

**FACTORS CONTRIBUTING TO ABSENTEEISM OF PUPIL NURSES IN  
THE NURSING SCHOOLS OF CAPRICORN DISTRICT, LIMPOPO  
PROVINCE**

by

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# DECLARATION

I, **Thobakgale Ellen Mokgobola**, hereby declare that the mini-dissertation “**Factors Contributing to Absenteeism of Pupil Nurses in the Nursing Schools of Capricorn District, Limpopo Province**” has not previously been submitted by me for the degree at this or any other university; that it is my own work in design and in execution, and that all materials contained herein has been duly acknowledged.

.....  
**Thobakgale EM (Mrs)**

.....  
**Date**

# **DEDICATION**

I dedicate this work to my late father, Phuti Mathapo, my beloved children, Koketso, Kone and Nkhumeleni, as well as my late Mother-in-law, Lilian-Ngwaa Tshikhathi, for their love, support and encouragement. I also give special thanks to all pupil nurses in the Limpopo Province.

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# ABSTRACT

This study was aimed at determining the factors that contributed to absenteeism of pupil nurses in the nursing schools of Capricorn district in Limpopo Province. A descriptive cross-sectional quantitative design was used to describe factors that contributed to absenteeism of pupil nurses in the nursing schools of Capricorn district. The target population consisted of 124 pupil nurses at two nursing schools in the Capricorn district. Ten pupil nurses from one nursing school were used in a pilot study, but for the main study 114 nurses from both nursing schools were sampled. Systematic sampling was used to select 57 pupil nurses who participated in the study. Data were collected by means of a self-developed questionnaire that comprised 24 items on teaching, course content, learning, assessment and social problems. The Statistical Package for Social Sciences (SPSS, version 18) was used for data analysis. Validity and reliability were ensured by using Cronbach's test on the pilot study. Ethical clearance was obtained from the Medunsa Research and Ethics Committee, and permission to conduct the study was granted by the Department of Health and Social Development, Limpopo Province. The findings of the study revealed that teaching, course content, learning environment, assessment and social problems were contributory factors to absenteeism of pupil nurses in the nursing schools of the Capricorn district in the Limpopo Province. The study further showed that pupil nurses were absent from classroom and clinical settings due to fear of assessment and attending to social problems. The study recommended the redesigning of nursing education and training in the Capricorn district of the Limpopo Province. The study proposed that appropriate and innovative teaching strategies and support systems be established for pupil nurses.

# KEYWORDS

- Absenteeism
- Learning environment,
- Nursing school
- Pupil nurses

# DEFINITIONS OF CONCEPTS

- Absenteeism** Refers to a situation where a learner is not at school for an entire day (Weideman, Goga & Lopez, 2007). In this study, absenteeism is when a pupil nurse is not present in classroom and clinical learning area.
- Academic year** Is a period of at least 44 weeks in any calendar year (SANC, 1997). In this study, academic year refers to a training period of pupil nurses that includes theory and practicals for 12 months.
- Clinical learning area** Carlson, Kotze, and van Rooyen (2003) defines clinical learning area as an environment in which student nurses perform skills related to the needs of patients. In this study, clinical area refers to the hospitals and clinics where pupil nurses acquire learning experiences and gain vocational skills.
- Nursing school** Is comprehensive unit which includes all relevant facilities and resources for personal and professional development of students and pupils in order to reach the programme objectives (SANC, 2009). In this study, a nursing school is an institution that conducts training of pupil nurses.
- Pupil nurse** Is a person undergoing education and training at an approved nursing school, who has complied with the prescribed conditions and has furnished the prescribed particulars (South African Nursing Council, 2005). In this study, a pupil nurse



refers to a learner in a nursing school at first and second year of training.

# LIST OF ABBREVIATIONS

<b>AHP</b>	Analytical Hierarchy Process
<b>AR</b>	Audience Response Systems
<b>ART</b>	Autogenic Regulation Training
<b>CL</b>	Cooperative Learning
<b>DoE</b>	Department of Education
<b>DoH</b>	Department of Health and Social Development
<b>FEDA</b>	Further Education Development Agency
<b>MSDE</b>	Maryland State Department of Education
<b>NCLB</b>	No Child Left Behind Act
<b>NEI</b>	Nurse Education Institution
<b>NEP</b>	Nurse Education Policy
<b>OSCE</b>	Objective Structured Clinical Evaluation
<b>R2175</b>	Regulation 2175
<b>RN</b>	Registered Nurse
<b>SANC</b>	South African Nursing Council
<b>SRB</b>	School Refusal Behaviour
<b>TL</b>	Time Loss
<b>UCLA</b>	The University of California, Los Angeles

**VLE** Virtual Learning Environments

**WT** Withdrawn by Teacher

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# CHAPTER 1

## OVERVIEW OF THE STUDY

### 1.1 Introduction and Background

Absenteeism of pupil nurses from classroom and clinical learning settings affect their performance negatively and prolong the period of learning (South African Nursing Council, 1997). Nursing education for enrolment by the SANC as a nurse or auxiliary complies with the requirements for formal tertiary education. A nursing college or other institutions approved as a nursing school by the SANC in terms of the Act provides tertiary education. It is also provided with the view to the acquisition of a certificate instituted in terms of the SANC (2005).

The Maryland State Department of Education (2010) stated that absence is classified as either an excused absence or an unexcused absence. An absence may be excused for student illness, death in the immediate family, court summons, religious observance, and school authorized work or activity, hazardous weather conditions, state emergency, lack of authorized transportation, and suspension. Any other absence is considered unexcused. Although there is no national definition of truancy, each state is required by the federal “No Child Left Behind Act” to define truancy and to collect data on truancy rates. A student is considered a habitual truant if he or she was aged 5 through 20 years during the school year, enrolled in a school for more than 90 days and unlawfully absent for 20% or more of the days enrolled.

Absenteeism is an indicator of anxiety, depression, and risky behaviors (Chou, Ho, Chen & Chen, 2006). Poor school attendance may also lead to academic problems and school dropout, juvenile delinquency, and poor marital and familial attachments later in life (Loeber & Farrington, 2000). Predictors of excessive absenteeism include family, school, peer, and individual factors (Fallis & Opatow, 2003). Missing school to pursue positive tangible rewards was associated with conduct disorder and oppositional defiant disorder (Kearney & Albano, 2004).

Timmins and Kaliszer (2001) cited that student absenteeism from learning areas have a negative impact on their performance in examinations. In Ireland, the monitoring and control of student nurse attendance has traditionally been within the remit of schools of nursing. The apprenticeship system, which was in operation until 1994, required student nurses to spend a large proportion of their time working in the wards, and they were afforded employee status and pay. Student absenteeism, as hospital employees, was dealt within a disciplinary fashion and medical certificates were required for absence of more than 2 days. In order to qualify as a nurse, students were required to attend a minimum of 94% of the programme (Timmins & Kaliszer, 2002b).

In Tanzania, the study conducted at Mbulu nursing school indicated that shortage of clinical nursing staff may contribute to absenteeism of pupil nurses during their education and learning. The clinical manager and the acting matron admitted that the shortage of hospital staff is challenging for clinical teaching, which is why they asked the tutors to come to the hospital with the students, to support them (Government of Nursing Schools in Tanzania, 2010).

In the Republic of South Africa, the SANC (1997) stipulates hours of clinical learning for pupil nurses as 2000 hours. The learning hours should be spread over two academic years during training for the course leading to enrolment as a nurse (SANC, 1997). The SANC (2005) outlined that pupil nurse were encouraged to complete hours of training and has noted that a candidate shall be admitted to an examination only if s/he have completed the prescribed period of training for the course not later than the end of the month in which the examination is conducted. In this case, owed hours in the clinical areas will be made up before the end of twelve months of training.

The KwaZulu Natal College of Nursing has specific requirements for student nurses to enter the examinations. The college indicated that for every learner a 40% in theory and 50% in practical should be obtained. The learner must have complied with a minimum of 80% clinical attendance in the specific discipline and 80% of lectures in that subjects (Nkonzo-Mthembu, 2010).

All periods of absenteeism must be made up under the supervision of a clinical supervisor or laboratory instructor. Unexcused absenteeism should be noted on the clinical evaluation tool and may result in an unsatisfactory clinical grade. Attendance should be recorded for every class session. To be considered present, the student must attend the entire class period. Attendance is mandatory on the first day of all nursing courses. If a student fails to attend the first day of a nursing course, they forfeit their mark (Lincoln Memorial University: Caylor School of Nursing, 2009).

The Department of Health and Social Development (DoH, 2009) indicated that pupils are likely to be absent from clinical and classroom settings due to fear of contracting communicable diseases found in the wards or if they are already infected. Student

nurses were allocated in the clinical learning setting of the Limpopo Province to acquire clinical skills. The clinical rapport between the lecturers and the clinical staff indicated that some learners evaded their allocated wards. Lecturers who removed the learners from their allocated wards without notifying the managers within the allocated clinical settings were said to intensify the problem of absenteeism. However, through the experience of being in the hospital that was utilized as a clinical facility for student nurses, it became evident that some student nurses usually disappeared from the clinical setting without the knowledge of their supervisor (DoH, 2010).

In Tanzania, the report from Mbozi agreed that there are no demonstration rooms; there are very few charts and none of them are recent models or other teaching aids. The institution only holds one anatomy and physiology model, one pelvic model, one foetal scar and placenta, and two infant models. They have four charts: the reproductive system, the endocrine system, the digestive system, and the urinary tract system. All these teaching aids are kept in a storeroom and not easily accessible to students. Student were not motivated to study within the nursing school premises and decided to study in the community libraries, these causes lot of absences (Government of Nursing Schools in Tanzania, 2010).

Wadesango and Machingambi (2011) found that absenteeism is rampant among the students in three South African universities due to reasons such as lack of subject interest, poor teaching strategies by lecturers, unfavorable learning environment, and too much socialization, and part-time jobs to augment meagre bursaries granted by various sponsors and poor relations with the lecturers.

Doyle, O'Brien and Timmins (2007) recommended that subsequent to the evaluation, a standardized approach to the measurement of absenteeism be employed. A preventative measure employed includes improvement in student timetable delivery (Doyle et al., 2007). Timmins and Kaliszer (2002b) argued that systematic policies need to be developed and enforced. Key personnel need to be employed to support attendance monitoring. Litherland (2010) supported the explanation of the absentee policy so that all students from the very first day understand it. All schools should have an absenteeism policy, including how many days can be taken, notification procedures and what incidents qualify as absence-worthy.

Litherland (2011) indicated that there are numerous steps you can take to prevent student nurse absenteeism in colleges across the United States and the rest of the world. However, as with all majors and professions, it is important to prevent absenteeism in classes and training and laboratory sessions as much as possible. Anecdotally, absenteeism is occasionally raised as an issue by attending students who resent others "getting away" with non-attendance and some policy documents appear to suggest that attendance should be mandated (Lipscomb & Snelling, 2010).

Absenteeism among nursing students is of substantial significance for these educators as a matter of professional concern. The Irish Nursing Board, An Bord Altranais, whose ultimate responsibility is that of patient/public safety, requires nurse education programmes to yield graduates who demonstrate development of skills of analysis, critical thinking, problem solving and reflective practice and who can act as an effective member of a health care team and participate in the multidisciplinary team approach to the care of patients/clients (An Bord Altranais, 2005).



Finlay (2005b) reported that male and female students are equally likely to be truant, although their reasons for truancy often differ. Children are more likely to be chronically absent when they live in poverty, face multiple family risks such as their mother who is a single parent, has limited education, is in poor health, depends upon welfare, and has three or more children, and experience domestic and/or community violence. Students are less likely to be truant if they are enrolled in college preparatory courses, have strong academic achievement, feel safe at school, have supervision after school, participate in religious services, and avoid drug use, Finlay (2005b).

Some learners habitually absent themselves when teachers are absent. Learner absence might be copied from the teachers who are frequently absent. Teacher absenteeism affects quality education in many ways. Firstly, it reduces the ability of teachers to cover the prescribed teaching syllabus. Secondly, when teachers are absent from schools, it often leads to poor academic performance by students that can result in high dropout rates. Finally, teacher absenteeism affects enrolment and retention because many parents see it as a disincentive to sending their children to school Al-Hassan (2009). Rumberger and Lim (2008) agreed that students are more likely to drop out if they have a sibling who dropped out.

Fjortoft (2005) indicated that school is a social organization and interaction among students and their instructors. The school lets them socialize professionally by observing the others, especially faculty members. Within this organization, learners recognize teachers as their role models and therefore copy their absences (Hammer, Berger, Beardsley & Easton, 2003)

A number of factors such as lack of interest and unchallenging curriculum cause absenteeism. A desire for hedonistic activities with peers, negative self-image and self-esteem, lack of subject interest, lack of personal interest in studies, the mental capacity of a student if does not match with the course opted, and poor teaching skills of a lecturer also keep students away from school. Likewise, lack of confidence in a lecturer, inadequate relations between student and lecturer and distance to nursing schools, colleges and universities could lead to pupil absenteeism (Williams, 2002).

## **1.2 Research Problem**

Absenteeism of pupil nurses from the classroom and clinical settings seems to reduce quality of teaching and learning and assessment. The required training hours stipulated by the SANC are 2000 for two academic years. Absenteeism also reduces the training hours as requirement of the SANC (1997). Operational managers in the clinic of the Capricorn district reported every week that pupil nurses were absent from clinical settings with some reporting and others not reporting their movements. Operational managers and hospital nurse managers also reported that some pupil nurses sign the logbook in the afternoon for the following day that they are not coming. Professional nurses at clinics expressed concern that pupil nurses sometimes forge and sign for other pupils in the clinical settings (DoH, 2009). Therefore, this practice by pupil nurses motivated the researcher to undertake this study.

## **1.3 Purpose of the day**

The purpose of the study was to determine the factors that contributed to absenteeism of pupil nurses in the nursing schools of Capricorn district, Limpopo Province.

#### **1.4 Research Question**

The following research question guided the study: “What are the factors that contribute to absenteeism of pupil nurses in the nursing schools of Capricorn district, Limpopo Province?”

#### **1.5 Objectives of the Study**

The objectives of the study were to:

- Identify the factors that contributed to absenteeism of pupil nurses in the nursing schools of Capricorn district.
- Determine strategies to reduce absenteeism of pupil nurses in the nursing schools of Capricorn district.

#### **1.6 Methodology**

The study was conducted at Lebowakgomo and WF Knobel nursing schools in the Capricorn district, Limpopo Province. A quantitative research method was used as the plan to collect information was in numeric form. A quantitative research method was used to obtain quantified data (Polit & Beck, 2004). This study attempts to quantify factors contributing to absenteeism of pupil nurses in the nursing schools of Capricorn district, Limpopo province

A descriptive cross-sectional design was used to describe the factors that contributed to absenteeism of pupil nurses in the nursing schools of the Capricorn district in the Limpopo Province. The study was cross-sectional as data was collected from first and

second year pupil nurses from the two nursing schools at the same time (Burns & Grove, 2011).

The population comprised 124 pupil nurses at Lebowakgomo and WF Knobel hospital nursing schools of Capricorn district, Limpopo Province. Ten pupil nurses were used for the pilot study and were excluded from the main study. A total of 114 pupil nurses were sampled. Systematic sampling was used to select the 57 pupil nurses who participated in the study. A self-developed questionnaire was used to collect data from pupil nurses. The questionnaire comprised five sections, namely, teaching, course content, learning, assessment and social problems. Descriptive statistics was used to analyze data with the assistance of a statistician. The Chi-square test and percentages, means and standard deviations were calculated using Statistical Package for the Social Sciences (SPSS). The scores were summed and compared as described by Blaikie (2003). Details of the research method will be discussed in Chapter 3 of this study.

### **1.7 Significant of the Study**

The findings of the study could contribute to improvement in class and clinical attendance of pupil nurses in the nursing schools of Capricorn district, Limpopo Province. Subsequently, the study could enhance quality teaching and learning of pupil nurses who are responsible for patient care.

