

Learner nurses absenteeism in the nursing schools at Capricorn District, Limpopo Province, South Africa

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Abstract

This study was designed to determine reasons for learner nurses absenteeism in the nursing schools in Capricorn district, Limpopo Province. A descriptive cross-sectional quantitative design was used to describe factors that contribute to absenteeism of learner nurses in the nursing schools at Capricorn District. The target population consisted of 114 learner nurses at two nursing schools in the Capricorn district. Systematic sampling was used to select 57 learner nurses who participated in the study. Data were collected by means of a self-developed questionnaire comprising 24 items on teaching, content, learning, assessment and social problems. The study revealed that learner nurses were absent from classroom and clinical settings due to shortage of staff in the clinical area, work overload in the clinical area, being treated as workforce, solving their own family problems and being on family responsibility leave. The study recommended that there should be a support system for learner nurses particularly during practical learning in the clinical area.

Keywords: Absenteeism, learner nurses, nursing school.

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Introduction

Absenteeism of learner nurses from classroom and clinical learning settings affects their performance negatively and prolong the period of learning (South African Nursing Council, 2005). Timmins and Kaliszner (2002) 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 control of schools of nursing (Timmins & Kaliszner, 2002).

The South African Nursing Council (SANC) stipulates hours of clinical learning for learner nurses as 2000 hours (SANC, 1997). The learning hours should be spread over two academic years during training for the course leading to enrolment as a nurse (SANC, 1997). According to Lincoln Memorial University

(2009), all periods of absenteeism must be made up under the supervision of a clinical supervisor. Attendance should be recorded for every class session.

In South Africa the Department of Health (2009) indicated that learner nurses are likely to be absent from clinical and classroom setting due to fear of contracting communicable diseases found in the wards or if they are already infected. According to South African Nursing Council (2005) learner nurses are encouraged to complete hours of training and that a candidate shall be admitted to an examination only if he/she has completed the prescribed period of training for the course not later than the end of the months in which the examination is conducted. In such cases the learner nurse who owes practical hours should cover them before the end of training.

Wadesango and Machingambi (2011) found that absenteeism is common among the nursing students in three South African universities and the reasons indicated were lack of subject interest, poor teaching strategies by lecturers, unfavourable learning environment, too much socialization, 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 was employed. A preventative measure employed included improvement in student timetable delivery (Doyle et al., 2007). Timmins and Kaliszer (2002) indicated that systematic policies need to be developed and personnel need to be employed to support attendance monitoring. Litherland (2011) supported the explanation of the absentee policy so that it is understood by all students from the very first day. All schools should have an absenteeism policy, including how many days can be taken, notification procedures and what incidents qualify as absence-worthy. Some policy documents appear to suggest that attendance should be mandatory (Lipscomb & Snelling, 2010).

Absenteeism among nursing students is of significance for educators as a matter of professional concern. The Irish Nursing Board namely An Bord Altranais, whose ultimate responsibility is that of patient/public safety, requires nurse education programmes to produce graduates who can 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 and clients (An Bord Altranais, 2005).

Absenteeism of learner nurses from the classroom and clinical settings seems to reduce quality of teaching, learning and assessment. Operational managers at one clinic of the Capricorn district reported every week to the nursing schools that learner nurses were absent from clinical settings with some reporting and others

not reporting their movements. This study aimed at determining the reasons for absenteeism of learner nurses in the nursing schools at Capricorn District, Limpopo Province, South Africa.

Methodology

A descriptive, cross-sectional, quantitative research design was used to explore factors that contribute to absenteeism of learner nurses in the nursing schools at Capricorn district.

The population consisted of 114 learner nurses in the Capricorn district; sixty-five (65) were at Lebowakgomo hospital nursing school and forty-nine (49) at W.F.Knobel hospital nursing school as these were the only nursing schools in the Capricorn district training learner nurses to become staff nurses. Systematic sampling was used to select 57 pupil nurses from the two nursing schools, 36 from Lebowakgomo hospital nursing school and 21 from W.F. Knobel nursing school, who participated in the study. Two lists of learner nurses were obtained from the two nursing schools. Each name on the list was assigned a number and the researchers chose every second name on the list to select the respondents. A self-developed questionnaire was used to collect data from learner nurses. The questionnaire comprises five sections namely teaching, content, learning, assessment and social problems. A pilot study was conducted using 10 learner nurses who did not form part of the main study from W.F Knobel hospital nursing school. Following the pilot study, the questionnaire was adjusted with regard to the duration of completion from forty to thirty minutes. The pilot study results showed that the content of the questionnaire tested what it was supposed to test.

