of training (Edwards et al. 2010: 83).

Increasingly stressful work environments “burns out” the experienced nurses and discourages new recruits, which leads to shortage of nurses. This in turn creates more work for those who stay which increases stress in the work environment that leads to more absenteeism that worsens the shortage situation resulting in a vicious cycle of shortages (Oosthuizen and Ehlers 2007: 17; Rajbhandary and Basu 2010: 153). The ideal situation would be to improve all the working conditions of nurses but this is a slow process, due to the many factors that are associated with health service delivery.

Absenteeism results in an increased workload for nurses who stand in for colleagues and can lead to situations in which lack of motivation among nurses and a lowering of the quality of patient care may occur (Nyathi and Jooste 2008: 28).

2.5.2 Adapting to an independent life-style

The challenges of adjusting to a more independent approach to studying and the need to look after themselves can be overwhelming. The ability to be independent is not easily acquired. Ideally, it needs to be developed in stages throughout the process of growing up. This could also be a reason for absenteeism (Barlow and Fleischer 2011: 234). Nursing students have to learn to be independent. According to Mkhize and Nzimande (2007: 24), 41% of learners were interested in nursing but were discouraged by poor working conditions, low salaries, and the lack of information about nursing as a career. This could be related to high rate of absenteeism during training.

2.5.3 Effect of HIV/AIDS

In addition, since HIV/AIDS has largely affected those of working age, it is important to understand the impact of being infected on employees and the workplace (Guariguata et al. 2012: 1). The findings of Shisana et al. (2004: 846) show that the prevalence of HIV infection is higher in the rural provinces of Mpumalanga (19.6%) and North West (19.7%) in comparison to the urban provinces of KZN (17.1%) and Free State (9.6%). This adds further pressure to the health human resources crisis in these rural areas which already struggle with substantial staff vacancy gaps. This poses a significant threat to South Africa's achievement of the strategic objectives for HIV and AIDS, as young nurses who are HIV positive will have limited amount of time employed in the health sector (Connelly et al. 2007; Shisana et al. 2004).

According to Bam and Naidoo (2014: 8) studies need to focus on nurses who are HIV infected in order to understand their needs and how their positive status impacts on the care they give to patients with HIV. Nurses who are HIV positive also require support during the course of their duties and understanding the needs of HIV positive nurses should improve patient care outcomes and reduce absenteeism.

2.5.4 Effect of non-communicable diseases

Apart from HIV/AIDS being a reason for absenteeism from work, diseases of lifestyle are also affecting students. Non-communicable diseases (NCDs) are playing an important role, as changing diets and sedentary habits are adopted, particularly in urban settings. Conditions like cardiovascular disease and diabetes are increasingly affecting countries in economic transition and are expected to dramatically increase over the next 20 years (Guariguata et al. 2012: 2).

Qualified nurses that are obese will have more absenteeism than those of normal weight. Rajbhandary and Basu (2010: 158) further state that both registered nurses and licensed practical nurses without any chronic conditions will have less absenteeism than those with one or more chronic conditions.

2.5.5 Social problems

Employees absence from work has also been reported to be due to non-specific, personal, unsatisfactory working conditions, and withdrawal from work phenomenon (Tripathi et al. 2010: 143). Student nurses with high absenteeism rates are usually counselled and many mention factors like personal issues with their family or partner, alcohol/drug abuse and too many social activities as their reasons for being absent. Students are usually also not willing to disclose these social problems to co-workers; however some are eventually treated when they report on duty under the influence of alcohol or drugs.

2.5.6 Sickness presence

Although student absenteeism is being discussed, terms worth mentioning are sickness presence and presenteeism. Aranson and Gustafsson (2005: 958, as cited by Claes 2011: 224) defined sickness presence (SP) as “ the phenomenon that people, despite complaints and ill-health that should prompt them to rest and take sick leave, go to work in any case”. Few students

present themselves on duty when sick, however these students tend to be highly motivated and high performers, they understand and accept the rules of the organization, in order to achieve their own goals. These students can be seen to be obviously sick, but they still present themselves, some have even been requested to leave in order to receive medical treatment and to prevent infecting others.

According to Claes (2011: 236) obviously if employees are in generally in good health, their sickness presence will be low. Secondly, it concerns time pressure as a negative (as opposed to positive) sickness presence factor. Employees who anticipate unfavourable consequences of absenteeism, such as increased time pressure, will be inclined to be present at work when sick. This means that those students, who present themselves in spite of being sick, are aware of the outcome of being absent for example, missing lectures or clinical experiences. Sickness absence (SA) means that students stay away due to illness.

2.5.7 Presenteeism

Presenteeism is the impaired work performance due to health problems according to Matsushita et al.(2011: 439). This was an uncommon study done on students to find out about the types of health problems they experience and what the most common health problems were. As discussed earlier, many students do not like to discuss their health conditions with the people they interact with at work. This was an attempt made to find out more about the illnesses experienced by students. Matsushita et al. (2011: 440) state that the number of college students who visit academic healthcare centres because of both physical and psychiatric illness has increased recently. It can be considered that many of these students have been frustrated with academic life. Recognition of a student's health condition in the early stage might be crucial to decrease the risk of further morbidity. More attention should be given to the issue of presenteeism (Matsushita et al. 2011: 440).

2.5.8 Different health institutions

Donovan, Doody and Lyons (2013: 972) state that the reality in today's healthcare institutions is that they differ in size and nature, and nurses are confronted with different work tasks, working hours, work shifts, working conditions, understaffing, stress-related conditions, suffering patients and deaths of patients. This statement highlights the fact that health care institutions vary in different countries as staffing, working conditions, shifts and disease profiles vary. These factors could impact on absenteeism rates.

The nursing profession in South Africa is in crisis as many professional nurses look for employment elsewhere and opt to leave the country in search of lucrative work overseas (Greyling and Stanz 2010: 36). Professionals in South Africa have been lured abroad by enticing pay packages, with the general poor conditions in public health services and the high levels of crime in South Africa (a push factor) also leading them to reconsider their positions (Oosthuizen and Ehlers 2007: 20). This has serious consequences for students in training as students become demotivated by high workloads, inadequate supervision and guidance by experienced personnel. According to Kantek (2010: 1923), investigating the status of student nurse drop out provides useful information on how to improve the quality of nursing education and to manage resources effectively.

2.6 STUDENT NURSE TRAINING IN KZN

According to the Learner Information Guide and Rules, students have to make 80% of theoretical and clinical attendance in order to be entered for the examinations (KZNCN 2011: 13). This means that the student may only be absent for 20% of the entire module that they are in presently. Fundamental Nursing Science (FNS) is studied in the first year, in order to be entered for the FNS examination, the student must have attended a minimum of 80% of the lectures and 80% of the practice, and the same would apply for other modules such as General Nursing Science (GNS) and so on. If a student has been absent for more than 20% of the module (depending on the number of

hours), training may be extended or the student may be demoted to another group.

This rule is important as it makes students aware of the importance of being present in both areas because nursing is made up of both theoretical and clinical aspects and both are equally important to ensure that the student is well trained in all aspects. However, it does not mean that the student will attend. Lecturers should understand that student absenteeism is a multifaceted occurrence and that mandating attendance may not necessarily improve student academic performance (Hidayat et al. 2012: 5).

2.7 MANAGING ABSENTEEISM

Various proposals have been made over the years for how to manage absenteeism, as enumerated below.

2.7.1 Keeping records of absence

In their study, Gaudine and Gregory (2010: 604) found that the majority of nurses could not accurately recall their absenteeism, and self-reported a lower number of absence days than was recorded in the organizational absence records. Booyens and Bezuidenhout (2014: 252) state that there are various examples of forms that can be used to record absences. The most practical form seems to be a year-planner format. Every year a new form is attached to the employee's file. This form makes provision for recording absences and reasons for absences, and enables the personnel department to establish absenteeism patterns in the organization, as well as for the individual.

2.7.2 Right to leave

Many employees view sick leave as their right. Employees do have a right to sick leave (KZNCN 2011: 10) and sickness may require medical or surgical

interventions, rest and so on, to be fully recovered, in order to perform well at work.

However, there are some employees who abuse their sick leave, and may even feel it is fair that they take an occasional additional day. These employees, typically, also have patterns of sick leave such as staying away on public holidays or before or after them, before or after weekends, and before or after days off.

2.7.3 Informing employees of absenteeism

Gaudine and Gregory (2010: 604) suggested that in addition to sending letters to those who have excessive sick time use, it might be beneficial to send letters quarterly to all employees showing their current absenteeism. Sending the letters quarterly instead of yearly would allow employee/employer to seek interventions to correct excessive sick leave in a timely manner. Student nurses have to be monitored at every module because, as mentioned earlier, excessive leave taken can result in students being demoted, having their training extended or being de-registered from the course.

2.7.4 Leadership skills

According to Singh (2012: 64), effective management and supportive leadership are essential in ensuring reduction in absenteeism and provision of quality care. Nurses need constant recognition and praise for work well done. Zerwekh and Garneau (2012: 196) state that leadership is needed as much as management for effective group functioning but each has its role to play. The manager determines the agenda, sets time limits, and facilitates group functioning. The leader focuses on a group's efforts to identify goals and carry out the activities needed to reach those goals. This means that nurse managers must also be positive role-models that employees can emulate. Nurse managers should identify stressors in the work environment and provide support to both the student and the newly qualified nurse in the clinical environment (Suresh, Mathews and Coyne 2012: 771).

2.7.5 Appropriate referral

There are various benefit programmes and services that workers may access when sick, injured, or have family or social issues, including healthcare benefits, employee assistance programmes (EAPs), paid sick leave, and family medical leave (Acutt and Hatting 2009: 436). Students with excessive absenteeism should be identified and referred. Support whether positive or lacking has been identified as pivotal in the preparation of student nurses for practice (Morrell and Ridgway 2014: 518).

2.7.6 Improving performance

Assisting students to improve performance can be very difficult for nurse lecturers and professional nurses. Students need to display the necessary maturity and willingness to want to improve their performance. Performance of health care organizations depends on the knowledge, skills and motivation of individual employees. Employers should provide working conditions which support the performance of employees (Awases, Bezuidenhout, and Roos 2013: 1). Students who perform poorly usually have high absenteeism rates. Historically, the literature suggests that undergraduate students who spend more time in the classroom perform better academically than students with high rates of absenteeism (Hidayat et al. 2011: 1). Instead of demanding that students physically attend lectures they should be encouraged to take responsibility for their learning (Goodman 2010: 65).

2.8 CONCLUSION

This chapter has provided an overview of the current literature on nursing absenteeism. National and international viewpoints regarding the definition/s of absenteeism, causes, effects and management were discussed. In the following chapter the research methodology used for the study will be discussed.

CHAPTER 3 : RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter will present the research design, setting, theoretical framework that guided the study, sampling process, inclusion and exclusion criteria, data collection process, pre-test, data analysis, research rigour and ethical considerations.

3.2 RESEARCH DESIGN

A non-experimental, exploratory, descriptive study using quantitative design was used to determine the causes and effects of absenteeism amongst student nurses that are currently registered for a four-year diploma programme in KZNCN. Quantitative research is a formal, objective, systematic study process in which one observes, describes and documents aspects of a situation as it naturally occurs (Grove, Burns and Gray 2013: 706). Exploratory research investigates the nature of the phenomenon and the other factors related to it (Grove, Burns and Gray 2013: 694). A descriptive study, on the other hand, aims to find out 'what is' by gathering and analysing data then describing it by using visual aids such as graphs and charts to assist the reader in understanding the data distribution (Grove, Burns and Gray 2013: 692).

3.3 SETTING

The KZNCN is the head office for the nurse-training campuses in KZN. It is affiliated by contractual agreement with the KZN Department of Health and the University of KwaZulu-Natal and University of Zululand. Under KZNCN are 11 campuses offering the four year nursing programme, and 14 sub-campus, offering programmes other than the four year nursing diploma

programmes (Department of Health 2001a). These KZN CN campuses are situated all over KZN which means that there may be differences in absenteeism between them due to their geographical location being either urban or rural. New student intakes for the four year nursing programme take place twice a year with an average of 50-60 nursing students being registered per intake. However, this is dependent on the size of the nursing college and the number of students that can be accommodated.

3.4 THEORETICAL FRAMEWORK THAT GUIDED THE STUDY

The study was guided by the Process Model of Employee Attendance (Steers and Rhodes 1978). The framework describes the relationship between absenteeism and individual characteristics, characteristics of the job, pressures to attend, and ability to attend as seen in Figure 3.1.

