

**ABSENTEEISM AMONGST STUDENT MIDWIVES AT A NURSING COLLEGE IN
THE EASTERN CAPE**

By

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DECLARATION

I declare that ABSENTEEISM AMONGST STUDENT MIDWIVES AT A NURSING COLLEGE IN THE EASTERN CAPE is my own work and that all sources that I have used or quoted have been identified and acknowledged by means of references.



SIGNATURE

TM MUSOKE

28/10/2020

DEDICATION

I dedicate this dissertation to my Almighty God, for the purpose He has for my life. Without His grace and merciful love, I would not have completed this study.

I dedicate this study to my husband, Peter Musoke and my children, for their understanding, patience and love. I know sometimes I was not available when you needed me the most; thank you for understanding.

My dedication would be incomplete without including Rita Meyer, who always availed herself whenever I needed her expert assistance. Thank you very much, Nozibele!

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ABSTRACT

The purpose of the study was to determine the reasons for student midwives' absenteeism during midwifery classroom facilitation and clinical placement, and the effects of such absenteeism.

A quantitative, descriptive, correlational design was adopted to examine the relationship between absenteeism (independent variable) and student midwives' performance (dependent variable). Data were collected by means of a three-part questionnaire related to respondents' demographic data, theory facilitation and clinical placement. Data analysis was done using Statistical Package Microsoft Excell 365 Pro Plus, Version 2019.

The study revealed that despite the shortage of staff, the most related factor to absenteeism was the negative staff attitude and lack of clinical accompaniment. These discouraged regular attendance, thus affecting the performance of student midwives. With regards to college resources (classroom facilitation), the study revealed that irrespective of how many days a student midwife missed lectures, academic performance declined. Also, the unavailability of study areas and libraries (after 4 pm), Wi-Fi and internet facilities both in the college grounds and clinical areas contributed to absenteeism. Moreover, health issues, social issues and inadequate transport also contributed to absenteeism to some extent.

TABLE OF CONTENTS

DECLARATION	i
DEDICATION	ii
ACKNOWLEDGEMENT	iii
ABSTRACT	iv
TABLE OF CONTENTS	v

CHAPTER 1 OVERVIEW OF THE STUDY

1.1 INTRODUCTION.....	1
1.2 BACKGROUND INFORMATION	2
1.3 PROBLEM STATEMENT.....	3
1.4 PURPOSE, OBJECTIVES AND RESEARCH QUESTIONS	4
1.4.1 Research purpose	5
1.4.2 Research objectives	5
1.4.3 Research questions.....	5
1.5 SIGNIFICANCE OF THE STUDY	5
1.6 DEFINITIONS OF KEY CONCEPTS	6
1.6.1 Operational definition - Absenteeism	6
1.6.2 Student midwife	6
1.6.3 Four-year comprehensive diploma course	7
1.6.4 Classroom facilitation	7
1.6.5 Block system	7
1.6.6 Clinical learning experience	7
1.6.7 Clinical placement	7
1.6.8 Nursing college.....	7
1.7 CONCEPTUAL FRAMEWORK.....	8
1.8 RESEARCH PARADIGM, DESIGN AND METHODOLOGY	9
1.8.1 Research paradigm	9
1.8.2 Research design	9
1.8.3 Research methodology	10
1.8.3.1 Research population, sampling approach, sample size and sampling method	10

1.8.4	Data collection	11
1.8.5	Data analysis	12
1.9	RESEARCH VALIDITY AND RELIABILITY	12
1.9.1	Research validity	12
1.9.2	Research reliability	12
1.10	RESEARCH SETTING	13
1.11	SCOPE OF STUDY	14
1.12	ETHICAL CONSIDERATIONS	14
1.12.1	Protection of respondent's s rights	15
1.12.2	Protection of the rights of institutions	15
1.12.3	Scientific integrity	15
1.12.4	Self-determination	15
1.12.5	Justice	16
1.12.6	Privacy.....	16
1.12.7	Anonymity.....	16
1.12.8	Confidentiality.....	16
1.12.9	Beneficence and non-maleficence	17
1.13	STRUCTURE OF THE DISSERTATION.....	17
1.14	CONCLUSION.....	18

CHAPTER 2

LITERATURE REVIEW

2.1	INTRODUCTION.....	19
2.2	SIGNIFICANCE OF LITERATURE REVIEW.....	19
2.3	MIDWIFERY DEFINED.....	19
2.3.1	Student midwife	20
2.4	EDUCATION AND TRAINING OF THE MIDWIFE	20
2.4.1	Midwifery training in South Africa	20
2.4.1.1	Traditionally.....	20
2.4.1.2	Currently.....	21
2.4.3.3	The future.....	21
2.5	SANC REQUIREMENTS FOR MIDWIFERY TRAINING.....	22
2.5.1	SANC prescribed student-midwife theory and practical requirements	22
2.6	MIDWIFERY TRAINING IN THE EASTERN CAPE.....	26

2.7	MIDWIFERY TRAINING INTERNATIONALLY	26
2.7.1	Midwifery training in Tanzania.....	27
2.7.2	Midwifery training in Zambia.....	27
2.7.3	Midwifery training in the United Kingdom	28
2.7.4	Midwifery training in America	28
2.8	ELEMENTS OF MIDWIFERY TRAINING	29
2.8.1	Classroom facilitation	29
2.8.1.1	Definition of classroom facilitation.....	29
2.8.1.2	Strategies used in classroom facilitation	29
2.8.1.3	Classroom facilitation learning environment	30
2.9	CLINICAL PLACEMENT	32
2.9.1	Clinical placement in perspective	33
2.9.2	Role-players in the clinical placement environment	35
2.10	ELEMENTS OF THE MIDWIFERY CLINICAL LEARNING ENVIRONMENT ..	38
2.11	NURSING COLLEGE	39
2.12	ABSENTEEISM	40
2.12.1	Types of absenteeism	40
2.12.1.1	Involuntary absenteeism	40
2.12.1.2	Voluntary absence.....	40
2.12.1.3	Authorised absence.....	41
2.13	LEGISLATIVE FRAMEWORK AND POLICY-RELATED ATTENDANCE TO STUDENT MIDWIVES' ATTENDANCE.....	41
2.14	Conceptual framework of predictors of absenteeism during midwifery training.....	42
2.14.1	College-related factors	42
2.14.2	Personal factors	43
2.14.3	Clinical related factors.....	44
2.15	MONITORING OF STUDENT MIDWIFE ATTENDANCE	44
2.15.1	Strategies of monitoring student midwife attendance.....	44
2.16	CONCLUSION.....	45

CHAPTER 3
RESEARCH DESIGN AND METHODOLOGY

3.1	INTRODUCTION.....	46
3.2	RESEARCH DESIGN	46
3.2.1	Positivist paradigm	46
3.2.1.1	Quantitative research	48
3.2.1.2	Correlational design	48
3.2.1.3	Descriptive design.....	48
3.3	RESEARCH METHODOLOGY.....	49
3.3.1	Research population	49
3.3.2	Research setting	50
3.3.3	Research sample	51
3.3.3.1	Sampling technique.....	51
3.3.3.2	Sampling eligibility criteria.....	52
3.3.3.3	Type of research sampling.....	52
3.3.3.4	Sample size.....	52
3.3.3.5	Ethical issues related to sampling.....	53
3.4	DATA COLLECTION.....	57
3.4.1	Data collection approach and method.....	57
3.4.2	Development and testing of data collection instrument.....	58
3.4.3	Data analysis	60
3.4.3.1	Statistical analysis.....	61
3.4.4	Data management.....	62
3.5	RESEARCH VALIDITY AND RELIABILITY	63
3.5.1	Face validity	63
3.5.2	Content validity.....	63
3.5.3	Construct validity	64
3.5.4	Research reliability	64
3.6	CONCLUSION	65

CHAPTER 4
ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH
FINDINGS

4.1	INTRODUCTION.....	66
4.2	DATA MANAGEMENT AND ANALYSIS.....	66
4.3	RESEARCH FINDINGS.....	67
4.3.1	Section A: Demographic data.....	67
4.3.1.1	Age.....	67
4.3.1.2	Gender.....	67
4.3.1.3	Study level.....	68
4.3.1.4	Ethnicity.....	68
4.3.1.5	Type of residence.....	69
4.3.2	Section B: Academic record.....	70
4.3.2.1	Academic performance previous year.....	70
4.3.2.2	Lectures missed.....	72
4.3.3	Section C: Classroom facilitation.....	73
4.3.4	Section D - Clinical placement.....	78
4.3.5	Section E - College resources outside the classroom.....	85
4.3.6	Section F: Clinical placement resources.....	89
4.3.7	Section G - Factors related to student absence (n=12; 17%).....	92
4.4	RELATIONSHIPS BETWEEN FACTORS.....	99
4.5	RELATIONSHIPS BETWEEN DEMOGRAPHIC CHARACTERISTICS AND VARIABLES.....	101
4.6	RELATIONSHIPS BETWEEN MARKS FROM THE PREVIOUS YEAR AND RELATED FACTORS.....	109
4.7	OVERVIEW OF FINDINGS.....	110
4.8	CONCLUSION.....	117

CHAPTER 5
CONCLUSION AND RECOMMENDATIONS

5.1	INTRODUCTION.....	118
5.2	RESEARCH DESIGN AND METHOD.....	119
5.3	SUMMARY AND INTERPRETATION OF RESEARCH FINDINGS.....	120

5.3.1	Section A: Demographic profile	121
5.4	CONCLUSION	124
5.5	RECOMMENDATIONS.....	125
5.5.1	Strategies to curb absenteeism amongst student midwives	125
5.5.1.1	Nursing education	125
5.5.1.2	Recommendations for student midwives	126
5.5.1.3	Recommendations for nursing management	126
5.5.1.4	Recommendations for the organisation	127
5.5.1.5	Recommendations for curriculum developers.....	128
5.6	CONTRIBUTIONS TO THE STUDY	129
5.7	LIMITATION OF THE STUDY.....	129
5.8	CONCLUDING REMARKS	130
	REFERENCE LIST	131

LIST OF TABLES

Table 2.1: Student theoretical content requirements	23
Table 2.2: List of practical skills for student midwives (R425).....	24
Table 4.1: Frequency distribution – Age (n= 80).....	67
Table 4.2: Frequency distribution – Gender (n=80)	68
Table 4.3: Frequency distribution – Study year (n= 80).....	68
Table 4.4: Frequency distribution - Ethnicity (n=80)	69
Table 4.5: Frequency distribution - Residence (n=80).....	69
Table 4.6: Frequency Distributions: Modules Previous Year - Third year.....	70
Table 4.7: Frequency Distributions: Modules Previous Year - Study year: Fourth-year.....	71
Table 4.8: t-Test: Average Mark Previous Year by Study year	72
Table 4.9: Frequency distribution - Lectures missed (n=80).....	72
Table 4.10: Responses to the open-ended questions about the classroom and facilitation (n=20; 25%).....	73
Table 4.11: Frequency Distribution - Section C Fixed response items relating to classroom facilitation (n=80).....	75
Table 4.12: One-sample t-Tests: Factors (n= 80; $H_1: \mu \neq 3.40$; d.f. = 79).....	78
Table 4.13: Responses to the open-ended questions about clinical placement (n=20; 25%)	78
Table 4.14: Frequency Distribution - Section D Fixed response items relating to clinical placement (n=80).....	80
Table 4.15: Responses to open-ended questions to college resources outside classroom (n=30; 35%).....	85
Table 4.16: Frequency Distribution - Section E Fixed response items relating to college resources outside the classroom (n=80).....	88
Table 4.17: Responses to open-ended questions about clinical placement resources (n=20; 25%).....	89
Table 4.18: Frequency Distribution - Section F Fixed response items relating to clinical placement resources (n=80).....	90
Table 4.19: Section G: Responses to open-ended questions about factors related to student absence (n=12; 17%).....	92
Table 4.20: Frequency distribution - Section G: Fixed response items relating to student absence.....	93

Table 4.21: Reliability of summated scores for the factors - Interpretation intervals for Cronbach's alphas.....	97
Table 4.22: One-sample t-Tests: Factors (n=80; d.f.=79).....	98
Table 4.23: Pearson's Product Moment Correlations - Section C, D, E, F and G factors (n = 80).....	99
Table 4.24: t-Tests - Factors by age.....	102
Table 4.25: t-Tests - Factors by gender.....	103
Table 4.26: t-Tests - Factors by Study year.....	104
Table 4.27: t-Tests - Factors by ethnicity.....	106
Table 4.28: t-Tests - Factors by Residence.....	107
Table 4.29: Pearson's Product Moment Correlations - Factors and average mark previous year.....	109

LIST OF FIGURES

Figure 1.1: Map of the Eastern Cape	14
Figure 1.2: Outline of the study	17
Figure 2.1: Role-players in midwifery clinical environment	36
Figure 2.2: Conceptual frameworks of nurse absenteeism predictors	43
Figure 3.1: Elements of the research population.....	50
Figure 4.1: Respondents' demographic data and academic records that contributed to absenteeism during midwifery training.....	110
Figure 4.2: Classroom facilitation, clinical placement, college resources outside the classroom and clinical placement resources.....	113
Figure 4.3: Overview of Section G factors related to students' absence during midwifery training.....	114
Figure 5.2: Diagrammatic presentations of formulated strategies	119

LIST OF ANNEXURES

Annexure A: Approval from the University of South Africa	137
Annexure B: Letter seeking permission from the Eastern Cape Health Research Committee.....	140
Annexure C: Letter of approval from the Eastern Cape Health Research Committee.....	141
Annexure D: Letter for permission from the principal of Port Elizabeth Nursing Campus.....	142
Annexure E: Letter of approval from the principal of Port Elizabeth Nursing Campus.....	144
Annexure F: Participant consent form	145
Annexure G: Participant information document	147
Annexure H: Survey Questionnaire	149
Annexure I: Editing certificate	159

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

South African midwives were the first in the world to obtain state registration through the Medical and Pharmacy Act (South Africa, 1981). In 1947, a midwifery lecturer course was established at the University of the Witwatersrand. Moreover, in 1968, the training of nurses and midwives became integrated into a four-and-a-half-year programme, later followed by the four-year degree/diploma course (Sellers 2018:9). In 1983, the political landscape of South Africa started to change; as a result, in 1985, the South African Nursing Council (SANC) – as the body that controls the nursing profession and accredits/approves nursing courses – introduced the four-year diploma course for registration as a General Nurse, Community Nurse, Psychiatric Nurse and Midwife (SANC R425, February 1985). Sellers (2018:9) states that the professionals in this category are considered nurse-midwives according to the International Council for Nurses (ICN) because they are trained in general nursing and midwifery care through an integrated training programme. This course is regulated by SANC Regulation R425 (R425 February, 1985).

However, midwifery training is not exclusive to SANC Regulation R425. Currently in South Africa, midwifery training can also be undertaken by way of a one-year course which is regulated by SANC Regulation R254 (SANC R254,1975). This course is mostly designed for nurses who are registered as a General Nurse and who do not have a qualification in Midwifery. In addition, SANC has approved an advanced midwifery course which is regulated by SANC R212 (SANC R212,1993). The status quo, however, will not remain, as the SANC has introduced (in 2013) new training courses for nurses and midwives (SANC Spotlight 2013:41). For the purpose of this study, the focus will be on the four-year diploma course that is regulated by SANC R425 (SANC R425, 1985). This four-year course will be referred to as the R425 course, for the sake of simplicity.

Every midwifery training course entails two elements, namely a theoretical element, where knowledge must be acquired, and a practical element that involves the mastering of skills. In light of these elements, midwifery is referred to as both a science

(knowledge) and as an art (skills) (Bailliere's Nurses' Dictionary 2013:258). Referring specifically to midwifery as an art, McKune (2011:1) states that the art of midwifery consists of skills such as being sensitive to the needs of women and families, being able to meet these needs in the most appropriate way, as well as knowing when and how to intervene in order to maintain safety, if required. Since midwifery training involves assisting both the mother and the child, it is imperative for midwives' training to be of the highest quality as two lives are at stake. Both the midwifery educator and the midwifery student should be of a high calibre as the production of a competent midwife ensures a safe practitioner.

Most importantly, the SANC demands that health practitioners, including midwives, be accountable to the public as safe practitioners. In order for a student midwife to be a safe practitioner, he or she must be committed to the training programme by attending both the class facilitation of theory, which is conducted by means of a block system, and the practical aspect of performing skills. This will ensure the integration of theory and practice, which is critical for any nurse practitioner since nursing is a hands-on profession. If student midwives absent themselves from class facilitation and clinical area placements, some part of their training will be compromised. Also, it is well known in South Africa that health departments are generally not well catered for in terms of budget allocation. If absenteeism is rife amongst healthcare personnel in training, it will further balloon the costs of training competent midwives.

1.2 BACKGROUND INFORMATION

In the R425 course, midwifery training takes place in the third and fourth year of training. The student is expected to integrate the theory acquired during classroom facilitation with clinical practice when they are placed in the clinical areas. Classroom facilitation involves the employment of a block system whereby the midwifery syllabus is facilitated in sections during a specific period, referred to as block periods (Bruce, Klopper & Mellish 2011:112). It is the researcher's observation that when a nursing or midwifery student does not attend classroom facilitation, it impacts negatively on their clinical performance in the clinical learning area. A study conducted in South Africa by Mtyalela, Mbatha and Yako (2015:61) found that absenteeism can result in a student nurse's inability to develop clinical skills. Another study by Meyer (2012:68) determined that student midwives were not keen to go to work on many occasions. Abdelrahman

and Abdelkader (2017:64), in a study conducted in Egypt, concur with this view and state that nursing students' absenteeism from class and clinical settings has a negative impact on their performance and the duration of their training. Additionally, an American study by Durborow (2017:116) found that missing too many classroom sessions affected students' achievements, motivations and outcomes. It was during the classroom facilitation of theory and the clinical aspect of skill mastering periods that the researcher became acutely aware of the disturbing phenomenon of student midwives' absenteeism. Some of the reasons given by the student midwives included domestic challenges, financial issues, and illness. This raised a red flag with the researcher as non-integration of theory, and practica would result in an incompetent midwife. The researcher wondered why student midwives were absenting themselves and, as such, the researcher's interest to empirically research the problem was significantly piqued. Moreover, the large volume of theory that must be integrated with practice and the high litigation rate related to midwifery practice in the Eastern Cape led the researcher to wonder if absenteeism during midwifery training is directly related to poor practice standards.

According to Mpande and Marais (2015:1), poor practice standards were responsible for three babies' deaths at an Eastern Cape maternity hospital. The researcher thus speculated whether this negligence was due to poor training standards, especially where absenteeism was involved. A study conducted by Durborow (2017:116) found that student absenteeism affected achievement, motivation and the outcomes of training. Furthermore, Singh (2015:59) reported that student nurse absenteeism led to inefficient clinical practice. These studies' findings led to the researcher's determination to establish if student midwives' absenteeism was also linked to poor practice standards.

1.3 PROBLEM STATEMENT

The researcher has noted with great consternation that student midwives are absenting themselves in both clinical areas and from classroom facilitation at alarming rates. Abdelrahman and Abdelkader (2017:65) observed that students absented themselves from midwifery training and cited many reasons for doing so. Komakech and Ossu (2014:431), in a study conducted in Uganda, describe absenteeism in colleges as a "silent killer", and they recommend early detection and intervention as absenteeism may

lead to poor performance in examinations. The statements above, and the researcher's experience of high rates of student midwife absenteeism, suggested that empirical testing of this phenomenon should be undertaken. The researcher's experience was that, in the academic year January to November 2017, according to the classroom facilitation and clinical attendance records, 3% of student midwives did not qualify for exams because they failed to reach the required 85% attendance of classroom facilitation. In addition, midwifery theory and practice cannot be separated, so it was the researcher's experience that when student midwives absented themselves from theory classes, they were found wanting and performed poorly in practice. For instance, 4% of student midwives who absented themselves from clinical allocation for the 2017 academic year were found not to be up to date with SANC clinical practice requirements. Upon evaluation, it was determined that these student midwives were not competent, and they were therefore ineligible for the end-of-year mandatory practical examination. The reasons and consequences for absenteeism in this setting are not known.

1.4 PURPOSE, OBJECTIVES AND RESEARCH QUESTIONS

The operative statement was 'absenteeism among student midwives'. The study was conducted to find out why absenteeism was exorbitant among student midwives in the mentioned college. The researcher has first-hand experience of student midwives' poor performance that is directly related to absenteeism. Midwifery theory and practice cannot be separated so, when student midwives absented themselves from theory classes, they were found wanting and performed poorly in practice.

Students who absented themselves from class were frequently found not to be up to date with SANC clinical practice requirements, attesting a lack of theoretical background knowledge due to absence from classroom facilitation. According to The Herald newspaper (Nkosi, 2018:2), the Eastern Cape department of health is faced with a number of lawsuits, mostly pinpointing malpractices and negligence in maternity departments. Therefore, the researcher believed that exterminating absenteeism as early as during midwifery training will enhance the level of care in maternity departments. The researcher further believed that it is better to bend a tree when it is still young.

1.4.1 Research purpose

The purpose of the study was to determine the reasons for student midwives' absenteeism during midwifery classroom facilitation and clinical placement, and the effects of such absenteeism.

1.4.2 Research objectives

The objectives of the study were:

- To identify why student midwives were absenting themselves from classroom facilitation and clinical placement.
- To establish whether student midwives' absence from classroom facilitation and clinical placement have a negative effect on their performance.
- To formulate strategies to combat absenteeism amongst student midwives in both classroom facilitation and the clinical area.

1.4.3 Research questions

- What are student midwives' reasons for being absent from classroom facilitation and clinical placement?
- Does student midwives' absence from classroom facilitation and clinical placement have a negative effect on their clinical performance?
- What strategies can be formulated to combat student midwives' absenteeism from classroom facilitation and clinical placement?

1.5 SIGNIFICANCE OF THE STUDY

The study aimed to provide insight into the reasons why student midwives absent themselves from classroom facilitation and clinical placement. The results that emanated from the study assisted the researcher in formulating strategies to combat the ever-increasing phenomenon of absenteeism amongst student midwives. These strategies will benefit the patient, those involved in midwifery training, the educational institution as a whole, the family expecting a new addition, as well as the community at large. The study also adds to the empirical body of knowledge regarding the reasons for

student midwives' absenteeism and its impact on their training. This, in turn, provides an impetus for further research.

1.6 DEFINITIONS OF KEY CONCEPTS

1.6.1 Operational definition - Absenteeism

According to Allen in Singh (2015:6), absenteeism means the practice of absenting oneself from work. There are many variations to the concept 'absenteeism'. However, for the tenacities of this study, absenteeism shall mean any single day missed by a student midwife during classroom facilitation or clinical allocation.

An operational definition, according to Grove, Burns and Gray (2013:43), indicates how a variable will be measured or manipulated to answer the research questions. The primary operational definition for this study focused on absenteeism and how it affects the training of student midwives. du Plooy-Cilliers , Davis & Bezuidenhout (2016:87) state that the independent variable is likely to cause an effect and it can be altered or manipulated by the researcher to test the effect it has on the dependent variable as well as the outcome of the manipulation. The dependent variable is affected by the independent variable, meaning that the dependent variable can change due to the manipulation of the independent variable by the researcher. In the context of this study, the independent variable was absenteeism, and the dependent variable was student midwives' training. The questionnaire measured and answered the research question, namely what effect does absenteeism (independent variable) have on student midwives' training (dependent variable)? Absenteeism has therefore been operationally defined since it was measured in order to answer the research question.

1.6.2 Student midwife

According to SANC, a student midwife is a person who has applied to SANC to undergo training in midwifery (South Africa 2005:36). A student midwife is a person registered in terms of the Nursing Act to undergo training to be able to practice midwifery independently (Muller 2013:34).

1.6.3 Four-year comprehensive diploma course

A four-year diploma course refers to a four-year integrated programme leading to registration as a Nurse (General, Psychiatric and Community) and Midwife (SANC 2010).

1.6.4 Classroom facilitation

Facilitation is concerned with helping people to achieve a learning outcome (Bruce *et al* 2011:112). In this study, facilitation relates to classroom facilitation.

1.6.5 Block system

According to Bruce *et al* (2011:287), a block system divides the syllabus into sections which educators then allocate for teaching in specific blocks.

1.6.6 Clinical learning experience

SANC Regulation R1048 (SANC 2011) defines a 'clinical learning experience' as a range of learning experiences available in a healthcare setting or other experiential learning sites for a learner to gain clinical skills.

1.6.7 Clinical placement

Clinical placement means the period spent by a learner in a clinical site to ensure that the purpose of professional nurse education and training has been achieved (SANC R1046, December 2011).

1.6.8 Nursing college

SANC Regulation R425 (SANC 1985, paragraph (iii)) defines a 'nursing college' as a post-secondary educational institution which offers professional nursing education at the basic and post-basic level, where such nursing education has been approved in terms of section 15(2).

1.7 CONCEPTUAL FRAMEWORK

A conceptual framework, according to Polit and Beck (2017:119), provides a deep understanding of a phenomenon of interest. The authors further state that in a study based on theory, the framework is theoretical, and in a study with roots in the conceptual model, the framework is conceptual; however, the two frameworks are frequently used interchangeably. In a conceptual framework, concepts and linkages between them are represented through the use of boxes, arrows or other symbols.

This study is shaped around and guided by the conceptual framework adapted from Taunton *et al* (1995 modified by Simelane 2013). The schematic representation and brief discussion that follows denotes possible indicators of absenteeism and their characteristics. It underpins this study in order for steps to be taken to counter such indicators. Most significantly, the framework plays a vital role with regards to answering the research questions, and it forms the crux of establishing the findings of the study.

Brink, van der Walt and van Rensburg (2018:21) postulate that a conceptual framework is developed by identifying and defining concepts and proposing relationships between them. De Vos, Strydom, Fouché and Delport (2011:35) state that it is the conceptual framework that determines how the research questions will be answered. In this study, the operative concept was 'absenteeism', and the primary aim of this study was to answer the research questions, namely, what are student midwives' reasons for absenteeism and what effect does absenteeism have on the training of student midwives?

Booyens and Bezuidenhout (2013:247) define "absenteeism as nonattendance of an employee when scheduled to work". Furthermore, Brink *et al* (2018:21) state that research and theory are inseparable as theory guides and generate ideas of research.

The conceptual framework of Taunton, Hope, Woods and Bott in Simelane (2013:32) was applied and guided the study. This ensured that the researcher did not deviate from the confines (objectives).