### **1.8 Conclusion**

Chapter 1 provided an introduction and overview of the research problem, purpose, research question, objectives, methodology and significance of the study. The chapters in this dissertation are organized as follows:

<b>Chapter 1</b>	Overview of the Study
<b>Chapter 2</b>	Literature Review
<b>Chapter 3</b>	Methodology
<b>Chapter 4</b>	Data Analysis and Interpretation
<b>Chapter 5</b>	Conclusion, Limitations and Recommendations

# CHAPTER 2

## LITERATURE REVIEW

### 2.1 Introduction

This chapter discusses literature relevant to factors that contribute to absenteeism of pupil nurses in the nursing schools of Capricorn district, Limpopo Province. The researcher conducted literature survey from book chapters, journals, and reports from the DoH and downloads from Google.

### 2.2 Purpose of the Literature Review

Literature reviews serve a number of important functions in the research process (Polit & Beck, 2004). A literature review provides an orientation to what is known and not known about an area of inquiry, to ascertain what type of research can best make a further contribution to the existing base of evidence about the topic being investigated. Fain (2004) stated that the literature review determines what is known and what is not known about a subject, concept, or problem. The purpose of the literature review in this study was to obtain information on factors that contributed to absenteeism of pupil nurses in the nursing schools of Capricorn district, Limpopo Province. This assisted the researcher to better understand the absenteeism of pupil nurses and identify potential solutions.

### **2.3 Absenteeism of Pupil Nurses**

Absenteeism is a situation where a learner is not at school for an entire day (Weideman, Goga & Lopez, 2007). The most common period of continuous absence that qualifies a learner as having dropped out is ten days (Weideman et al, 2007). Absenteeism at primary school is often seen as the foundation of most tertiary behaviors. One may learn a lot of accepted and unaccepted behavior from a young age that may be portrayed at a later stage of life.

Dubes and Orpinas (2009) classified absenteeism as child-motivated or non-child-motivated. Child-motivated absenteeism is at the volition of the child, due to increased autonomy whereas non-child-motivated absenteeism manifest through influences external to the child, for example, parents keeping the child at home to care for siblings. Some children may have more than one functional profile and, therefore, behaviors may be both negatively and positively reinforced (Dubes & Orpinas, 2009).

Absenteeism may be defined as not coming to school or not following the courses without having a valid excuse (Wisconsin Legislative Audit Bureau, 2000). It may be called as school refusal behavior (SRB). Absenteeism may be a kind of difficulty attending school or remaining in school for the whole day. Absenteeism may also be viewed as a personal decision related to ability and the motivation to attend (Kottasz, 2005). Kadi (2000) stated that family, school, personal problems, peer might cause absenteeism and gender-related issues. For some students, school attendance may be conceived as a kind of punishment acting as a negative reinforcement (Williams, 2002).

Wadesango and Machingambi (2011) discovered that student absenteeism is rampant in the universities studied due to reasons such as lack of subject interest, poor teaching strategies by lecturers, unfavorable learning environment, too much socialization, part-time jobs to augment meagre bursaries granted by various sponsors and poor relations with the lecturers. The study also found an inverse relationship between student absenteeism and course performance.

Schools and the curricula may be contributory causes of absenteeism (Williams, 2002). Family health or financial concerns, drug and alcohol abuse, poor school climate, transportation problems and different attitudes towards education may also be mentioned among the causes of absenteeism (Teasley, 2004). Another cause for absenteeism is lack of motivation - there is a crucial difference between a motivated student and an unmotivated one who feels s/he has to go to school (Kottasz, 2005).

Pritamkabe (2011) discovered that absenteeism in the education and health sectors is a significant issue in the developing world, especially in sub-Saharan Africa and India. Service providers in the education and healthcare in Uganda do not come to class regularly. In addition, in order to improve the quality of education and health services in these regions, it is crucial that the absenteeism issue is addressed without delay. Absence rates are higher in poorer countries, unpredictable, and not easy to plan around. Absences are likely to occur on Wednesdays and Fridays. Teachers who are at school might not be teaching during their class period. Teachers might be in one of the offices doing their own work. Out of the number of teachers who are present in school, only two-thirds would actually be teaching. These teacher absences could influence learners to be absent in class as there is no one to supervise them.



Attrition among student nurses is a long-standing problem and has been documented for many decades (Deary, Watson & Hogston, 2003). This is an issue that governments are keen to address, especially since educating nurses who fail to go on to practice not only impose a considerable financial burden, but also the loss of students from pre-registration courses has implications on the general nursing shortage within the national health system (Deary et al, 2003).

Additionally, higher education institutions are required to maintain attrition rates below the recommended 13%, and may face financial penalties for failing to achieve this (Deary et al, 2003). Nursing schools are also concerned about the unnecessary waste of staff time and resources, and the negative impact upon the individual that can be a consequence of student attrition (Prymachuk, Easton & Littlewood, 2009).

Absenteeism among pupil nurses is an important concern in nursing education since it results in inadequate learning and poor academic success because of the classes missed (Marburger, 2001). Absenteeism does not only affect the absent student and his/her academic success, but it can also impacts the lecturers, other present students and thus the whole learning environment at school (Westrick, Helms, McDonough, & Breland, 2009).

Brown (2002) emphasized that those who miss the class frequently are the ones who do not realize that the classroom or school is a community that they belong to and must be a part of and that when they do not attend classes, their learning level decreases and it becomes difficult to reach desired academic goals.

Student nurse absenteeism was also a nurse manager's concern in the past, where failure of a student to report for duty would often require immediate staff

replacement, as students also functioned as workers. Although this no longer holds entirely true within the profession, as students in Ireland enjoy supernumerary status during the first two years of the programme, the concern with absenteeism continues. Timmins and Kaliszer (2002a) described student nurse absence in the hospital-based school of nursing as a concern that the students must complete 156 weeks of training in order to qualify as a registered nurse.

An allocations officer or tutor advises students that they are required to extend their training programme if absence results in reduction of this minimum limit. The officer (or tutor) also dealt with students, who began to display a high proportion of absenteeism. Those with excessive absence or obvious noticeable patterns may be subject to disciplinary procedures (Timmins & Kaliszer 2002a).

Cleary-Holdforth (2007) indicated that the vast majority of the students were working in part-time employment during term-time. The average number of hours worked per week was sixteen. The number of hours worked per week was found to be a predictor of course performance, and thus the student's experience of college and grades achieved.

Students who worked longer hours reported negative outcomes in each of these three domains. It is not working per se that has a detrimental effect on student outcomes, but the numbers of hours students are actually working while attending college. Therefore, policymakers, educationalists, and health service providers need to be aware of the burden that nursing students may have to contend with in combining work with their academic studies (Cleary-Holdforth, 2007)

Chronic truancy and absence often start early (Yeide & Kobrin, 2009). These can become habitual and can be defined as unexcused absences from school by a minor that exceed the number of absences allowed by a relevant school or college. Each state or school has its own attendance laws, which specify the age at which a child must begin school, the number of unexcused absences that constitute truancy under the law.

There are variations across various US states in the mandatory starting age for school and the legal dropout age (Brent, 2007). In South Africa, most nursing colleges follow the requirement rule of 80% attendance and leave policy that outlines the 12 days sick leave in every year (SANC, 2005).

Pupil nurses are likely to be absent as they copy behavior from lecturers and consider this as normal. Such pupil nurses could continue with absenteeism when they are professionals. Ivatts (2007) indicated that teacher absenteeism has negative effects, including educational outcomes for children in developing countries where it is common for them to be sent home when their teachers fail to attend school or are unable to deal with over-sized classes.

Stott (2006) cited reasons that contributed to the attrition of male nursing students enrolled in undergraduate nursing courses. There was a tendency for male nursing students to feel isolated and excluded from an academic and clinical perspective. Male nursing students clearly highlighted their preference for engaging in the technical aspects of nursing. The implications for nurse educators are emphasized. From this, educational strategies were suggested to facilitate the retention and to encourage full attendance of male nursing students in undergraduate nursing courses.

Pritamkabe (2011) indicated that teacher absenteeism contributed to pupil nurse absences and pupil nurses will automatically lose days at clinical and classroom areas. For adolescent girls enrolled in school in rural Bangladesh, the most common reason for missing school was teacher absenteeism. Absenteeism of primary health care nurses also contributed to pupil nurse absences. Pupil nurses who went for consultation when the primary health care nurse was absent may simply come back the next day for treatment (Pritamkabe, 2011).

Booyens (2004) argued that the professionally immature pupils would copy absences and continue this habit throughout their professional lives. Gump (2006) agreed with Nicholl and Timmins (2005) that learners who will not attend were perceived as academy-centered such as failure to connect the content of the lecture to assessment or the 'real world', the availability of lecture material in online forms, unexciting, unchallenging lecturers, timing of lectures and completing assignment commitments.

Lipscomb and Snelling (2010) proposed that responses to absenteeism cannot be separated from questions of 'harm' and suggested that lecturers should refrain from associating non-attendance with unprofessional behavior and poor professionalization. Wadesango and Machingambi (2011) found that absenteeism is rampant among students in three South African universities due to reasons such as lack of subject interest, poor teaching strategies by lecturers, unfavorable learning environment, too much socialization, part-time jobs to augment meagre bursaries granted by various sponsors and poor relations with the lecturers.

The main reasons identified by Hughes (2005) for absence included illness, family commitments, dental and medical appointments, and impending assignment submissions. Other factors that might influence college attendance included a dislike

of certain subjects, with ethics, law and social policy identified as the least popular subjects. Students also admitted to an increase in absence around the time when assignments were due for submission and occasionally pretended to be ill.

#### **2.4 Poor Management as a Contributory Factor to Absenteeism**

The literature revealed that absenteeism in schools is mostly related to poor management. Weideman et al (2007) reported that provincial representatives in KwaZulu-Natal argued that learner absenteeism was a problem particular to certain schools in the province and that these tended to be the schools that were “badly managed”, while in Gauteng, Circuit managers claimed that learner absenteeism was a problem in Johannesburg West, particularly in Ekurhuleni South. In the North West Circuit, it was rationalized that educator absenteeism was a much bigger problem than learner absenteeism.

Absenteeism of pupil nurses could have been learnt during primary and high school attendance. Hartnett (2008) agreed that peers have more influence on each other than their parents do. Teenagers are especially prone to environmental influences because they are still being formed as persons.

School characteristics and culture can influence student absenteeism and truancy. Hartnett (2008) further claimed that peer groups are more powerful than parents in shaping values. Student’s values towards schools and their missions play a critical role in the academic outcomes.

When students feel cared for, included, and can connect to the purpose of school, they can challenge the values of the peer group, such as whether to attend school. They may also attach to people in the school setting such as teachers, administrators, and

staffs, who will help them carry the vision for their lives. Predictors of a student's potential for a successful life after high school are comprised of family identity, income, and choice of peer group. Perhaps if teachers and other school personnel are aware of this phenomenon, being intentional about reaching out to all peer groups could increase students' feelings of welcome, and school attendance would increase (Hartnett, 2008).

Epstein and Sheldon (2002) deduced that school characteristics and practices can influence rates of absenteeism and truancy among students. Large schools, for example, are more likely to have problems with student attendance than small ones. Students are more likely to skip school or cut class if they believe that the classroom environment is chaotic or boring, that teachers do not listen to them, or that there are no academic consequences for skipping class.

Good management was described as the responsibility of every tutor. Middlesex College of Law (2011) described a tutor's responsibilities thus: a tutor must remind students about the importance of attending their classes regularly, maintain attendance registers and keep accurate records, record student's accurate attendance on attendance registers in line with the college policy, enter student attendance on the Computer Information Management system on weekly basis, monitor attendance and punctuality of students by sending warnings to students by email and letters when their absence from class is unauthorized.

Education and health provider's absences also need to be monitored. Pritamkabe (2011) cited a couple of absenteeism monitoring programs in Kenya education and India health that showed success by supervisor. At some institutions, incentives were used effectively where supervisor were reluctant to implement the monitoring

program. Teachers who received no incentives from the program were found to be absent 4.8% points less than teachers in control schools.

## **2.5 Monitoring and Recording of Learners' Attendance**

Monitoring of students' attendance and absenteeism is important in all institutions. Weideman et al (2007) indicated that the extent of learner absenteeism in South Africa is roughly comparable to the limited information sourced for other countries that reported absenteeism rates of between 6 and 8 percent. There is, however, considerable variation in absenteeism rates, depending on the type of country that one compares with, the definitions that are used and the methodologies that underlie the data collection (Weideman et al, 2007).

Monitoring of teacher absenteeism was done in rural Udaipur of India. Pritamkabe (2011) indicated that teachers were given a camera with a tamper-proof date and time stamp. They received a base pay of \$11.50 per month and were told they would receive \$1.15 more for each day they were present, as evidenced by two photos of the teacher with students taken at least five hours apart.

Marburger (2001) agreed that records were maintained regarding the specific class periods that each student missed during the semester. Records were also kept of the class meeting when the material corresponding to each multiple-choice test question was covered. Marburger's (2001) study results further revealed that students who missed class on a given date were significantly more likely to respond incorrectly to questions relating to material covered that day than students who were present.

Weideman et al (2007) discovered that there was no international standard for the recording and monitoring of learner absenteeism. It was found that the absenteeism

rate was approximately 4 to 5 percent. This absenteeism rate is based on estimates by school principals and the collection of information for two dates in February 2007. This finding for learner absenteeism is clearly at the lower end of the range compared to other South African studies and this may have to do with the nature of the schools that were selected for the study (Weideman et al, 2007).

Monitoring of students was not accepted and regarded as movement restraints in the institution. Doyle et al (2007) agreed that the monitoring of nursing student attendance poses as a challenge as this was viewed by students as a patriarchal and draconian measure. Historically, the nursing profession values their ability to ensure the public and professional bodies that nursing students fully engage with educational programmes. However, university class sizes and the increased perception of student autonomy can negate formalized monitoring systems (Doyle et al, 2007).

Egan (2000) agreed that student nurse attendance was monitored quite closely. Records of attendance at both the classroom setting and the clinical area were kept and formalized disciplinary procedures were in place to deal with those with excessive absenteeism or who had absented themselves without due notification. There was an onus on the student to attend what was deemed a sufficient portion of the programme in order to ensure that they were competent and capable of functioning as a qualified practitioner. With the advent of diploma programmes for nurse preparation in Ireland since 1994, schools of nursing have kept firm control on absenteeism.

A concern expressed by nurse educators regarding absenteeism, is the regulation and monitoring of student non-attendance. The findings reveal that student attendance at both the practical and theoretical aspects of current education programmes is a



problem. Student attendances in the clinical area and during lecturers should be monitored (Timmins & Kaliszer, 2002b).

Timmins and Kaliszer (2002b) further stated that the attendance record would be checked every week for punctuality. A time loss (TL) is considered any period up to one hour. The policy of the Nursing Department regarding absenteeism states that clinical absenteeism should not exceed two absences in the clinical setting during any semester.

If a learner is absent without explanation the class teacher concerned must as soon as possible make a reasonable effort to contact the parent by whatever means is suitable to the circumstances of the school and the family concerned. First day contact, if circumstances permit, the principal will demonstrate the school's concern for the welfare of the learner. A principal must check school or a class any time suited. Despite the intervention of the principal if a learner persists in being absent without valid reason the learner must be charged with breach of the school's code of conduct for learners (Department of Education, 1996).

The Limpopo Provincial (DoE), (2009) subscribes to the same policy that serves to monitor learner absenteeism. The DoE (1996) received quarterly reports from all schools via the district office. Schools have been advised on how to record learner attendance. Records must include (1) the number of learners absent (2) the frequency of absences of particular learners and (3) disaggregate data by sex and population group. The provincial office does not have any official strategies to deal with learner absenteeism and there are no members of staff dedicated to the issue of absenteeism (Weideman et al, 2007).

Supervisors work under guidelines and policies developed by school boards and top school administrators such as the superintendent stressed the mandatory school attendance laws that limit how many unexcused absences students can incur (Healey, 2002). These excuses are sometimes called truancy officers, attendance supervisors represent school districts, monitoring absences and working with law enforcement when necessary. Attendance supervisors review daily attendance reports from all of the schools within a district, investigating patterns of absenteeism. When necessary, supervisors file complaints or paperwork with law enforcement and may represent the school in court. Attendance supervisors work with students and their parents or guardians to determine the cause of the absence and attempt to come to a solution to the situation (Healey, 2002).

Massasoit Community College (2010) advanced that it is the student's responsibility to sign the attendance sheet each day in class. In addition, the faculty has determined regular attendance in clinical as essential to completing required course objectives. If the student has any clinical absences during the semester, s/he will be required to complete a mandatory alternative assignment determined by the team.

