UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences
School of Health Care Sciences
Department Nursing Science

# COMMUNICATION METHODS TO MONITOR STUDENTS' ABSENTEEISM IN THE CLINICAL LEARNING ENVIRONMENTS AT A SELECTED NURSING COLLEGE IN GAUTENG PROVINCE.

**Research dissertation for the Degree Master's in Nursing**

**Full dissertation**

**By**

Leah Antonia Ramatsetse

**Student number:** 27553834

**Contact details:**

Address: 59 Mof Myburgh Street
Danville Ext. 5
Pretoria 0183
Tel: 012 319 5670
Cell: 0721877804
E-mail: lanyalungu@gmail.com

**Supervisor:** Mr. ME Moeta
**Co-supervisor:** Prof. RS Mogale

**Date: October 2021**

## Declaration

**COMMUNICATION METHODS TO MONITOR STUDENTS' ABSENTEEISM IN THE CLINICAL LEARNING ENVIRONMENTS AT A SELECTED NURSING COLLEGE IN GAUTENG PROVINCE**

I, Leah Antonia Ramatsetse, student number 27553834 declare and understand what plagiarism is and I am aware of the University's policy in this regard.

I declare that this research proposal is my own original work. Where other people's work has been used (either from a printed source, Internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.

I have not used work previously produced by another student or any other person to hand in as my own.

I have not allowed and will not allow anyone to copy my work with the intention of passing it off as his or her own work.

SIGNATURE _____ Date

LA Ramatsetse

**ACKNOWLEDGEMENTS**

Firstly, I give thanks to God, who gave me the strength and determination to complete this study.

My heartfelt thanks and appreciation are extended to the following people:

- Gauteng Department of Health and SG Lourens Nursing College for granting me the permission to study.
- Students and lecturers who participated in the study, without them the study would not have been a success.
- My supervisor Mr ME Moeta and my co-supervisor Prof. RS Mogale for their support and guidance.
- Prof. N van Wyk and Prof. SS Moloko-Phiri for their contributions in the study.
- My family: My late parents Mr and Mrs Nyalungu, especially my mom for instilling the culture of learning in me, I wish she lived to share my achievements with me. My husband Mr NJ Ramatsetse for his support and understanding through the duration of the study and for assisting me with capturing of data. My daughters Nomsa and Thobile for their support and helping with the technology challenges, my son Tumelo and my grandson Musa for granting me the well-deserved breaks and distractions during the study.
- Ms Cynthia Ngwane from Agricultural Research Council for all her statistical assistance in this study.
- Dr L. Brown from B-Suare Synergy Consultants for editing my work, thank you.
- My friends, colleagues, and team members for always encouraging me to continue with the study when I wanted to quit.
- Ms GM Udeagha and Ms ML Mahlangu for assisting me with distribution and collection of questionnaires during data collection, thank you ladies.

**ABSTRACT**

Attendance of clinical practical is an important factor in the academic performance of nursing students on the basis that clinical content and teaching are important to develop their competence. However, student nurses absent themselves from the clinical learning environments, resulting in missed learning opportunities and shortage of mandatory regulatory hours. Therefore, in this study communication methods were determined on how it can assist to monitor and improve absenteeism among nursing students at a nursing college.

The aim of the study was to determine communication methods that can be used to monitor student absenteeism at a nursing college in the clinical learning environment. The study subsequently made recommendations on communication methods that can improve monitoring of absenteeism among nursing students.

The research design used in this study is a quantitative descriptive design. The sample included all the nursing students at the nursing college in Gauteng Province that were in all four academic levels of study. The target population was 1033 students and 60 lecturers while the expected sample size for students was 288. Two- stage sampling methods, stratified and systematic were used in selecting students who participated in the survey while total population sampling was used for lecturers' respondents. Face validity, pilot study and Cronbach alpha were used to measure the questionnaires' content validity, functionality, and reliability, respectively. After the pilot study, the data were collected using questionnaires for nursing students and lecturers. Chi-square test ($\chi^2$) for equal proportion technique was used to describe the demographic data, reason for absenteeism and communication method for monitoring absenteeism in terms of tables and graphs. Furthermore, chi-square test ($\chi^2$) for independence in a two-way contingency table was used to determine the relationship between the demographic data and reason for absenteeism and communication method for monitoring absenteeism. All data were analyzed using the SAS version 9.4 statistical software. The principles of research are beneficence, human dignity and justice and these principals were maintained throughout the study. The

Cronbach alpha was used to test the reliability of the instrument and the same instrument was used for all respondents' package.

The findings of the study revealed that the use of a contact person allocated to a student; use of contact hour forms; telephone calls; use of SMSs; and WhatsApp messages were the preferred methods of communication and can assist in the monitoring of absenteeism in the clinical learning environments.

**KEYWORDS:** Missed learning opportunity, clinical learning environment, clinical placement, nursing student, communication, absenteeism.

**TABLE OF CONTENTS** **PAGE**

**Declaration……...ii**

**Acknowledgements……...iii**

**Abstract……....iv**

**CHAPTER 1 .....1**

**1 INTRODUCTION AND BACKGROUND .....1**

1.1 Problem statement .....3

1.2 Research question, Aim and Objectives.....5

1.3 Importance and benefits of the study .....6

1.4 Delineation .....6

1.5 Philosophical assumptions .....7

1.6 Definition of key terms.....8

1.7 Ethical considerations .....10

1.7.1 Beneficence.....10

1.7.2 Respect for human dignity.....11

1.7.3 Justice .....11

1.7.4 Informed consent.....11

1.8 Summary of chapter ……...12

**CHAPTER 2 .....13**

**2 LITERATURE REVIEW.....133**

2.1 Introduction .....133

2.2 Factors causing absenteeism of students in the clinical learning environments.....133

2.2.1 Stress from the attitude of permanent staff towards students.....144

2.2.2 Physical sickness.....144

2.2.3. Family responsibilities.....144

2.2.4 Working environment.....155

2.2.5 Lack of support .....155

2.2.6 Clinical learning environments that are far from the college or places of residence.....166

2.3 Communication methods.....166
2.4 Summary of chapter .....17
**CHAPTER 3 .....188**
3. RESEARCH DESIGN AND METHODS.....188
3.1 Introduction .....188
3.2 Research design .....188
3.3 Research setting .....188
3.4 Research population and sampling .....19
3.4.1 Population.....19
3.4.2 Sample .....19
3.4.3 Sampling.....20
3.4.4 Inclusion criteria.....21
3.4.5 Exclusion criteria.....21
3.5 Data collection process .....21
3.5.1 Data collection tool.....22
3.5.2 Pilot study.....22
3.5.3 Data collection.....23
3.6 Data analysis and management ..... **ERROR! BOOKMARK NOT DEFINED.**3
3.7 Rigour .....24
3.7.1 Validity .....24
3.7.2 Reliability .....25
3.8 Summary of chapter .....25
**CHAPTER 4 .....266**
**4. PRESENTATION OF RESULTS .....266**
4.1 Introduction .....266
4.2 Demographic analysis of respondents ..... **ERROR! BOOKMARK NOT DEFINED.**6
4.2.1 Students .....26
4.2.1.1 Gender of respondents ..... **Error! Bookmark not defined.**6
4.2.1.2 Age distribution.....28

4.2.1.3 Level of study .....29
4.2.1.4 Years of enrolment in the college .....29
4.2.1.5 Computer skills .....30
4.2.2 Lecturers .....31
4.2.2.1 Gender.....31
4.2.2.2 Age distribution .....32
4.2.2.3 Highest qualification.....32
4.2.2.4 Experience as a lecturer .....32
4.2.2.5 Discipline teaching.....32
4.3 Reasons for absenteeism.....33
4.3.1 Physical illness.....34
4.3.2 Mental illness .....35
4.3.3 Demotivation..... **Error! Bookmark not defined.**6
4.3.4 Tiredness ..... **Error! Bookmark not defined.**7
4.3.5 Study responsibilities ……...38
4.3.6 Family responsibilities..... **Error! Bookmark not defined.**8
4.3.7 Social responsibilities .....39
4.3.8 Transport problems.....40
4.3.9 Problems with nursing staff in the ward .....40
4.3.10 Problems with co-workers.....41
4.3.11 Feeling incompetent to do the work expected of me.....42
4.3.12 Dislike the work expected from me .....43
4.3.13 Prescribed college hours unconvincing .....44
4.3.14 Obtain hours fraudulently.....45
4.4 How often do students absent themselves from the clinical learning environments .....46
4.5 Lecturers' association between communication and other attributes .....47
4.6 Communication methods..... **ERROR! BOOKMARK NOT DEFINED.**9
4.6.1 Communication through contact person vs. gender **Error! Bookmark not defined.**9
4.6.2 Communication through contact person vs. study level.....50

4.6.3 Communication through contact person vs. years in college.....50
4.6.4 Communication through student contact hour forms vs.gender.....51
4.6.5. Communication through student contact hour forms vs. level of study ……52
4.6.6 Communication through student contact hour forms vs.years in college.....53
4.6.7 Communication through telephone calls vs. gender .....54
4.6.8 Communication through telephone calls vs. study level**Error! Bookmark not defined.**4
4.6.9 Communication through telephone calls vs.years in college .....55
4.6.10 Communication through SMS vs. gender ..... **Error! Bookmark not defined.**6
4.6.11 Communication through SMS vs. study level .. **Error! Bookmark not defined.**7
4.6.12 Communication through SMS vs. years in college**Error! Bookmark not defined.**7
4.6.13 Communication through email vs. gender ..... **Error! Bookmark not defined.**8
4.6.14 Communication through email vs. study level.. **Error! Bookmark not defined.**9
4.6.15 Communication through email vs. Years in college ……59
4.6.16 Communication through WhatsApp vs. gender ……60
4.6.17 Communication through WhatsApp vs. study level.....61
4.6.18 Communication through WhatsApp vs. years in college.....62
4.6.19 Communication through Facebook vs. gender .....62
4.6.20 Communication through Facebook vs. study level.....63
4.6.21 Communication through Facebook vs. years in college.....64
4.6.22 Communication through Twitter vs. gender .....64
4.6.23 Communication through Twitter vs. study level .....65
4.6.24 Communication through Twitter vs. years in college**Error! Bookmark not defined.**6
4.6.25 Communication through YouTube vs. gender . **Error! Bookmark not defined.**7
4.6.26 Communication through YouTube vs. study level**Error! Bookmark not defined.**7
4.6.27 Communication through YouTube vs. years in college.....68
4.6.28 Communication through post letter vs. gender .....69
4.6.29 Communication through post letter vs. study level.....70
4.6.30 Communication through post letter vs. years in college.....71

4.6.31 Communication through student residence visit vs. gender.....71
4.6.32 Communication through student residence visit vs. study level.....72
4.6.33 Communication through student residence visit vs. years in college .....73
4.6.34 Communication through class representative vs. gender .....73
4.6.35 Communication through class representative vs. study level .....74
4.7 Summary of chapter……..75

**CHAPTER 5 ……76**

5. SUMMARY OF FINDINGS ……76
5.1 Introduction ……76
5.2 Summary of findings ……...76
5.2.1 Demographics of students ……...77
5.2.2 Lecturers' demographics ……78
5.2.3 Reasons for absenteeism in the clinical learning environments ……....79
5.2.3.1 Stress related to treatment received by students in the clinical learning environments ……79
5.2.3.2 Physical sickness ……80
5.2.3.3 Family responsibilities ……...80
5.2.3.4 Lack of support in the working environment ……80
5.2.3.5 Distance from college or place of residence and CLE's ……81
5.2.4 Communication methods required by both students and lecturers to monitor student absenteeism at a nursing college in the clinical learning environment…81
5.2.4.1 Communication through contact person ……81
5.2.4.2 Communication through contact hour forms ……82
5.2.4.3 Communication through telephone calls, SMS, WhatsApp and class representative ……82
5.2.4.4 Communication through Email ……...83
5.2.4.5 Communication through Facebook, Twitter, YouTube, post letter and students' residence visit …….. 83
5.3 Summary of chapter ……83

**CHAPTER 6 ……84**
6 RECOMMENDATIONS, LIMITATIONS AND CONCLUSION ……84
6.1 Introduction ……84
6.2 Recommendations……84
6.2.1 Nursing practice…..84
6.2.2 Nursing education ……..85
6.2.3 Future research……85
6.3 Limitations ……..85
6.4 Conclusion ……86
REFERENCES……...87
ANNEXURES .....93

**LIST OF FIGURES**

Figure 4.1 Gender of respondents……...27
Figure 4.2 Placement absenteeism vs. gender……28
Figure 4.3 Age distribution……28
Figure 4.4 Placement absenteeism vs. study level ……..29
Figure 4.5 Placement absenteeism vs. years in college ……30
Figure 4.6 Computer skills ……...30
Figure 4.7 Placement absenteeism vs. physical illness ……35
Figure 4.8 Placement absenteeism vs. mental illness ……36
Figure 4.9 Placement absenteeism vs. demotivation ……37
Figure 4.10 Placement absenteeism vs. tiredness ……..37
Figure 4.11 Placement absenteeism vs. study responsibilities ……38
Figure 4.12 Placement absenteeism vs. family responsibilities …….. 39
Figure 4.13 Placement absenteeism vs. social responsibilities ……39
Figure 4.14 Placement absenteeism vs. transport problems ……40
Figure 4.15 Placement absenteeism vs. problems with nursing staff in the ward ……41
Figure 4.16 Placement absenteeism vs. problems with co-workers ……42
Figure 4.17 Placement absenteeism vs. feeling incompetent to do the work expected of me ……...43
Figure 4.18 Placement absenteeism vs. dislike work expected from me ……44

Figure 4.19 Placement absenteeism vs. prescribed college hours unconvincing ……45
Figure 4.20 Placement absenteeism vs. obtaining hours fraudulently ……46
Figure 4.21 Placement absenteeism ……46
Figure 4.22 Gender vs. communication through contact person……...49
Figure 2.23 Study level vs. communication through contact person ……50
Figure 2.24 Years in college vs. communication through contact person ……51
Figure 4.25 Gender vs. communication through students contact hour forms ……52
Figure 4.26 Study level vs. communication through students contact hour forms ……. 53
Figure 4.27 Years in college vs. communication through students contact hour forms……...53
Figure 4.28 Gender vs. communication through telephone calls ……...54
Figure 4.29 Study level vs. communication through telephone calls ……55
Figure 4.30 Years in college vs. communication through telephone calls ……56
Figure 4.31 Gender vs. communication through SMS ……56
Figure 4.32 Study level vs. communication through SMS ……...57
Figure 4.33 Years in college vs. communication through SMS ……. 58
Figure 4.34 Gender vs. communication through email ……58
Figure 4.35 Study level vs communication through email ……..59
Figure 4.36 Years in college vs. communication through email ……..60
Figure 4.37 Gender vs. communication through WhatsApp ……...61
Figure 4.38 Study level vs. communication through WhatsApp ……61
Figure 4.39 Years in college vs. communication through WhatsApp ……....62
Figure 4.40 Gender vs. communication through Facebook ……63
Figure 4.41 Study level vs. communication through Facebook ……..63
Figure 4.42 Years in college vs. communication through Facebook ……64
Figure 4.43 Gender vs. communication through Twitter ……..65
Figure 4.44 Study level vs. communication through Twitter ……...66
Figure 4.45 Years in college vs. communication through Twitter ……..66
Figure 4.46 Gender vs communication through YouTube ……..67
Figure 4.47 Study level vs. communication through YouTube ……...68
Figure 4.48 Years in college vs. communication through YouTube ……69
Figure 4.49 Gender vs. communication through post letter ……70

Figure 4.50 Study level vs. communication through post letter ……..70
Figure 4.51 Years in college vs. communication through post letter ……..71
Figure 4.52 Gender vs. communication through student residence visit……...72
Figure 4.53 Study level vs. communication through students' residence visit ……..…72
Figure 4.54 Years in college vs. communication through students' residence visit …….73
Figure 4.55 Gender vs. communication through class representative ……..74
Figure 4.56 Study level vs. communication through class representative ……75

**LIST OF TABLES**

Table 1.1 Absenteeism of students in all levels of the diploma programme at the selected Nursing college…….4
Table 4.1 Demographic analysis for lecturers ……31
Table 4.2 Reasons for absenteeism…….33
Table 4.3 Lecturers' association between communication and other attributes……48

**LIST OF ANNEXURES**

ANNEXURE A Declaration ……..……..……94
ANNEXURE B Participant's information leaflet and informed consent forms……..95
ANNEXURE C Questionnaires…….…..…...103
ANNEXURE D Approval from the faculty of Health Sciences …….……110
ANNEXURE E Approval from the faculty of Health Sciences Research Ethics Committee ……...111
ANNEXURE F Letter from the Statistician ……...113
ANNEXURE G Approval from the Department of Health…….……..114
ANNEXURE H Letter for editing ……117

**ABBREVIATIONS USED IN THIS DOCUMENT**

| **Abbreviation** | **Meaning** |
|---|---|
| CLE | Clinical Learning Environment |
| SANC | South African Nursing Council |
| SMS | Short Message Service |

# CHAPTER 1

## 1. INTRODUCTION AND BACKGROUND

The goal of nursing education and training is to produce knowledgeable professional nurses with adequate skills to render quality care to patients and their families (Sharmin, Azim, Choudhury, and Kamrun, 2017:60). Should students undergoing education and training in nursing be absent from learning opportunities, they forfeit opportunities to learn and become competent, independent practitioners. During clinical learning placements, students get chances to apply their theoretical knowledge in clinical settings (Branson, Loftin, Hadley, Hartin and Devkota, 2016:185) and to gain practical experience in the nursing care of patients (de Swardt, Van Rensburg and Oosthuizen, 2017:1). Their clinical training and placement happens under the direct and indirect supervision of professional nurses, so that they get the chance to become competent in a safe clinical environment (Papastavrou, Lambrinou, Tsangari, Saarikoski and Leino-Kilpi, 2016:178). The regular attendance of clinical practical sessions is thus of utmost importance. Without that, they do not become competent in nursing care of patients (Sharmin et al., 2017:60). Regular attendance at the clinical learning environments (CLE) will equip the students with the required skills and knowledge for them to render quality nursing care to patients. However, the researcher has observed that student nurses at the nursing college regularly absent themselves from the clinical learning environments. A study conducted in Spain by Triado-Ivern, Aparicio-Chueca, Elasri-Ejjaberi, Maestro-Yarza, Bernardo, and Presas Maynegre (2020:142) showed an absenteeism rate of 30% in higher education. The high absenteeism rate is not unique to Spain as the absenteeism rate of a Namibian higher institution increased by 28% from 2014 to 2016 (Kamati 2020:4).

There are various reasons why nursing students are absent from the clinical learning environments. Students may feel that they are not primarily responsible for the care of patients, while others blame transport problems for their absence (Baloyi, 2014:29). According to Singh (2015:24), some students feel that they do not receive adequate guidance in the clinical learning environment and therefore they do not learn much by

being present. Other reasons given by students for non-attendance, is the negative attitude displayed by permanent staff members towards the students (Kovane, 2015:29). Regardless of the reasons for absenteeism, missed learning opportunities seems to be a factor in student competence and success.

Nursing Education Institutions have policies and a Memorandum of Agreement (MOA) with clinical training facilities regarding the clinical learning environment that they use. Part of the agreement is a requirement that students should be present in the placement site to use learning opportunities for integrating theory and practical learning (Thobakgale, Lekhuleni and Kgole, 2013:183). At some nursing colleges, punitive measures such as working back the hours that were missed and extension of the training period are put in place for when students are absent (Baloyi, 2014:32). However, it seems as if these measures are of little value as they have not been able to curb the high absenteeism amongst nursing students. Seemingly, the lecturers and the college authorities are not informed or get to know later, of the habitual and frequent absence of students (Ruth-Sahd and Schneider, 2014:165). It is thus necessary that effective communication systems and methods be implemented to ensure that the absence of students is detected and reported timeously (Rowe, Ramani and Pomerantz, 2016:459). This will ensure that the patterns of absenteeism of students can be identified, and measures can be implemented to support them to prevent further absence from the clinical learning environment. This study therefore intended to determine the communication methods that are necessary to monitor absenteeism in nursing colleges. The students are monitored or followed up through accompaniment by the lecturers when on clinical placement. The accompaniment is done daily, weekly, or monthly by the lecturers depending on the lecturer: student ratio.

The communication methods used currently to monitor students' attendance in the clinical learning environment is through contact hour forms. The contact hour forms are submitted monthly by the students which is when the lecturers become aware of the absence of the students. This indicates that this manner of contact with the students are not effective in monitoring absenteeism in the clinical learning environment timeously.

## 1.1 Problem statement

Students in higher education institutions tend to often absent themselves from classes (Desalegn, Berhan and Berhan, 2014:1) to the growing concern of their lecturers. Missed learning opportunities are associated with poor academic performance, drop out, tensions and low morale (Rejnö, Nordin, Forsgren, Sundell and Rudolfsson, 2016:40). In the current study the researcher observed an increase in the incidences of absenteeism of students at the identified nursing college in Gauteng, especially in the clinical learning environment. The researcher is a lecturer at the nursing college under study, and therefore observed the increased absenteeism of students during the monthly compilation of the students' absenteeism profile. Students who are not in attendance in the clinical learning environment, may not acquire the necessary experience, gain the required knowledge, and develop the clinical skills that they need to become responsible professional nurses.

In the nursing college under study, nursing students are offered bursaries for the duration of their training and the students are required, due to their obligations towards the provincial Department of Health, to attend clinical placement sites as per placement plan. The college has regulations in place to deal with the absence of students, such as students are required to have 90% clinical attendance before they can be admitted to the summative clinical examinations. The college is offering the R425 programme, leading to registration as a Nurse (General, Psychiatry, and Community) and Midwife (SANC: 2001). The students are also required to complete and attend to all learning opportunities as specified by the South African Nursing Council (SANC) to gain clinical competence before they can be registered as professional nurses. The SANC also requires that students should do an average of 1000 hours practical work annually to qualify for registration as professional nurses after completion of their study period. However, if students absent themselves from the clinical learning environment, they will not be able to acquire the prescribed hours of clinical learning which results in prolonged duration of training and possible loss of sponsorship. Despite the evident repercussions, students are still not discouraged to refrain from absenting themselves, partly because there seems to be no immediate mechanisms between the college and the clinical placement site to note, report or control absenteeism.

During clinical placement the students report their absence to the facility managers, no form of communication is received by the lecturers. Lecturers only become aware of the absence after a month when the students submit their monthly hour forms. The current communication method between lecturers and students is through the college short message service (SMS), which is used to communicate to all students and does not necessarily address absenteeism. Telephone communication from lecturers to students is controlled due to budget constraints and therefore has not been effective in monitoring absenteeism. At this point factors such as stress, illness, attitudes of staff members towards students, seem to be compounding the challenge of absenteeism.

Table 1.1 below, indicates the rate of non-attendance of students in the clinical learning environments in the past four years at the selected college.

**Table 1.1** Absenteeism of students in all year levels of the diploma programme at the selected nursing college (Statistics from the Student Affairs Department of the college under this study)

| **Level** | **Absenteeism % / year** | | | |
|---|---|---|---|---|
| | **2016** | **2017** | **2018** | **2019** |
| 1 | 15% | 34.9% | 46% | 19% |
| 2 | 21.1% | 36.9% | 40% | 54% |
| 3 | 19.8% | 34% | 38% | 35% |
| 4 | 15.4% | 32.8% | 33% | 32% |

In 2016 in the first-year level, 15% of absenteeism was recorded. However, in 2017, the rate of absenteeism in this year level more than doubled, to 35%, further increased in 2018 to 46% and decreased to 19% in 2019.

In the second-year level in 2016, 21.1% of absenteeism was recorded and it increased to 36, 9% in 2017, increased to 40% in 2018 and further increased to 54% in 2019.

In the third-year level 19.8% of absenteeism was recorded in 2016 and it increased to 34% in 2017, increased to 38% in 2018 and decreased to 35% in 2019.

In the fourth-year level absenteeism was recorded at 15.4% in 2017 and it more than doubled in 2017 to 32.8%, a slight increase to 33% in 2018 and 32% in 2019.

There has been an increase in absenteeism rates in all four (4) year levels from 2016 -2018. n 2019 a decrease in the absenteeism rate was noted in levels 1, 3 and 4. Level 2 absenteeism rate increased throughout from 2016 to 2019.

In the nursing profession, any form of non-attendance poses serious challenges as it impacts negatively on patient care; has detrimental budgetary consequences; and leads to poor staff morale as the students are part of the planning for staff establishment. Although studies have been conducted (Singh, 2015; Abdelrahman & Abdelkader, 2017; Nawaz, Hussain, Sarwar, Afzal and Gilani, 2018 and Ray, Raju & Singh, 2018) on absenteeism and its causes, there seems to be paucity in literature regarding the students' and lecturers' voices on what communication methods are required to monitor absenteeism among the students in the clinical learning environment.

## 1.2 Research question, Aim and Objectives

The following research question is applicable:

- What communication methods are required to monitor student absenteeism in the clinical learning environments at a nursing college?

**Aim and Objectives**

- The aim of the study is to determine the communication methods to assist in the monitoring of student absenteeism in the clinical learning environments at a nursing college.
- The following objectives were set:
    - To determine from the students, what communication methods can be used to monitor student absenteeism at a nursing college in the clinical learning environments.

- To determine from the lecturers, what communication methods can be used to monitor student absenteeism at a nursing college in the clinical learning environments.
- To determine the reasons for absenteeism in the clinical learning environments.
- To monitor student absenteeism at a nursing college in the clinical learning environments timeously and intervene timeously.

## 1.3 Importance and benefits of the study

Lecturers often find it difficult to manage situations where students are not attending clinical practice well. Therefore, the study aimed at providing various communication methods to monitor and report the absenteeism of the students. The researcher aimed to determine from the students, and the lecturers, methods of communication that can be used in helping to monitor absenteeism. The researcher envisaged that when such communication methods are implemented, monitoring could be improved and that this would promote the attendance of students. Without the attendance and use of learning opportunities in the clinical learning environment, the students cannot gain clinical skills, and this leads to the detriment of their own professional development and the safety of patients. This is because regular attendance of clinical learning sessions may improve practical competence in the clinical field to improve the nursing care of patients.

## 1.4 Delineation

The study was conducted at a specific nursing college in the Gauteng Province in South Africa. All the students enrolled for the undergraduate diploma programme from year level one to year level four were recruited to partake in the study. All the lecturers who are facilitating the teaching and learning of the students were also recruited to take part. The quantitative study focused on communication methods to monitor students' absenteeism in the clinical learning environments.

## 1.5 Philosophical assumptions

According to Polit and Beck (2017:720), an assumption is a principle that is accepted as being true, based on logic and custom without proof. In this study, the positivist paradigm was followed. Researchers who support the positivist research paradigm assumes that the studied reality (in this study it refers to the communication methods that are required to monitor the absenteeism of students in the clinical learning environment of the selected nursing college) should be investigated in an objective orderly manner that is associated with quantitative research (Polit and Beck, 2017:739). The researcher aimed to determine the communication methods to monitor absenteeism. According to Polit and Beck (2017:9) determination refers to the assumption that phenomena in the studied reality do not haphazardly occur and should thus also not be studied in a haphazard manner. To avoid contaminating the phenomena under study, positivist researchers value objective research methodologies and keep their own personal beliefs and biases in check. They also acknowledge that it is impossible to maintain total objectivity, however they see objectivity as a goal and strive to be as neutral as possible (Polit and Beck, 2017:737).

The assumptions about the study that will be discussed include ontological, epistemological, axiological and methodological.

- **Ontological assumption**

According to researchers that support the positivist paradigm, reality exists as a real measurable world. Ontology is the study of the nature of reality and what can be known about that reality. The assumption states that the real world is compelled by origins and resultant effects (Polit and Beck, 2017:13). A gap was identified by the researcher in the reality and nature of communication methods to monitor students' absenteeism in the clinical learning environments at a nursing college on how the students communicated their absenteeism to the lecturers.

- **Epistemological assumptions**

Epistemology is the study of different ways in which people develop and validate knowledge about the world. The epistemological assumption therefore refers to the belief that the researcher is an independent observer of the reality and that he or she

should remain distanced from the phenomena that are studied (Polit and Beck, 2017:13). The researcher identified a gap on how the students reported their absenteeism and did not interfere with how the students reported their absenteeism. The findings were not influenced by the researcher.

- **Axiological assumption**

According to this assumption, objectivity should be sought, and the researcher's personal perspectives should be kept in check to ensure reliable findings (Polit and Beck, 2017:10). In the study personal perspectives of the researcher were not considered and reliable findings were ensured. The researcher used findings only from the respondents' responses and did not use any personal perspectives.

- **Methodological assumptions**

Methodology applies guidelines and processes that guide how the researcher obtains knowledge and conducts the study on whatever they believe need to be known through quantitative approaches (Polit and Beck, 2017:13). The researcher followed the quantitative approach to determine and describe communication methods to monitor students' absenteeism in the clinical learning environments at a nursing college by developing a questionnaire which was validated by a statistician.

## 1.6 Definition of key concepts

The following concepts were used:

- **Communication methods**

Communication is a process of sending and receiving information among people. Communication methods are a variety of specific tools and techniques used to communicate effectively (Muller and Bester, 2016:324).