Application of the conceptual framework to the study: Taunton *et al* framework (in Simelane, 2013:32) was applied in order to investigate factors and characteristic that

were perceived to have contributed to 'absenteeism' in order to find solutions that can be applied in practice. In the context of the study, solutions that were applied by the researcher included the 'formulation of strategies to combat absenteeism' in the college and in clinical context (objective 3)

1.8 RESEARCH PARADIGM, DESIGN AND METHODOLOGY

1.8.1 Research paradigm

Brink *et al* (2018:19) refer to Polit and Beck's description of a paradigm as a worldview and a set of assumptions about the basic kinds of entities in the world, how these entities interact, and the proper methods of constructing and testing the theories of these entities. Paradigms are characterised in terms of their specific assumptions. Brink *et al* (2018:19) further refer to a paradigmatic approach related to science, namely positivism, which is a systematic research method that emphasises the importance of observable facts. Polit and Beck (2012:12) agree that positivism is the paradigm that has been dominating nursing research for decades, and they add that research activity within the positivist paradigm is directed at understanding the underlying causes of phenomena. The positivist paradigm was relevant for this study because the researcher wanted to understand the underlying causes of student midwives' absenteeism and then determine if there is a link between absenteeism and student midwives' performance in the midwifery clinical area.

1.8.2 Research design

According to Creswell (2014:12), a research design is a type of enquiry that provides specific direction for procedures. Brink *et al* (2018:54) state that the research design is the approach that will best answer the research question and meet the research objectives. The researcher, for the purposes of this study, chose a quantitative non-experimental, descriptive design, which, according to Creswell (2014:155), provides a numeric description of trends, attitudes or opinions of a population. These descriptions ultimately answered the research questions and objectives of this study.

1.8.3 Research methodology

Grove *et al* (2013:218) describe the research methodology as the entire strategy for the study, from the identification of a problem to the final plans for data collection. In line with this, the ensuing discussion depicts the procedures that were followed to achieve the aims and objectives of the study.

1.8.3.1 Research population, sampling approach, sample size and sampling method

According to Keyton (in du Plooy-Cilliers *et al* 2016:97), the research population is the entire population in whom the researcher is interested, while the research sample is a subset of population elements from which data is collected or those who participated in the study.

Furthermore, a sampling method, according to Grove, Burns, and Gray (2013:349), refers to a process of selecting a group of people who represent the population being studied. The sampling approach chosen for this study was probability/random sampling. It implies that all elements/participants in the population must be identified and all have an equal chance of being included in the sample. All members of the population were listed. Probability /random sampling permit the researcher to estimate sample error and reduce bias Brink *et al* (2018:119). This approach is much more likely to be representative of the population and reflect its variations (Brink *et al* 2018:134). With this in mind, the research sample size for this study was 80 (n=80) student midwives selected from a total of 160 student midwives who were registered for the R425 course. The sampling technique embraced was systematic sampling method, which Polit and Beck (2012:283) describe as follows:

Divide the total population (N) by the desired sample (n) in order to ascertain the sampling interval (k). In the context of this study, the total population (N) was 160 divided by the research population of (n) 80, and the sampling interval is 2 (k).

$$\begin{aligned} & \mathbf{N (160)} \\ & \div = \mathbf{k (2)} \\ & \mathbf{n (80)} \end{aligned}$$

Therefore, the sampling interval for this study was every second student on a student midwife register of 160, which includes all third-year and fourth-year students.

1.8.4 Data collection

Grove *et al* (2013:45) state that data collection in quantitative research is the precise, systematic gathering of information relevant to the research purpose, objectives and questions. In addition, Brink *et al* (2018:222) add that in a quantitative study, a large sample is needed in order to conduct meaningful statistical tests. Creswell (2014:159) advocates that at least 10% of the total population should be used in a quantitative study. Since this study embraced at least 50% of the total population, it can be considered a large sample. Keeping this in mind, the researcher's plan to collect quality data included using a self-developed, self-designed, three-part questionnaire comprising questions relating to respondents' demographics, theory facilitation, as well as clinical placement. The questions were guided by the adapted conceptual framework of Simelane (2013:32) and explained to the respondents. The period of record review was a full academic year, namely from January to November 2018.

The questionnaire was subjected to pre-testing. Brink *et al* (2018:161) explain pre-testing as asking a few individuals who meet the inclusion criteria to complete the questionnaire and provide their feedback, but these individuals do not form part of the actual study sample. According to De Vos *et al* (2011:195), pre-testing ensures that errors can be corrected at little cost, the validity of the instrument can be improved, and an estimation of how long it takes to complete the questionnaire can be achieved. In the context of this study, the researcher chose 10 respondents to pre-test the questionnaire. These respondents met the inclusion criteria but did not form part of the actual study. This enabled the researcher to evaluate the effectiveness of the questionnaire and make any relevant corrections if necessary. With reference to the research population, written information was provided to all 80 respondents with instructions on completing the questionnaire to provide clarification if necessary. The three-part questionnaire and the pre-testing are discussed in more detail in Chapter 3.

1.8.5 Data analysis

Grove *et al* (2013:247) postulate that data analysis reduces, organises and gives meaning to the data, and in quantitative research, computers are used to perform most statistical analyses. Bezuidenhout *et al* (2014:206) assert that data analysis sets out to arrive at a set of summaries of the data and attempts to discover patterns that may exist within the data. Bearing the aforementioned statements in mind, the researcher engaged a statistician to analyse the collected data by means of Statistical Package for Social Services (SPSS) version 22. The chosen statistical package is discussed in more detail in Chapter 3 of the study.

1.9 RESEARCH VALIDITY AND RELIABILITY

1.9.1 Research validity

Brink *et al* (2018:151) state that instrument validity seeks to ascertain whether an instrument provides accurate measures given the context in which it is applied. Bezuidenhout *et al* (2014:257) state that validity is all about whether the research measured what it was supposed to measure. In other words, validity is the extent to which the selected instrument actually reflects the measurement of the concept it intended to measure. The main concept in this study was absenteeism, and it was the researcher's aim to ensure that the measuring instrument (self-developed questionnaire) measured exactly that. Questions were therefore focused on student midwives' demographics, classroom facilitation and clinical area placement. In this study, validity was ensured by submitting the questionnaire before actual use to midwifery lecturers who were senior researchers, a qualified research statistician, as well as experienced registered clinical midwives in the clinical field to offer their comments. This ensured that quality non-biased data relevant to the research topic were collected. Further details of how the researcher ensured the validity or the exact intended measurement of the phenomenon are discussed in Chapter 3 of this study.

1.9.2 Research reliability

De Vos *et al* (2011:176) state that reliability occurs when an instrument measures the same thing more than once and results in the same outcome. According to Bezuidenhout *et al* (2014:254), reliability is linked to the findings of the research; one

should ask whether the same results will be produced if the research was repeated by a different researcher at a different time using the same measuring instrument. Reliability is about research findings' credibility and it demands consistency. The researcher in this study aimed for the research findings to be credible so that when other researchers conduct similar studies, it should yield identical results. This was achieved by conducting a measuring instrument (questionnaire) pre-test using 10 student midwives who did not form part of the study. In addition, to attain credibility for this study, the researcher aligned the research instrument with the reliability of an instrument or questionnaire used in previous but similar research studies. These included studies conducted by Simelane (2013) and Magobolo (2016) using similar research measuring instruments. Moreover, data were collected from detailed and meticulously kept records (Brink *et al* 2018:97). Additional methods to ensure reliability are discussed in Chapter 3 of the study.

1.10 RESEARCH SETTING

The research setting is the location where a study takes place (Grove *et al* 2013:373). This study was conducted at a nursing college and regional maternity hospital in the Eastern Cape of South Africa, both of which are part of student midwife training. The nursing college and the regional maternity hospital were situated in Nelson Mandela Bay district, which is one of seven districts in the Eastern Cape and is accredited by the SANC to provide training to student midwives. The specific Nelson Mandela Bay area concerned with this study is the town of Port Elizabeth. Figure 1.1 depicts a map of the Eastern Cape and, in particular, the town of Port Elizabeth.

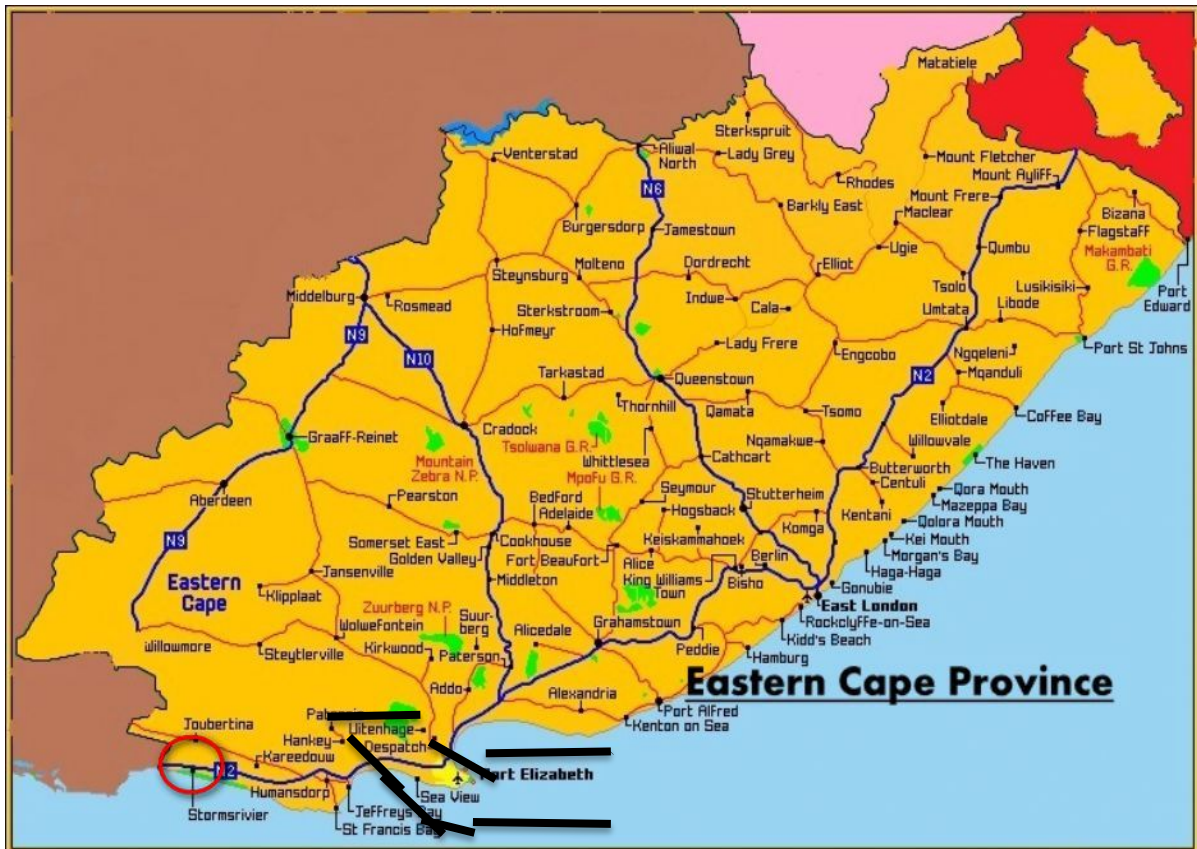


Figure 1.1: Map of the Eastern Cape

1.11 SCOPE OF STUDY

Grove *et al* (2013:598) relate the scope of study to the type of sample used, and they claim the greater (broader) the sample is, the better the chance of generalisability of the findings. Moreover, generalisability is further enhanced if the selected sample is chosen randomly. In the context of this study, the sample was adequate and the method used was random. The scope of study was limited to one institution.

1.12 ETHICAL CONSIDERATIONS

Ethics, according to Bruce *et al* (2011:38), is a set of values in human behaviour or the wrongness or rightness of actions. Brink *et al* (2018:34) outline three fundamental ethical principles which guide researchers, namely respect for persons, beneficence and justice. The researcher in this study adhered to all ethical principles advocated by Brink *et al* (2018:34-36) and Grove *et al* (2013:164-174) in order to ensure the protection of the respondents. This included the student midwives' rights, the rights of the institutions involved, and the researcher maintained scientific integrity.

1.12.1 Protection of respondent's rights

The researcher protected the rights of the student midwives by explaining the purpose and significance of the study before asking them to give written informed consent to participate. Confidentiality and anonymity were assured. Respondents were made aware that participation was voluntary and that withdrawal, if desired, could happen at any time during the course of the study. Respondents were also assured that their names would not be linked to any responses to ensure confidentiality.

1.12.2 Protection of the rights of institutions

Ethical clearance was obtained from the Higher Degrees Committee of the University of South Africa's Department of Health Studies. Once ethical clearance was granted, permission to conduct research was sought from the research section of the Eastern Cape Department of Health, the principal of the nursing college under study, and the manager of the clinical facility where clinical placement is done.

Respondents' permission to partake in the study was also sought.

1.12.3 Scientific integrity

The researcher in this study ensured scientific integrity by confirming that all work is the researcher's own. Fabrication, falsification and forging of information were not part of the study. The presented results of the study are a true reflection of the findings. Lastly, all information sources are acknowledged. A relationship of trust was also established between the researcher and respondents, and the researcher refrained from personal biases.

1.12.4 Self-determination

Burns *et al* (2013:164) state that an individual's right to self-determination is based on the principle of respect for persons, and humans are capable of self-determination and controlling their own destinies. To achieve this, the researcher treated respondents in the study as autonomous agents by allowing them to be part of the study by their own volition.

1.12.5 Justice

The principle of justice refers to respondents' right to fair selection and treatment (Brink *et al* 2018:36). To achieve this aim, respondents were selected only if they were related to the research problem and not because the researcher could influence them. Respondents were also treated respectfully by sticking to agreements, being on time, and respecting respondents' culture and values.

1.12.6 Privacy

Privacy, according to Grove *et al* (2013:169), is an individual's right to determine the time, extent and general circumstances under which personal information will be shared with or withheld from others. In this study, all respondents' identities were protected by not asking for respondents' names on the questionnaire. Moreover, respondents' approval was sought regarding the time and venue of interviews, as well as the sharing of information.

1.12.7 Anonymity

Grove *et al* (2013:171) assert that anonymity exists if the subject's identity cannot be linked by even the researcher with his or her individual responses. To ensure anonymity in this study, the researcher did not mention or write down the names of respondents on the questionnaires. Instead, questionnaires were numbered so that specific respondents could not be linked to any of the questionnaires.

1.12.8 Confidentiality

Confidentiality is the management of private information shared by a subject that must not be shared with others without the endorsement of the subject (Grove *et al* 2013:172). To adhere to this ethical principle, the researcher did not associate any inputs to specific individuals and collected data were subjected to group analysis so that respondents could not be identified.

1.12.9 Beneficence and non-maleficence

Grove *et al* (2013:174) state that beneficence is concerned with doing good and causing no harm. This means that individuals should be protected from discomfort and harm. The researcher protected respondents from emotional, social, psychological and economical discomfort and harm by not asking them to pay to participate, and the researcher asked respondents to voice any discomfort or sense of harm should it occur in a social, emotional or psychological context so that the researcher could refrain from doing whatever caused discomfort.

1.13 STRUCTURE OF THE DISSERTATION

Figure 1.2 reflects the chapters of the complete study presented here.

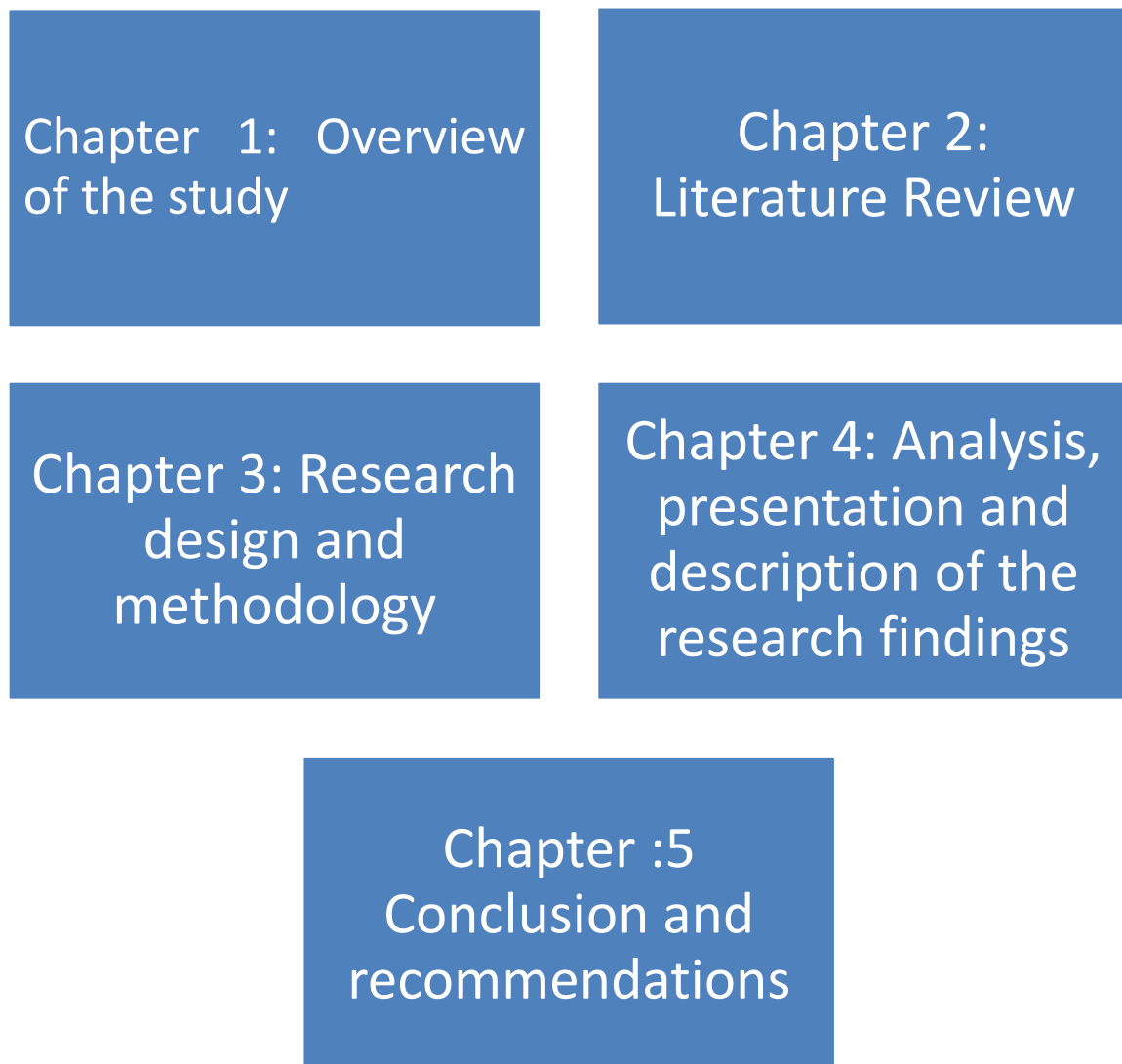


Figure 1.2: Outline of the study

1.14 CONCLUSION

Chapter 1 outlined the background, purpose, objectives, research design, methodology, data collection and analysis, as well as ethical considerations that were applied in this study. The study processes are presented in the individual chapters, as depicted in Figure 1.2. Accordingly, in Chapter 2, the literature review is discussed.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents the literature review that was conducted by the researcher regarding absenteeism amongst student midwives during midwifery training at a nursing college in the Eastern Cape. In this study, the operative concept is 'absenteeism', and the primary aim of this study was to answer the research questions: what are student midwives' reasons for absenteeism and what effect does absenteeism have on the training of student midwives? In order to achieve this outcome, the study was guided by the conceptual framework adapted from Taunton *et al* (2013:32), as it focuses on the student, classroom facilitation, as well as the student in clinical areas. Contextually these constructs will thus answer the research questions as stated above.

2.2 SIGNIFICANCE OF LITERATURE REVIEW

According to Brink *et al* (2018:57), a literature review is conducted because it is essential to develop an understanding of an area, to limit the scope of a study, and to convey the relevance of the study. Bezuidenhout *et al* (2014:101) state that a literature review is done to place the study in perspective and identify the main theories that are relevant to the study. In this study, the researcher's intention was to gain an understanding of the impact of student midwives' absenteeism from training, to limit the scope of this study to this phenomenon, and to delineate the relevance and main concepts of the study. This is a process that starts at the beginning of the research, continues throughout and culminates into a report that is understandable and relevant to the study. The ensuing discussion presents more insight into the relevant aspects pertaining to absenteeism amongst student midwives during midwifery training at a nursing college, as mentioned above.

2.3 MIDWIFERY DEFINED

Although not formally defined at the time, the practice of midwifery has been around since the beginning of mankind. The Nursing Act (South Africa 2005:6) defines 'midwifery' as a caring profession practiced by persons registered under the Nursing

Act. These individuals support and assist the mother and the baby to achieve and maintain optimum health during pregnancy, all stages of labour, as well as the puerperium, which is six weeks after the delivery of the baby. Bailliere's Nurses' Dictionary (2013:258) defines 'midwifery' as an art and science of caring for women undergoing normal pregnancy, labour and in the six weeks following childbirth.

To clarify the previous statement, this means that midwifery involves the acquisition of knowledge and skills in order to be a competent midwife practitioner. Mtyalela *et al* (2015:60) corroborate this view by stating that a nursing/midwifery student is expected to acquire theoretical knowledge in the classroom setting and practical experience in the clinical situation. As a result, absenteeism will adversely affect their academic performance and the acquisition of skills.

2.3.1 Student midwife

The Nursing Act (South Africa 2005:36) defines a 'student midwife' as a person who has applied to SANC to undergo training in midwifery. This application is made through the nursing college that accepted the student to train as a student midwife. The discussion below outlines midwives' education and training in South Africa and internationally.

2.4 EDUCATION AND TRAINING OF THE MIDWIFE

2.4.1 Midwifery training in South Africa

The following discussions focus on the evolution of midwifery in South Africa.

2.4.1.1 Traditionally

According to Sellers (2018:17), most women will receive some form of care from a midwife during childbirth, and traditionally midwifery was seen as a separate profession in South Africa. Post-basic courses were introduced in 1922 (Searle 2009:11), amongst them, midwifery. Meyer (2012:24) states that conventionally, in order to be admitted to a midwifery course, a nursing student had to have successfully completed a basic three-year diploma course in General Nursing Science. Thereafter, a further one-year diploma course in Midwifery Nursing Science, Community Nursing Science or Psychiatric

Nursing Science could be followed. In 1975, the SANC introduced a two-year midwifery programme which has since been abolished.

2.4.1.2 Currently

After the first democratic elections in 1994 that ended apartheid, South Africa was rezoned into nine provinces, and midwifery courses are offered in all provinces. However, midwifery training has transformed so that only specific individuals and certain student midwives have to complete a SANC approved programme with associated practical experience before they can be registered on the SANC register for midwives. There are currently three SANC programmes that a student midwife can follow in order to become a registered midwife. Each of the three courses is regulated by the SANC. This legislative framework forms the backbone of midwifery training in South Africa to ensure that safe and competent midwives are produced for the population of South Africa. The specific courses for student midwives currently offered along with the SANC regulation are as follows:

Regulation R254 (R254, 1975) is a one-year midwifery course that can be taken by a registered nurse who has successfully completed a three-year diploma in General Nursing Science.

R 212 (R212, 1993) is a one-year midwifery course that can only be taken by a nurse who has successfully completed a three-year Diploma in General Nursing Science, a one-year diploma in Midwifery Nursing Science, and three years' experience working in maternity wards. It is called the Advanced Midwifery Diploma (ADM) course.

R425 (R425, 1985) is a four-year diploma programme that leads to registration as a nurse (General, Psychiatry, Community) and midwife.

2.4.3.3 The future

The SANC (in Sellers 2018:19) states that new nursing education courses will be offered from 2024 through a four-year Bachelor's degree in the higher education band Level 8. Contrarily, as early as 2019, the South African Nursing Council implemented a long-awaited Bachelor of nursing programme – Regulation R174 (SANC, R174) – and

confirmed that several public and private institutions would offer these programmes, pending institutions' accreditation (Regulation R173) (SANC, R173).

Midwifery is integrated into the programme and successful candidates will exit as registered nurse-midwives. In addition, more regulations are formulated for the specialisation in midwifery. According to SANC, with regards to progress in the implementation of the new nursing qualifications, which include new nursing education standards, curriculum guidelines, and scope of practice of the envisaged new nursing cadres, the online accreditation system is already at an advanced stage. Discussions between SANC (SANC Newsletter 2013:21) and the Council for Higher Education (CHE) is still an ongoing process.

2.5 SANC REQUIREMENTS FOR MIDWIFERY TRAINING

The following discussion focuses on the R425 student midwife theory and practical minimum requirements as regulated by SANC R425 (R425 1985).

2.5.1 SANC prescribed student-midwife theory and practical requirements

The Lilitha Midwifery Study Guide Midwifery (2019:2, 6, 7) stipulates that under R425, the student midwife has to complete two academic years (2 years' x 44 weeks per year = 88 weeks). A further breakdown of the previous statement is as follows; theory and practical hours are calculated according to the number of credits that a course offers. For the student midwife, SANC prescribed learning credits for Midwifery Nursing Science at 48. This is then broken down into notional hours. One credit equates 10 notional hours. Therefore, 48 credits x 10 = 480 notional hours. During the two academic years of midwifery training, the student midwife must complete the following minimum SANC-required theoretical course content:

Table 2.1: Student theoretical content requirements

THIRD YEAR	HOURS	FOURTH YEAR	HOURS
Anatomy and Physiology	35 Hours	Abnormal pregnancy	80 hours
Normal pregnancy	40 Hours	Abnormal labour	80 Hours
Normal labour	40 Hours	Abnormal puerperium	80 Hours
Normal puerperium	8 Hours	Abnormal neonate	45 Hours
Normal neonatal	40 Hours	Contraception, fertility	45 Hours
Revision/demonstration	7 Hours	Management of a midwifery unit	40 Hours
Total	170 Hours	Mother craft	10 Hours
		Revision	40 Hours
		Total	420 Hours

The above table demonstrates the number of hours that a student is required to attend classroom (theory) tuition/facilitation in order to be able to integrate the knowledge to perform clinical skills in the clinical area. Regular attendance will therefore enhance the academic performance of the student midwife. Third-year theory hours are 170, and for fourth-year level 420 hours are required. A study by Ahmed, Zeynab and Ahmed (2013:409) found a positive relationship between attendance and academic performance, and class attendance is therefore crucial for better performance. Durborow (2017:16) agrees by stating that attendance is important because students who have better attendance tend to make better grades and have better outcomes. To cite an example, a student will be out of her depth in the clinical field should she absent herself from theory classes, as she may not have the required knowledge to perform necessary skills. Moreover, some of these skills are performed on live patients and one could consider the student a medico-legal hazard should they be guilty of frequent absenteeism from theory classes. Another example is a student who would not be able to manage a mother going through abnormal labour due to a lack of knowledge.

The following synoptic table and discussion focuses on the clinical skills that a student midwife has to master in order to be deemed a competent midwife by SANC.