Currently, the Hartford district backs up all electronic records the last school day of every week. The backups are recorded on two external hard drives. One backup is maintained in a fire-proof cabinet on campus and the other is stored off-site in a bank vault. All vital hard copy records are printed in sets. One set of vital hard copy records is stored in a fire-proof cabinet for backup (Hartford School District, 2011).

Middlesex College of Law (2011) stated the following in the college policy: students must attend all their classes, the college requires 100% class attendance. Students must be punctual and arrive for their classes on time. Students may not be allowed to

enter the classroom if they arrived more than 15 minutes after the scheduled starting time. Students must answer to their names when called by the lecturer whilst marking the attendance register. Lecturers are responsible for marking the attendance register before break time and at the end of the lecture. Students are supposed to report in advance in case of absence or absence due to illness or personal reasons in order to avoid their absence being treated as unauthorized absence.

Sickness absence has been a long-standing concern of the nursing profession. Absence is formulated as a form of coping. Total days off, certificated and uncertificated days off, blocks and wards absences and average time sick are regarded as absent. It is argued that autogenic regulation training (ART) helped significantly to reduce overall sickness absence. It is concluded that ART has a contribution to make in preparing student nurses to cope with the demands of nursing and sickness absence (Bailey, 1984).

It is also necessary for lecturers to keep the attendance register to be able to monitor students' attendances at lectures. Occasionally, lecturers can deliberately call the names of the absentees to participate in the lectures. This again will create the feelings of being cared for in the students and encourage them to come for lectures especially if the lecturer sends their friends to them that he will like to see them in the classroom (Ogunkola, 2012).

Leufer and Cleary-Holdforth (2010) noted that during advance of exam boards, staff had the added burden of trawling through each student's attendance record to ensure that they had attended at least 80% of classes in order to be eligible to receive the attained pass award in the module. Academic staffs were required to set and assign additional work for students to whom they had awarded a fail for attendance reasons

alone, even in cases where students had passed the module assessment. This system also had repercussions for administrative staff and computer services in the storage, maintenance, and generation of attendance reports and records.

Barwuah and Walkley (1997) indicated that monitoring attendance is crucial to providing management information on which to base budgetary and planning decisions. It can also provide an early warning sign for students that are likely to fail, or indeed make a success of the course. On the other hand, policies that penalize students for non-attendance who have otherwise successfully passed their coursework must be considered with regard to their purpose.

Finlay (2005) indicated that attendance tracking is wildly inconsistent, often between classrooms, schools, and districts. Teachers within the same schools tracked attendance differently even when provided with sophisticated tracking systems like electronic classroom tracking in the campus. Many teachers tracked attendance only at the beginning of class, which led to tardiness being counted as absences. Some teachers believed it is the students' responsibility to correct the inaccuracies, but students often did not know this or went out of their way to do so. Chang and Romero (2008) disagreed that no provision has been made to track chronic early absence so schools may remain unaware to what extent such a problem persists. This problem may lead to incorrect recording of absences in the classrooms and clinical areas.

Clarion University of Pennsylvania (2011) indicated that the event of an unexpected prolonged absence such as a serious illness or military deployment, the Office of the Registrar should be notified as soon as possible so instructors can be informed of the reason for a student's absence. This information is provided to faculty as a courtesy

and does not, in and of itself, constitute a valid excuse for the student's absence from class. A valid excuse will be granted to a student for military deployment following receipt of a copy of the military orders from the student's military commander.

Some teachers are non-compliant with tracking absences, especially if there is no motivation to do so. In addition, counselors and other staff who may be meeting with a student during his/her class period, may not report the whereabouts of the student, which again leads to inflating the absence rate. Over- and under-reporting is often a result of how truancy is defined, especially as it relates to tardiness and period absences. Again, this reflects the inconsistency with which schools define truancy and their willingness to report it. Districts suffer from similar inconsistencies of reporting absences (Finlay, 2005).

## **2.6 Effects of Non-Attendance on Performance**

Mukisa, Mugisha and Zeitlin (2009) demonstrated a significant positive between pupil absenteeism and failure rate. Teachers' absenteeism has detrimental consequences for educational systems. According to Ivatts (2007) teachers are not only the gatekeepers to quality education, but also account for most of the expenditures in the sector. Teachers are the transmitters of knowledge who help ensure that pupil learn. They are role models to students, and in most rural communities, they are the most educated and respected persons. They are at the front line of developing pupils' understanding, attitudes, skills, learning, and core values. Teachers are, therefore, the most important element in producing education.”

Epstein and Sheldon (2002) stated that poor attendance predicts dropping out of school, and chronic absenteeism can result in other negative consequences for

students and schools. Students who are not in class have fewer opportunities to learn the material that enables them to succeed later in school. Students with better attendance score higher on achievement tests than their more frequently absent peers. Attendance not only affects individual students, but also the learning environment of an entire school. School funding is often at least partially dependent on the number of students who regularly attend.

Rochford, Connolly and Drennan (2009) pinpointed that attendance is affected by term-time employment with approximately 25% of students reporting that it was the principal reason for being absent from college. Poor attendance at lectures related to term-time working can eventually result in student attrition. Many students consider 'dropping out' of college courses due to financial hardship.

A quarter of undergraduates had considered leaving higher education because of financial pressures. Students also identified that the need to work during term resulted in a large minority of respondents deciding not to continue their participation in higher education. Rochford et al (2009) further highlighted that over 40% of the students in Irish Institutes of Technology did not finish their course with many citing financial difficulties as the main reason for non-completion.

Sharma, Mendez and O'Byrne (2005) presented evidence that the relationship between student-centred tutorials and examination performance on a physics programme not only revealed that students with greater attendance performed better in their examinations, but also established that students working together in the same group with consistent attendance attain higher examination results than those who do not. The results of this study not only advocate the importance of attendance, but also that of the role of group work in facilitating student learning. Moreover, Cohn and

Johnson (2006) established a strong positive correlation between class attendance and academic performance.

McCarey, Barr and Rattray (2006) explored the predictors of academic performance in nursing students. The results demonstrated that attendance was a significant predictor of performance with increasing non-attendance being consistently associated with poorer marks. Students who performed poorly in their first year continued to do so throughout the programme and it was these students who had higher rates of non-attendance. McCarey, Barr and Rattray (2006) further indicated that educators could use both poor performance in first year and poor attendance as predictors for poor academic performance overall on a programme and could target such students early in the programme.

Weatherly, Grabe and Arthur (2003) disagreed that the impact on exam performance for learners who attended all classes demonstrated decreased performance compared to those who did not attend. This finding suggests that decreased exam performance may be the outcome of poor attendance due to availability of lecture slides. Grabe (2005) indicated that there is no difference seen in examination performance between those students who frequently used notes as a replacement for at least six classes and those students who used online notes as an adjunct rather than as an alternative to class attendance.

## **2.7 Social Factors Relating to Absenteeism**

Absenteeism is sometimes a symptom of lack of parental interest in school affairs. The study conducted by Mukisa et al (2009) found that some pupils missed school because they had been asked to pay fees for lunch, others had been asked by a parent

to do home chores, and others arrived late after some classes have been taught. For the pupils who were females, and already adolescents, menstruation may bar them from attending school (Mukisa et al, 2009). The long distance travelled by pupils may discourage parents from sending children to school. In rural areas, the walking conditions are getting even harder if it rains and most of these children go to school bare-footed (Mukisa et al, 2009).

Family health and/or financial concerns, drug and alcohol abuse, poor school climate, transportation problems and different attitudes towards education may also be among the causes of absenteeism (Teasley, 2004). Another cause for absenteeism is motivation - there is a crucial difference between a motivated student and an unmotivated one who feels s/he has to go to school (Kottasz, 2005).

Booyens (2004) indicated that some employees absents themselves from work sporadically, unpredictably and casually while others show a predictably high rate of absenteeism on weekends, holidays, vacation periods, or paydays. Absenteeism may be influenced by professional status of the employee where there is high rate of absenteeism amongst non-professionals than professional employees. Individuals with personality problems tend to be more absent from work than those with more stable characters, for example, the hypochondriac and person with an immature personality, the alcohol and drug abuser and the person who tends to clash with other members of the work group.

Finlay (2005b) described reasons for school absence that vary with age, gender, and other factors, but can include personal illness, work responsibilities, caring for children or sick relatives, fear of bullying, school disengagement, and push-out, involvement with drugs or criminal activity, lack of stable housing, and lack of



transportation. Truant learners report discretionary reasons for truancy such as oversleeping, wanting to hang out with friends, etc. These learners also reported being pushed out or bullied and factors such as work or family obligations Finlay (2005b).

Youth often face a number of barriers that can challenge their interest in ability to attend school (Heilbrunn, 2007). A variety of school, family, community and individual characteristics have been identified that can contribute to the problem of absenteeism (Hammond, Linton, Smink & Drew, 2007). Family and community factors include negative peer influences, such as other truant youth or other programs that pressure students to stay home to help with family, child abuse and neglect, family disorganization, teen pregnancy or parenthood, lack of family support for educational and other goals, violence in or near the home or school, and differing culturally-based attitudes towards education were also identified as contributing factors to absenteeism of a learner (Hammond, Linton, Smink & Drew, 2007).

## **2.8 Future Impact of Absenteeism**

Absenteeism from class may be a warning sign indicating a student's dissatisfaction, stress or academic difficulties - such students are at greater risk for attrition or failure (Jeffreys, 2004). These authors also indicated that deliberate short-term absence was a feature of the students and reasons included travelling long distances, dissatisfaction with programme timetables and personal reasons. This identified problem would definitely aggravate pupil absenteeism, with consequences on performance (Mukisa et al, 2009).

Nauer, White and Yerneni (2008) indicated that chronic truancy in elementary school is linked to serious delinquent behavior at age 12 and under. Absenteeism harms more than the individual and his/her prospects. High truancy and absence rates affect the overall achievement of the school, slowing the rate of instruction, which harms all students Balfanz and Byrnes (2012). The Baltimore Education Research Project found that in such a situation, over time, higher performing students leave the school system, exacerbating the problems. Truancy has an even more direct financial impact on communities such as the loss of education funding (Wilson, Malcolm, Edward & Davidson, 2008).

Epstein and Sheldon (2002) agreed that dropping out was described as a single event that reflects a long process of disengagement and withdrawal from schooling and educational institutions. An individual learner may be absent and later decide to stay at home or look for an employment at a very early age of life. Studies of dropouts show long-term patterns of behaviors indicating that these students may begin distancing themselves from school at an early age. Students who eventually drop out of school used to be absent more often than other students were as early as in first grade. They exhibit a pattern of increasing absenteeism throughout their schooling that may affect their life in future (Epstein & Sheldon, 2002).

The costs of truancy are high. The direct and indirect consequences of truancy for individuals, schools, communities, and society in the short- and long-term are so serious, and truancy is so prevalent, that is named one of the national priorities (Henry & Huizinga, 2007). Truancy reduction can also save public monies. Dropouts are poorly prepared to enter the workforce and require greater expenditures for social services and criminal justice processes than do graduates (Heilbrunn, 2007).

Unemployment rates for dropouts are generally higher than those with a grade 12 certificate. According to Heilbrunn (2007), employed male dropouts earn about 75 percent of what graduates earn and female dropouts earn only 60 percent. Vernez, Krop and Rydell (2000) agreed with Heilbrunn (2007) that each high school dropout costs society lot of money.

Lochner and Moretti (2004) described truancy as high societal costs, which are evident in studies of adults who were frequent truants as adolescents. According to Baker, Sigmon and Nugent (2001), such adults are likely to experience problems than others like poor physical and mental health, work in low paying jobs, live in poverty, and utilize the welfare system extensively. These high school dropouts from chronic absences may end up having children with problem behaviors. Loeber and Farrington (2000) agreed that poor school attendance might lead to academic problems and school dropout, juvenile delinquency and poor marital that may have a negative impact on familial attachments later in life.

Romero and Lee (2007) noted that the earlier a student begins to have attendance problems, the greater the impact on achievement. For instance, chronic absence in nursery school is associated with lower academic performance in 1st grade. Among children living in poverty, chronic absence also predicts poor attendance and achievement in primary school. When many students in a class or school have poor attendance, the performance of all students suffers. Student absenteeism results in inadequate learning and poor academic success because of the classes missed (Friedman, Rodriguez & McComb, 2001). Absenteeism can also affect the lecturers, other present students and thus the whole learning environment at school (Westrick, Helms, McDonough & Breland, 2009).

Chronic absences lead to pupil nurse dropout as corroborated by Stott (2006) who discerned that every student “lost” represents a financial loss for institutions. Institutions miss tuition and fees from that student income from books and services, housing, and other revenue streams especially four-year undergraduate institutions, which missed revenue from alumni. Students who dropped out or stopped post-secondary education not only personally suffer negative consequences, but also pass those consequences on to society and the institution itself. Kamerman and Gatenio-Gabel (2007) showed that low achievement, retention/overage for grade, and poor attendance significantly impacted dropout rates at all school levels.

Wadesango and Machingambi (2011) alluded to this view by postulating that absences create a dead, tiresome, unpleasant classroom environment that makes students who come to class uncomfortable and the lecturer irritable (Marburger, 2001). Absenteeism disturbs the dynamic teaching-learning environment and adversely affects the overall well-being of classes (Segal, 2008). In quality terms, absenteeism is a waste of educational resources, time, and human potential. Student absenteeism also causes rework and wasted time for lecturers.

Laus and Anselmi (2008) conducted a descriptive, retrospective study that identified the percentages and the type of expected and non-expected absence of nursing personnel in the school between April 2001 and March 2002. Data were collected by consulting the schedules and the monthly attendance report in the human resource centre. Expected absences were 40% for weekly days off, 3.9% for holidays and 9% for vacations. The percentages of non-expected absences for the nursing category varied from zero to 46.3%. The rate of absenteeism was due to maternity leaves and occupational accidents. For nursing technicians and auxiliaries, percentages varied

from 0.5 to 11.6% due to sick and medical leaves approved by the National Institute of Social Security (Laus & Anselmi, 2008).

Absenteeism has an even more direct financial impact on communities (Baker, Sigmon & Nugent., 2001). Absenteeism reduction can also save public monies. Dropouts are poorly prepared to enter the workforce and require greater expenditures for social services and criminal justice processes than do graduates (Heilbrunn, 2007). Unemployment rates for dropouts are generally almost 20 percent higher than for high school graduates. Employed male dropouts earn about 75 percent of what graduates earns, females only 60 percent (Heilbrunn, 2007). According to Baker et al. (2001), such adults are more likely to have poor physical and mental health, work in low paying jobs, live in poverty, utilize the welfare system extensively and have children with problem behaviors that lead them to be incarcerated than others.

Bean and Metzner (1992) model included absenteeism as an academic variable influencing attrition; however, the nursing model focuses on attendance. Firstly, absenteeism should be monitored to help identify at-risk students. Secondly, attendance should be monitored in relation to other variables with the purpose of identifying students most at risk for attrition. Attendance may be further differentiated between various nursing course components such as theoretical (classroom hours), skills laboratory, and/or clinical hours. Clearly, clinical attendance is a valuable dimension to learning and assists the student in connecting theoretical information, nursing skills, and client's competency.

Nursing students' absenteeism rate at clinical training is a predictor of their work absence pattern after qualification. Absenteeism due to premenstrual dysphoric disorder, a cyclic monthly disorder will be of monthly occurrences if sufferers do not

sought medical treatment. This has implications for nursing management (Omu, Al-Marzouk, Delles, Oranye & Omu, 2011).

Massasoit Community College (2010) believes that attendance is a professional accountability issue and the responsibility of the student. It is expected that students will attend all regularly scheduled classes, clinical and laboratory sessions. The program adheres to the college "Attendance and Discipline Policies" outlined in the College Catalog and Student Handbook. The faculty has determined that classroom attendance is crucial in order for students to fully comprehend the theoretical component of the Nursing curriculum. It is essential for safe and effective functioning in the clinical area. The student is responsible for all material presented in class (Massasoit Community College, 2010).

Massasoit Community College (2010) further stated that if it is determined by the faculty team that a student will be unable to meet course objectives due to clinical and/or classroom absences, as outlined in the preceding policy, he/she will be counseled to withdraw from the course. If a pattern of absence develops or excessive absences exist, the appropriate course team(s) as well as the Nursing Department will make a recommendation for the student to be dismissed from the program (Massasoit Community College, 2010).