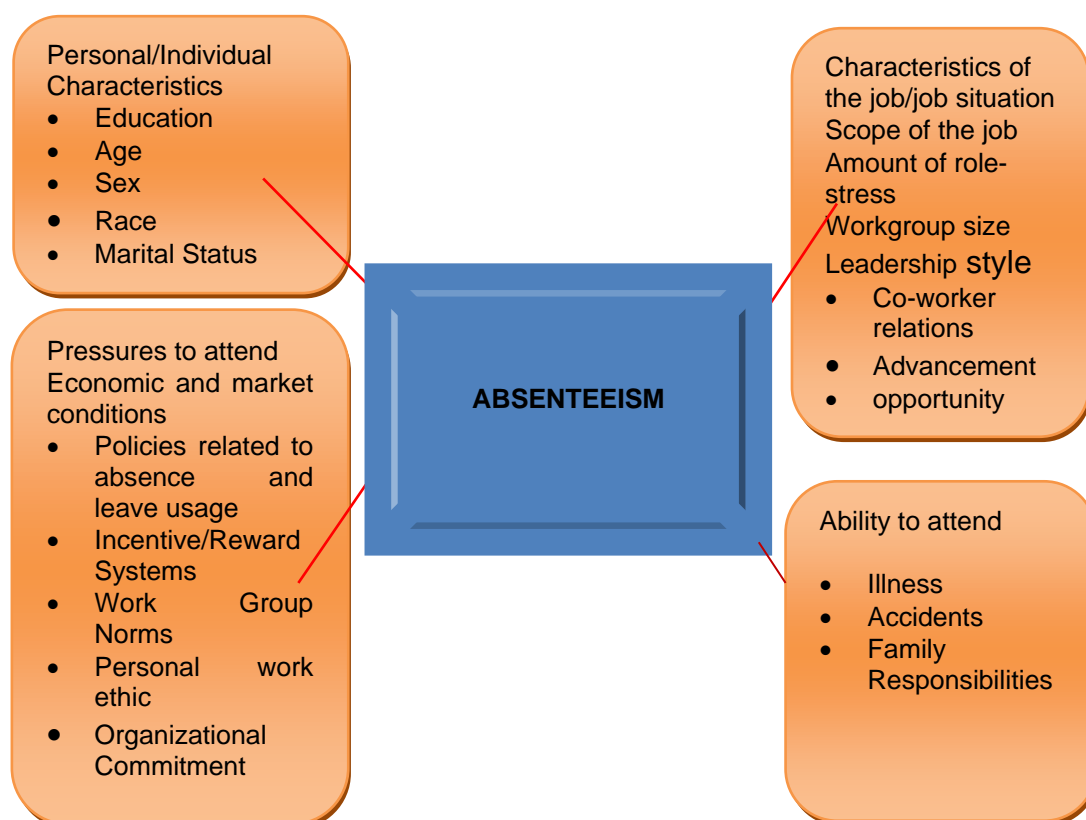


Figure 3.1: Process model of employee attendance (Steers and Rhodes 1978)

3.4.1 Personal/Individual characteristics

Personal characteristics refer to feelings and beliefs associated with work (Davey et al. 2009: 320). According to the Process Model of Employee Attendance (Steers and Rhodes 1978) (Figure 3.1), personal/individual characteristics include factors such as age, sex, marital status and family size which may affect the individual's ability to be present at work. Paton (2015: 7) argues that middle-aged workers between the ages of 30 to 49 took more sick leave than any other age group. Turnover of nurses are affected by variables such as age, gender and marital status. A higher rate of nursing turnover was found in younger nurses (Mahmoud et al 2014: 80). These viewpoints show that middle-aged workers took more sick leave whilst younger nurses left their places of employment compared to other age groups.

3.4.2 Characteristics of the job/job situation

According to Steers and Rhodes (1978), the amount of role-stress associated with the job can influence the individual's willingness to attend. Nursing is a stressful profession which can lead to absenteeism due to long term health problems, reduced efficiency amongst staff members and a decrease in the quality of nursing care delivered to patients (Donnelly 2014: 746). Employee dissatisfaction has been linked to excessive levels of stress, including effects on turnover among nurses (Kuo, Lin and Li 2014: 225).

3.4.3 Pressures to attend

Brunetto et al (2013: 2786) state that the quality of workplace relationships between employee and supervisors, and organizational support of employees, anchors nurses to their places of employment and supports them to stay in nursing. Workers may feel pressured to attend due to organizational commitment. Gormley (2011: 33) suggests that it is important for nurse managers to understand how nurses perceive their work environment as these perceptions may affect whether nurses leave the organization or not.

Organizational commitment is a useful predictor of turnover (Wagner 2007: 235).

3.4.4 The ability to attend

According to Steers and Rhodes (1978), the ability to attend includes factors such as illness, family responsibilities and illness which may affect whether an employee is able to be present at work. It was noted that organizational commitment decreases when individuals experience conflicts between their work and family lives (Benligiray and Sonmez 2012: 3893).

3.5 SAMPLING PROCESS

3.5.1 Population

Population is a group of people, documents, events or specimens about whom or which the researcher is interested in collecting information or data (Moule and Goodman 2014: 461). In this study, the population was students at all levels of training in the four year nursing programme. The training cards and registers of the students were the documents that were used to assess the effect of absenteeism on clinical and theoretical performance.

3.5.2 Sampling of campuses

The researcher is a lecturer in one of the KZN CN campuses which also offers the R425 nursing programme. In order to avoid coercion and bias, this campus was not included in the sample. Purposive sampling, a judgemental or selective sampling method that involves conscious selection by the researcher of certain subjects or elements to include in a study (Grove, Burns and Gray 2013: 705) was used to select the three nursing campuses, namely, Campus A which is located in the peri-urban area of Durban, Campus B in Midlands, Pietermaritzburg, which is urban and Campus C, which is located in the rural uGu district. These campuses are nursing education institutions which offer the R425 nursing programme (Department of Health 2001b). These campuses are regulated by the policies and procedures of the KZN CN

in accordance with the SANC. The total population size of these three campuses is 1400 students. Stratified random sampling of 301 student nurses at different levels of training from the three campuses was done.

3.5.3 Sampling of the participants

A simple random sampling was used to select the participants, where the researcher wrote names on slips of paper, placed the names in a container, mixed well, and drew out one at a time until the desired sample size had been reached (Grove, Burns and Gray 2013: 358). The sampling frame consisted of a list of all students who were registered for the R425 programme and this list was obtained from the principal.

3.5.4 Inclusion criteria

- Students registered for the R425 nursing programme at the three selected KZN CN campuses.
- Students at all levels of study, that is first, second, third and fourth year of study.

3.5.5 Exclusion criteria

- Students from other campuses, apart from the ones mentioned above.
- Students registered for nursing programmes other than R425.

3.6. DATA COLLECTION PROCESS

Data collection process took place in two phases.

3.6.1 Phase 1: Survey

Data was collected by means of a questionnaire which was explained to students prior to them completing it. The questionnaire was adapted from

Thobakgale in a study on learner nurses' absenteeism in the nursing schools of Capricorn District, Limpopo Province (Appendix 8). Permission was requested and obtained from Thobakgale to use the questionnaire (Appendices 7a and 7b). The questionnaire consisted of two sections. The first section contained demographic data such as gender and age. The second section contained factors relating to absenteeism such as teaching factors, content factors, learning factors, assessment factors and clinical/practical/ward factors.

The researcher personally handed out the questionnaires after explaining the outline of the study and discussing ethical issues such as anonymity and confidentiality (Appendix 11). Written consent was obtained from the participants before commencement of the data collection process (Appendix 11). Students filled in the questionnaires themselves and placed them in envelopes, sealed them and then placed them in a box. The researcher collected the boxes. Two second year groups were taken from Campus C as there were no fourth year groups at the time of data collection.

3.6.2 Phase 2: Record review

Theoretical records of students, such as registers and training cards were used to examine and analyse marks of students to gain information about the effect of absenteeism on their theoretical performance (Appendix 9) as well as clinical performance (Appendix 10). Student records with the required data are kept by the respective lecturers at the campuses. Once permission was granted, the researcher requested the records from the respective lecturers. The researcher alone captured this information electronically into a personal password-protected computer to ensure confidentiality. Excel data-collection tools (Appendices 9 and 10) were used to ensure reliability and consistency. No names of students appeared on the data collection tools; instead, codes were used. The records were not removed from the premises during data collection, nor were copies made.

3.7 PRE-TESTING OF THE DATA COLLECTION TOOLS

The researcher conducted a pre-test of the questionnaire in order to ensure its accuracy by identifying and rectifying problems prior to the main study. Pre-testing was conducted on two students per each level of study who were registered for the R425 programme in one of the campuses which was not included in the main study. There were no proposed amendments to the questionnaire.

3.8 DATA ANALYSIS

Data were reduced and analysed with the help of a statistician using statistical software SPSS version 22.0. Descriptive statistics using frequency and cross-tabulation tables and various types of graphs were used. Inferential statistics using Pearson's and or Spearman's correlation at a significance level of 0.05 was used.

3.9 RESEARCH RIGOUR

3.9.1 Research rigour

According to Grove Burns and Gray (2013: 708), rigor refers to striving for excellence in research through the use of discipline, scrupulous attention to detail, and strict accuracy. The researcher ensured research rigour by adhering to all the principles of quantitative research such as ensuring that the sample was representative of the population, the questionnaire was precise and measured the causes and effects of absenteeism of student nurses following the four year nursing programme. The questionnaire was adapted with assistance from a statistician.

Pre-testing of the data collection tools was conducted to test the accuracy of the instrument before being used. This allowed the researcher to make changes, if needed (none were needed). Findings from the research study should be able to be generalized to other populations with similar characteristics. The researcher was precise when conducting research by

following policies and procedures related to collection and analysis of data in quantitative research.

3.9.2 Reliability

Reliability refers to the accuracy and consistency of information obtained in a study (Polit and Beck 2012: 175). The researcher ensured that the research instrument was the same for all the student nurses involved in the study and was therefore able to make inferences about absenteeism amongst student nurses.

3.9.3 Validity

According to Polit and Beck (2012: 175), validity is a more complex concept that broadly concerns the soundness of the study's evidence, that is, whether the findings are unbiased and well grounded. The researcher prevented bias by collecting data from other colleges and not from the college where she is currently employed. The questions on the research instrument were valid as they have been used in the Limpopo Province to determine absenteeism amongst pupil nurses.

3.9.4 Bias

A bias is an influence that produces a distortion or error in the study results (Polit and Beck 2012: 176). The researcher prevented bias by being objective and not allowing subjective thoughts or feelings to interfere with the collection of the data. The sample was only student nurses in the four year nursing diploma programme and not student nurses in other nursing programmes, in order to avoid sample imbalances. The researcher monitored the research process very carefully to ensure accurate results.

3.10 ETHICAL CONSIDERATIONS

Permission was sought from the KZN Department of Health (Appendices 2a and 2b), the KZN CN Principal (Appendices 3a and 3b) and the Principals of the three campuses where the research was conducted (Appendices 4a and 4b, 5a and 5b, 6a and 6b). Ethical clearance was sought from the Durban University of Technology Institutional Research Ethics Committee (Appendix 1). No students' examination or SANC numbers or names were required on the questionnaires, therefore anonymity was maintained. Privacy and confidentiality was maintained, as participants filled the questionnaire without being disturbed or influenced in any manner. Written informed consent was obtained from students prior to commencement of the study (Appendix 11). Participants were informed that the information obtained would be used for the purpose of the study and not for any other reasons. They were informed that participation was voluntary and that they could withdraw from the study at any time, with no consequences. Participants reserved the right to ask questions regarding any aspect of the study. All information obtained was used for research purposes only. The researcher alone captured information electronically into a personal password-protected computer to ensure confidentiality. Records were not removed from the premises during data collection, nor were copies made.

3.11 CONCLUSION

In this chapter the research design, setting, sampling process, data collection process, data analysis, research rigour and ethical considerations were explained. The analysis of data collected will be presented in the chapter that follows.

CHAPTER 4 : DATA ANALYSIS

4.1 INTRODUCTION

In this chapter, data collected through the use of questionnaires and record review tools will be presented and analysed. A total of 301 nursing students from three campuses participated in the study. In phase 1, students from first to fourth year level of study completed the questionnaires. The questionnaire consisted of eight sections. Section one consisted of biographic data namely gender and age of the respondents. Section two was divided into factors relating to absenteeism such as teaching factors, content factors, learning factors, assessment factors, social factors and clinical/practical/ward area factors. A five point Likert scale was used to assess the causes of absenteeism amongst nursing students.

There were 100% (n=301) questionnaires completed and collected, meaning there was a 100% return rate. Descriptive statistics including means and standard deviations, where applicable, were used. Frequencies are represented in tables and graphs. The Wilcoxon Ranks test was used; this is a non-parametric test which measures differences between means or medians in the same group (Moule and Goodman 2014: 395). According to Laerd Statistics (2013: 1), the Kruskal Wallis Test (sometimes also called “one-way ANOVA on ranks”) is a rank based non-parametric test that can be used to determine if there are statistically significant differences between 2 or more groups of an independent variable on a continuous or ordinal dependent variable.

In phase 2, a record review was conducted to ascertain the effect of absenteeism on clinical and theoretical performance of student nurses.

The Process Model of Employee Attendance (Steers and Rhodes 1978) explores factors such as personal characteristics, characteristics of the job, pressures to attend, ability to attend and the effect of these factors on absenteeism. This was the theoretical framework that guided the study. Questions in the survey were similar to the factors mentioned in the model.

4.2 PHASE 1: SURVEY

The survey was conducted between October 2014 and January 2015 as laid out below.

4.2.1 Campus A

- First Year

A total of 20 first year students completed the questionnaire.

- Second Year

A total of 23 second year students completed the questionnaire.

- Third Year

A total of 23 students completed the questionnaire.

- Fourth Year

A total of 16 students completed the questionnaire.

A total of 82 students completed the questionnaires from Campus A.

4.2.2 Campus B

- First Year

A total of 36 first year students completed the questionnaire.

- Second Year

A total of 27 second year students completed the questionnaire.

- Third Year

A total of 35 third year students completed the questionnaire.

- Fourth Year

A total of 30 fourth year students completed the questionnaire.

A total of 128 students completed the questionnaires from Campus B.

4.2.3 Campus C

As stated in Chapter 3, two second year groups were taken for Campus C as there were no fourth year groups at the time of data collection.

- First Year

A total of 23 first year students completed the questionnaire.

- Second Year

A total of 23 second year students completed the questionnaire.