Table 2.2: List of practical skills for student midwives (R425)

THIRD YEAR SKILLS (normal midwifery)	FOURTH YEAR SKILLS (abnormal midwifery)
<i>1. History taking from a pregnant woman and conduct comprehensive antenatal assessment</i>	<i>1. Management of mild gestational proteinuric hypertension</i>
<i>2. Physical examination and abdominal palpation x40</i>	<i>2. Plotting of abnormal gravidograph</i>
<i>3. Plotting a normal gravidograph (progress of pregnancy)</i>	<i>3. Management of a newborn under phototherapy for the treatment of neonatal jaundice</i>
<i>4. Examination of a newborn baby</i>	<i>4. Management of post-partum haemorrhage</i>
<i>5. Examination of a placenta</i>	<i>5. Resuscitation of a newborn</i>
<i>6. Examination of a woman during puerperium</i>	<i>6. Plotting of partogram during abnormal progress of labour</i>
<i>7. Partogram - plotting of the progress of normal labour, witness x5 vaginal deliveries</i>	<i>7. Deliver at least 20 newborn babies</i>
<i>8. Conduct pelvic assessments on a pregnant women</i>	<i>8. Present comprehensive case studies based on mothers nursed</i>
<i>9. Performing an episiotomy</i>	

Third-year students are allocated in antenatal care (ANC) wards for one year and their total number of clinical hours is 250. In ANC wards, student midwives are taught by registered midwives how to acquire the necessary skills (Table 2.2, from one to three) on a real pregnant woman. This enables them to gain experience and master these skills so that they can progress to being allocated to maternity and labour wards to gain skills four to nine. It is here where they witness five deliveries and five pelvic assessments, three suturing of perineal tears and three episiotomies. After witnessing these procedures, a clinical workbook is signed by the registered midwife who

demonstrated the skill, and the student midwife may start to perform the procedures/skills under the supervision of the registered midwife.

In the fourth-year level, they are deemed competent in normal midwifery skills and progress to abnormal midwifery skills. For this achievement, 650 or more clinical hours must be completed. The R425 student midwife thus has to complete a total of 1000 hours (250+650) in clinical practice in order to master the SANC prescribed skills in the clinical environment and be deemed competent.

These skills are evaluated by a registered midwife to ensure the student midwife's competence, as outlined in the Lilitha Midwifery Study Guide (Department of Health, 2019) and the practical register of the nursing college involved in the study. The practice of midwifery skills is a sensitive and vitally important one considering that the childbearing mother receiving care is an ethical, cultural and complex human being. Additionally, the student midwife has to successfully complete the above skills within a SANC prescribed time (1000 hours). This puts pressure on the student midwife and the pressure could reach great heights, especially if it is compounded by absenteeism from the clinical field. This, in turn, might lead to clinical practice errors and misdemeanours, which can further lead to malpractice litigations. Sellers (2018:24) states that midwives have a duty to care for women during pregnancy, labour and the neonatal period, and refers to R2488 which mandates that it is a midwife's legal obligation to take reasonable care and avoid harm.

Sellers (2018:34) also states that currently, the Sustainable Developmental Goals (SDG's) no. 4 advocates for ensuring healthy lives and promoting the wellbeing of all. To this effect, regular in-service education and drills are held on a continual basis and if the student midwife does not attend these due to absenteeism, they will be found wanting. In severe circumstances, due to absenteeism, a student may not be able to undergo enough experiential learning to master how to resuscitate a newborn baby. Taking the above statements into consideration, Mtyalela (2015:44) poignantly states that lecturers at a college in the Eastern Cape were concerned after observing that students at all levels were absenting themselves from all areas of learning, and the picture is worse and gloomier in the clinical areas. This is very disconcerting as this study was also conducted at an Eastern Cape college.

2.6 MIDWIFERY TRAINING IN THE EASTERN CAPE

South Africa is divided into nine provinces, and each province follows its own policies as long as they do not function outside the parameters of SANC prescripts. The Eastern Cape is no exception. Apart from adhering to SANC prescripts and the East Cape Department of Health curriculum, R425 midwifery training also falls under the auspices of a unique act, namely *Education and Training of Nurses and Midwives Act, No 4, 2003*.

The Eastern Cape nursing college relevant to this study employs its own admission criteria for prospective R425 student midwives, as follows (Eastern Cape Department of Health 2014):

- *Candidates must have a valid Grade 12 certificate or its equivalent, including recognition of prior learning.*
- *20% of candidates must currently be in grade 12 and must produce their report for Grade 11.*
- *40% must have a D aggregate or matriculation exemption in the old matric examination.*
- *40% of candidates must meet the minimum requirements for admission to a Bachelor's degree or Diploma for the new Grade 12 certificate.*
- *English and Life Sciences must be passed with at least 50% for the new Grade 12 certificate.*
- *50% of applicants must be males.*
- *An age limit of 17 to 35 years for new recruits and up to 45 years for persons already employed in the health sector.*
- *Candidates must be from the Eastern Cape Province of South Africa and proportioning will be done according to the makeup of the population, namely 57% Black, 28% Coloured, 10% White, and 5% Asian.*

2.7 MIDWIFERY TRAINING INTERNATIONALLY

Although documented in biblical times, the precise origin and location of formal student midwife training is not clear. For centuries it was regarded as a domain for women. Since the mid-1800s, Florence Nightingale, the founder of modern nursing, perpetuated

this notion, and according to Bastable (2017:8), she was regarded as the ultimate educator. With regard to formal training, Fortunato (in Meyer 2012:21) states that the first nursing school was started in India in 250BC, and it was only for males as females were considered a lesser gender at the time. In South Africa, a system of training and code of ethics and licensing standards were introduced in 1810 (Human & Mogotlane 2017:2). Moreover, the World Health Organisation (WHO) (in Ayo 2006:20) states that midwifery training was historically more practice-oriented and student midwives used to practice under the supervision of a senior midwife, primarily in hospitals.

Today, formal midwifery training is offered globally. Currently, in South Africa, SANC's 2017 nursing college statistics for R425 training reflect that the number of nurses registered for midwifery training was 6,607. Moreover, along with 113 countries across the globe, South Africa is aligned with the International Confederation for Midwives (ICM) principles' definitions and practices for midwives (Sellers 2018:16).

The following discussion presents a brief global overview of midwifery training.

2.7.1 Midwifery training in Tanzania

In 1949, formal midwifery training courses started in Tanzania. Midwifery lecturers taught students in the classroom and also accompanied them in clinical settings (Ayo 2006:21). In 1952, the concept of clinical instructors was introduced and by 1965, the tutor/student ratio was 1/12. Currently, a four-year integrated diploma is offered at 14 schools, and midwifery starts in the third year of the training programme, which is the same as in South Africa. Midwifery students are required to cover 504 hours of theory and 1,508 hours of clinical practice. The curriculum mandates that midwifery tutors should ensure students acquire and demonstrate the required competencies.

2.7.2 Midwifery training in Zambia

According to Miyanda (2015:1), for a long time there has been a shortage of trained midwives in Zambia. In 2008, in response to the shortage of midwives, the Minister of Health, general counsel of Zambia, and cooperating partners introduced the Direct Entry Midwifery programme. In this programme, individuals are educated in midwifery and they do not require any prior education or training as a nurse.

A certified midwife or a direct entry is a candidate who has undergone six months of general nursing and a year of midwifery training, followed by six months of internship. The design of the curriculum comprises the first six months of general nursing, where students learn general nursing that is based on general knowledge related to nursing. The next 12 months is based on the current midwifery registered curriculum. In the last six months of internship, students are posted to clinical sites where they are mentored and supervised by trained supervisors.

2.7.3 Midwifery training in the United Kingdom

For the last 30 years, in the United Kingdom, midwifery training was originally provided locally, managed by the Head of Midwifery in the hospital (Macdonald & Magill-Cuerden, 2013:48). Funding came from a maternity care budget, directed to the schools of nursing and midwifery, and the colleges ultimately moving to the universities. In the year 2000, Project 2000 of the UKCC came into being, and it was recommended that nursing and midwifery programmes have an 18-month shared core, followed by an 18-month branch in midwifery, paediatric nursing and mental health nursing, acute care or learning disabilities. Students were regarded as supernumerary, and a course was offered at higher education/diploma or degree level.

2.7.4 Midwifery training in America

According to Quinn (in Macdonald & Magill-Cuerden 2013:4), until the first half of the 20th century, newly qualified midwives experienced stress when called upon to function independently. This was attributed to a lack of clinical experience and organisational skills. In the late 1960s and early 1970s, preceptors were made available to guide newly qualified nurse-midwives. Standardisation of the curriculum was introduced and a review of students' learning needs, limitations and strengths, as well as the decentralisation of clinical instructions and examinations followed. The student:midwifery tutor ratio was adjusted to 1:5. The foregoing discussion regarding midwifery training illustrates that although midwifery training globally has come a long way, it was only in the 20th century that it became formalised into training programmes in the United States of America.

Although some countries' midwifery training has evolved slower than others, for the most part, midwifery training has now been formally circulated and standardised.

2.8 ELEMENTS OF MIDWIFERY TRAINING

2.8.1 Classroom facilitation

2.8.1.1 Definition of classroom facilitation

Gravitt (in Bruce *et al* 2011:112) states that classroom facilitation is when the educator creates a context conducive to learning. In other words, knowledge is constructed rather than presented. Additionally, rather than the imparting of knowledge by an educator, knowledge is gleaned by learners by using varied strategies. The lecturer therefore does not have control over the students' learning.

2.8.1.2 Strategies used in classroom facilitation

There are many strategies that can be used by a lecturer during classroom facilitation. However, the following strategies *inter alia* are relevant to facilitation by the lecturer in the context of this study. It is based on classroom facilitation, guided by the Department of Health's Eastern Cape (2011) policy for teaching and learning, and the phenomenon of promoting critical thinking and problem-solving skills. The policy prescribes that the lecturer/facilitator should:

- Provide clear content objectives and outcomes.
- Provide clear, timely, and accessible information regarding the nature and criteria of assessment for all content as well as constructive feedback of all formative assessments, and allow students the opportunity to give constructive feedback on their experiences.
- Provide flexible access to learning outcome content by using one or more of the following strategies:
 - Mind mapping/concept mapping and pattern recognition
 - Lecture
 - Algorithms
 - Argumentation debate and structured controversy and dilemmas
 - Case studies, case scenarios and analysis of research projects
 - Group assignments and presentations

- Demonstrations
- Role-play
- Analysis of visual presentations/films and online videos

It must be mentioned that in the context of this study, due to time constraints compounded by congested R425 curriculum demands, the lecturer is not always able to implement all the strategies outlined above. The lecturer, at best, employs lecturing, group activity, role-play, video presentations and demonstrations. As previously mentioned, the future of nursing and midwifery education and training look rosy as the South African Nursing Council has now implemented the long-awaited Bachelor of nursing programme (Regulation R174) (SANC,R174) and confirmed that several institutions would offer these programmes pending the institutions' accreditation (Regulation R173) (SANC, R173). Hopefully this will enhance the use of a full array of strategies that can be applied in classroom facilitation.

2.8.1.3 Classroom facilitation learning environment

Objective 1 was to identify reasons why student midwives' are absenting themselves from classroom facilitation and clinical placement.

An unfavourable learning environment, such as poorly ventilated classrooms, uncomfortable sitting arrangements, and congested classrooms, were mentioned as factors that encouraged absenteeism.

Magobolo (2016:20) alluded that South African public nursing colleges face challenges in terms of large student volumes, small classrooms, and ill-equipped demonstration rooms. This is indeed the case at the public nursing college involved in this study. At present, the average student volume is 70 students per class, accommodated in a 6 by 4-foot classroom. The current facilitator:student midwife ratio is 1:17. A study by Simelane (2013:116) found that less than ideal classroom conditions contributed to absenteeism. The foregoing statement therefore highlights the importance of a conducive classroom environment. Moreover, the following discussion is guided by Bastable (2017:140), who advocates for the following elements with regards to a conducive learning environment:

a) Environmental elements

- Temperature should promote adequate concentration.
- Lighting should be adequate, but not so bright that it creates a glare.
- Sound should be adjusted to not too loud and not too soft.
- Seating should be comfortable.

In view of the above environmental elements, several researchers found that there is a link between absenteeism and unfavourable learning environments. Poorly ventilated classroom, uncomfortable sitting arrangements, and congested classrooms are reported reasons that encourage absenteeism. Sarkodie *et al* (2014:19) allude that students in large classrooms believe their absence will not be noted, and they believe smaller classroom allow greater interaction between them and lecturers.

Magobolo (2016:20) alluded that large student numbers in class make it difficult to promote active engagements of students; hence passive students might perceive rejection by the lecturer and feel that their contribution is not necessary. “Teacher competence is a school based environmental factor that encourages absenteeism, where teaching styles remain unchanged and hence uninteresting. Negative attitudes displayed by the lecturers in the classroom environment may drive certain learners out of school” (Sanzila 2011:26-27)

b) Emotional / psychological elements

- The lecturer should create an atmosphere of hope and motivation to achieve classroom attendance, and ultimately, academic performance.
- Time allowed to complete tasks should be adequate.
- Lecturer should adhere to content learning outcomes.
- Structured directions should be given to all students.
- Lecturers should consider a systematic and a broad concept from which to learn.
- Lecturers should consider hemispheric learners that learn best with background music and those who demand utter silence.
- Lecturers should consider impulsive learners.

c) Sociological elements

- Lecturers should consider incorporating individual and group learning.
- Lecturers should assert authority but embrace students who become intimidated by too much authority.

d) Physical elements

- Lecturers should consider that some students prefer auditory, visual, kinetic, and tactile presentations.

e) Nutrition

- Lecturers should consider the nutritional needs of the learners and have regular breaks.

f) Time of learning

- Lecturers should identify and consider morning, afternoon and evening learners.

2.9 CLINICAL PLACEMENT

Objective 2 was to establish whether the student midwives' absence from classroom facilitation and clinical placement have a negative effect on their performance. Several studies confirmed a significant relationship between academic performance and absenteeism.

Chukwe *et al* (2017:35) state that "Students showed a high degree of poor academic performance and lower achievement due to absenteeism". Similarly, absenteeism can result in a student nurse's inability to develop clinical skills (Mtyalela *et al* 2015:61).

Clinical placement forms a pivotal part of student midwives' training as it is here that the student learns how to integrate theory with practical situations, to ultimately be able to perform the skills of a competent midwife. Malwela, Maputle and Lebeso (2017:2) are of the opinion that theory should make up 30% of the curriculum and clinical placement for practica should make up 70% of the curriculum. In the context of this study, the R425 student midwife is exposed to 40% theory and 60% clinical placement or practica, meaning that the clinical placement is less than recommended. However, the SANC prescribes the exact number of hours for clinical placement and practice, namely 1000,

and the exact skills that a student midwife must perform and be proficient in, in order to be deemed competent.

The R425 student midwife has to be compliant with these SANC requirements, or they will not be certified as SANC compliant. The aforementioned statements demonstrate just how crucial classroom and clinical placement attendance is for a student midwife's training; it is here that the all-important phenomenon of integrating theory and practice takes place.

2.9.1 Clinical placement in perspective

Bruce, Klopper and Mellish (2011:31) state that the clinical placement of students (midwives) should be coordinated to be aligned with clinical learning outcomes. This is indeed the case with the R425 student midwife. A study by Naylor (2014:43) found that nursing students reported clinical placement gives valuable learning experience and insight. As recent as 2019, the WHO, United Nations International Children's Emergency Fund (UNICEF), United Nations Populations Fund (UNFPA) and the ICM met to formulate an action plan for midwives to provide a full scope of quality interventions for implementation in the clinical environment (WHO 2019:vi).

Included in the framework is a plan for executing proven interventions for maternal and newborn health that could avert 80% of all maternal deaths in clinical practice. This initiative is extremely important as, according to the Herald Newspaper (Nkosi 2018:2), in just one lawsuit against the East Cape Department of Health, the Bisho Administration was ordered to pay 16 million rand for malpractice and negligence. In addition, Sellers (2018:22) affirms that in South Africa, the National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD) has ensured that midwifery skills have been upgraded by implementing a strategy called 'essential steps in the management of obstetric emergencies' (ESMOE). The mere fact that these measures have been recommended suggests that the Batho Pele Principles proclaimed by the South African National Department of Health in 1997 have not been properly upheld, especially with regard to service standards. The student midwife is part of the clinical practice environment, essentially to gain midwifery skills that are performed during clinical placement time. It is therefore part of all upgrading initiatives that have been and will be implemented.

According to Stuart (in Kilgallon & Thompson 2013:82), it is impossible to provide healthcare interventions with a set of guidelines and behaviours to prepare student midwives to become competent practitioners. Since midwifery practice is done during clinical placement and is regulated by the SANC, the researcher found this statement to be groundless and controversial. For the purposes of this study, clinical placement is the clinical environment in which a student is placed, in order to gain the SANC prescribed learning experiences, midwifery skills, and to be found competent in these skills. The specific context for student midwives' clinical placement areas for this study is labour wards, antenatal units, post-natal wards, and the neonatal and nursery units of a regional hospital in the Nelson Mandela Metro of the Eastern Cape. It is imperative that the student midwife does not absent themselves from these placement areas, as this would impact on their ability to complete their skills competently and meet the SANC's clinical requirements.

How common is absenteeism in other health related programmes?

A study conducted in the Eastern Cape department of health by Simon (2015:50) alludes that absenteeism is a grave workplace problem, expensive for both employees and employers, and is unpredictable in nature, leading to backlogs, piling of work and thus delays. In South Africa, managers consider absenteeism their most serious disciplinary problem as it is costly, disruptive, and is a concern for employers and researchers. If absenteeism is not addressed, it can result in high turnover rates (Simon 2015:50).

Documented reasons for absenteeism from other studies

Reasons stated in most literature were ranging from sickness to family issues, social problems and the abuse of sick leave granted by institutions. Health problems were identified as major contributors to absenteeism, along with the heightened use of technology, where medical students agreed that they can download or upload lectures from the university website (Sial *et al* 2018:137). However, Muhamad (2014:41) reported several reasons for students not attending classes, including sleep deprivation, non-visible benefits of attending classes, and self-preparation time for next classes.

Sial *et al* (2018:138) concluded that the problem of absenteeism is increasing in this day and age among medical students. Similarly, a study conducted in Pakistan by Khan *et*

al (2017:1517) found that despite the stringent rules in the Army Medical College, absenteeism remains an unavoidable problem across learning institutions. The South African Chamber of Business (SACOB) acknowledged that billions are lost on account of absenteeism resulting from sick leave in the Gauteng department of health; similarly, the European Foundation, United Kingdom, Germany and Belgium also lost billions on account of absenteeism (Ndhlovu 2012: 26).

Documented consequences of absenteeism

Absenteeism affect student attrition, result in lower academic performance and limited future employment opportunities (Sail *et al* 2018:135; Muhamad 2014:141). In public sectors, billions are lost on account of sick leave, and the nursing occupational group's absenteeism is severe, thus contributing to a discontinuity of patient care and decrease in staff morale (Ndhlovu 2012:68).

Documented interventions to reduce and prevent absenteeism

- A holistic approach by all stakeholders involved in students' training.
- Re-employment of retirees may revive good work ethics by mentoring young nurses, encourage flexitime, and an attendance policy should be in place, effective and adhered to. There is also a need for active employee assistance programmes (Ndhlovu 2012:23)
- Payments and incentives to deserving employees and absenteeism monitoring should be continuous to pinpoint employees with excessive absenteeism. An absenteeism policy to be in place in all departments (Simon 2015:21; 24).

2.9.2 Role-players in the clinical placement environment

The following diagram and brief discussion represent the most important role-players involved in student midwifery training in the clinical placement area.

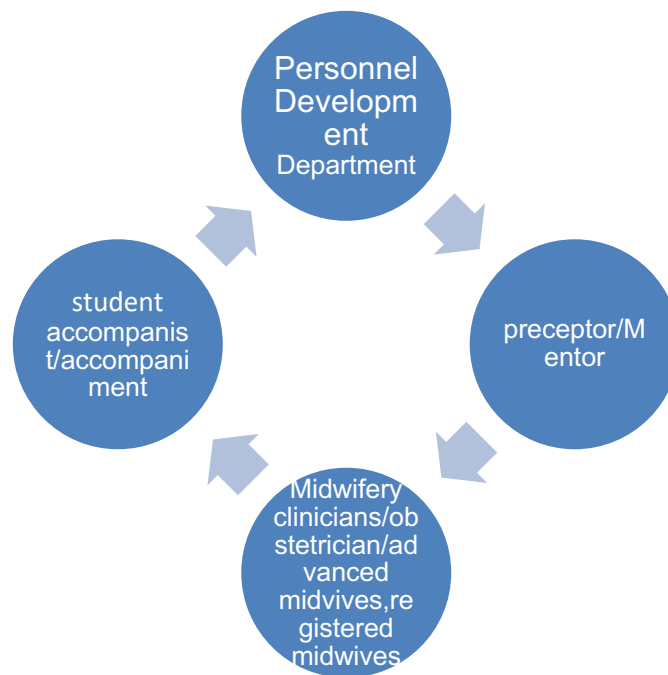


Figure 2.1: Role-players in midwifery clinical environment

According to Bruce and Klopper (2017:321), the personnel of this department are provincially based in the office of the nursing service directorate. The personnel department is responsible for coordinating all student midwives' placements in clinical areas, and overseeing the general behaviour and discipline of students; very importantly, the department tracks student midwives' attendance.

A clinical preceptor is an experienced nurse or midwife within a clinical setting who acts as a role model and learning resource for students. Clinical preceptors need not be formally qualified nurse educators (Klopper 2011:225). According to Mhlaba and Mthembu (in Magobolo 2016:24) mentoring is an approach to guide and scaffold students in order to help them integrate theory with practice, through the practice and evaluation of their performance by mentors. students. A study conducted by Carr, Taylor and Pitt (2018:498) found that mentors can be very helpful and allows the student to show their capabilities, thus facilitating success. The preceding statements demonstrate that the role of the preceptor and mentor is greatly intertwined. Unfortunately, in the context of this study, there are very few student midwife mentors and preceptors, and sadly the researcher has witnessed many student midwives struggling in the clinical area. A study conducted at the same nursing college by Meyer (2012:86) determined that students faced significant challenges due to a lack of guidance in the clinical field and this, in turn, led to frequent absenteeism.

Muller and Bester (2016:518) assert that the healthcare practitioner who acts as a student accompanist is a subject/domain expert with the necessary knowledge, skills and values to accompany the learner in an adequate manner. For this study, the accompanist for the R425 student midwife is the midwifery lecturer. It is their expert skill and dexterity that is used to demonstrate, practice and evaluate the student for SANC's prescribed skill competency. It is the accompanying lecturer's duty to monitor and remedy (through counselling) absenteeism.

The Oxford English Dictionary (2012:495) defines an 'obstetrician' as a person who specialises in the branch of medicine that deals with pregnancy, labour and the puerperium (a period of six weeks following labour). And while it is not part of formal student midwifery training, in the context of this study, it is the obstetrician in the clinical environment that assists student midwives by demonstrating skills, presenting problem case studies, reviewing meetings, and making use of teachable moments to augment the knowledge of the R425 student midwife.

According to SANC regulation R212 (SANC 1990) an advanced midwife (ADM) is a midwifery nursing specialist who has successfully completed a post-basic Diploma in Advanced Midwifery, and who usually practices in the midwifery clinical environment. By the same token, a registered nurse-midwife is a person who has been admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of study in midwifery, and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery (Sellers 2014:12). Essentially, assistance by the ADM and registered midwife is similar to that of the obstetrician, but they practice in closer proximity to students and can identify with them as they were once also student midwives. Furthermore, in the context of this study, some ADMs trained at the same institution, and it was the researcher's observation that most of the ADMs and registered midwives have a close relationship with R425 student midwives. These individuals will go the extra mile by motivating and encouraging the importance of clinical attendance so that the student midwife is able to master the SANC required clinical skills.

2.10 ELEMENTS OF THE MIDWIFERY CLINICAL LEARNING ENVIRONMENT

In the clinical environment, with regards to student midwives' training, Meyer, Naude, and van Niekerk (2013:135) also stress the fact that clinical competence depends on the ability to correlate theory with practice. The researcher subscribes to this philosophy completely. Motsilanyane (2015:8) refers to Lambert and Glacken's definition of a clinical learning environment as an environment in which clinical learning takes place, or is the focal point of nurse education. The following adapted characteristics, as cited by Motsilanyane (2015:20) and Meyer (2012:29), describe a good midwifery clinical learning environment:

Individuality – the midwifery student should be able to make decisions and work at their own pace. Learning styles, cultural and ethnic origins must be considered.

Innovation – the clinical preceptor should plan new, interesting and productive clinical experiences for the student midwife. Learning opportunities and experiences should be available to achieve learning outcomes.

Involvement – student midwives should be allowed to participate actively and attentively in the midwifery units and their opinions should matter. A questioning approach and an ambience of active participation must prevail between clinicians and the student midwife.

Personalisation – student midwives should be allowed to interact with clinical facilitators, and their welfare and feelings should be considered.

Environment – the environment must be free from physical or psychological harm, and there must be mutual trust, respect and helpfulness between clinicians and the student midwife.

Task orientation – clinical activities should be clear and well-organised; for example, through delegation and supervision of tasks.

Organisation – the clinical environment should cater to student midwives' needs within a well-organised and inspiring learning situation.

Satisfaction – the student midwife should enjoy learning and look forward to their placement in the clinical environment. The student midwife should not be intimidated or rejected.

Improvisation – there should be a high level of acceptable challenges, and the student midwife should be allowed to improve or improvise ways of doing things.

Material and human resources – should be readily available, such as adequate staffing, delivery packs, and a well-equipped and functionally updated resuscitation trolley.

Commitment – both the student midwife and all clinicians should be committed to the achievement of the student midwife's clinical learning outcomes.

In the context of this study and according to the researcher's observations, the clinical environment in which the student midwives are placed does not conform to all of these characteristics, especially in terms of human and material resources. According to the Herald Newspaper (Nkosi 2018:1), an investigation by the Economic Freedom Fighters into conditions at the maternity hospital involved in this study revealed that human resource shortages indeed affected the treatment patients received in a detrimental manner.

2.11 NURSING COLLEGE

The SANC describes a nursing college as a post-secondary educational institution that offers professional nursing education at basic and post-basic level, where such nursing education has been approved in terms of section 50 (2) of the Nursing Act (SANC 1985, Paragraph 1 (iii)). Mokgobole (2013:viii) refers to a nursing school as a comprehensive unit which includes all relevant facilities and resources for the personal and professional development of students in order to reach the programme objectives.

A nursing school is conjoined with a university in the same area and enjoys the same autonomy and academic freedom as that of the university in terms of programme offering and quality assurance. This is provided for by way of legal agreement (Bruce &

Klopper 2017:90). The Eastern Cape nursing college involved in the study is conjoined with three universities, namely Nelson Mandela University, Walter Sisulu University, and the University of Fort Hare.