Lauderdale (2012) compared benefits of attendance between the worker and the student nurse as follows: An attendance-monitoring system keeps records in order and is frequently updated. When seeking employment, an employee can request certain reports to be printed from the attendance-monitoring system. Student benefits are that an attendance-monitoring system tracks students' attendance and progress from pre-kindergarten through 12th grade. Parents can request students' progress reports.

These records will help the employee or the students to have a good attendance records (Lauderdale, 2012).

Absences create a dead, tiresome, unpleasant classroom environment that makes students who come to class uncomfortable and the lecturer irritable (Marburger, 2001). Absenteeism disturbs the dynamic teaching-learning environment and adversely affects the overall well-being of classes (Segal, 2008). Absenteeism is a waste of educational resources, time, and human potential. Student absenteeism also causes rework and wasted time for lecturers.

Lecturers who spend class time re-teaching lessons take instructional time away from students who attend class regularly, and the extra time spent going over absentee homework and class assignments takes time away from lecturer planning periods and time needed to provide individual assistance (Segal, 2008). When students are absent from class, they miss valuable information resulting from peer-lecturer interaction and the benefits of the specific examples lecturers use to clarify difficult concepts (Segal, 2008).

Hartnett (2008) stated that unexpected result of block scheduling is that it forces teachers to become better at planning, presenting, and reviewing lessons and concepts. The schedule benefitted the students. These advantages speak to a most encouraging systemic change in structure and culture as well as the anachronism of change in the motivation of the teenager regarding school attendance. Learner attendance increased. Learners also knew that they would in close contact with the lecturer for four to five weeks instead of daily contact (Segal, 2008).

The outcome of monitoring so far is that students are, indeed, for the most part, coming to class. This initiative, therefore, may appear to have been successful. However, this success comes at a price, one that is paid not only by educators, but also by students (An Bord Altranais, 2005). The monitoring and incentive method resulted in teacher absence that fell quickly by 20% and stayed low. Extreme delinquency was eradicated, and teachers had better attendance rates. A year later, student test scores were significantly higher in the treatment schools. Strictly administered incentives worked (Pritamkabe, 2011).

## **2.9 Class and Clinical Attendance**

Nashua Community College (2010) indicated that attendance at all classes, labs, and a scheduled exam is mandatory. If a student is going to be absent on exam day, the instructor must be notified prior to the exam time. Arrangements for make-up exam must be made at this time with the instructor. When absent from the clinical site, the student will call the facility and the school at least one hour prior to start time.

Nashua Community College (2010) further indicated that students are expected to be present for all clinical and observational experiences. Two days of clinical absenteeism per semester will result in a written warning, absent for three or more consecutive days due to health issues require the submission of a healthcare provider's statement. All clinical absenteeism must be made up at a prearranged, prepaid hourly fee prior to completion of the program. In the event of the death of a member of the immediate family, up to three days absence is allowed and must be made up (Nashua Community College, 2010).



McMullan (2010) indicated that clinical/lab attendance is mandatory. Unexcused absences will not be accepted. Further excused absences will affect the student grade, and unexcused absences beyond three in a clinical course per semester will result in an academic warning and the possibility of failure in a clinical course. Nursing requires attendance in class necessary to master the body of knowledge needed for safe clinical practice and adequate preparation for licensure. Therefore, class and clinical/lab attendance is mandatory and regular class and clinical/lab attendance rests upon the individual student (McMullan, 2010).

Vernon College and Wichita Falls (2011) outlined policies that students are expected to regularly attend all classes in which they were enrolled. They were responsible for the subsequent completion of all work missed during an absence. If instruction missed and not subsequently completed, this will generally affect the grade of the student regardless of the reason for the absence. Absences due to college-sanctioned activities were at the instructor's discretion to excuse or not excuse an absence. An instructor may request the withdrawal of a student from a class when the total number of unexcused absences exceeds the equivalent of two weeks of class and lab meetings in a course (Vernon College and Wichita Falls, 2011).

Koba (2011) warn that attendance of classes is essentials. The student is expected to attend all classes and to willingly participate in class discussions. Attendance for each class will be taken and missing classes may be reflected in their grades. The lecture objectives for each week shall be reviewed and the assigned readings completed prior to the lecture for that material. Unexcused clinical absences will result in failure of the course ensue.

Blicharz (1986) indicated that every student is expected to participate in each of his/her courses through regular attendance at lecture and laboratory sessions. It is further expected that every student will be present on time and prepared to participate when scheduled class sessions begin. At the first meeting of a semester, instructors are expected to distribute in writing the attendance policies which apply to their courses. While attendance itself is not used as a criterion for academic evaluations, grading is frequently based on participation in class discussion, laboratory work, performance, studio practice, field experience, or other activities which may take place during class sessions. If these areas for evaluation make class attendance essential, the student may be penalized for failure to perform satisfactorily in the required activities (Blicharz, 1986).

Attendance to classes is very important and students may not attend only 10% of the total class hours. To illustrate, if a level of English preparatory class has 800 hours of lessons, a student may not attend only 80 hours of lessons during the academic year, namely, both in autumn and spring terms. When students exceed this number, they can take neither the final exam nor the make-up exam (Özkanal, 2009). Medical reports are not valid for the absenteeism and the right of non-attendance up to 10% is for some situations like being sick and not coming to the school due to this or any other unexpected events one may face. This is announced to all students at the beginning of the academic year in a warm-up meeting and students may reach any information they need.

The student is expected to be present and on time for all classes and clinical experiences. Lateness and early departure from class are included as absent time. The student, who attends less than 90% of the clinical hours for any nursing course or

is 5 minutes late, may receive a daily clinical grade of unsatisfactory. Appointments, work obligations, vacations, and other personal matters are not to be scheduled when the student is committed to the classroom or clinical area. Hours of absence are recorded on the student's final course summary Vernon College and Wichita Falls (2011). The amount of financial aid granted to a student is determined, in part, by attendance. Uninterrupted attendance is essential to the student's progress in learning scientific principles, good nursing techniques, and professional attitudes (Vernon College & Wichita Falls, 2011).

Absenteeism commencing on either Mondays or Fridays accounted for more than half of the absenteeism episodes in the group. Voluntary absence was a reported feature of this group, which occurred more frequently from lectures than wards (Timmins & Kaliszer, 2002a). Lipscomb and Snelling (2010) indicated that an unauthorized student nurse absenteeism in higher education troubles many university lecturers. Absenteeism is occasionally raised as an issue by attending students who resent others "getting away" with non-attendance and some policy documents appear to suggest that attendance should be mandated.<sup>2</sup>

Timmins and Kaliszer (2001) identified absenteeism as a patterns and trends among a group of third-year student nurses. Absence behavior was elicited among learners at two hospital sites. Attendance records of learners covering a period of 123 weeks, was also performed to determine absenteeism trends. The findings of the study revealed that 1567 days were lost because of absenteeism during 123 weeks of their training and learning. Most absenteeism episodes lasted 3 days or less (Timmins & Kaliszer, 2001).

Clump, Bauer and Whiteleather (2003) stated that students should be encouraged early in their academic careers to develop positive attitudes towards the importance of class attendance, assuming that doing well in school is desired. It is the responsibility of lecturers to nurture and encourage pupil nurse's positive attitudes by making their classes as useful and interesting as possible (Gump, 2005) as a means for increasing student involvement and decreasing classroom absences.

## **2.10 Class and Attendance Policy**

Butler Community College (2011) indicated that students are expected to attend all scheduled class and examination meetings. Students are also expected to maintain satisfactory progress in each of the classes in which they are enrolled. Thus, whenever absences become excessive and, in the instructor's opinion, minimum course objectives could not be met due to absences, the student may, at the discretion of the instructor, be withdrawn from the course. Butler Community College (2011) explained that, if the instructor withdraws a student for excessive absences, a grade of "WT" (withdrawn by teacher) will be recorded on his/her permanent record. Instructors are responsible for clearly stating their attendance policy and administrative drop policy in the course syllabus and it is the student's responsibility to be aware of those policies.

Massasoit Community College (2010) supported the Butler Community College that the students are required to attend all nursing classes, clinical laboratory experiences, and clinical agency assigned experiences. Any student who fails to make up a clinical laboratory experience or clinical agency absence will receive an "unsatisfactory" nursing practice grade. An automatic failing grade for the entire practice-nursing course will ensue (Massasoit Community College, 2010).

Middlesex College of Law (2011) in their policy indicated that students arriving in class between 15 and 30 minutes of its commencement would be marked late on the attendance register. Those arriving after 30 minutes will not be allowed in the classroom until after the break time. If a student fails to attend a class for any genuine reason, which was explained to the tutor, the absence might be categorized as authorized and marked so in the attendance register. Unauthorized leave is when a student fails to attend his/her class without any explanation or reasonable permission (Middlesex College of Law, 2011).

Attendance is essential (Clarion University of Pennsylvania, 2011). The student is expected to attend all classes and to willingly participate in class discussions. Attendance for each class will be taken and missing classes may be reflected in a student's grade. The lecture objectives for each week shall be reviewed and the assigned readings completed prior to the lecture for that material. Unexcused clinical absences will result in failure of the course ensue (Clarion University of Pennsylvania, 2011).

Clarion University of Pennsylvania (2011) regards student participation in class as essential to the learning process. Therefore, regular classroom attendance is required of all students. Faculty members determine the absence policies for their own classes, except that participation in university sanctioned activities or active military service will be excused and the student will be given reasonable assistance when class work is missed. It is understood that absence does not excuse the student from course work and the responsibility to complete assignments on time. If a student knows a class must be missed, the instructor should be notified in advance and arrangements made to complete the work. The instructor is not required to give make-up examinations or

accept class work missed as a result of an unexcused absence Clarion University of Pennsylvania, 2011).

Regular and punctual class attendance is expected. Documented excuses because of illness, serious mitigating circumstances, or official university representation will be accepted by all faculty members and will permit students to make up missed tests and/or graded assignments in a reasonable manner at a time agreeable to instructor and student. Students must provide documentation before absences can be excused. All instructors are expected to make their class participation and attendance policies clear in the course syllabus (Mansfield University, 2012).

Every student is expected to participate in each of his/her courses through regular attendance at lecture and laboratory sessions. It is further expected that every student will be present on time and prepared to participate when scheduled class sessions begin. At the first meeting of a semester, instructors are expected to distribute in writing the attendance policies, which apply to their courses. While attendance itself is not used as a criterion for academic evaluations, grading is frequently based on participation in class discussion, laboratory work, performance, studio practice, field experience or other activities, which may take place during class sessions. If these areas for evaluation make class attendance essential, the student may be penalized for failure to perform satisfactorily in the required activities (Blicharz, 1986).

Leufer and Cleary-Holdforth (2010) described that spot checks in class was frequently in use yet failed to detect this absenteeism. In the case of students who were not in possession of their student cards, nurse educators were required to remain back after class to sign hard copies of attendance records for such students, which could equate to anything up 10-15% of the class numbers particularly at the beginning of term.

According to Leufer and Cleary-Holdforth (2010), the policy did allow a 20% non-attendance by students per module, thereby providing for absences due to minor illness or imposition, where a student's non-attendance exceeded this, albeit genuine and verified, little scope existed to avoid heavy penalty. Penalties for non-attendance varied from additional work assigned to the student following exam boards at which a fail was awarded for the modules in question (with a repeat attempt incurring financial cost) to repeat of the module in total in the subsequent academic year, thereby adding an additional year to a four year degree programme, according to the level of non-attendance incurred (Leufer & Cleary-Holdforth, 2010),

Students are required to meet all scheduled nursing skills laboratory appointments. Students must abide by the attendance policy stated in the nursing course. Short absences in cases of illness or other emergencies may be arranged with the approval of the instructor with the understanding that students make up all work missed. The Board of Registered Nursing and Certification Organizations require a specific volume of hours. Absences from clinical hours are not permitted. In cases of extreme emergency or hardship, exceptions are considered. Makeup clinical hours must be scheduled by students at the convenience of the clinical preceptor or instructor and must be completed within the term in which the absence occurs (University of California Los Angeles, 2010).

## **2.11 Encourage Attendance**

Cleary-Holdforth (2007) came up with incentive schemes such as awarding marks for attendance and subtracting marks for non-attendance. Promises to discuss exam-related topics and mandatory monitoring of attendance did little to address the core issues and causes of non-attendance. Such schemes may not guarantee a

corresponding improvement in performance. The consequences of these schemes include an exaggeration of attendance and often an inflation of marks. Mandatory attendance monitoring requires attendance by all students, even those who would otherwise not attend.

An Bord Altranais (2005) requires that nursing students are provided with no fewer than 1533 hours of theoretical instruction and that the process of monitoring student attendance is declared. Depending on the style and, to a lesser degree, the subject of theoretical instruction, those 1533 hours may be a positive, pleasant, constructive experience for students or plain drudgery (An Bord Altranais, 2005).

An Bord Altranais (2005) further indicated that, notwithstanding this, nursing student attendance is mandatory and has been monitored since the beginning of the current academic year in the institution where the writer is employed. Students must attend 80 per cent of a minimum of 1533 hours. Should a student fail to do so they must undertake further prescribed work. Failure to do this to a satisfactory standard seriously threatens their eligibility to graduate and register as a nurse with An Bord Altranais.

Mandating attendance was discouraged by Bowen, Price, Lloyd and Thomas (2005) as the best strategies to encourage absenteeism. Mandatory attendance monitoring requires attendance by all students, even those who would otherwise not attend. This attendance increased disruption in class and makes it more difficult for students who want to be in class to listen and hear and for the educators to teach. Teaching in this manner is, certainly, more a case of pupil nurse control than education. It is clear that more positive ways that are inherently motivating are needed to enhance the students' desire to attend class.



Rodgers (2002) implemented an incentive scheme in an undergraduate introductory statistics module. In practice, each student's overall mark should be reduced by 1% for every tutorial missed in excess of two. The students' attendance and performance were compared with the performance of students' who undertook the same module in the previous academic year prior to the introduction of the incentive scheme. The results of this study indicated that attendance did improve with no improvement on academic performance, even when the 'penalty points' that had been deducted for non-attendance were added back on to the students' overall marks (Rodgers, 2002).

Another possible determinant of student attendance is the increased availability of teaching and learning technology such as Virtual Learning Environments (VLE), which offers enormous advantages to both the lecturer and student. By increasing exposure to information via technology, one could potentially enhance student performance (Weatherly, Grabe & Arthur, 2003). It could, however, have the opposite effect with students electing not to attend lectures due to the accessibility of lecture content outside the classroom.

According to Epstein and Sheldon (2002), families are now being recognized as an important influence on student attendance and an important resource for decreasing truancy and chronic absenteeism. Family practices, rather than family structure, affect student attendance and dropping out. Other researchers have reported that specific family involvement practices such as parental monitoring, parent-child discussions and parent participation at the school are linked to student attendance. Some parenting activities are more likely than others to affect attendance. Schools that want to increase daily student attendance are more likely to succeed if they reach

out and work with parents in specific ways to address this problem (Epstein & Sheldon, 2002).

The University of the West Indies, a three-campus entity, namely, Cave Hill, Barbados, Mona and St Augustine Campuses in their examination regulation stipulates that: “Any candidate who has been absent from the university for a prolonged period during the teaching of a particular course for any reason other than illness may be debarred by the relevant Academic Board, on recommendation of the relevant Faculty Board, from taking any University examinations” (Fayombo, 2012).

Furney, Richardson and Ritt (2006) based their argument on the benefits of cooperative learning in schools. Schools utilizing this strategy reported an increase in student attendance. Applying this strategy makes students feel that they are a valuable and necessary part of their groups. Students are less likely to act out in a cooperative setting. In this learning strategy, students are divided into smaller groups. Individual students are more likely to stay on task and are less likely to be disruptive. Cooperative learning also helps reduce classroom disruptions because students are allowed to socialize during the learning process. Cooperative learning also helps to reduce violence in class, hence increased attendance (Furney, Richardson & Ritt, 2006).

Rogers (2002) indicated that each student’s attendance was determined from the tutor’s records. An absence that was excused for assessment purposes was not counted as an attendance for this study because an incentive scheme cannot be judged successful if it simply encourages students to document their absences rather than reduce them. Short of compulsion, incentives of various types, such as points for class participation or unannounced quizzes that contribute to the final grade, can be

used to discourage absenteeism. Incentives of this sort have a significant, positive impact on attendance. Kim (2006) described how the class was divided. The groups were four in every class. Because each group was comprised of various learners with diverse interests and backgrounds, each member had something unique to offer in their group's construction of the puppet show.