- Second Year

A total of 19 second year students completed the questionnaire.

- Third Year

A total of 26 fourth year students completed the questionnaire.

A total of 91 students completed the questionnaires in Campus C.

A grand total of 301 students completed the questionnaires.

4.3 PRESENTATION OF SURVEY RESULTS

4.3.1 Demographic characteristics of respondents

The majority of the respondents, 73.4% (n=221) were females, whilst 26.6% (n=80) were males as outlined in Figure 4.1. The majority of the respondents 62.1% (n=187) were between ages of 19-25, whilst 26.2% (n=79) fell into the 26-32 year age group; 10.3% (n=31) fell into the >32 year age group, whilst a small percentage 1.3% (n=4) fell into the <19 year age group as seen in Figure 4.1. This indicates that respondents varied from adolescents to older adults.

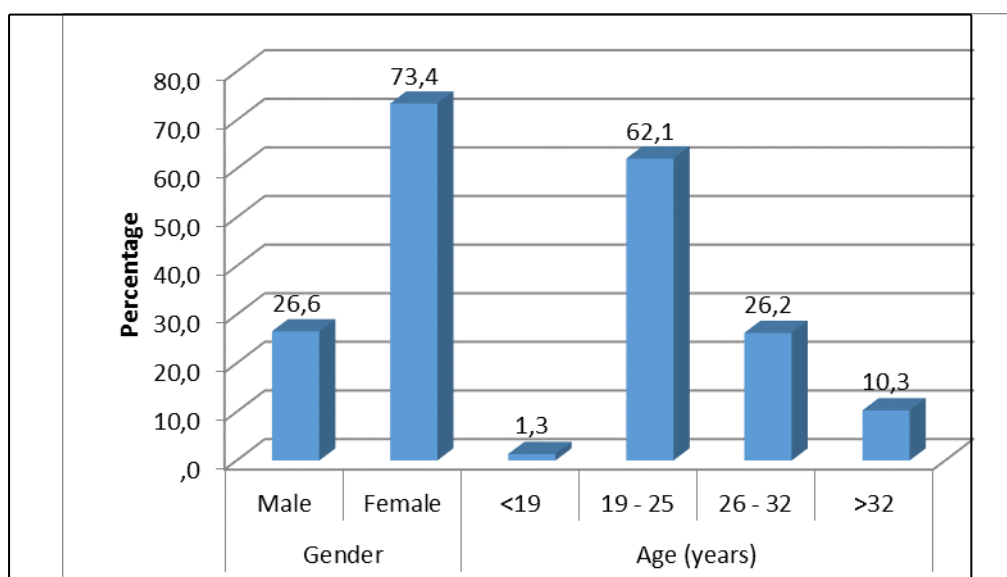


Figure 4.1: Gender and age of the respondents

4.3.2 Teaching factors influencing absenteeism at college

Teaching factors included resources available for teaching, interest in subjects, workload of students, readiness of work, language used by the lecturer and method of teaching as seen in Figure 4.2.

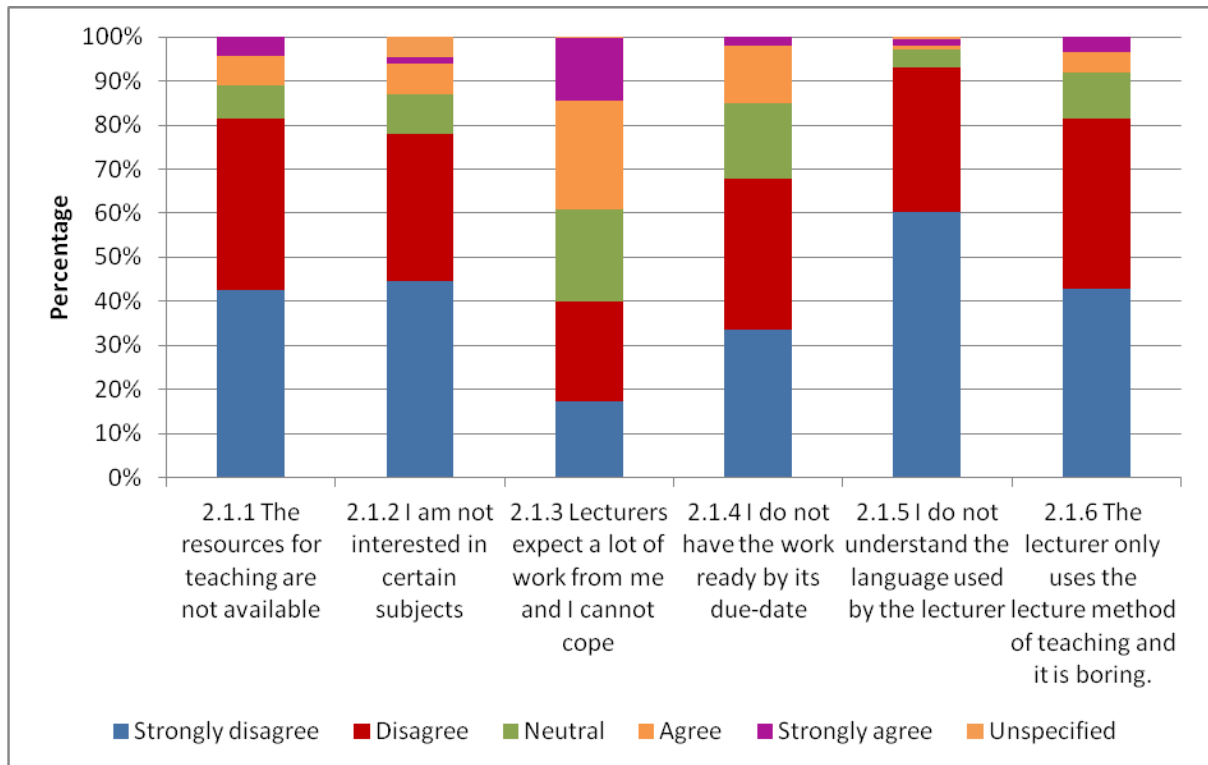


Figure 4.2: Responses to teaching factors

4.3.2.1 Lack of resources available for teaching

The majority of the respondents, 42.5% (n=128) strongly disagreed that a lack of teaching resources was responsible for absenteeism whilst 38.9 % (n=117) disagreed. A small percentage 4.3% (n=13) strongly agreed whilst 6.6 % (n=20) agreed. A few respondents 7.6 % (n=23) were neutral on this question. The Kruskal Wallis test indicated that there was significant disagreement with the statement that resources for teaching were not available ($Z (N=301) = -11.781, p < .0005$).

4.3.2.2 Interest in subjects

The majority of the respondents 44.5% (n=134) strongly disagreed that lack of interest in certain subjects was the reason for absenteeism whilst 33.6% (n=101) disagreed. A small percentage 9.0% (n=27) were neutral whilst 7.0% (n=21) agreed and 1.3% (n=4) strongly agreed. The Kruskal Wallis test showed that there was significant disagreement with the statement that lack of

interest in certain subjects was the reason for absenteeism ($Z (N=287) = -12.688, p<.0005$).

4.3.2.3 Workload of students

The majority of the respondents 24.6% ($n=74$) agreed that they had a lot of work to complete and that they could not cope. A few respondents 14.3% ($n=43$) strongly agreed whilst 20.9% ($n=63$) were neutral. Only 17.3% ($n=52$) respondents strongly disagreed whilst 22.6% ($n=68$) disagreed.

4.3.2.4 Readiness of work

Of the respondents, 34.2% ($n=103$) disagreed that they did not have work ready by the due date therefore they absented themselves. This was closely followed by 33.6% ($n=101$) who strongly disagreed whilst 17.3% ($n=52$) were neutral. A small percentage 2.0% ($n=6$) strongly agreed whilst 13.0% (39) agreed. The Kruskal Wallis test indicated that there was significant disagreement with the statement that respondents did not have their work ready by its due date ($Z (N=301) = -10.548, p<.0005$).

4.3.2.5 Language used by the lecturer

The majority of respondents 60.1% ($n=181$) strongly disagreed that they did not understand the language used by the lecturer whilst 32.9% ($n=99$) disagreed. Only 1.3% ($n=4$) strongly agreed whilst 1.0% ($n=3$) agreed. The remainder of the respondents 4.0% ($n=12$) were neutral. The findings on the Kruskal Wallis test again indicated that there was significant disagreement with the statement that the respondents did not understand the language used by the lecturer ($Z (N=299) = -14.599, p<.0005$).

4.3.2.6 Methods of teaching

The majority of the respondents 42.9% ($n=129$) strongly disagreed that only the lecture method was used for teaching whilst 38.5% ($n=116$) disagreed. A

small percentage 3.3% (n=10) strongly agreed whilst 4.7% (n=14) agreed. A few 10.6% (n=32) were neutral. There was significant disagreement with the statement that only the lecture method of teaching was being used, as shown by the Kruskal Wallis test ($Z(N=301) = -12.323, p < .0005$).

4.3.3 Content factors

Content factors included orientation to the rules and regulations regarding absenteeism from the theoretical area. Figure 4.3 shows that almost 60% of respondents strongly disagreed that they had not been orientated to the rules, whilst nearly 50% strongly disagreed that they did not know the rules and almost 55% of respondents strongly disagreed that they stayed away in-spite of knowing the rules regarding absenteeism.

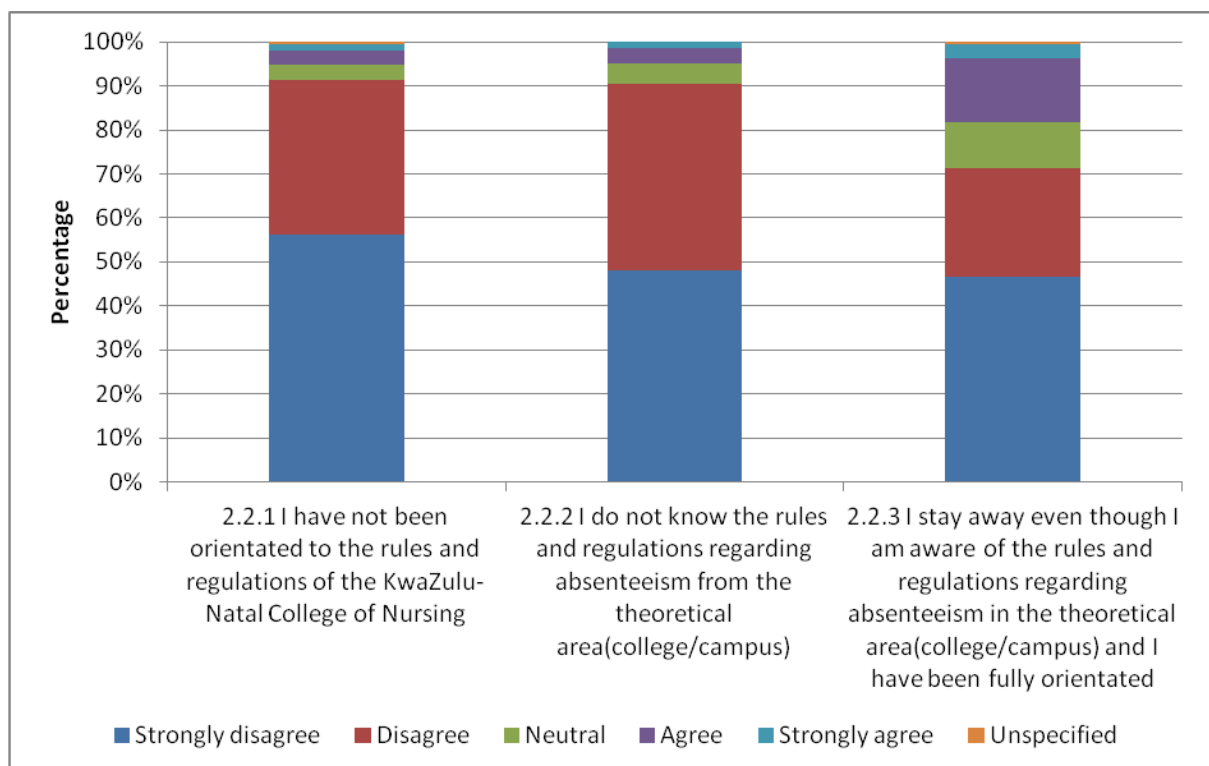


Figure 4.3: Responses to content factors

4.3.3.1 Orientation to the rules and regulations of KZNCN

The majority of respondents 56.1% (n=169) strongly disagreed that they had not been orientated to the rules and regulations of KZNCN. A significant

number 35.2% (n=106) disagreed whilst 3.3% (n=10) remained neutral. The remaining respondents 1.3% (n=4) strongly agreed whilst 3.3% (n=10) agreed that they had been orientated to the rules and regulations of KZN CN. There was significant disagreement with the statement that respondents had not been orientated to the rules and regulations of KZN CN ($Z(N=299) = -14.256, p < .0005$).

4.3.3.2 Absenteeism in college/campus

The majority of the respondents 48.2% (n=145) strongly disagreed that they did not know the rules and regulations regarding absenteeism from college. Of the respondents, 42.2% (n=127) significantly disagreed whilst 4.7% (n=14) were neutral. A small percentage 1.3% (n=4) strongly agreed whilst 3.7% (n=11) agreed they did not understand the rules and regulations relating to absenteeism in college. Respondents significantly disagreed with the statement that they were not aware of the rules relating to absenteeism in college ($Z(N=301) = -13.979, p < .0005$).