2.12 ABSENTEEISM

Motsepe (in Simelane 2013:34) defines 'absenteeism' as any time taken away from work or training. This includes late coming, leaving before the end of a shift, taking extended tea, lunch and toilet breaks, attending to private affairs while on duty, unexplained absence, and absenting oneself without authorised leave. Booyens and Bezuidenhout (2013:247) have a more simplistic definition, and refer to absenteeism as the nonattendance of an employee when scheduled to work. From the aforementioned definitions, it is clear there are many variations to the concept 'absenteeism'. However, for the purposes of this study, absenteeism shall mean any single day missed by a student midwife during classroom facilitation or clinical allocation.

2.12.1 Types of absenteeism

Booyens and Bezuidenhout (2013:247) refer to three types of absenteeism, namely unavoidable or involuntary, avoidable or voluntary absenteeism and authorised absenteeism.

2.12.1.1 Involuntary absenteeism

The example cited for involuntary absenteeism includes physical and psychological illness. A study by Sial, Humayun and Humayun (2018:137) found that health factors were a major contributing issue relating to absenteeism amongst medical students. The following examples can also be included in this category: the death of a spouse or child, mandatory court attendance, natural and manmade disasters, and being victims of violent crime.

2.12.1.2 Voluntary absence

The examples of voluntary absence cited by Booyens and Bezuidenhout (2013:247) include minor transport and social problems. A study by Khan, Tasawar, Khan, Qamar

and Saga (2018:1531) revealed that absenteeism could be linked to low motivation and social ills, such as substance abuse. The following instances can be added: absence without a specific reason, and scheduled doctor's appointments.

2.12.1.3 Authorised absence

This type of absenteeism pertains to when an employee/student is granted permission to be absent. Examples are a seriously ill child, study leave, and religious days of obligation.

2.13 LEGISLATIVE FRAMEWORK AND POLICY-RELATED ATTENDANCE TO STUDENT MIDWIVES' ATTENDANCE

Student midwives' attendance during their training is vitally important as the SANC mandates all nursing colleges to produce a well-trained and capable student midwife in order for them to be entrusted with the lives of a mother and child. This is particularly important, as litigations for malpractice are ever-increasing and have cast the spotlight on student midwives' training, as offered by the relevant health authorities. As mentioned previously, this training entails time spent in classroom facilitation and the clinical field in order for theory to be integrated with practical experiences.

Additionally, the time spent in both areas of training is prescribed by the SANC, as the quality assurance body for student midwife training in South Africa. The discussion that follows provides an overview of the legal and policy-related prescripts that have a direct impact on the attendance requirements of the R425 student midwives, which is the focus of the study. The SANC (Regulation R425, February 1985) prescribes that a student midwife has to complete two academic years in midwifery training in order to be deemed a competent and safe practitioner.

The Eastern Cape Department of Health (2012) stipulates a SANC approved curriculum for the nursing college involved in the study. They prescribe a total of 1000 hours for theory and clinical training, spread across the third and fourth years of training. The Eastern Cape Department of Health (2014) Learning Contract states that the student midwife is allowed 12 days' sick leave, 22 days' annual leave, and five days' family

responsibility leave per year. They also require a mandatory 85% class and clinical area attendance in order to be eligible for examinations.

2.14 Conceptual framework of predictors of absenteeism during midwifery training

A conceptual framework, according to Polit and Beck (2017:119), provides a deep understanding of a phenomenon of interest. The authors further state that in a study based on theory, the framework is theoretical, and in a study with roots in the conceptual model, the framework is conceptual; however, the two frameworks are frequently used interchangeably. In a conceptual framework, concepts and linkages between them are represented through the use of boxes, arrows or other symbols. This study is shaped around and guided by the conceptual framework adapted from Taunten *et al* (1995 modified by Simelane 2013). The schematic representation and brief discussion that follows denotes possible indicators of absenteeism and their characteristics. It underpins this study in order for steps to be taken to counter such indicators. Most significantly, the framework plays a vital role with regards to answering the research questions, and it forms the crux of establishing the findings of the study.

2.14.1 College-related factors

Figure 2.2 illustrates that some characteristics, such as the approach of lecturers and language used during facilitation, lack of motivation, lack of learning resources (internet), and unconducive learning environments might contribute to absenteeism. To cite just one example relating to the preceding statement, Sarkodie, Ntow-Gyan, Bempong and Saaka (2014:19) found that poorly ventilated and congested classrooms discourage students from attending school.

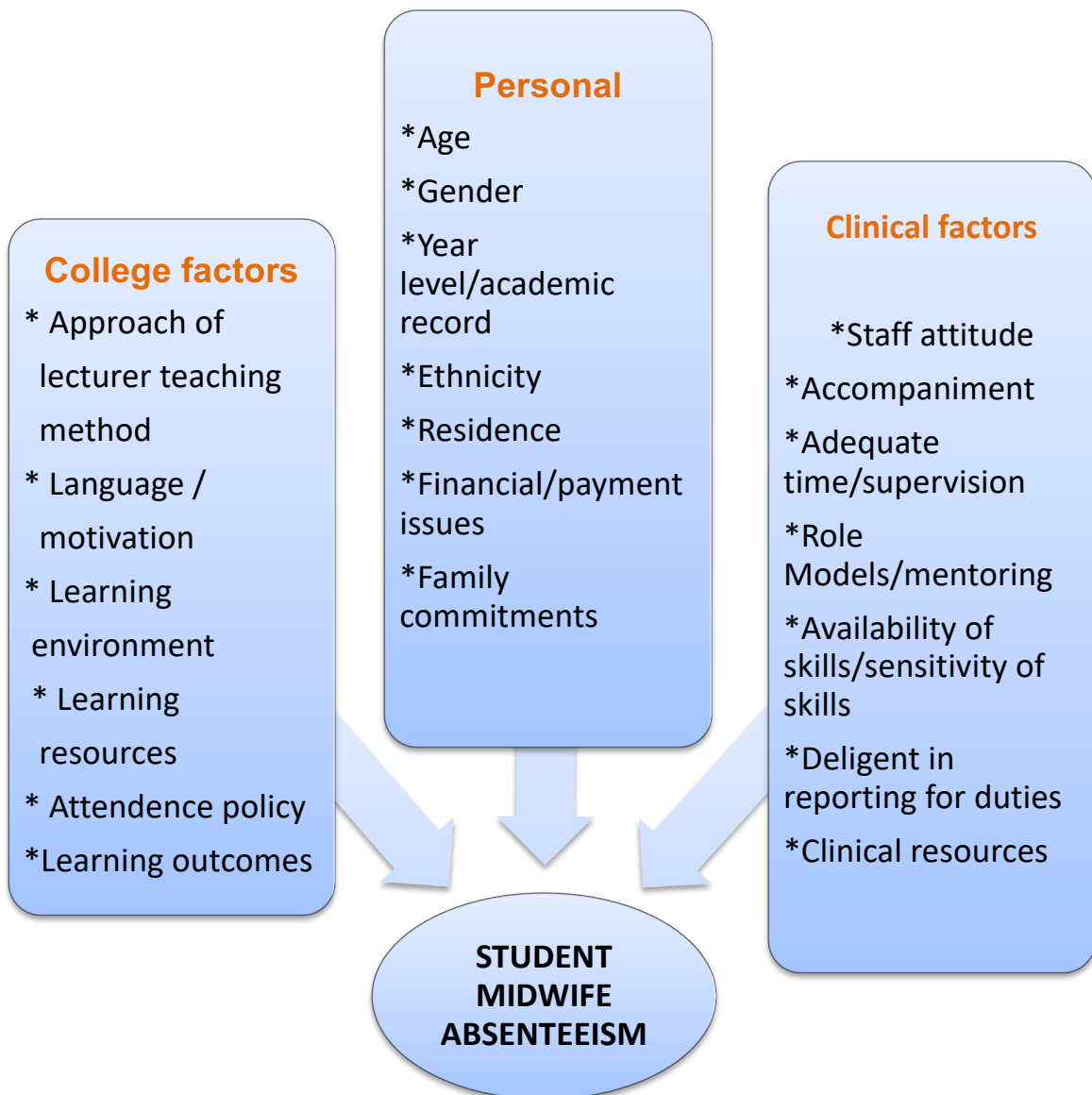


Figure 2.2: Conceptual frameworks of nurse absenteeism predictors

(Modified version of Taunton *et al* 1995)

2.14.2 Personal factors

According to Figure 2.2, some personal factors like age, gender, and level of training, ethnicity, residence, financial issues, transport and family commitments might contribute to absenteeism. Paton (2015:7) is of the view that middle-aged workers (30 to 49 years of age) took more sick leave than any other age group, while Mahmoud, Muhammed, Ali and Ferial-Ahmed (2014:80) established that a higher rate of nursing turnover is found in younger nurses. The accommodation for students in public hospitals is limited,

and many reside outside the college. Cheaper accommodation might be far from the college and closer to clinical services, or vice versa, meaning that student midwives living far from the college or far from clinical services are more likely to absent themselves.

2.14.3 Clinical related factors

As presented in Figure 2.2, some college-related factors like staff attitude, accompaniment, lack of supervision, lack of resources, such as shortage of staff might contribute to absenteeism amongst student midwives. Msiska, Smith and Fawcett (2014:38) claimed that students in clinical placement have to cover staff shortages and, at times, are regarded as additional staff. Simelane (2013:31) corroborates this finding by stating that students sometimes have a dual status in the clinical field as mentioned in the previous statement. With regard to the bad attitude of permanent staff, this might lead to absenteeism and abscondment during clinical placement. A study by Meyer (2012:75) found that negative staff attitudes were abundant in the clinical field, and this contributed to student midwife absenteeism.

2.15 MONITORING OF STUDENT MIDWIFE ATTENDANCE

Human and Mogotlane (2017:2) postulate that professional bodies issue licenses to practice to bona fide and competent members who have complied with educational, training and practice standards. It stands to reason that attendance requirements should be prescribed for midwifery education and training, and the said attendance should be monitored. A study by Edwards, Smith, Courtney, Finlayson and Chapman (cited in Mtyalela *et al* 2015:2) claimed that absenteeism could result in a student's inability to develop clinical skills. Another study by Mahmoud *et al* (2014:44) found significant associations between academic performance and absenteeism amongst medical students.

2.15.1 Strategies of monitoring student midwife attendance

Thobakgale (2013:20) is of the opinion that monitoring student midwives' attendance is important in all institutions. The researcher cited the following reasons why stringent attendance monitoring should be done: training is expensive and needs a budget;

record-keeping of attendance may be needed by a court of law; SANC requires proof that the prescribed requirements were met; and good attendance is crucial in order to produce a capable and authentic practitioner to care for the lives of both a mother and child. Thobakgale (2013:21) further suggests that student attendance in clinical areas and during lectures/facilitation should be monitored. In the context of this study, the following methods of monitoring are used as a control and evidence-based measure:

Classroom attendance is monitored by the year-level lecturer coordinator. This involves doing a daily roll-call and completing the class attendance register, which the student has to sign at the start and end of the school day. Backup monitoring is done by documenting the daily individual form for missed lectures, and the attendance of students in the facilitation register. Clinical area attendance is monitored by an on-duty register, along with clinical area timesheets which have to be signed on a daily basis by the ward registered midwife. Backup copies of the same are also kept in the personnel development department of all maternity hospitals where student midwives are allocated.

These are sent to the relevant nursing college during scheduled lecturer/student midwife accompaniment days. The lecturer then checks attendance for the total allocation up to the day on which the accompaniment is done.

2.16 CONCLUSION

Chapter 2 discussed the literature review pertaining to the phenomenon under study in order for the study to be put into perspective and salient theories to be identified. The concept of student midwives' absenteeism from training and indicators of such behaviour were discussed. Chapter 3 will focus on the approach, design and methodology chosen for this study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter presents the research paradigm, design and methodology employed by the researcher in conducting the study. It provides details on the population, sample procedures, and data collection instrument underpinning the study. The implementation of validity, reliability and ethical considerations are also demonstrated in this chapter.

3.2 RESEARCH DESIGN

Brink *et al* (2016:112) state that a research design stems from the research purpose and research questions. It involves logical steps to answer the research question, forms the blueprint of the study, and determines the methodology used to obtain sources of information.

Quantitative, descriptive, correlational designs examine relationships that exist in a situation (Grove *et al* 2013:225). The researcher chose a quantitative, descriptive correlational design to numerically describe the reasons, effects, as well as the existence of relationships related to absenteeism amongst student midwives at a nursing college in the Eastern Cape.

3.2.1 Positivist paradigm

According to Polit and Beck (2017:738), a paradigm is a world view of natural phenomena that encompass and guide one's approach to enquiry. The researcher adopted a positivist paradigm in this study.

Positivism has dominated nursing research for decades, and positivists' view of scientific knowledge is based on an orderly method of acquiring knowledge using scientific procedures (Polit & Beck 2017:10; Brink *et al* 2016:25).

Positivism's fundamental assumption is that reality exists and can be discovered and measured objectively through controlled, observable data to uncover the truth. The

researcher was curious to determine and measure the nature of reality regarding student midwives' absenteeism and therefore adopted the ontological position of positivism which emphasises reality. This stance alludes that perspectives on reality can be observed and measured (du Plooy-Cilliers *et al* 2016:25).

The researcher aligned herself and employed specific positivist assumptions as outlined by Polit and Beck (2017:10). The research steps were developed with meticulous detail and were logically linked together (Grove *et al* 2013:36). The researcher used rational and orderly steps moving from the general to the specific in order to gain insight into the phenomenon of student midwives' absenteeism. Numerical data were statistically analysed using an independent statistician.

The knowledge that develops through a positivist's lens is based on careful observation and the measurement of the objective reality; therefore, developing numerical values is paramount (Creswell & Creswell 2018:21). A large sample was used to enable the researcher to generalise the findings. The researcher ensured that unbiased, objective and uncontaminated data were collected by asking a lecturer who was unfamiliar with midwifery students to supervise the respondents and ensure that uncontaminated data were collected. Brink *et al* (2016:25) declare that for positivists, the overall aim of scientific inquiry is to develop generalisations about the causal relationship between variables.

Positivists have a very optimistic view of science and believe that science can enlighten people and in the process make the world a better place (du Plooy-Cilliers *et al* 2016:24). Moreover, although absenteeism is a negative phenomenon generally, adopting a positivist paradigm suited the study because it would enlighten the stakeholders involved about the impact of student midwives' absenteeism during training. As a result, prompt remedial actions can be facilitated. Furthermore, the positivist paradigm was relevant to this study because the researcher wanted to understand the underlying causes for student midwives' absenteeism and then determine if there was a link between absenteeism and student midwives' performance in the midwifery clinical area.

The researcher employed a quantitative, correlational, descriptive design in gathering knowledge and facts about absenteeism, as discussed in the sections that follow.

3.2.1.1 Quantitative research

The study embraced a quantitative research design which was most closely allied with positivism (Polit & Beck 2017:11). Quantitative researchers use formal, structured and systematic approaches to defining the research problem. In this study, a structured data collection instrument was used to enhance objectivity and validity, and all findings were presented numerically.

The researcher obtained permission from all the stakeholders involved in midwifery education and training (under programme R425) and then progressed systematically through all required steps until data were gathered, measured and analysed. Moreover, quantitative researchers incorporate deductive reasoning to generate predictions and data are analysed statistically. According to Grove *et al* (2013:7), deductive reasoning moves from a general premise to a particular situation or conclusion. In this study, relationship predictions regarding data analysis were generated from general knowledge regarding absenteeism, then the researcher moved to specific knowledge by way of deductive reasoning.

3.2.1.2 Correlational design

Grove *et al* (2013:224) state that correlational designs examine the existence of relationships amongst variables, and they further explain that correlations may be positive or negative. Independent variables are likely to cause an effect, while the dependent variables are affected by the independent variable (du Plooy *et al* 2016:87). A correlational design was chosen to establish what type of relationship existed between absenteeism (independent variable) and student midwives' performance (dependent variable). Additionally, the researcher statistically described and measured the degree of association (positive or negative) between absenteeism and student midwives' performance.

3.2.1.3 Descriptive design

Thobakgale (2013:54) cites Mouton's descriptive design as it is used to provide precise quantitative descriptions. The purpose of descriptive research is to observe, describe and document aspects of a situation as it naturally occurs, and sometimes it serves as a

starting point for theory development (Polit & Beck 2012:226). The descriptive design was chosen for this study as this design enabled observations and description of the reasons and effects of student midwives' absenteeism during midwifery training.

3.3 RESEARCH METHODOLOGY

Kaplan's (in Grove *et al* 2013:22) description of the research methodology is procedures that researchers have used in the past, are currently using, and will use in the future. In other words, the main focus of methodology in the study is to describe the implemented procedures that will ultimately answer the research questions and achieve the research objectives. Therefore, the methodology is a process that is comprised of organised procedures. The procedures and techniques that were implemented in this study are discussed next.

3.3.1 Research population

A research population is the entire group of subjects/respondents in which the researcher is interested; for example, all those who meet the characteristics the researcher wants to study (Brink *et al* 2018:116). In the context of study, the research population was the entire group of nursing students following the comprehensive four-year diploma programme (R425 of 22 February 1985) at a nursing college in the Eastern Cape Province.

Target population is everyone or everything that falls within the population parameters (Grove *et al* 2013:351). In the context of the study, the target population was the R425 student midwives, and the research population was the entire group of nursing students enrolled for the comprehensive four-year diploma programme (R425 of 22 February 1985) at a nursing college in the Eastern Cape Province.

Accessible population refers only to section of the population that we can actually include in our study (du Plooy-Cilliers *et al* 2016:133). Contextually, the accessible population was the R425 student midwives (SANC, R425) who were in their third- and fourth-year level of training.

Polit and Beck (2017:250) refer to a *research sample* as a subset of population elements from which data are collected, or who participate in the study.

The sampling approach embraced by the researcher was probability/random sampling. It implies that all elements/participants in the population must be identified and all have an equal chance of being included in the sample. All members of the population were listed. Probability/random sampling permits the researcher to estimate the sample error and reduce bias Brink *et al* (2018:119).

Figure 3.1 is a diagrammatic illustration of the populations, as described.

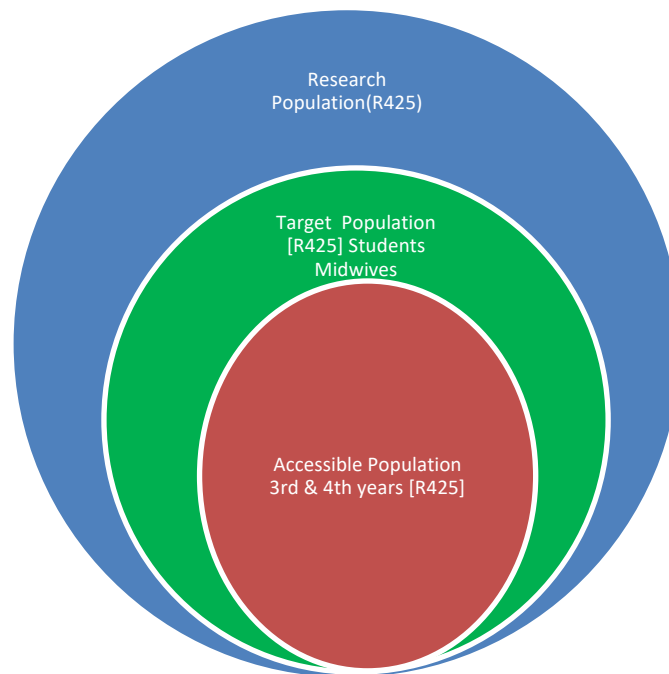


Figure 3.1: Elements of the research population

3.3.2 Research setting

The researcher chose a descriptive, correlational, quantitative research approach which supports the positivist stance of conducting a study in a natural, real-life setting, where the environment cannot be changed or manipulated. The research setting is thus the location where a study is conducted (Grove *et al* 2013:373). This study was conducted in a natural setting at a nursing college and regional maternity hospital in the Eastern Cape of South Africa, both of which are part of the R425 student midwife training programme. The nursing college and regional maternity hospital are situated in Port

Elizabeth in the Nelson Mandela Bay district, which is one of seven districts in the Eastern Cape; both are accredited by the SANC to provide training for student midwives.

The nursing college is a public and multiracial nursing college also offering other post-basic diplomas, namely a one-year diploma in Midwifery Nursing Science (R254,1973), and a one-year Diploma in Advanced Midwifery Science (R212,1993).

3.3.3 Research sample

Polit and Beck (2017:250) refer to a research sample as a subset of population elements from which data are collected. They further describe a research sample as a situation where each member of the population should have an equal chance to be selected for study. The sample type selected for this study was probability sampling, as this kind of sample is likely to be representative of the population and reflect its variations (Brink *et al* 2018:134). Additionally, probability sampling was most appropriate for this study since it reduced researcher bias.

3.3.3.1 Sampling technique

The specific technique chosen for the study was systematic sampling. According to Brink *et al* (2018:119), this technique entails selecting elements at equal intervals, such as every 2nd, 5th or 8th element, in a manner that provides the researcher with units (respondents) to be included in the study, while at the same time doing so randomly.

This was done by listing numbers aligned to the names of all 160 student midwives on a piece of paper and then randomly selecting every second student. The listed population was the third years and fourth-year student midwives. Therefore, the sampling interval was every second student on listed register

Additionally, a probability/random sampling, and systematic/ interval sampling technique were the best choice for this study as it reduced researcher bias. describe as follows;

3.3.3.2 Sampling eligibility criteria

According to Grove *et al* (2013:352) sampling or eligibility criteria include a list of characteristics pertaining to the target population. The eligibility criteria chosen for the study were:

- Students aged between 18 and 35 years.
- Registered as a student midwife following the R425 course.
- In the third or fourth year of study.
- Either male or female respondents.

3.3.3.3 Type of research sampling

The probability sampling was chosen for this study since respondents are chosen randomly with this type of sampling (Grove *et al* 2013:356). Furthermore, the specific type of probability sampling technique chosen for the study was systematic sampling; according to Brink *et al* (2018:119), it entails selecting a sample in a specific manner while at the same time doing so randomly.

3.3.3.4 Sample size

According to Brink *et al* (2018:128), a large sample is more suitable to a quantitative study as this is advantageous for capturing rich data. The sample size for this study was 80 student midwives out of a total of 160 student midwives (50%). Thirty-nine respondents were fourth-year student midwives, and 41 were third-year student midwives. This was achieved by implementing the systematic sampling method which Polit and Beck (2012:283) describe as follows:

Divide the total population (N) by the desired sample (n) in order to ascertain the sampling interval (k). In the context of this study, the total population (N) was 160 divided by the research population of (n) 80, and the sampling interval was 2 (k).

N (160)

÷ = k (2)

n (80)

Therefore, the sampling interval for this study was every second student on a student midwife register of 160, which included the total number of third and fourth-year students. According to Brink *et al* (2018:117) a sampling frame is a comprehensive list of the sampling elements in a target population from which the study sample is drawn.

The sampling frame comprised a list of all students in their third and fourth-year of training.

3.3.3.5 Ethical issues related to sampling

In order to maintain research integrity and scientific soundness, the researcher should avoid any risks, caveats and bias. **Ethical approval** and clearance were sought from University of South Africa Ethical Clearance Committee, students who participated in the study, the principal head of the nursing college involved in the study, and the clinical institution that hosted the respondents for clinical allocation.

Brink *et al* (2016:37) assert that ‘anonymity’ literally means namelessness. **Anonymity** exists if the subject’s identity cannot be linked by even the researcher with their individual responses. To promote anonymity in this study, respondents were selected randomly and completely without bias, by placing numbers and not names in a bowl. Thereafter, a number was drawn randomly. The researcher ensured that anonymity was maintained throughout the study. The names of respondents were not required on the data collection instrument/questionnaire, and there was no space provided for such details.

Questionnaires were number coded instead of using the respondents’ names. The researcher further guaranteed that no respondents could be linked to any of the questionnaires by stressing the importance of anonymity to respondents before leaving the venue that was secured for data collection. The ‘no name instruction’ of anonymity was also highlighted/bolded on the front pages of the questionnaire.

Grove *et al* (2013:172) state that **confidentiality** is the researcher’s management of private information shared by a subject that must not be shared with others without the authorisation of the subject. The researcher took responsibility to prevent all data

gathered from being linked to the individual respondent, and did not divulge the information to any person except the researcher supervisor. Confidentiality was also maintained by once again stressing that no names should be written on the questionnaire and the questionnaire reflected the same instruction.

Informed consent was obtained by explaining both in writing and verbally what the purpose and objectives of the study were. This ensured that there was clarity and therefore no reason to drop out as good retention starts with a thorough and informed process.

The researcher informed and assured the respondents that even if the information were to be published, their anonymity would be protected. In order to avoid harm and promote beneficence, respondents were told that their participation was entirely voluntary and that withdrawal was allowed at any time without negative repercussions. All information personally obtained and electronically captured was used for research purposes only and can only be accessed by the researcher from a safely stored computer with strict password adherence. This further protected the students' identity, confidentiality and anonymity chain.

Lastly, the **researcher's integrity** was maintained in her role as a researcher and not as a lecturer. All respondents were treated equally and were assured of the intention to provide updates after the study had been completed.

Ethical considerations form part of almost every aspect of the research process, and data collection is no different. In this study, ethical guidelines relating to data collection, as advocated by Creswell (2014:97), were applied. These are described next.

Respecting the site and disrupting as little as possible – the venue chosen for respondents to complete questionnaires was private and respondents were not disturbed while completing them. A 'no disturbance' sign was placed outside the data collection venue.

Avoiding deceiving respondents – respondents were clearly instructed personally by the researcher and in writing about the purpose of the study, as well as the aims, objectives and significance of the study.

Respecting potential power imbalances – the principle of imbalance between researchers versus respondents must not interfere with the data collection process. There should be a reciprocal relationship between the researcher and respondents. The researcher acted in the capacity of a researcher and not a lecturer at all times and involved a colleague who was not in the midwifery department at the nursing college to assist in data collection.

Avoiding exploitation of respondents – respondents in the study were assured that participation was absolutely voluntary and no financial, physical, emotional or psychological harm would be suffered. The researcher stressed that respondents could withdraw at any time without suffering any derision.

Avoiding collecting harmful information – the data collection instrument was designed not to include sensitive or intimate details.

Protecting respondents

The researcher protected the rights of the student midwives by explaining the purpose and significance of the study before asking them to give written informed consent. Respondents were made aware that participation was voluntary and that withdrawal, if desired, could happen at any time. Confidentiality and anonymity were assured. Respondents were also assured that their names would not be linked to any responses to ensure confidentiality, and students were given verbal acknowledgement for their participation. Lastly, the culture, religion and gender of the respondents were respected.

Protecting the rights of institutions

Ethical clearance was obtained from the Higher Degrees Committee of the University of South Africa, Department of Health Studies. Once ethical clearance was granted, permission to conduct the research was sought from the research section of the Eastern Cape Department of Health, the principal of the nursing college under study, and the manager of the clinical facility where clinical placement was done. These institutions' codes of ethics for research studies were consulted before permission was sought.