In this study communication methods refers to the various communication platforms that lecturers and students use to send and receive information among them.

- **Absenteeism**

Absenteeism is the act of consistently avoiding work or school without a justifiable reason (Nawaz et al., 2018:121). Absenteeism can also be defined as failure of an employee to report for work scheduled, irrespective of the reason. It can also refer to workers who were scheduled for work and expected to attend, but did not do so (Kovane, 2015:1).

In this study, absenteeism refers to a situation where the student does not present himself or herself at the clinical learning environment for an entire day with or without a reason.

- **Clinical learning opportunity**

The South African Nursing Council (SANC) (Regulation R174, 2013) describes a clinical learning opportunity as a range of learning experiences available in a healthcare setting for a student in nursing science to gain knowledge and require clinical skills. Students should be given opportunities to achieve learning outcomes.

In this study, a clinical learning opportunity refers to the availability of nursing clinical skills and the time that students spend in a clinical learning environment to gain knowledge in nursing science and to acquire skills in patient care.

- **Clinical learning environment**

A clinical learning environment, also known as a clinical placement site, is described as the place where students in nursing science are exposed to patient care and to perform skills related to the nursing needs of patients (Mansutti, Saiani, Grassetti, and Palese, 2017:61).

In this study a clinical learning environment will refer to the hospitals and clinics where nursing students acquire learning experiences and gain work skills. First year students are only placed at hospitals and from second to fourth year students are placed at both hospitals and clinics.

- **Clinical placement**

Clinical placement is the period when students are allocated to a clinical learning environment for a specified period, to enable them to transfer learning from theory to practice (Bruce, Klopper and Mellish, 2011:253).

In this study, clinical placement refers to the time that students spend in a practical area to transfer theoretical knowledge to clinical skills.

- **A nursing student**

A nursing student refers to a learner who has enrolled for the education and training for a diploma programme R425, leading to registration as a Nurse (General, Psychiatry, and Community) and Midwife (SANC, 2005:6).

In this study, a nursing student refers to a student who is studying at the specific college and is currently registered for any level of study of the diploma programme R425, leading to registration as a nurse (General, Psychiatry, and Community) and Midwife.

## 1.7 Ethical considerations

Approval of the study was granted by the Faculty of Health Sciences Research Ethics Committee of the University of Pretoria (ethics number). Permission to involve the lecturers and students at the specific college in the research was obtained from the Department of Health in Gauteng and the specific college authorities. The following principles of research were maintained throughout the study, namely beneficence, respect for human dignity and justice.

### 1.7.1 Beneficence

According to Polit and Beck (2017:720) beneficence refers to a fundamental ethical principle that seeks to maximize benefits for the study respondents and to prevent harm.

In this study the respondents were not subjected to physical, social, or financial harm. The respondents were informed that the information that they provided was not used against them. As they are students or lecturers, the researcher who is also a lecturer at the college, put in place all possible measures to prevent their exploitation and to protect their privacy (Polit and Beck, 2017:156). Privacy and confidentiality in this study was always maintained, and the respondents were not asked to include their names on the completed questionnaires to ensure that the data cannot be linked to specific respondents. The researcher gave the respondents her telephone number in the event of further questions, comments or complaints.

### 1.7.2 Respect for human dignity

Respect for human dignity included the right to self-determination and the right to full disclosure (Polit and Beck, 2017:156). The respondents had the right to decide voluntarily whether they wanted to participate in the study or not. In this study the purpose of the study was explained to the respondents, they were given a chance to ask questions for clarity where it was needed and thereafter decided if they wanted to participate or not. No information was deliberately held back from the respondents to enhance their right to self-determination (Polit and Beck, 2017:156).

### 1.7.3 Justice

Justice refers to the right to fair treatment and the right of respondents to privacy (Polit and Beck, 2017:156).In this study an informed consent letter was signed by the respondents and if they wanted to withdraw from the study after an initial agreement they were treated fairly and were not discriminated against.

### 1.7.4 Informed consent

Informed consent means that the respondents have enough and relevant information about the study; that they understand what is expected from them; and that they feel free to take part in the study or to decline an invitation to take part in the study (Polit and Beck, 2017:157). The following information was communicated to the

respondents: the aim of the study, sampling procedure; data collection methods; potential risks; and potential benefits by taking part in the study.

## 1.8 Summary of chapter

In this chapter the background, aim and objectives of the study were described. In the next chapter an overview of the literature that was undertaken regarding communication methods to monitor students' absenteeism, in the clinical learning environments, will be discussed.

Chapters in this study are as follows:

**CHAPTER 1**- INTRODUCTION AND BACKGROUND

**CHAPTER 2**- LITERATURE REVIEW

**CHAPTER 3**- RESEARCH DESIGN AND METHODS

**CHAPTER 4**- PRESENTATION OF RESULTS

**CHAPTER 5**- SUMMARY OF FINDINGS

**CHAPTER 6**- RECOMMENDATIONS, LIMITATIONS AND CONCLUSION.

# CHAPTER 2

# 2 LITERATURE REVIEW

## 2.1 Introduction

This chapter explores the literature on factors contributing to students' absenteeism in the CLEs and communication methods to assist in the monitoring of student absenteeism. A literature review is a summary of the research done regarding the topic of concern, regularly arranged to put a research problem in perspective (Polit and Beck, 2017:733). Without the literature review the researchers cannot obtain an understanding of the subject matter, what has been done, how it has been investigated and what the concerns are, hence its significance (Hart, 2018:1).

Databases used for the literature search included EBSCOhost, Google Scholar, Cinhal, Health Source and Pubmed, using the following key words: absenteeism, missed learning opportunity, clinical learning environment, clinical placement, nursing student, communication methods and absenteeism. The search covered the period from 2013 to 2019.

The following objectives were set:

- To determine from the students, what communication methods can be used to monitor student absenteeism at a nursing college in the clinical learning environments.
- To determine from the lecturers, what communication methods can be used to monitor student absenteeism at a nursing college in the clinical learning environments.
- To determine the reasons for absenteeism in the clinical learning environments.
- To monitor student absenteeism at a nursing college in the clinical learning environments timeously and intervene timeously.

## 2.2 Factors causing absenteeism of students in the clinical learning environments

The following factors are identified as some of the causes of absenteeism of students from the clinical learning environments in no particular order: stress resulting from the attitude of

permanent staff towards students; physical sickness; family responsibilities; the working environment; lack of support; and CLEs that are far from the college.

### 2.2.1 Stress from the attitude of permanent staff towards students

Stress can be prompted when the staff is overwhelmed by the amount of work, poor working conditions, poor control and shift work (Kovane, 2015:25; Mahmoud et al., 2017:1248; Singh, 2015:10). Stress is not limited to students only, it is common in other organizations across the world, and it remains to raise worries in many institutions (Ray, Raju & Singh, 2018:1375). Ray et al., (2018:1375) shared that lack of good interpersonal relationships between staff and students contributes to absenteeism. The results of a study conducted by Jamshidi et al., (2016) demonstrated that ineffective communication, improper treatment, oppressive behaviors, and discrimination from the staff causes the students to stress and become overwhelmed in dealing with new experiences within the clinical learning environment.

### 2.2.2 Physical sickness

Sickness, both minor and serious is another common reason for absenteeism (Singh, 2015:12). Absence as a cause of sickness is unpredictable, as a student does not propose to fall sick and it disturbs the level of patient care (Kovane, 2015:25; Nawaz, Hussain, Sarwar, Afzal and Gilani, 2018:125; Ray et al., 2018:1375). An unexpected life situation like sickness can befall a student leading to absenteeism at the CLEs.

### 2.2.3. Family responsibilities

Family responsibilities, like sickness of a child or any family member, unforeseen emergencies and funerals can all cause an individual to be absent from work (Nawaz et al., 2018:131). These sentiments are also shared by Abdelrahman & Abdelkader (2017:70) and Nawaz et al., (2018:123) who reported that several students may also have family obligations like children, that require childcare or aging parents, with health problems or conflicts at home such as divorce, are also contributing factors to student absenteeism. Studies conducted by Singh (2015:13) and Kovane (2015:26) reported that unforeseen family problems cause absenteeism.

### 2.2.4 Working environment

Shortage of staff at the clinical learning environments leads to increased workloads (Ray et al., 2018:1376) leading to students being treated as the working force and no attention being given to the learning outcomes of the students. Low ratios of patients to students e.g., when there are a lot of students from different learning institutions at a facility leading to students not getting the opportunity to meet their learning outcomes which leads to subsequent absenteeism. Boredom and an inadequate learning climate are significant reasons why students are absent from the CLEs (Abdelrahman & Abdelkader, 2017:70).

### 2.2.5 Lack of support

Shortage of academic staff to do clinical accompaniment to facilitate the theory and practice correlation and lack of suitable resources tends to frustrate students and lead to their absenteeism. Shortage of staff in the clinical area leads to students not being mentored adequately by the clinical staff as there is no time, because the routine work in the unit must be done. Students end up working with minimal or no supervision from the clinical staff, as no registered nurse takes charge of students. In some clinics when the lecturer comes for accompaniment, none of the professional nurses know where the students are allocated, thus students feel neglected or see an opportunity to absent themselves, as no one cares where they are or what they do.

Negative interactions with staff, when students are allocated in a unit, lead to the permanent staff of that unit not wanting to work, leading to the delegation of all the work to the students. A study by Mansutti (2016:21) found that being subjected to an affirmative clinical learning environment increases learning outcomes, expertise and knowledge attainment, whereas experiencing a negative clinical learning environment destructively disturbs the learning process, contentment and self-confidence. These sentiments are also described in Kovane (2015:29) that lack of support from colleagues; poor working relations are likely to cause absenteeism.

### 2.2.6 Clinical Learning Environments that are far from the college or places of residence

The institution that the study was conducted at places students in eight (8) hospitals and 45 clinics that are spread within the region. A study conducted by Sibiya (2014:1953) reported that reaching the clinical facilities is a problem, as some facilities are in rural areas and transport is unreliable. The study also reported that other challenges faced by the students are the costs of transport and the exhaustion from travelling long distances. Scarce transport to remote areas, which sometimes takes the students three (3) hours to travel to a particular facility, are also reported as a cause of absenteeism and as a challenge to be present in a clinical learning environment. Ray et al., (2018:1376) and Nawaz et al., (2018:123) echo the same sentiments of scarce transport services and transportation problems that lead to absenteeism. A contributory factor to allocating nursing students to distant clinical facilities is the limited number of accredited clinical facilities.

## 2.3 Communication methods

Communication is a central aspect of all human endeavors, and it is an important aspect of daily living. Communication is the exchange of information amongst individuals by conveying and receiving it through talking, writing, or using any other medium (Sibiya, 2018:19). The types of communication are verbal (talking face to face), written, non-verbal, visual, electronic and mechanical devices like phones, email and internet. Sibiya (2018:19) further states that communication is a fundamental element of sound interactions, relationships and cooperation, which in turn are important features of professional practice.

Social media networks like Facebook, Twitter and email have triggered an occurrence on the internet that has increased an acceptance of its use over the years. Social media sites are rapidly growing in popularity and college students in particular form a large portion of users on social media networks (Sele, 2018:39). Social networks have gradually developed as a new way of communication between teachers and students, mainly in higher education, becoming an essential communication tool (Froment, Garcia, Gonzalez and Bohorquez, 2017:126). Social support from the social

networking sites received from other members of an essential community is important in maintaining existing relationships and this has been found to improve the quality of life among tertiary education students (Sele, 2018:47). New advances in the technological world have made the internet an advanced way for people and families to communicate.

Social networks have considerably changed communication between people, establishing a means of everyday communication whereby information is created and shared in a simple and instant way with other people (Froment, Garcia Gonzalez and Bohorquez Gomez- Millan, 2017:126). The social networking is a two-way communication, where conversations are essential, and through which interactions are established. The educational institutions have recognized that social networking sites are easily reached by the young generation of students and are acknowledged for being cost effective, user friendly and timelessness (Mathew and Guru, 2017:225). It is an undeniable fact that most of the youth in the country are inseparable with social networking sites. Thus, there are a variety of different communication methods which could be used to monitor absenteeism of students in clinical learning environments.

There are a variety of causes for the students' absenteeism in the clinical learning environments. Some of the reasons for absenteeism, like sickness, are unavoidable. Technological advances offer new methods of communication which can assist in the monitoring of absenteeism, such as telephone calls, SMS and email. The communication tools used currently at the nursing college are contact hour forms, which are submitted to the lecturers once monthly (on or before the 7$^{th}$ of each month), which is only when the lecturers become aware of a particular students' absenteeism.

## 2.4 Summary of chapter

This chapter discussed the findings from studies that had the concepts which the researcher was searching for. These included: reasons for student absenteeism and communication methods to monitor absenteeism at the clinical learning environments. The next chapter will present the research design and methods (research methodology).

# CHAPTER 3

# 3. RESEARCH DESIGN AND METHODS

## 3.1 Introduction

Research methodology is the development or strategy outlining how the study will be directed and is defined with reference to the population, sample, sampling method, data collection and data analysis (Grove, Gray & Burns, 2015: 511). Polit and Beck (2017:743) describes research methods as procedures that are used to construct a study and to collect and evaluate information in an organized manner. This chapter presents the research design, setting, population, sampling, inclusion criteria, exclusion criteria, data collection and data analysis.

## 3.2 Research design

A research design is the plan for addressing a research question. It usually also includes the measures to prove the reliability and validity of the findings (Polit & Beck, 2017:743). In this study a descriptive quantitative research approach was used. In quantitative research numerical data generated can be analyzed using statistical formulas (Moule & Goodman, 2014:179). A descriptive study aims to find out “what is” by gathering and analyzing data then describing it by using visual aids such as graphs and other charts to assist the reader in understanding the findings (Burns, Grove & Gray, 2013:692). The study aimed to determine communication methods to assist in the monitoring of student absenteeism at a nursing college in the CLE.

## 3.3 Research setting

The study setting refers to the physical location and conditions in which data collection takes place (Polit and Beck, 2017:744). Data in this study were collected at a nursing college in the Gauteng Province of South Africa. The college is situated in the city of

Tshwane. The college is registered with the SANC to offer the R425 (Diploma in General Nursing (General, Psychiatric and Community and Midwifery), R48 (Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care) and the R880 (Diploma in Psychiatric Nursing) programs. The staff of the college comprises of academic staff, administration staff and support staff as well as one thousand and ninety-two (1092) students. One thousand and thirty-three (1033) are registered for the R425 undergraduate program, thirty (30) for the Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care and twenty-nine (29) for the Diploma in Psychiatric Nursing programs. The resources of the college include a library, simulation laboratory, computer laboratory, counselling department and student affairs department. Resources from the Department of Health includes all hospitals and clinics in the Tshwane region where students are placed for their clinical learning. Data were collected from students and lecturers at the college under study.

## 3.4 Research population and sampling

### 3.4.1 Population

The study population is the entire set of individuals who meet the criteria to be included in the sample (Polit & Beck, 2017:739). The college has two hundred and eighty-two (282) students in level one; three hundred and twenty (320) students in level two; two hundred and forty-two (242) students in level three; and one hundred and eighty-nine (189) students in level four. The number of lecturers is seventy-five (75). The clinical learning environment where students are placed for level 1 to level 4 are government hospitals and clinics in the vicinity of the college. The study population was all the one thousand and thirty-three (1033) students who are registered for the R425 program at the college and all the lecturers (75) who facilitate their learning.

### 3.4.2 Sample

In quantitative research, power analysis can be used to estimate the sample size (Polit & Beck, 2017:743). It is recommended to use the largest sample possible to ensure that the sample is representative of the study population (Polit & Beck, 2017:743). The services of a statistician in the determination of the sample size, sample frame and instrument

development were used. To select a representative sample size from the population of 1033 students, Yamane sample size formula was adopted (Yamane, 1967:886). The formula is:

$$n = \frac{N}{1 + N(e)^2}$$

Where $n$ is the sample size, $N$ is the population size, and $e$ is the level of precision. The formula assumes 95% confidence level and the probability of 0.05. Using the formula, the resulting sample size was 288 students and the 60 lecturers that are associated with the R425 diploma in nursing programme.

Two- stage sampling methods, stratified and systematic were used in selecting students who participated in the survey while total population sampling was used for lecturers' respondents. Out of the 60 lecturers only 43 agreed to participate in the study.

### 3.4.3 Sampling

According to Polit and Beck (2017:743) sampling is the process of selecting a portion of the population to represent the entire population. Systematic random sampling was used to sample the respondents. With systematic sampling, every $k^{th}$ item is selected to produce a sample of size *n* from a population of size *N*. Systematic random sampling method was initiated by calculating the sampling interval (k) using the formula;

$$k = N/n$$

where, *N* is the population and *n* is the sample size (Black, 2010:222). The list of the student names was obtained from the student affairs department of the specific nursing college. The sampling interval (*k*) for this study is 2.5 which is equivalent to three (3). The sampling started by randomly selecting student number two (2) ($1^{st}$ student to be asked to fill in the questionnaire). Applying the calculated sampling interval (3), the second student was student number 5 followed by student number 8, 11, 14 and so forth. This procedure ensured that all students in the population had a known and equal probability of being selected.

The stratified sampling is the selection of study respondents from two or more strata of the population independently (Polit & Beck, 2017:745). The students were divided

according to their level of study which are level one, level two, level three and level four years of study. Total population sampling was used for the lecturers' respondents.

### 3.4.4 Inclusion criteria

The following inclusion criteria were applicable:

**Sample of student respondents**

- Students in levels 1, 2, 3 and 4 registered for the R425 diploma in nursing programme at the specific college.
- Both genders.
- Only students who provided informed consent were included in the study.

**Sample of lecturer respondents**

- Lecturers of students in levels 1, 2, 3 and 4 registered for the R425 diploma in nursing programme at the specific college.
- Both genders.
- Only lecturers who provided informed consent were included in the study.

### 3.4.5 Exclusion criteria

- Students and lecturers at the specific college who are not associated with the R425 diploma in nursing programme.
- Students and lecturers who did not provide informed consent.

## 3.5 Data collection process

Data was collected after the proposal was approved by the Faculty of Health Sciences Research Ethics Committee of the University of Pretoria and permission received from the Gauteng Provincial Government and the principal of the specific college. Data collection is the gathering of information to address a research problem (Polit &Beck, 2017:725).

### 3.5.1. Data collection tool

Two questionnaires (one for the student respondents and one for the lecturer respondents (see Annexure C) were used to determine the preferred communication methods to monitor absenteeism among the students in the clinical learning environment at the selected nursing college. The differences in the questionnaires were section A; the demographics of the two groups of respondents and section B: the reasons for absenteeism. For the students, all the reasons were listed to choose those that were applicable to them and as for the lecturers, it was an open-ended question. Sections C and D were the same for both students and lecturers.

The questionnaires were self-developed using literature and the assistance of the statistician consisting of four sections: -

- *Section A:* Demographic data of respondents
- *Section B:* Reasons for student absenteeism in the clinical learning environments.
- *Section C:* Communication methods that can be used to monitor absenteeism among nursing students in the clinical learning environments of the selected nursing college
- *Section D:* How can communication methods assist in monitoring absenteeism of students during clinical placements?

### 3.5.2. Pilot study

Pilot study is a test done in training for the main study (Polit and Beck, 2017:739). Prior to data collection, the feasibility and functionality of the questionnaire was determined by pre-testing the questionnaire on 10 students and three (3) lecturers who were not part of the study but had the same characteristics as those of sampled respondents. The pre-test (pilot study) procedure assisted the researcher in identifying the questions that needed clarity or rephrasing. It also assisted in assessing relevance, accuracy, flow of questions asked, as well as determining the approximate time needed for each interview. All questions that needed clarity and rephrasing were addressed and revised.

### 3.5.3. Data collection

The data collection method used was a group administration questionnaire, where the researcher waited while the group of respondents completed the questionnaires (Maree, 2016:176). In order to achieve the goal of reaching the estimated sample size of 288 students, a sample size of 310 students were sampled. The suitable time was arranged with relevant lecturers who had classes with the sampled students at the time of collecting data. An information sheet was distributed to the respondents, which informed them about the study and their rights. The respondents were requested to sign at the bottom of the information sheet if they agreed to participate in the survey (Annexure B). Questionnaires were distributed to respondents who gave a written consent in various class groups. Only 303 showed interest of participating in the study. The questionnaires were given to 77 students in level one, 55 students in level 2, 91 students in level 3, 80 students in level 4 and 43 lecturers. The researcher read the questionnaire with the respondents before, for them to understand the concepts and questions clearly. Consent forms and questionnaires were placed in two different boxes. Lecturers (43) were requested to complete the questionnaires at their own convenient times and whereafter the completed questionnaires and consent forms were collected by the researcher.

## 3.6 Data analysis and management

The questionnaires of the students were gathered by the researcher in their different classes as the researcher pre-arranged with relevant lecturers who had classes with the students. The questionnaires of the lecturers were collected by the researcher from individual lecturers because the lecturers completed the questionnaires at their own convenient times.

Data were captured by the researcher on an excel spreadsheet and prepared for analysis. Data analysis is the systemic management of research data and in quantitative studies, the testing of hypotheses using those data (Polit and Beck, 2017:725). The data were analyzed using SAS version 9.4 statistical software. Cronbach alpha was used to calculate the reliability of the questionnaire. Chi-square test ($\chi^2$) for equal proportion technique was used to analyze the data in order to describe the data in terms of frequencies and percentages. In addition, the chi-square test ($\chi^2$) for independence in a

two-way contingency table was used to determine if there was an association between the lecturer respondents and student respondents (Holt, Scott and Ewings, 1984:312). The findings are presented in terms of graphs, pie charts and tables using percentages and frequencies.

Data is stored in a safe place (under lock and key), in the workplace office of the researcher where it will be kept in line with University of Pretoria policy on storage and management of data for 15 years.

## 3.7 Rigour

Rigor in quantitative research refers to the accuracy of a study in terms of how it is planned, how the data will be collected, analyzed and reported (Polit and Beck, 2017:238). To determine the accuracy and precision of the study results, validity and reliability will be discussed under rigour.

### 3.7.1 Validity

Validity is a quality criterion referring to the degree in which inferences made in a study are accurate and well founded (Polit and Beck, 2017:747). In this study content validity, construct validity and face validity were ensured.

**Content validity** is the extent to which a tool measures the extent to which items in a rating scale measure all important aspects of the idea (Williamson and Whittaker, 2019:101). In this study, the content of the questions to answer the research questions were verified with the research supervisor to determine communication methods to monitor students' absenteeism in the clinical learning environments**.**

**Construct validity** aspire to establish how items on a new scale relate with what has been written from a theoretical point of view (Williamson and Whittaker, 2019:102). In this study the questionnaire that was used was self-developed.

**Face validity** is achieved by indicating that questions or items appear to measure the concept in question (Williamson and Whittaker, 2019:101). In this study face validity was

maintained by writing the questionnaire in simple English language because the respondents may differ in their educational level and the questions were checked against the research objectives to determine whether they measured all the elements of interest in the study. Further explanations were made in cases where the respondents needed clarity before completing the questionnaire. No translators were used.

### 3.7.2 Reliability

Reliability is the degree of uniformity or loyalty with which an instrument measures a feature (Polit and Beck, 2017:742). Moule and Goodman (2014:187) states that a valid and reliable data collection tool gives credibility to the instrument and subsequent research findings.

**Internal reliability** tests whether the processes are coherent and meaningful in huge items scales where there are huge numbers of items or questions (Williamson and Whittaker, 2019:55). In this study the Cronbach alpha was used to test the reliability of the instrument. Cronbach alpha is expressed as a number between 0 and 1 (Mohsen and Reg, 2011:54). The Cronbach alpha results can be seen on the graphs on chapter 4.

**Interrater reliability** is the degree to which two raters or viewers, operating independently, assign the same ratings or values for an attribute being measured or viewed (Polit and Beck, 2017:732). In this study the research instrument was the same for all respondents involved in this study to ensure reliability. The researcher went through the questionnaire with the respondents before, for them to understand the data collection tool clearly.

## 3.8 Summary of chapter

This chapter discussed the research methodology used in the study, which is the quantitative descriptive design. Sampling was conducted at a specific nursing college. Data were statistically coded and analyzed and presented in graphs and tables, to describe the communication methods to monitor students' absenteeism at a nursing college in the clinical learning environments. The next chapter will present and discuss the results.

# CHAPTER 4

# 4. PRESENTATION OF RESULTS

## 4.1 Introduction

The previous chapter outlined the methodology implemented in the study and this chapter presents the results of the study. The purpose of the study was to determine the communication methods to monitor students' absenteeism at a nursing college in the CLEs. The research results are presented based on the objectives of the study. Data was collected at the identified college from lecturers and students of the Diploma in General Nursing (General, Psychiatric and Community) and Midwifery) (R425) program from level 1 to level 4 during September and October 2019.

A questionnaire was used to collect data from 43 lecturers and 303 students. Descriptive statistics reporting such as graphs and tables were used, and the SAS version 9.4 statistical software package was used. The questionnaire had 4 sections and 20 questions for lecturers and 21 questions for students. Results reporting, interpretation and discussions are based on the questionnaire sections and questions. Similar questions were grouped together.

## 4.2 Demographic analysis for respondents

### 4.2.1 Student respondents

Demographical data reported for students included gender, age, study level, years in the college and computer skills. A Chi-square test of independence was used to determine if there was any relation (association) between the demographics and the students' absenteeism.

#### 4.2.1.1 Gender

Both male and female students participated voluntarily. The number of respondents were 303, and 253 (83.5%) were females while 50 (16.5%) were males, as indicated in Figure 4.1, with female students were far exceeding the male students. This is confirmed by the statistics from the SANC (SANC: 2018) that states that out of the 285 704 population of nurses, 257 542 (90.1%) are female and 28 162 (9.9%) are male. The statistics of nurses

on training show that out of the 21 280 population, 16 195 (76%) are female and 5 085 (24%) are male (SANC: 2018).

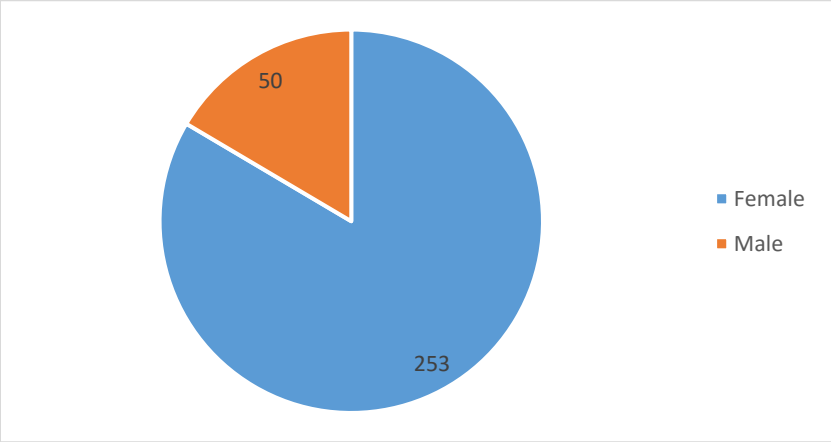


**Figure 4.1** Gender of respondents

Figure 4.2 below indicates that there is no significant association between gender and placement absenteeism ($p > 0.05$). Even though the highest percentage (≥30%) $X^2$ (6, N = 303) = 6.627, p = 0.357 of participants who were never absent or have been absent quarterly from the clinical learning environments, it did not play any significant role in determining which gender was more absent from the clinical learning environment in those specific times.

The results indicated that gender did not play any significant role in determining whether the respondents will be absent or not from the clinical learning environment in those specific times. The percentage of absenteeism for respondents who have never been absent from the clinical learning environment across all gender was more than 35%. Thus 65% have been absent, implying that absenteeism is a problem irrespective of gender. This finding disagrees with the findings of Nawaz et al., (2018:132) that states that male nurses have high rates of absenteeism as compared to female nurses.

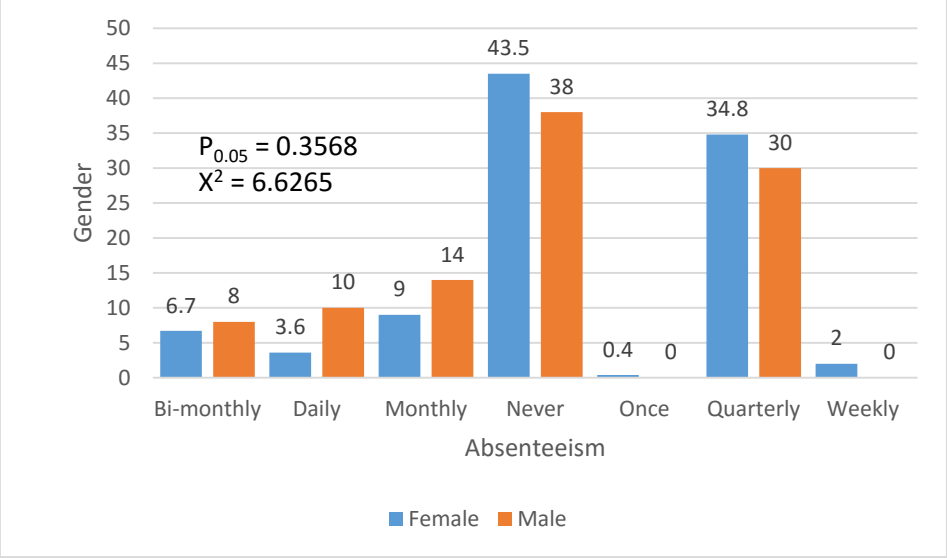


**Figure 4.2** Placement absenteeism vs. gender

#### 4.2.1.2 Age distribution

There is no significant effect of age on absenteeism $X^2$ (6, N = 303) = 6.763, p = 0.343). The results indicate that absenteeism is a challenge in the college irrespective of age. From the results, it was clear that the age of the students did not have an influence on absenteeism. The result of this study agreed with the study by Nawaz et al., (2018:132) who stated that there is no significant effect of age on absenteeism of students.