4.3.3.3 Absenteeism in college in spite of being fully orientated to the rules

A significant number of respondents 46.5% (n=140) strongly disagreed that they absented themselves in spite of being orientated to the rules and regulations regarding absenteeism in college. This was followed by 24.9% (n=75) of the respondents who disagreed. The remainder of the respondents 14.6% (n=44) agreed, 10.3% (n=31) were neutral and 3.0% strongly agreed. The Kruskal Wallis test revealed that there was significant disagreement with the statement that respondents stayed away in spite of being orientated to the rules relating to absenteeism in college ($Z(N=299) = -11.101, p < .0005$).

4.3.4 Learning factors

Learning factors included lack of discipline in studies, no interest in completing the work or studying for tests and examinations, being able to

catch up even when absent and presence of lecturer in class, as can be seen in Figure 4.4.

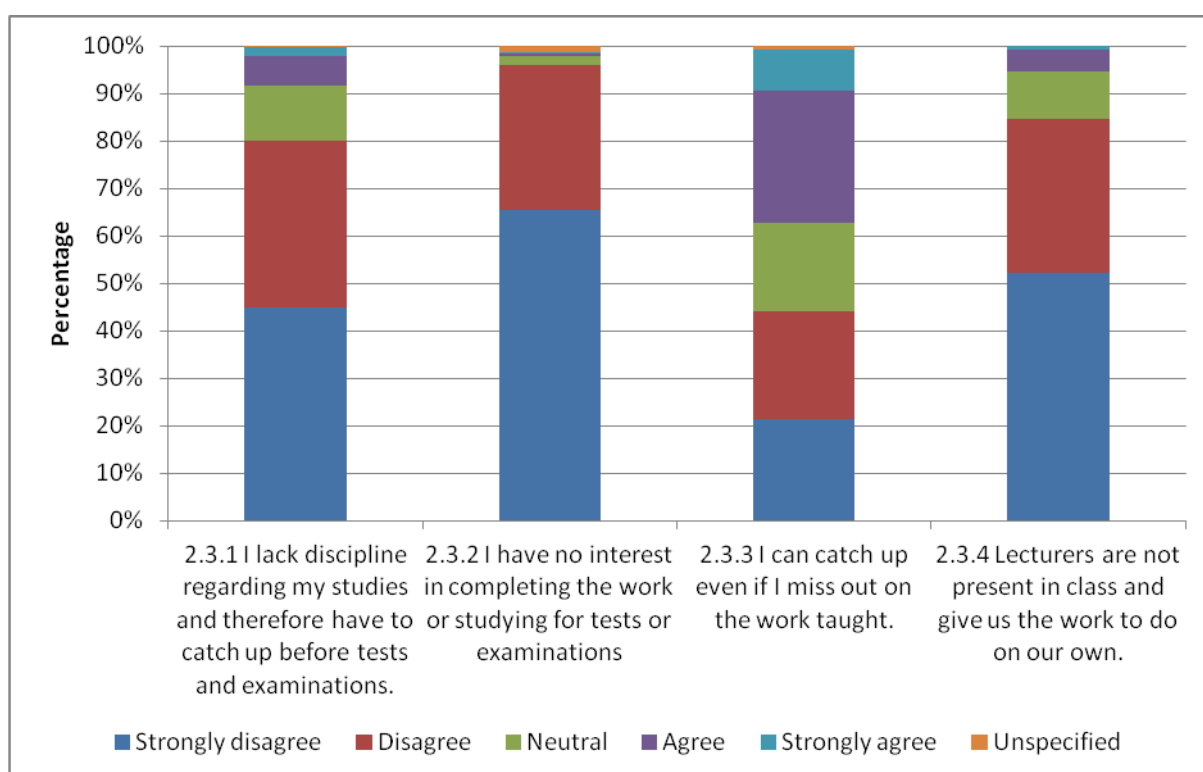


Figure 4.4: Responses to learning factors

4.3.4.1 Discipline in studies

The majority of the respondents 44.9% (n=135) strongly disagreed that they lacked discipline in their studies whilst 35.25 (n=106) disagreed. A small percentage 1.7% (n=5) strongly agreed whilst 6.3% (n=19) agreed. The rest of the respondents 11.6% (n=35) were neutral. According to the Kruskal Wallis test, there was significant disagreement with the statement that respondents lacked discipline in their studies ($Z(N=300) = -12.777, p < .0005$).

4.3.4.2 Interest in work

The study revealed that 65.4% (n=197) of the respondents strongly disagreed that they lacked interest in completing the work or studying for tests or examinations whilst 30.6% (n=92) disagreed. Small percentages 0.3% (n=1) strongly agreed and 0.3% (n=1) agreed, whilst 2.0% (n=6) were neutral. A

few respondents 1.3% (n=4) did not answer the question. The Kruskal Wallis test showed that there was significant disagreement with the statement that respondents were not interested in the work ($Z (N=297) = -15.295, p < .0005$).

4.3.4.3 Catching up on work missed

The majority of the respondents 27.9% (84) agreed that they could catch up on work missed, whilst 22.9% (n=69) disagreed. A small percentage 8.6% (n=26) strongly agreed whilst 21.3% (n=64) strongly disagreed and 18.6% (n=56) were neutral. There was significant disagreement with the statement that respondents could catch up even if they missed out on work ($Z (N=299) = -3.027, p < .0005$).

4.3.4.4 Presence of lecturer in class

The study showed that 52.2% (n=157) of respondents strongly disagreed that lecturers were not present in class and gave them work to do on their own, whilst 32.6% (n=98) disagreed. A small percentage 0.7% (n=2) strongly agreed whilst 4.7% (n=14) agreed. A few respondents 10.0% (n=30) were neutral. There was significant disagreement with the statement that lecturers were not present in class and respondents were given the work to do on their own ($Z (N=301) = -13.387, p < .0005$).

4.3.5 Assessment factors

Assessment factors included absence on test days, absence when practical assessments/procedure evaluations were due and absence on examination days as shown in Figure 4.5.

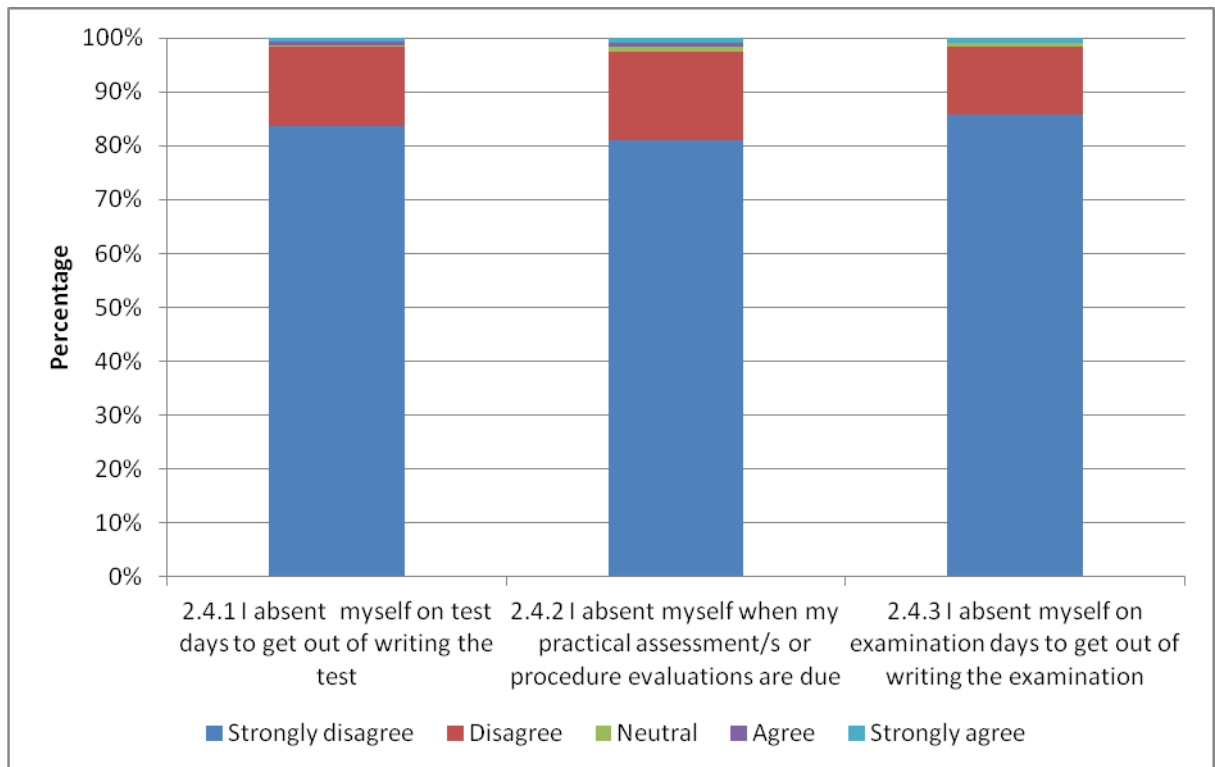


Figure 4.5: Responses to assessment factors

4.3.5.1 Absence on test days

The majority of the respondents 83.7% (n=252) strongly disagreed that they absented themselves on test days whilst 14.6% (n=44) disagreed. Small percentages 0.7% (n=2) strongly agreed, 0.7% (n=2) agreed and 0.3% (n=1) were neutral. There was significant disagreement with the statement that respondents absented themselves on test days ($Z (N=301) = -16.017, p < .005$).

4.3.5.2 Absence on practical assessments/procedure evaluation days

The majority of the respondents 81.1% (n=244) strongly disagreed that they absented themselves on practical assessment/procedure evaluation days, whilst 16.3% (n=49) disagreed. A small percentage 0.7% (n=2) agreed whilst 1.0% (n=3) strongly agreed and 1.0% (n=3) were neutral. The study revealed that there was significant disagreement with the statement that respondents absented themselves when their practical assessments/procedure evaluations were due ($Z (N= 301) = -15.743, p < .0005$).

4.3.5.3 Absence on examination days

The majority of the respondents 85.7% (n=258) strongly disagreed that they absented themselves on examination days whilst 12.6% (n=38) disagreed. A small percentage 1.0% (n=3) strongly agreed whilst 0.7% (n=2) were neutral. According to the Kruskal Wallis test, there was significant disagreement with the statement that respondents absented themselves on examination days ($Z(N=301) = -16.040, p < .0005$).

4.3.6 Social factors

Social factors included problems related to relationships, families, and alcohol and drug abuse, as seen in Figure 4.6.

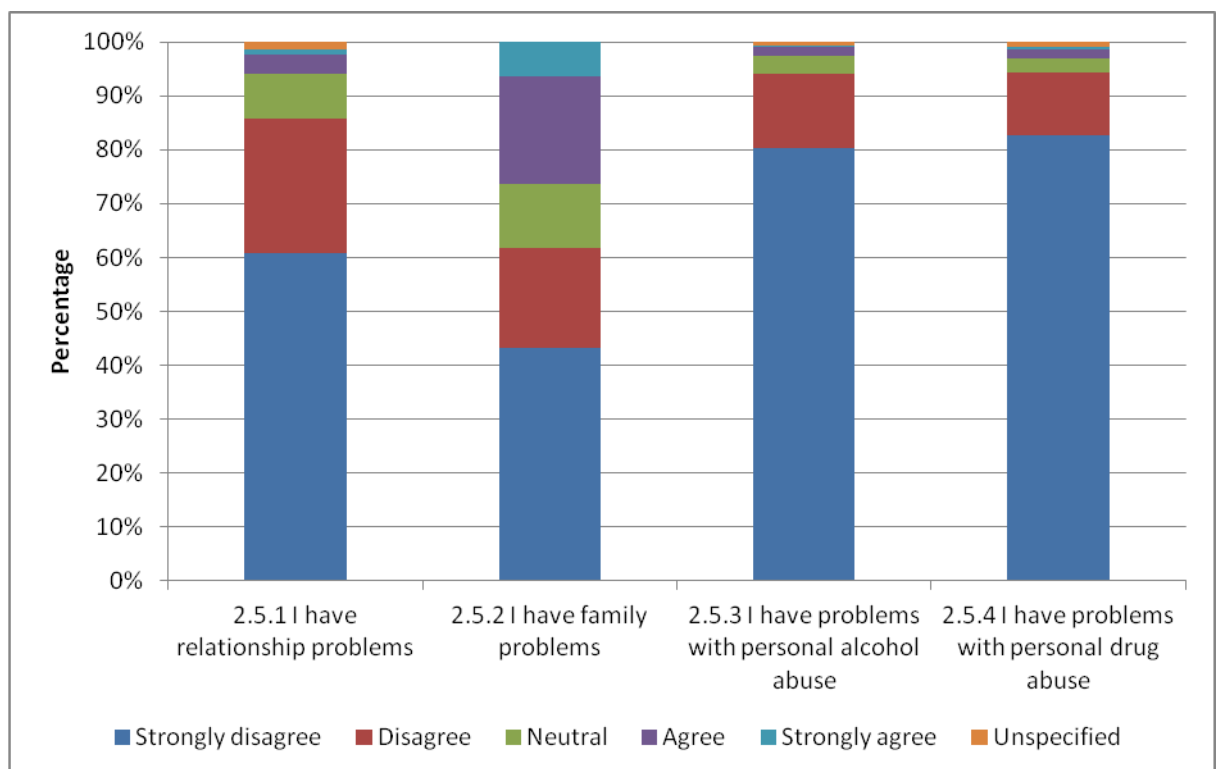


Figure 4.6: Responses to social factors

4.3.6.1 Relationship problems

The majority of respondents 60.8% (n=183) strongly disagreed that they had relationship problems whilst 24.9% (n=75) disagreed. A small percentage 1.0% (n=3) strongly agreed whilst 3.7% (n=11) agreed and 8.3% (n=25) were neutral. A few respondents 1.3% (n=4) did not answer the question. It was revealed by the Kruskal Wallis test that there was significant disagreement with the statement that respondents had relationship problems ($Z (N= 297) = -14.145, p<.0005$).