Middlesex College of Law (2011) described the strategies to encourage attendance. These were explained on the admission of the learner. The college laid some binding rules to every learner as follows: if a student missed one class or two classes in one day and failed to contact the college to explain the reasons for his/her absence, he/she would be sent an email warning him/her of the consequence of missing classes.

Middlesex College of Law (2011) also indicated that if a student missed a second or more classes in two days and failed to contact the college administration to explain the reasons for the absence, he/she would be sent a second email and this will be categorized as a second and final warning. For the third time without reporting, the student would be expelled from the college. Student who took extended leave can be viewed as "having abandoned their course". With clear understanding of the content of the policy, learners were motivated to attend and be absent only when necessary.

## **2.12 How to Reduce Absenteeism**

To prevent and correct serious attendance problems, schools need to change the way they are structured, improve the quality of courses, and intensify interpersonal relationships between students and teachers (Epstein & Sheldon, 2002). In addition, Wadesango and Machingambi (2011) suggested that the implementation of effective and functional student orientation and student support programmes could also be part

of the intervention strategies that universities might need to consider among others. Students need regular guidance and counseling services as well as career support so that they may be able to cope with nursing schools life and all that goes with it (Wadesango & Machingambi, 2011).

It is imperative, therefore, that insofar as is possible, educators endeavor to ensure that their lectures are interesting, relevant, delivered in a positive manner and in an environment that affords respect and equality to all, in a climate that is conducive to learning (Quinn & Hughes, 2007). Reasons for student non-attendance such as the following that can be perceived as academic centered, are what educators need to focus on in an effort to address the problem. These reasons include failure to connect the content of the lecture to assessment or the real world, the availability of lecture material in online forms, unexciting, unchallenging lecturers, timing of lectures and competing assignment commitments (Gump, 2006).

Absenteeism as described by Rogers (2002) could constitute self-destructive behavior resulting from lack of motivation, a high time preference for leisure or poor time-management skills. If each student's attendance could be set using a random process then a regression of performance on attendance would be able to detect a causal relationship, if one exists. The association between the tutorial attendance and performance emphasized as well as the association between the incentive scheme and student performance at various levels of attendance. The incentive scheme were viewed as a mechanism for increasing the marginal benefit of attending tutorials, but its efficacy depends upon the nature of the performance-attendance relationship (Rogers, 2002).

According to Romero and Lee (2007), teachers must slow the curriculum to catch-up missing students. Students with attendance rate above 90% normally graduated on record time and those below 80% attendance graduated very late in their schooling or do not graduate at all. Those who had at least 95% attendance had more than double the on-time graduation rate of those below 90%. Truant youth are more likely to become involved in the juvenile justice system. Individuals with a history of truancy are also more likely to face negative adult outcomes, including marital instability, job instability, criminal activity and incarceration (Romero & Lee, 2007).

### **2.13 Retention of Students**

Thomas (2002) indicated that students' expectations and the level of outside commitments influence the learning engagement. The problems for retention only provide traditional learning opportunities to students. The influence of paid employment on students also drives them to absenteeism and dropout. DeBourgh (2008) explained the use of classroom response systems called clickers or audience polling systems.

When clickers are used in a strategic instructional design, they can raise the level of participation and the effectiveness of interaction, promote engagement of students in active learning, foster communication to clarify misunderstanding and incorrect thinking, and provide a method to instructionally embed assessment as a learning activity rather than reliance on the traditional approach of summative assessment for assigning grades (DeBourgh, 2008).

The use of clicker technology in a baccalaureate-nursing program to promote acquisition and application of advanced reasoning skills. Methods are suggested for

embedding formative assessment and the tactical use of questioning as feedback and a powerful learning tool. Operational aspects of clicker technology are summarized and students' perceptions and satisfaction with use of this teaching and learning technology have been described previously (DeBourgh, 2008).

Caldwell (2007) agreed with DeBourgh (2008) that clickers offer a management tool for engaging students in the large classroom. Clickers point out the positive attitudes from both students and instructors. ARS clickers typically have either a benign or positive effect on student performance on exams and create a more positive and active atmosphere in the large classroom. This system is used as a means of introducing and monitoring peer learning methods in the large lecture classroom. So that the reader may use clickers effectively in his/her own classroom, a set of guidelines for writing good questions and a list of best-practice tips have been culled from the literature and experienced users (Caldwell, 2007).

Raines (2010) described the two models for the incorporation of crossword puzzles into the delivery of course content. These models actively engage the student in the learning process and represent an interesting way for students to learn course material. Student response to the use of crossword puzzles in the classroom has been highly positive. Considering the large amount of information needed to function in today's chaotic and rapidly changing health care environment, innovative teaching techniques are needed to strengthen learning outcomes and to generate enthusiasm and stimulate thought processes focused on the study of nursing. This implied that using different strategies of lesson facilitation would encourage pupil nurses to attend classes (Raines, 2010).

Stott (2006) point out that it is hard to keep students in school, as it should be. Students who appear to be less prepared have more emotional baggage and have a different set of expectations. The ability to keep students in school is an important daily task in all the nursing schools.

## **2.14 Conclusion**

This chapter presented the literature review on factors that contribute to absenteeism of pupil nurses. The literature review covered absenteeism as a learnt behavior, poor management at schools, colleges and universities, monitoring, follow-up and recording, negative effects, related social factors, impact on the future, attendance in clinical and classroom, attendance policy and recommendations. The next chapter will describe the methodology used for the research, the instruments, pre-testing of the instruments, as well as ethical considerations.

# CHAPTER 3

## METHODOLOGY

### 3.1 Introduction

This chapter describes the research methods, including population and sampling, data collection, instruments, pre-testing of the instruments, data analysis, validity and reliability of the research instrument, as well as ethical considerations. A quantitative descriptive cross-sectional design was used to enable the researcher to achieve the purpose and objectives of the study.

### 3.2 Research Methods

#### 3.2.1 Study Site

The study was conducted at Lebowakgomo and WF Knobel nursing schools in the Capricorn district, Limpopo Province. These are the only two nursing schools that offer pupil nurse training in the Capricorn district. The Lebowakgomo Nursing School is situated in the Lepelle-Nkumpi municipality and WF Knobel is situated in the Aganang municipality. The nursing schools are situated in the North-Western area of the Limpopo Province, within a 56 km radius of Polokwane, the administrative capital city.

#### 3.2.2 Quantitative Research Methods

The researcher used a quantitative approach to collect data. This approach allows the research problem to be conducted in a very specific manner in line with the objectives



of the study. According to De Vos, Strydom, Fouche and Delpont (2011), quantitative research simply and distinctively specifies both the independent and dependent variables under investigation. It also follows resolutely the original set of research goals, arriving at more objective solutions, testing the hypothesis, and determining the issues of causality and eliminates subjectivity of judgment.

The method allows for cross-sectional measures of subsequent performance of the research subjects (Brink, 2006). The quantitative research design is used as a plan to collect information in numeric form. Terre Blanche and Durrkheim (2004) describe quantitative research as the collection of data in the form of numbers and the use statistical types of data analysis (Lobiondo-Wood & Haber, 2004).

Descriptive survey research is used to discover the relationship of the variables and to provide precise quantitative description and to observe behavior of the group chosen for the study. It also provides critical examination of a multitude of research situations (Lobiondo-Wood & Haber, 2004). The rationale involved in choosing this descriptive approach was that the researcher wanted to determine factors that contribute to absenteeism of pupil nurses in the two nursing schools situated in the Capricorn district of the Limpopo Province.

### **3.3 Descriptive Research Design**

According to Mouton (2011), a research design is a plan or blueprint of how you intend conducting the research. Mouton (2011) defines descriptive studies as those that are usually quantitative in nature and aim to provide a broad overview of a representative sample of a population. Descriptive statistical techniques reduce data to manageable proportions by summarizing them. The technique describes various

characteristics of the data under study. Descriptive techniques include measures of central tendency such as mode, median, mean and measures of variability such as modal percentage, range, standard deviation and some correlation technique.

The researcher does not require a detailed knowledge of how to calculate the statistics, but needs an understanding of their meaning, use and limitations (Lobiondo-Wood & Haber, 2004). A descriptive, cross-sectional design was used to describe the factors that contributed to absenteeism of pupil nurses in the nursing schools of Capricorn district of the Limpopo Province. The study was cross-sectional as data were collected from first and second year pupil nurses at the same time (Burns & Grove, 2011). According to Bless, Higson-Smith and Kagee (2006), a cross-sectional design allows the collection of all data at a single point in time.

### **3.4 Population and Sampling**

#### **3.4.1 The Study Population**

Population refers to the entire set of individuals or elements that meet the sampling criteria (Burns & Grove, 2009). In this study, the population comprised all pupil nurses who were training at the two nursing schools of the Capricorn district, namely, Lebowakgomo and WF Knobel nursing schools. The target population consisted of 124 pupil nurses. Of this number, 10 pupil nurses were used for a pilot study which was conducted at WF Knobel Hospital, whereas 114 were sampled from both Lebowakgomo (n=65) and WF Knobel (n=49) nursing schools for the main study (Table 3.1).

**Table 3.1:** Population in nursing schools at Capricorn district

<b>Nursing School</b>	<b>Total Target Population</b>
Lebowakgomo	65
WF Knobel	49
<b>Total</b>	<b>114</b>

### **3.4.2 Sampling**

According to Polit, Beck and Hungler (2010) as well as Burns and Grove (2009), sampling is a process of selecting subjects who are representative of the population being studied. Systematic sampling was used to select the pupil nurses for participation in this study. The researcher obtained a list of pupil nurses from the Department of Health, Lebowakgomo and WF Knobel Hospital Nursing Schools. The researcher assigned a probability sampling method that involves the selection of the sample using intervals. The first step in undertaking the systematic sample was to assign a number to each pupil nurse. The researcher then decided on an appropriate sample size.

De Vos et al (2011) indicated that only the first case was selected randomly from a random table. In this study, only the first pupil nurse was selected randomly and the subsequent ones were selected using intervals of two. Thus, the researcher assigned each pupil nurse a number and selected every second name from the list (Struwig & Stead, 2001). The selection point was at random and the process started at 15, 17, and 19 until the target population number was reached (n=10 for pilot study and n=114 for main study).

### **3.4.3 Inclusion Criteria**

Criteria for inclusion were that all respondents should be pupil nurses following programme R2175 that would lead to registration as an enrolled nurse (SANC, 1997).

### **3.5 Data Collection**

Data were collected using a self-administered 4-point Likert rating scale questionnaire with the options of strongly agree, agree, disagree, and strongly disagree. The use of the 4-point Likert scale design was to allow the respondents to indicate the degree of agreement and disagreement. The rating “uncertain” was omitted to prevent neutral responses. The questionnaire comprised five sections, namely, teaching, course content, learning, assessment, and social problems. The questionnaire required approximately 30 minutes to complete (Lobiondo-Wood & Haber, 2004). It was written in English which is the medium of instruction for pupil nurses.

Pre-testing (pilot study) of the questionnaire was conducted at the nursing school of WF Knobel Hospital to test its content validity and to identify and rectify problem areas. For the main study, the researcher handed the questionnaire to contact persons at the two nursing schools for distribution among the selected pupil nurses. Each pupil nurse completed the questionnaire privately and submitted it to the contact person in a sealed envelope who handed them to the researcher. The researcher remained at a distance from respondents to avoid bias, but was accessible to a contact person to address and clarify questions.

The participants indicated their responses for options of: strongly agree, agree, disagree, and strongly disagree. The questionnaires were coded on return for data entry. Table 3.2 shows the percentage responses to answering and returning of the

questionnaires. The high response rate (100%) could be attributed to the fact that pupil nurses were on block during data collection.

**Table 3.2:** Questionnaires administered and returned per nursing school

<b>Nursing School</b>	<b>Questionnaires Administered</b>	<b>Returned</b>	<b>Percentage Returned</b>
Lebowakgomo	36	36	100%
WF Knobel	21	21	100%
<b>Total</b>	<b>57</b>	<b>57</b>	<b>100%</b>

### **3.6 Data Collection Instrument**

#### **3.6.1 Development of Data Collection Instrument**

The self-administered questionnaire was created after completion of a focused literature review. Specialist nurses in nursing education and management were consulted for development of data collection instrument.

#### **3.6.2 Questionnaire**

According to Polit et al (2010), a questionnaire is a simple method of gathering self-report information from respondents through administration of questions in a paper-and-pencil format. A questionnaire refers to a self-report instrument where the respondent writes his/her own answers in response to designed and printed questions. The researcher utilized a uniformly structured questionnaire for pupil nurses in both nursing schools. The questionnaire allowed participants to judge their response to the questions in their own time. It also facilitated gathering of data from a widely

scattered sample (Lobiondo-Wood & Haber, 2004). In this study, the questionnaire was structured in such a way that respondents could answer it easily. Thus, the set of questions was structured using the Likert format with a 4-point response scale. According to Jupp (2009), a Likert scale employs a graded response to each of the statements.

### **3.6.3 Advantages of a Questionnaire**

The questionnaire was used in this study based on the following advantages:

- A questionnaire is a rapid and efficient method of collecting data from a large number of pupil nurses from the two nursing schools.
- The questionnaire was arranged according to researcher's choice.
- Names of respondents were omitted from the questionnaire to ensure anonymity in this study.
- The questionnaire enhanced measurements as all respondents were exposed to the same questions at different nursing schools (Lobiondo-Wood & Haber, 2004).
- The questionnaire allowed every respondent the same amount of time to answer all questions.
- It was easier to submit a questionnaire to nursing schools with minimal costs as the researcher hand-delivered the questionnaire to the contact persons of the two nursing schools.

### **3.6.4 Disadvantages of a Questionnaire**

- Respondents omitted some items in the questionnaire.

### **3.6.5 The Pilot Study: Pre-Testing of the Questionnaire**

Ten questionnaires were distributed to pupil nurses of WF Knobel Nursing School. These 10 respondents did not form part of the main study. The Pilot study was aimed at testing the validity and reliability of the research instrument, to investigate the feasibility of the proposed study, and to detect possible flaws in the data collecting instruments such as ambiguous instructions or wording, inadequate time limits and whether the variables defined by operational definitions were actually observable and measurable (Brink, 2006).

A pilot study is a small-scale version or trial run, done before the main study on a limited number of subjects from the same population as that intended for the eventual project (Uys & Basson, 2005). The pilot study helped the researcher to make some improvements on the questionnaire before the main study can be initiated (Polit et al, 2010). The two municipalities, namely, Elias Motswaledi and Thulamela which are outside the Capricorn district boundaries were added to cover all pupil nurses. The questionnaire was then refined before being administered for the main study.

The following responses were corrected from the questionnaire:

- The response “uncertain” was deleted and that left the questionnaire with four responses, namely, strongly agree, agree, disagree, and strongly disagree. The purpose was to avoid neutral and indeterminate responses altogether.
- The duration for completion of the questionnaire was reduced from 45 minutes to 30 minutes.

### **3.7 Data Analysis**

Data analysis refers to breaking up the data into manageable themes, pattern, trends and relationship (Mouton, 2011). The aim of data analysis is to understand the various constitutive elements of one's data through an inspection of the relationships between concepts, constructs, or variables to see whether there is a pattern or trends that can be identified or isolated, or to establish theme in the data. In this study, the questionnaires were coded on return for data entry. Descriptive statistics was used to analyze data with the assistance of a statistician. The Chi-square test, percentages, means and standard deviations were calculated using Statistical Package for the Social Sciences (SPSS) version 18. The scores were summed and compared as described by Blaikie (2003).

### **3.8 Validity**

According to Babbie and Mouton (2003), validity refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration. Validity was ensured by the completeness with which items covered the important areas of absenteeism. The questionnaire was constructed after a focused literature review was accomplished. Validity of the questionnaire was tested when the researcher presented the questionnaire to the study supervisor and a specialist nurse educator for evaluation. The supervisor, the nurse educator and the statistician evaluated each item on the questionnaire with regard to the degree to which the variables to be tested is represented as well as the instrument's overall suitability for use (Babbie & Mouton, 2003).