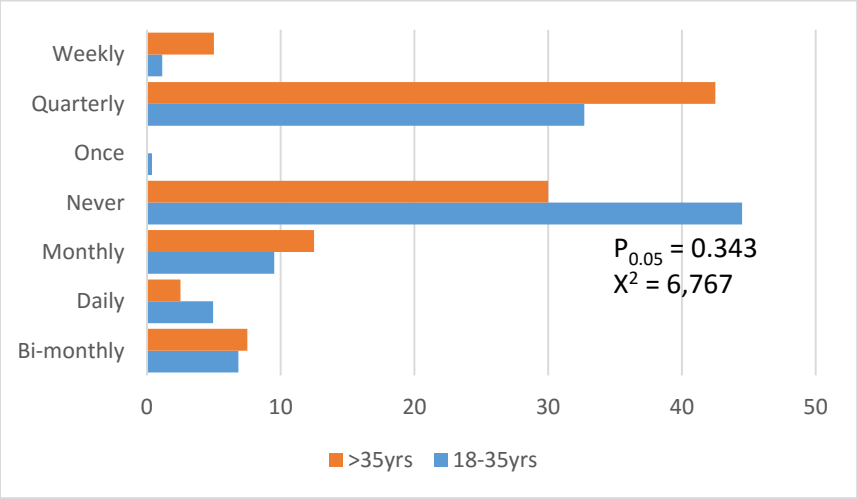


**Figure 4.3** Age distribution

#### 4.2.1.3 Level of study

Study level was significantly associated with absenteeism of the respondents, $X^2$ (18, N = 303) = 33.006, p = 0.0167). More than 29% of respondents across all study levels (level 1, level 2, level 3 and level 4) indicated that they were absent from clinical learning environment once in a quarter. Less than 20% of respondents were never absent. This implies that the study level had an impact on the attendance pattern of the students.

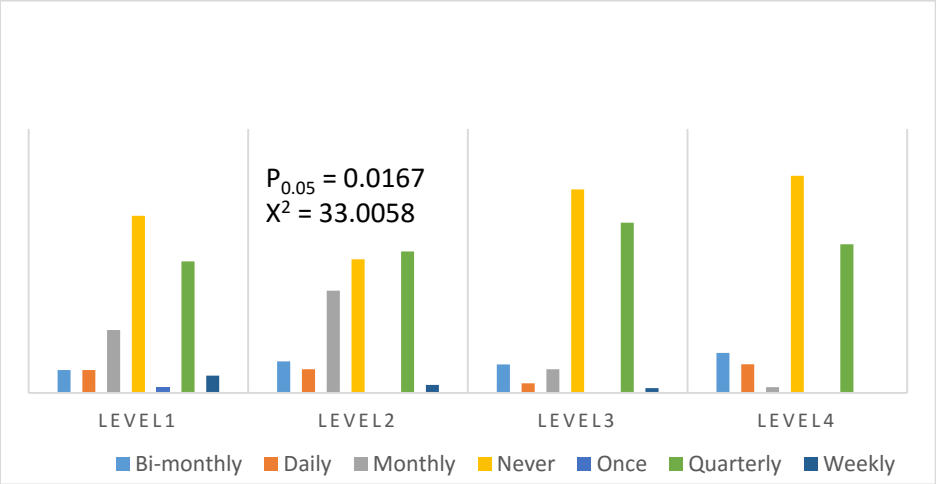


**Figure 4.4** Placement absenteeism vs. study level

#### 4.2.1.4 Years of enrolment in the college

There is a significant association between the number of years that the student has been in the college and placement absenteeism, with the probability of $p<0.05$ and chi-squared value of 42.8792. The results showed that more than 25% of respondents across all years in college indicated that they were absent from a clinical learning environment once in a quarter, compared to less than 25% who were never absent. Thus, this percentage was high as compared to less than 13% of respondents who were absent once in a quarter or on a daily, weekly, and bi-annually basis. The results implied that years of enrolment in college had a negative influence on the absenteeism of the respondents.

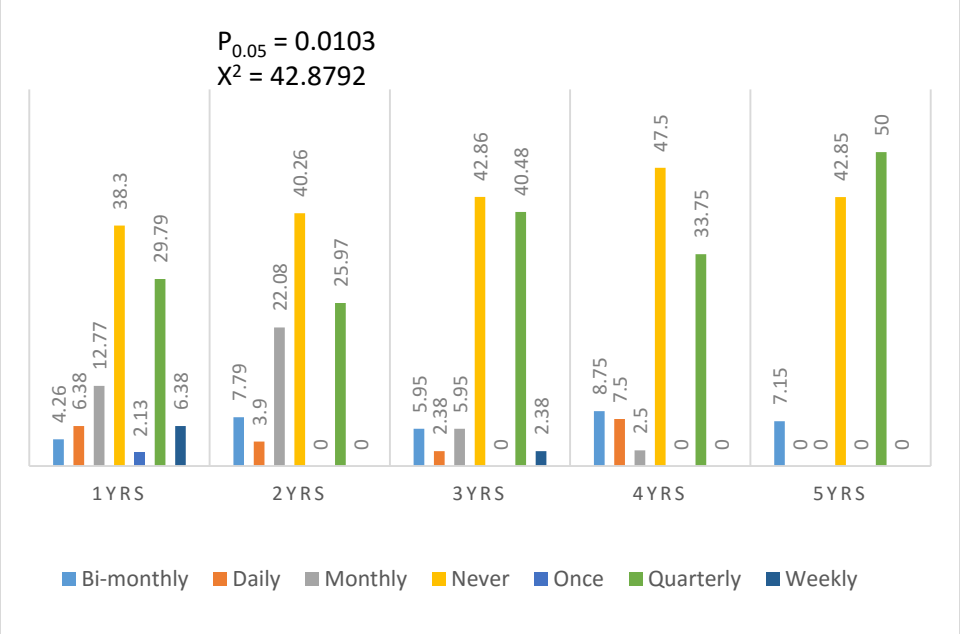


**Figure 4.5** Placement absenteeism vs. years in college

#### 4.2.1.5 Computer skills

Most of the students have computer skills as indicated by the percentages in Figure 4.6. The highest percentage (63%) of the students have basic computer skills, 24% have intermediate skills, and 8% have expert skills, whereas the remaining 5% do not have computer skills.

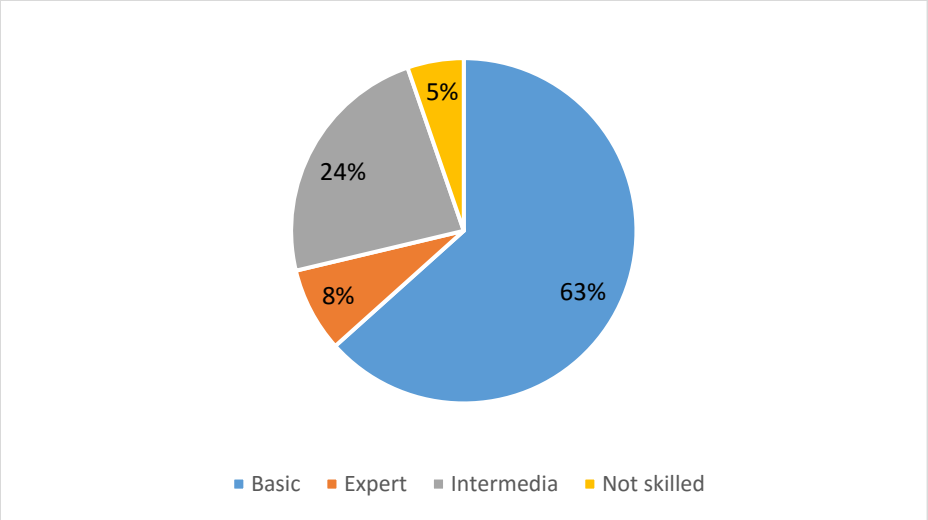


**Figure 4.6** Computer skills

### 4.2.2 Lecturers as respondents

Demographical data for lecturers included gender, age, highest qualification, experience as a lecturer and discipline teaching, as indicated in Table 4.1, below.

**Table 4.1** Demographic analysis for lecturers

| Variables | | Frequency | Percent | $X^2$ value | Probability |
|---|---|---|---|---|---|
| **Gender** | Female | 39 | 90.7 | 28.1884 | <0.001 |
| | Male | 4 | 9.3 | | |
| **Age** | <=35 | 12 | 27.91 | 8.4186 | 0.0149 |
| | 36-55 | 23 | 53.49 | | |
| | 56-65 | 8 | 18.6 | | |
| **Highest qualification** | Bachelor's Degree | 31 | 72.09 | 31.3023 | <0.001 |
| | Honours Degree | 2 | 4.65 | | |
| | Master's Degree | 10 | 23.26 | | |
| **Lecturing experience** | <=5 yrs. | 26 | 60.47 | 14.2791 | 0.0008 |
| | 6-10 yrs. | 9 | 20.93 | | |
| | >10 yrs. | 8 | 18.6 | | |
| **Teaching discipline** | Community nursing science | 7 | 16.2767 | 3.3333 | 0.343 |
| | General nursing science | 16 | 37.235.71 | | |
| | Midwifery nursing science | 9 | 20.9321.43 | | |
| | Psychiatric nursing science | 11 | 25.626.19 | | |

#### 4.2.2.1 Gender

As indicated in Table 4.1, both male and female lecturers were recruited to participate voluntarily. The number of respondents was 43. Out of the 43 respondents, 39 (90.7%) 91%) were females and 4 (9.3%) were males. Statistics from the SANC (SANC:2018) that states that out of the 285 704 population of nurses, 257 542 (90.1%) are females and 28 162 (9.9%) are males.

#### 4.2.2.2 Age distribution

As indicated in Table 4.1, more lecturers are in the category of between 36 and 55 years of age (n=23 = 53.49%), followed by those less than 35 years of age (n=12 = 27.91%), and last are those between 56 and 65 years of age (n=8 = 18.6%). Age distribution of all nurses in South Africa: less than 25 = 210, 25-29 years = 14356, 30-39 = 75865, 40-49 years=82653, 50-59 = 66534, 60-69 = 35369, above 69 = 5233 (SANC: 2020).

#### 4.2.2.3 Highest qualification

As indicated in Table 4.1, 31 (n=31 = 72.09%)) of the lecturers have a Bachelor's degree, 2 (2 = 4.65%) have an Honors degree and 10 (10 = 23.26%) have a Master's degree. The current requirement to become a nurse educator in South Africa according to the SANC is a Bachelor's degree (SANC: 2018).

#### 4.2.2.4 Experience as a lecturer

As indicated in Table 4.1, 26 (60.47%) lecturers have less than 5 years teaching experience, nine (9 = 20.93%) lecturers have 6-10 years teaching experience and eight (8 = 18.6%) lecturers have more than 10 years teaching experience.

#### 4.2.2.5 Discipline taught

As indicated in Table 4.1, lecturers in General Nursing Science are 16 (37.2%), lecturers in Psychiatric Nursing Science are 11 (25.6%), lecturers in Midwifery Nursing Science are 9 (20.93%) and lecturers in Community Nursing Science are 7(16.27%). There is no significance difference between the teaching disciplines. The teaching disciplines are distributed almost equally between the lecturers. Even though the General Nursing Science discipline had a high percentage of lecturers 37.2% as compared to other disciplines: Psychiatric Nursing Science 25.6%, Midwifery Nursing Science 20.93% and Community Nursing Science 16.27%, the high percentage did not have any effect in proving significance.

## 4.3 Reasons for absenteeism of students

The reasons for absenteeism of students, the students' respondents from clinical learning environment are described in Table 4.2, below. A percentage of respondents ranging from 45% to 90% indicated that their absenteeism was never due to mental illness, demotivation, social responsibilities, transport problems, problems with nursing staff in the ward, problems with co-workers, feeling incompetent to do the work expected from them, dislike the work expected from them, college hours unconvincing and planning to obtain the hours in a fraudulent way. Similarly, a percentage between 46% and 68% indicated that they are sometimes absent from clinical learning environment due to their physical illness, study responsibilities and family responsibilities.

**Table 4.2** Reasons for absenteeism

| Reasons for absenteeism | How often | N | % |
|---|---|---|---|
| **Physical illness** | Never | 53 | 18 |
| | Often | 44 | 15 |
| | Sometimes | 204 | 68 |
| **Mental illness** | Never | 234 | 79 |
| | Often | 17 | 6 |
| | Sometimes | 44 | 15 |
| **Demotivation** | Never | 137 | 46 |
| | Often | 52 | 18 |
| | Sometimes | 106 | 36 |
| **Tiredness** | Never | 105 | 35 |
| | Often | 87 | 29 |
| | Sometimes | 105 | 35 |
| **Study responsibilities** | Never | 69 | 23 |
| | Often | 94 | 31 |
| | Sometimes | 137 | 46 |
| **Family responsibilities** | Never | 79 | 27 |
| | Often | 46 | 15 |
| | Sometimes | 173 | 58 |
| **Social responsibilities** | Never | 242 | 83 |
| | Often | 17 | 6 |
| | Sometimes | 32 | 11 |
| **Transport problems** | Never | 135 | 46 |
| | Often | 44 | 15 |
| | Sometimes | 117 | 40 |
| **Ward nursing staff problems** | Never | 136 | 45 |

| | | | |
|---|---|---|---|
| | Often | 75 | 25 |
| | Sometimes | 88 | 29 |
| **Co-workers problem** | Never | 212 | 72 |
| | Often | 27 | 9 |
| | Sometimes | 55 | 19 |
| **Feeling incompetent** | Never | 239 | 80 |
| | Often | 6 | 2 |
| | Sometimes | 52 | 18 |
| **Dislike work expected from me** | Never | 240 | 81 |
| | Often | 6 | 2 |
| | Sometimes | 49 | 17 |
| **Prescribed college hours unconvincing** | Never | 199 | 67 |
| | Often | 33 | 11 |
| | Sometimes | 64 | 22 |
| **Obtain hours fraudulently** | Never | 266 | 90 |
| | Often | 3 | 1 |
| | Sometimes | 27 | 9 |

### 4.3.1 Physical illness

Physical illness did not play any role $X^2$ (12, N = 301) = 18.037, p = 0.1146) in determining if the respondents will be absent from their clinical learning environment or not. Even though more than 60% of respondents indicated that physical illness was not the reason for them not to be present at their learning environment, 38.6% indicated that physical illness was often the reason for them being absent while 38.2% indicated physical illness sometimes the reason for them being absent. The results also showed that of all respondents were absent from clinical learning environment on a quarterly basis, only 43.2% indicated that they often use physical illness as their absenteeism reason followed by 35.8% who sometimes use physical illness reason and 18.9% who never use physical illness reason. Thus, being absent from the learning environment at any given time is not associated with physical illness.

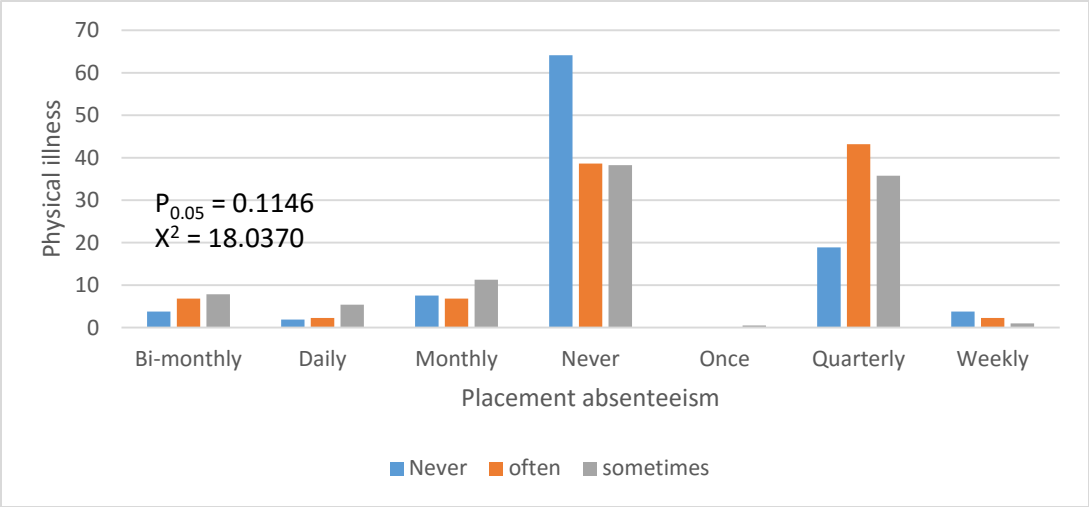


**Figure 4.7** Placement absenteeism vs. physical illness

### 4.3.2 Mental illness

There is evidence of association $X^2$ (12, N = 295) = 30.128, p = 0.0027) between being absent from the learning environment and mental illness. The results showed that in the category of respondents who never used mental illness as a reason for absenteeism, only 46% have never been absent from clinical environment followed 32% who were absent on a quarterly basis as compared to other specific times were (<11%). More than 47% of respondents who on a quarterly basis are absent from the clinical learning environment indicated that they sometimes use mental illness for absenteeism reason as compared to less than 25% of respondents in other specific times. More than 35% followed by 29% of respondents who were absent on a quarterly basis or never absent from clinical environment, respectively, indicated that they often use mental illness as the reason for their absenteeism.

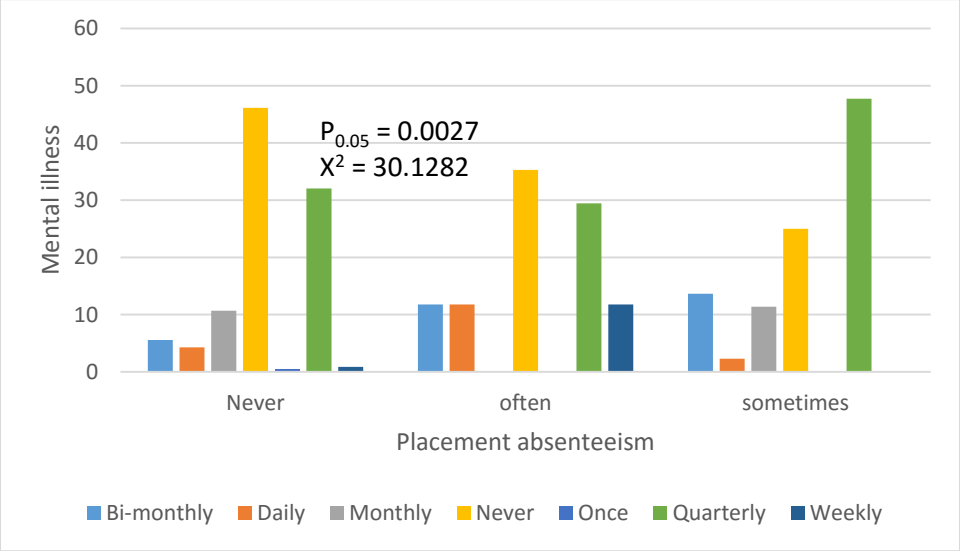


**Figure 4.8** Placement absenteeism vs. mental illness

### 4.3.3 Demotivation

A significant association $X^2$ (12, N = 295) = 44.636, p < 0.001) was evident between placement absenteeism and demotivation as a reason for absenteeism. More than 57% of respondents who are never absent from the clinical learning environment indicated that they never cited demotivated as a reason absenteeism, as compared to 33% who sometimes and 21% who often used demotivation as the reason for being absent. Respondents who fall under the category of students who are absent from the clinical environment on a quarterly basis indicated that 44% are demotivated, followed by those that are sometimes demotivated (38%). The results imply that being demotivated as a participant influenced some of the respondents being absent from the clinical learning environment.

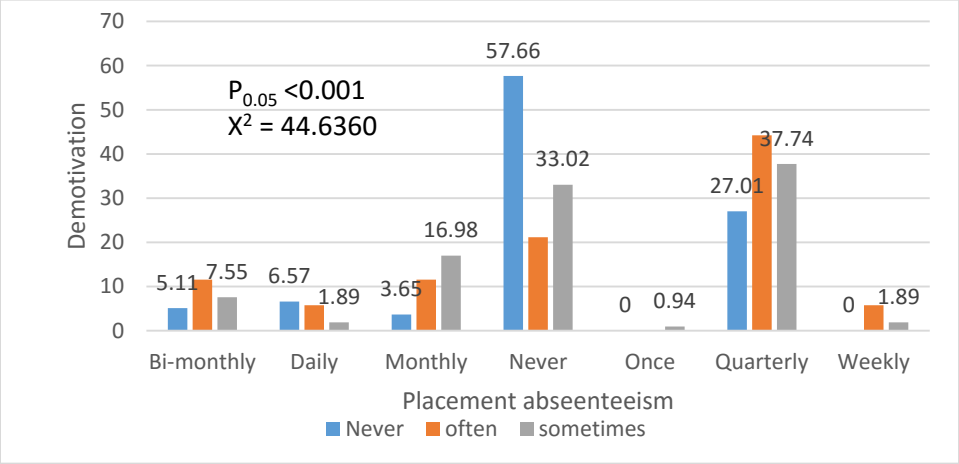


**Figure 4.9** Placement absenteeism vs. demotivation

### 4.3.4 Tiredness

The significant association was also evident on respondents' placement absenteeism and tiredness, with $p<0.05$ and $X^2 = 47.77$. More than 40% of respondents who on a quarterly basis absent from the clinical learning environment are associated with being tired sometimes followed by those that are often tired (33%). Respondents who monthly are absent are associated with being tired often (16%) followed by those that are sometimes tired (12%). A high percentage of respondents (63.8%) who indicated that they were never tired were always at their clinical learning environment as compared to 33% and 28% who often or sometimes, respectively, use tiredness as the reason for their absenteeism.

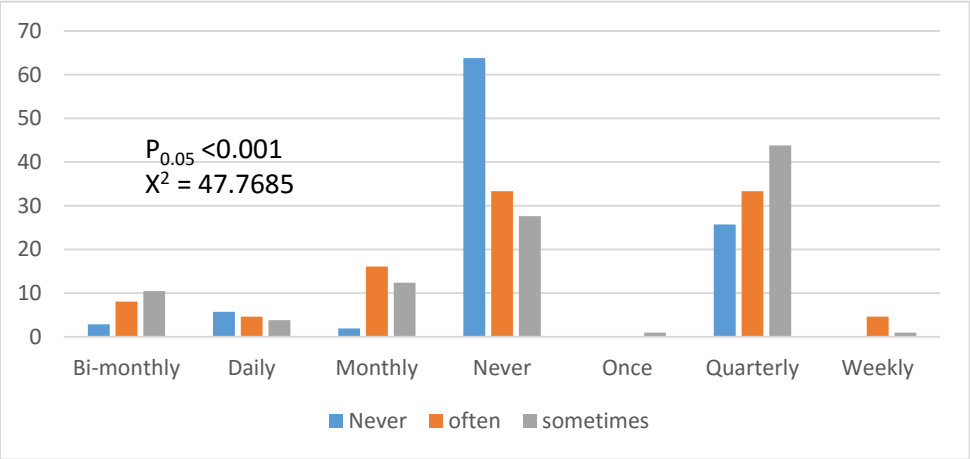


**Figure 4.10** Placement absenteeism vs. tiredness

### 4.3.5 Study responsibilities

Respondents (61%) who never have study responsibilities are highly associated $X^2$ (12, N = 300) = 44.860, p < 0.001) with never being absent from the clinical environment, as compared with participants who sometimes (44%) or often (27%) are absent from the clinical environment. More than 38% of respondents who are absent from the clinical learning environment on a quarterly basis are associated with study responsibilities as an absenteeism reason, followed by 31% who often and 28% who never use study responsibilities as a reason for being absent.

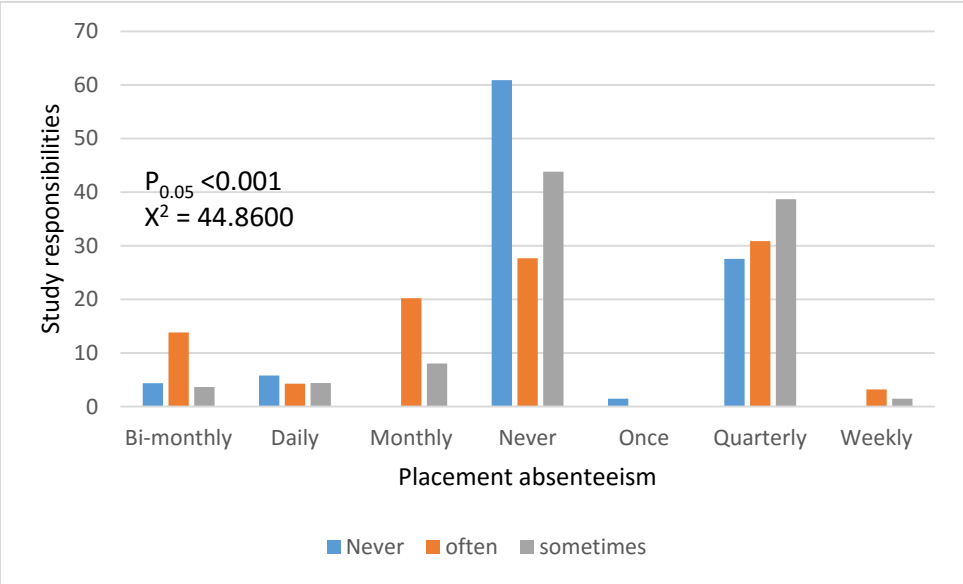


**Figure 4.11** Placement absenteeism vs. study responsibilities

### 4.3.6 Family responsibilities

There is no evidence of association $X^2$ (12, N = 298) = 8.892, p = 0.712) between placement absenteeism and family responsibility. The percentage of respondents who indicated family responsibility as a reason for absenteeism from the clinical learning environment were 37% (often), 40% (sometimes) and 51% (never). The percentage of family responsibility related absenteeism reason in the category of respondents who indicated that they were absent from clinical environment on a daily, weekly, quarterly, monthly, bi-monthly and once did not differ significantly.

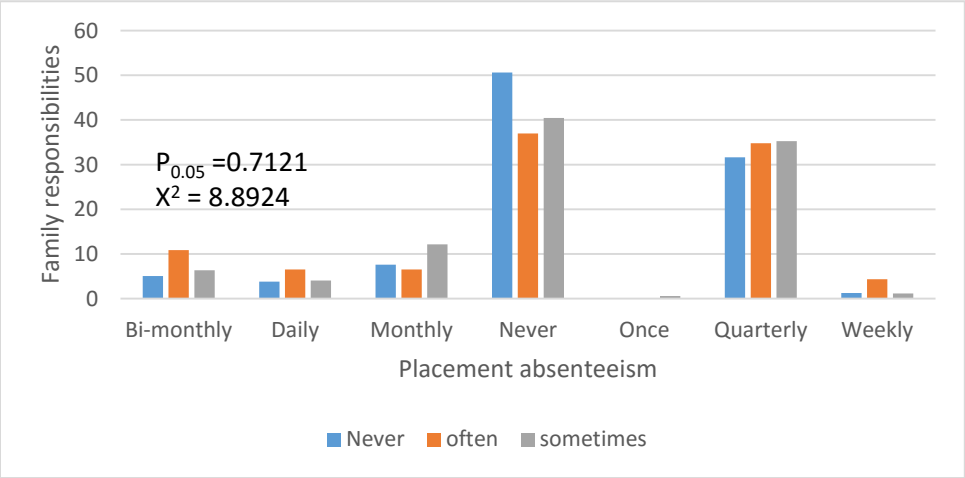


**Figure 4.12** Placement absenteeism vs. family responsibilities

### 4.3.7 Social responsibilities

Social responsibility is not associated with placement absenteeism $X^2$ (12, N = 291) = 18.4140, p = 0.1037). Even though 45.5% of respondents indicated that social responsibility was not the reason for them not to be present at their clinical learning environment, 35.3% indicated that social responsibility was often the reason for them being absent while 28.1% indicated social responsibility as a reason for them being absent sometimes. The results also showed that of all the respondents who were absent from clinical learning environment on a quarterly basis, only 34.4 % indicated that they sometimes use social responsibility as their absenteeism reason, followed by 34.3% who never use social responsibility as an absenteeism reason and 18.9% who often use social responsibility as absenteeism reason.