4.3.6.2 Family problems

The majority of respondents 43.2% (n=130) strongly disagreed that they had family problems whilst 19.9% (n=60) agreed. A small percentage 6.3% (n=19) strongly agreed whilst 18.6% (n=56) disagreed and 12.0% (n=36) were neutral. There was significant disagreement with the statement that respondents had family problems ($Z (N=301) = -8.682, p<.0005$).

4.3.6.3 Personal alcohol abuse

The majority of the respondents 80.4% (n=242) strongly disagreed that they had problems with personal alcohol abuse, whilst 13.6% (n=41) disagreed. It was noted that 3.3% (n=10) were neutral, 1.7% (n=5) agreed and 0.3% (n=1) strongly agreed. 0.7% (n=2) did not answer the question. There was significant disagreement with the statement that respondents had problems with personal alcohol abuse ($Z (N=299) = -15.754, p<.0005$).

4.3.6.4 Personal drug abuse

The majority of the respondents 82.7% (n=249) strongly disagreed that they had problems with personal drug abuse whilst 11.6% (n=35) agreed. A small percentage 0.3% (n=1) strongly agreed whilst 1.7% (n=5) agreed and 2.7% (n=8) were neutral. There was significant disagreement with the statement

that respondents had problems with personal drug abuse ($Z (N=298) = -15.900, p<.0005$).

4.3.7 Clinical/practical factors

Clinical area factors included staff shortages and being treated as workforce, performance of many tasks, increased number of patients, attitude of qualified staff members, supervision by qualified staff, stress/burnout, granting of requests for days off or vacation leave, clinical accompaniment by lecturers and orientation to absenteeism policies in the clinical area as seen in Figure 4.7.

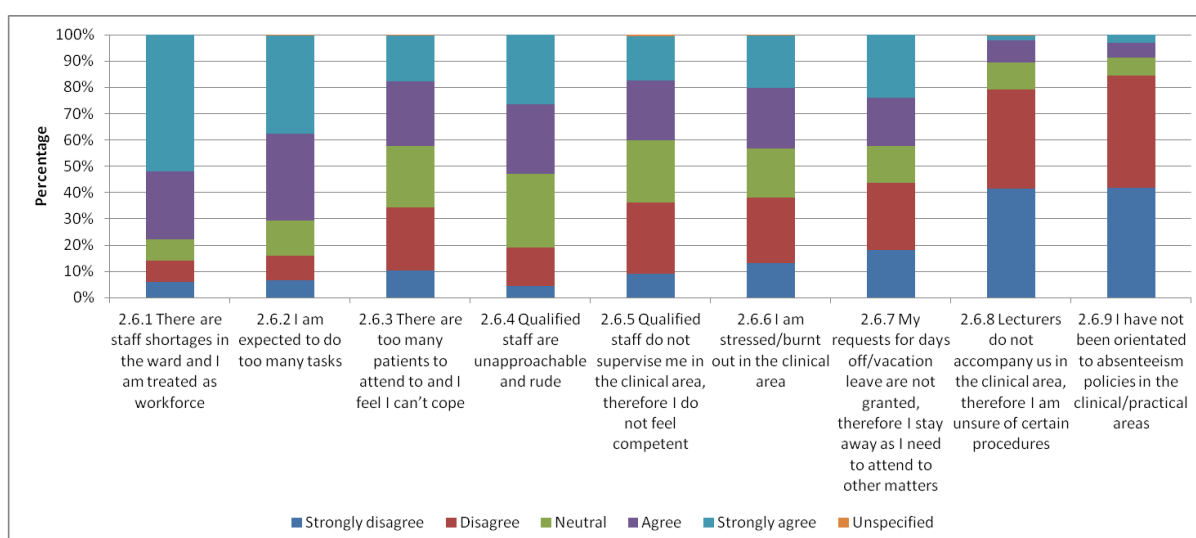


Figure 4.7: Responses to clinical/practical factors

4.3.7.1 Shortage of staff

The majority of the respondents 51.8% ($n=156$) strongly agreed that there were staff shortages in the clinical area that resulted in them absenting themselves. This was followed by 25.9% ($n=78$) who agreed whilst 8.3% ($n=25$) were neutral. A small percentage 6.0% ($n=18$) strongly disagreed and 8.0% ($n=24$) disagreed. According to the Kruskal Wallis test, there was significant agreement with the statement that there were staff shortages in the clinical area ($Z (N=301) = -11.332, p<.0005$).

4.3.7.2 Performance of tasks

The majority of respondents 37.2% (n=112) strongly agreed that they were expected to perform many task which resulted in absenteeism. This was followed by 33.2% (n=100) who agreed whilst 13.3% (n=40) were neutral. A small percentage 6.6% (n=20) strongly disagreed whilst 9.3% (n=28) disagreed and 0.3% (n=1) did not answer the question. The study revealed that there was significant agreement that respondents were expected to perform many tasks in the clinical area ($Z (N=300) = -9.588, p<.0005$).

4.3.7.3 Increased number of patients

The study showed that 24.6% (n=74) of the respondents agreed that they had to attend to many patients in the clinical area whilst 17.3% (n=52) strongly agreed. Strong disagreement was shown by 10.3% (n=31) and disagreement by 23.9% (n=72). Some respondents 23.6% (n=71) remained neutral whilst 0.3% (n=1) did not answer the question. There was significant agreement that respondents had to attend to too many patients ($Z (N= 300) = -2.123, p<.0005$).

4.3.7.4 Attitude of qualified staff members

The majority of the respondents 28.2% (n=85) were neutral about the attitude of qualified staff members whilst 26.2% (n=79) agreed that qualified staff members were unapproachable and rude towards them. There was strong agreement by 26.6% (n=80) whilst 14.6% (n=44) disagreed. A small percentage 4.3% (n=13) strongly disagreed. There was significant agreement with the statement that qualified staff members were unapproachable and rude toward respondents ($Z (N=301) = -7.627, p<.0005$).

4.3.7.5 Non- supervision by qualified staff members

The majority of the respondents 27.2% (n=82) disagreed that they were not supervised in the clinical area and therefore did not feel competent whilst

23.6% (n=71) were neutral. This was followed by 22.9% (n=69) who agreed and 16.6% (n=50) who strongly agreed. A small percentage of respondents 9.0% (n=27) strongly disagreed.

4.3.7.6 Feelings of stress and burnout experienced by respondents

The majority of the respondents 24.9% (n=75) disagreed that they experienced stress/burnout in the clinical area, whilst 22.9% (n=69) agreed. A total of 18.6% (n=56) were neutral whilst 19.9% (n=60) strongly agreed. A small percent 13.3% (n=40) strongly disagreed whilst 0.3% (n=1) did not answer the question.

4.3.7.7 Granting of requests for days off or vacation leave

The majority of the respondents 25.2% (n=76) disagreed that their requests for days off or vacation leave were not granted whilst 23.9% (n=72) strongly agreed. The remainder was as follows: 18.3% (n=55) strongly disagreed, 18.3% (n=55) agreed and 14.3% (n=43) were neutral.

4.3.7.8 Clinical accompaniment by lecturers

The majority of the respondents 41.5% (n=125) strongly disagreed that lecturers did not accompany them in the clinical area therefore they were unsure of certain procedures whilst 37.5% (n=113) disagreed. A small number of respondents 1.7% (n=5) strongly agreed whilst 8.6% (n=26) agreed. A few respondents 10.3% (31) were neutral and 0.3% (n=1) did not answer the question. There was significant disagreement with the statement that lecturers did not accompany respondents in the clinical area ($Z (N=300) = -12.384, p < .0005$).

4.3.7.9 Orientation to absenteeism policies in the clinical area

The majority of the respondents 42.5% (n=128) disagreed that had not been orientated to absenteeism policies in the clinical area whilst 41.9% (n=126)

strongly disagreed. The remainder was as follows: 7.0% (n=21) were neutral, 5.6% (n=17) agreed and 3.0% (n=9) strongly agreed. There was significant disagreement that the respondents were not orientated to the absenteeism policies in the clinical areas ($Z (N=301) = -12.574, p<.0005$).

4.4 PHASE 2: THE RECORD REVIEW

A retrospective record review was conducted between January and February 2015. The student records namely registers and training cards were examined from Campus A, B and C. A checklist was used to assess clinical and theoretical performance of students (Appendices 10 and 11). This was used to gain information regarding the second objective namely the effect of absenteeism on clinical and theoretical performance.

4.4.1 Campus A

- First Year

There were three terminations of training due to absenteeism as shown in Table 4.1 and Table 4.2.

Table 4.1: Effect on theoretical performance

Termination of training	No. of days absent in theoretical area	No. of tests failed	% range of tests	Achievement of 80% theoretical attendance
Student 1	31	2	43-49	No
Student 2	27	3	5-44	No
Student 3	133	Absent	Absent	No

Table 4.2: Effect on clinical performance

Termination of training	No. of days absent in clinical area	No. of clinical assessments/ procedure Evaluations failed	% range of evaluation	Achievement of 80% clinical attendance
Student 1	40	1- Absent for others	0-49	No
Student 2	Absent	Absent	Absent	No
Student 3	Absent	Absent	Absent	No

- Second Year

Two students were terminated from training and one demoted due to failure in the examinations and not due to absenteeism as seen in Table 4.3 and Table 4.4.

Table 4.3: Effect on theoretical performance

Termination of training	No. of days absent in theoretical area	No. of tests failed	% range of tests	Achievement of 80% theoretical attendance
Nil	Not excessive	All tests passed	Above 50	Yes

Table 4.4: Effect on clinical performance

Termination of training	No. of days absent in clinical area	No. of clinical assessments/ procedure Evaluations failed	% range of evaluation	Achievement of 80% clinical attendance
Nil	Not excessive	All assessments passed	Above 50	Yes

- Third Year

There was one termination of training due to absenteeism as seen in Table 4.5 and Table 4.6.

Table 4.5: Effect on theoretical performance

Termination of training	No. of days absent in theoretical area	No. of tests failed	% range of tests	Achievement of 80% theoretical attendance
Student 1	18	1	40-48	No

Table 4.6: Effect on clinical performance

Termination of training	No. of days absent in clinical area	No. of clinical assessments/ procedure Evaluations failed	% range of evaluation	Achievement of 80% clinical attendance
Student 1	Absent	Absent	Absent	No

- Fourth Year

There was one termination of training due to absenteeism as shown in Table 4.7 and Table 4.8.

Table 4.7: Effect on theoretical performance

Termination of training	No. of days absent in theoretical area	No. of tests failed	% range of tests	Achievement of 80% theoretical attendance
Student 1	Abandoned course	Absent	Absent	No

Table 4.8: Effect on clinical performance

Termination of training	No. of days absent in clinical area	No. of clinical assessments/ procedure Evaluations failed	% range of evaluation	Achievement of 80% clinical attendance
Student 1	Abandoned course	Absent	Absent	No

4.4.2 Campus B

- First Year

Although there were no terminations of training due to absenteeism, it is important to note that there were four voluntary resignations in the first year of training as shown in Table 4.9 and Table 4.10.

Table 4.9: Effect on theoretical performance

Termination of training	No. of days absent in theoretical area	No. of tests failed	% range of tests	Achievement of 80% theoretical attendance
Nil	Not excessive	All assessments passed	Above 50	Yes

Table 4.10: Effect on clinical performance

Termination of training	No. of days absent in clinical area	No. of clinical assessments/ procedure Evaluations failed	% range of evaluation	Achievement of 80% clinical attendance
Nil	Not excessive	Nil	Above 50	Yes

- Second Year

There was one termination of training due to absenteeism as seen in Table 4.11 and 4.12.

Table 4.11: Effect on theoretical performance

Termination of training	No. of days absent in theoretical area	No. of tests failed	% range of tests	Achievement of 80% theoretical attendance
Student 1	77	Absent for tests	Absent	No

Table 4.12: Effect on clinical performance

Termination of training	No. of days absent in clinical area	No. of clinical assessments/ procedure Evaluations failed	% range of evaluation	Achievement of 80% clinical attendance
Student 1	Did not attend	Absent for assessments	Absent	No

- Third Year

There was one termination of training due to absenteeism as noted in Table 4.13 and Table 4.14.

Table 4.13: Effect on theoretical performance

Termination of training	No. of days absent in theoretical area	No. of tests failed	% range of tests	Achievement of 80% theoretical attendance
Student 1	Did not attend	Absent	Absent	No

Table 4.14: Effect on clinical performance

Termination of training	No. of days absent in clinical area	No. of clinical assessments/ procedure Evaluations failed	% range of evaluation	Achievement of 80% clinical attendance
Student 1	Absent	Absent for assessments	Absent	No

- Fourth Year

There were no terminations of training, as students did not have excessive absenteeism and passed their theoretical and practical evaluations as seen in Table 4.15 and Table 4.16.

Table 4.15: Effect on theoretical performance

Termination of training	No. of days absent in theoretical area	No. of tests failed	% range of tests	Achievement of 80% theoretical attendance
Nil	Not excessive	All tests passed	Above 50	Yes

Table 4.16: Effect on clinical performance

Termination of training	No. of days absent in clinical area	No. of clinical assessments/ procedure Evaluations failed	% range of evaluation	Achievement of 80% clinical attendance
Nil	Not excessive	All assessments passed	Above 50	Yes

4.4.3 Campus C

- First Year

There were no terminations of training due to absenteeism as noted in Table 4.17 and Table 4.18.