Creswell (2009) as well as Polit et al (2010) define validity as the degree to which an instrument measures what it is supposed to measure. In this study, the researcher tested the questionnaire on 10 pupil nurses. These pupil nurses as well as their answers were not part of the actual study process and were only used for pre-testing purposes. After the questions have been answered, the researcher modified the content of the questionnaire based on the assessment of the sample respondents. The researcher modified some questions to make the survey more comprehensive for the selected respondents.

According to Polit et al (2010), there are four types of validity for measuring the validity of the measuring instruments designed to collect quantitative data: construct validity, content validity, criterion validity and face validity. However, for this study content validity and face validity were applicable and considered important as discussed below.

### **3.8.1 Content Validity**

Content validity of an instrument is the degree to which a test appears to measure a concept by a logical analysis of the items. Specialists who reviewed the objectives of the study and questionnaire items were asked to decide on the appropriateness of the test items. The specialists were also asked to examine each item and to make judgments whether the items adequately represented hypothetical content in the correct proportions (Polit et al, 2010).

According to Brink (2006) content validity is an assessment of how well the instrument represents all the different components of the variable to be measured. In line with this principle, the questionnaire was developed after the focused literature

review was conducted and key concepts were identified and used in the formulation of the questions.

### **3.8.2 Face Validity**

It involves an analysis of whether the instrument appears to be on a valid scale. By just looking at the instrument, the investigator can decide if it has face validity (Kumar, 2008). Face validity should be included in every test for validity (Lobiondo-Wood & Haber, 2004). In this study, face validity was carried out to check whether the instrument contained the important items to be measured. The developed questionnaire was then given to the statistician, supervisor, and co-supervisor of the study at the University of Limpopo.

### **3.9 Reliability**

Babbie and Mouton (2003) defined reliability as a matter of whether a particular technique applied repeatedly to the same object would yield the same results each time. The questionnaire was tested for reliability and specifically for internal consistency. During the development phase of the questionnaire, several steps were taken to ensure that only relevant information was collected. The questionnaire was structured in such a way that only data necessary to achieve the research objectives were collected. In this study, a set of questions was used to measure the factors that contributed to absenteeism of pupil nurses in the Capricorn district of the Limpopo Province.

According to Burns and Grove (2009), a measure is reliable if it gives the same results each time a factor is measured under the same conditions. Reliability was measured by doing a correlation coefficient or Cronbach's Alpha. Ten questionnaires were

distributed to pupil nurses of one nursing school. The respondents were not included in the main study. This pilot study was carried out to investigate the feasibility of the proposed study and to detect possible flaws in the data collection instruments such as ambiguous instructions or wording, inadequate time limits and whether the variables defined by operational definitions were actually observable and measurable (Brink, 2006).

### **3.10 Ethical Considerations**

#### **3.10.1 Ethical Clearance and Permission to Conduct the Study**

Ethical clearance was obtained from Medunsa Research and Ethics Committee (MREC). Permission to conduct the study was obtained from the DoH, Limpopo Province.

#### **3.10.2 Informed Consent**

In accordance with the research methodology described by Welman, Kruger and Mitchel (2006), the researcher obtained permission from pupil nurses after they were thoroughly and truthfully informed about the purpose of the study, namely, to collect information on factors that contributed to absenteeism of pupil nurses in the nursing schools of the Capricorn district, Limpopo Province. The researcher explained the nature and the purpose of the study to the respondents. The respondents were assured that no harm would befall them for revealing their reasons for absenteeism during their classroom and clinical hours.

In keeping with nursing research methodology explained in Burns and Grove (2011), the respondents were informed that their participation in the research was voluntary

and that they could withdraw even after consenting to cooperate in the research. They were also assured that failure to comply would not result in any penalties.

The respondents were given the researcher's contact information in the event of further questions, comments or complaints. The procedures to be followed during collection of data were also explained to those who assisted in the distribution and collection of questionnaires. Respondents were informed that the study was undertaken for a Master's degree in the Faculty of Health Sciences at the University of Limpopo-Turfloop Campus.

### **3.10.3 Confidentiality and Anonymity**

Brink (2006) defined confidentiality as the researcher's responsibility to protect all data gathered within the scope of the project, from being divulged or made available to any other person. Therefore, it was important for the researcher to practice confidentiality throughout the course of the research process.

The information provided by the respondents was not used against them in any way (Polit et al, 2010). According to Brink (2006), anonymity refers to the act of keeping individuals nameless in relation to their participation. The respondents were advised not to write their names on the questionnaires. They were assured that neither their names nor their hospital nursing schools would appear on the research report to reveal any identity. They were informed that the raw data will be entered into the computer using codes. Codes were used during data collection and analysis. Names of schools were used solely for demographic purposes. Contact persons were used during data collection. The researcher was not present during study, but sat in one of the offices at a distance.

### **3.10.4 Privacy**

Uys and Basson (2005) described privacy as a means that the person can behave and think as he or she pleases without interruption and without possibility that personal conduct or thoughts may later be misused to embarrass or humiliate the respondents. In this study, all respondents were able to complete the questionnaire in a quite area. The respondents of the nursing schools filled in the questionnaire at different times. The respondents and the contact persons were the only people in the classroom during data collection. Discussion between the respondents was denied. The researcher did not use cameras, video tape, or any media during data collection.

### **3.10.5 The Principle of Respect**

The autonomy of individuals involved in this research study was respected. The researcher informed the respondents about the proposed study and allowed them to voluntarily choose to participate or not to participate. Respondents were informed about their rights to withdraw from the study at any time without a penalty (Burns & Grove, 2009). They were requested to indicate factors that contributed to absenteeism of pupil nurses without fear of being punished, as there would be no association between the response and the respondent.

### **3.10.6 The Principle of Beneficence**

This principle of beneficence means to do well and not to harm (Brink, 2006). The researcher prevented emotional harm to all respondents by making sure that the study was thoroughly explained to them. The researcher rationalized to the respondents that the results of the study could be used in the future to prevent absenteeism of pupil

nurses in nursing schools. It was further explained that there were no financial gain for taking part in the research (Brink, 2006).

### **3.10.7 The Principle of Justice**

The researcher practiced fairness when selecting the population for the study. Respondents were randomly selected from two nursing schools. The researcher did not use any hidden cameras or video recorders to collect data. The respondents' privacy, confidentiality, and all agreements made with the respondents were maintained throughout the study (Brink, 2006). The language used was English, which is the medium of instruction and understood by all pupil nurses.

### **3.11 Limitations of the Study**

The study was limited to pupil nurses in the Capricorn district of the Limpopo Province, and the findings are not transferable to the other four districts of the province.

### **3.12 CONCLUSION**

In this chapter, the research methodology was discussed. The design chosen for this study was descriptive and cross-sectional. This chapter also included the population and sampling method, data collection, data analysis, validity and reliability and ethical considerations. Data analysis and interpretation of the results will be discussed in chapter 4.

# CHAPTER 4

## DATA ANALYSIS AND INTERPRETATION

### 4.1 Introduction

This chapter presents analysis and interpretation of data gathered from the respondents. A total of 57 questionnaires were sent to nursing schools and all were filled in and returned (Table 3.2). All the questionnaires were analyzed, but some respondents did not answer all the questions. The purpose of this study was to determine factors that contributed to absenteeism of pupil nurses in the nursing schools of the Capricorn district, Limpopo Province.

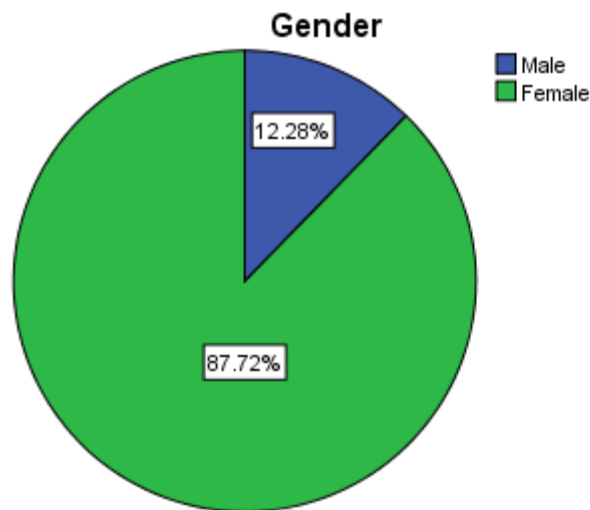
The objectives of the study were to:

- Identify factors that contributed to absenteeism of pupil nurses in the nursing schools of Capricorn district of the Limpopo Province.
- Determine strategies that would reduce absenteeism of pupil nurses in the nursing schools of Capricorn district.

In this study, the questionnaire with five sections was administered to 57 pupil nurses. The questionnaires were coded on return. Respondents were required to respond to questions on Personal Information by marking with an “X” in each box. In sections A, B, C, D, and E, respondents were required to indicate their agreement or disagreement by indicating their answer with “X”. Questions were marked on return as indicating the response of agree, strongly agree, disagree and strongly disagree.

Responses that indicated “agree” and “strongly agree” were summed up as “agree” and thus represented positive views of pupil nurses on the factors that contributed to absenteeism in the nursing schools of Capricorn district, Limpopo Province. “Disagree” and “strongly disagree” were summed up as “disagree” and indicated negative views of pupil nurses. Where a respondent’s view was 50% and more, the implication was positive and negative implications were pupil nurse’s respondents below 50%. The results of the survey are presented in figures and tables.

#### 4.2 Pupil Nurses’ Responses to Demographic Questions

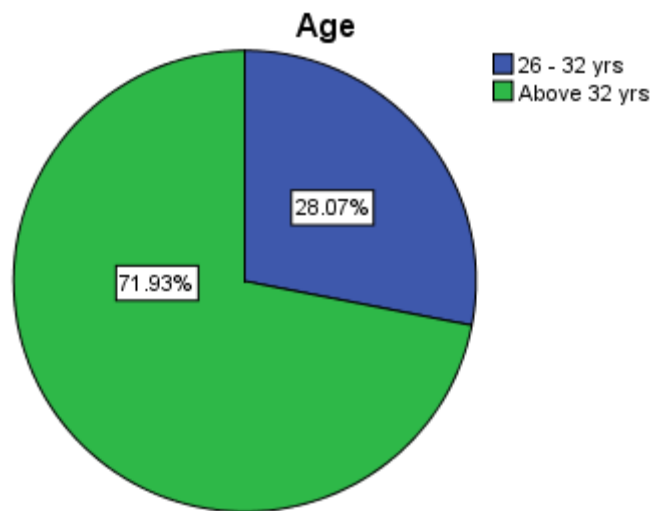


**Figure 4.1:** Gender distribution of male and female pupil nurses

The gender was surveyed in order to ascertain whether the sample represented both males and females equally. A total of 57 pupil nurses participated in the study with a response of 100% (Table 3.2). Figure 4.1 reveals that 50 (87.7%) of the respondents were females. This shows that nursing education and training is female dominated. Wadesango and Machingambi (2011) indicated that reasons for absenteeism among the students in the three South African universities were found to be lack of subject interest, poor teaching strategies by lecturers, unfavorable learning environment, too



much socialization, part-time jobs to augment bursaries granted by various sponsors. McLaughlin, Muldoon and Moutray (2010) indicated that nursing is female-dominated. Prevalent stereotypes and gender bias inherent in nursing education seem to make nursing schools an uncomfortable place for males.

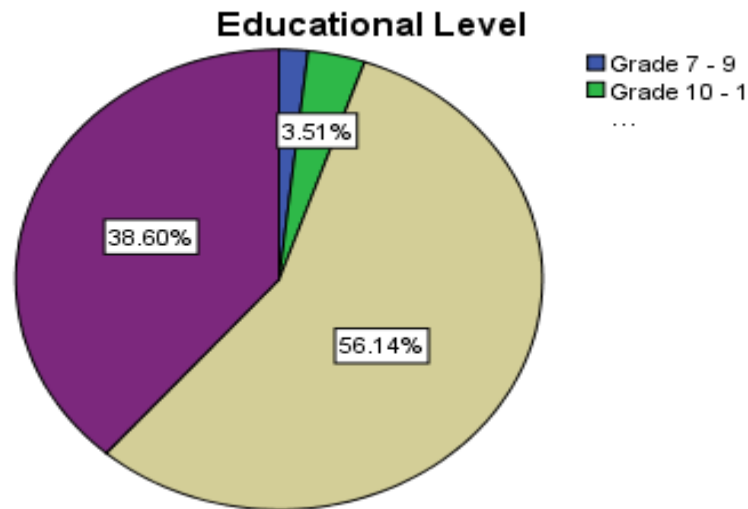


**Figure 4.2:** Age distribution of male and female pupil nurses

The study sought to establish different age groups forming the sample. Figure 4.2 shows that 41 (71.9%) of the respondents were above the age of 32 years. This age group of pupil nurses is generally considered to be matured, responsible, and accountable adults who may not absent themselves from clinical area and classroom. There may be nurse auxiliaries who have been long in the work situation, and grown-up adults with experience at work and at present they are probably upgrading their level of education as pupil nurses.

The inclusion of the item on educational level of pupil nurses in the study was to establish such categories of pupil nurses that constituted the sample. Figure 4.3 indicates that 32 (56.1%) of the respondents were pupil nurses with grade 12 as the highest standard passed. Pupil nurses at first year of the training and education were

from grade 12. Some of these nurses were never in a nursing position where they were expected to be responsible and accountable.



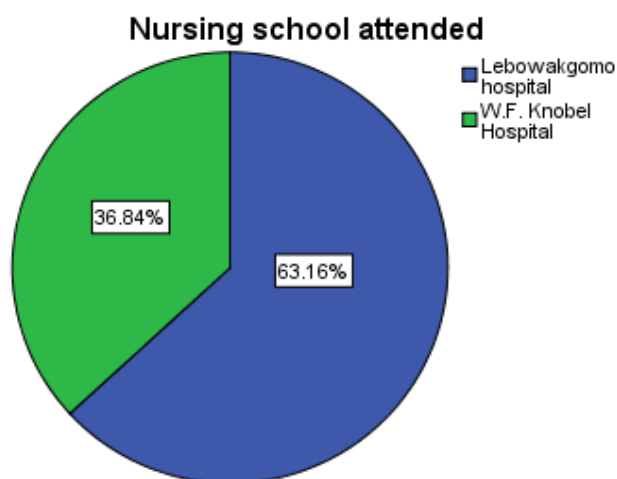
**Figure 4.3:** Educational level of male and female pupil nurses

The importance of including an item on municipalities where pupil nurses resided was necessary to establish the number of pupil nurses who stayed in areas that may have impact on the factors that contribute to absenteeism of pupil nurses. Table 4.1 summarizes the municipalities where pupil nurses resided at the time of the study. A total of 22 (38.5%) of pupil nurses stayed far away from the nursing schools. Lepelle-Nkumpi and Aganang municipalities with 35 (61%) are the two areas where the two nursing schools are situated. These results imply that there may be greater absenteeism rate because there are groups of nurses who resided far from the nursing schools. Some learners use public transport that delays them from arriving early at school.

**Table 4.1:** Municipalities where pupil nurses resided

Municipality	Pupil Nurses (n=57)	
	F	%
Aganang	17	29.8
Blouberg	7	12.3
Lepelle-Nkumpi	18	31.6
Molemole	1	1.8
Polokwane	13	22.8
Elias Motswaledi	1	1.8
Thulamela	0	0
<b>Total</b>	<b>57</b>	<b>100</b>

Figure 4.4 depicts the nursing schools attended by male and female pupil nurses. About 36 (63.2%) of the pupil nurses were attending nursing school far away from their residential area. Pupil nurses who resided outside Aganang and Lepelle-Nkumpi, where nursing schools are situated, may have experienced transport problems.



**Figure 4.4:** Nursing schools attended by male and female pupil nurses

### 4.3 Pupil Nurses' Responses to Questions Related to Factors that Contribute to Absenteeism in Nursing Schools

Section B of the questionnaire comprised 6 sections pertaining to absenteeism of pupil nurses in the nursing schools of Capricorn district, Limpopo Province. The results are summarized in Tables 4.2 to 4.7. Table 4.7 revealed that 57 (100%) of pupil nurses responded to the questionnaire.