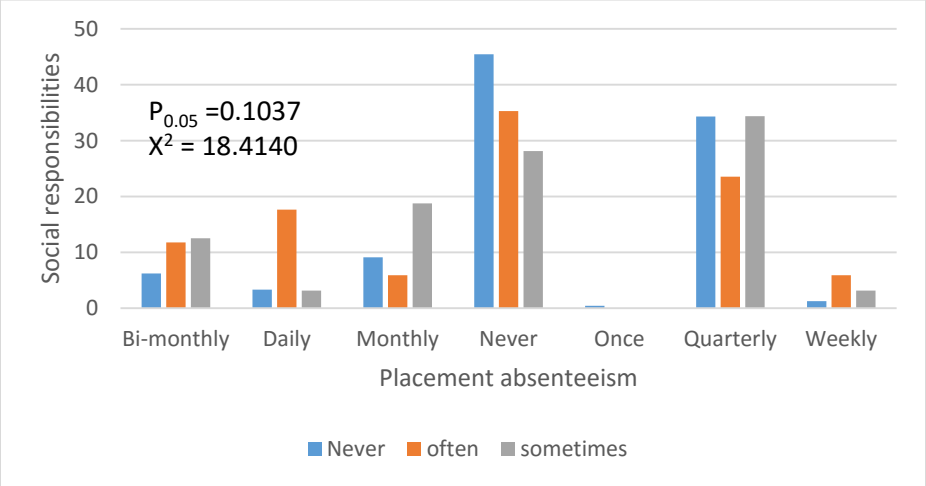


**Figure 4.13** Placement absenteeism vs. social responsibilities

### 4.3.8 Transport problems

A significant association between transport problems and placement absenteeism was evident, $X^2$ (12, N = 296) = 25.292, p = 0.014. More than 40% of respondents who on a quarterly basis are absent from the clinical learning environment are associated with having transport problems often, followed by those that never have transport problems (33.3%), but are still absent. The results also indicate that more than 45% of respondents are never absent from clinical learning environment despite having transport problems sometimes. The researcher has observed that students at the college under this study are placed as far as 49 km from the college. Some facilities are in remote areas and students need to use more than one transport to reach those facilities, which has financial implications on the students. The institution under study does not offer transport to the CLE's, but students must meet their traveling expenses with the bursary fund allocated to them.

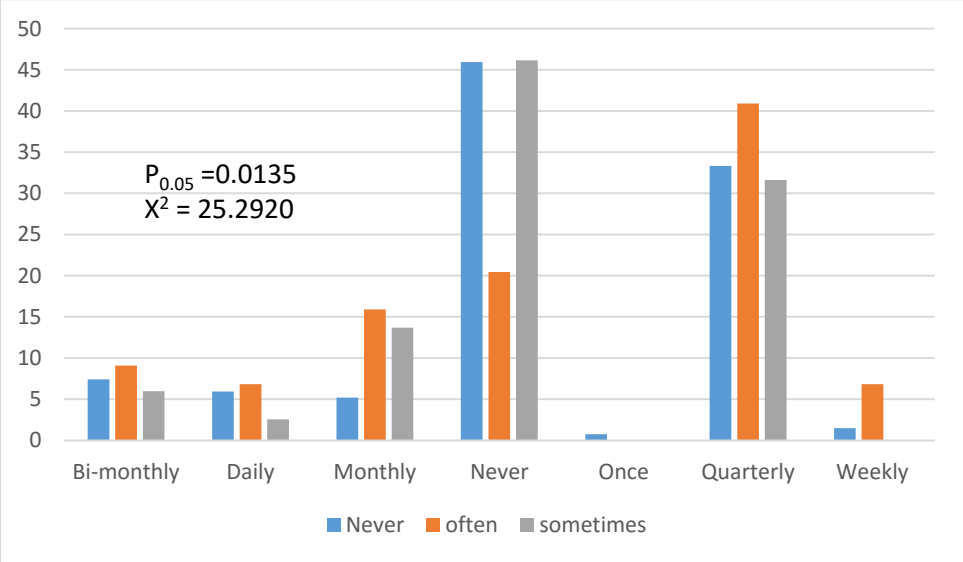


**Figure 4.14** Placement absenteeism vs. transport problems

### 4.3.9 Problems with nursing staff in the ward

Respondents who are absent on a quarterly basis from the clinical learning environment are associated with sometimes (41%) or often (35%) having problems with nursing staff in the ward. Respondents who monthly are often absent (23%) followed by those that are

sometimes absent (8%) are associated with problems with nursing staff in the ward. Respondents who are never absent from the clinical learning environment are associated with never (54%) having problems with nursing staff in the ward, followed by 38% who indicated that they sometimes have problems with nursing staff in the ward. Therefore, there is evidence of association between placement absenteeism and having problem with the nursing staff in the ward, $X^2$ (12, N = 299) = 41.247, p < 0.001.

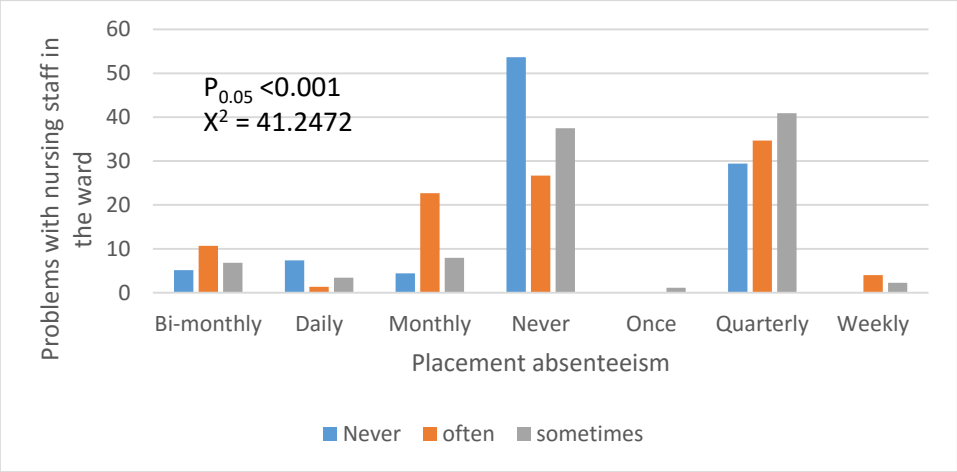


**Figure 4.15** Placement absenteeism vs. problems with nursing staff in the ward

### 4.3.10 Problems with co-workers

Having problems with co-workers played a significant role in determining if the respondents will be absent from their learning environment or not, $X^2$ (12, N = 294) = 30.216, p = 0.003. Respondents who on a quarterly basis are absent from the clinical learning environment are associated with sometimes (38.2%) having problems with co-workers followed by those who never had problems with co-workers (34.4%). Similarly, more than 30% of respondents who monthly are absent are associated with having problems with co-workers often times, as compared to less than 10% of respondents who never or who sometimes have problems with co-workers. Other respondents (46.2%) were never absent from the clinical learning environment despite having problems with their co-workers.

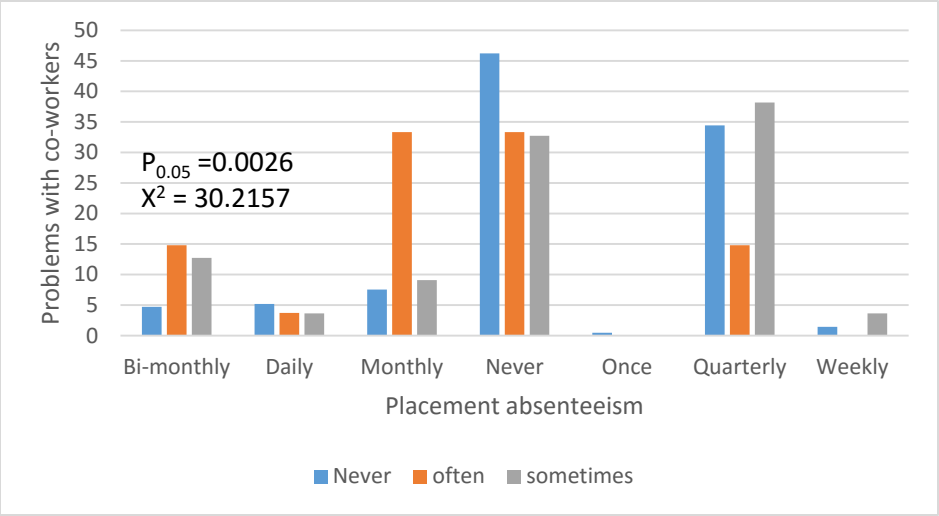


**Figure 4.16** Placement absenteeism vs. problems with co-workers

### 4.3.11 Feeling incompetent to do the work expected of me

Feeling incompetent did not play any role ($p>0.05$) in determining if the respondents will be absent from their clinical learning environment or not, $X^2$ (12, N = 297) = 17.947, p = 0.117. Even though more than 35% of respondents who on a quarterly basis are absent from the clinical learning environment are associated with sometimes or often having problems with feeling incompetent, this did not have any significant effect on respondents deciding to attend or be absent from the clinical leaning environment. Thus, being absent from the learning environment at any given time is not associated with feeling incompetent.

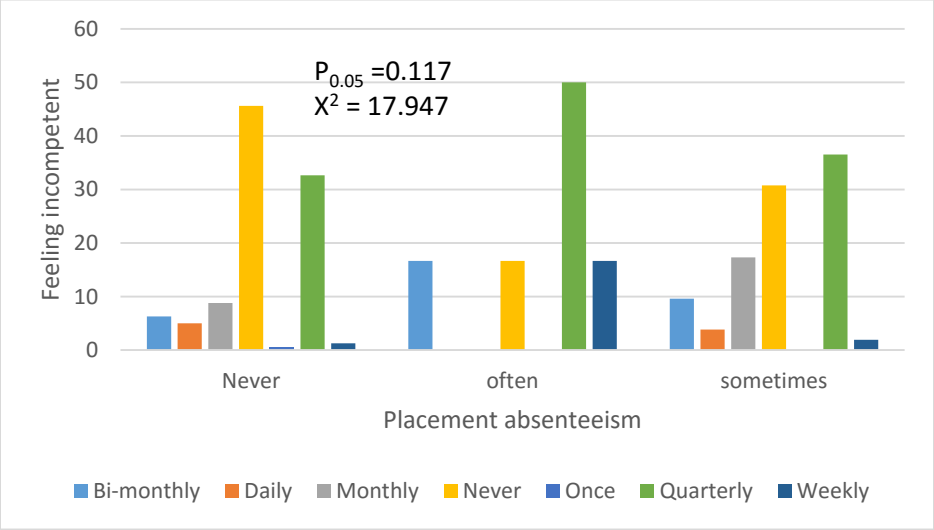


**Figure 4.17** Placement absenteeism vs. feeling incompetent to do the work expected of me

### 4.3.12 Dislike the work expected from me

Significant association was evident between placement absenteeism and disliking the work expected from them, $X^2$ (12, N = 297) = 17.947, p = 0.117. More than 30% of respondents who are absent from work bi-monthly indicated that often they dislike the work expected from them, as compared to less than 7% who indicated that they never or sometimes dislike that. Respondents who on a quarterly basis are absent from the clinical learning environment are associated with never (32%) disliking work expected from them and sometimes (40%) or often (50%) disliking work expected from them. Similarly, respondents who are never absent from work are likely to never (46%) or sometimes (39%) dislike what is expected from them.

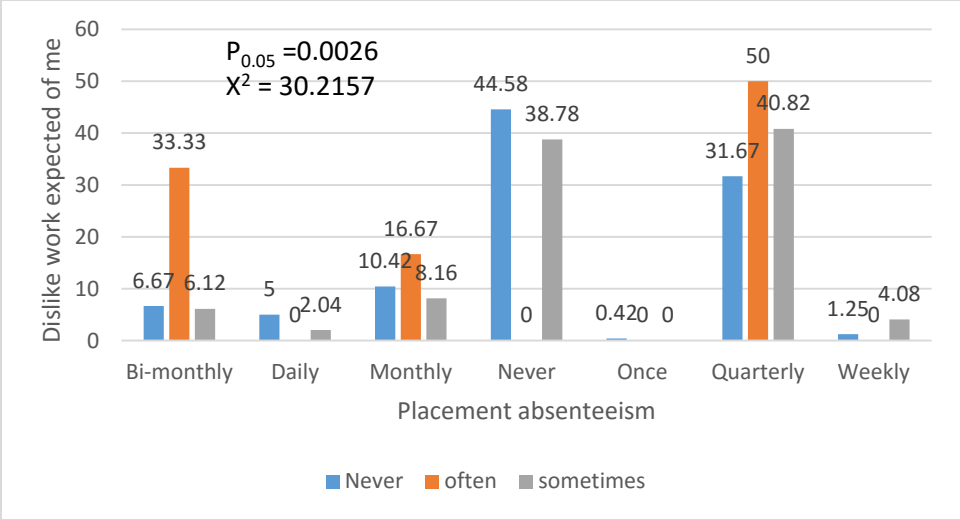


**Figure 4.18** Placement absenteeism vs. dislike work expected from me

### 4.3.13 Prescribed college hours unconvincing

Respondents who are sometimes absent are not convinced that SANC requires the number of hours as prescribed by the college, are associated with never being absent (38%) from the clinical learning environment or being absent on a quarterly basis (38%). Similarly, respondents who are often absent are not convinced that SANC requires the number of hours as prescribed by the college and are associated with absence from the clinical learning environment on a quarterly (33%) and monthly (22%) basis. The results indicate that there is a significance association between not being convinced that SANC requires the number of hours as prescribed by the college and placement absenteeism with p = 0.0010 and $X^2$ = 32.9490.

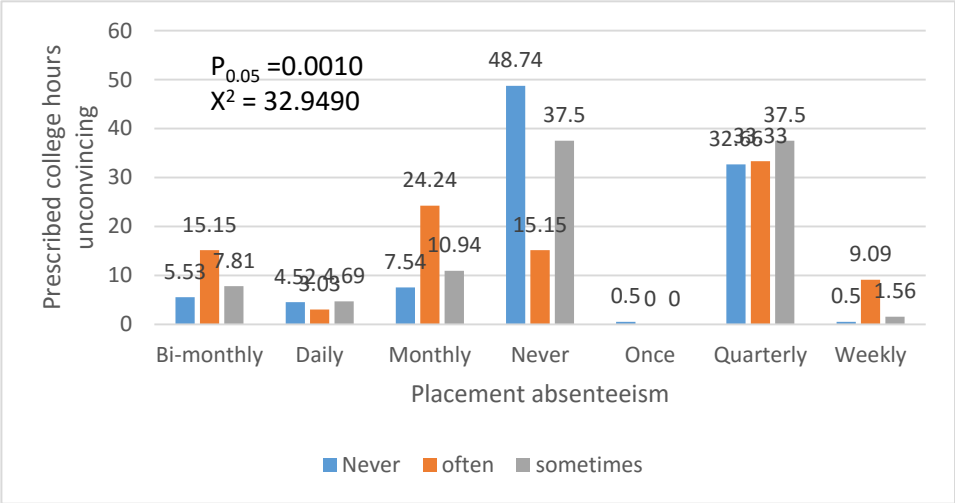


**Figure 4.19** Placement absenteeism vs. prescribed college hours unconvincing

### 4.3.14 Obtaining hours fraudulently

There is evidence of a significant association ($p<0.05$) between obtaining hours fraudulently and being absent from the clinical learning environment, $X^2$ (12, N = 296) = 22.747, p = 0.030. Respondents who often obtain fraudulent hours are associated with being absent from the clinical learning environment on a bi-monthly (67%) and monthly basis (33%) only. Respondents who sometimes obtain fraudulent hours are more associated with not being absent (41%) from the clinical learning environment, followed by those who are absent on a quarterly (33%) basis. Respondents who monthly are often absent, followed by those that are sometimes absent, are associated with obtaining hours fraudulently.

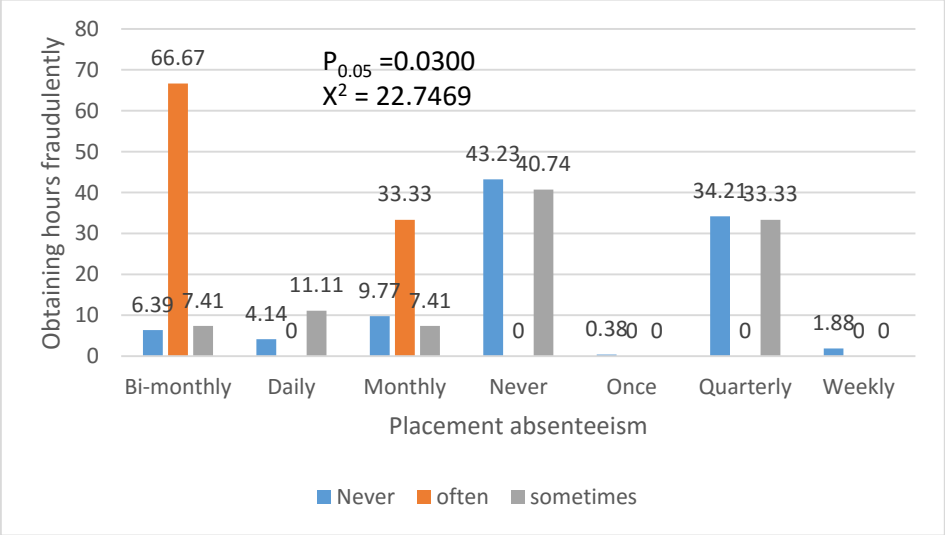


**Figure 4.20** Placement absenteeism vs. obtaining hours fraudulently

## 4.4 How often do students absent themselves from the clinical learning environments

Findings indicate that 43% of the students do not absent themselves from the clinical learning environments. Students who absent themselves quarterly are 34%, this indicates that 57% of the students absent themselves, regardless of the cause, from the clinical learning environments.

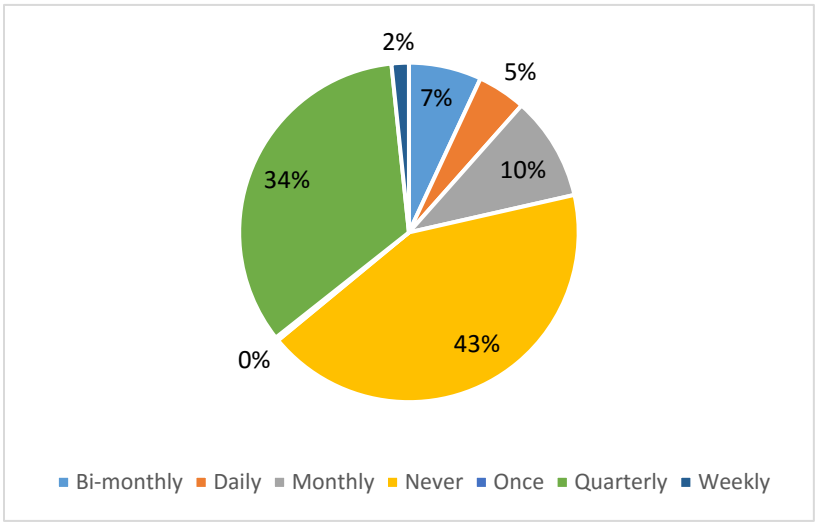


**Figure 4.21** Placement absenteeism

### 4.5 Lecturers' association between communication and other factors such as contact person, contact hour form

More than 30% of the lecturers' respondents significantly agree and strongly agree that communication through a student contact person, a student contact hour form, telephone calls, text messaging (SMS) and WhatsApp can help monitor absenteeism of student nurses at the clinical learning environment. Less than 6% agree to strongly agree that communication through Facebook, Twitter, YouTube, letters via the post office and visits to student residence by lecturers will be helpful to monitor absenteeism. This low percentage implies that the respondents think that these methods will not be favorable in monitoring students' absenteeism. Thus Facebook, Twitter, YouTube, a letter via the post office and visits to student residences are less preferred communication methods in monitoring absenteeism as compared to using student contact person, student contact hour form, telephone calls, text messaging (SMS) and WhatsApp as preferred methods.

**Table 4.3** Lecturers' association between communication and other factors

| Perception | Through contact person | Student contact hour form | Telephone calls | SMS | Email | WhatsApp | Facebook | Twitter | YouTube | Letter through post office | Lectures visits students residence | Class representatives |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Strongly agree** | **112 (37.71%)** | **91 (31.16%)** | **115 (38.98%)** | **101 (34.47%)** | 31 (10.51%) | **92 (31.08%)** | 11 (3.72%) | 7 (2.38%) | 5 (1.69%) | 3 (1.02%) | 13 (4.39%) | 38 (12.88%) |
| **Agree** | **104 (35.02%)** | **107 (36.64%)** | **111 (37.63%)** | **117 (39.93%)** | 72 (24.41%) | **102 (34.46%)** | 17 (5.74%) | 9 (3.06%) | 6 (2.03%) | 4 (1.36%) | 25 (8.45%) | **113 (38.31%)** |
| **Not sure** | 40 (13.47%) | 53 (18.15%) 23 (7.88%) | 37 (12.54%) | 29 (9.90%) | 69 (23.39%) | 35 (11.82%) | 42 (14.19%) | 44 (14.97%) | 40 (13.56%) | 28 (9.52%) | 47 (15.88%) | 45 (15.25 %) |
| **Disagree** | 16 (5.39%) | | 19 (6.44%) | 27 (9.22%) | 73 (24.75%) | 46 (15.54%) | **109 (36.82%)** | **100 (34.01%)** | **94 (31.86%)** | **87 (29.59%)** | **86 (29.05%)** | 40 (13.56 %) |
| **Strongly disagree** | 25 (8.42%) | 18 (6.16%) | 13 (4.41%) | 19 (6.48%) | 50 (16.95%) | 21 (7.09%) | **117 (39.53%)** | **134 (45.58%)** | **150 (50.85%)** | **172 (58.5%)** | **125 (42.23%)** | 59 (20%) |
| **Probability** | <0.0001 | <0.0001 | <0.0001 | <0.0001 | 0,0002 | <0.0001 | <0.0001 | <0.0001 | <0.0001 | <0.0001 | <0.0001 | <0.0001 |
| **$X^2$ value** | 138,03 | 108,55 | 170,17 | 147,63 | 22,54 | 86,6 | 172,65 | 216,58 | 264,27 | 351,61 | 143,59 | 66,34 |

## 4.6 Communication methods that can be used

### 4.6.1 Communication through contact person versus gender

The results indicated that gender is not associated with using contact person communication method as absenteeism monitoring tool, $X^2$ (4, N = 297) = 5.552, p = 0.235. Most female respondents (38%), strongly agreed, whilst 34% agreed with communication through a contact person. A small percentage (7%) strongly disagreed and 6% disagreed, whilst 15% was not sure. Similarly, most male respondents (41% and 35%) strongly agreed with communication through a contact person. It was noted that 14% of male respondents strongly disagreed and 2% disagreed, whilst 8% were not sure. There is a significant agreement that communication through a contact person is preferred, irrespective of gender. The results indicate that respondents agree that communication through a contact person will help in monitoring absenteeism irrespective of gender. Thus, gender does not have any effect in communication through contact person.

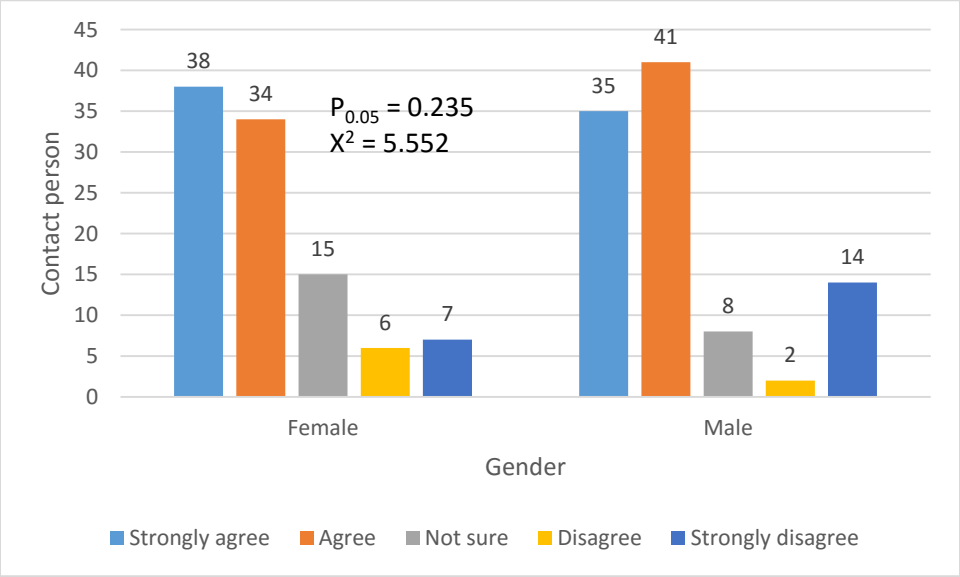


**Figure 4.22** Communication through contact person vs. gender

### 4.6.2 Communication through contact person vs. study level

Level 1 respondents (47%) strongly agree that communication through a contact person will help in monitoring absenteeism, as compared to 37% of level 4, 36% of level 3 and 28% of level. Similarly, 43% of level 2 and 41% of level 3 agreed that communication through a contact person is helpful, as compared to 33% of level 1 and 25% of level 4. This implies that there is a significant association between study level and communication through a contact person with $X^2$ (12, N = 297) = 25.799, p = 0.012. 25.7

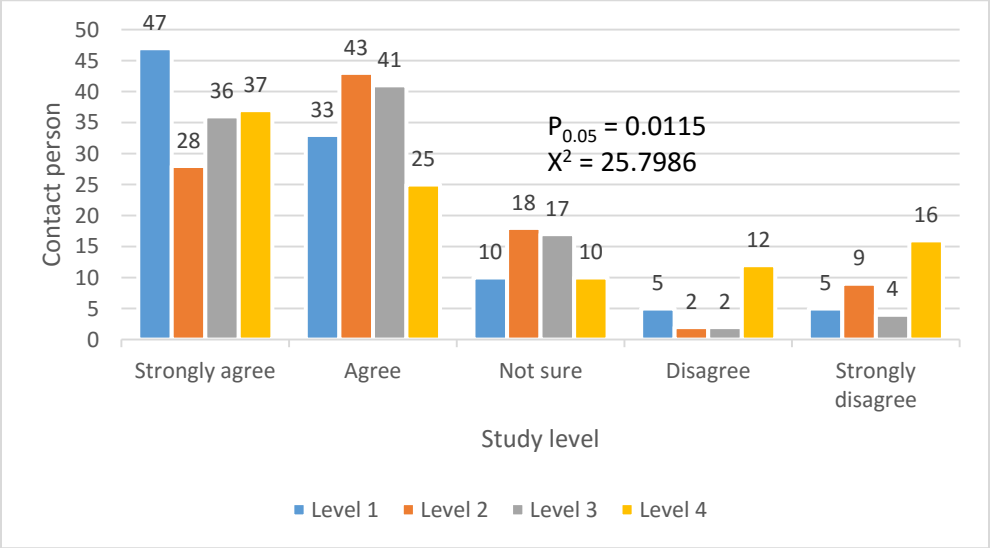


**Figure 4.23** Communication through contact person vs. study level

### 4.6.3 Communication through contact person vs. years in college

Respondents who are at the college for 1 year (48%), 4 years (44%), and 5 years (43%), strongly agree with communication through a contact person helps in monitoring absenteeism, as compared to a percentage of less than 35% of respondents who have 2 years or 3 years in the college. A high percentage of respondents who agreed that communication through a contact person is helpful are in the college for 3 years (45%) and 2 years (42%) as compared to those who are in the college for 1 year (27%), 4 years (24%), and 5 years (21%). Respondents who are in college for 5 years (15%) and 1 year (11%) disagreed that communication through a contact person will be helpful, as compared to respondents who are in the college for 4 years (7%), 2 years (3%) and 3

years (2%), who disagree. Thus, there is a significant association between study level and communication through contact person $X^2$ (12, N = 296) = 29.149, p = 0.023. 29.1.

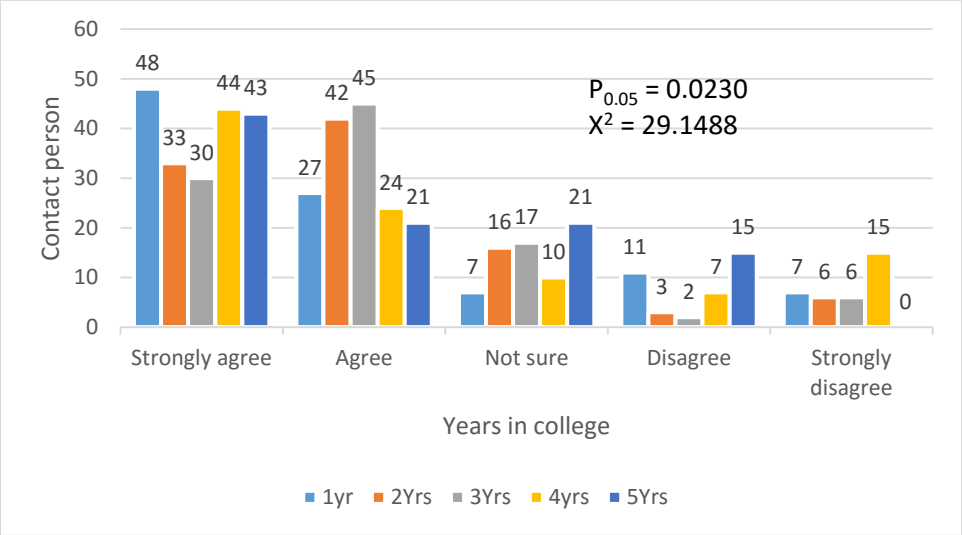


**Figure 4.24** Communication through contact person vs. years in college

### 4.6.4 Communication through students contact hour forms vs. gender

The results indicate that there is no significant association between gender and communication through students' contact hour forms, which implies that gender did not have any influence on how respondents think about students contact hour forms as a form of communication $X^2$ (4, N = 292) = 2.219, p = 0.696). Even though a high percentage of female respondents (30%) and male respondents (38%) strongly agreed that they need to communicate through a contact hour form, and although 36% of male respondents and 37% of female respondents agree, this did not make any difference, since the percentage agreement between males and females is almost the same. Eighteen percent (18%) of female respondents and 16% of male respondents were not sure. A small percentage of female respondents (9%) and 4% of male respondents disagree. Six percent (6%) of male respondents and 6% of female respondents strongly disagreed with communication through contact hour forms. There is a significant agreement that communication through a contact hour form is preferred, irrespective of gender.