The questionnaire was submitted to experts in the nursing profession for scrutiny in order to ensure its content validity. The Cronbach's Alpha test was applied to test the reliability of the instrument; and the correlation coefficient was 0.80, which was considered acceptable. The questionnaire was found to be reliable (Babbie & Mouton, 2009).

Ethical clearance was obtained from Medunsa Research and Ethics Committee (MREC) of the University of Limpopo. Permission to conduct the study was obtained from the Department of Health and Social Development, Limpopo province. Permission was also obtained from the pupil nurses after they were thoroughly and truthfully informed about the purpose of the study. The respondents were assured that participation was voluntary and they could withdraw even after consenting to participate in the study. Anonymity and confidentiality were ensured as respondents were not required to write their names on the questionnaires.

Descriptive statistics was used to analyse the data; percentages, means and standard deviation were calculated using the Statistical Package for the Social Sciences (SPSS) version 18.0. The scores were summarised and compared as suggested by Blaikie (2003).

Results and Discussion

The questionnaire comprised 24 items pertaining to absenteeism of learner nurses in the nursing schools of Capricorn district, Limpopo province. The results were grouped and presented in Tables 1-6.

Table 1: Response of learner nurses on teaching

Statements on teaching	Agree		Disagree		Total
	F	%	F	%	
Resources for procedures are not available.	18	34	35	66	53
I feel that certain courses are forced against my will.	7	13	46	87	53
My lecturer asks me many questions everyday.	18	33	36	67	54
There is shortage of staff in the clinical area.	27	50	27	50	54
I do not understand the language of teaching	10	19	42	81	52
Courses are boring	10	20	41	80	51

Respondents (34%) agreed that they absent themselves if resources for procedures are not available and thirty-five (66%) disagreed with the statement. The findings implied that teaching resources are essential for learner nurses to be encouraged to be present during experiential learning. 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 utilise a ‘virtual’ environment.

Few (13%) learner nurses agreed that they would be absent if they feel that certain courses are forced against their will. Most (87%) learner nurses disagreed with the statement that they would be absent if certain courses were forced on them. Wadesango and Machingambi (2011) state that absenteeism among the students in the South African universities may be due to lack of subject interest which a student may think it is forced against their will. Few (33%) respondents agreed that if the lecturer asks many questions everyday they would be absent from learning area, while 67% respondents disagreed with the statement. Although the learner nurses that agreed with the statement are few, it is expected that during teaching-learning sessions there should be interaction of teachers and learners. Cleary-Holdforth (2007) indicated that teaching and learning strategies that help to encourage potential in students should be used. With regard to shortage of staff in the clinical area that could lead to absenteeism, 50% of the respondents agreed while another 50% disagreed with the statement. The 50-50

response on this items implied the likelihood of learner nurses being absent due to shortage of staff members in the clinical area is high. Timmins (2002) states that when the mentor is off sick or on leave then students should liaise with the manager so that another registered nurse can be identified to provide support. Timmins (2002) further indicates that if a learner is unable to care for a group of patients and the mentor is busy, the learner can still seek out learning opportunities that include observing the mentor, reading patient records or journals relevant to the placement, talking to patients and working with other healthcare professionals.

Respondents (19%) agreed that they would be absent if they did not understand the language used by the lecturer while 81% disagreed with the statement. Quinn and Hughes (2007) indicated that the use of understandable language and communication might be considered positive factors to promote attendance of learner nurses. Nicholl and Timmins (2005) supported that 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 lead to learner absenteeism.

With regard to boring courses, 20% of the respondents agreed that this led to their absenteeism while 80% disagreed with the statement. Wadesango and Machingambi (2011) and Cleary-Holdforth (2007) agreed that the integration of more innovative teaching methods and learning strategies into the lecture such as games and role play enhances the probability of meeting the needs of the learners. Quinn and Hughes (2007) indicate that appropriate breaks or a change in activities every fifteen to twenty minutes helps to re-engage students.