Table 4.2 summarizes pupil nurses' responses to questions on teaching. In item 2.1, 35 (70%) respondents indicated that they were satisfied with teaching resources and, therefore, it was unlikely that lack of supplies needed for teaching methodology contributed to their absenteeism. Eighteen pupil nurses (31.5%) agreed that the teaching method led to their absenteeism. Four pupil nurses (7.0%) did not indicate their responses to this item.

**Table 4.2:** Pupil nurses' responses to questions on teaching

Item	Pupil Nurses (n=57)				
	Agree		Disagree		Total
	F	%	F	%	
2.1 Resources for procedures are not available.	18	31.5	35	70	53
2.2 I feel that certain subjects are forced against my will.	7	12.2	46	80.7	53
2.3 If my lecturer asks me many questions everyday.	18	31.5	36	63.1	54
2.4 Shortage of staff in the clinical area.	27	47.4	27	47.4	54
2.5 I do not understand the language used by the lecturer.	10	17.5	42	73.7	52
2.6 Boring subject	10	19.3	41	72	51

McKimm (2007) explained that clinical teachers may be required to deliver formal teaching in a lecture theatre or classroom, much of the day-to-day teaching goes on 'at the bedside' in clinics, consulting rooms or in operating theatres and some teachers are involved in developing open-learning resources such as e-learning resources which utilize a 'virtual' environment. Government of Nursing Schools in Tanzania (2010) outlined that the principal at Mbosi Nursing School has emphasized the lack of resources as a factor that contributed to absenteeism. The principal mentioned the following: students share a single textbook, about 15 titles are current ones, but mostly the holdings are outdated. Students borrowed books in groups and use their dormitory room or the dining hall to study.

In item 2.2, 46 (80.7%) of pupil nurses were happy with the methods applied in teaching while 7 (12.2%) felt disillusioned with certain subjects. Four pupil nurses (7%) did not indicate their responses to this item. According to the literature, students who are less intrinsically motivated and who choose to adopt a more passive, receptive mode, described any method that served the purpose of knowledge transmission as inadequate (Chang & Romeo, 2008).

Wadesango and Machingambi (2011) found that absenteeism among the students in South African universities may be due to lack of subject interest which a student may think it is forced against his/her will. Fallis and Opotow (2003) argued that students often think that school is boring, classes are unengaging, and staff members are unapproachable, and these made absences more likely to occur.

In item 2.3, 36 (63.1%) of respondents indicated that they were satisfied with teaching methodology whereas 18 (31.5%) implied that the teaching mode led to their absenteeism. Six pupil nurses (10.5%) did not answer this item. A study by Moseki

(2004) that focused on the relationship of educators with learners suggested that unauthorized absenteeism and truancy occurred because some learners avoided certain teachers. Negative attitudes displayed by some educators may drive certain learners out of the school, for example, insults and humiliating remarks by educators led to school non-attendance. Cleary-Holdforth (2007) outlined teaching and learning strategies that helped to invigorate a potential dreary session for both the student and the educator. Nurse educators who apply these strategies could potentially entice some of the pupil nurses, who would otherwise absent themselves, back into the classroom, in a manner that demonstrates respect and consideration rather than false promises and penalties.

In item 2.4, pupil nurses' responses were equally matched, that is, 27 (47.4%) agreed and 27 (47.4%) disagreed that staff shortages in the clinical area contributed to their absenteeism. Three pupil nurses (5.3%) did not respond to this item. In a study by Arkell (2007) some students were reportedly present when the lecturer was absent from class – for this reason it was advocated that when the mentor is off sick or on leave then students should liaise with the manager so that another registered nurse (RN) can be identified to provide support.

Student nurses at Kiomboi nursing school indicated that shortage of tutors meant that they could not be supervised in the wards; hence they absent themselves in the clinical areas. Student nurses further described the available supervisors as harsh and too busy to provide any supervision (Government of Nursing Schools in Tanzania, 2010). Nine (15.8%) pupil nurses agreed with the statement, but Arkell (2007) disagreed with the learners and advised them that if a learner is unable to care for a group of patients when the mentors are busy, the learner can still seek out learning

opportunities that include observing your mentor, reading patient records or journals relevant to the placement, talking to patients and working with other healthcare professionals.

In item 2.5, 42 (73.7%) of pupil nurses indicated that they were satisfied with the language used by the lecturer during teaching. However, 10 (17.5%) agreed that the language used by the lecturer lead to their absenteeism, while 5 (8.8%) ignored this item. Many strategies may be used for the learner to understand what the teacher is presenting. Teachers may observe the following positive teaching methods to promote attendance of pupil nurses: five-minute classroom assessment, interactive handouts, questioning throughout lectures, brainstorming, debate, student-led seminars and demonstrations (Quinn & Hughes, 2007).

In item 2.6, 41 (72%) of pupil nurse disagreed while 10 (19.3%) agreed that boring subjects led to their absenteeism. Six (10.5%) did not indicate their responses. Wadesango and Machingambi (2011) and Cleary-Holdforth (2007) concurred that the integration of more innovative teaching methods and learning strategies into the lecture or tutorials such as word searches or crosswords, simulation, role-play and self-instruction in smaller groups might greatly enhance the probability of meeting the needs of the learners, and hence promote good attendance. Quinn and Hughes (2007) suggested building in appropriate breaks or changes in activities every 15 to 20 minutes might help to re-engage students and recharge the attention spans that tended to diminish boredom.

Table 4.3 summarizes pupil nurses' responses to questions on course content. In item 3.1, 41 (71.9%) disagreed with the statement that if the importance of attending full hours as training requirements was not explained to them, they would absent

themselves, while 11 (19.3%) agreed with the statement, and 2 (3.5%) did not indicate their agreement or disagreement. Litherland (2010) asserted that laying out the absentee policy that is understood by all students from the very first day will prevent absenteeism of pupil nurses.

**Table 4.3:** Pupil nurses' responses to questions on course content

Item	Pupil Nurses (n=57)				Total
	Agree		Disagree		
	F	%	F	%	
3.1 If I am not explained the importance of attending full hours as training requirements.	11	19.3	41	71.9	52
3.2 The course outline is not clear to me.	10	17.6	44	77.2	54
3.3 Work overloading in the clinical area.	28	49.1	25	43.8	53
3.4 I do not want to be treated as workforce.	28	49.2	27	47.4	55

In item 3.2, 44 (77.2%) disagreed and 10 (17.6%) agreed with the statement that the course outlines were not clear, while 3 (5.3%) nurse pupils did not respond. McKimm (2007) reinforced the importance of maintaining the aims and interests of learners as such considerations could help identify motivating factors in learning and provide inspiration to learners to progress as professionals.

In item 3.3, 25 (43.8%) of pupil nurses did not regard work overload in clinical areas as a factor that contributed to their absenteeism. In contrast, 28 (49.1%) sustained that work overload in the clinical areas contributed to their absenteeism, while 3 (5.3%) did not indicate their responses. One pupil nurse (1.8%) overlooked the statement. By analogy, in item 3.4, 28 (49.2%) participants agreed and 27 (47.4%) disagreed that being treated as part of the workforce in the clinical areas did not



contribute to absenteeism, while 2 (3.5%) did not reply to the statement. According to Arkell (2007), students have supernumerary status throughout the pre-registration nursing programme. Arkell (2007) further stated that supernumerary does not mean that pupil nurses are not required to work while on placement. Rather, they should participate in the care of patients, with appropriate supervision, to develop clinical competence to the level required of a registered nurse. Arkell (2007) also explained that nursing students are additional to workforce requirements and are undertaking the placement as a learning experience and not as a member of staff.

Table 4.4 summarizes pupil nurses' responses to questions on learning.

**Table 4.4:** Pupil nurses' responses to questions on learning

Item	Pupil Nurses (n=57)				Total	
	Agree		Disagree			
	F	%	F	%		
4.1	Because of poor discipline from high school.	9	15.8	44	77.2	53
4.2	When I am lazy to do the work.	11	19.3	42	73.7	53
4.3	If I am late during lessons presentations.	15	26.3	39	68.5	54
4.4	When lecturers are absent.	9	15.8	44	77.2	53

In item 4.1, the majority of respondents 44 (77.2%) disagreed that poor discipline at high schools contributed to their absenteeism in the nursing schools of the Capricorn district, whereas 9 (15.8%) agreed with the statement. Four (7.0%) respondents did not provide any answer to the statement. The above finding deviates from Chapman's (2002) statement that poorly organized schools with poor pupil discipline and behavior could contribute to absenteeism of pupil nurses.

In item 4.2, 42 (73.7%) pupil nurses disagreed that they do not absent themselves because of laziness to do the work. Eleven (19.3%) agreed with the statement. Four (7.0%) did not indicate their responses to the statement. Last and Fulbrook (2003) asserted that factors such as tiredness, unpreparedness, if a student is given too much responsibility and a lack of supernumerary status during initial placements can cause them extreme stress which might result in absenteeism.

In item 4.3, 39 (68.5%) pupil nurses disagreed and 15 (26.3%) agreed that when they were late for lesson presentation, they absent themselves. Three (5.3) pupil nurses did not respond to the statement. Al-Hassan (2009) indicated that lateness and early departure from school by teachers are more common among teachers who live outside the school community. Such teacher absences often result in student lateness, early departure and absenteeism which, in turn, affect quality teaching and learning.

In item 4.4, 44 (77.2%) of the respondents disagreed that they were absent themselves when the lecturers were absent, while 9 (15.8%) cited this factor as contributing to their absenteeism. Four (7.0%) respondents did not answer this question. Arkell (2007) indicated that students may also find they are working to deliver care that is predominantly task-focused and feel they are not really learning or developing practice skills.

Fayombo (2012) outlined some factors that motivated learner attendance and improved the quality of teaching and learning as follows: maximizing students' learning and knowledge creation through the open campus learning system, integration of information communication technology into the institution's programme of activities through the use of videos in the classroom and through

blackboard and e-learning systems, and emphasizing the significance of the library in supporting learning and research and differences in learning styles.

Table 4.5 summarizes pupil nurses' responses to questions on assessment. In item 5.1, 35 (61.5%) of the respondents disagreed and 19 (31.3%) agreed with the statement that they had been absent when they were supposed to demonstrate procedure. Three (5.3%) did not indicate their responses.

**Table 4.5:** Pupil nurses' responses to questions on assessment

Item	Pupil Nurses (n=57)					Total
	Agree		Disagree			
	F	%	F	%		
5.1	When I am suppose to demonstrate procedure.	19	31.3	35	61.5	54
5.2	I do not want to do presentations.	8	14.1	45	78.9	53
5.3	Poor performance in classroom.	10	17.6	42	73.7	52
5.4	When I am not ready to write examination.	10	17.5	43	75.4	53
5.5	When I am not ready to do feedback evaluation.	15	26.3	36	63.1	51
5.6	On Objective Structured Clinical Evaluation (OSCE) day	13	22.8	31	54.4	44

Arkell (2007) recommended that students should do self-assessment and develop critical skills before discussing progress with mentors. This will also enable mentors to gain a better understanding of their perceptions and appraise their progress. However, McKimm (2007) is of the opinion that much of the learning in nursing is necessarily experiential as a learner is expected to do a lot of 'learning by doing' as well as 'learning by observation'.

In item 5.2, the majority of the respondents, 45 (78.9%), disagreed that they were absent because they did not want to do presentation. Only 8 (14.1%) agreed with the statement, but 4 (7.0%) did not indicate their responses. Last and Fulbrook (2003) pointed out that tiredness and unpreparedness may set in if a student is given too much responsibility. This, together with a lack of supernumerary status can be extremely stressful for students during initial placements that lead to them being fearful of presenting the work. These notions were echoed by Evans and Kelly (2004) who reported that conflict between ideal and real practice on the ward, unfriendly atmospheres and being reprimanded in front staff and patients were the three predominant stressors that contributed to student absenteeism.

In item 5.3, 42 (73.7%) of the participants disagreed and 10 (17.6%) agreed that poor performance in the classroom contributed to their absenteeism. However, 5 (8.8%) did not indicate their responses to the statement. Arkell (2007) specified that students who were not performing to the required standards should be identified at the earliest opportunity by their mentors so that an action plan and sufficient time to address the problem areas can be formulated to aid a positive outcome.

In item 5.4, 43 (75.4%) respondents disagreed and 10 (17.5%) agreed with the statement that they absented themselves when they were not ready to write examination. Four (7.0%) did not indicate their agreement or disagreement. Kousalya, Ravindranath and Vizayakumar (2006) elucidated that students may be absent as a result of demotivation because they perceived that the evaluation system at the end examinations was not objective and that marks were not awarded according to their ability.

Omu et al (2011) indicated that students who missed examinations must be re-evaluated within one week or a grade of zero would be assigned. The week period given to students should be suitable to prepare for the upcoming exam. Evans and Kelly (2004) suggested that student nurse's absenteeism occurred if they felt stressed about academic workload, examinations, assignments and the number of classroom hours to be attended.

In item 5.5, 36 (63.1%) pupil nurses disagreed and 15 (26.3%) agreed with the statement "when I am not ready to give feedback evaluation" as a factor that contributed to their absenteeism. Six (10.5%) did not indicate their responses. According to McKimm (2007), clinical teaching should include opportunities for learners to practice and rehearse clinical situations of varying complexity to provide constructive and timely feedback to learners and to give learners time and support in reflecting on their practice in order that they can become competent professional practitioners.

In item 5.6, 31 (54.4%) of the participants disagreed and 13 (22.8%) agreed with the statement that they were absent during Objective Structured Clinical Evaluation (OSCE) day. However, a substantial number of participants, 13 (22.8%), did not indicate their responses to this item. Carlson, Kotze and van Rooyen (2003) indicated that students feel accepted by their peers and superiors when doing their practical for the work that was demonstrated to them. The support from the senior students encouraged their attendance. The improvement has been seen in better grades and higher scores on standardized tests.

**Table 4.6:** Pupil nurses' responses to questions on social problems

Item	Pupil Nurses (n=57)				
	Agree		Disagree		Total
	F	%	F	%	
6.1 Attend community activities.	20	35.1	32	56.1	52
6.2 On family responsibility leave.	31	54.4	24	42.1	55
6.3 I must solve my family problem.	39	68.4	14	24.5	53
6.4 Collection of social grants.	7	12.3	46	80.7	53

In item 6.1, 32 (56.1%) of the respondents disagreed while 20 (35.1%) agreed with the statement that they absented themselves when attending community activities. Five (8.8%) did not indicate their agreement or disagreement. In their study, Wadesango and Machingambi (2011), held opposing views to the learners that too much socialization does contribute to absenteeism of pupil nurses. Inadequate public transport systems and poverty often combine to contribute to late coming and absenteeism that, in some cases, may lead to dropouts (Weideman, Goga & Lopez, 2007).

In item 6.2, 24 (42.1%) of pupil nurses disagreed and 31 (54.4%) agreed with the statement that they were absent during family responsibility leave. Two (3.5%) did not indicate their responses. According to Zhang (2003), students from single parents or child-headed families are equally affected by poverty as a contributing factor to absenteeism. Likewise, Epstein and Sheldon (2002) indicated that an unstable home environment (including poverty, physical and mental disabilities and social and emotional needs) could contribute to learner absenteeism.

In item 6.3, 14 (24.5%) of participants disagreed, 39 (68.4%) agreed and 4 (7.0%) did not indicate their responses to the statement that they were absent because they had to solve family problems. The literature supports the argument that unstable or insecure home environments contribute to absenteeism (Epstein & Sheldon, 2002). The range of reasons of absenteeism includes family, social and work commitments, illness, faking illness, family emergencies, and feigning family emergencies. Clearly, some of these reasons may be completely valid and occurred because of life circumstances, life events and the changing profile of the student (Epstein & Sheldon, 2002).

In item 6.4, the majority, 46 (80.7%), of pupil nurses disagreed and 7 (12.3%) agreed with the statement that they were absent because they collected social grants. Four respondents (7.0%) did not indicate their responses. Collection of social grants is an important factor influencing the extent of learner absenteeism in South Africa. Epstein and Sheldon (2002) indicated that in South Africa, learners living on farms are reportedly much less likely to attend school than children living in urban areas. However, in cases where learners do not collect pension grants themselves, they may accompany their elders to do so, hence stay absent.