Table 4.17: Effect on theoretical performance

Termination of training	No. of days absent in theoretical area	No. of tests failed	% range of tests	Achievement of 80% theoretical attendance
Nil	Not excessive	All tests passed	Above 50	Yes

Table 4.18: Effect on clinical performance

Termination of training	No. of days absent in clinical area	No. of clinical assessments/ procedure Evaluations failed	% range of evaluation	Achievement of 80% clinical attendance
Nil	Not excessive	All assessments passed	Above 50	Yes

- Second Year

There were three terminations of training due to absenteeism as shown in Table 4.19 and Table 4.20.

Table 4.19: Effect on theoretical performance

Termination of training	No. of days absent in theoretical area	No. of tests failed	% range of tests	Achievement of 80% theoretical attendance
Student 1	40	16	0-37	No
Student 2	137	11	28-49	No
Student 3	181	10	Absent	No

Table 4.20: Effect on clinical performance

Termination of training	No. of days absent in clinical area	No. of clinical assessments/ procedure Evaluations failed	% range of evaluation	Achievement of 80% clinical attendance
Student 1	50	4	35-45	No
Student 2	45	2	35-45	No
Student 3	Absent	Absent	Absent	No

- Second Year

There was one termination of training due to absenteeism as seen in Table 4.21 and Table 4.22.

Table 4.21: Effect on theoretical performance

Termination of training	No. of days absent in theoretical area	No. of tests failed	% range of tests	Achievement of 80% theoretical attendance
Student 1	Absent	Absent	Absent	No

Table 4.22: Effect on clinical performance

Termination of training	No. of days absent in clinical area	No. of clinical assessments/ procedure Evaluations failed	% range of evaluation	Achievement of 80% clinical attendance
Student 1	Absent	Absent	Absent	No

- Third year

There were three terminations of training due to absenteeism as noted in Table 4.23 and Table 4.24.

Table 4.23: Effect on theoretical performance

Termination of training	No. of days absent in theoretical area	No. of tests failed	% range of tests	Achievement of 80% theoretical attendance
Student 1	18	1	0-37	No
Student 2	35	9	24-45	No
Student 3	47	11	20-46	No

Table 4.24: Effect on clinical performance

Termination of training	No. of days absent in clinical area	No. of clinical assessments/ procedure Evaluations failed	% range of evaluation	Achievement of 80% clinical attendance
Student 1	12	Absent for assessments	Absent	No
Student 2	31	Absent for assessments	0-40	No
Student 3	25	1	0-40	No

4.4.4 Number of terminations in all three campuses

The results revealed that there were a total of 14 terminations in all three campuses as outlined in Table 4.25 below.

Table 4.25: Total number of terminations

Campus A	5
Campus B	2
Campus C	7
Total	14

4.4.5 CONCLUSION

In this chapter the results of the data analysis were presented. In Chapter 5, the results will be discussed.

CHAPTER 5 : DISCUSSION OF FINDINGS, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

In this chapter, the findings of the research will be discussed, conclusions drawn and recommendations made. The purpose of the study was to determine the causes and effect of absenteeism among nursing students that are currently registered for a four year nursing diploma programme in KZN CN.

The research objectives were to:

- Identify reasons for student nurse absenteeism.
- Determine the effect of absenteeism on clinical performance.
- Determine the effect of absenteeism on theoretical performance.

The findings will be discussed in relation to the research objectives, the theoretical framework used as well as other studies on absenteeism.

5.2. DISCUSSION OF THE FINDINGS RELATED TO CAUSES OF STUDENT NURSES ABSENTEEISM

As mentioned, the questionnaire contained items on student nurse absenteeism which were grouped under six factors, namely, teaching factors, content factors, learning factors, assessment factors, social factors and clinical/practical or ward factors. However, under the advice of the statistician, these questions could not all be interpreted together as one measure, as they are not consistent. Therefore, these will be discussed based on the findings of the Wilcoxon Ranks Test and Kruskal Wallis Test.

5.2.1 Teaching factors

The findings in the study indicated that most students did not absent themselves due to lack of resources in the teaching/theoretical area. Meyer and Niekerk (2008: 108) state that to reduce learners' fears of making mistakes in clinical practice, educators should ensure that learners have the necessary demonstrations in, and practice of, nursing procedures that they will be required to perform at the relevant level of development.

Resources such as a clinical skills laboratory are very important in nursing education, as it allows students to practice first before going to the clinical areas. If resources such as clinical skills laboratories are lacking, students may lose interest, resulting in absenteeism. Lecturers also play an important part in maintaining student interest and preventing absenteeism. Kotze (2011: 157) states that if we can provide the learner with a variety of learning resources that appeal to the different senses, learning will be promoted.

Fryer (2008) cited in Bradshaw and Lowenstein (2014: 10) state that as students advance in their education, their established, comfortable ways of thinking and reflection are challenged. This is especially true in the health professions, where students explore value systems that differ from their own and identify ethical dilemmas in practice or circumstances in which there is more than one right answer or no clear choice. Therefore, if students are not taught to manage these situations effectively, it could result in absenteeism.

Desalegn, Berhan and Berhan (2013: 2) state that absenteeism has been shown to be an indicator of low level of motivation for learning. There is extensive literature on the link between absenteeism and lack of subject matter interest, poor teaching strategies, unfavourable learning environment, and excessive socialization among students, part-time jobs, ill health, sleeplessness, and poor relations with lecturers. In addition, accessibility of lecture content in the form of online slides, videos, audios also contribute to absenteeism.

5.2.2 Content

According to the KZNCN Learner Information Guide and Rules, in order to obtain entry to an examination, a learner shall obtain an average of 50% in 3 summative tests in the subject/s which comprise/s that examination/s (KZNCN (2011: 13). In module courses, an average of 50% in two summative tests in the subject which comprise that examination must be obtained. A student must have attended a minimum of 80% lectures in that subject and complied with a minimum of 80% clinical attendance in the semester/module for which the examination is written. This means that if a student does not make up 80% attendance in the classroom or the clinical area he/she will not be able to obtain a duly performed (DP) certificate which is a requirement for entry to the examination.

Failure to obtain entry to an examination will result in a demotion (except in either Anatomy & Physiology I and Anatomy & Physiology II or Social Science I & II or Community Nursing Science I & II) and is equated to an examination failure (KZNCN 2011: 13). Students are orientated to these policies on admission to the course and on entry to every new semester/module for which examination/s are written. As indicated by the findings in Chapter 4, most students agreed that they have been orientated to absenteeism policies and not being orientated to these policies is not a reason for absenteeism.

Nursing programmes nationally and internationally tend to be similar with regard to the clinical and theoretical hours. In the United Kingdom in order to register as a qualified nurse students must complete the components required of each year of the course before progression to the next level. Theory based education comprises 50% and the practice component comprises 50% (Black, Curzio and Terry 2014: 224).

Viewpoints of students and lecturers regarding attendance policies have to be considered. This has implications for how nurse lecturers promote learning and foster professional development for students who are trying to get the most out of their educational experience. An educational approach that

considers the needs of students and fosters an understanding in a classroom environment in which teamwork and mutual respect are of the utmost importance is imperative. Lecturers and students should strive to create a civil educational environment to meet learning outcomes that promote safe patient care (Ruth-Sahd and Schneider 2014: 164-165).

5.2.3 Learning factors

There are different modules that are taught in the R425 nursing course with many related subjects, such as Social Science and Anatomy and Physiology, therefore students may be tasked with many assignments, case-studies, and presentations to prepare. This could lead to absenteeism due to not completing allocated work. However, as evidenced in Chapter 4, students did not view learning factors as a reason for absenteeism, as most felt that they could cope with the work allotted to them. Bradshaw and Lowenstein (2014: 35), state that the responsibility for learning lies with the learner, but feelings of anxiety and isolation can cause stress that impacts the learning process and may affect graduation rates and successful entrance into the profession.

5.2.4 Assessment factors

Assessment means a value judgement of the performance of a learner whether or not based on test results (KZNCN 2011: 3). In the R425 course, the following assessments are conducted throughout the course on the subjects mentioned under learning factors.

- Formative assessment which is a method of judging the worth of a programme while the programme activities are forming or happening. Formative evaluation focuses on the process (KZNCN 2011: 12).
- Summative Evaluation which is a method of judging the worth of a programme at the end of the programme activities. The focus is on the outcome (KZNCN 2011: 12).

In the four year nursing programme (R425), students have to gain 50% in order to pass an assessment. Failure in certain assessments could result in demotion to another group, as mentioned. As noted in Chapter 4, most students felt that they did not absent themselves when their assessments (summative and formative) were due.

As noted in Chapter 4, students who were absent for prolonged periods did not perform well in theoretical and practical assessments. Likewise, the examination score was significantly affected by absenteeism and the class attendance is more important for enhancing grade rather than obtaining a pass mark. A recent study among medical students reported that attendance policy associated with better academic performance. The author postulated that reducing absenteeism may contribute to improvement of academic performance (Yusoff and Saiful 2014: 41).

5.2.5 Social factors

Social factors could also play a role in why student nurses absent themselves. A small percentage of students agreed that family problems was the reason for absenting themselves, as they needed time to sort out these problems. Bradshaw and Lowenstein (2014: 35) state that family responsibilities can also interfere with a student's ability to carry out the required work. Most students disagreed that relationship, personal alcohol and drug abuse was the reason for absenteeism.

Desalegn, Berhan, and Berhan (2013: 16) state that social drug use was very strongly associated with being absent from lectures. Previous studies have shown that substance abuse and alcohol consumption are risk factors for prevalent and unexcused absence from lectures. Additionally, students with low motivation are more likely to engage in social drug use. Low motivation to learn was significantly associated with being absent in more lectures.

Mehta, Newbold and O'Rourke (2011: 3) found that if students are able to actively cope, stress can be beneficial to their performance (some people

perform better under pressure). In contrast, if students are not able to actively cope, stress can be detrimental to performance (some people may have a nervous breakdown), ultimately leading to poor performance and intimate withdrawal from college.

5.2.6 Clinical/Practical/Ward areas

As noted in Chapter 4, most students agreed that problems experienced in the clinical area such as staff shortages, being treated as workforce, non-supervision by qualified staff members and large patient numbers are reasons why they absent themselves. Most of the factors found to influence student attendance appear to be linked to characteristics and circumstances outside the control of faculty members or school administrators. However, one factor that stands out prominently is students' perceptions of the importance of their classes. The natural follow-up would be to identify the kinds of policy changes or reforms that could be implemented to influence students' perceptions (Self 2012: 225).

The health sector in South Africa presently is undergoing a crisis, with qualified staff members leaving the government sector for better opportunities elsewhere. This puts a strain on existing staff that have to cope with heavy workloads. It is felt by clinical professional nurses that providing guidance and support for students is an extra workload as they are burdened by understaffing and diseases such as HIV, AIDS and tuberculosis (Rikhotso, Williams and de Wet 2014: 2).

In this study some student nurses absented themselves in the clinical/practical area once they entered that arena. In South Africa student nurses have a dual loyalty situation; while they are students with learning objectives to meet they are also workers or employees with employer expectations in order to fulfil the obligations of service delivery. Service delivery usually takes priority over learning objectives in view of the need of patients for nursing care (Kotze 2011: 39).

Rauhala et al. (2007) cited in Gaudine and Gregory (2010: 599) stated that absenteeism has a profound impact on organizational costs and patient care. Absenteeism in the nursing profession not only creates a financial burden for healthcare facilities, but also impairs patient safety, because of increased workloads and increased stress on the remaining workers.

Lecturers must consider whether they are preparing students for the ideal rather than the reality – teaching them according to set standards that they, because of time pressures or lack of resources or even laziness, will never see in clinical practice. This could make it extremely stressful for students to cope in clinical practice (Kotze 2011: 33).

5.3 EFFECT OF STUDENT NURSES ABSENTEEISM ON THEIR THEORETICAL AND CLINICAL PERFORMANCE

From the information above it was noted that there were 14 terminations of student nurse training due to absenteeism from the three campuses involved in the study. Many nursing students usually leave in the first year of training, usually due to misinformation about nursing. Most did not know that nursing entails a lot of theory/studying, long hours of duty and difficult working conditions. To enhance recruitment of suitable applicants, there needs to be greater focus on the reality of the academic demands on the professional nurse and on the scope of clinical practice and career opportunities (Boore and Deeny 2012: 254).

However, it was noted from this sample that terminations occurred from first year to fourth year. Students appear to be experiencing problems which result in termination at all levels of training. According to Boore and Deeny (2012: 261), some level of attrition is expected and reflects the reality that some of those who commence nurse education will discover that they are not suited to nursing. However, it is important to know why individuals decide to leave nursing and to provide support to enable those who are suited to nursing and who really wish to complete their education to enter the profession.

It was also noted that the longer the student absents him/herself from the theoretical area/college/campus, the more severe the consequences. Students who are frequently absent are not able to perform theoretically, as seen by the poor test marks. Poor theoretical performance impacted on some student nurses as they could not make entry to the examinations/DP, which resulted in termination or demotion. In financial terms, the failing of a year of study is costly, particularly when this happens in the last year of study. It requires significant financial resources for a student to get to this stage of study. The quality of assessment and moderation and the facility of re-examination become ethical issues that need wisdom and fairness without compromising standards in such cases (Kotze 2011: 34).