Table 2: Responses of learner nurses on content

Statements on content	Agree		Disagree		Total
	F	%	F	%	
I do not understand the importance of attending full hours as training requirement.	11	21	41	79	52
The course outline is not clear.	10	19	44	81	54
There is work overloading in the clinical area.	28	53	25	47	53
I am treated as workforce.	28	51	27	49	55

Respondents (21%) agreed with the statement that if the importance of attending full hours as training requirements is not explained to them, they will absent themselves, while 79% disagreed with the statement. Litherland (2011) agreed that laying out the absenteeism policy that is understood by all students will prevent absenteeism. Regarding absenteeism if course outline is not clear, 19% pupil nurses agreed with the statement that they would be absent if the course

outline is not clear, while 81% disagreed with the statement. McKimm (2007) supported the importance of explaining the aims and interests of learners, consideration of these can help identify motivating factors in learning.

Respondents (53%) agreed that work overload in clinical areas could cause their absenteeism, while 47% disagreed with the statement. McKimm (2007), Nicholl and Timmins (2005) states that students have supernumerary status throughout the pre-registration nursing programme. Nicholl and Timmins (2005) indicated that the nursing students are not additional to workforce requirements and that they are undertaking the placement as a learning experience and not as a member of staff.

Table 3: Responses of learner nurses on learning

Statement on learning	Agree		Disagree		Total
	F	%	F	%	
I attended a high school that has poor discipline.	9	17	44	83	53
I am lazy to do the work.	11	28	39	72	54
If I am late during lessons presentations.	15	28	39	72	54
When lecturers are absent.	9	17	44	83	53

With regard to poor discipline from high school, respondents (17%) agreed, 83% disagreed with the statement. The findings implied that poor discipline during high school learning period may not necessarily lead to absenteeism and that the chances of laziness contributing to absenteeism of learner nurses in the nursing schools of Capricorn district exist. Chapman (2002) supported the statement that poorly organized schools with poor pupil discipline and behaviour could contribute to absenteeism. With regard to laziness, 79% respondents disagreed that they do not absent themselves because of laziness to do the work, 21% agreed with the statement. Tiredness and unpreparedness if a student is given too much responsibility and a lack of supernumerary status can be extremely stressful for students during the initial placement (Last & Fullbrook, 2003).

The respondents (72%) disagreed with the statement that when they are late for lesson presentation, they absent themselves, 28% disagreed with 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. These teachers absences are responsible for student lateness/early departure which form part of absenteeism and teacher absenteeism affects quality teaching and learning.

With regard to lecturers being absent, (83%) respondents disagreed that they absent themselves when the lecturers were absent, 17% respondents agreed with the statement. Fayombo (2012) outlines factors that motivate learner attendance and improve 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.

Table 4: Responses of learner nurses on assessment

Statements on assessment	Agree		Disagree		Total
	F	%	F	%	
I am supposed to demonstrate procedure	19	35	35	65	54
I do not want to do presentations	8	15	45	85	53
If I perform poorly in the classroom.	10	19	42	81	52
I am not ready to write examination	10	19	43	81	53
I am not ready to do feedback evaluation	15	29	36	71	51
On OSCE day	13	30	31	70	44

Respondents (65%) disagreed that they are absent when they are supposed to demonstrate procedure, 35% agreed with the statement. McKimm (2007) indicated that self-assessment can help to develop critical skills and encourages students to take responsibility for own development and also enable mentors to gain a better understanding of students’ perception on their own progress. Regarding presentations, 85% respondents disagreed that they were absent because they did not want to do presentation, 15% agreed with the statement. This was supported by Evans and Kelly (2004) who reported that conflict between ideal and real practice in the ward, unfriendly atmospheres and being reprimanded in front of staff and patients were the three predominant stressors that discourage student nurse from presenting. Student nurses who experience this atmosphere in the ward absent themselves often (Evans & Kelly, 2004).

With regard to poor performance the respondents (81%) disagreed that poor performance in the classroom contributed to their absenteeism, 19% agreed with the statement. Students who are not performing to the required standard were encouraged by McKimm (2007) that their mentor should identify this problem at the earliest opportunity, preferably no later than midway interview, so that they can formulate an action plan and have sufficient time to address the problem areas.