**Table 4.7:** Results of the t-test

<b>Factor</b>	<b>n</b>	<b>Mean</b>	<b>Standard Deviation</b>
<b>Teaching</b>	57	1.58	0.498
<b>Course Content</b>	57	1.53	0.504
<b>Learning Environment</b>	57	1.58	0.498
<b>Assessment</b>	57	1.68	0.469
<b>Social Problems</b>	57	1.56	0.501

The t-test yielded p-values of less than 5% (0.05) which indicate that teaching methodology, course content, learning environment, assessment, and social problems are the factors that contributed to absenteeism of pupil nurses at the selected nursing schools of Capricorn district, Limpopo Province.

#### **4.4 Strategies to reduce absenteeism.**

Based on the results from the research study, the following strategies could be used by nurse educators to reduce absenteeism of pupil nurses.

- **Teaching**

Redesign the training and education curricula of the nurses in the Capricorn district of the Limpopo province.

Develop valid and reliable instrument to measure education and training in the nursing education and training.

The lecturer could be encouraged to apply different teaching and learning strategies.

A mentor should identify competency or non-competence at the earliest opportunity, so that a pupil nurses can formulate an action plan and have sufficient time to address the problem areas.

The additional strategies for teaching could include the use of videos in the classroom and through blackboard and e-learning systems. Teachers should be encouraged to integrate information communication technology into the nursing schools' programme of activities, with videos in the classroom and through blackboard and e-learning systems.



The use of some social networks such as Facebook and Twitter could help both the learner and the nurse educator/lecturer to prepare and discuss content before coming to classroom.

The significance of the library in supporting teaching, learning, and research could also be emphasized and applied. The librarian could be involved to stress the significance of the library in supporting teaching, learning, and research that would encourage attendance.

Pupil nurses must be encouraged to learn by observing clinical facilitators, reading patient records and journals relevant to the placement, talking to patients and working with other healthcare professionals.

They must learn to take rounds with all multidisciplinary team members and ask questions as all patient services offer learning opportunities for them.

The instructor in the clinical area should assist groups with their needs while monitoring the groups' work.

- **Course content**

Establish support system such as e-learning and blackboard that would encourage pupil nurses' class attendance.

Facilitation of induction and orientation programmes for the pupil nurses in their first month of training could be implemented.

The nursing schools teaching and learning center should explain the course content, clinical and classroom attendance as well as policies that regulate training, for example SANC policies on attendance and hours for every level of training.

- **Learning environment**

The language used during education and learning must be English as students understand it better than the other official languages.

Lecturers and clinical instructors must create a good environment where problems such as differences among pupil nurses and even differences between pupil nurses and lecturers can be handled efficiently and professionally and should be resolved as quickly as possible with a solution that suits everyone.

Absentee policies should be laid out so that all pupil nurses understand it from the very first day of enrollment. Nursing schools should have an absenteeism policy, including how many days can be taken, notification procedures and what incidents qualify as absence-worthy.

Lecturers must keep communication channels open and attempt to solve problems that could cause absenteeism.

Instructors should as well create a pleasant environment that enables students to feel motivated and successful in the nurse training.

Regular guidance, counseling services and academic support should be implemented to enable pupil nurses to cope with nursing school life, including classroom and clinical areas.

- **Assessment**

The strategies in assessment should be made fun to pupil nurses and not to be used as punitive measures.

Learners could be made aware of the content or scope they are going to write or demonstrate on.

Nurse educator/lecturers must demonstrate skills to learners and agree with the clinical mentors to demonstrate for the second time before formal assessment.

- **Social factors**

Pay attention to early absenteeism that could identify and address educational and familial issues earlier.

Installation of ATM in the nursing schools and nearer the clinical areas could reduce absenteeism rate in both the classroom and clinical areas.

Advise pupil nurses to receive all the grants through the ATM to prevent absencing themselves from classes or clinical areas

The establishment of crèches and after-care services in the nursing schools to assist pupil nurses who are mothers and experiencing problems with baby sitters.

Family members such as pupil nurse's children, parents or spouses could be involved in pupil nurse's training so that they give support in case of a learner who needs them during difficult times of training.

## **4.5 Conclusion**

Chapter 4 provided a presentation and description of information that emerged from the data analysis. Gender, age, educational level, municipality, and nursing schools attended were analyzed. The findings revealed both positive and negative responses on factors contributing to absenteeism of pupil nurses in the selected nursing schools. Chapter 5 will presents a summary, conclusion, limitations and recommendations of the study.

# CHAPTER 5

## CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

### 5.1 Introduction

This chapter presents a summary, conclusion, limitations and recommendations of the study. The objectives of the study were to identify the factors that contributed to absenteeism of pupil nurses in the nursing schools of the Capricorn district, Limpopo Province, and determine strategies to reduce absenteeism of pupil nurses in these nursing schools.

### 5.2 Conclusion

In this study, it was found that most pupil nurses perceived assessment method as the most common factor that contributed to their absenteeism. This might be because of the way evaluation has been presented or conducted. The results of the study showed that absenteeism amongst pupil nurses in the nursing schools is relatively high. From the results of research instrument, teaching methodology, teaching content, learning environment, assessment and social problems were identified as factors contributing to absenteeism. The study confirmed a relationship between absenteeism of pupil nurses and the identified factors that were perceived to be contributory.

The implementation of effective and functional student orientation and student support programmes could be part of the intervention strategies that nursing schools

might need to consider. Students need regular guidance and counseling services as well as academic support so that they may be able to cope with the nursing school life, including classroom and clinical areas. It is believed that this support may make a difference in student's attendance. This implies that training and education must be redesigned.

### **5.3 Recommendations**

Recommendations are arranged according to the points that emerged in Chapter 4. The study revealed that many gaps still exist in this research domain - so it is recommended that further research be conducted on the development of a valid and reliable instrument to measure education and training in nursing education and services. Further studies could also be performed on a wider scale that would include other nursing schools of the Limpopo Province. Such studies should be devoted to developing strategies to reduce absenteeism of pupil nurses in the nursing schools of the Capricorn district. In this study, the recommendations are as follows:

#### **5.3.1 Teaching**

Methodology should be pitched at a level that makes it possible for pupil nurses to acquire skills progressively. Educators can certainly endeavor to address the strategies used to keep the student attentive and interested during lecture presentations. These should encourage good attendance of pupil nurses in the classroom. Teaching methods such as gaming, word searches or crosswords, five-minute classroom assessment techniques, interactive handouts, questioning, brainstorming, debate could prevent pupil nurses absenteeism (Race, 2007).

The lecturer may also apply different learning styles (Fayombo, 2012). Pupil nurse-centered approaches to teaching or lesson presentation could be used in the classroom as these could lead to good attendance. A lecture-led approach could be avoided as much as possible as this strategy has been criticized for being a one-way communication process that does not suit all learners and may hinder interaction; hence pupil nurses would lose interest of attending lessons (Reece & Walker, 2003; Bastable, 2003; Curzon, 2004). Available resources such as video, blackboard, patient records, library books and human resource should be utilized fully.

### **5.3.2 Course Content**

Educators must ensure that course content is relevant, meaningful and responsive to the learner and explained clearly for all subjects. Those who achieve lower marks must be given academic support. The nursing schools should explain the course content as outlined in the SANC training policies.

### **5.3.3 Learning Environment**

The DoH should reward and recognize academic performance and good attendance in the nursing schools. Lecturers can make the school a place where students feel safe and respected. Education programmes must be planned and implemented by both lecturers and pupil nurses. Induction and orientation should be conducted earlier when the pupil nurses enter nurse training to make them aware of the programme requirements. The demands of the programme should be announced to all pupil nurses at the beginning of the academic year in a warm-up meeting.

Pupil nurses should be granted access to the web site of the department and nursing school to download course information they need. The lecturers must show interest in

the pupil nurse's study and be willing to assist those who need help and encourage their attendance. The nursing schools' teaching and learning centres should explain the course content, clinical and classroom attendance as well as policies that regulate training, for example, SANC policies on attendance and hours for every level of training.

English must be the medium of instruction for nursing education and learning. Learning resources such as practical learning environments, online notes, internet access, etc, must be available and accessible to all learners to prevent boredom and encourage attendance (Leufer & Cleary-Holdforth, 2010).

#### **5.3.4 Assessment**

The strategies in assessment should be entertaining and informative to pupil nurses and not used as punitive measures. Assessors must avail themselves of students' queries to clarify any misunderstanding. Learners who became anxious during evaluation should be allowed a re-evaluation by assessors with whom they are familiar. For theoretical assessment, learners must be made aware of the content or scope they are going to write on. Inadequate performance in first year of training and poor attendance must be followed up immediately (McCarey et al, 2006).

Lecturers must demonstrate skills to learners and agree with the clinical mentors to demonstrate for the second time before formal assessment (Furney et al, 2006; Leufer & Cleary-Holdforth, 2010). Close liaison between pupil nurses and their lecturers and/or personal tutors are important.

The instructor should let individual students and groups know when they do something right or well in order to instill interest (Furney et al, 2006). Furney et al



(2006) stressed the importance of being present, giving advice and assisting the learner group during class work - which could encourage attendance of pupil nurses. This might help students to reflect on the work they have completed and monitor their progress (Furney et al, 2006). Pupil nurses' status must be respected throughout their training, and they should be given enough time to study while in the clinical area.

### **5.3.5 Social Factors**

An ATM installation can be applied by the DoH in the nursing schools and nearer to the clinical areas. Pupil nurses must be advised to receive all the grants through the ATM to prevent absenting themselves from classes or clinical areas for some hours or the whole day due to long queues inside the banks. The lecturer can motivate the importance of a crechè and after-care services within the nursing schools.

Epstein and Sheldon (2002) encouraged the provision of timely information to families about pupil nurses absences and school policies on absenteeism that helped improve attendance. Where pupil nurses have attendance problems, the lecturer must involve family members such as pupil nurse's children, parents or spouses to reduce absenteeism. Pupil nurses must be taught to prioritize and delegate some duties, where possible.

## **5.4 Achievement of the Set Objectives**

Chapter 1 of the project outlined the objectives of the study and the researcher managed to achieve the set goals. The first objective was to describe the factors contributing to absenteeism of pupil nurses in the nursing schools of the Capricorn district in the Limpopo Province. This objective was achieved as pupil nurses

described factors that led to their absenteeism in both the nursing schools selected for this study.

The second objective was to determine strategies to reduce absenteeism of pupil nurses in the nursing schools of Capricorn district in the Limpopo province. The strategies were outlined in chapter 4.

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# APPENDIX 1

## QUESTIONNAIRE

Please mark with an "X" on one of the options provided.

### 1. Personal Information

#### 1.1 Gender

Male

1
---

Female

2
---

#### 1.2 Age

Below 19

1
---

19 - 25

2
---

26 - 32

3
---

Above 32

4
---

#### 1.3 Educational

Level

Grade 7-9

1
---

Grade 10-11

Grade 12

FET College

College/University

**1.4 Municipality**

Aganang

Blouberg

Lepelle-Nkumpi

Molemole

Polokwane

Thulamela

Elias Motswaledi

7

**1.5 Nursing School**

**Attended**

Lebowakgomo

1

Hospital

WF Knobel Hospital

2

**Please answer the following questions using the key below.**

**Key:**

Strongly disagree (SD)

Disagree (D)

Agree (A)

Strongly agree (A)

**I absent myself because of the following reasons:**

**2. Section A: Teaching**

<b>SD</b>	<b>D</b>	<b>A</b>	<b>SA</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

2.1 Resources for procedures are not available.

--	--	--	--

2.2 I feel that certain subjects are forced against my will.

--	--	--	--

2.3 If my lecturer asks me many questions everyday.

--	--	--	--

2.4 Shortage of staff in the clinical area

--	--	--	--

2.5 I do not understand the language used by the lecturer.

--	--	--	--

2.6 Boring subject.

--	--	--	--

**3. Section B: Content**

3.1 If I am not explained the importance of attending full  
hours as  
training requirements.

--	--	--	--

3.2 The course outline are no clear to me.

--	--	--	--

3.3 Work overloading in the clinical area.

--	--	--	--



---

3.4 I do not want to be treated as workforce.

--	--	--	--

**4. Section C: Learning**

4.1 Because of poor discipline from high school.

--	--	--	--

4.2 When I am lazy to do the work.

--	--	--	--

4.3 If I am late during lessons presentations.

--	--	--	--

4.4 When lecturers are absent.

--	--	--	--

**5. Section D: Assessment**

5.1 When I am suppose to demonstrate procedure.

--	--	--	--

5.2 I do not want to do presentations.

--	--	--	--

5.3 Poor performance in classroom.

--	--	--	--

5.4 When I am not ready to write examination.

--	--	--	--

5.5 When I am suppose to do feedback evaluation.

---

--	--	--	--

5.6 On OSCE day.

--	--	--	--

**6. Section E: Social Problems**

6.1 Attend community activities.

--	--	--	--

6.2 On family responsibility leave.

--	--	--	--

6.3 I must solve my family problem.

--	--	--	--

6.4 Collection of social grants.

--	--	--	--

## APPENDIX 2

# MEDUNSA RESEARCH AND ETHICS COMMITTEE CLEARANCE LETTER

UNIVERSITY OF LIMPOPO  
Medunsa Campus



MEDUNSA RESEARCH & ETHICS COMMITTEE

CLEARANCE CERTIFICATE

P O Medunsa  
Medunsa  
0204  
SOUTH AFRICA

MEETING: 05/2011

PROJECT NUMBER: MREC/HS/94/2011: PG

PROJECT :

Title: Factors contributing to absenteeism of pupil nurses in the nursing schools of Capricorn District, Limpopo Province.

Researcher: Mrs EM Thobaigale  
Supervisor: Dr ME Lekhuleni  
Co-supervisor: Dr JC Kgole  
Department: Nursing Sciences  
School: Health Sciences  
Degree: Masters of Curatoris

DECISION OF THE COMMITTEE:

MREC approved the project.

DATE: 08 June 2011

  
PROF GA OGUNBANJO  
CHAIRPERSON MREC



Note:

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol. PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

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**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Selamolela Donald

Ref: 4/2/2

23 September 2011  
Thobakgale EM  
University of Limpopo  
Sovenga  
0727

Greetings,

**Re: Permission to conduct the study titled: Factors contributing to absenteeism of pupil nurse in the nursing schools of Capricorn District, Limpopo Province**

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. Kindly be informed that:-
  - Further arrangement should be made with the targeted institutions.
  - In the course of your study there should be no action that disrupts the services
  - After completion of the study, a copy should be submitted to the Department to serve as a resource
  - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible

Your cooperation will be highly appreciated

Head of Department

Department of Health

Limpopo Province

## APPENDIX 4

### LETTER FROM THE STATISTICIAN

UNIVERSITY OF LIMPOPO  
Turfloop Campus

Research Development and Administration



Private Bag X1106  
SOVENGA  
0727  
SOUTH AFRICA

Tel.: (015) 268 2168  
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E-mail: Mmbengeni.netshidzivhani@ul.ac.za

STATISTICAL ANALYSES

Dear Sir/Madam

STATISTICAL ANALYSES

I have studied the research protocol of Ms Ellen Mokgobola Thobakgale

Titled: **Factors contributing to absenteeism of pupil nurses in the nursing schools Capricorn district, Limpopo Province.**

and I agree to assist with the statistical analyses.

I trust the above is in order; should you require any further assistance, please do not hesitate to contact me personally.

Yours sincerely,

*Netshid* 19/09/2012



**Victor Netshidzivhani**

Research Statistician: Research Development and Administration

Tel: 015 268 3702

Fax: 015 268 2306 / 086 696 0812

Cell: 072 246 4551

E-mail: mmbengeni.netshidzivhani@ul.ac.za

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## APPENDIX 5

### LETTER FROM LANGUAGE EDITOR

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**FACULTY OF NATURAL SCIENCES**  
**DEPARTMENT OF MEDICAL BIOSCIENCES**



**Donavon C. Hiss, PhD (Medicine)**  
University of the Western Cape  
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Bellville 7535  
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Tel: +27 (0) 21 959 2334  
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---

16 September 2012

To Whom it May Concern

This serves to confirm that I have edited the language, spelling, grammar and style of the MCur dissertation by **Thobakgale Ellen Mokgobola: Factors Contributing to Absenteeism of Pupil Nurses in the Nursing Schools of Capricorn District, Limpopo Province.**

Sincerely Yours



Donavon C. Hiss  
Ph.D. (Medicine), Dip. Freelance Journalism, Dip. Creative Writing



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WESTERN CAPE

A place of quality, a place to grow, from hope to action through knowledge