Self-determination

Grove *et al* (2013:164) state that a right to self-determination is based on the principle of respect for persons, and humans are capable of self-study, determination and

controlling their own destinies. To achieve this outcome, the researcher treated respondents as autonomous agents by allowing them to be part of the study by their own volition. Appropriate and informed consent was obtained voluntarily.

Justice

The principle of justice refers to respondents' right to fair selection and treatment (Brink *et al* 2018:36). Therefore, respondents were selected only if they could provide insight related to the research problem and not because the researcher influenced them. Respondents were treated respectfully by sticking to agreements, being on time, and respecting respondents' cultures and values.

Privacy

Privacy, according to Grove *et al* (2013:169), is an individual's right to determine the time, extent and general circumstances under which personal information will be shared or withheld from others. In this study, all respondents' identities were protected by not attributing their names to questionnaires and their approval was sought regarding a suitable time and venue for data collection, as well as the sharing of information.

Anonymity

Grove *et al* (2013:171) assert that anonymity exists if the subject's identity cannot be linked by even the researcher with his or her individual responses. This ensured anonymity in the study, and the researcher did not mention or write the respondents' names on any of the questionnaires. Questionnaires were numbered so that specific respondents could not be linked to any of the questionnaires.

Beneficence and non-maleficence

Grove *et al* (2013:174) state that beneficence is concerned with doing good and causing no harm. This means that all persons should be protected from discomfort and harm. The researcher in this study built trust and protected respondents from emotional, social, psychological and economical discomfort and harm. The researcher asked respondents to mention any discomfort or sense of harm should it occur in a cultural, social, emotional or psychological context so that the researcher could refrain from such actions. Sensitive information and personal impressions were avoided.

3.4 DATA COLLECTION

Grove *et al* (2013:45) state that data collection in quantitative research is the precise, systematic gathering of information relevant to the research purpose, objectives and questions. In addition, Creswell (2014:159) advocates that at least 10% of the total population should be used in a quantitative study.

The researcher utilised a three-part self-developed structured questionnaire, guided by the conceptual framework of Taunton *et al* (1995) modified by Simelane (2013), to collect data.

3.4.1 Data collection approach and method

The researcher used one structured questionnaire comprising of three parts to collect data. It included questions perceived to be related to student midwives' absenteeism, namely respondents' demographics, theory facilitation resources, and clinical placement resources (See Annexure H).

Data collection commenced after approval was received from the Ethics Committee of Unisa and the supervisor of this study. Prior to this, permission to collect data was successfully sought from the ethics committee of the college where the respondents were registered, the clinical nurse manager involved in the clinical areas where the respondents were exposed, as well as the respondents of the study.

The researcher had access to all third and fourth-year students during their July block period. The researcher requested permission from management to ensure that there was no other college-related business that could hamper the availability of students. Permission was granted, and a venue was secured for two days between 13:00 and 14:00.

The private venue that was secured at the nursing school was too small to accommodate all respondents, which was why data were collected over two days. This allowed for the third-year student midwives to complete the questionnaire on the first day, and the fourth-year student midwives on the second. The researcher explained

precisely what completing the questionnaire entailed. Respondents' response rate was 100% and there were no withdrawals from the research. After answering all questions pertaining to the questionnaire, the importance of anonymity and confidentiality, as well as voluntary withdrawal, was emphasised once again.

The researcher observed objectivity by asking a lecturer researcher who was not familiar with midwifery students to collect uncontaminated data. The researcher also remained unbiased by not being present in the venue. Respondents were clearly instructed personally by the researcher and in writing about the purpose of the study, aims, objectives and significance of the study. The researcher then collected the completed questionnaires and stored them in a personal and securely locked cabinet. Ten minutes were allocated for explanations, and 20 minutes for completing the questionnaire. The researcher thanked the respondents for their participation in the study.

3.4.2 Development and testing of data collection instrument

The researcher decided on the most appropriate instrument for data collection in order to answer the research questions. Cohen (2018:469) states that selecting or developing the instrument is not a matter of preference, but rather a notion of fitness for purpose. The researcher compiled the research instrument using the conceptual framework of Taunton *et al* (adopted by Simelane 2013:32) as a point of reference, and then further adapted the instrument into a three-part questionnaire by aligning it to the research questions (see Annexure H).

A statistician was engaged in providing input with regard to the questionnaire's development. With reference to the research population, written information regarding completing the questionnaire was given to all 80 respondents for their perusal to provide clarification if necessary.

According to de Vos *et al* (2011:195), pre-testing ensures that errors can be corrected at little cost, the validity of the instrument can be improved, and an estimation of how long it takes to complete the questionnaire can be achieved. Furthermore, a pre-test study, according to Brink *et al* (2016:174), allows the researcher to detect possible flaws

in the structuring of research questions that could possibly have severe consequences in terms of scientific value, rigour, money, time and effort.

A pre-test was conducted, involving 10 consenting student midwives enrolled in the R425 course in both the third and fourth year of training. These student midwives met the sample inclusion criteria but were excluded from the main study. The pre-test occurred in March 2019. All ethical protocols described above were strictly adhered to. The data were collected using the same process as described earlier for the actual respondents. The researcher and statistician ensured that the items in the instrument fit the focus of the study and the items on the questionnaire were clear, short and unambiguous to prevent any confusion.

Grove *et al* (2013:425) state that a questionnaire is a report form designed to elicit information that can be obtained from a subject's written response. The questionnaire that was developed and utilised by the researcher consisted of structured questions in the form of both closed-ended questions and open-ended questions. Open-ended questions were included to allow respondents to share additional views to those mentioned. The three-part questionnaire was divided into the following sections:

- Part 1 (Personal): Section A consisted of five items related to students' demographics, including their age, gender, study level, ethnicity and residence.
Section B covered two items on academic record. For example, previous years' module codes passed and the number of lectures missed in a week.
Section G consisted of 13 personal factors related to absenteeism; for example, transportation and health issues.
- Part 2 (College): Section C was made up of eight statements related to classroom facilitation that may contribute to absenteeism. For example, ventilation, congestion in terms of the classrooms, attitude of lecturers, and facilitation.
Section E consisted of five college-related statements that may contribute to absenteeism. For example, Wi-Fi, internet, library, study areas and sport facilities.

Part 3 (Clinical): Section F consisted of five statements related to clinical placement that may contribute to absenteeism, including Wi-Fi, internet, study areas and simulation laboratories.

Section D was made up of 12 statements related to clinical placement that may contribute to absenteeism. For example, staff attitudes, allocation, support and the presence of mentors, role models and accompaniment.

Items in Sections A and B involved ordinal responses and respondents ticked appropriate boxes. Items in Sections C to G were presented in the form of closed-ended questions. Likert scale options were utilised, namely 'strongly disagree', 'disagree', 'neutral', 'strongly agree' and 'agree'. Also, at the bottom of these sections was an open space provided for additional views of concern from the respondents. A drawback with closed-ended questions is that they are more difficult to construct than open-ended questions and the researcher may overlook potential significant responses (Brink *et al* 2016:155-156).

According to Grove *et al* (2013:36), rigour entails striving for excellence in research and involves discipline, scrupulous adherence to detail, and strict accuracy. Rigour enhancement was observed by the researcher throughout this study. Another aspect of rigour is precision (Grove *et al* 2013:36), and precise steps were followed in developing the research questionnaire.

Data were measured and accurately analysed using Statistical Package Microsoft Excel 365 Pro Plus, Version 2019, assisted by an independent statistician. A 100% respondents rate was achieved and there were no major concerns for alterations with regard to the data collection instrument. Ultimately, the pre-test enabled the researcher to evaluate the feasibility of the questionnaire and make any relevant corrections as necessary.

3.4.3 Data analysis

Magobolo (2016:35) states that data analysis aims to derive answers to the original research questions from the data. Grove *et al* (2013:247) postulate that data analysis

reduces, organises and gives meaning to the data. In quantitative research, computers are used to perform most statistical analyses.

3.4.3.1 Statistical analysis

Statistical analysis is the most powerful tool in analysing quantitative data and without statistics, quantitative data would just be a chaotic mess of numbers (Brink *et al* 2016:179). Additionally, Brink *et al* (2016:179) explain that statistical methods enable the researcher to reduce, summarise, organise, evaluate, interpret and communicate on the findings obtained from quantitative data.

In order to reduce, summarise and organise the collected data, the researcher and statistician employed the Statistical Package Microsoft Excel 365 Pro Plus, Version 2019. This software was applied to all the closed-ended questions with regard to respondents' demographic information, classroom facilitation, as well as clinical placement. Closed-ended questions were also used to test for the association between absenteeism and each of these concepts. Graphs and tables were used to visually articulate the results.

a) Descriptive analysis

The research questions were answered by making use of descriptive statistics. Brink *et al* (2016:179) clarify that descriptive statistics convert and condense a collection of data into an organised visual representation or picture in a variety of ways so that the data provide meaning to readers of the research report.

Creswell and Creswell (2018:157) postulate that a plan to descriptively analyse data for all independent and dependent variables should include an indication of the mean or average, range of scores, and standard deviations. Measures of central tendency are statistics or numbers expressing the most typical or average scores in a distribution and include the mean, the mode, and the median (Brink *et al* 2016:185). Visual representation of the average (mean score), the middle value (median), as well as the value that appeared the most frequently (mode) was provided using graphs and tables.

Additionally, analysed data were represented by way of frequency distributions. Grove *et al* (2013:694) state that frequency distribution is a statistical procedure that involves listing all possible measures of a variable and tallying each datum on the listing. All questionnaire items' frequency responses were represented using graphs and tables.

The relationship between the variables was calculated using correlation coefficient statistics. Bezuidenhout *et al* (2014:214) state that possible relationships between variables are examined using the correlation coefficient or Pearson's coefficient. A negative number (for example, -1) means that if the independent variable is increased, the dependent variable decreases, and vice versa. This means that if absenteeism (independent variable) increases, the student midwives' performance decreases (dependent variable). Brink *et al* (2016:195) are of the opinion that health science research data analysis must be carefully scrutinised to determine whether the procedures used were appropriate and correct, and whether the findings are presented meaningfully. An independent statistician was engaged in order to ensure the proper interpretation and representation of the data.

b) Inferential statistics

Creswell and Creswell (2018:157) state that inferential statistics relate to inferences that can be made with regard to the research question so that suggestions can be drawn from a sample to a population. It provides a rationale for the choice of statistical test and mentions the assumptions associated with the statistics. In the context of this study, the Statistical Package Microsoft Excel 365 Pro Plus, Version 2019 was used to portray whether student midwives' absenteeism from classroom facilitation and clinical allocation had an effect on their clinical performance.

3.4.4 Data management

The analysed data were kept on the researcher's computer; confidentially, and under lock and key. Access to the analysed data was strictly via a login code known only to the researcher. Data were also saved on another hard drive/memory stick as a backup should the researcher's personal computer malfunction. Computerised data and questionnaires will be destroyed after five years of safekeeping in line with the

Protection of Personal Information Act (No. 4 of 2013). Memory stick data will be locked away and deleted or wiped clean after five years.

An in-depth discussion on the data analysis is presented in Chapter 4.

3.5 RESEARCH VALIDITY AND RELIABILITY

According to Bezuidenhout *et al* (2014:257), validity is all about whether the research instrument that was selected actually yielded the expected results based on what it intended to measure. One could then say that validity affords authenticity to a research study, thereby making the results plausible and acceptable. As previously mentioned, the construct designated for measurement in this study is absenteeism. Below is a discussion of the measures that were employed in order to provide validity to the study.

3.5.1 Face validity

Face validity merely means that the instrument appears to measure what it was supposed to measure (Brink *et al* 2016:166). Face validity is a subjective assessment that might yield subjective judgement. In order to minimise bias, questions were formulated logically according to a conceptual framework, and in consultation with senior research colleagues, clinicians and a statistics expert. Face validity is always considered as an aspect of content validity (Grove *et al* 2013:394).

3.5.2 Content validity

Brink *et al* (2018:152) state that content validity is an assessment of how well an instrument represents all components of the variable to be measured. In this study, all aspects relating to student midwives' absenteeism were focused on factors relating to personal demographics, classroom facilitation, as well as clinical placement. Additionally, validity enhancement measures were put in place as follows:

- An audit was performed to establish if the questions were aligned with the conceptual framework chosen for the study.

- Each question in the questionnaire was therefore checked by consulting previous studies relating to the research topic. The researcher also went over the questions with a senior researcher and an independent statistician to determine if the questions were relevant to the research objectives and questions. Lastly, before collecting data, the questionnaire was submitted and approved by the Unisa Health Studies Research Ethics Committee.

Content validity scrutinises the extent to which the characteristics of the study, including respondents' demographic details (age and gender), classroom facilitation (congested & classroom environment, lecturers' attitude), and clinical placement (staff attitudes and accompaniment) are measured. Conversely, face validity attests that the instrument gives the appearance of measuring the appropriate construct (Magobolo 2016:33).

3.5.3 Construct validity

Brink *et al* (2018:154) postulate that construct validity measures the relationships between the instrument and the related theory, and one could ask the question 'what is the instrument actually measuring?' It therefore stands to reason that the instrument is not developed overnight, but rather over a period of time.

Details of pre-testing the instrument were scrutinised, examined and re-examined several times by Unisa Ethics Committee, the research supervisor and statistician to ensure rigour and a high degree of precision before data were collected.

3.5.4 Research reliability

De Vos *et al* (2011:176) claim that reliability occurs when an instrument measures the same thing more than once and results in the same outcome. Reliability is about the credibility of the research and it demands consistency (Bezuidenhout *et al* 2016:254). In this study, the data collection instrument was pre-tested with 10 student nurses enrolled in the R425 programme in March 2019. The 10 students who participated in the pre-test were excluded from the main study. The purpose of pre-testing the instrument was to ensure its reliability, feasibility, appropriateness, functionality, time constraints, and error factor of the instrument, and to make necessary adjustments.

The instrument was also reviewed to determine any possible errors and flaws. Mogobolo (2016:34) refers to a pre-test as the determination of the stability or consistency of an instrument. The researcher aligned the research instrument to those used in previous studies about the same or related subject. This was to ensure the accuracy and consistency of the instrument.

3.6 CONCLUSION

This chapter presented the research design and methodology employed in this study. Chapter 4 focuses on the data analysis and interpretation of the results that were obtained in response to the application of the design and methodology, as discussed in this chapter.

CHAPTER 4

ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter focuses on the presentation of the data analysis and description of the results. The purpose of the study was to determine the reasons for student midwives' absenteeism during midwifery classroom facilitation and clinical placement, and the effects of such absenteeism on students' performance. Data were analysed with the assistance of an independent statistician using Microsoft Excel 365 Pro Plus, Version 2019.

This package was applied to analyse all the fixed response questionnaire items relating to respondents' demographic information, classroom facilitation, the clinical area, and establish if absenteeism had an effect on these concepts. Open-ended questionnaire items were analysed using procedures such as thematic analysis, descriptive and inferential statistics, as advocated by Polit and Beck (2017:115). The researcher used a structured questionnaire consisting of seven sections to collect data from respondents.

Section A: Demographic profile

Section B: Academic record

Section C: Classroom facilitation

Section D: Clinical placement

Section E: College resources outside the classroom

Section F: Clinical placement resources

Section G: Factors related to students' absenteeism

4.2 DATA MANAGEMENT AND ANALYSIS

In this study, the research population consisted of third- and fourth-year midwifery students registered for the R425 nursing programme at a nursing college in the Eastern Cape. The target population comprised 160 student midwives and the sample size chosen was $n=80$. Eighty questionnaires were distributed amongst third- and fourth-year student midwives, and all questionnaires were returned, resulting in a 100%

response rate. Data were collected during lunch breaks on the 25th and 26th of July 2019, respectively.

4.3 RESEARCH FINDINGS

The findings are presented and discussed according to the questionnaire.

4.3.1 Section A: Demographic data

4.3.1.1 Age

In this subsection, the age distribution of respondents is indicated.

Table 4.1: Frequency distribution – Age (n= 80)

Age range	Number of respondents	Percentage (%)
20 - 24	33	41%
25 - 29	22	28%
30 - 39	17	22%
40 - 49	8	9%
Total	79	100%

The findings revealed that the largest proportion of respondents (41%; n=33) was between ages of 20-24 years old, followed by 28% (n=22) who were between 25-29 years old, 22% (n=17) were between 30-39 years old, and 9% (n=8) were in the age range 40-49 years. The findings indicated that the majority age group were young adults (Singh 2015:31). The overall findings of this study revealed that absenteeism was highest amongst young adults, yet there are some studies that revealed absenteeism to be higher in other age groups. Paton (2015:7), for instance, is of the view that middle-aged workers (30 to 49 years) take more sick leave than any other age group.

4.3.1.2 Gender

In this subsection, the gender of respondents is indicated.

Table 4.2: Frequency distribution – Gender (n=80)

Gender	Number of respondents	Percentage (%)
Female	62	72%
Male	18	28%
Total	80	100%

The gender characteristics of the sample depicted in Table 4.2 showed that the majority (72%; n=62) of the respondents were female, while 28% (n=18) were male. Similarly, in studies by Magobolo (2016:39) and Simelane (2013:49) it was determined that female respondents were in the majority compared to their male counterparts. It is therefore evident that nursing education and training is still female-dominated, but it is pleasing to see a gradual increase in the number of male nurses.

4.3.1.3 Study level

Respondents' study levels are indicated in Table 4.3.

Table 4.3: Frequency distribution – Study year (n= 80)

Study year	Number of respondents	Percentage (%)
Third year	49	62%
Fourth year	31	38%
Total	80	100%

Of all the respondents, 62% (n=49) were third-year students and 38% (n=31) were fourth-year students. The majority of respondents were thus third-year student midwives. According to Simelane (2013:145), there is no distinct relationship between the year of training and absenteeism, as absenteeism is present throughout all levels of training.

4.3.1.4 Ethnicity

The respondents' ethnicity is presented in Table 4.4.

Table 4.4: Frequency distribution - Ethnicity (n=80)

Ethnicity	Number of respondents	Percentage (%)
White	2	3%
Coloured	19	24%
Xhosa	53	66%
Other	6	7%
Total	80	100%

The majority of respondents (66%; n=53) were Xhosas, 24% (n=19) were Coloureds, 7% (n=6) were in the category 'Other', and 3% (n=2) were Whites. According to admission criteria for the R425 student midwife course, candidates must be from the Eastern Cape Province of South Africa, and proportioning is done according to the makeup of the population, namely 57% Black, 28% Coloured, 10% White, and 5% Asian (Department of Health, 2011).

4.3.1.5 Type of residence

The sample population's accommodation is discussed next.

Table 4.5: Frequency distribution - Residence (n=80)

Residence	Number of respondents	Percentage (%)
College nursing home	41	51%
Own home	24	30%
Rented home	12	15%
Other	3	4%
Total	80	100%

The findings revealed that 51% (n=41) of student midwives resided in a nursing home, 30% (n=24) lived at home, 15% (n=12) rented homes, and 4% (n=3) lived in other places. Mahmoud *et al* (2014:80) found that accommodations for students in public hospitals is limited, and many reside outside the college in cheaper accommodation.

4.3.2 Section B: Academic record

In this section of the questionnaire, previous academic results and the number of missed lectures are indicated to establish if a link between academic record and absenteeism existed.

4.3.2.1 Academic performance previous year

This section presents previous years' results and the number of modules completed by respondents according to frequency distribution. A frequency distribution table is utilised and results are subdivided into classes or collections of scores which are grouped together (Brink *et al* 2016:180).

Table 4.6: Frequency Distributions: Modules Previous Year - Third year

	No DP		<40		40 – 49		50 – 59		60 – 74		75+	
CNS2 Community Nursing Science 2	0	0%	0	0%	1	2%	10	24%	20	48%	11	26%
CNS3 Community Nursing Science 3	0	0%	1	14%	0	0%	1	14%	5	71%	0	0%
ENP 2 Ethos Nursing & Professional Practice 2	0	0%	0	0%	0	0%	13	32%	15	37%	13	32%
GNS1 General Nursing Science 1	0	0%	0	0%	2	5%	12	29%	12	29%	15	37%
GNS2 General Nursing Science 2	0	0%	1	13%	0	0%	1	13%	6	75%	0	0%

	No DP		<40		40 – 49		50 – 59		60 – 74		75+	
MNS1 Midwifery Nursing Science 1	0	0%	0	0%	0	0%	2	25%	6	75%	0	0%
BNS 2 Biology Nursing Science 2	0	0%	0	0%	0	0%	14	34%	13	32%	14	34%
Pharm 2 Pharmacology 2	0	0%	0	0%	0	0%	15	37%	17	41%	9	22%
PNS1 Psychiatric Nursing Science 1	0	0%	5	63%	3	38%	0	0%	0	0%	0	0%
Soc2 Sociology 2	0	0%	0	0%	1	2%	14	34%	14	34%	12	29%

Table 4.7: Frequency Distributions: Modules Previous Year - Study year: Fourth-year

	No DP		<40		40 – 49		50 – 59		60 – 74		75+		Total
GNS2	0	0%	0	0%	1	2%	10	24%	20	48%	11	26%	42
CNS3	0	0%	1	14%	1	4%	13	32%	15	37%	13	32%	43
MNS 1	0	0%	0	0%	1	4%	13	32%	5	37%	13	32%	42
MNS 2	0	0%	2	67%	1	33%	0	0%	0	0%	0	0%	3
PNS1	0	0%	1	14%	1	4%	13	32%	15	37%	13	32%	43
Soc2	0	0%	0	0%	1	2%	14	34%	14	34%	12	29%	41

Results showed that the majority (84%) of third-year respondents passed all six modules their previous year, and none of them repeated Midwifery Nursing Science 1 (MNS1), though they repeated other modules. Out of 90% fourth-year respondents, 4% (n=3) who repeated Midwifery Nursing Science 2 (MNS2) were those students who missed +10 lectures in a week the previous year. See Table 4.10 for further details.

Chukuwee, Wakubu, Haruna and Hamina (2017:35) confirmed that students showed a high degree of poor academic performance and lower achievement due to absenteeism.

Similarly, Mtyalela *et al* (2015:61) found that absenteeism can result in a student nurse’s inability to develop clinical skills.

Table 4.8 reflects the average mark per study year level.

Table 4.8: t-Test: Average Mark Previous Year by Study year

Study year	N	Mean	S.D.	Difference	t	d.f.	P (d.f.=78)	Cohen’s d
Third year	49	65.76	9.33	2.85	1.33	78	.187	0.31
Fourth year	31	62.90	9.33					Small

T-Test results were significant ($p \leq 0.5$ and Cohen’s $d \geq 0.31$). The standard deviation remains the same at 9.33. This indicates a very small difference of 2.85 in the mark average (Gravetter & Wallnau 2009:264).

4.3.2.2 Lectures missed

In this subsection, the number of lectures missed by respondents in one week is reflected in order to establish whether absence from classroom facilitation has a negative effect on their performance.

Table 4.9: Frequency distribution - Lectures missed (n=80)

Lectures missed	Number of respondents	Percentage (%)
None	42	53%
1 or 2	27	34%
3 - 4	7	9%
5 - 9	1	1%
10+	3	4%
Total	80	100%

Table 4.9 revealed that 53% (n=42) of respondents missed no lectures in a week, 34% (n=27) missed 1 or 2 lectures in a week, 9% (n=7) missed 3-4 lectures in a week, and 4% (n=3) missed more than 10 lectures in a week. Komakech and Osuu (2014:431)

describe absenteeism in colleges as a “silent killer” leading to poor performance in examinations. Furthermore, Abdurrahman and Abdelkader (2017:64), in a study conducted in Egypt, determined that nursing students’ absenteeism from class had a negative impact on their performance and the duration of their course.

4.3.3 Section C: Classroom facilitation

In this section, open-ended questions relating to classroom facilitation were asked. The researcher categorised the responses into themes and analysed the inputs using Microsoft Excel 365 Pro Plus, Version 2019. For simplicity, analysed themes are abbreviated as C1 for classroom, C2 for facilitators, and C for classroom facilitation.

Table 4.10: Responses to the open-ended questions about the classroom and facilitation (n=20; 25%)

Theme	Case	Response
Classroom (C1)	S004	In my own opinion students are not responsible enough for their own studies, in the classroom there are no issues as much to make students to be absent themselves. I believe everything is supplied and given the best lecture halls with newest technology, i.e. projector black boards.
	S010	Classrooms has adequate amount of doors and windows, however they are not always opened.
	S019	Personal problems e.g. being sick, transport money not always available to attend classroom facilitation.
	S030	If there can be heaters, it’s a bit cold at times.
	S069	Either classrooms to be enlarged or number of students reduced.
	S070	Reduce number of students to accommodate classrooms.
	S077	Classroom passages way too narrow, when lecturers move around those at the back start to make noise, lecturers should be provided with small speakers so that they can be facilitating without moving around.
Facilitators (C2)	S005	Attitude of lectures & approach.
	S010	Some lecturers speak in their home language sometimes when it is English based learning facility.
	S031	Some lectures struggle with explanation of content and are often not audible even when class is quite.

Theme	Case	Response
	S042	Facilitators support learners.
	S043	Facilitators are supposed to be learners coping mechanisms.
	S045	Course content at fourth-year level is too much to be squeezed in a short period. This leaves the same student confused and not able to grasp the concepts when being bombarded with more than 8 abnormal labour conditions in one week. Then having to write a 100 mark test on the content we don't understand sufficiently. It is tiring, hence the high absenteeism rate.
	S056	The amount of workload required to pass the weekly tests often seems too much for the given time frame.
	S058	Computer lab might have an effect if we can have access to use.
	S059	Due to the congestion of the course, each block there is only one week to go through facilitation, at the end of that week is formative assessment must be written. The modules are also packed, therefore it is a lot to go through the work in one week and be assessed on it, students find that they do not have enough time to study, therefore they take a day absent themselves in order to be able to study for the test.
	S062	The study material is a lot, so we have to absorb a lot of information.
	S072	What contribute to high absenteeism is that there are no holidays in the college and students are often overworked and too tired, there is also little time to study for tests which causes students to stay at home and study.
	S075	The amount of work to be studied and the and the practical skills make it a little bit difficult to over all the content.
	S076	Students tend to absent themselves on Thursdays because Fridays are writing tests, so if tests can be on Mondays there won't be any absenteeism.
	S080	Midwifery tests to be written on Monday, so that there won't be students absent on Thursday.

This section looked at the extent to which the classroom facilitation factors contributed to absenteeism during midwifery training. The seven classroom facilitation factors were grouped together in order to answer the research question: "Does student midwives' absence from classroom facilitation have a negative effect on their performance?"