With regard to readiness to write examinations 81% of the respondents disagreed that they absent themselves when they are not ready to write examination, 19% agreed with the statement. Kousalya, Ravindranath and Vizayakumar (2006) state that the student may be absent as a result of demotivation because of perceiving that the evaluation system at the end of examinations is not objective and that marks are not awarded according to one’s ability. Omu, Al-Marzouk, Delles, Oranye and Omu (2011) indicated that students who missed examinations must make up for that examination within one week or a grade of

zero would be assigned. Evans and Kelly (2004) concur that student nurses absenteeism occurred if they felt stressed about academic workload, examinations, assignments and the number of classroom hours to be attended.

The respondents (71%) disagreed with the statement that when they are not ready to do feedback evaluation they will absent themselves, 29% agreed with the statement. McKimm (2007) maintains that clinical teaching should include opportunities for learners to practise 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. Regarding OSCE, 70% learner nurses disagreed that they are absent during Objective Structured Clinical Evaluation (OSCE) day, 30% agreed with the statement. Carlson, Kotze and Van Rooyen (2003) indicated that students feel accepted by their peers and supervisors when doing their practicals for the work that was demonstrated to them and that the support from senior students encourages their attendance.

Table 5: Responses of learner nurses on social problems

Statements on social problems	Agree		Disagree		Total
	F	%	F	%	
Attend community activities.	20	38	32	62	52
On family responsibility leave.	31	56	24	44	55
I must solve my family problem.	39	74	14	26	53
Collection of social grants.	7	13	46	87	53

In terms of attending community activities, 62% of the respondents disagreed that they absent themselves when attending community activities, while 38% agreed with the statement. Wadesango and Machingambi (2011) disagreed with the learners that too much socialization does contribute to absenteeism of learner nurses, while Weideman et al. (2007) cited that inadequate public transport systems and poverty combine to contribute to late coming and absenteeism that may lead to in some cases to drop-out.

With regard to signing leave form for family responsibility 44% respondents disagreed that they are absent during family responsibility leave and 56% agreed with the statement. Epstein and Sheldon (2002) indicated that the unstable home environment including poverty, physical and mental disabilities and social and emotional needs; could contribute to learner absenteeism. Pupil nurses (74%) agreed that they are absent because they are solving family problems and 26% agreed with the statement. Epstein and Sheldon (2002) state that the range of reasons of absenteeism include family, social and work commitments, illness, faking illness, family emergencies and faking family emergencies, to mention but a few and that some of these reasons are completely valid and occur as a

consequence of life circumstances, life events and the changing profile of the student.

Regarding collection of social grants, 87% of learner nurses disagreed that they are absent because of collection of social grants, while 13% agreed with the statement. This 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. Not all learners collect pension grants themselves but their elders. Table 6 shows the reasons of learner nurses absenteeism.

Table 6: Mean on reasons of learner nurses absenteeism

Variables	N	Mean	SD
Teaching	57	1.58	.498
Content	57	1.53	.504
Learning environment	57	1.58	.498
Assessment	57	1.68	.469
Social problem	57	1.56	.501
Total		7.93	2.47

Recommendations

Nursing schools should have an absenteeism policy, including how many days can be taken, notification procedures and what incidents qualify as absence-worthy. The absenteeism policy should be distributed and explained to the pupil nurses as part of their orientation programme on their first days of training; and also the use of innovative teaching-learning strategies such as cooperative learning, blackboard learning, face book for learner nurses to share information amongst themselves. The nursing schools should have mentorship programmes to support learner nurses.

Conclusion

The study concludes that when learner nurses are treated as a workforce they may absent themselves from the clinical area. Family problems of learner nurses are also reasons of learner absenteeism in the nursing schools.

References

Al-Hassan, S. (2009). An Assessment of the Effects Teacher Absenteeism on Quality Teaching and Learning in Public Primary Schools in Northern Ghana. <http://tap.resultsfordevelopment.org/sites/tap.resultsfordevelopment.org/files/resources>. Accessed 27/04/2012.