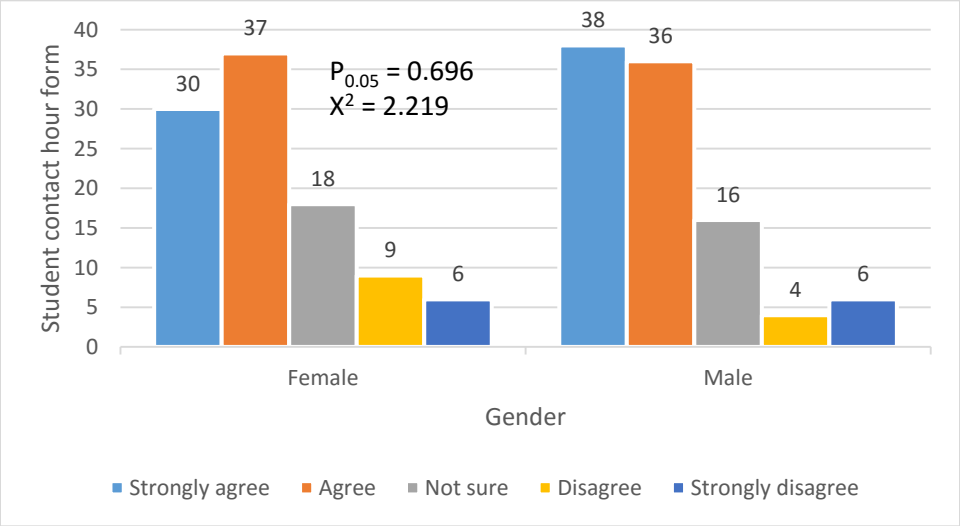


**Figure 4.25** Communication through students contact hour forms vs. gender

### 4.6.5 Communication through students contact hour forms vs. study level

There is no evidence of significance association between study level and communication through contact hour forms, $X^2$ (12, N = 292) = 20.949, p = 0.051. The level of agreement within study level 1 is almost the same. Even though level 2 respondents (46%) agreed that communication through contact hour forms will help in monitoring absenteeism compared to other levels, it did not have any significant influence on the association. Respondents in level 1, level 3 and level 4 with percentage of 21%, 19% and 20% were not sure if communication using contact hour forms was a measure of monitoring absenteeism as compared to 13% respondents from level 2.

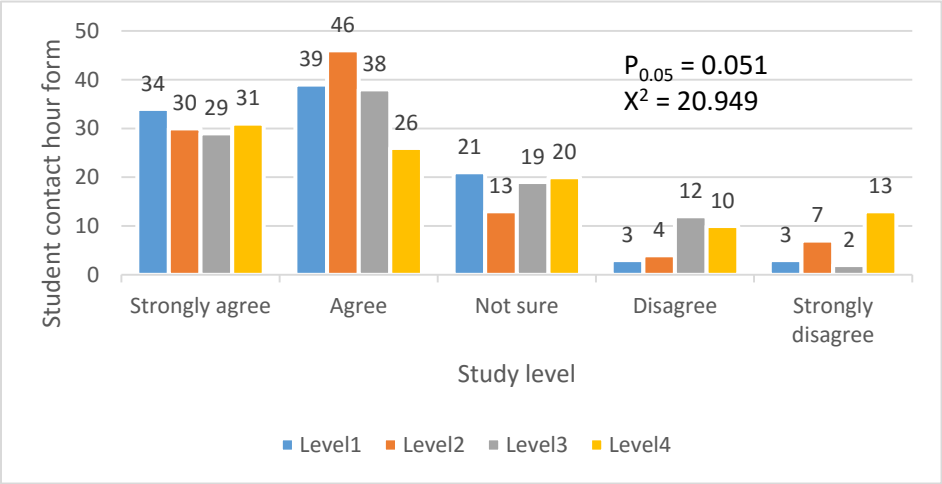


**Figure 4.26** Communication through students contact hour forms vs. study level

### 4.6.6 Communication through students contact hour forms vs. years in college

Association between years in college and communication through contact hour forms was not significant, $X^2$ (16, N = 291) = 21.396, p = 0.164). The percentage agreement of the respondents who were not sure that communication through students' contact hour forms could be used for monitoring absenteeism, ranged between 15% and 24%. More than 40% of respondents who have been in the college for the past 2 and 3 years agreed that communication through students contact forms was used for monitoring absenteeism as compared to 25%, 31% and 36% of students who have been in the college for the past 4 years, 1 year and 5 years, respectively.

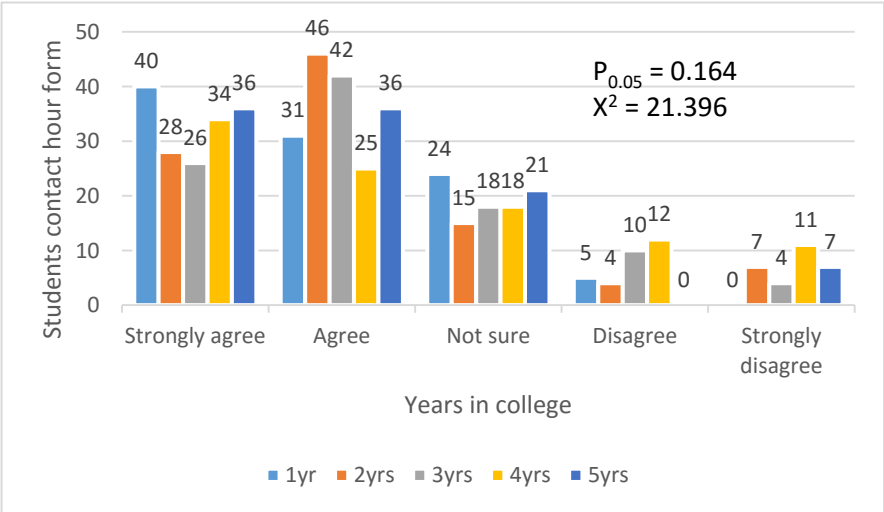


**Figure 4.27** Communication through students contact hour form vs. years in college

### 4.6.7 Communication through telephone calls vs. gender

There is no significant association between gender and telephone calls as a communication method for monitoring absenteeism, $X^2$ (4, N = 292) = 4.617, p = 0.329). Only 40% of females and 35% of males strongly agreed that communication through telephone calls can be used as absenteeism monitoring tool, while 37% of females and 39% of male agreed. The percentage agreement between males and females was almost the same.

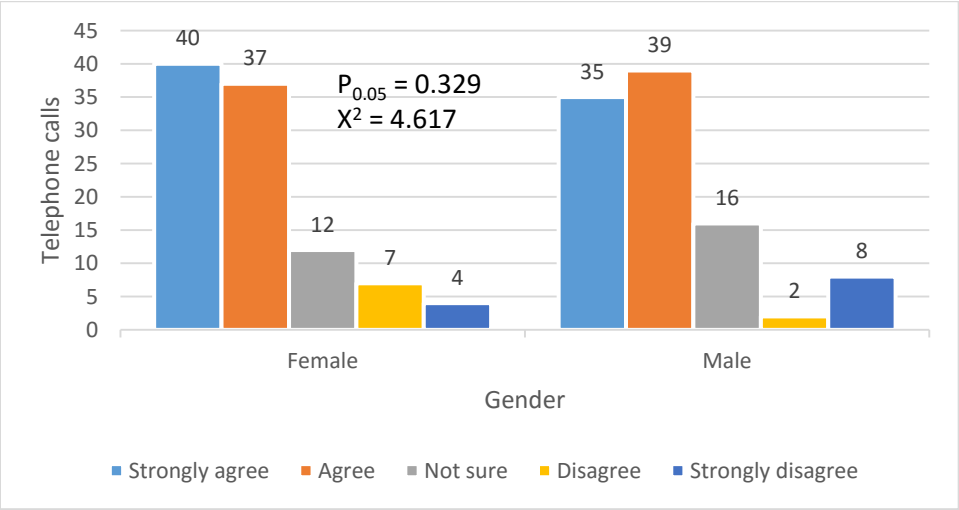


**Figure 4.28** Communication through telephone call vs. gender

### 4.6.8 Communication through telephone calls vs. study level

There is no evidence of association $X^2$ (12, N = 295) = 13.606, p = 0.327) between level of study and using communication through telephone calls to monitor absenteeism. Level 1 respondents strongly agree (50%) with communication through telephone calls, followed by level 4 (40%), level 3 (35%) and level 2 (29%). The percentage of respondents who agreed that telephone calls as a method of monitoring absenteeism was almost the same for level 3, level 4 and level 2 respondents.

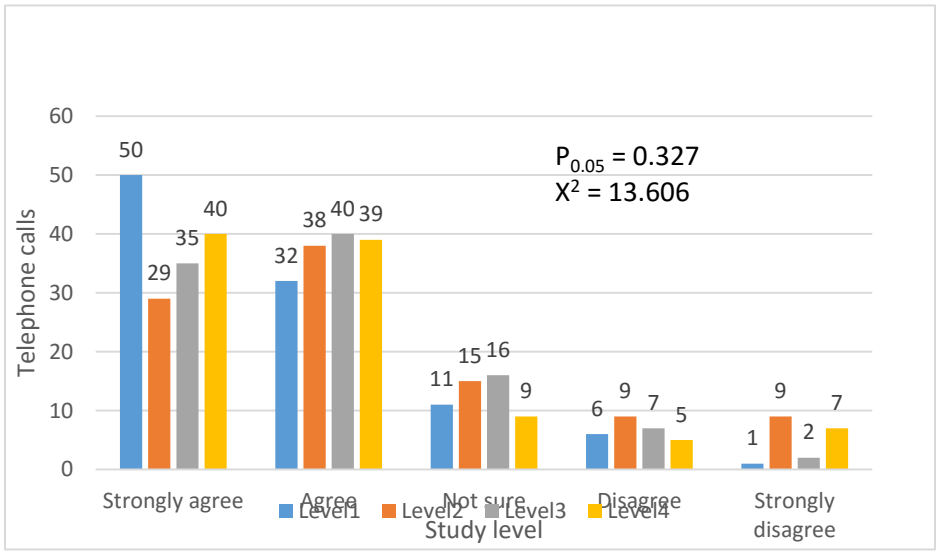


**Figure 4.29** Communication through telephone calls vs. study level

### 4.6.9 Communication through telephone calls vs. years in college

There is no evidence of significant association between communication through telephone calls as a means of monitoring absenteeism and years in college, $X^2$ (16, N = 294) = 15.737, p = 0.471). Respondents who are 1 year at the college (51%), 5 years (50%), 4 years (39%), 2 years (37%) and 3 years (33%) strongly agree with communication through telephone calls, whilst 4 years (43%), 2 years (40%), 5 years (36%), 2 years (35%), and 1 year (29%) agree. Only 21% who have been 3 years in the college followed by 5 years (14%), 2 years (12%), 1 year (9%) and 3 years (6%) were not sure. Thus, percentage agreement is almost the same across all years in college.

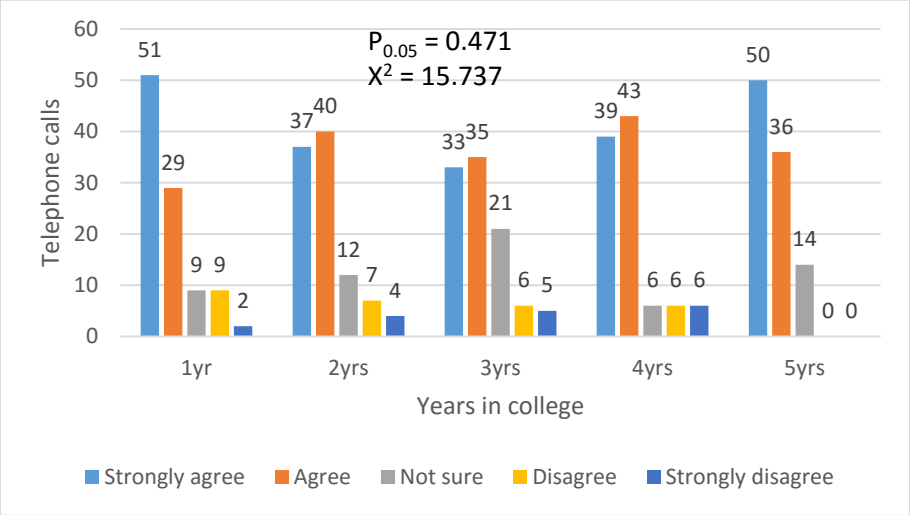


**Figure 4.30** Communication through telephone calls vs. years in college

### 4.6.10 Communication through SMS vs. gender

There is no association between gender and communication using SMS, $X^2$ (4, N = 293) = 2.152, p = 0.708. The percentage of respondents who agreed that communication through SMS is a tool for monitoring absenteeism was 40% for female and 39% for males, while those who strongly agreed was 34% and 37% for females and males, respectively. The percentage agreement between males and females is almost the same across all levels of agreement.

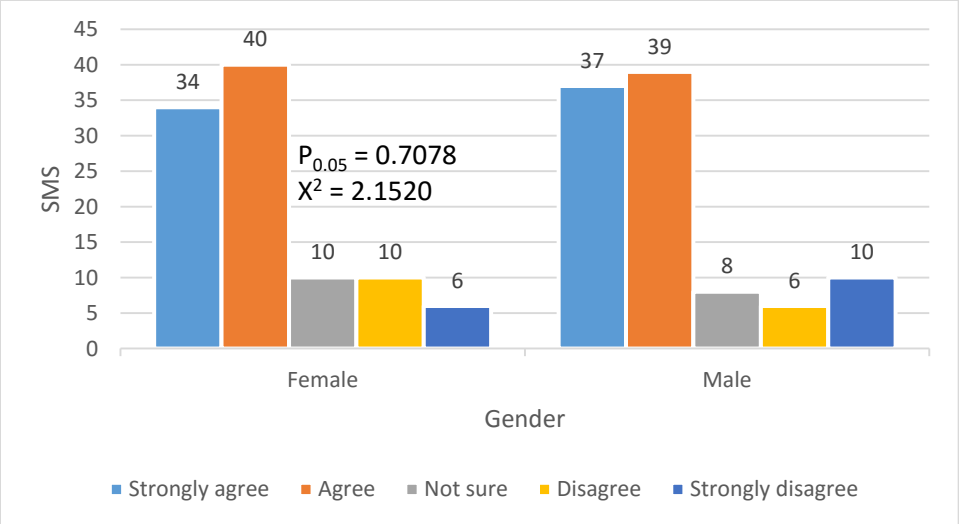


**Figure 4.31** Communication through SMS vs. gender

### 4.6.11 Communication through SMS vs. study level

There is a significant agreement ($p<0.05$) that communication through SMS is preferred as a means of monitoring absenteeism, $X^2$ (12, N = 293) = 21.855, p = 0.039). A percentage of more than 35% of the respondents in level 3 and 4 strongly agree that communication through SMS will assist in monitoring absenteeism, as compared to the less than 30% in level 1 and 2. Similarly, more than 40% of the respondents in level 2, 3 and 4 agree that communication through SMS will assist in monitoring absenteeism as compared to less than 35% of respondents in level 1. Thus, communication through SMS to monitor absenteeism is associated with study levels.

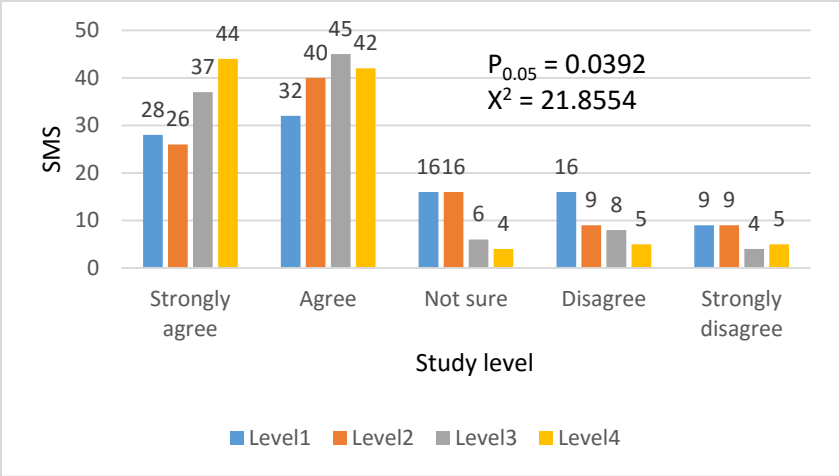


**Figure 4.32** Communication through SMS vs. study level

### 4.6.12 Communication through SMS vs. years in college

There is no evidence of significant association between years in college and communication through SMS, $X^2$ (16, N = 292) = 22.185, p = 0.137. Only 45% of respondents who have 2 years in the college, 45% in 3 years, 41% in 4 years and 43% in 5 years indicated that they agree that absenteeism in college can be monitored using SMS as a means of communication. The percentage of respondents who strongly agreed with communication through SMS as a way of monitoring absenteeism were 31%, 25%, 33%, 41% and 43% for respondents who are in college for 1 year, 2 years, 3 years, 4 years and 5 years, respectively. The results indicated that the percentage agreement was almost the same across all years in college.

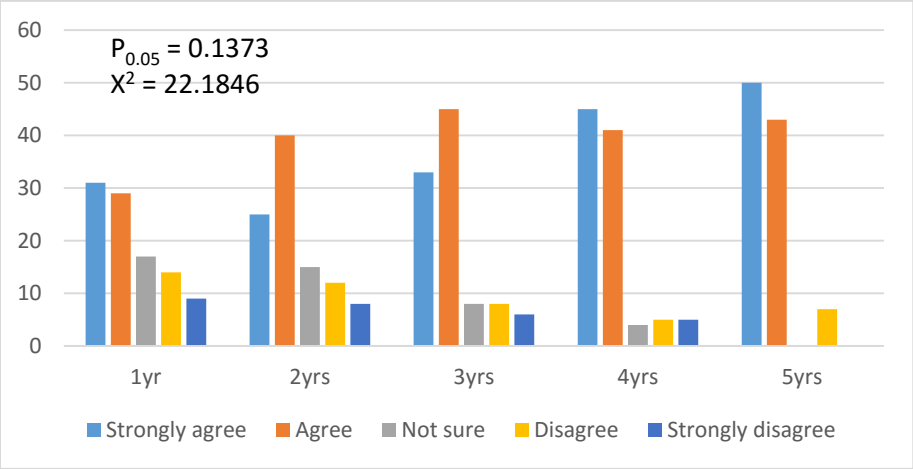


**Figure 4.33** Communication through SMS vs. years in college

### 4.6.13 Communication through email vs. gender

A small percentage of male respondents (12%) and female respondents (10%) strongly agree with communication through email, while 25% of female respondents and 20% of male respondents agree. Most male respondents (30%) and 22% of female respondents were not sure, while 27% of female respondents and 16% of male respondents disagree. Male respondents (22%) and female respondents (16%) strongly disagreed with communication through email. Association between gender and communication using email was not evident, $X^2$ (4, N = 295) = 24.498, p = 0.343.

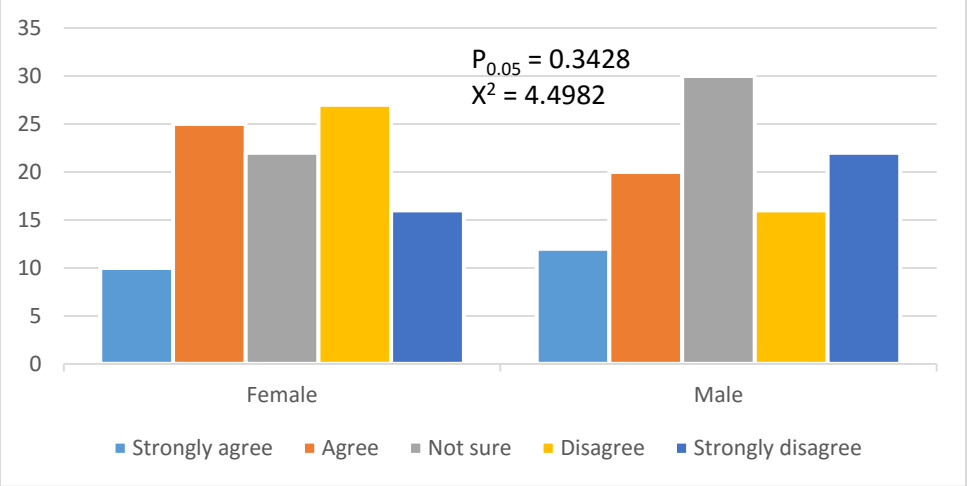


**Figure 4.34** Communication through email vs. gender

### 4.6.14 Communication through email vs. study level

There is evidence of association ($p<0.05$) between study level and communication through email, $X^2$ (12, N = 295) = 28.776, p = 0.004. More than 20% of respondents in level 4 strongly agree that communication through email is preferred as a means of monitoring absenteeism as compared to respondents in level 1 (10%), level 3 (5%) and level 2 (4%). More than 30% of respondents in level 1 and level 2 agree that communication through email is not a preferred method in monitoring absenteeism. Thus, communication through email is associated with study levels.

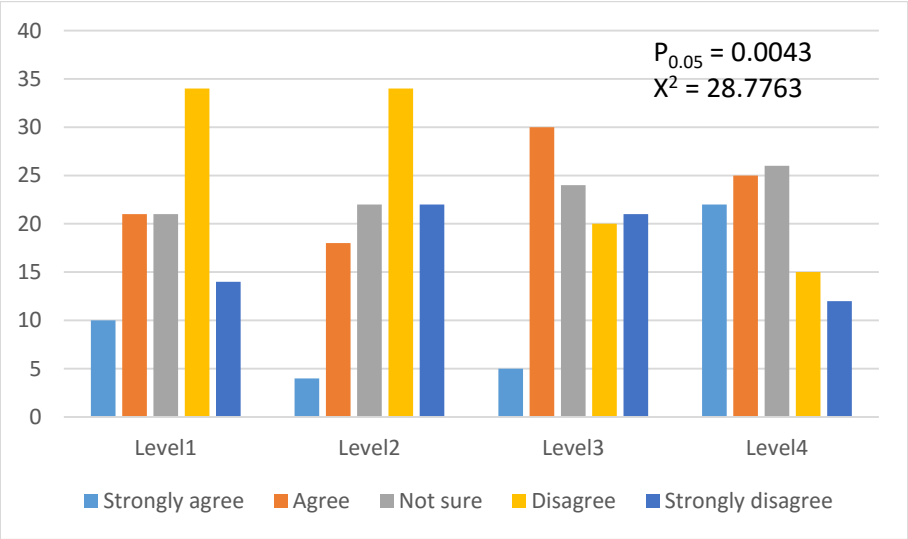


**Figure 4.35** Communication through email vs. study level

### 4.6.15 Communication through email vs. years in college

There is evidence of association ($p<0.05$) between years in the college and communication through email, $X^2$ (16, N = 294) = 32.796, p = 0.008. More than 20% of respondents who are 4 years at the college strongly agree that communication through email will help in monitoring absenteeism as compared to respondents who have 5 years (14%), 1 year (12%), 2 years (5%) and 3 years (4%) in college. Only 35% of respondents who have been in the college for 3 years agree that emails will assist with absenteeism monitoring, as compared to respondents who have been in the college for 4 years (25%), 2 years (19%), 1 year (17%), and 5 years (14%) who agree. More than 35% of

respondents who have 3 years in the college indicated that they were not sure if communication through emails would assist in monitoring absenteeism, as compared less than 25% of respondents in other years.

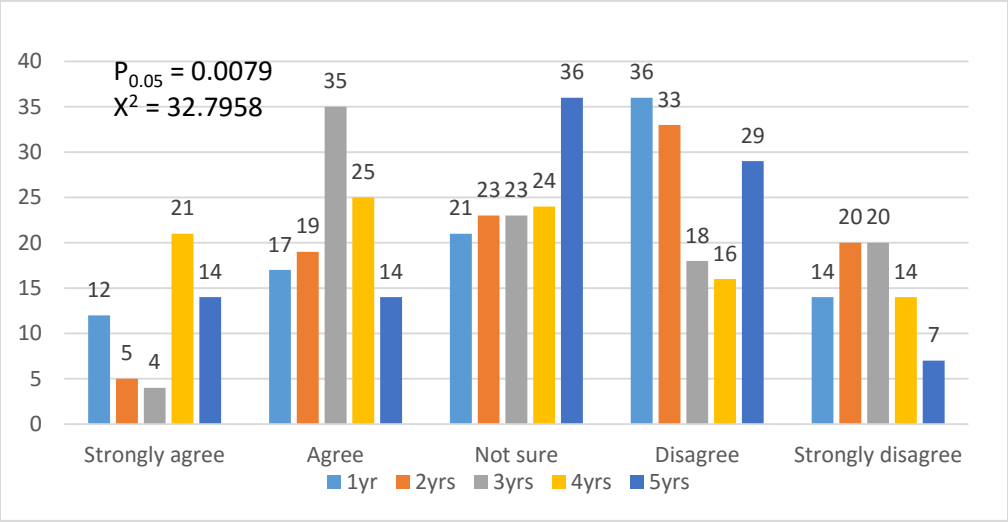


**Figure 4.36** Communication through email vs. years in college

### 4.6.16 Communication through WhatsApp vs. gender

There is association ($p<0.05$) between gender and communication through WhatsApp, $X^2$ (16, N = 296) = 13.167, p = 0.011. A high percentage of males agreed (45%) to strongly agree (43%) as compared to that of females (32% agree to 29% strongly agree) that communication through WhatsApp as a measure of monitoring absenteeism will be helpful. More than 5% of female respondents as compared to less than 5% of males were not sure and also disagree to strongly disagree that WhatsApp as a means of communication will help. There is a significant agreement ($p<0.05$) that communication through WhatsApp is a preferred method by a high percentage of males as compared to that of females.

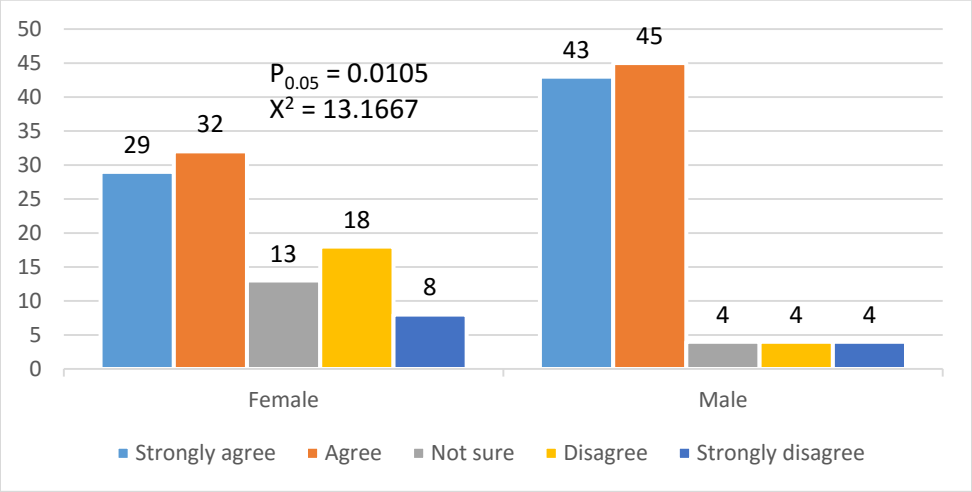


**Figure 4.37** Communication through WhatsApp vs. gender

### 4.6.17 Communication through WhatsApp vs. study level

Study level was not associated with communication through WhatsApp, $X^2$ (12, N = 296) = 15.780, p = 0.202. Level 2 respondents (43%) strongly agree with communication through WhatsApp, followed by level 4 respondents at 34%, level 3 respondents at 28% and level 1 respondents at 22%. Only 38% of respondents in level 1, 36% in level 3, 32% in level 4 and 30% in level 2 agree with communication through WhatsApp. Similarly, 16% of respondents in level 4, 14% in level 3, 11% in level 2, and 6% in level 1 are not sure if communication through WhatsApp is an absenteeism monitoring tool.