Students, who absent themselves in the clinical area, do not receive the necessary experience, knowledge and skills which are essential when nursing patients. As noted from the results of clinical assessments, most students who absented themselves in the clinical area also failed their clinical assessments. Issues such as unsafe clinical practice, unprofessional behaviours, attendance, inability to implement appropriate interventions, falsification of patient records, omissions in documentation, non-therapeutic communication, and errors in medication administration are all examples of critical elements of practice that may result in clinical practice failure (Bradshaw and Lowenstein 2014: 390-391).

Steers and Rhodes (1978) cited in Schalk (2011: 597) revealed that it is commonly assumed that satisfaction, organizational commitment, and other workplace attitudes influence absenteeism behaviour. As mentioned in Chapter 3, the factors mentioned above are important determinants whether students attend or not. If students are unhappy with workplace attitudes, as noted in Chapter 4, they will absent themselves, resulting in them not completing assessments/evaluations and not completing the course. Abiodun, Osibanjo and Iyere-Okogie (2014: 257) state that nurses are critical human resource inputs in the hospitals' functions of health promotion, curative and preventive care and effective performance of their roles has implications for patients' health outcomes.

5.4. CONCLUSION

This study revealed that student nurse absenteeism does impact on training, and that students with prolonged absenteeism were terminated from training. Responses to the questionnaire indicated that students did not view teaching factors, content factors, learning factors, assessment factors and social factors as the reason for absenteeism. Clinical/practical area factors were the main reason why student nurses absented themselves. The findings from the record review indicated that there is a link between absenteeism and the theoretical and clinical performance of students. Students with prolonged absenteeism performed more poorly in tests and clinical assessments than students who did not absent themselves for prolonged periods. It was also evident that it is difficult to predict when students will leave, as students can experience problems resulting in absenteeism at any level of training. Since students are absenting themselves due to issues in the clinical area they were inefficient in their clinical practice, as evidenced by the clinical assessment marks. Some even absented themselves when their clinical assessments were due. Students who absent themselves did not gain valuable knowledge, skills and experience. Absenteeism is costly. Therefore, more effective retention strategies need to be looked at to allow students to complete basic nurse training and become professional nurses. This will assist with the shortage of trained nurses.

5.5 LIMITATIONS

The study only focused on students following the R425 nursing programme for registration as a nurse. It did not focus on other nursing programmes therefore the findings cannot be generalized to other nursing programmes. The researcher was challenged by the fact that tea times and lunch times of students had to be utilized, to complete the questionnaire so as not to take up teaching time. Although students agreed to complete the questionnaire, they did so hurriedly, so as to not miss out on the limited time of their tea and lunch breaks, as some needed to purchase items to eat and drink which took up their time.

5.6 RECOMMENDATIONS

- Student nurses need to be assisted during their training, in order to complete the course. Although students with problems resulting in absenteeism are referred to an EAP (Employee Assistance Practitioner), these practitioners are based in the clinical area. It would be ideal if there could be a student counsellor who could be based at the theoretical area/college/campus. The employment of a student counsellor could help to identify problems of students much faster, as students would have quicker access to a counsellor based at college than to an Employee Assistance Practitioner who has to attend to the problems and needs of the qualified staff members as well. Currently absenteeism monitoring is being done by lecturers; however, it is becoming more difficult for lecturers to monitor absenteeism as more students are staying away due to various issues. Having a student counsellor on each campus would lessen the workload of the lecturers, thereby allowing them to provide quality nursing education.
- A pre-orientation course to nursing is recommended. Currently the orientation to the four year nursing diploma course is done once students have been accepted into the course. It was noted that many first year students leave because they were not aware that nursing entailed long and strenuous hours of physical work and a lot of theory including many tests and examinations. A pre-orientation course will prevent the loss of income related to the recruitment process, prevent absenteeism and only those persons who are really interested in nursing as a profession would apply and remain to complete the course as they would be fully aware of what nursing entails.
- Frequent career orientation days for secondary school pupils, with details/specific information about the nursing profession should be carried out by the Department of Education so that pupils who are interested in nursing know what to expect and do not drop off in the first year.

- Initiation of incentives for students who do not absent themselves for example being given awards/trophies or recognition in the form of certificates, will motivate students to avoid absenting themselves and promote team work especially in clinical practice.
- Proper communication in the form of regular meetings between qualified staff members, lecturers and students would be recommended so that qualified staffs become aware of the problems experienced by students in the clinical area so that the working conditions and relations between students and qualified staff could improve.

5.7 FURTHER RESEARCH

- Based on the findings of the research study respondents felt that problems in the clinical areas were the reason/s for absenteeism therefore further studies on these problems and possible solutions to them could be conducted in order to improve the working conditions of student nurses.
- There is a need for research into educating qualified personnel on the identification of students at risk for absenteeism so that proper support can be given to student nurses early in training.
- The methods used by lecturers and nursing service managers to monitor student nurse absenteeism could be researched in order to improve the management of student nurse absenteeism.
- Research on skills such as counselling skills used by lecturers and qualified staffs in the clinical areas where student nurses work could be researched as not all lecturers or qualified staff possesses the necessary skills to support students who experience problems during training.

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APPENDICES

Appendix 1: DUT ethical clearance



Institutional Research Ethics Committee
Faculty of Health Sciences
Room P3 15, Mowbray School of
Health, Science & Technology
Durban University of Technology
P.O. Box 1334, Durban, South Africa 4001
Tel: 031 273 2991
Fax: 031 273 2400
Email: ethics@dut.ac.za
http://www.dut.ac.za/institutional_research_ethics
www.dut.ac.za

26 August 2014

IREC Reference Number: REC 46/14

Ms P Singh
14 Olympic Street
Stellenbosch
7608

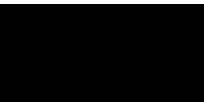
Dear Ms Singh

Causes and effect of student nurses absenteeism at the KwaZulu-Natal College of Nursing

The Institutional Research Ethics Committee acknowledges receipt of your notification regarding the piloting of your data collection tool.

Please note that you may now proceed with research on the proposed project.

Yours Sincerely,



Prof J K Adam
Chairperson: IREC

Appendix 2a: Permission letter to KZN Department of Health

24 Olympia Street
Shallcross
Durban
4093

The Health Research and Knowledge Management Component
KwaZulu-Natal Department of Health
Private Bag X9051
Pietermaritzburg
3201

Dear Dr Lutge

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I am presently registered for a Master's Degree at the Durban University of Technology in the Department of Nursing. The proposed title of my study is **'Causes and effect of student nurses absenteeism at the KwaZulu-Natal College of Nursing'**. I hereby request permission to conduct the study at the following nursing campuses: Prince Mshiyeni Campus, Greys Campus and Port Shepstone Campus.

A questionnaire will be used to collect data from the student nurses, who are presently in the R425 nursing course only, at different levels of training. My target sample will be 292 student nurses. Participation is voluntary, and informed consent will be obtained from all participants. Confidentiality will be maintained at all times. Theoretical records of students, such as registers and training cards will be used to examine and analyse marks of students to gain information about effect of absenteeism on their theoretical performance as well as clinical performance Please find a summary of the proposal, Ethics clearance and data collection tools.

I hereby request your written permission to undertake this study at the selected campuses. Permission letters have been submitted to the Acting Director of KwaZulu-Natal College of Nursing and Campus Principals for approval. Your support and permission will be greatly appreciated.

Yours sincerely,

.....
Mrs P Singh (Researcher)
Telephone: 084 460 6998
Email: pratimas26@gmail.com

.....
Prof MN Sibiya (Supervisor)
Telephone: 031-373 2606
Email: nokuthulas@dut.ac.za

Appendix 2b: Approval Letter from the Department of Health



health
Department:
Health
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component
10 – 103 Natalia Building, 330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 3953189
Fax.: 033 – 394 3782
Email.: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference : HRKM 248/14
Enquiries : Mr X Xaba
Tel : 033 – 395 2805

Dear Ms P. Singh

Subject: Approval of a Research Proposal

1. The research proposal titled 'Causes and effect of student nurses absenteeism at the KZN College of Nursing' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at Greys, Prince Mshiyeni and Port Shepstone Nursing campus.

2. You are requested to take note of the following:
 - a. Make the necessary arrangement with the identified facility before commencing with your research project.
 - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

Dr E Lutge

Chairperson, Health Research Committee

Date: 16/05/14

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

Appendix 3a: Permission letter to KZNCN

24 Olympia Street
Shallcross
4093

The Director of Nursing
Ms JN Makhathini
KwaZulu-Natal College of Nursing
Private Bag X9089
Pietermaritzburg
3200

Dear Ms Makhathini

PERMISSION TO COLLECT DATA FOR MASTERS RESEARCH

I am presently registered for a Master's Degree at the Durban University of Technology in the Department of Nursing. The proposed title of my study is **'Causes and effect of student nurses absenteeism at the KwaZulu-Natal College of Nursing'**. I hereby request permission to conduct the study at the following nursing campuses: Prince Mshiyeni Campus, Greys Campus and Port Shepstone Campus.

A questionnaire will be used to collect data from the student nurses, who are presently in the R425 nursing course only, at different levels of training. My target sample will be 292 student nurses. Participation is voluntary, and informed consent will be obtained from all participants. Confidentiality will be maintained at all times. Theoretical records of students, such as registers and training cards will be used to examine and analyse marks of students to gain information about effect of absenteeism on their theoretical performance as well as clinical performance Please find a summary of the proposal, Ethics clearance and data collection tools.

I hereby request your written permission to undertake this study at the selected campuses. Permission letters have been submitted to the Department of Health and Campus Principals for approval. Your support and permission will be greatly appreciated.

Yours sincerely,

.....
Mrs P Singh (Researcher)
Telephone: 084 460 6998
Email: pratimas26@gmail.com

.....
Prof MN Sibiya (Supervisor)
Telephone: 031-373 2606
Email: nokuthulas@dut.ac.za

Appendix 3b: Approval letter from KZNCH



health

Department of
Health
PROVINCE OF KWAZULU-NATAL

KWAZULU-NATAL COLLEGE OF NURSING
P/Bag X9089, Pietermaritzburg, 3200
Tel.: (033) 264 7810 Fax: (033) 394 7238
e-mail: joan.makhathini@kznhealth.gov.za
www.kznhealth.gov.za

Enquiries: Mrs. S. Maharaj
Telephone: 033-264 7806
Date: 12 September 2014

Principal Investigator: Mrs. P. Singh
Durban University of Technology
Student Number: 21449551

Dear Madam

RE: PERMISSION TO CONDUCT RESEARCH AT THREE (3) CAMPUSES WITHIN THE
KZN COLLEGE OF NURSING.

TITLE: CAUSES AND EFFECTS OF STUDENT NURSES ABSENTEEISM AT THE
KWAZULU-NATAL COLLEGE OF NURSING.

I have the pleasure in informing you that permission has been granted to you as per the
above request by the Acting Principal of the KZN College of Nursing.

Data Collection sites : Prince Mshiyeni Campus
Portshepstone Campus
Greys Campus

Please note the following:

1. Please ensure that you adhere to all policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This Research will only commence once this office has received confirmation of approval from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. Permission is therefore granted for you to conduct this research at the three (3) KZN College of Nursing Campuses that you have chosen.
5. The KwaZulu-Natal College and its NEI's will not provide any resources for this research.
6. You will be expected to provide feedback on your findings to the Acting Principal of the KwaZulu-Natal College of Nursing.

Thanking You


Ms JT Makhathini
Acting Principal: KwaZulu-Natal College of Nursing

uMnyango Wazampilo, Departement van Gesondheid
Fighting Diseases, Fighting Poverty, Giving Hope.

Appendix 4a: Permission letter to Campus Principal

24 Olympia Street
Shallcross
Durban
4093

The Principal

Dear Madam

PERMISSION TO COLLECT DATA FOR MASTERS RESEARCH

I am presently registered for a Master's degree at the Durban University of Technology in the Department of Nursing. The proposed title of my study is **'Causes and effect of student nurses absenteeism at the KwaZulu-Natal College of Nursing'**. I hereby request permission to conduct the study at your campus.

A questionnaire will be used to collect data from the student nurses, who are presently in the R425 nursing course only, at different levels of training. My target sample will be 292 student nurses in all three campuses where data will be collected. Participation is voluntary, and informed consent will be obtained from all participants. Confidentiality will be maintained at all times. Theoretical records of students, such as registers and training cards will be used to examine and analyse marks of students to gain information about effect of absenteeism on their theoretical performance as well as clinical performance. Please find attached a copy of my research proposal.

I hereby request your written permission to undertake this study at the selected campuses. Your support and permission will be greatly appreciated.

Yours sincerely,

.....
Mrs P Singh (Researcher)
Telephone: 084 460 6998
Email: pratimas26@gmail.com

.....
Prof MN Sibiya (Supervisor)
Telephone: 031-373 2606
Email: nokuthulas@dut.ac.za

Appendix 4b: Approval letter from Greys campus



Health

Department:
Health
PROVINCE OF KWAZULU-NATAL

KWAZULU NATAL COLLEGE OF NURSING
GREY'S CAMPUS
Private Bag X 0001, Pietermaritzburg, 3200
25 Townbush Road, Marikissa, Pietermaritzburg, 3201
Tel.: 033 897 3503
Fax.: 033 897 3500
Email: esther.hlongwa@kznhealth.gov.za
www.kznhealth.gov.za

15th September 2014

Mrs. P. Singh

Dear Mrs. Singh

Re: Request for permission to conduct study at Grey's Campus

Permission is granted for you to conduct research at this Campus.