Table 4.11: Frequency Distribution - Section C Fixed response items relating to classroom facilitation (n=80)

	Strongly disagree		Disagree		Neutral		Agree		Strongly agree		Total	
The classrooms are conducive for learning in terms of ventilation	2	3%	4	5%	14	18%	39	49%	21	26%	80	100%
The classrooms are conducive for learning in terms of congestion	1	1%	5	6%	25	31%	32	40%	17	21%	80	100%
The facilitators clearly explain the learning outcomes at the start of each lecture	0	0%	0	0%	1	1%	41	51%	38	48%	80	100%
The facilitators' knowledge relating to learning outcomes is adequate	0	0%	0	0%	2	2%	41	50%	38	48%	80	100%
The approach of facilitators is supportive in terms of the learning outcomes	0	0%	0	0%	10	13%	35	44%	34	43%	79	100%
The facilitators provide	0	0%	2	3%	11	14%	43	54%	23	29%	79	100%

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total
adequate course material						
The language used by facilitators does not present any challenges	0 0%	4 5%	12 15%	40 50%	24 30%	80 100%

The classrooms are conducive for learning in terms of ventilation

Of the respondents, 75% (n=60) agreed/strongly agreed that classrooms are conducive for learning in terms of ventilation, 18% (n=14) were neutral, and 8% (n=6) disagreed/strongly disagreed with the statement. Sarkodie *et al* (2014:19) cite that poorly ventilated and congested classrooms discourage students from attending class. This did not appear to be a factor for the majority of respondents in this study.

The classrooms are conducive for learning in terms of congestion

Out of the respondents, 61% (n=49) strongly agreed/agreed that the classrooms are conducive for learning in terms of congestion, 31% (n=25) were neutral, and 7% (n=6) disagreed/strongly disagreed. Results revealed that the majority of respondents agreed that classrooms were conducive for learning in terms of congestion, despite Magobolo's (2016:20) assertion that South African public nursing colleges face challenges in large student volumes.

Facilitators clearly explain the learning outcomes at the start of each lecture

Of the respondents, 99% (n=79) agreed/strongly agreed that facilitators clearly explain the learning outcomes at the start of each lecture, while 1% (n=1) were neutral. The majority of the respondents therefore agreed that facilitators clearly explain the learning outcomes at the start of each lecture, and it is thus unlikely that this item is contributing to absenteeism.

The facilitators' knowledge relating to learning outcomes is adequate

Of the respondents, 98% (n=79) agreed/strongly agreed that facilitators' knowledge relating to learning outcomes is adequate, 2% (n=1) were neutral, and neither disagreed nor strongly disagreed. Durborow (2017:116) found that student absenteeism affected achievement, motivation and outcomes of learning. Therefore, while students in this study considered lecturers' knowledge of learning outcomes – based on what they are taught – to be adequate, if a student absent themselves during block time, their academic performance is adversely affected.

Facilitators' approach is supportive in terms of the learning outcomes

Seventy-seven per cent (n=69) of respondents agreed/strongly agreed that the facilitators' approach is supportive in terms of the learning outcomes, 13% (n=10) were neutral. The facilitator should provide clear content objectives and outcomes (Department of Health, 2011). This confirms facilitators' approach in terms of outcome is supportive and did not contribute to absenteeism.

Facilitators provide adequate course material

Of the respondents, 83% (n=66) agreed/strongly agreed that facilitators provide adequate course material, 14% (n=11) were neutral, and 3% (n=2) disagreed and strongly disagreed with this statement. One blank space was noted in this item. The majority of respondents thus agreed that adequate course material was provided. These results are contrary to those by Thobakgale (2013:75), which showed that course material was provided, but outlines were not clear. It can be concluded that the provision of adequate course material did not contribute to absenteeism.

Language used by facilitators present no challenges

Of the respondents, 80% (n=64) agreed/strongly agreed that the language used by facilitators presented no challenges, 15% (n=12) were neutral, and 5% (n=4) disagreed/strongly disagreed. It can be concluded that the unofficial language used by facilitators can present somewhat of a challenge, which might contribute to absenteeism.

One-sample t-tests were conducted for 'Section C - Classroom facilitation factors' to determine if it can be concluded that the sampled population were positive about the

classroom and facilitation being conducive for learning. The null hypothesis for the test was $H_0: \mu = 3.40$ being the response scale's upper limit of the neutral interval.

Table 4.12: One-sample t-Tests: Factors (n= 80; $H_1: \mu \neq 3.40$; d.f. = 79)

Variable	Mean	S.D.		p	Cohen's d
C1 Classrooms	3.83	0.82	4.62	<.0005	0.52 Medium
C2 Facilitators	4.28	0.45	17.32	<.0005	1.94 Large
Classroom & Facilitation	4.05	0.53	11.07	<.0005	1.24 Large

Table 4.12 revealed that the results related to classroom facilitation, classrooms and facilitators are all significant ($p < .05$, $d = \text{medium or large}$). It can thus be concluded that the sampled population were positive about the classrooms being conducive for learning. Moreover, it has also been determined that conducive and supportive environments for students depend on the availability of support systems (Setumo 2013:62).

4.3.4 Section D - Clinical placement

In this section, answers to the open-ended questions relating to clinical placement are indicated. The responses were categorised into themes and analysed using Microsoft Excel 365 Pro Plus, Version 2019. For simplicity, analysed themes are abbreviated as D1=human resources, D2=other clinical resources, D3=personal resources.

Table 4.13: Responses to the open-ended questions about clinical placement (n=20; 25%)

Theme	Case	Response
D1	S004	What is the main factor in this regard? I believe is the attitude of both the learner and the role models in the clinical place. Most often students are treated differently to one another.
D1	S005	Shortage of staff, leading to us as students being seen as workforce and not students who need to learn.
D1	S021	Staff unfriendliness. Lack of guidance in performance of skills that are recently exposed to.
D2	S025	Students work in places in the places of registered nurses who are absent

Theme	Case	Response
		and can't perform their duties, what they are supposed to do there. They are seen as part of the staff.
D2	S031	Asking for a different skill than that the student wanted to do or was preparing to do or is comfortable at present moment to do.
D1	S052	Staff attitude plays a big role, its very painful to work with people don't want to teach & show you how things are done and not tell you what to expect from you what is expected from you, they don't want you to touch anything because you're a student you going to make /do wrong things.
D1	S055	Student usually stay absent due to work environment, nurses at their clinical placement mistreat them.
D2	S056	All though placement periods are long enough, I may not be exposed to the skills I should be practising, instead be required to do general work in some placement.
D2	S057	In clinical facilities we are treated like part of the staff, we are overworked. That result in becoming tired & there is still workbooks to be completed when you get home. The challenge is that in some areas they still expect you to work on weekends.
D1	S059	When in clinical, some registered nurses expect you come to into the clinical setting having knowledge and competent not understanding when in clinical they have to teach us the practical. Have knowledge & be competent, yet they have to teach us. One can understand the theory but actually the practical, e.g. assessing the woman in labour for dilatation, effacement, station etc. requires practical teaching and cannot be mastered in the class. At times clinical staff comments that the lecturers should come to practical to teach us these things themselves. With assessing the adequacy of pelvis in a primigravida most registered midwives are unable to do it and do not do it with clients, therefore it is hard to get these done for students and signed for in the register.
D2	S062	Sometimes the clinical facilities are too busy to practise skills or to write registers.
D2	S065	The challenge in the clinical is that we are given lots of recording to do in clinical to the result that we don't have much time to learn practical because we under pressure to finish the registers/workbook.
D2	S069	students should be placed in areas which are easily accessible and transport being provided regularly.
D2	S070	Students to be placed in clinical before coming for classes just as an introduction so it is known what to expect when in clinical area.
D1	S072	The attitude of some practitioners causes students to stay out of clinical

Theme	Case	Response
		placement. Students are often faced with negative attitude where the staff assumes that we are there to relieve them of their duties. As a result we do not learn much, because we do other peoples work.
D2	S073	Clinical setting is not student user friendly.
D2	S075	If college can allow students to choose where to work.
D3	S076	Attitudes can make students to be absent in clinical allocation.
D1	S078	Sometimes it is caused by unfriendliness of the staff towards students, on what to do especially during the first days.
D2	S079	When it comes to clinical services, the equipment they use and procedures they are doing are not 100% the same due to the fact that the staff is not enough for the patients and the equipment are not available so that becomes a problem for the students.

Section D of the structured questionnaire looked at the extent to which the identified clinical placement resources contributed to absenteeism during midwifery training. The 11 items in this section were analysed in order to answer the question: What are the reasons for student midwives' absence from clinical placement?

Table 4.14: Frequency Distribution - Section D Fixed response items relating to clinical placement (n=80)

		Strongly disagree	Disagree	Neutral	Strongly agree	Agree	Total
D1	1. I receive adequate support from mentors during clinical placement	2 3%	5 10%	32 40%	32 40%	9 7%	79 100%
D1	2.I receive adequate support from preceptors during clinical placement	2 3%	10 13%	25 31%	33 40%	10 13%	80 100%
D1	3.I receive adequate support from	0 0%	9 11%	30 37%	35 44%	6 8%	80 100%

		Strongly disagree	Disagree	Neutral	Strongly agree	Agree	Total
	role models during clinical placement						
D1	4.The facilitators regularly accompany me during clinical placement	12 15%	20 25%	28 35%	14 18%	5 6%	79 99%
D2	5.I am comfortable with the personal/sensitive nature of the procedures I have to perform	0 0%	1 1%	23 25%	41 54%	15 20%	80 100%
D2	6. The compulsory procedures I have to perform are available most times	0 0%	4 5%	20 25%	44 55%	12 15%	80 100%
D2	7. The resources required to perform practical skill are adequate	1 1%	3 4%	27 34%	35 43%	14 18%	80 100%
D2	8.There is sufficient practice during clinical placement before assessment	5 6%	16 20%	17 21%	33 41%	9 11%	80 100%
D3	9. Adequate						

		Strongly disagree	Disagree	Neutral	Strongly agree	Agree	Total
	time is allowed to practice skills under the supervision of registered midwives	6 8%	19 24%	16 20%	29 35%	10 13%	80 100%
D3	10. I am committed to achieve all learning outcomes in the clinical area	0 0%	1 1%	5 6%	36 45%	38 48%	80 100%
D3	11. I am diligent in reporting for duties when in clinical placement	1 1%	1 1%	10 13%	35 44%	33 40%	79 99%

I receive adequate support from mentors during clinical placement

Of the respondents, 47% (n=41) agreed/strongly agreed to have received adequate support from **mentors** during their clinical placement, 40% (n=32) were neutral, while 13% (n=7) disagreed/strongly disagreed. According to Mhlaba and Mthembu (in Magobolo 2016:24), mentoring is an approach to guide and scaffold students in order to help them integrate theory with practice and evaluate students' performance. It can be concluded that adequate support from mentors in clinical placement did not contribute to absenteeism.

I receive adequate support from preceptors during clinical placement

Of the respondents, 53% (n=43) agreed/strongly agreed that they receive adequate support from **preceptors** during clinical placement, 31% (n=25) were neutral, and 16% (n=12) disagreed/strongly disagreed. It can be concluded that adequate support in clinical placement from the preceptors did not contribute to absenteeism. Clinical preceptors oversee general behaviour and discipline students, and very importantly, they monitor student midwives' attendance (Bruce & Klopper 2017:321).

I receive adequate support from role models during clinical placement

Of the respondents, 52% (n=41) agreed/strongly agreed that they receive adequate support from **role models** during clinical placement, 37% (n=30) were neutral, and 11% (n=9) disagreed/strongly disagreed. A clinical preceptor is an experienced nurse or midwife within a clinical setting who acts as a role model and learning resource for students; clinical preceptors need not be formally qualified nurse educators (Bruce, Klopper & Mellish 2011:225).

Facilitators perform regular accompaniment during clinical placement

Of the respondents, 24% (n=19) agreed/strongly agreed that the facilitators regularly **accompany** them during clinical placement, 35% (n=28) were neutral, while 40% (n=32) disagreed/strongly disagreed. According to the Nursing Act (No 33 of 2005:2), student accompaniment is a structured process at a nursing education institution to facilitate assistance and support to the student by the nurse educator/facilitator in the clinical facility to ensure that the student achieves the programme learning outcomes. However, a study by Setumo (2013:62) also revealed that the accompaniment of students was not done.

I am comfortable with the personal/sensitive nature of the procedures they have to perform

Of the respondents, 74% (n=56) agreed/strongly agreed they were comfortable with the personal/sensitive nature of the procedures they have to perform, 25% (n=20) were neutral, and 1% (n=1) disagreed/strongly disagreed. It can be concluded that the sensitive nature of procedures did not contribute to absenteeism. However, a study conducted at the same nursing college by Meyer (2012:86) confirmed that male student nurses faced certain challenges due to a lack of guidance in the clinical field.

The compulsory procedures I have to perform are available most times

Of the respondents, 70% (n=56) agreed/strongly agreed that the compulsory procedures they have to perform are mostly available, 25% (n=27) were neutral, and 5% (n=4) disagreed/strongly disagreed. It can be concluded that the compulsory procedures were available most of the time and therefore did not contribute to absenteeism. The R425 student midwife has to complete 1000 hours in clinical practice in order to master the SANC prescribed compulsory skills in the clinical environment and be deemed competent (Lilitha Midwifery Study Guide; Department of Health, 2019).

The resources required to perform practical skill are adequate

Of the respondents, 61% (n=49) agreed/strongly agreed that the resources required to perform practical skill are adequate, 34% (n=27) were neutral, and 5% (n=4) disagreed/strongly disagreed. The majority of student midwives were thus in agreement that the resources required to perform skills are adequate. Msiska *et al* (2014:39) cited that students in clinical placement cover staff shortages and are regarded as additional staff. This shortage of staff (registered midwives) in clinical areas means there is a shortage of human resources to supervise or guide student midwives to be deemed competent in that midwifery clinical area. This might hamper students' training and progress.

There is sufficient practice during clinical placement before assessment

Out of the respondents, 52% (n=42) agreed/strongly agreed there is sufficient practice during clinical placement before assessment, 21% (n=17) were neutral, and 26% (n=21) disagreed/strongly disagreed. However, Meyer (2012:86) found that male students faced significant challenges due to a lack of guidance in the clinical field. These skills are to be evaluated by a registered midwife for competence and are clearly outlined in the Liliitha Midwifery Study Guide (Department of Health, 2019) and the practical register of the nursing college involved in this study. It can be concluded that a lack of guidance can contribute to absenteeism.

Adequate time is allowed to practice skills under the supervision of registered midwives

Of the respondents, 48% (n=39) agreed/strongly agreed that adequate time is allowed to practice skills under the supervision of registered midwives, 20% (n=16) were neutral, while 32% (n=25) disagreed/strongly disagreed. It can be concluded that a lack supervision can contribute to absenteeism and poor performance if not intensified. Meyer and Niekerk (in Singh 2015:52) state that to reduce learners' fears of making mistakes in clinical practice, educators should ensure that learners have the necessary demonstrations and practice nursing procedures that they will be required to perform at the relevant level of development.

I am committed to achieve all learning outcomes in the clinical area

Of the respondents, 92% (n=74) agreed/strongly agreed to be committed to achieving all learning outcomes in the clinical area, 6% (n=5) were neutral, and 1% (n=1)

disagreed/strongly disagreed. A number of forces affect expected outcomes, including the increased complexity of care, nursing shortages, and the rapid pace and multiple activities required of healthcare professionals. If the learning objectives are not utilised, it will be difficult for the registered nurses to identify students' learning needs (Setumo 2013:28).

I am diligent in reporting for duties when in clinical placement

Of the respondents, 84% (n=68) agreed/strongly agreed to be diligent in reporting for duties when they were in clinical placement, 13% (n=10) were neutral, and 2% (n=1) disagreed/strongly disagreed. The Eastern Cape Department of Health (2014) learning contract states that the student midwife requires a mandatory 85% class and clinical area attendance in order to be eligible for examinations and be deemed proficient. The responsibility for learning lies with the learner (Bradshaw & Lowenstein 2014:5).

4.3.5 Section E - College resources outside the classroom

In this section, open-ended comments relating to college resources outside the classroom are discussed.

Table 4.15: Responses to open-ended questions to college resources outside classroom (n=30; 35%)

Theme	Case	Response
E	S08	At least college management should provide either internet facility or WI-FI facility.
	S09	Student tend to absent themselves and visit other libraries where there internet facilities are free so that they can do their research topics and their assignment.
	S010	If there is no internet nor Wi-Fi facilities definitely students will absent themselves more often.
	S011	Access to library books & computer room.
	S012	Students would be mostly motivated if there would be Wi-Fi provided for research and assignments and have extra mural activities to keep us motivated.
	S021	There are no recreational facilities were we can go and distress.
	S022	We live in the century of technology but it seems the public

Theme	Case	Response
		colleges are lacking behind because the stipend we get is not enough for data as most of us are bread winners.
	S023	There is only one librarian assistant personnel in the college, who operate exactly the same hours as the college. We urge the leaders of the college to look at hiring more librarians so that the library can be opened at list after 4pm and operate on weekends too.
	S024	With no internet services life as student is very difficult.
	S025	No study areas except the classrooms more especially if you don't stay in the nursing home.
	S027	Classrooms are closed immediately after schools, even if one wishes o study after school.
	S029	No sport fields in our college yet we need to distress, we can't be reading all the time.
	S030	If we can have internet facilities as we struggling to do research, access to computers.
	S034	We need Wi-Fi & internet facilities for some of the projects and assignments, we really need them.
	S040	If college can look at using an email format or internet format where students can submit assignments and tests as well as check academic results it would make everything much more effective.
	S042	Study areas are supposed to be a priority in the college.
	S043	Provide internet services please.
	S044	No internet no motivation to attend school nor clinical allocation.
	S045	We need a balance in life, physical training through sports engagement is also necessary, college please to address this because, some of us we sport lunatics, if there is no sport, then will be forced to go to the township every weekend then coming back to the college is a problem, hence we absence our selves.
	S046	Library to open during our lunch time so that we don't have to utilise community libraries.
	S049	We are not supposed to borrow out library books, then in a week one will create time to visit community library, that means one will be absent for classes.
	S052	Library and computers are there but students have no

Theme	Case	Response
		access.
	S053	I don't know if this contributes to anyone absence in clinical (I am always present and accounted for) it will be nice if there was a permanent stationed help with completion of work book and procedures and fire drills when in clinical setting and the lecturers to go to facilities.
	S054	College must provide study area beside the classroom.
	S055	A functional library would be of help especially when to do assignments. Community libraries are not functional on weekends, which makes us absent once in a week to do assignments using community library, if the college library can be functional after 4pm.
	S065	If students can be given time to study e.g. 2hours daily. Study whilst in clinical and be assisted by preceptor.
	S069	Library facilities not available to all students at all times, more resources should be provided for learning outcomes.
	S070	The library lunch time and tea times shouldn't fall at the same times because that's the only time students can use facilities.
	S076	College does not provide any of these resources.
	S080	Wife and library must be improved.

Thobakgale (2013:viii) refers to a nursing school as a comprehensive unit which includes all relevant facilities and resources for the personal and professional development of students in order to reach the programme objectives. Therefore, Table 4.16 looked at the extent to which the five identified factors outside the college (library facilities, internet facilities, Wi-Fi faculties, study areas and sport facilities) contributed to absenteeism. The collected data were analysed to reveal whether these facilities truly contributed to absenteeism.

Table 4.16: Frequency Distribution - Section E Fixed response items relating to college resources outside the classroom (n=80)

	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
1. Library facilities	18	23%	13	16%	21	26%	25	31%	3	4%
2. Internet facilities	19	24%	15	19%	27	34%	18	23%	1	1%
3. Wi-fi facilities	38	48%	14	18%	15	19%	12	15%	1	1%
4. Study areas	64	80%	10	13%	4	5%	1	1%	1	1%
5. Sport facilities	71	89%	7	9%	1	1%	1	1%	0	0%

Library facilities

Of the respondents, 39% (n=31) disagreed/strongly disagreed that there was sufficient availability of library facilities at the college, 26% (n=21) were neutral, and 35% (n=28) agreed/strongly agreed. The findings revealed that the majority of respondents agreed that library facilities were not available. Thobakgale (2013:93) determined that library services must be available and accessible to prevent boredom and encourage attendance. These findings are also supported by Simelane (2013:148), who stated that the unavailability of library services after hours contributed to absenteeism.

Internet facilities

Of the respondents, 93% (n=74) disagreed/strongly disagreed with the availability of internet services, 5% (n=4) were neutral, and 2% (n=2) agreed/strongly agreed. The findings revealed that the majority of respondents agreed that internet facilities were not available.

Wi-Fi facilities

Of the respondents, 66% (n=52) disagreed/strongly disagreed that there was sufficient availability of Wi-Fi facilities, 19% (n=15) were neutral, and 16% (n=13) agreed/strongly agreed. The majority of respondents thus agreed that Wi-Fi services were unavailable, which had an effect on their academic performance. Komakech and Ossu (2014:426) found that a lack of scholastic requirements influenced absenteeism. Wi-Fi is a relevant source for education, and its unavailability in tertiary institutions will affect the academic

growth of students. Lack of resources in the college, like Wi-Fi and internet facilities, demotivate students from regular classroom attendance.

Availability of study areas

Of the respondents, 43% (n=34) disagreed/strongly disagreed on the availability of study areas, 34% (n=27) were neutral, and 25% (n=19) agreed/strongly agreed. The majority of respondents thus agreed that study areas were not available, which contributed to high absenteeism.

Availability of sport facilities

Of the respondents, 39% (n=29) disagreed/strongly disagreed on the availability of sport facilities, 26% (n=21) were neutral, and 35% (n=28) agreed/strongly agreed. The majority of respondents therefore agreed that sports facilities were not available and it can be concluded that the unavailability of sports facilities at the college contributed to absenteeism. Sport deserves as much attention as any other academic subject, and should be readily available in the college environment.

4.3.6 Section F: Clinical placement resources

In this section, answers to the open-ended questions on clinical placement resources that were perceived to contribute to absenteeism amongst student midwives are reported.

Table 4.17: Responses to open-ended questions about clinical placement resources (n=20; 25%)

Theme	Case	Response
F	S03	There is a library in the tertiary hospital which is well equip but it closes exactly 4pm, which is I see that as not convenient enough for some of us.
	S04	Library operating times do not cater for all then one will choose to be absent rather just to visit the community library.
	S05	Shortage of staff is a problem. This discourages us to report for duties.
	S06	No internet in the services that we allocated at.
	S010	At least hospitals and the clinics should have internet services as a training institution.
	S012	All these services are supposed to be provided in our clinical training

Theme	Case	Response
		institutions but unfortunately, they are not there.
	S014	No study areas in our training institutions so one is forced to be absent to study at home.
	S016	No study areas at all, which is bad.
	S018	We told to utilise the library in the hospitals as study area, yet its always packed. Some people who are off duty they also use the same library as study area.
	S031	Personnel with enthusiasm to train students in hospital.
	S034	No study areas in clinical areas where we allocated, so it's very difficult to study during clinical placement day. We always create time by absenting ourselves.
	S040	Study areas it's a must have in clinical areas.
	S053	I don't know if this contributes to anyone absence in clinical, I am always present and accounted for it will be nice if there was a permanent stationed help with completion of work book and procedures and fire drills when in clinical setting and the lecturers to go to facilities.
	S054	If these services are not around, students are bound to absence themselves when they are not supposed to do so.
	S056	Students need to be provided with all available resources such as networks, study areas & students friendly facilities.
	S069	Students need to be provided with all available resources such as networks, study areas & students friendly facilities.
	S075	Hospitals to provide study areas.
	S080	All those indicated to be poor must be improved.

Table 4.18: Frequency Distribution - Section F Fixed response items relating to clinical placement resources (n=80)

	Strongly disagree	Disagree	Neutral	Strongly Agree	Agree
1 Library facilities	20 25%	17 21%	15 19%	25 31%	3 4%
2. Study areas	25 31%	18 23%	20 25%	14 18%	3 4%
3.Simulation Lab	32 40%	16 20%	19 24%	8 10%	5 6%
4.Internet facilities	46 58%	18 23%	9 11%	6 8%	1 1%
5. Wi-Fi facilities	53 66%	21 26%	5 6%	1 1%	0 0%

Library facilities

Of the respondents, 46% (n=37) disagreed/strongly disagreed about the non-availability of library facilities, 19% (n=15) were neutral, and 35% (n=28) agreed/strongly agreed. The strong disagreement regarding the availability of library facilities contributed to absenteeism as students had to carve out time to utilise community libraries for studying. Simelane (2013:148) also found that the unavailability of libraries after hours contributed to absenteeism.

Study areas

Of the respondents, 54% (n=43) disagreed/strongly disagreed on the availability of study areas, 25% (n=20) were neutral, and 22% (n=17) agreed/strongly agreed. It can be concluded that the unavailability of study areas in clinical placement contributed to absenteeism and impacted on academic performance.

Simulation laboratories

Of the respondents, 60% (n=48) disagreed/strongly disagreed that there were sufficiently available simulation laboratories, 24% (n=19) were neutral, and 16% (n=13) agreed/strongly agreed. The findings revealed that the unavailability of simulation laboratories contributed to absenteeism. The results were congruent with Singh's (2015:52) findings, which highlighted the importance of allowing students to practice first before going to the clinical areas.

Internet facilities

Of the respondents, 81% (n=64) disagreed/strongly disagreed on the sufficient availability of internet facilities, 11% (n=9) were neutral, and 9% (n=7) agreed/strongly agreed. Since the majority felt there were insufficient internet facilities, it can be concluded that the unavailability of internet facilities contributed to absenteeism.

Wi-Fi facilities

Of the respondents, 92% (n=74) disagreed/strongly disagreed on the availability of Wi-Fi facilities, 6% (n=5) were neutral, and 1% (n=1) agreed/strongly agreed. Therefore, students will often absent themselves to visit and utilise community libraries and internet services for study purposes (Simelane 2013:148).

4.3.7 Section G - Factors related to student absence (n=12; 17%)

In this section, responses to open-ended questions about factors relating to students' absences that were perceived to contribute to absenteeism are indicated. Microsoft Excel 365 Pro Plus, Version 2019 was used to analyse and categorise responses into themes.

Table 4.19: Section G: Responses to open-ended questions about factors related to student absence (n=12; 17%)

Factors related to students absence	Case	Response
G	S004	No study areas in clinics nor in hospitals, so it's very difficult to study during clinical.
	S007	Not having a support system or a person to talk to who is responsible for students. It will be better if there can be one person permanently stationed to help with workbook & with fire drills.
	S009	Yes we do get stipend at the end of the month but as a bread winner the transport money always get finish before end of the month, and then one is forced to stay at home.
	S010	Clinical placement at times is a challenge because private students are treated far better than us which also contribute to absenteeism when allocated in clinical.
	S011	My pre-existing medical problems most often are forcing me to be absent.
	S013	Transport issues are challenging in winter, that's the only time I am absent for school and for clinical allocation.
	S014	The attitude of staff is bad, you rather absence yourself than to face them.
	S018	Some staff numbers expect students to know all when in clinical, once you ask questions, you regret by the end of the day.
	S30	So wish that our facilitators could do accompaniment more often so that we are not ill-treated by some clinical placement staff.
	S044	Hospitals provide some of these but because of lack of staff there is no time to use them.
S050	Hospitals to provide study areas.	