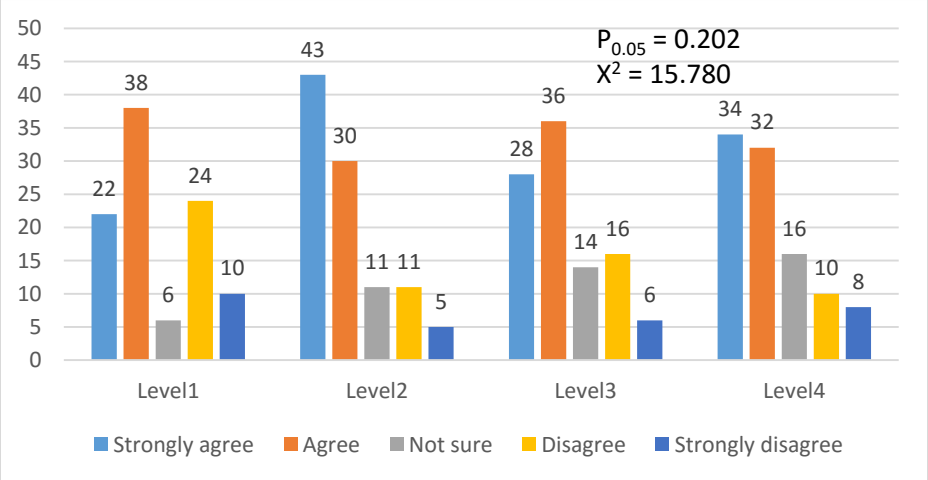


**Figure 4.38** Communication through WhatsApp vs. study level

### 4.6.18 Communication through WhatsApp vs. years in college

Significant association is not evident between years in college and using communication through WhatsApp as an absenteeism tool, $X^2$ (16, N = 295) = 20.534, p = 0.197. Respondents who have 1 year in college disagreed that communication through WhatsApp was high (49%), whereas for students who are in college for 2 years, 3 years, 4 years and 5 years, between 29% and 35% disagreed. Similarly, more than 29% of respondents who have 2 years, 3 years and 4 years at college agreed that WhatsApp as a means communication assisted in monitoring absenteeism.

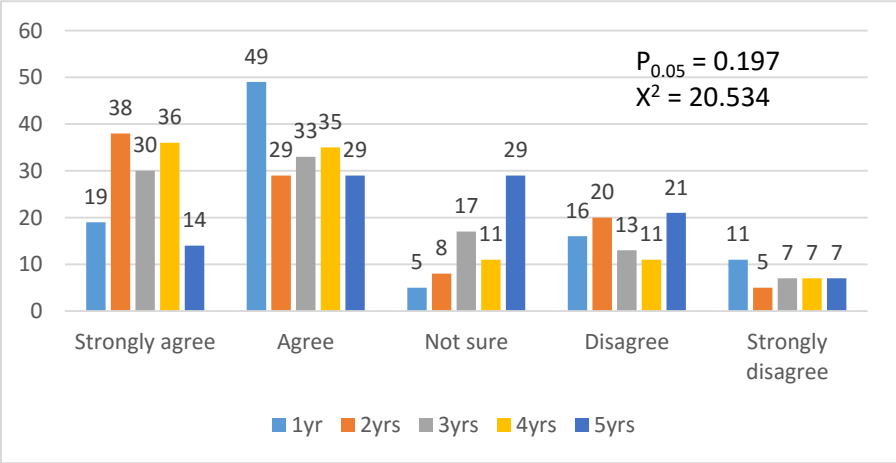


**Figure 4.39** Communication through WhatsApp vs. years in college

### 4.6.19 Communication through Facebook vs. gender

Gender was not associated with using communication through Facebook as an absenteeism monitoring tool, $X^2$ (4, N = 296) = 9.089, p = 0.059. A small percentage of male respondents (8%) and female respondents (3%) strongly agreed with communication through Facebook. Only 8% of male respondents and 5% of female respondents agree. Male respondents (22%) and 13% of female respondents were not sure. Female respondents (39%) and male respondents (24%) disagree. A majority of female respondents (40%) and male respondents (37%) strongly disagreed with communication through Facebook. Even though there is an agreement that communication through Facebook is not preferred irrespective of gender, but this did not play any role in determining association.

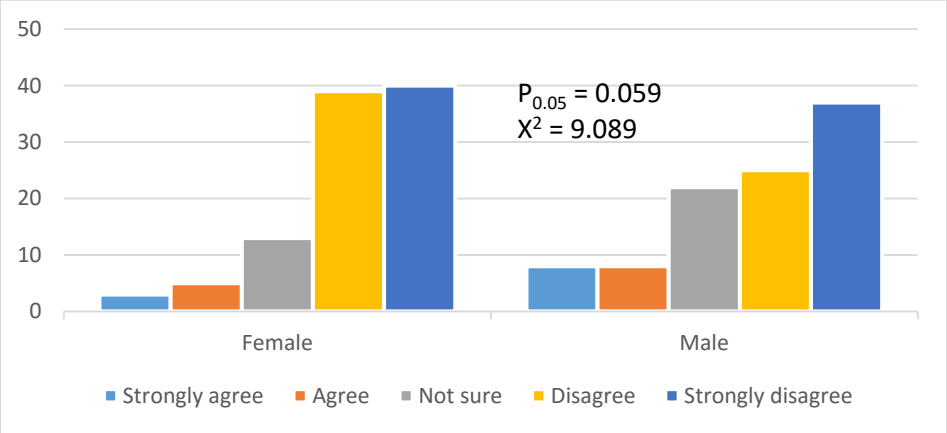


**Figure 4.40** Communication through Facebook vs. gender

### 4.6.20 Communication through Facebook vs. study level

Study level was associated with using communication through Facebook as an absenteeism monitoring tool, $X^2$ (12, N = 296) = 28.534, p = 0.005. A small percentage of respondents strongly agree with communication through Facebook, with 8% in level 4, 4% in level 2, 3% in level 1 and 1% in level 3. A further small percent of 9% in level 4, 6% in level 1, 5% in level 2 and 3% in level 3 agree with communication through Facebook While 23% in level 4, 13% in level 3, 11% in level 2, and 9% in level 1 are not sure. The majority of 51% in level 1, 43% in level 2, 38% in level 3 and 18% in level 4 disagree. Forty five percent (45%) in level 3, 42% in level 4, 37% in level 2 and 31% in level 1 strongly disagree with communication through Facebook. There is a significant agreement ($p<0.05$) that communication through Facebook in all study levels is not preferred (P= 0.0046, $X^2$ = 28.5).

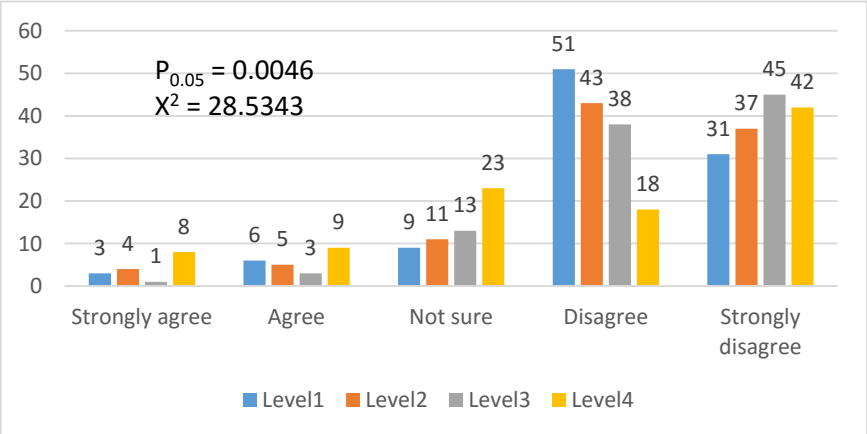


**Figure 4.41** Communication through Facebook vs. study level

### 4.6.21 Communication through Facebook vs. years in college

More than 20% of respondents across all years in college agreed that communication through Facebook is not a preferred method in monitoring absenteeism as compared to less than 12% of respondents who agreed that Facebook is the preferred method. There is a significant agreement ($p<0.05$) that communication through Facebook is not preferred irrespective of years in the college (P= 0.0076 Chi squared 32.9). Therefore, there is significant association between years in college and communication through Facebook, $X^2$ (16, N = 295) = 32.919, p = 0.008.

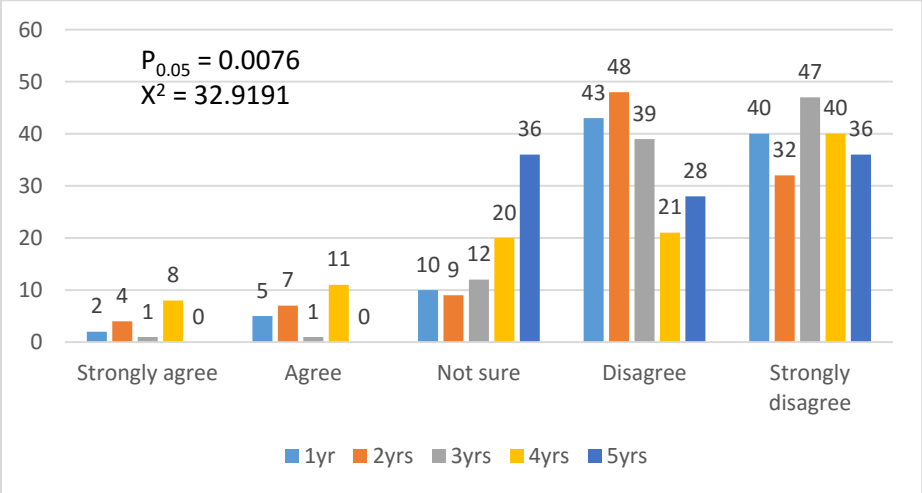


**Figure 4.42** Communication through Facebook vs. years in college

### 4.6.22 Communication through Twitter vs. gender

A small percentage of male respondents (6%) and female respondents (2%) strongly agreed with communication through Twitter. as a tool for monitoring absenteeism. Only 3% of female respondents and 2% of male respondents agree. Male respondents' (24%) and 13% of female respondents were not sure. Female respondents (35%) and male respondents (27%) disagree. Most female respondents (47%) and male respondents (41%) strongly disagreed with communication through Twitter. Even though a high percentage of both male and female respondents strongly disagree that Twitter is not a preferable method for communication, it did not have any significant effect, since the

percentage agreement was almost the same across gender, $X^2$ (4, N = 294) = 8.481, p = 0.076.

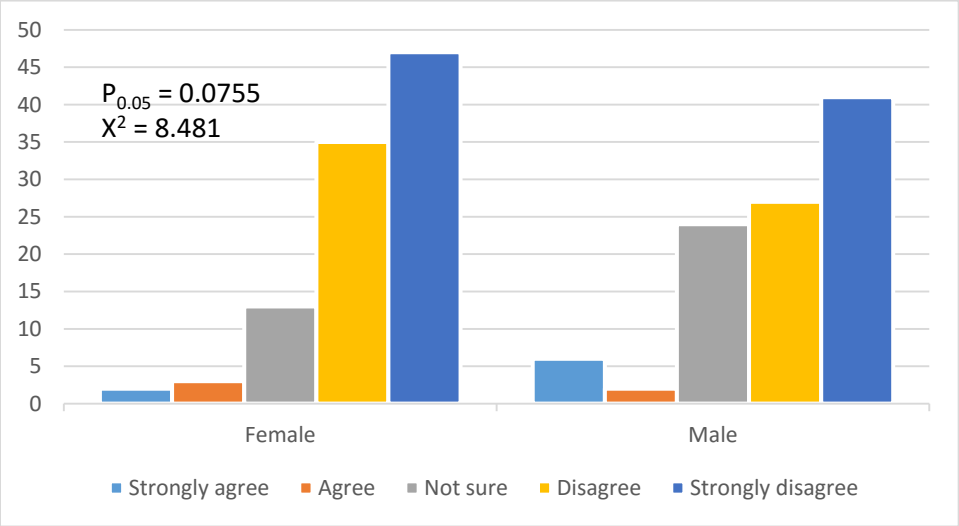


**Figure 4.43** Communication through Twitter vs. gender

### 4.6.23 Communication through Twitter vs. study level

A small percentage of respondents strongly agree with communication through Twitter were 5% from level 4, 3% from level 1, 2% from level 2 and 0% from level 3. A further small percent of 7% from level 4, 3% from level 1, 2% from level 2 and 1% from level 3 agree with communication through Twitter. Only 26% in level 4, 14% in level 3, 9% in level 2, and 8% in level 1 are not sure. The majority of 50% from level 1, 36% from level 2, 35% from level 3 and 17% from level 4 disagree, while 51% from level 2, 50% from level 3, 45% from level 4 and 36% from level 1 strongly disagree with communication through Twitter. There is a significant agreement ($p<0.05$) that communication through Twitter in all study levels is not preferred P=, $X^2$ (12, N = 294) = 33.011, p = 0.0010 001 33).

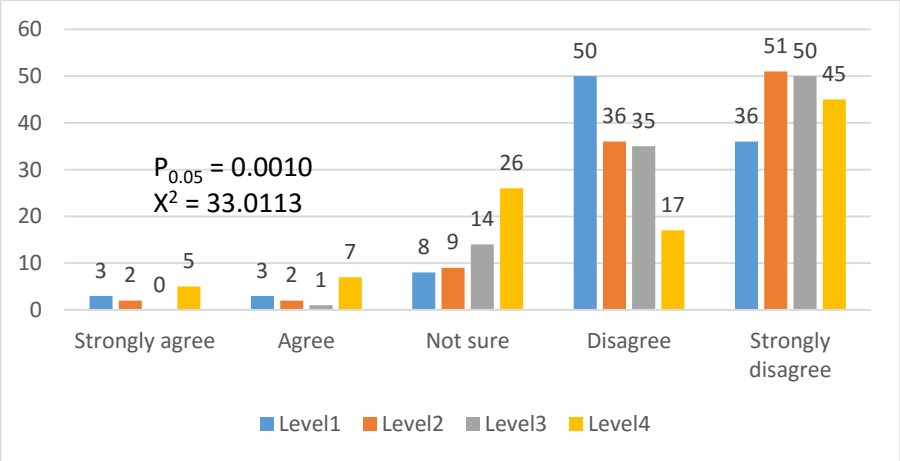


**Figure 4.44** Communication through Twitter vs. study level

### 4.6.24 Communication through Twitter vs. years in college

A small percentage (<10%) of respondents across all years strongly agree. This also implies that they agree that communication through Twitter can be used in monitoring the absenteeism of students in the college as compared to more than 15% who strongly disagree and disagree with Twitter as a means of monitoring tool (P= 0.0184 Chi squared 29.9). Therefore, there is significant association between years in college and communication through Twitter, $X^2$ (16, N = 293) = 29.922, p = 0.018.

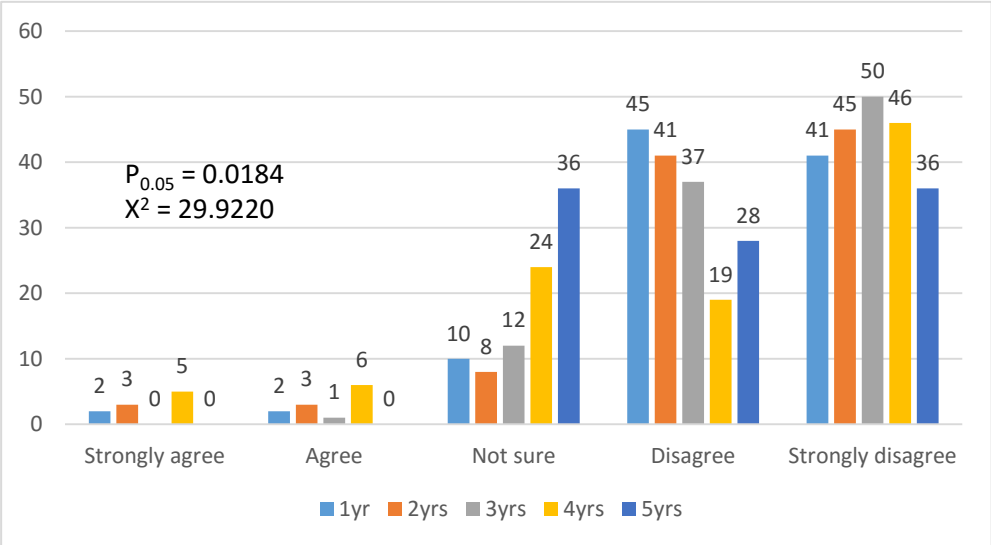


**Figure 4.45** Communication through Twitter vs. years in college

### 4.6.25 Communication through YouTube vs. gender

A small percentage of male respondents (6%) and female respondents (1%) strongly agreed with communication through YouTube, while 2% of both female and male respondents agreed. Male respondents (24%) and 11% of female respondents were not sure. Female respondents (34%) and male respondents (23%) disagree. Most female respondents (52%) and male respondents (45%) strongly disagreed with communication through YouTube. There is a significant agreement ($p<0.05$) that communication through YouTube is not preferred irrespective of gender, $X^2$ (4, N = 295) = 14.018, p = 0.0072007 14.0.

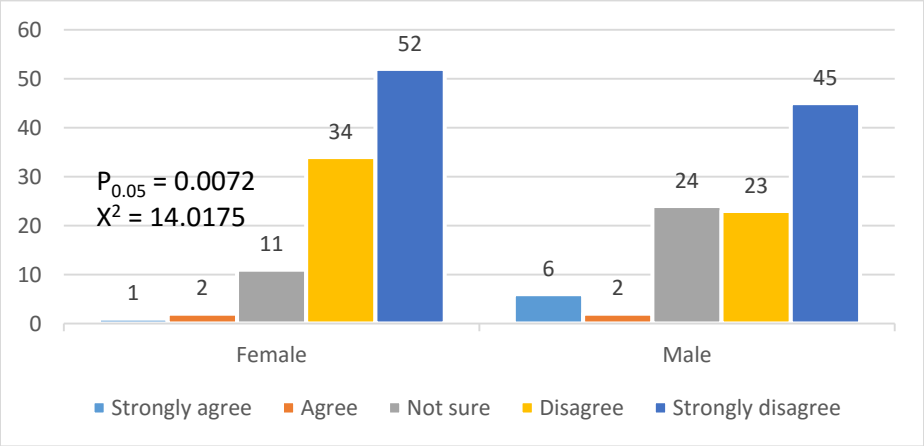


**Figure 4.46** Communication through YouTube vs. gender

### 4.6.26 Communication through YouTube vs. study level

There is a significant agreement ($p<0.05$) that communication through YouTube is not preferred as a means of monitoring absenteeism, $X^2$ (16, N = 295) = 35.085, p = 0.001. Percentages of more than 50% of the respondents in level 2, 3 and 4 who strongly disagree that communication through YouTube will assist in monitoring absenteeism is higher, as compared to the 37% in level 1. Similarly, more than 50% of the respondents in level 1 who disagree that communication through YouTube will assist in monitoring absenteeism is higher as compared to less than 35% of respondents in level 2, 3 and 4.

Thus, communication through YouTube to monitor absenteeism is associated with study level.

A small percentage of respondents who strongly agree with communication through YouTube was 3% from level 4 and level 1, 2% from level 2, and 0% from level 3. A further small percent of 4% from level 4, 2% from level 2, and 1% from level 1 and level 3 agree with communication through YouTube. Only 26% from level 4, 11% from level 3, 9% from level 2, and 7% from level 1 were not sure. The majority of 52% in level 1, 32% in level 3, 30% in level 2 and 15% in level 4 disagree. Fifty seven percent (57%) in level 2, 56% in level 3, 52% in level 4 and 37% in level 1 strongly disagree with communication through YouTube (p=0.005 Chi squared = 35.0).

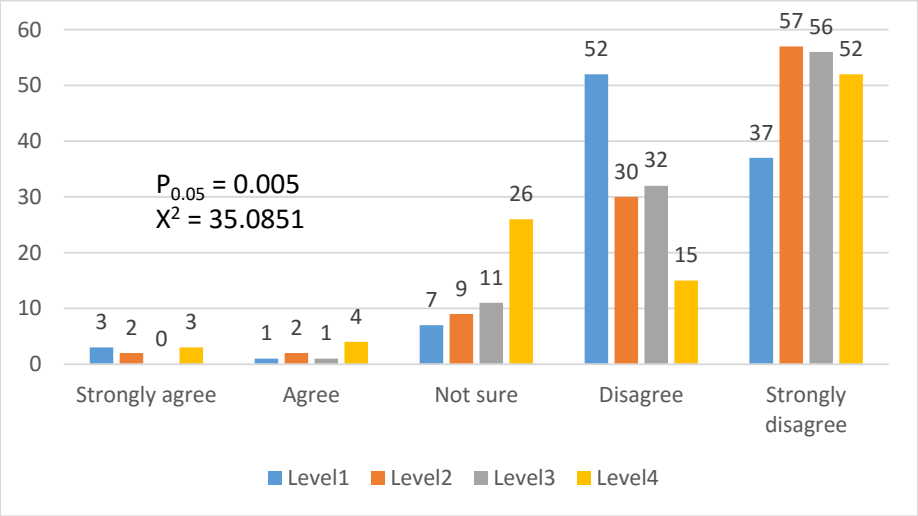


**Figure 4.47** Communication through YouTube vs. study level

### 4.6.27 Communication through YouTube vs. years in college

A significant association was evident between communication through YouTube and years in college, $X^2$ (16, N = 293) = 29.564, p = 0.020. Percentages of more than 40% of the respondents that have 1, 2, 3 and 4 years in college strongly disagree that communication through YouTube will assist in monitoring absenteeism and is higher as compared to the 36% that have five (5) years in college. Similarly, more than 25% of the respondents that have 1 year, 2, 3 and 5 years in college disagree that communication through YouTube will assist in monitoring absenteeism and is higher as compared to less

than 17% of respondents in level 4. Only a small percentage of less than 5% across all years in college strongly agree and also agree that absenteeism can be monitored with communication through Twitter (P = 0.0204 Chi squared= 29.5).

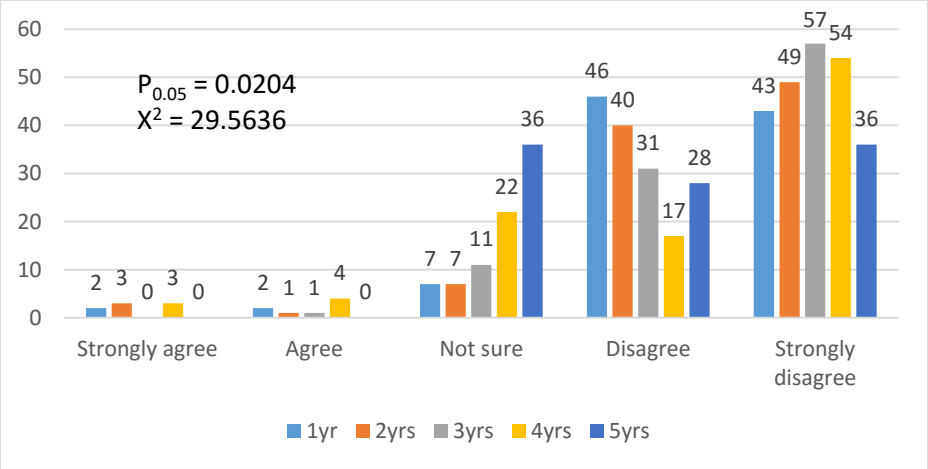


**Figure 4.48** Communication through YouTube vs. years in college

### 4.6.28 Communication through post letter vs. gender

A very small percentage of female respondents (1%) and male respondents (0%) strongly agreed with communication through posting a letter as an absenteeism monitoring tool, while 2% of male and 1% female respondents agree. Only 11% of male respondents and 9% of female respondents were not sure, followed by the same percentage (30%) of females and males who disagree. Most female respondents (59%) and males (58%) strongly disagreed with communication through posting a letter for monitoring absenteeism. Even though the percentage of both males and females strongly disagree that communication through posting a letter is not a preferable method, it did not have any significant effect in determining association, since the percentage agreement is almost the same across all genders. Therefore, there is no association between gender and communication through posting a letter, $X^2$ (4, N = 294) = 0.857, p = 0.931.

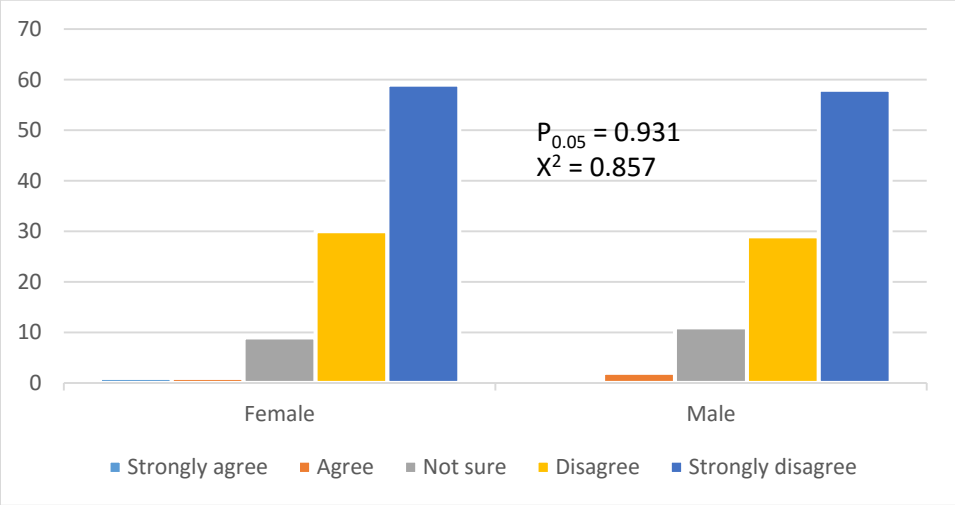


**Figure 4.49** Communication through post letter vs. gender

### 4.6.29 Communication through post letter vs. study level

A high number of respondents across all study levels indicated that they strongly disagreed that communication through posting a letter is an absenteeism-monitoring tool, followed by those who disagreed, then those who were not sure. Thus, there was no significant association between study level and communication through post letter as an absenteeism tool, $X^2$ (12, N = 294) = 15.342, p = 0.223.

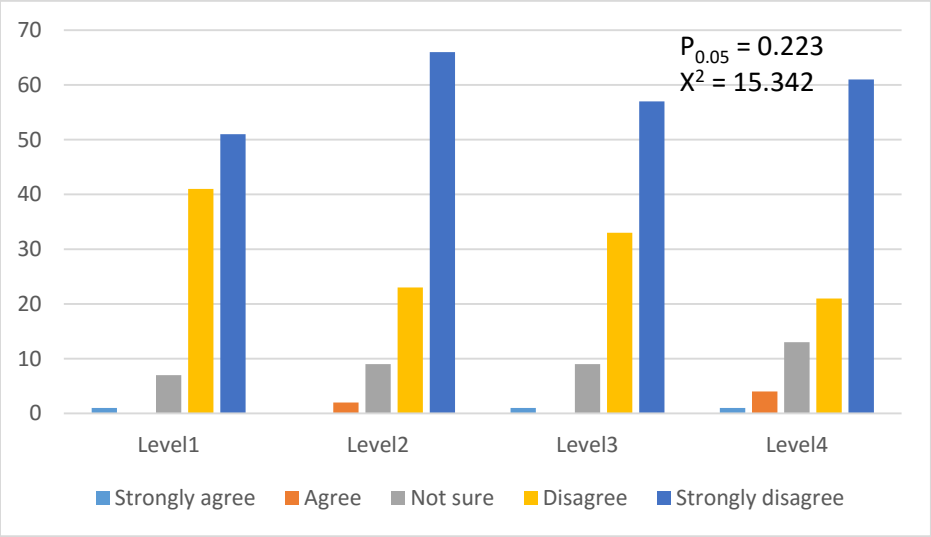


**Figure 4.50** Communication through post letter vs. study level

### 4.6.30 Communication through post letter vs. years in college

In figure 4.51 the results showed that there was no significant association between years of being in college and communication through posting letter as an absenteeism tool, $X^2$ (16, N = 293) = 13.064, p = 0.668. Respondents who strongly disagreed that communication through posting a letter was high across the number of years in college, followed by those who disagreed, then those who were not sure, respectively.

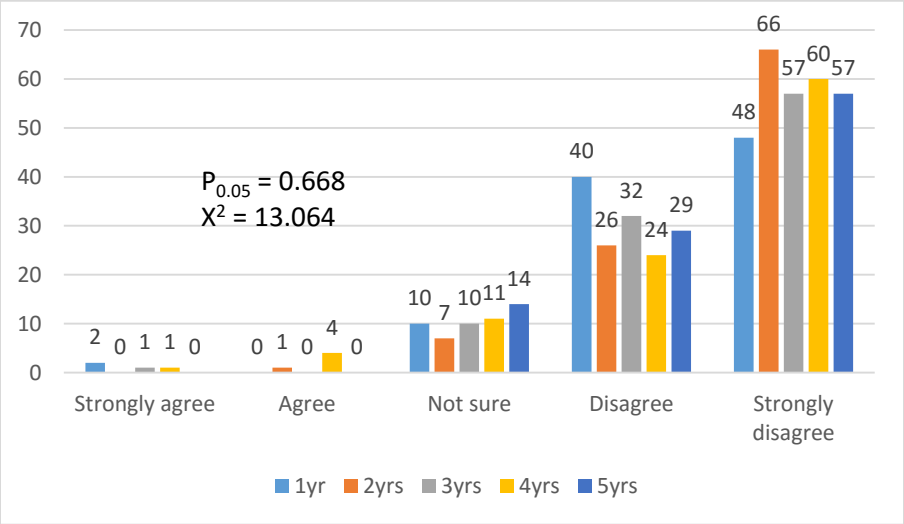


**Figure 4.51** Communication through post letter vs. years in college

### 4.6.31 Communication through student residence visit vs. gender

Figure 4.52 shows no evidence of association between gender and communication through visiting the student's residence $X^2$ (4, N = 296) = 1.435, p = 0.838. More than 40% of male and female respondents strongly disagreed that communication through a student residence visit is a tool for monitoring absenteeism, followed by respondents who disagreed, who were not sure, who agreed and also who strongly agreed. The males and the females' percentage agreement follow the same pattern.