Kindly liaise with Mrs. A. Ramagand - Lecturer Midwifery at Grey's Campus to make the necessary arrangements for you to conduct research at this Campus.

You are wished all the best with your studies.

Yours Faithfully


E. N. Hlongwa (Miss)
Campus Principal

uMnyango Wezempho Department van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

Appendix 5a: Permission letter to Campus Principal

24 Olympia Street
Shallcross
4093

The Principal

Dear Madam

PERMISSION TO COLLECT DATA FOR MASTERS RESEARCH

I am presently registered for a Master's Degree at the Durban University of Technology in the Department of Nursing. The proposed title of my study is **'Causes and effect of student nurses absenteeism at the KwaZulu-Natal College of Nursing'**. I hereby request permission to conduct the study at your campus.

A questionnaire will be used to collect data from the student nurses, who are presently in the R425 nursing course only, at different levels of training. My target sample will be 292 student nurses in all three campuses where data will be collected. Participation is voluntary, and informed consent will be obtained from all participants. Confidentiality will be maintained at all times. Theoretical records of students, such as registers and training cards will be used to examine and analyse marks of students to gain information about effect of absenteeism on their theoretical performance as well as clinical performance. Please find attached a copy of my research proposal.

I hereby request your written permission to undertake this study at the selected campuses. Your support and permission will be greatly appreciated.

Yours sincerely,

.....
Mrs P Singh (Researcher)
Telephone: 084 460 6998
Email: pratimas26@gmail.com

.....
Prof MN Sibiya (Supervisor)
Telephone: 031-373 2606
Email: nokuthulas@dut.ac.za

Appendix 5b: Approval letter from Prince Mshiyeni campus



Department:
Health
PROVINCE OF KWAZULU-NATAL

KwaZulu-Natal College of Nursing
Prince Mshiyeni Memorial Campus
Private Bag X10, Mobeni, 4060
Mangosuthu Highway, Umlazi
Tel: 0319078313 Fax: 0319067772
E-mail: sindisive.mthembu3@kznhealth.gov.za
Web-site: www.kznhealth.gov.za

Date: 15/09/2014
Enquiries: Dr SZ Mthembu

Dear Mrs P. Singh,

RE: PERMISSION TO CONDUCT A RESEARCH STUDY AT PRINCE MSHIYENI CAMPUS

I have pleasure in informing you that the permission to conduct research titled: "Causes and effects of student nurses absenteeism at the KwaZulu-Natal College of Nursing" has been granted.

Please make sure that you:

- Adhere to the Department of Health policies, procedures and guidelines.
- Do not disturb the functioning of the campus or academic activities when collecting data.
- Make prior arrangements with the principal/deputy principal, relevant staff members, group coordinator(s) and students.

The campus wishes you all the best of luck in your studies. It will be appreciated that you share the findings or provide feedback on your findings.

Thank you,
Dr SZ Mthembu
Campus Principal

*uMnyango Wezempilo . Department of Health
Fighting Disease, Fighting Poverty, Giving Hope*

Appendix 6a: Permission letter to Campus Principal

24 Olympia Street
Shallcross
4093

The Principal

Dear Madam

PERMISSION TO COLLECT DATA FOR MASTERS RESEARCH

I am presently registered for a Master's Degree at the Durban University of Technology in the Department of Nursing. The proposed title of my study is **'Causes and effect of student nurses absenteeism at the KwaZulu-Natal College of Nursing'**. I hereby request permission to conduct the study at your campus.

A questionnaire will be used to collect data from the student nurses, who are presently in the R425 nursing course only, at different levels of training. My target sample will be 292 student nurses in all three campuses where data will be collected. Participation is voluntary, and informed consent will be obtained from all participants. Confidentiality will be maintained at all times. Theoretical records of students, such as registers and training cards will be used to examine and analyse marks of students to gain information about effect of absenteeism on their theoretical performance as well as clinical performance. Please find attached a copy of my research proposal.

I hereby request your written permission to undertake this study at the selected campuses. Your support and permission will be greatly appreciated.

Yours sincerely,

.....
Mrs P Singh (Researcher)
Telephone: 084 460 6998
Email: pratimas26@gmail.com

.....
Prof MN Sibiya (Supervisor)
Telephone: 031-373 2606
Email: nokuthulas@dut.ac.za

Appendix 6b: Approval letter from Port Shepstone campus



health
Department:
Health
PROVINCE OF KWAZULU-NATAL

PORT SHEPSTONE NURSING CAMPUS
Postal Address: Private bag x719
Port Shepstone 4240
Physical Address: Lot 107 Marine drive
Shelly Beach 4265
Tel: 039 315 5322/3. Fax: 039 315 5325

Date: 5 November 2014

Attention: Mrs P. Singh

24 Olympia Street
Shaloomo
DURBAN
4093

Dear Mrs. Singh

RE: REQUEST FOR PERMISSION TO CONDUCT STUDY

Your letter dated 30 October 2014 is hereby acknowledged and refers:

Permission is hereby granted for you to conduct your study at Port Shepstone Nursing Campus. Please take note of the conditions as stated by the Kwa-Zulu Natal College of Nursing. Please note that it may not be always possible to have students for the time you projected due to the congested teaching timetables and other commitments. The Campus training programme for next year is not yet confirmed, therefore I cannot give the schedule when students will be on block until it's confirmed.

Please make arrangements well in advance to avoid disappointment.

Best wishes

MR N.B. GWALA
CAMPUS PRINCIPAL
PORT SHEPSTONE NURSING CAMPUS

uMnyango Wezemelo - Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

Appendix 7a: Request to use questionnaire

From: Singh Pratima [<mailto:Pratima.Singh2@kznhealth.gov.za>]
Sent: 08 May 2014 10:38 AM
To: Lekhulenj, Masamo
Subject: Re-use of questionnaire

Hello I am Mrs P Singh, currently a Masters student at Durban University of Technology, KZN Province. I have read your article "Learner nurses absenteeism in the nursing schools at Capricorn District, Limpopo Province, South Africa". My topic is on student nurse absenteeism in KZN. Would it be possible to use the questionnaire?

Regards

Pratima Singh

Lecturer

RK Khan Campus

Appendix 7b: Approval from Prof. EM. Thobakgale to use questionnaire

From: Lekhuleni, Masamo [mailto:Masamo.Lekhuleni@ul.ac.za]
Sent: 09 May 2014 08:33 AM
To: Singh Pratima
Cc: ellen molkgobola thobakgale
Subject: FW: Re- Questionnaire

Greetings Mam

Receive the questionnaire as indicated to you yesterday. You can adapt it to suit your study.

Good luck in your studies



From: ellen Thobakgale [mailto:ellen.thobakgale@webmail.co.za]
Sent: 09 May 2014 07:30 AM
To: Lekhuleni, Masamo
Subject: Re: Re- Questionnaire

On Thu, 8 May 2014 11:07:29 +0000 "Lekhuleni, Masamo" wrote

Greetings Mam

Thank you for your email. I have contacted the originator of the questionnaire, Mrs EM Thobakgale and she has agreed that you may use the questionnaire. The questionnaire will be emailed to you tomorrow. As the questionnaire is intellectual property, you are expected to acknowledge the source of the questionnaire.

Have a good day

Appendix 8: Questionnaire

Dear Respondent,

A request is made that you kindly spare some minutes to answer the questions set out below.

The aim of the study is to determine the causes and impact of absenteeism amongst student nurses that are currently registered for a four-year diploma programme (R425) in KZNCN.

Please be reassured that your responses will be treated with the utmost confidentiality. Please do not write your name on the questionnaire.

Mark with an **X** in the appropriate space, for example:

X

1. Personal Information

1.1. Gender

Male	
Female	

1.2. Age

Below 19	
19 – 25	
26 – 32	
Above 32	

2. Indicate your agreement that the following items play a part in why you stay away from lectures/ practicals:

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
2.1 TEACHING FACTORS					
2.1.1 The resources for teaching (overhead transparencies, models for demonstrations, videos/dvds, equipment for power-point presentations) are not available.					
2.1.2 I am not interested in certain subjects.					
2.1.3 Lecturers expect a lot of work from me (e.g. workbook assignments, research projects, case presentations) and I cannot cope.					
2.1.4 I do not have the work ready by its due-date.					
2.1.5 I do not understand the language used by the lecturer.					
2.1.6 The lecturer only uses the lecture method of teaching and it is boring. Other methods, (such as group-discussions, role-playing, group presentations, computer-based learning) are not used.					
2.2 CONTENT FACTORS					
2.2.1 I have not been orientated to the rules and regulations of the KwaZulu-Natal College of Nursing.					
2.2.2 I do not know the rules and regulations regarding absenteeism from the theoretical area (college/campus).					

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
2.2.3 I stay away even though I am aware of the rules and regulations regarding absenteeism in the theoretical area(college/campus) and I have been fully orientated					
2.3 LEARNING FACTORS					
2.3.1 I lack discipline regarding my studies and therefore have to catch up before tests and examinations.					
2.3.2 I have no interest in completing the work or studying for tests or examinations.					
2.3.3 I can catch up even if I miss out on the work taught.					
2.3.4 Lecturers are not present in class and give us the work to do on our own.					
2.4 ASSESSMENT FACTORS					
2.4.1 I absent myself on test days to get out of writing the test.					
2.4.2 I absent myself when my practical assessment/s or procedure evaluations are due.					
2.4.3 I absent myself on examination days to get out of writing the examination.					
2.5 SOCIAL FACTORS					
2.5.1 I have relationship problems.					
2.5.2 I have family problems.					
2.5.3 I have problems with personal alcohol abuse.					
2.5.4 I have problems with personal drug abuse.					

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
2.6 CLINICAL / PRACTICAL/ WARD AREAS					
2.6.1 There are staff shortages in the ward and I am treated as workforce.					
2.6.2 I am expected to do too many tasks.					
2.6.3 There are too many patients to attend to and I feel I can't cope.					
2.6.4 Qualified staff are unapproachable and rude.					
2.6.5 Qualified staff do not supervise me in the clinical area, therefore I do not feel competent.					
2.6.6 I am stressed/burnt out in the clinical area.					
2.6.7 My requests for days off/vacation leave are not granted; therefore I stay away as I need to attend to other matters.					
2.6.8 Lecturers do not accompany us in the clinical area; therefore I am unsure of certain procedures.					
2.6.9 I have not been orientated to absenteeism policies in the clinical/practical areas.					

Appendix 9: Checklist for theoretical performance

The effect of absenteeism on the theoretical performance of student nurses following the R425 Nursing Programme at the KwaZulu-Natal College of Nursing

Campus Code: _____

[illegible]

Appendix 10: Checklist for clinical performance

The effect of absenteeism on the clinical performance of student nurses following the R425 Nursing Programme at the KwaZulu-Natal College of Nursing

Campus Code: _____

[illegible]

Appendix 11: Information letter and consent



Thank you for agreeing to participate in this study. The details of the study are outlined below.

Title of the Research Study: Causes and effect of student nurses absenteeism at the KwaZulu-Natal College of Nursing.

Principal Investigator/s/researcher: Mrs Pratima Singh, M Tech: Nursing

Co-Investigator/s/supervisor/s: Prof MN Sibiya, D Tech: Nursing (Supervisor)

Brief Introduction and Purpose of the Study: Nursing students currently following the R425 programme in KwaZulu-Natal College of Nursing enter into a fixed term appointment as a trainee nurse. Under this contract, their vacation leave, sick, special leave and maternity leave is specified. These trainee nurses are not entitled to family responsibility leave. However, they are entitled to sick leave and vacation leave. It has been noted that student nurses are abusing their sick and vacation leaves to such an extent that some need to be demoted to another group, to complete training or have to be terminated due to absenteeism. This decreases the number of students who are trained and will therefore not add to the pool of qualified/professional nurses, of which there is a dire shortage. Therefore, the study will focus on the reasons why trainee nurses absent themselves, the impact this has and on possible measures to retain student nurses, in order for them to complete their training.

Outline of the Procedures: You are kindly requested to complete the questionnaires that will be delivered to you during your break times. You will thereafter, place the completed questionnaires and consent forms in an envelope that you will drop in a box that will be provided to you. Please do not write your name on the questionnaire or on the envelope to maintain confidentiality. The sealed envelopes will be kept in a locked cupboard, accessible only to the researcher

Risks or Discomforts to the Participant: None

Benefits: The researcher will make recommendations that will contribute towards improving conditions of student nurses, which will decrease absenteeism and increase retention.

Reason/s why the Participant May Be Withdrawn from the Study: The researcher foresees no reason for withdrawing the participant from the study. The participant may withdraw at anytime as participation is voluntary.

Remuneration: There is no remuneration for participating in this study

Costs of the Study: You will not bear any costs by participating in this study.

Confidentiality: You will not be requested to fill in personal identifying details; instead a code will be used to number the questionnaire.

Research-related Injury: None

Persons to Contact in the Event of Any Problems or Queries: Should there be any query, please contact the researcher:-Mrs P Singh on 0844606998 E-mail: pratimas26@gmail.com should you still not be satisfied, please contact my supervisor, Prof MN Sibiya on 031-373 2606. E-mail: nokuthulas@dut.ac.za



CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Pratima Singh, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____	_____
Full Name of Participant	Date	Time	Signature/Right Thumbprint

I, _____ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____	_____	_____
Full Name of Researcher	Date	Signature

_____	_____	_____
Full Name of Witness (If applicable)	Date	Signature

_____	_____	_____
Full Name of Legal Guardian (If applicable)	Date	Signature