- An Bord Altranais (2005) Requirements and *and Standards for Nurse Registration Education Programmes*. Dublin: An Bord Altranais.
- Arkell, J. (2007). How nursing students can make the most of placements. *Journal of Nursing Practice*, 103(20), 26.
- Babbie, E & Mouton, J. (2009). *The Practice of Social Research*. Cape Town: Oxford University Press.
- Burns, N. & Grove, S.K. (2003). *Understanding Nursing Research: Building An Evidence Based Practice*. China: Elsevier.
- Carlson, S., Kotze, W.J. & Van Rooyen, D. (2003). Accompaniment needs of first year nursing students in the clinical learning environment. *Curationis*, 26(2), 30-39.
- Chapman, D. (2002). Quantifying the relationship between corruption in education and economic development in the Eastern Europe and Eurasia region: An exploratory literature review. <http://pdf.usaid.gov/pdf>. Accessed 03May 2012.
- Cleary-Holdforth, J. (2007). Student Non-Attendance in Higher Education: A Phenomenon of Student Apathy or Poor Pedagogy? *Dublin Institute of Technology online publication*. http://level3.dit.ie/html/issue5/cleary-holdforth/cleary_holdforth.pdf. Accessed 27/04/ 2012.
- Doyle, L., O'Brien, F. & Timmins, F. (2007). *An Evaluation of an Attendance Monitoring System for Undergraduate Nursing Students*. Ireland: Elsevier Ltd.
- Epstein, J.L. & Sheldon, S.B. (2002). Present and Accounted for: Improving Student Attendance Through Family and Community Involvement. *Journal of Educational Research*, 95(5), 308-318.
- Evans, W. & Kelly, B. (2004). Pre-registration diploma student nurse stress and coping measures. *Nurse Education Today*, 24(6), 473-482.
- Fayombo, G.A. (2012). Cross Institutional Study of the Causes of Absenteeism among University Students in Barbados and Nigeria. *Journal of Educational and Developmental Psychology*, 2(1), 122-124.
- Kousalya, P., Ravindranath, V. & Vizayakumar, K. (2006). Student Absenteeism in Engineering Colleges: Evaluation of Alternatives using AHP. Accessed 12/6/2012. <http://www.hindawi.com/journals/ads/2006/058232/abs/>
- Last, S. & Fulbrook, O. (2003). *Re-thinking attrition in student nurses*. Accessed 29/04/ 2012. <http://www.wlv.ac.uk/pdf/Rethinking%20Attrition%20in%20student%20nurses%20Sphie%20Orton.pdf>
- Lincoln Memorial University: Caylor School of Nursing. (2009). BSN Student handbook. . <http://www.lmunet.edu/pdf/BSN-Handbook-2010-2011.pdf>. Accessed 05/ 03/2010.
- Lipscomb, M. & Snelling, P.C. (2010). Student nurses absenteeism in higher education: An argument against enforced attendance. <http://www.nurseeducationtoday.com/article>. Accessed on 16/03/2011.
- Litherland, N. (2011). How to Prevent the Absenteeism of Student Nurses. Accessed 16/5/2011. <http://www.ehow.com/how>.

McKimm, J. (2007). *Facilitating learning: Teaching and learning methods*. London: Imperial College. [on-line]. Accessed April 29, 2012. <http://www.faculty.londondearnery.ac.uk/e-learning>.

Nicholl, H. & Timmins, F. (2005). Programme-related stressors among part-time undergraduate nursing students, *Journal of Advanced Nursing*, 50(1), 93-100.

Omu, F.E., Al-Marzouk, R., Delles, H., Oranye, N.O. & Omu, A.E. (2011). Premenstrual dysphoric disorder: prevalence and effects on nursing students' academic performance and clinical training on Kuwait.

Quinn, F.M. & Hughes, S.J. (2007). *Principles and Practice of Nursing Education*. United Kingdom: Cengage Learning Emea.

South African Nursing Council (2005). *The Nursing Act No 33 of 2005*. Pretoria: SANC.

South African Nursing Council (1997). *Minimum Requirement for the Education and Training of Pupils leading to Enrolment as a Nurse. Regulation R2175, as amended*. Pretoria: SANC.

Timmins, F. (2002). Absenteeism among Nursing Students – Fact or Fiction? *Journal of Nursing Management*, 10 (5), 251–264.

Timmins, F. & Kaliszer, M. (2002). Attitudes to absenteeism among diploma nursing students in Ireland – an exploratory descriptive survey'. *Nurse Education Today*, 22 (7), 578–588.

Wadesango, N. & Machingambi, S. (2011). Causes and structural effects of student absenteeism: A case study of three South African universities. *Journal of Social Science*, 26(2), 89-97.

Weideman, M., Goga, S. & Lopez, D. (2007). *Learner Absenteeism in the South African Schooling System*. Accessed 08/12/2010. <http://www.info.gov.za/view>