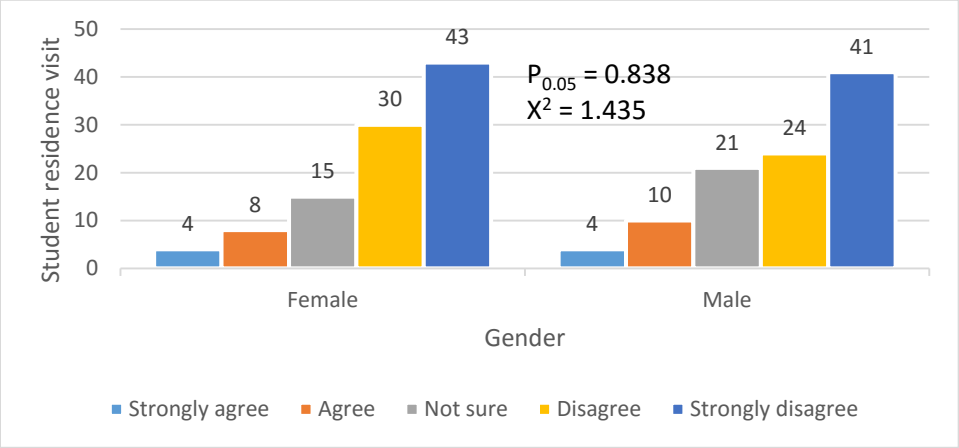


**Figure 4.52** Communication through student residence visit vs. gender

### 4.6.32 Communication through student residence visit vs. study level

Figure 4.53 shows that there was no significant association between study level and communication through students' residence visit as an absenteeism tool, $X^2$ (12, N = 296) = 12.769, p = 0.386. The percentage of respondents who strongly disagreed that communication through student residence visit was high across all study levels, followed by those who disagreed then those who were not sure. Thus, communication through student residence was almost the same majority.

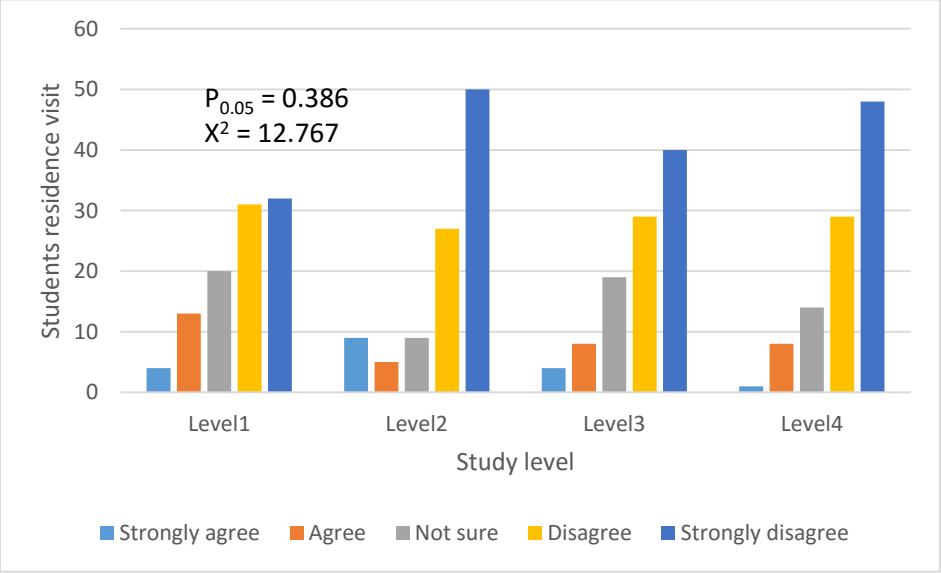


**Figure 4. 53** Communication through student residence visit vs. study level

### 4.6.33 Communication through student residence visit vs. years in college

In figure 4.52 indicates that significant association is not evident between years in college and using communication through students' residence visit as an absenteeism tool, $X^2$ (16, N = 295) = 16.357, p = 0.428. The percentage of respondents who strongly disagreed that communication through student residence visit was high across all years in college, except for students who are in college for 5 years. Similarly, respondents who disagreed was almost the same across all years in college, except for students who are in college for 5 years. Thus, communication through student residence was almost the same.

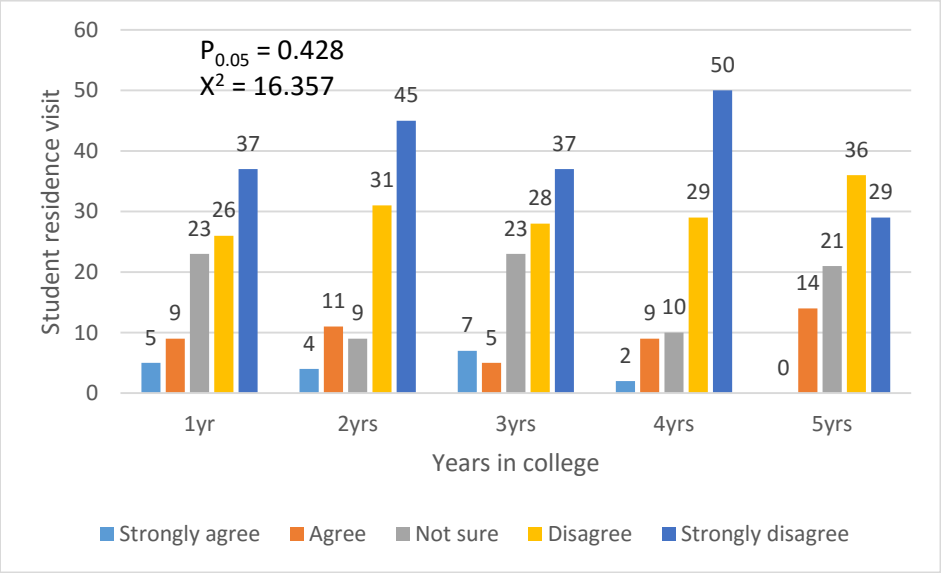


**Figure 4.54** Communication through students' residence visit vs. years in college

### 4.6.34 Communication through class representative vs. gender

In figure 4.55, female respondents (13%) and male respondents (12%) strongly agreed with communication through a class representative as an absenteeism monitoring tool. Only 39% of female and 37% male respondents agreed, while 16% of male respondents and 15% of female respondents were not sure if a class representative was a communication tool of monitoring absenteeism. Similarly, female (14%) and male (12%) respondents disagree, while 23% of male respondents and 19% of female respondents strongly disagreed with communication through a class representative. The male and the female respondents' percentage agreement follow the same pattern. Thus, there is no

evidence of association between gender and communication through class representative for monitoring absenteeism, $X^2$ (4, N = 295) = 0.352, p = 0.98.

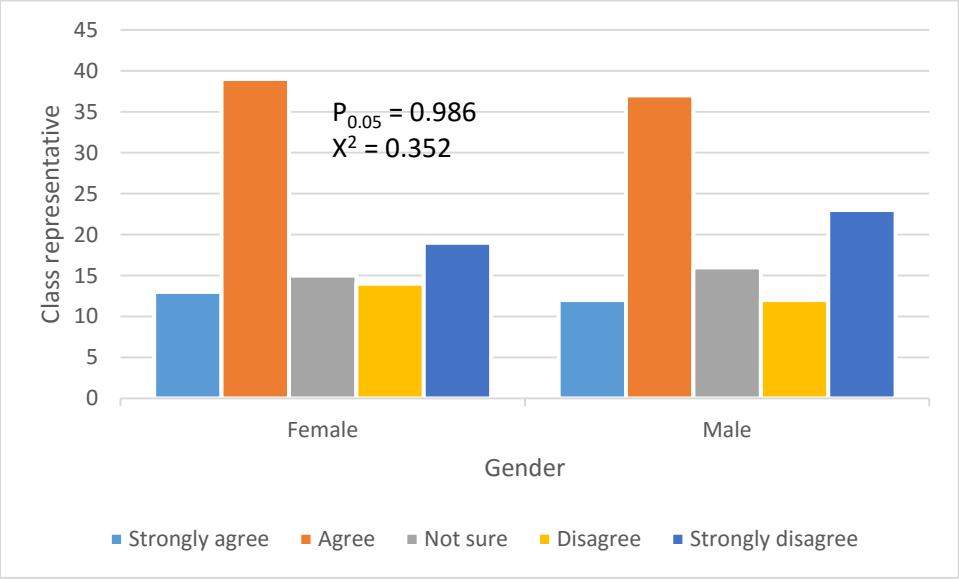


**Figure 4.55** Communication through class representative vs. gender

### 4.6.35 Communication through class representative vs. study level

Figure 4.56 indicates the results of the respondents in the various year levels regarding the communication through a class representative as a method of monitoring absenteeism. For all students in level 4, only 47% indicated that they agree that communication through a class representative is a tool for absenteeism monitoring as compared to 17% (strongly agreed), 13% (not sure), 14% (disagreed) and 9% (strongly agreed). Similarly, 34% of respondents in level 3 agreed, compared to 17% (strongly disagreed) and 16 % (disagreed and not sure) from same level. The percentage agreement was not the same with study level, therefore, there is association between study level and communication through class representative as absenteeism monitoring tool, $X^2$ (12, N = 295) = 19.555, p = 0.003.

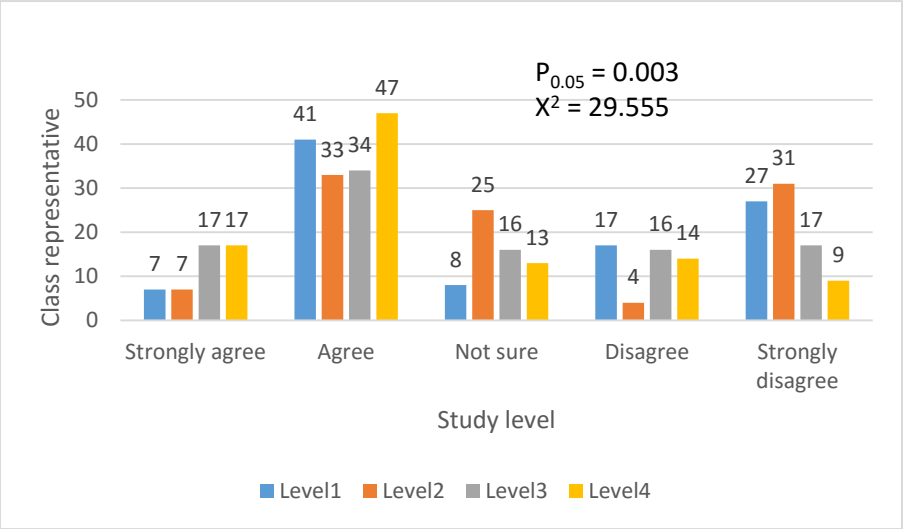


**Figure 4.56** Communication through class representative vs. study level

## 4.7 Summary of chapter

The aim of the study was to determine communication methods to assist in the monitoring of student absenteeism at a nursing college in the clinical learning environment. The findings of the study were analysed, presented, described and discussed with literature. The findings showed that the students agreed with the following measures that they prefer can be used: contact person, hour forms, telephone, SMS, WhatsApp messaging and reporting via class representatives. The email was agreed upon by 34.9%, disagreed by 41.8% and 23.3% are not sure. The following measures were not agreed upon: Facebook, Twitter, YouTube, letter via post and a visit by the lecturers at the residence. The researcher drew conclusions and made recommendations as discussed in the next chapter.

# CHAPTER 5

## 5. SUMMARY OF FINDINGS

### 5.1 Introduction

The results of this study were presented in chapter 4 and provided a clear description of the data on reasons causing absenteeism and the communication methods to monitor students' absenteeism at a nursing college in the clinical learning environments. This chapter discusses the summary of the main findings. The study was motivated by the level of absenteeism of the students at the clinical learning environments.

**The objectives of the study were:**

- To determine from the students, what communication methods can be used to monitor student absenteeism at a nursing college in the clinical learning environments.
- To determine from the lecturers, what communication methods can be used to monitor student absenteeism at a nursing college in the clinical learning environments.
- To determine the reasons for absenteeism in the clinical learning environments.
- To monitor student absenteeism at a nursing college in the clinical learning environments timeously and intervene timeously.

### 5.2 Discussion of findings

The results are discussed using data that was collected using a descriptive research approach. The data was collected from 303 students in all four levels of study and 43 lecturers that are involved with the R425 program at a nursing college in the Gauteng Province of South Africa. Questionnaires were used to obtain the biographical data, reasons for student absenteeism at the clinical learning environments, how often do the students absent themselves from the clinical learning environment and communication methods that can be used to monitor absenteeism.

The following methods of communication were recommended by the respondents for easy communication between students and lecturers to assist in the monitoring of student absenteeism: the use of a contact person allocated to a student; use of contact hour forms; telephone calls; use of SMS's, WhatsApp messages and class representatives. Reporting absenteeism to class representatives might put unnecessary pressure on the class representatives, as they also have their learning objectives to meet, and they are also commuting to and from the CLE's. The class representatives might be overwhelmed and forget to report to the relevant lecturers the messages they receive from their fellow students.

The following methods of communication were not recommended: Facebook, Twitter, YouTube, post letter and student residence visit. The findings are not the same as the findings of a 2017 study by Osazee-Odia (2017:2) that found that Facebook was the most preferable social media usage site for communication followed by YouTube.

### 5.2.1 Demographics of students

Most student nurses who participated in the study were female. The females were 253 (83.5%), while 50 (16.5%) were males. The statistics from the SANC of the nursing manpower as at 31/12/2018 is 257 542 females as compared to the 28 162 males (SANC: 2018). Flaskerud and Halloran (2018:613) quoted a view by Nightingale that women are by nature appropriate for organizing, executing, and overseeing the nursing care of the sick hence the high number of females in the profession. Regardless of progressively growing rates, males remain a minority in nursing. The reasons why fewer males follow nursing are multiple and multifaceted (Gunn, Muntaner, Villenueve, Chung and Gea-Sanchez, 2019).

Even though there is an increase in men entering the nursing profession of late, it is a slight, and slow increase (Kronsberg, Bouret, and Brett, 2018:46). This explains why more females participated in the study, however throughout this study gender did not have any significant effects on the findings, which implies that absenteeism is a problem irrespective of gender.

The majority of the students were between the ages of 18 and 35. The age of the students did not have an influence on absenteeism. Statistics from SANC of students who commenced training in 2018 for the R425 program show an average age of 24 years, a minimum age 16 years and a maximum age 56 years (SANC: 2018). The average age of students who completed nursing qualifications in 2018 was 27 years, with the minimum age being 20 years and the maximum age being 58 years (SANC: 2018). This study showed that there was no significance between age of respondents and absenteeism.

Students from all four levels of study were included in the study. The results found that there is a significant association $X^2$ (18, N = 303) = 33.006, p = 0.0167 between study level and absenteeism. Respondents who are absent from clinical learning environment are associated with respondents in study level 2, followed by the students in level 1 and other levels. Respondents who never miss their clinical learning environment are more associated with respondents in level 4, followed by level 3.

The students' years at the college ranged from one year to five years because other students repeated a year of study. There is a significant association between years in the college and absenteeism. Respondents who are absent from clinical learning environments are associated with respondents who are five (5) years at the college followed by those who are at the college for three (3) years. Respondents who never miss their clinical learning environment are more associated with respondents who are four (4) years at the college.

Ninety five percent of the students had computer skills as opposed to the 5% that did not have. Social media networks have grown in popularity which has increased its acceptance over the years. Social media sites are rapidly growing in popularity and college students in particular form a large portion of users on social media networks (Sele, 2018:32).

### 5.2.2 Lecturers' demographics

Out of the 43 lecturers, 39 were female and 4 were male. The majority of the lecturers are in the category of between 36 and 55 years of age (23 lecturers), followed by those

less than 35 years of age (12 lecturers) and lastly are those between 56 and 65 years of age (8 lecturers). The SANC statistics of registered nurses' age distribution shows that 6% are less than 30 years old, 21% are between 30 and 39 years old, 26% are between 40-49 years old, 28% are between 50-59 years old, 16% are between 60-69 years old and 3% are above 69 years old (SANC:2020). A Bachelors' degree is a minimum requirement to be employed as a lecturer at a nursing college. Most of the lecturers have a Bachelor's degree (31), two (2) have an Honours degree and 10 have Master's degrees. Regarding the experience of the lecturers, those who have less than five (5) years' experience are 26 (60%); the number who have 6-10 years' experience are 9 (21%); and the number who have more than 10 years' experience are 8 (19%). Disciplines for the R425 program that lecturers are allocated to are the General Nursing Science, Midwifery Nursing Science, Psychiatric Nursing Science and Community Nursing Science. The teaching disciplines are distributed almost equally between the lecturers.

### 5.2.3 Reasons for absenteeism in the clinical learning environments

The factors that were identified as some of the reasons of absenteeism of students from the clinical learning environments in no particular order included the following: attitude of permanent staff towards students; physical sickness; family responsibilities; the working environment; lack of support; and CLE's that are far from the college.

#### 5.2.3.1 Stress related to treatment received by students in the clinical learning environments

The respondents indicated that they were not treated well by the permanent staff at the CLE's. The staff only concentrated on doing their work routine and did not cater for the learning objectives of the students. The students also indicated that they are mostly treated as messengers. This study identified that there is lack of supervision of students by the person in charge of the ward.

From this study it is therefore evident that students were stressed from the treatment that they received from the staff at the clinical learning environments, leading to them absenting themselves. The findings from the study showed evidence of association ($X^2$) (12, N = 299) = 41.247, $p < 0.001$) between absenteeism and having problems with the

nursing staff in the ward. Negative interactions with staff members cause stress to the students (Abdelrahman & Abdelkader, 2017:72).

The same sentiments are shared in the study by Jamshidi et al., (2016:4) that improper treatment, oppressive behaviours, and discrimination from the staff causes the students' stress. Ray et al., (2018:1375) agreed that lack of respectable interactive associations between staff and students contributes to absenteeism, and students absent themselves to get some relief from the treatment that they receive from the staff.

#### 5.2.3.2 Physical sickness

Sickness is an unexpected life situation that can happen to any person including the students, leading to absenteeism at the CLE's. Singh (2015:12); Kovane (2015:25); Nawaz et al., (2018:125); Magobolo and Dube (2019:4) and Ray et al., (2018:1375) all agree that sickness leads to absenteeism. The findings in the current study showed that being absent from the clinical learning environment at any given time was not associated with physical illness.

#### 5.2.3.3 Family responsibilities

The results showed an association between placement absenteeism and family responsibility. Unforeseen family problems and obligations like children or ageing parents with health problems, conflicts like divorce and funerals of family members may also lead to absenteeism of students. Studies by Abdelrahman and Abdelkader (2017:70); Nawaz et al., (2018:123,131); Singh (2015:13) and Kovane (2015:26) reported that family responsibilities lead to absenteeism of students which are contrary to the findings in this study.

#### 5.2.3.4 Lack of support in the working environment

Shortage of staff in the clinical area leads to students not being mentored adequately by the clinical staff due to the fact that there is not enough time, and also that the routine work in the ward must be done by the staff. Students end up working with minimal or no supervision from the clinical staff. The low ratio of patients to students, where there are many students from different learning institutions placed at the same facility makes it

difficult for students to get the opportunity to meet their learning outcomes. Evidence was found in the current study that there was an association between placement absenteeism and lack of support from the permanent staff in the clinical areas.

A study by Abdelrahman and Abdelkader (2017:72) found that inadequate learning climates like negative interactions with staff are significant reasons why students are absent from the CLE's. Staff shortages leading to student nurses being treated as workforce, non-supervision by qualified staff members and large patient numbers are some of the reasons why they absent themselves (Singh, (2015:56); Kovane (2015:65). Students are not yet competent to be able to work unsupervised, therefore they need to work under the direct supervision of the qualified personnel to boost their confidence and increase their competency levels.

#### 5.2.3.5 Distance from the college or places of residence and CLEs

A significant association between transport problems and placement absenteeism was evident in the study. Studies by Ray et al., (2018:1376) and Nawaz et al., (2018:123) found that scarce transport services and transportation problems causes absenteeism. Travelling is costly and exhausting, which causes stress and anxiety to the students (Sibiya: 2014:). Transport to facilities that are in remote areas is scarce, which sometimes takes the students up to three (3) hours to travel to a particular facility and use more than one means of transport to reach those facilities. Students are placed at clinical facilities that are up to 49 km away from the college.

### 5.2.4 Communication methods required by both students and lecturers to monitor student absenteeism at a nursing college in the clinical learning environment

#### 5.2.4.1 Communication through contact person

Communication methods which the students and lecturers agree with that can assist them in monitoring absenteeism at the CLE are through a contact person. When the students have a designated person to whom they report to when they are at the CLE's, vs the students reporting to any professional nurse at the unit where they are allocated, it is

shown that the monitoring of the absenteeism can be done at the earliest possible time and subsequent interventions implemented. The findings of the study are supported by findings of a study conducted by Rambod, Sharif and Khademian (2018:444) which revealed that students reported that they had increased competence, taking on challenges and problem solving during their preceptorship program. Students at the CLEs are told that supervision is the responsibility of a university mentor or lecturer. Trained nurses are not willing to guide students or to answer their questions and on the other hand regular accompaniment by the lecturers does not happen (Sibiya 2014).

#### 5.2.4.2 Communication through students' contact hour forms

Student contact hour forms are another method that is preferred to monitor absenteeism. Students are expected to fill in hours worked on a daily basis and the responsible professional nurse that was working with that student for the day will sign the hour form to prove that the student did indeed attend. The hour forms are submitted to the lecturers on or before the 7$^{th}$ of the following month. The responsible lecturer only becomes aware of the months' absenteeism by then, which is not helpful in monitoring absenteeism timeously. No previous findings were found in literature to support or contradict these findings.

#### 5.2.4.3 Communication through telephone calls, SMS', WhatsApp messages and through class representatives

All the respondents (students and lecturers) agreed with communication methods through telephone calls, SMS', WhatsApp messaging and through the class representatives. Studies conducted by AlFaris, Irfan, Ponnamperuma, Jamal, Van der Vleuten, Al Maflehi, Al-Qeas, Alenezi, Alrowaished, Alsalman, and Ahmed (2018:1) and Prodhan, Islam, and Hossain (2020:2) agreed with these findings by showing that WhatsApp messaging was the most popular communication method used on social media platforms. These methods were preferred because the message gets conveyed to the relevant lecturer immediately when absenteeism occurs. The lecturer would then be able to intervene immediately rather than waiting to act the following month when the problems have escalated. In cases where the students reported to the class representatives, the message will then be

passed on by the class representative to the relevant lecturer immediately through a telephone call, SMS or WhatsApp message. These methods were said to be convenient, accessible, reliable and could also be traceable.

#### 5.2.4.4 Communication through email

This method of communication was preferred mostly by the level 4 respondents and lecturers. The other levels did not prefer this method of communication. A study by Mathew and Guru (2017:225) showed that the email correspondence was by far the most leading form of communication, followed by instant messaging like SMS.

#### 5.2.4.5. Communication through Facebook, Twitter, YouTube, post letters and student residence visits

These communication methods were not preferred by most of the respondents. The respondents felt that these methods are not professional methods of communication. The letter via post was regarded as an outdated method as it takes a long time to reach the person intended to (more or less two weeks). Students' residence visit is also not preferred as it infringes upon the privacy of the students and the lecturers' safety is not guaranteed. A study conducted by Hossain, Islam, and Prodhan (2020:7) showed that Facebook was used mostly, and Twitter was less preferred by students and lecturers alike.

## 5.3 Summary of chapter

In this chapter the summary of the findings of the study were discussed. The next chapter will discuss the recommendations, limitations and conclusion.

# CHAPTER 6

# 6. RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

## 6.1 Introduction

The previous chapter outlined the summary of findings of the study while this chapter discusses the limitations, recommendations and conclusion of the study.

## 6.2 Recommendations

### 6.2.1 Nursing practice

The following recommendations are made for nursing practice:

**Support of student nurses by the staff in the clinical learning environments**

Students need the support of the staff from the clinical learning environment and lecturers during placement. The students raised concerns that permanent staff in the CLE's do not want to do their work when students are allocated there, treating students as the working force. The staff at the CLE's also send the students on errands, doing non-nursing duties. The learning outcomes of students are not considered; therefore, students leave the placement area without having met their learning outcomes at the end of the placement and training, and they thus could not be found competent. The professional nurses need to mentor the students according to their level of training and learning outcomes during the clinical placement A study conducted by Kalyani, Jamshidi., Molazem, Torabizadeh, and Sharif (2019:2) showed that nursing students come across a lot of new skills to learn after entering the clinical setting, bringing about mental and psychological difficulties and lack of motivation. These difficulties that the students go through lead them to absenting themselves from the CLE's in order to avoid the difficulties. Kalyani et al., (2019:2) further states that identification and elimination of the difficulties in clinical learning environments lessen nursing students' emotional and behavioral problems in these environments and improve their level of competence and their confidence will be boosted.

**Involvement of student nurses in decisions that affect their off duties**

The challenge that students are faced with are the off duties planning in the CLE's. Students are not granted off duties that they requested for in order for them to attend to their learning obligations like submission of assignments, preparation for examinations and attending to their social responsibilities. Accommodating requests of off duties of the students where possible might be a solution to curb absenteeism of the students.

### 6.2.2 Nursing Education

It would be advisable to involve the students during the planning of their clinical placements. That could be achieved by requesting students to indicate their places of residence so that they can be placed near their places of residence where possible. Authorities at the college are to make resources available such as access to telephones, for easy communication between students, as well as for lecturers so that absenteeism can be identified earlier; and relevant interventions implemented for. This can be done, for example, referral to counselling department in case of social problems or to Occupational Health and Safety in case of illness.

### 6.2.3 Future research

A qualitative study can be conducted to explore the factors that can facilitate communication to monitor absenteeism from individuals.

More studies can focus on the effectiveness of each of the communication methods preferred to monitor students' absenteeism at the clinical learning environments.

## 6.3 Limitations of the study

The study was conducted at one nursing college. It did not include other nursing colleges; therefore, the results cannot be generalized to all nursing colleges in the Gauteng

Province as the findings are only true to the study sample and may differ from students from other colleges or other programs.

## 6.4 Conclusion

The aim of the study was to determine communication methods to assist in the monitoring of student absenteeism at a nursing college in the clinical learning environment. A quantitative study was followed using a questionnaire to answer the question in this study: which communication methods can be used to monitor student absenteeism at a nursing college in the clinical learning environments. This chapter concluded the study; summarized the findings; described limitations and made recommendations for practice and further research. The study indicated that the preferred method of communication to monitor absenteeism in the clinical learning environments are the use of a contact person allocated to a student, use of contact hour forms, telephone calls, use of SMSs, WhatsApp and class representatives.

## REFERENCES


Abdelrahman, S.M. and Abdelkader, A.M. 2017. The influencing factors of absenteeism among nursing students. *Journal of Nursing Education and Practice*, *7*(10), pp.64-72.

AlFaris, E., Irfan, F., Ponnamperuma, G., Jamal, A., Van der Vleuten, C., Al Maflehi, N., Al-Qeas, S., Alenezi, A., Alrowaished, M., Alsalman, R. and Ahmed, A.M. 2018. The pattern of social media use and its association with academic performance among medical students. *MedicalTeacher*, 40(Supp 1), pp. S77-S82.

Baloyi, P.D. 2014. *Absenteeism amongst nursing students in a Limpopo college of nursing* (Doctoral dissertation, North-West University)

Black, K. 2010. *Business Statistics: For Contemporary Decision Making, Sixth Edition. Wiley-USA.* pp. 222-223.

Branson, M., Loftin, C., Hadley, L., Hartin, V. and Devkota, S. 2016. Impact of attendance on academic performance in prenursing students. *Nurse Educator*,41(4), pp.185-188.

Bruce, J.C., Klopper, H. and Mellish, J.M. 2011. Global and local issues impacting on nursing education. *Teaching and Learning the Practice of Nursing*, pp.55-72.

Burns, N., Grove, S.K. and Gray, J. 2013. *The practice of nursing research: appraisal, synthesis and generation of evidence.* 7th edition. St Louis: Saunders Elsevier.

Desalegn, A.A., Berhan, A. and Berhan, Y., 2014. Absenteeism among medical and health science undergraduate students at Hawassa University, Ethiopia. *BMC medical education*, *14*(1), pp.1-11.

de Swardt, H.C.R., Van Rensburg, G.H. and Oosthuizen, M.J. 2017. Supporting students in professional socialisation: Guidelines for professional nurses and educators. *International Journal of Africa Nursing Sciences*, 6, pp.1-7.

Flaskerud, J.H. and Halloran, E.J. 2018. Gender Diversity in Nursing. *Issues in Mental Health Nursing*, 39(7), pp.613-615.