Factors related to students absence	Case	Response
	S056	The issue of home that is far and when you must come back from home you decide to stay with your family.
	S065	If registered nurses can play their role in teaching students life will be a lot easier.
	S075	Staff attitudes contribute a lot to absenteeism.
	S080	Too much work with only one leave in a year.

In Table 4.20, the extent of fixed responses about factors related to students' absences are indicated. These 12 factors were grouped together in order to answer the question: What are the reasons for student midwives' absence from classroom facilitation and clinical placement? For simplicity, analysed themes are abbreviated as G1=human resources, G2=other resources, G3=personal resources.

Table 4.20: Frequency distribution - Section G: Fixed response items relating to student absence

	NONE	MINOR	MAJOR	TOTAL
G2-1.Inadequate classroom facilitation	55 70%	17 20%	18 10%	80 100%
G2-2.Inappropriate clinical placement	35 44%	35 44%	10 12%	80 100%
G1-3.The attitude of staff outside the class and clinical placement	16 21%	31 39%	33 40%	80 100%
G2-4.Lack of resources provided by the college	38 49%	36 44%	6 7%	80 100%
G3-5.My marriage/relationship with partner	21 36%	33 31%	25 32%	79 100%
G3-6.Family commitments	30 38%	32 41%	17 20%	79 99%
G3-7.Health issues	32 41%	30 38%	16 21%	78 98%

G3-8.Inadequate transport	32 40%	33 42%	14 17%	79 99%
G3-9.Social issues	38 47%	28 35%	13 17%	79 99%
G3-10.Peer pressure	55 70%	13 16%	11 13%	79 99%
G3-11.Lack of motivation to achieve learning outcomes	42 50%	27 36%	7 9%	76 94%
G3-12.Financial issues	59 74%	17 22%	3 3%	79 100%

Inadequate classroom facilitation

Of the respondents, 70% (n=55) indicated that there was sufficient classroom facilitation, while 17% (n=20) perceived inadequate classroom facilitation as a minor challenge, and 10% (n=18) agreed that inadequate classrooms were a major problem. It can be concluded that the majority of the respondents observed that classroom facilitation was adequate and did not contribute to absenteeism. Conversely, Sarkodie *et al* (2014:19) cited that poorly ventilated and congested classrooms discourage students from attending school.

Inappropriate clinical placement

Of the respondents, 35% (n=44) indicated that there was no inappropriate clinical placement, while 35% (n=44) indicated inappropriate clinical placement was a minor problem, and 10% (n=12) felt that inappropriate clinical placement was a major problem. The majority of respondents observed inappropriate clinical placement as a minor challenge contributing to absenteeism. If students view the clinical environment as inappropriate and unsafe, they are less likely to present themselves to clinical areas (Mtyalela *et al* 2015:65).

The attitude of staff outside the class and clinical placement

Of the respondents, 40% (n=33) indicated that staff's attitude outside the classroom and clinical placement was a major concern, while 39% (n=31) indicated it as a minor problem, and 21% (n=16) reflected that the attitude of staff outside the classroom and clinical was not a problem. The majority of respondents observed that staff's attitude was a significant contributor to absenteeism. Similarly, Singh (2015:42) found that qualified staff were unapproachable and rude towards respondents.

Lack of resources provided by the college

Of the respondents, 49% (n=38) indicated that a lack of resources provided by the college was not a challenge, while 44% (n=36) of respondents indicated this item as a minor challenge, and 7% (n=6) indicated that a lack of resources was a major problem. The majority indicated that sufficient resources were provided by the college, therefore not contributing to absenteeism. However, the results are contradictory with those in Table 4.16, where resources were indicated as being unavailable/lacking. It can be concluded that a lack of resources contributed to absenteeism. Healy and Mackay (in Mtyalela *et al* 2015:67) determined that a shortage of nurses also affect students' learning when they have to work as employees during their clinical placement. This resulted in overwhelming workloads.

My marriage/relationship with my partner

Of the respondents, 32% (n=25) indicated that their marriage/relationship with their partner was a major challenge, while 33% (n=31) of respondents indicated it was a minor challenge, and 36% (n=21) indicated their relationship was no challenge. One respondent did not reply to this question. According to Nxumalo (in Setumo 2013:54), the majority of respondents varied between adolescence and early adulthood, faced with adjustment challenges. Nevertheless, a study by Singh (2015:40) revealed that relationships with partners contributed to absenteeism and affected the performance of student midwives.

Family commitments

Of the respondents, 41% (n=32) indicated family commitments as a minor challenge, while 38% (n=30) of respondents indicated no such challenges, and 20% (n=17) indicated family commitments was a major problem. One respondent did not reply. The findings confirmed that family commitments were minor contributors to absenteeism. These results concurred with the study conducted by Thobakgale (2015:83) and Komakech and Osuu (2014:432), which both revealed that unstable home environments could contribute to absenteeism.

Health issues

Of the respondents, 41% (n=32) indicated that health issues did not contribute to absenteeism, while 36% (n=30) indicated that health issues were minor contributors to absenteeism, and 21% (n=16) indicated that health issues were major contributors to

absenteeism. Two per cent (n=2) of respondents did not reply. The findings thus confirmed that health issues contributed to absenteeism. Sial, Humayun and Humayun (2018:137) found that health factors were major contributing factors to absenteeism amongst medical students. The Eastern Cape Department of Health (2014) learning contract states that the student midwife is allowed 12 days' sick leave, 22 days' annual leave, and five days' family responsibility leave per year.

Inadequate transport

Of the respondents, 40% (n=33) indicated that inadequate transport did not contribute to absenteeism, while 42% (n=32) indicated inadequate transport as a minor contributor to absenteeism, 17% (n=14) indicated inadequate transport as a major contributor to absenteeism, and 2% (n=2) did not reply. Inadequate transport is considered a contributor to absenteeism, although the majority of responded disagreed. The results were congruent with the study of Thobakgale (2013:83), who revealed that inadequate public transport and poverty often combine to contribute to late coming and absenteeism.

Social issues

Of the respondents, 47% (n=38) indicated that social issues did not contribute to absenteeism, while 35% (n=28) indicated social issues as minor contributors to absenteeism, and 17% (n=13) indicated that social issues were major contributors to absenteeism during midwifery training. The findings revealed that social issues contributed to absenteeism, although the majority of responded disagreed. According to Motsilanyane (2015:20), student midwives should be allowed to interact with clinical facilitators and their welfare and feelings should be considered. When students are encouraged to interact with clinical facilitators, they will be motivated to express/share their concerns instead of absenting themselves.

Peer pressure

Of the respondents, 70% (n=55) indicated that peer pressure did not contribute to absenteeism, while 16% (n=13) indicated peer pressure as a minor contributor to absenteeism, 14% (n=11) indicated that peer pressure was a major contributor to absenteeism during training, and 1% (n=1) of respondents did not reply. It can be concluded that peer pressure can contribute to absenteeism because the majority of respondents were young adults and therefore this age group is faced with adjustments

challenges (Setumo 2013:54). Komakech and Osuu (2014:424) found that truant individuals are influenced by their peers.

Lack of motivation to achieve learning outcomes

Of the respondents, 50% (n=42) indicated that a lack of motivation to achieve learning outcomes was not a challenge, while 36% (n=27) indicated a lack of motivation to achieve learning outcomes was a minor challenge, 7% (n=9) indicated that a lack of motivation to achieve learning outcomes was a major challenge, and 4% (n=6) of the respondents did not reply. A study by Khan *et al* (2018:1531) revealed that absenteeism could be linked to low motivation and social ills, such as substance abuse.

Financial issues

Of respondents, 74% (n=59) indicated financial issues was not a challenge, while 22% (n=17) indicated financial issues was a minor problem, and 3% (n=3) indicated financial issues was a major challenge. Singh (in Simelane 2013:145) found that students' salary 'stipend' contributed to absenteeism since it is deemed insufficient. Furthermore, Thobakgale (2013:84) assert that the collection of social grants is an important factor influencing the extent of learner absenteeism in South Africa, though most respondents did not indicate any financial challenges contributing to absenteeism.

Though the respondents are receiving stipends, some are breadwinners and beneficiaries of social grants on behalf of their dependents. These social grants lapse if they are not collected on time. Student midwives will therefore rather absent themselves than lose their social grants.

In Table 4.21, a scale of internal consistency is presented. This scale is quantified by Cronbach's alpha to determine if the scale is reliable (Creswell & Creswell 2018:154).

Table 4.21: Reliability of summated scores for the factors - Interpretation intervals for Cronbach's alphas

Accepted for MA studies	< 0.50
Fair	0.50 - 0.69
Good	0.70 - 0.79
Excellent	0.+80

These intervals were recommended by the statistics consultant as there are no references or consensus on the findings in literature.

Cronbach's alpha coefficients for the factors

For the 5-point response scale used for the study:
 Scores < 2.6 are regarded as negative (or low)
 Scores between 2.6 and 3.4 are regarded as neutral (or average)
 Scores > 3.4 are regarded as positive (or high)

Null-hypotheses for factors C to F $H_0: \mu = 3.40$ if mean is closer to 3.4 than to 2.6

$H_0: \mu = 2.60$ if mean is closer to 2.6 than to 3.4

Null-hypotheses for the G factors are different from those for factors C to F; the range of scores for the G factors is 1.00 to 3.00, whereas the range for C to F is 1.00 to 5.00.

In Table 4.22, the t-Test analysis technique is presented for dependent and independent groups (Grove *et al* 2013:712).

Table 4.22: One-sample t-Tests: Factors (n=80; d.f.=79)

Variable	Mean	S.D.	$H_1: \mu$	t	p	Cohen's d
C1 Classrooms	3.83	0.82	$\neq 3.40$	4.62	<.0005	0.52 Medium
C2 Facilitators	4.28	0.45	$\neq 3.40$	17.32	<.0005	1.94 Large
C Classroom Facilitation	4.05	0.53	$\neq 3.40$	11.07	<.0005	1.24 Large
D1 Human Resources	3.33	0.68	$\neq 3.40$	-0.92	.359	n/a
D2 Other Clinical Placement Resources	3.59	0.64	$\neq 3.40$	2.64	.010	0.30 Small
D3 Personal	4.31	0.60	$\neq 3.40$	13.56	<.0005	1.52 Large
D Clinical Placement	3.46	0.57	$\neq 3.40$	0.96	.340	n/a
E College Resources Outside Classroom	1.98	0.62	$\neq 2.60$	-9.02	<.0005	1.01 Large
F Clinical Placement Resources	2.09	0.77	$\neq 2.60$	-5.94	<.0005	0.66 Medium
G1 Human Resources	1.78	0.58	$\neq 1.67$	1.62	.109	n/a
G2 Other Resources	1.64	0.50	$\neq 1.67$	-0.47	.639	n/a
G3 Personal	1.70	0.47	$\neq 1.67$	0.52	.601	n/a
G Student Absence Factors	1.71	0.47	$\neq 1.67$	0.75	.454	n/a

Section C - *Classroom facilitation* ($p < .0005$; $d = 0.52$ to 1.94) showed medium to large statistical significance and positive mean values (3.83-4.05). Results revealed that a relationship exists between classroom facilitation and absenteeism.

Section D - *Clinical placement resources* revealed ($p < 0.0005$; $d = 152$) large statistically significant and positive mean value (3.46-3.59). Results reflected that a relationship exists between personal clinical placement resources and absenteeism.

Section E - *College resources* revealed ($p < 0.0005$; $d = 1.01$) large significant and neutral mean values (1.98), reflecting that a relationship exists between college resources and absenteeism.

Section F - *Clinical placement resources* revealed ($p < 0.0005$; $d = 0.66$) medium significant and neutral mean values (1.98).

Section G - *Factors related to students' absence* all had estimated population mean values in the negative (1.00 – 1.66) or neutral (1.67 – 2.33) range. It can be concluded that respondents did not identify any single factor that had a major impact on their absenteeism.

4.4 RELATIONSHIPS BETWEEN FACTORS

Correlations to investigate the relationships between factors of various sections are indicated using Pearson's Product Moment Correlations. Correlations are statistically significant at the 0.05 level for an $n = 80$ sample.

if $|r|$ is greater than or equal to .220 and practically significant.

if $|r|$ is greater than or equal to .300, thus significant (both statistically and practically).

if $|r|$ is greater than or equal to .300 (Gravette & Wallnau 2009:264, 534).

Table 4.23: Pearson's Product Moment Correlations - Section C, D, E, F and G factors (n = 80)

	C1	C2	C	D1	D2	D3	D	E	F	G1	G2	G3	G
1.C1 Classrooms	-	.298	.912	.020	.129	.277	.085	-.046	.175	-.031	-.015	-.080	-.027
2.C2 Facilitators	.298	-	.663	.535	.485	.270	.587	-.041	.216	.000	-.016	.094	-.009
3.C Classroom Facilitation	.912	.663	-	.246	.310	.334	.319	-.054	.230	-.024	-.019	-.023	-.025
4.D1 Human Resources	.020	.535	.246	-	.512	.210	.878	-.044	.285	.022	-.105	.013	-.042

	C1	C2	C	D1	D2	D3	D	E	F	G1	G2	G3	G
5.D2 Other Clinical Placement Resources	.129	.485	.310	.512	-	.250	.860	.112	.164	-.080	-.106	.112	-.106
5.D3 Personal	.277	.270	.334	.210	.250	-	.264	-.109	.052	.055	.116	-.127	.096
D Clinical Placement	.085	.587	.319	.878	.860	.264	-	.036	.260	-.031	-.122	.068	-.084
6.E College Resources Outside Classroom	-.046	-.041	-.054	-.044	.112	-.109	.036	-	.383	-.083	.061	.123	-.019
7.F Clinical Placement Resources	.175	.216	.230	.285	.164	.052	.260	.383	-	-.048	.082	.126	.014
8.G1 Human Resources	-.031	.000	-.024	.022	-.080	.055	-.031	-.083	-.048	-	.509	.316	.889
9.G2 Other Resources	-.015	-.016	-.019	-.105	-.106	.116	-.122	.061	.082	.509	-	.416	.847
10.G3 Personal	-.080	.094	-.023	.013	.112	-.127	.068	.123	.126	.316	.416	-	.417
G Student Absence Factors	-.027	-.009	-.025	-.042	-.106	.096	-.084	-.019	.014	.889	.847	.417	-
Correlations flagged yellow are significant (statistically and practically).													
Correlations flagged grey are not of real interest as they reflect the relationships between factors that are expected to be correlated because the global factor for a section was calculated as the average of the individual factors for the section.													
Correlations flagged red is only statistically significant but not practically significant.													

The results in Table 4.27 revealed no significant relationship between *C1 - Classrooms*, *G1 - Human resources*, *G2 - Other resources*, *G3 - Personal* and *G - Student absence factors* and any of the other factors.

Significant positive relationships $|r| > .300$ were found between *C2 - Facilitators* and *D - Clinical placement factors*; that is, *D1 - Human resources*, *D2 - Other clinical resources* and *D3 - Personal resources*.

Significant positive relationships were found between *C1 - Classroom* and *D2 - other clinical resources*, *D3 - Personal resources* and *D - Clinical placement*.

Significant positive relationships were found between *E - College Resources outside Classroom* and *F - Clinical Placement Resources*

It can be concluded that a poor supply of resources in nursing college and clinical placement contributed to absenteeism and impacted on the performance of student midwives.

Sections E to G in the questionnaire were all about students' perceptions.

A significant correlation between two factors in Table 4.23 indicated that students who gave positive responses to the items related to the first factor also typically gave positive responses to the second factor. For example, relationships existed between the supply of resources and absenteeism and academic performance based on *E - Outside classroom resources* and *F - Clinical placement resources* variables.

Based on the results in Table 4.20, it can be concluded that according to the students, the most important variable related to student absenteeism is the attitude of staff outside the class and clinical placement (40%), along with other important factors such as financial issues (32% major), family commitments (22% major), and health issues (21% major). Though none of the important factors were necessarily considered the single most important factor. For example, in Table 4.21, the results revealed that the section G's factors all had estimated population mean values in the negative (1.00 – 1.66) or neutral (1.67 – 2.33) range. In other words, the students did not identify any single factor that had a major impact on their absenteeism.

4.5 RELATIONSHIPS BETWEEN DEMOGRAPHIC CHARACTERISTICS AND VARIABLES

Brink *et al* (2016:191) state that the most common parametric statistical test used in health science research is the t-test and analysis of variance. T-Tests of independence were conducted to investigate the relationships between the demographic variables and the factors under review.

Table 4.24 presents the t-Tests of independence conducted to investigate the relationships between age and other factors.

Table 4.24: t-Tests - Factors by age

Variable	Age	n	Mean	S.D.	Difference	T	P (d.f.=77)	Cohen's d
C1 Classrooms	20 - 29	50	3.86	0.83	0.09	0.47	.641	n/a
	30 - 49	30	3.77	0.84				
C2 Facilitators	20 - 29	50	4.31	0.47	0.09	0.85	.396	n/a
	30 - 49	30	4.22	0.43				
C Classroom Facilitation	20 - 29	50	4.08	0.56	0.09	0.73	.466	n/a
	30 - 49	30	3.99	0.48				
D1 Human Resources	20 - 29	50	3.37	0.67	0.10	0.60	.550	n/a
	30 - 49	30	3.27	0.70				
D2 Other Clinical Placement Resources	20 - 29	50	3.52	0.66	-0.17	-1.16	.251	n/a
	30 - 49	30	3.69	0.59				
D3 Personal	20 - 29	50	4.39	0.49	0.19	1.37	.175	n/a
	30 - 49	30	4.20	0.73				
D Clinical Placement	20 - 29	50	3.45	0.58	-0.04	0.28	.784	n/a
	30 - 49	30	3.48	0.57				
E College Resources Outside Classroom	20 - 29	50	1.93	0.53	-0.13	0.92	.360	n/a
	30 - 49	30	2.07	0.75				
F Clinical Placement Resources	20 - 29	50	2.14	0.79	0.13	0.72	.473	n/a
	30 - 49	30	2.01	0.76				
G1 Human Resources	20 - 29	50	1.80	0.62	0.06	0.46	.646	n/a
	30 - 49	30	1.73	0.52				
G2 Other Resources	20 - 29	50	1.64	0.48	-0.01	0.06	.951	n/a
	30 - 49	30	1.65	0.54				
G3 Personal	20 - 29	50	1.60	0.44	-0.25	2.39	.019	0.55 Medium
	30 - 49	30	1.85	0.48				

Variable	Age	n	Mean	S.D.	Difference	T	P (d.f.=77)	Cohen's d
G Student Absence Factors	20 - 29	50	1.72	0.47	0.03	0.25	.801	n/a

The t-test results in Table 4.24 indicated that only significant relationships were observed between age and *G2 - Other resources*, related to student absence ($p=.019$; $d=0.55$ medium). The 20-29-year-old respondents were more positive than the rest of the age groups.

T-Tests of independence were also conducted to investigate the relationships between gender and mentioned factors.

Table 4.25: t-Tests - Factors by gender

Variable	Gender	n	Mean	S.D.	Difference	T	p (d.f.=78)	Cohen's d
C1 Classrooms	Male	18	3.94	0.68	0.15	0.70	.488	n/a
	Female	62	3.79	0.86				
C2 Facilitators	Male	18	4.41	0.43	0.17	1.43	.156	n/a
	Female	62	4.24	0.45				
C Classroom Facilitation	Male	18	4.18	0.47	0.16	1.16	.248	n/a
	Female	62	4.01	0.54				
D1 Human Resources	Male	18	3.38	0.68	0.06	0.32	.752	n/a
	Female	62	3.32	0.68				
D2 Other Clinical Placement Resources	Male	18	3.77	0.66	0.23	1.37	.176	n/a
	Female	62	3.54	0.62				
D3 Personal	Male	18	4.39	0.44	0.11	0.66	.509	n/a
	Female	62	4.28	0.64				
D Clinical Placement	Male	18	3.57	0.63	0.14	0.95	.346	n/a
	Female	62	3.43	0.55				
E College	Male	18	1.97	0.55	-0.01	-0.06	.949	n/a

Variable	Gender	n	Mean	S.D.	Difference	T	p (d.f.=78)	Cohen's d
Resources Outside Classroom	Female	62	1.98	0.64				
F Clinical Placement Resources	Male	18	2.10	0.76	0.01	0.06	.950	n/a
	Female	62	2.09	0.77				
G1 Human Resources	Male	18	2.00	0.71	0.29	1.90	.060	n/a
	Female	62	1.71	0.52				
G2 Other Resources	Male	18	1.83	0.49	0.24	1.86	.066	n/a
	Female	62	1.59	0.49				
G3 Personal	Male	18	1.76	0.53	0.07	0.59	.558	n/a
	Female	62	1.68	0.45				
G Student Absence Factors	Male	18	1.92	0.53	0.27	2.18	.032	0.58
	Female	62	1.65	0.44				Medium

The t-test results in Table 4.25 indicated that the only significant relationships observed were between gender and *G - Student absence factors* ($p=.032$; $d=0.58$ medium). Male respondents were less positive than females.

T-Tests of independence were conducted to investigate the relationships between the year of study and related factors.

Table 4.26: t-Tests - Factors by Study year

Variable	Study year	n	Mean	S.D.	Difference	t	P (d.f.=78)	Cohen's d
C1 Classrooms	Third year	49	3.91	0.76	0.21	1.14	.259	n/a
	Fourth year	31	3.69	0.91				
C2 Facilitation	Third year	49	4.36	0.45	0.23	2.28	.025	0.52
	Fourth year	31	4.13	0.43				Medium
C	Third year	49	4.14	0.55	0.22	1.87	.065	n/a

Variable	Study year	n	Mean	S.D.	Difference	t	P (d.f.=78)	Cohen's d
Facilitators	Fourth year	31	3.91	0.47				
D1 Human Resources	Third year	49	3.43	0.65	0.25	1.63	.108	n/a
	Fourth year	31	3.18	0.70				
D2 Other Clinical Placement Resources	Third year	49	3.61	0.68	0.05	0.36	.717	n/a
	Fourth year	31	3.55	0.57				
D3 Personal	Third year	49	4.42	0.61	0.29	2.16	.034	0.49
	Fourth year	31	4.13	0.55				Small
D Clinical Placement	Third year	49	3.52	0.57	0.15	1.16	.248	n/a
	Fourth year	31	3.37	0.56				
E College Resources Outside Classroom	Third year	49	1.97	0.63	-0.02	-0.14	.891	n/a
	Fourth year	31	1.99	0.61				
F Clinical Placement Resources	Third year	49	2.24	0.85	0.38	2.20	.031	0.51
	Fourth year	31	1.86	0.55				Medium
G1 Human Resources	Third year	49	1.79	0.58	0.03	0.21	.837	n/a
	Fourth year	31	1.76	0.59				
G2 Other Resources	Third year	49	1.65	0.46	0.02	0.21	.835	n/a
	Fourth year	31	1.63	0.56				
G3 Personal	Third year	49	1.59	0.45	-0.26	-2.54	.013	0.58
	Fourth year	31	1.86	0.46				Medium
G Student Absence Factors	Third year	49	1.72	0.43	0.03	0.24	.812	n/a
	Fourth year	31	1.69	0.54				

In Table 4.26, a significant relationship was observed between study year and C2 - *Facilitators* ($p=.025$; $d=0.52$ medium), D3 - *Personal clinical placement* ($p=0.034$; $d=0.49$ small), F - *Clinical placement resources* ($p=.031$; $d=0.51$ medium), and G3 - *Personal factors related to absence* ($p=.013$; $d=0.58$ medium). On C2 - *Facilitators*, D3 - *Personal clinical placement* and F - *Clinical placement resources*, the third-year respondents were significantly more positive than the fourth years. The opposite is true for G3 - *Personal factors related to absence*, with the third years being less positive than the fourth years for this factor.

T-Tests of independence were conducted to investigate the relationships between respondents' ethnicity and factors under investigation.

Table 4.27: t-Tests - Factors by ethnicity

Variable	Ethnicity	n	Mean	S.D.	Difference	t	P (d.f.=70)	Cohen's d
C1 Classrooms	Coloured	19	3.47	0.98	-0.44	-1.99	.050	0.53 Medium
	Xhosa	53	3.92	0.77				
C2 Facilitators	Coloured	19	3.85	0.38	-0.55	-5.22	<.0005	1.40 Large
	Xhosa	53	4.40	0.40				
C Classroom Facilitation	Coloured	19	3.66	0.47	-0.50	-3.74	<.0005	1.00 Large
	Xhosa	53	4.16	0.50				
D1 Human Resources	Coloured	19	3.09	0.72	-0.28	-1.56	.123	n/a
	Xhosa	53	3.38	0.66				
D2 Other Clinical Placement Resources	Coloured	19	3.36	0.52	-0.27	-1.59	.117	n/a
	Xhosa	53	3.63	0.68				
D3 Personal	Coloured	19	4.16	0.58	-0.19	-1.19	.239	n/a
	Xhosa	53	4.35	0.61				
D Clinical Placement	Coloured	19	3.23	0.56	-0.28	-1.82	.073	n/a
	Xhosa	53	3.51	0.58				
E College Resources Outside Classroom	Coloured	19	1.94	0.50	-0.03	-0.20	.840	n/a
	Xhosa	53	1.97	0.64				

Variable	Ethnicity	n	Mean	S.D.	Difference	t	P (d.f.=70)	Cohen's d
F Clinical Placement Resources	Coloured	19	2.05	0.76	-0.03	-0.15	.884	n/a
	Xhosa	53	2.08	0.78				
G1 Human Resources	Coloured	19	1.79	0.56	-0.03	-0.20	.843	n/a
	Xhosa	53	1.82	0.60				
G2 Other Resources	Coloured	19	1.68	0.48	0.00	0.04	.971	n/a
	Xhosa	53	1.68	0.51				
G3 Personal	Coloured	19	1.63	0.34	-0.11	-0.87	.387	n/a
	Xhosa	53	1.74	0.50				
G Student Absence Factors	Coloured	19	1.74	0.47	-0.01	-0.10	.917	n/a
	Xhosa	53	1.75	0.47				

The t-test results in Table 4.27 indicated a significant relationship was observed between ethnicity and the factors: *C1 - Classroom* ($p=.050$; $d=0.53$ medium), *C2 - Facilitation* ($p<.0005$; $d=1.40$ large), *C - Classroom facilitation*, ($p<.0005$; $d=1.00$ large). The Coloureds and Xhosa ethnic groups were significantly more positive about *C1 - Classroom*, *C2 - Facilitation* and *C - Classroom facilitation* as they were in the majority. The other ethnic groups were not included as suggested by the statistician.

A t-Test was conducted to investigate the relationship between residence and related factors.