Froment, F., Garcia Gonzalez, A.J. and Bohorquez Gomez- Millan, M.R. 2017. The Use of Social Networks as a communication Tool between Teachers and Students: A Literature Review. *The Turkish Online Journal of Educational Technology,* 16(4), pp: 126-144.

Grove, S.K., Gray, J.R. and Burns, N. 2015. *Understanding Nursing Research Building an Evidence-Based Research.* St Louis, MI: Elsevier Saunders.

Gunn, V., Muntaner, C., Villeneuve, M., Chung, H. and Gea-Sanchez, M. 2019. Nursing professionalization and welfare state policies: A critical review of structural factors influencing the development of nursing and the nursing workforce. *Nursing Inquiry*, 26(1), p.e12263.

Hart, C. 2018. Doing a literature review: Releasing the research imagination. London: Sage.

Holt, D., Scott, A.J., and Ewing, P.D. 1984. Chi-squared tests with survey data. *Journal of the Royal Statistical. Society: Series. A*, 143 pp. 303–320.

Hossain, S., Islam, N. and Prodhan, T.R., 2020. Analyze the Usage of Social Media and Its Effects on Tertiary Level Students' Social Life. *Current Research Journal of Social Sciences & Humanities*. 3, p.140.

Jamshidi, N., Molazem, Z., Sharif, F., Torabizadeh, C. and Najafi Kalyani, M., 2016. The challenges of nursing students in the clinical learning environment: A qualitative study. *The Scientific World Journal*, *2016*.

Kalyani, M.N., Jamshidi, N., Molazem, Z., Torabizadeh, C. and Sharif, F. 2019. How do nursing students experience the clinical learning environment and respond to their experiences? A qualitative study. *BMJ open*, 9(7), p.e028052.

Kamati, N.M.M. 2020. *Employee assistance programmes in higher education: a case study of a Namibian higher education institution* (Doctoral dissertation, Cape Peninsula University of Technology).

Kovane, M. 2015. Factors causing absenteeism of nurses in an acute psychiatric hospital: case study in Cape Town. (Masters dissertation, University of the Western Cape)

Kronsberg, S., Bouret, J.R. and Brett, A.L. 2018. Lived experiences of male nurses: Dire consequences for the nursing profession. *Journal of Nursing Education and Practice*, 8(1), pp.46-53.

Magobolo, G.N. and Dube, B.M. 2019. Factors influencing high absenteeism rate of student nurses in clinical areas at a nursing college in the Lejweleputswa District. *Curationis*, 42(1), pp.1-6.

Mahmoud, S.S., 2017. An analytical study into absenteeism in Saudi higher education institutions: Causes and possible solutions. *Journal of Research & Method in Education*, *7*(5), pp.20-31.

Mansutti, I., Saiani, L., Grassetti, L. and Palese, A. 2017. Instruments evaluating the quality of the clinical learning environment in nursing education: A systematic review of psychometric properties. *International Journal of Nursing Studies*, 68, pp.60-72.

Maree, J. 2016. *First steps in research,* 2nd Edition. Pretoria: Van Schaick Publishers.

Mathew, A. and Guru, B.M.C. 2017. Social networking sites for educational development. *Editorial Board*, 6(8), p.225.

Mohsen, T., and Reg, D. 2011. Making sense of Cronbach's alpha. *International Journal of Medical Education*, 2, pp.53-55.

Moule, P., and Goodman, M. 2014. *Nursing Research an Introduction*. 2nded. Los Angeles: Sage Publishers.

Muller, M.E. and Bester, P. 2016. *Nursing dynamics*. Cape Town: Pearson Southern Africa (Pty) Limited.

Nawaz, K., Hussain, M., Sarwar, H., Afzal, M. and Gilani, S.A. 2018. Determine the Factors Influencing Absenteeism among Nursing Students. *Journal of Health, Medicine and Nursing*, 50, pp. 121-135.

Osazee-Odia, O.U. 2017. Investigating the Influence of Social Media on Sociability: a Study of Unıversity Students in Nigeria. *International Journal of International Relations, Media and Mass Communication Studies,* 3 (1): pp1-23.

Papastavrou, E., Lambrinou, E., Tsangari, H., Saarikoski, M., & Leino-Kilpi, H. 2016. Student nurses' experience of learning in the clinical environment. *Nurse Education in Practice, 10, 176–182. http://dx.doi.org/10.1016/j.nepr.2009.07.003*

Polit, D.F., and Beck, C.T. 2017. *Generating and assessing evidence for nursing practice*. 9th edition. Phildelphia: Lippincot Williams & Wilkins.

Prodhan, M.T.R., Islam, M.N. and Hossain, M.S. 2020. Exploring the knowledge of social media platforms among higher education institute students' of Rangpur, Bangladesh. *Age*, 18(20), p.33.

Rambod, M., Sharif, F. and Khademian, Z. 2018. The impact of the preceptorship program on self-efficacy and learning outcomes in nursing students. *Iranian Journal of Nursing and Midwifery Research*, 23(6), p.444.

Ray, S., Raju, R. and Singh, S. 2018. Nursing students' absenteeism in class/clinics: Reasons and remedies. *Nursing*, 3(1). pp.1375-1376

Rejnö, Å., Nordin, P., Forsgren, S., Sundell, Y. and Rudolfsson, G. 2016. Nursing students' attendance at learning activities in relation to attainment and passing courses: A prospective quantitative study. *Nurse Education Today*, 50, pp.36-41

Rowe, M.L., Ramani, G.B. and Pomerantz, E.M. 2016. Parental involvement and children's motivation and achievement. *Handbook of motivation at school*.

Ruth-Sahd, L.A. and Schneider, M.A. 2014. Faculty and student perceptions about attendance policies in baccalaureate nursing programs. *Nursing education Education Perspectives*, 35(3), pp.162-166.

Sele, S.J. 2018. *Online social networking: reflections on social relations amongst a group of students, University of the Free State, Bloemfontein* (Doctoral dissertation, University of the Free State).

Sharmin, T., Azim, E., Choudhury, S. and Kamrun, S. 2017. Reasons of Absenteeism among Undergraduate Medical Students: A Review. *Anwer Khan Modern Medical College Journal*, 8(1), pp.60-66.

Sibiya, M.N. 2018. Effective Communication in Nursing. *Nursing*, 19.

Sibiya, N.E. 2014. *Work integrated learning experiences of primary health care post basic nursing students in clinical settings* (Doctoral dissertation, Durban University of Technology).

Singh, P. 2015. *Causes and effect of student nurses' absenteeism at the KwaZulu-Natal College of Nursing* (Doctoral dissertation, Durban University of Technology).

South African Nursing Council (SANC). 1984. Regulations relating to the scope of practice of persons who are registered or enrolled under the Nursing Act, 1978. *Regulation R*, *2598*.

South African Nursing Council (SANC). 2001. Regulations relating to the approval of the minimum requirements for the education and training of a nurse (General, Psychiatric and Community) and Midwife leading to registration R425, in terms of the Nursing Act, 1978. *Regulation R, 425.*

South African Nursing Council (SANC). 2005. Nursing Act, no 33 of 2005. Pretoria: Government Printer.

South African Nursing Council (SANC). 2013. Regulations relating to the Approval of and the Minimum Requirements for the Education and Training of a Learner leading to Registration in the Categories Professional Nurse and Midwife.

South African Nursing Council, 2018. Annual statistics. Age analysis: students (who commenced for the first time in 2018)

South African Nursing Council (SANC), 2020. Annual statistics. Age distribution: Registered nurses/ Midwives

Thobakgale, E.M., Lekhuleni, M.E. and Kgole, J.C. 2013. Learner nurses absenteeism in the nursing schools at Capricorn District, Limpopo Province, South Africa. *African Journal for Physical Health Education, Recreation and Dance*, 19(Supplement 1), pp.182-192.

Triado-Ivern, X., Aparicio-Chueca, P., Elasri-Ejjaberi, A., Maestro-Yarza, I., Bernardo, M. and Presas Maynegre, P. 2020. A factorial structure of university absenteeism in higher education: A student perspective. *Innovations in Education and Teaching International*, 57(2), pp.136-147.

Williamson, G.R. and Whittaker, A. 2019. *Succeeding in literature reviews and research project plans for nursing students*, 4th Ed., California: SAGE Publications Ltd.

Yamane, T. 1967. Statistics: An Introductory Analysis, 2nd Ed., New York: Harper and Row.

## LIST OF ANNEXURES

## ANNEXURE A: Declaration

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Leah Antonia Ramatsetse

27553834

**COMMUNICATION METHODS TO MONITOR STUDENT ABSENTEEISM IN THE CLINICAL LEARNING ENVIRONMENTS AT A NURSING COLLEGE IN GAUTENG PROVINCE.**

I understand what plagiarism is and am aware of the University's policy in this regard.

I declare that this research proposal is my own original work. Where other people's work has been used (either from a printed source, internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.

I have not used work previously produced by another student or any other person to hand in as my own.

I have not allowed and will not allow anyone to copy my work with the intention of passing it off as his or her own work.

SIGNATURE _____

**LA Ramatsetse**

**ANNEXURE B: Participant's information leaflet and informed consent forms**

**PARTICIPANT'S INFORMATION & INFORMED CONSENT DOCUMENT FOR STUDENTS**

**STUDY TITLE:** Communication methods to monitor student absenteeism in the clinical learning environments at a nursing college in Gauteng Province.

**Sponsor:** None

**Principal Investigators:** Leah Antonia Ramatsetse

**Institution:** University of Pretoria

**DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):**

**Daytime numbers:** **072 187 7804**

**After hours number:** **072 187 7804**

**DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:**

| | | | |
|---|---|---|---|
| | | | **:** |
| **Date** | **Month** | **Year** | **Time** |

**Dear Prospective Participant**

**Dear Mr. / Ms.. .....**

**1) INTRODUCTION**

You are invited to volunteer for a research study. I am doing research for a Master's Degree in Nursing at the University of Pretoria. This information in this document is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this document, do not hesitate to ask the researcher. You should not agree to take part unless you are completely happy about all the procedures involved.

**2) THE NATURE AND PURPOSE OF THIS STUDY**

- The aim of the study is to determine communication methods to assist in the monitoring of student absenteeism at a nursing college in the clinical learning environments in Gauteng Province.

**3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPECTED FROM RESPONDENTS**

This study involves answering some questions regarding communication methods to monitor student absenteeism at a nursing college in the clinical learning environments in Gauteng Province.

**4) POSSIBLE RISKS AND DISCOMFORTS INVOLVED**

There are no risks associated with the study.

**5) POSSIBLE BENEFITS OF THIS STUDY**

Although you may not benefit directly. The study results may help us to provide mechanisms regarding communication to monitor the absenteeism of the students in the clinical learning environments.

**6) COMPENSATION**

You will not be paid to take part in the study. There are no costs involved for you to be part of the study.

**7) YOUR RIGHTS AS A RESEARCH PARTICIPANT**

Your participation in this study is entirely voluntary and you can refuse to participate or stop at any time without stating any reason. Respondents who are willing and who signed the informed consent document will have the opportunity to take part in the study.

**8) ETHICS APPROVAL**

This Protocol was submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, telephone numbers 012 356 3084 / 012 356 3085 and written approval has been granted by that committee. The study has been structured in accordance with the Declaration of Helsinki (last update: October 2013). A copy of the Declaration may be obtained from the researcher should you wish to review it.

**9) INFORMATION**

If you have any questions concerning this study, you should contact:

Ms. LA Ramatsetse cell: 072 187 7804 alternatively you may contact my supervisor Mr. MA Moeta at telephone number (012) 356 3150.

**10) CONFIDENTIALITY**

All information obtained during the course of this study will be regarded as confidential. Each participant that is taking part will be provided with an alphanumeric coded number e.g. A001. This will ensure confidentiality of information so collected. Only the researcher will be able to identify you as participant. Results will be published or presented in such a fashion that respondents remain unidentifiable. The hard copies of all your records will be kept in a locked facility for 15 years at The University of Pretoria to ensure privacy, confidentiality and potential loss.

**11) CONSENT TO PARTICIPATE IN THIS STUDY**

- I confirm that the person requesting my consent for me to take part in this study has told me about the nature and process, any risks or discomforts, and the benefits of the study.
- I have also received, read and understood the above written information about the study.
- I have had adequate time to ask questions and I have no objections to participate in this study.
- I am aware that the information obtained in the study, including personal details, will be anonymously processed and presented in the reporting of results.
- I understand that I will not be penalised in any way should I wish to discontinue with the study and that withdrawal will not affect your studies.
- I am participating willingly.
- I have received a signed copy of this informed consent agreement.

| | |
|---|---|
| _____ | _____ |
| **Respondent's name (Please print)** | **Date** |
| _____ | _____ |
| **Respondent's signature** | **Date** |
| _____ | _____ |
| **Researcher's name (Please print)** | **Date** |
| _____ | _____ |
| **Researcher's signature** | **Date** |

**PARTICIPANT'S INFORMATION & INFORMED CONSENT DOCUMENT FOR LECTURERS**

**STUDY TITLE:** Communication methods to monitor student absenteeism in the clinical learning environments.at a nursing college in Gauteng Province.

**Sponsor:** None

**Principal Investigator:** Leah Antonia Ramatsetse

**Institution:** University of Pretoria

**DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):**

**Daytime number: 072 187 7804**

**After hours number: 072 187 7804**

**DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:**

| | | | | |
|---|---|---|---|---|
| | | | | **:** |
| **Date** | **Month** | **Year** | | **Time** |

**Dear Prospective Participant**

**Dear Mr. / Ms.....**

## 1) INTRODUCTION

You are invited to volunteer for a research study. I am doing research for a Master's Degree in Nursing at the University of Pretoria. The information in this document is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this document, do not hesitate to ask the researcher. You should not agree to take part unless you are completely happy about all the procedures involved.

## 2) THE NATURE AND PURPOSE OF THIS STUDY

- The aim of the study is to determine communication methods to assist in the monitoring of student absenteeism at a nursing college in the clinical learning environments in Gauteng Province.

## 3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPEXTED FROM RESPONDENTS

This study involves answering some questions regarding communication methods to monitor student absenteeism at a nursing college in the clinical learning environments in Gauteng Province.

## 4) POSSIBLE RISKS AND DISCOMFORTS INVOLVED

There are no risks associated with the study.

## 5) POSSIBLE BENEFITS OF THIS STUDY

Although you may not benefit directly. The study results may help us to provide mechanisms regarding communication to monitor the absenteeism of the students in the clinical learning environments.

## 6) COMPENSATION

You will not be paid to take part in the study. There are no costs involved for you to be part of the study.

## 7) YOUR RIGHTS AS A RESEARCH RESPONDANT

Your participation in this trial is entirely voluntary and you can refuse to participate or stop at any time without stating any reason. Respondents who are willing and who signed the informed consent document will have the opportunity to take part in the study.

## 8) ETHICS APPROVAL

This Protocol was submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, telephone numbers 012 356 3084 / 012 356 3085 and written approval has been granted by that committee. The study has been structured in accordance with the Declaration of Helsinki (last update: October 2013). A copy of the Declaration may be obtained from the researcher should you wish to review it.

## 9) INFORMATION

If you have any questions concerning this study, you should contact:

Ms. LA Ramatsetse cell: 072 187 7804 alternatively you may contact my supervisor Mr. MA Moeta at telephone number (012) 3563150.

## 10) CONFIDENTIALITY

All information obtained during the course of this study will be regarded as confidential. Each participant that is taking part will be provided with an alphanumeric coded number e.g. A001. This will ensure confidentiality of information so collected. Only the researcher will be able to identify you as participant. Results will be published or presented in such a fashion that respondents remain unidentifiable. The hard copies of all your records will be kept in a locked facility for 15 years at The University of Pretoria to ensure privacy, confidentiality and potential loss.

**11) CONSENT TO PARTICIPATE IN THIS STUDY**

- I confirm that the person requesting my consent for me to take part in this study has told me about the nature and process, any risks or discomforts, and the benefits of the study.
- I have also received, read and understood the above written information about the study.
- I have had adequate time to ask questions and I have no objections to participate in this study.
- I am aware that the information obtained in the study, including personal details, will be anonymously processed and presented in the reporting of results.
- I understand that I will not be penalized in any way should I wish to discontinue with the study
- I am participating willingly.
- I have received a signed copy of this informed consent agreement.

_____ _____

Respondent's name (Please print) Date

_____ _____

Respondent's signature Date

_____ _____

Researcher's name (Please print) Date

_____ _____

Researcher's signature Date

## ANNEXURE C: QUESTIONNAIRES

### QUESTIONNAIRE FOR STUDENTS

**COMMUNICATION METHODS TO MONITOR STUDENT ABSENTEEISM IN THE CLINICAL LEARNING ENVIRONMENTS AT A NURSING COLLEGE IN GAUTENG PROVINCE.**

### INSTRUCTIONS

This questionnaire consists of four sections:

Section A: Biographical data.

Section B: In your opinion what are the reasons for student absenteeism in the clinical learning environment?

Section C: Communication methods used to monitor absenteeism among nursing students.

Section D: How communication methods can be used to monitor student absenteeism at a nursing college in the clinical learning environments

Please mark the appropriate box with **X** or write your answer in the space provided

### SECTION A: BIOGRAPHICAL DATA

Respondent Number _____(For office use only)

| | | | | | | |
|---|---|---|---|---|---|---|
| 1.Gender | Male | | Female | | Other | |

2. Age in years _____

3. Level of study

| | | | |
|---|---|---|---|
| 1 | | 3 | |
| 2 | | 4 | |

4. Years in the college
_____ (in years)

5. Computer skills

| | | | |
|---|---|---|---|
| Not skilled | | Basic | |
| Intermediate | | Expert | |

**SECTION B:**

6. In your opinion what are the reasons for student absenteeism in the clinical learning environment?

……

……

……

……

……

……

7. Provide reasons for your absenteeism

| Reason | 0 (Never) | 1 (Sometimes) | 2 (Often) |
|---|---|---|---|
| Illness (Physical illness) | | | |
| Illness (mental illness) | | | |
| De-motivation | | | |
| Tiredness | | | |
| Study responsibilities | | | |
| Family responsibilities | | | |
| Social responsibilities (peer group pressure) | | | |
| Transport problems | | | |
| Problems with nursing staff at the ward | | | |
| Problems with co-workers | | | |
| Feeling incompetent to do the work expected from me | | | |

| | | | |
|---|---|---|---|
| Dislike the work expected from me | | | |
| Not convinced that SANC requires the number of hours as prescribed by the college | | | |
| Planning to obtain the hours in a fraudulent way | | | |
| Other reasons (specify _____ | | | |

**SECTION C:**

8.How often are you absent from the clinical learning environment during your placement?

| | |
|---|---|
| Daily (every day) | |
| Weekly (once every week) | |
| Monthly (once every month) | |
| Bi- monthly (once in two months) | |
| Quarterly (once in a quarter) | |

Tick the appropriate communication measure that you think can help monitor absenteeism of student nurses at the clinical learning environment

| **COMMMUNICATION MEASURES** | **Strongly disagree** | **Disagree** | **Not sure** | **Agree** | **Strongly agree** |
|---|---|---|---|---|---|
| 9. Allocate each student a contact person to inform when absent from clinical placement | | | | | |
| 10. Student contact hour form | | | | | |
| 11. Telephone calls | | | | | |
| 12.Text messaging (SMS) | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 13.Email | | | | | |
| 14. WhatsApp | | | | | |
| 15. Facebook | | | | | |
| 16. Twitter | | | | | |
| 17. YouTube | | | | | |
| 18. Letter via Post office | | | | | |
| 19 Visit to student residence by lecturers | | | | | |
| 20. Class representatives | | | | | |

**SECTION D:**

21. How could the above communication methods assist in monitoring absenteeism of students during clinical placements?

……

……

……

……

……

……

……

……

……

……

……

……

**This is the end of the questionnaire.**

**Thank you very much for your participation**

**QUESTIONNAIRE FOR LECTURERS**

**COMMUNICATION METHODS TO MONITOR STUDENT ABSENTEEISM AT A NURSING COLLEGE IN THE CLINICAL LEARNING ENVIRONMENTS.**

**INSTRUCTIONS**

This questionnaire consists of four sections:

Section A: Biographical data

Section B: In your opinion what are the reasons for student absenteeism in the clinical learning environment?

Section C: Communication methods used to monitor absenteeism among nursing students.

Section D: How communication methods can be used to monitor student absenteeism at a nursing college in the clinical learning environments.

Please mark the appropriate box with **X** or write your answer in the space provided

**SECTION A: BIOGRAPHICAL DATA**

Respondent Number _____(For office use only)

| | | | | | | |
|---|---|---|---|---|---|---|
| 1.Gender | Male | | Female | | Other | |

2. Age in years _____

3. Indicate your highest qualification

| | |
|---|---|
| Degree | |
| Diploma | |
| Certificate | |
| Other (specify) | |

4. Experience as a lecturer _____ (in years)

5. Computer skills

| | | | |
|---|---|---|---|
| Not skilled | | Basic | |
| Intermediate | | Expert | |

**SECTION B:**

6. In your opinion what are the reasons for student absenteeism in the clinical learning environment?

……

……

……

……

……

**SECTION C:**

7. How often do you go for accompaniment of students?

| | |
|---|---|
| Daily (every day) | |
| Weekly (once a week) | |
| Monthly (once a month) | |
| Never | |
| Bi- monthly (once in two months) | |
| Quarterly (once in a quarter) | |

Tick the appropriate communication measure that you think can help monitor absenteeism of student nurses at the clinical learning environment

| COMMMUNICATION MEASURES | Strongly disagree | Disagree | Not sure | Agree | Strongly agree |
|---|---|---|---|---|---|
| 8. Allocate each student a contact person to inform when absent from clinical placement | | | | | |
| 9.Student contact hour form | | | | | |
| 10.Telephone calls | | | | | |
| 11.Text messaging (SMS) | | | | | |
| 12.Email | | | | | |
| 13. WhatsApp | | | | | |
| 14.Facebook | | | | | |
| 15. Twitter | | | | | |
| 16. YouTube | | | | | |
| 17.Letter via Post office | | | | | |
| 18 Visit to student residence by lecturers | | | | | |
| 19. Class representatives | | | | | |

**SECTION D:**

20. How could the above communication methods assist in monitoring absenteeism of students during clinical placements?

……

……

……

……

……

……

……

……

……

……

……

**This is the end of the questionnaire.**
**Thank you very much for your participation.**

**ANNEXURE D: Approval from the Faculty of Health Sciences**

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
www.up.ac.za

Faculty of Health Sciences

School of Health Care Sciences
Room 3-75. HW Snyman North
University of Pretoria,
Private Bag X323
ARCADIA
0007

Tel: 012 356-3233
Joyce.mothabeng@up.ac.za

01 April 2019

Faculty Ethics Committee

Faculty of Health Sciences

University of Pretoria

To whom it may concern,

Evaluation of a protocol for the following student:
**Student LA Ramatsetse - Department of Nursing (MNur); student number: 27553834**

**Title: Communication methods to monitor students' absenteeism at a nursing college in the clinical learning environments**

This letter serves to confirm that the above-mentioned protocol was discussed by the Postgraduate Committee of the School of Health Care Sciences during the meeting of 13 November 2018. The proposal was accepted with minor changes, and the corrections were effected. It is hereby referred to your committee for ethical clearance.

Sincerely yours,

**Professor DJ Mothabeng**
Chairperson: Research and postgraduate committee

School of Health Care Sciences

## ANNEXURE E: Approval from the Faculty of Health Sciences Research Ethics Committee

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

**Institution:** The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567, Approved dd 22 May 2002 and Expires 03/20/2022.
- IORG #: IORG0001762 OMB No. 0990-0279 Approved for use through February 28, 2022 and Expires: 03/04/2023.

20 July 2020

**Approval Certificate**

**Annual Renewal**

**Ethics Reference No.: 753/2018**

**Title: Communication measures to monitor students absenteeism at a Nursing College in the clinical learning environments**

Dear Mrs LA Ramatsetse

The **Annual Renewal** as supported by documents received between 2020-06-30 and 2020-07-15 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on its quorate meeting of 2020-07-15.

Please note the following about your ethics approval:

- Renewal of ethics approval is valid for 1 year, subsequent annual renewal will become due on 2021-07-20.
- Please remember to use your protocol number (753/2018 ) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

**Ethics approval is subject to the following:**

- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

**Yours sincerely**

**Dr R Sommers**

MBChB MMed (Int) MPharmMed PhD



Research Ethics Committee
Room 4-60, Level 4, Tswelopele Building
University of Pretoria, Private Bag x323
Gezina 0031, South Africa
Tel +27 (0)12 356 3084

Fakulteit Gesondheidswetenskappe
Lefapha la Disaense tša Maphelo

**Deputy Chairperson** of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

*The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of health)*

## ANNEXURE F: LETTER FROM THE STATISTICIAN

AGRICULTURAL RESEARCH COUNCIL

**BIOMETRY**

PO Box 8783, Pretoria, 0001 South Africa
Phone: (012) 427 9811 Fax: (012) 427 9743 (Int: +27 21)
E-mail: NgwaneC@arc.agric.za • Web site:
www.arc.agric.za

# Letter of clearance

This letter confirms that **Leah Antonia Ramatsetse** (student no. **27553834**) studying at the University of Pretoria discussed the project titled **Communication measures to monitor students absenteeism at a nursing college in the clinical learning environments** with **Cynthia Boitumelo Ngwane** (a statistician working for Biometry at Agricultural Research Council).

I hereby confirm that I assisted the student with determining the sample size, sampling method,data collection method and designing questionnaire. I will also be assisting the student with data analysis and interpretation of the results. Chi-squared test for equal proportions and association will be used as an analysis tool to achieve the study objectives. All data will be analysed using SAS statistical software package.

**Name** Cynthia Boitumelo Ngwane **Date** 23 May 2019

**Signature** _____

AGRICULTURAL RESEARCH COUNCIL
P.O. BOX/POSBUS 8783
23 MAY 2019
PRETORIA • 0001
LANDBOUNAVORSINGSRAAD

## ANNEXURE G: Approval from the Gauteng Department of Health

# GAUTENG PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

## Outcome of the provincial protocol review committee

| | |
|---|---|
| **RESEARCHER'S NAME (PI)** | **Mrs. L.A. Ramatsetse** |
| **ORGANIZATION/INSTITUTION** | **UNIVERSITY OF PRETORIA** |
| **RESEARCH TITLE** | **COMMUNICATION MEASURES TO MONITOR STUDENTS ABSENTEEISM AT A NURSING COLLEGE IN THE CLINICAL LEARNING ENVIRONMENTS** |
| **CONTACT NUMBER** | **012 319 5670**<br>**Cell: 0721877804**<br>**E-mail: lanyalungu@gmail.com** |
| **PROTOCOL NUMBER/PROPOSAL NUMBER** | **Ethics Reference No.: 753/2018** |
| **SITES** | **GAUTENG PUBLIC NURSING EDUCATION INSTITUTIONS** |

Your permission to conduct the above-mentioned research has been reviewed by the Province and the permission has been granted.

It is requested that you submit the research report on completion of your study and present the findings and the recommendations to the Gauteng Department of Health.

| | |
|---|---|
| **YES** | Permission granted |

Recommended

**Ms N. Gidimisana**
**Acting Director**
**GDoH: Nursing Education and Training Directorate**
**2019/08/20**

**GAUTENG PROVINCE**
HEALTH
REPUBLIC OF SOUTH AFRICA

Enquiries: Dr RG Malapela
Tel : 012 319 5769
E-mail : Grace.Malapela@gauteng.gov
gmalapela@gmail.com
Date : 29 August 2019

Ms. Ramatsetse LA
Protocol number: Ethics Reference No:753/2018

**SUBJECT: APPROVAL FOR DATA COLLECTION AT SG LOURENS NURSING COLLEGE**

This serves as a response to your request in undertaking the study on: "Communication measures to monitor students' absenteeism at a nursing college in the clinical learning environments.".

Permission is hereby granted for the collection of data as indicated in your proposal.
Please take note of the following:

- All information and data collection should be treated as confidential and ethical considerations adhered to as stated in the proposal.
- At the end of the study kindly furnish the college with the study results.
- After completion of your research study, we would appreciate if you could donate a hard copy to the library.
- The committee might invite you to present during their annual research day.

Warm regards

Dr. RG Malapela (Research Committee Chairperson) Date: 29.08.2019

Ms. NB Mothokoa (Academic Research HOD) Date: 30.08.2019

Ms. MP Tjale (College Principal) Date: 30/8/2019

**ANNEXURE H: Letter for editing**

**B-Square Synergy Consultants**

**Tax no: 93 087 48 228**

**Idea.Concept.Product**

**LETTER FOR EDITING OF THE DISSERATION OF LEAH ANTONIA RAMATSETSE**

**COMMUNICATION METHODS TO MONITOR STUDENTS' ABSENTEEISM IN THE CLINICAL LEARNING ENVIRONMENTS AT A SELECTED NURSING COLLEGE IN GAUTENG PROVINCE.**

Research proposal for the Degree Master's in Nursing, Full dissertation, Faculty of Health Sciences, School of Health Care Sciences, Department Nursing Science

19 October 2021

**To whom it may concern**

I have edited the full dissertation of Leah Antonia Ramatsetse for her degree Master's in Nursing and I have sent her and her supervisors my comments/suggestions.

Kind regards

**Dr. Liesl Brown, PhD**