Table 4.28: t-Tests - Factors by Residence

Variable	Residence	N	Mean	S.D.	Difference	t	P (d.f.=78)	Cohen's d
C1 Classrooms	College nurse's home	41	3.87	0.87	0.08	0.45	.652	n/a
	Other	39	3.78	0.78				
C2 Facilitators	College nurse's home	41	4.34	0.45	0.13	1.25	.214	n/a
	Other	39	4.21	0.45				
C Classroom Facilitation	College nurse's home	41	4.10	0.58	0.11	0.90	.374	n/a
	Other	39	4.00	0.46				

Variable	Residence	N	Mean	S.D.	Difference	t	P (d.f.=78)	Cohen's d
D1 Human Resources	College nurse's home	41	3.34	0.70	0.02	0.15	.880	n/a
	Other	39	3.32	0.66				
D2 Other Clinical Placement Resources	College nurse's home	41	3.55	0.73	-0.07	-0.52	.604	n/a
	Other	39	3.63	0.52				
D3 Personal	College nurse's home	41	4.39	0.45	0.17	1.29	.200	n/a
	Other	39	4.22	0.71				
D Clinical Placement	College nurse's home	41	3.45	0.63	-0.02	-0.19	.847	n/a
	Other	39	3.47	0.50				
E College Resources Outside Classroom	College nurse's home	41	1.95	0.66	-0.05	-0.35	.727	n/a
	Other	39	2.00	0.58				
F Clinical Placement Resources	College nurse's home	41	2.18	0.82	0.19	1.08	.282	n/a
	Other	39	1.99	0.71				
G1 Human Resources	College nurse's home	41	1.77	0.59	-0.01	-0.11	.916	n/a
	Other	39	1.78	0.57				
G2 Other Resources	College nurse's home	41	1.68	0.46	0.08	0.72	.474	n/a
	Other	39	1.60	0.54				
G3 Personal	College nurse's home	41	1.67	0.47	-0.05	-0.52	.607	n/a
	Other	39	1.73	0.47				
G Student Absence Factors	College nurse's home	41	1.73	0.45	0.03	0.32	.753	n/a
	Other	39	1.69	0.49				

No significant relationship existed between residence and any other factors being investigated.

4.6 RELATIONSHIPS BETWEEN MARKS FROM THE PREVIOUS YEAR AND RELATED FACTORS

The relationship between factors and average marks was tested using Pearson's Product Moment Correlation.

Table 4.29: Pearson's Product Moment Correlations - Factors and average mark previous year

	Third Years n = 49	Fourth Years n = 31	All n = 80
.05 r_{crit}	.282	.355	.220
C1 Classrooms	.142	.417	.272
C2 Facilitators	.200	-.085	.126
C Classroom Facilitation	.181	.366	.268
D1 Human Resources	.068	-.567	-.154
D2 Other Clinical Placement Resources	-.001	-.269	-.086
D3 Personal	.162	.058	.155
D Clinical Placement	.039	-.488	-.138
E College Resources Outside Classroom	-.190	-.166	-.181
F Clinical Placement Resources	-.159	-.172	-.117
G1 Human Resources	.108	-.171	.003
G2 Other Resources	.007	.037	.023
G3 Personal	-.274	.009	-.197
G Student Absence Factors	.077	-.075	.014

Table 4.29 revealed that the only group of students for which significant relationships were found between the factors and academic performance was the fourth years. For this group, the direction of the coefficient relationship between the variables was as follows:

Significant positive correlations were observed for *C1 - Classrooms* and *C - Classroom facilitation*, which implies that students who agreed that the college provides adequate resources were those students with better academic performance.

Significant negative correlations were observed for *D1 - Human resources* and *D - Clinical placement*, which implies that students who agreed that adequate clinical

resources are provided were those students with worse academic performance. No significant correlation was found between academic performance and factors *E -College resources outside classroom*, *F - Clinical placement resources* and *G - Student absence factors*.

4.7 OVERVIEW OF FINDINGS

An overview of the research findings is presented in the form of figures based on the five sections of the questionnaire and a brief explanation follows. Respondents' demographic data and academic records are combined in Figure 4.1.

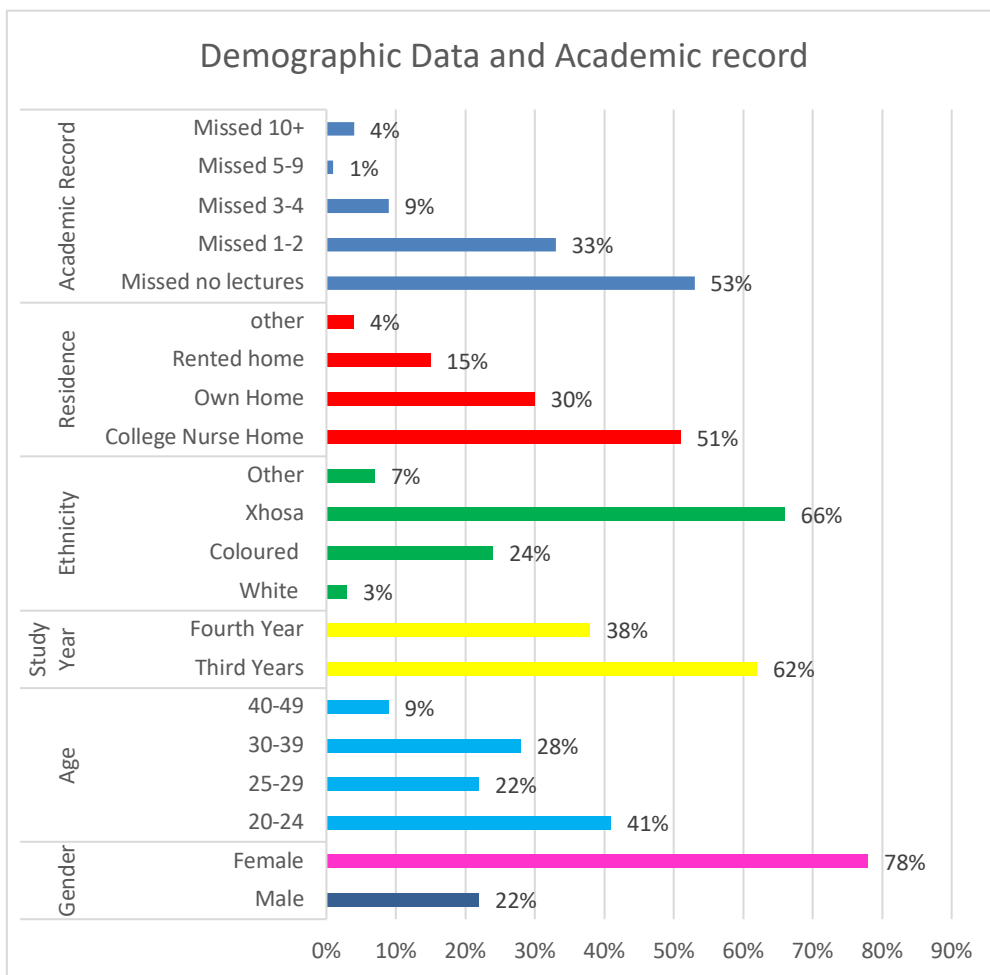


Figure 4.1: Respondents' demographic data and academic records that contributed to absenteeism during midwifery training

Section A

Age

The largest age group were 20-24 years old (41%, n=33), followed by 25-29-year-olds (28%, n=22). Findings revealed that the majority of respondents were younger students who are more likely to be absent than older ones. Table 4.23 demonstrated that 20-29-year-old respondents were more positive than the rest of the age groups with regard to factors related to students' absenteeism. It can be concluded that factors (*G3 - Personal resources*) related to students' absence contributed to absenteeism and poor performance. Therefore, a relationship existed between age and absenteeism.

Gender

The findings of the study revealed that the majority of the respondents (78%) were females. However, the latest total number of accoucheurs (male midwives) is gradually increasing. The total number of male midwifery students is 279 compared to 1 042 of female midwifery students. The study affirms that the gap between gender in nursing is becoming smaller. However, at present, it can still be concluded that nursing is a female-dominated profession. The latest statistics by South African Nursing Council (SANC 2017) affirmed that nursing is still female dominated profession.

Study year

Compliance response was 100% as all the questionnaires were returned. Out of 80 respondents, 62% (n=49) were in their third year, and 38% (n=31) were in their fourth year of study. The most who responded censoriously were fourth-year student midwives. Third years were significantly more positive about the *C2 - Facilitators*, *D3 - Personal resources* and *F - Clinical placement resources* than the fourth years. It can be concluded that absenteeism was a general problem amongst the student midwives irrespective of year level.

Ethnicity

The majority of respondents were Xhosas (66%), followed by Coloureds (24%). According to South African History Online (SAHO 2000) the second-largest ethnic group are Xhosas situated in the Eastern Cape Province. The statistician suggested to t-Test Xhosa and Coloured ethnic groups only, because the two formed the largest proportion of the sampled population. Table 4.27 illustrates that only significant relationships were observed between ethnicity and variables in Section C (*C1 - Classroom*, *C2 -*

Facilitators and C - Classroom facilitation). It can be concluded that classroom facilitation factors contributed to absenteeism, which can progress to absenteeism in clinical areas as well.

Residence

The data in Table 4.3 clearly indicate that the majority (51%; n=41) of respondents resided in the nursing home, while 30% (n=24) lived in their own homes. Findings in Table 4.28 reveal no significant relationship between variables and residence.

Section B

Academic record

Of the respondents, 4% (n=3) who repeated midwifery (MNS 2) the previous year were students who missed more than 10 lectures in a week. Findings confirmed that a correlation existed between independent variables (absenteeism) and dependent variables (student midwife performance). Therefore, it can be concluded that, irrespective of how many days a student midwife missed lectures, their academic performance declined. Repeating a level results in an extension of the course and suspension of bursaries, which contribute more severely to absenteeism as transport fare will be suspended.

These findings answered the research question “Does the student midwives’ absence from classroom facilitation and clinical experience placement has a negative effect on their clinical performance?”

Figure 4.2 illustrates consolidated findings of classroom facilitation, clinical placement, college resources outside the classroom, and clinical placement resources.

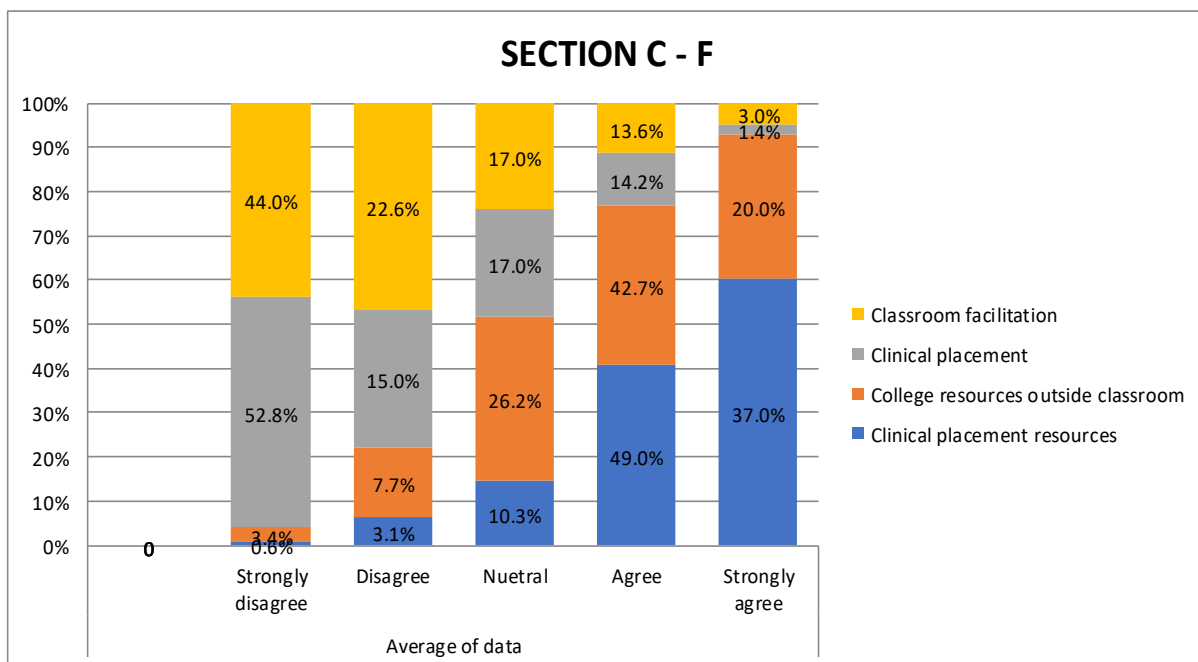


Figure 4.2: Classroom facilitation, clinical placement, college resources outside the classroom and clinical placement resources

Section C: Classroom facilitation

Table 4.29 revealed that the only group of students for which a positive significant relationship was found between the factors and academic performance is the fourth years. Findings revealed that a relationship between the mentioned factors and ethnicity existed. It can be concluded that non-conducive learning environments demotivated regular attendance which contributed to high absenteeism.

Section D: Clinical placement

By analogy, the largest proportion (40%) of the sampled population disagreed and 24% agreed that the facilitators do regular accompaniment during clinical placement. The findings of the study revealed that lack of accompaniment contributed to absenteeism and had a negative effect on student midwives' performance. Furthermore, the Herald Newspaper (Nkosi 2018:1) investigated conditions at the maternity hospital involved in this study, and revealed that *human resource shortages* affected the treatment patients received in a detrimental manner. This shortage of resources contributed to high absenteeism and poor performance amongst student midwives.

Section E & F: College resources outside classroom and clinical resources

An overwhelming majority of respondents disagreed that sufficient internet and Wi-Fi facilities were available, and yet these are becoming increasingly more significant

resources to enhance studies. Internet services and Wi-Fi services are ‘must haves’, particularly after hours to enhance students’ academic performance. It can be concluded that a poor supply of resources in nursing colleges and in clinical placements contributed to absenteeism and impacted on the performance of student midwives.

Figure 4.3 reflects the consolidated findings of factors related to absenteeism.

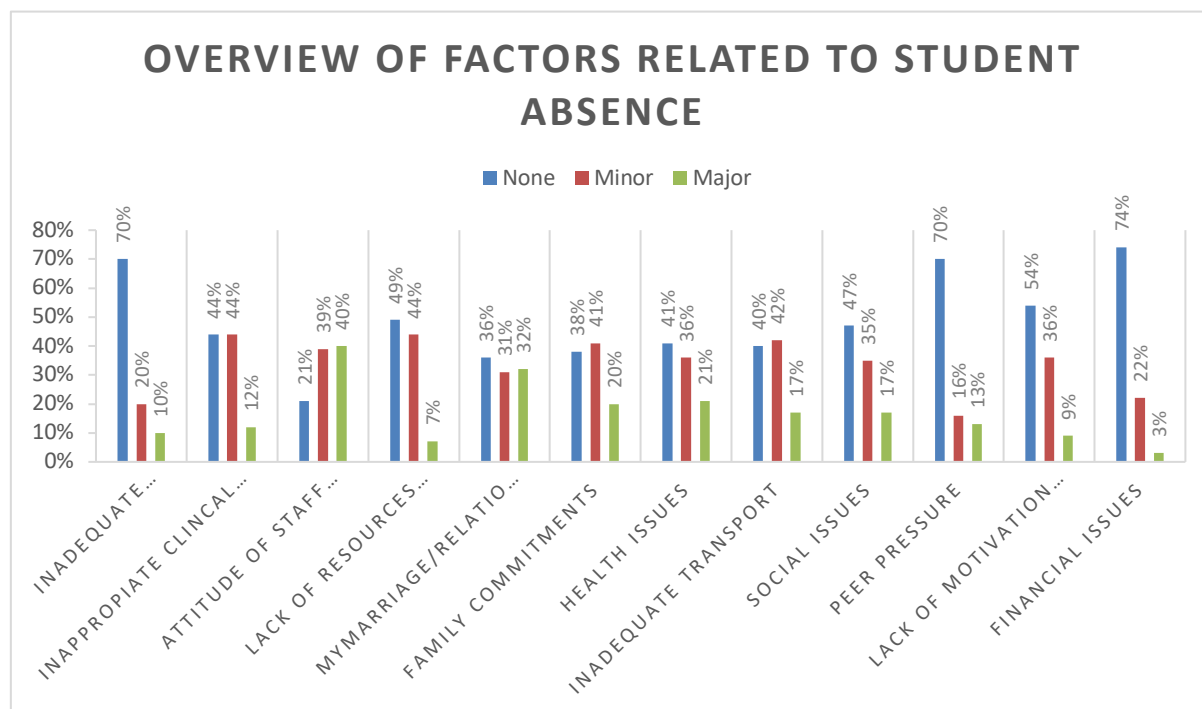


Figure 4.3: Overview of Section G factors related to students’ absence during midwifery training

Inadequate classroom facilitation

The majority of the respondents observed that classroom facilitation was adequate and did not contribute to absenteeism. Table 4.29 demonstrated positive significant relationships between the inadequate classroom facilitation and academic performance amongst the fourth-year students. A relationship between variables and ethnicity was significant. It can be concluded that classroom facilitation did contribute to absenteeism.

The attitude of staff outside the class and clinical placement

The majority of respondents (40%; n=33) indicated that the attitude of staff outside the classroom and clinical placement was a major concern. It can be concluded that the attitude of staff outside the classroom and clinical placement contributed to absenteeism.

Lack of resources provided by college

Of the respondents, 49% (n=38) indicated that a lack of resources was provided by the college, but this was not a challenge. However, there is a contradiction in Table 4.16, where it was stated that resources were unavailable and contributed to absenteeism.

Findings in Table 4.20 revealed that 17% of respondents agreed social issues are major contributors to absenteeism, and 20% of respondents indicated family commitments as major contributors to absenteeism. It can therefore be concluded that social issues and family commitment contributed to absenteeism.

The Occupational Health and Safety Act (Act 85 of 1993) emphasises that students need to be in a safe working environment without hazards. If the clinical environment is viewed as unsafe for their health, they are less likely to attend. It can be concluded that health issues contributed to absenteeism and poor performance amongst student midwives based on the research findings. Moreover, financial issues, social issues and transport were all related and contributed to high absenteeism. Taxi violence is another factor affecting absenteeism as some respondents relied on public transport to attend lectures and report to clinical placements.

Nursing education and training is a scaffold built upon itself, where students must learn early concepts to proceed onto more rigorous material and absenteeism may cause students to miss out on important pieces in building that scaffolding. Good attendance has a positive influence on students' performance.

Analysis of the open-ended questions:

College factors and college resources:

Of respondents, 10% (n=8) indicated that classroom environments were unfavourable. It can be concluded that unfavourable environments encouraged absenteeism.

Of respondents, 8% (n=5) indicated that during classroom facilitation, negative attitude and negative approach amongst lectures contributed to absenteeism.

A greater proportion of respondents (35%; n=30) commented that the amount of course content at the fourth-year level is too much and encouraged absenteeism.

Of respondents, 35% (n=30) signposted that lack of learning resources outside the classroom demotivated students' regular classroom attendance. These included WI-FI and internet facilities, study areas, sports facilities and libraries. Students absented themselves so that they can utilise community-based resources.

Clinical placement:

A greater proportion of 25% (n=20) of respondents indicated that a shortage of staff contributed to absenteeism. Students confirmed that they were seen as workforce and not as students who need to learn.

A greater proportion of 30% (n=40), indicated that negative staff attitude during clinical placement discouraged regular attendance.

Of respondents, 20% (n=25) indicated that lack clinical accompaniment discouraged regular clinical attendance.

A greater proportion of respondents (35%; n=40) agreed that a lack of resources in clinical areas discouraged regular clinical attendance.

Also, 22% (n=27) confirmed that family commitments, ill health, financial constraints and transport challenges prevented regular attendance

The study found out that lack of resources in nursing college and in clinical areas severely contributed to absenteeism and impacted on the performance of student midwives. It is very troubling that the negative staff attitude, despite the gross shortage of human resources, still discouraged regular attendance of student midwives. Similarly, the Herald newspaper (Nkosi 2018:1) investigated conditions at maternity hospital involved in this study and exposed that shortage of staff truly contributed to high absenteeism and poor performance among student midwives.

Of respondents, 40% indicated that lack of accompaniment discouraged regular attendance, thus leading to poor academic performance.

The study also concluded that non-conducive environment drove student midwives away from learning environment, consequently impacted negatively in their academic performance. Family commitments, financial issues and social issues demotivated regular attendance and contributed to absenteeism. Based on the findings of the study, it was apparent that the researcher formulates strategies to combat the contributors of absenteeism so as to eradicate 'absenteeism'. Chapter 5 discussed the formulated strategies.

4.8 CONCLUSION

This chapter presented the analysis, interpretation and description of the research findings. T-test relationships were found between demographic variables and factors affecting student midwives' absenteeism. Responses from midwifery students were presented in frequencies, graphs, and percentages. An overview of the research findings related to absenteeism was also included in this chapter. The results of the research will be discussed in Chapter 5, and conclusions and recommendations will be presented.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

This study focused on absenteeism amongst student midwives at a nursing college in the Eastern Cape. Chapter 4 highlighted the analysis and research results which were integrated with results from literature. Chapter 5 presents a summary and interpretation of research findings, a formulation of strategies and recommendations to combat absenteeism, as well as contributions, limitations of the study and concluding remarks.

The purpose of the study was to determine reasons for student midwives' absenteeism during classroom facilitation and clinical placement, as well as the effects of such absenteeism. This was established by accomplishing the following objectives:

- (i) To identify why student midwives were absenting themselves from classroom facilitation and clinical placement.
- (ii) To establish whether student midwives' absence from classroom facilitation and clinical placement have a negative effect on their performance..
- (iii) To formulate strategies to combat absenteeism amongst students' midwives in both classroom facilitation and the clinical area.

Figure 5.1 below illustrate the formulated strategies based on the findings of the study

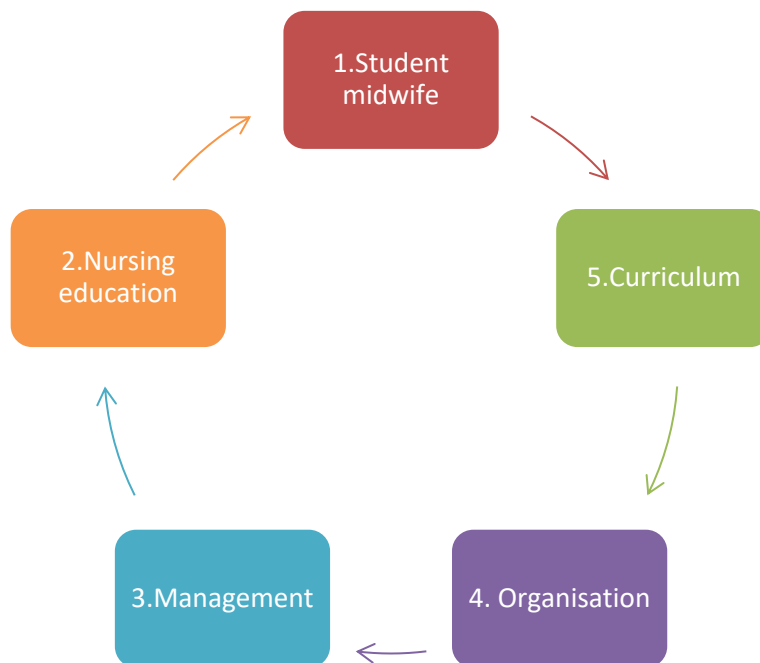


Figure 5.1 Diagrammatic presentations of formulated strategies

Lack of resources like WI-FI, libraries and internet facilities in clinical and in the college contributed to absenteeism as students often absented themselves to utilise the community-based facilities because they were not time bound. Based on these specific findings in Chapter 4, objective (i) was addressed. ‘To identify why student midwives were absenting themselves from classroom facilitation and clinical placement’.

Addressing objective (ii), Section B, page 66 revealed that irrespective of how many days a student missed lectures, the academic performance declined. Therefore, absenteeism from the classroom facilitation and clinical placement have a negative effect on student midwives performance. In order to addressed objective (iii), the researcher formulated strategies, to curb absenteeism among student midwives’. The strategies that were formulated aimed to revitalise and to improve training condition of student midwives.

5.2 RESEARCH DESIGN AND METHOD

The research design involves logical steps to answer the research question, forms the blueprint of the study, and determines the methodology used to obtain sources of information (Brink *et al* 2018:112). The researcher embraced a quantitative, correlational, descriptive design which supported the positivist assumption of conducting

a study in a natural, real-life setting using deductive reasoning. This design was relevant for the study because it enabled the researcher to understand the underlying causes of student midwives' absenteeism and then determined if there was a link between absenteeism and student midwives' performance in the midwifery clinical area.

The purpose of the description is to observe, describe and document aspects of a situation as it naturally occurs, and sometimes to serve as a starting point for theory development (Polit & Beck 2017:10-11). The correlational design was chosen to establish what type of relationship existed between absenteeism (independent variable) and student midwives' performance (dependent variable). The statistician assisted the researcher to statistically measure the degree of association between the variables (positive or negative) using Pearson's coefficient.

The study acknowledged positivism's ontological assumption which alludes that reality exists, and can be discovered, observed and measured (du Plooy-Cilliers *et al* 2016:24-25). The sampled population were third- and fourth-year level student midwives registered for a comprehensive course (R425 of 22 February 1985, as amended) in an accredited public multiracial college of nursing in the Eastern Cape. The sample type chosen for the study was a probability sampling as it was more likely to be representative of the population and reflect its variations (Brink *et al* 2018:134).

The sample size for this study was 80 student midwives of a total of 160 student midwives (50%). Approval and permission to conduct the study was obtained from the Health Studies Research and Ethics Committee of the University of South Africa, as well as the supervisor and the stakeholders involved in training and educating students enrolled in the R425 programme in the Eastern Cape.

5.3 SUMMARY AND INTERPRETATION OF RESEARCH FINDINGS

This section provides a summary and interpretation of research findings based on the main sections of the questionnaire, namely respondents' demographic profile, academic record, classroom facilitation, clinical placement, college resources outside the classroom, clinical placement resources, and factors related to students' absence.

5.3.1 Section A: Demographic profile

This section centred on the respondents' demographic profile in terms of their age, gender, study year, residence and ethnicity.

Age: Of the respondents, 69% (n=55) were 20-29 years old, 22% (n=17) were 30-39 years old, and 9% (n=8) were 40-49 years old. The majority of respondents were in the transition stage from adolescence to adulthood. This is a critical developmental stage which can impact on students' learning. Truancy usually becomes more pronounced as children reach adolescence (Durborow 2017:105). However, Desalegn, Berhan and Berhan (2014) found that older students are more likely to be absent than young adults. A relationship existed between age and absenteeism.

Gender: Of the respondents, 72% were females and 28% were males. Although the number of male nurses has increased in recent years, nursing remains a female-dominated profession to date. In a study conducted by Setumo (2013:70), the gender distribution confirmed the general profile in nursing as more females are entering the profession than males. It can be assumed that menstrual-related illnesses would drive female absenteeism even higher and a relationship existed between gender and absenteeism. Moreover, a study by Meyer (2012:92) found that the attitude of staff and patients towards male midwifery students can also contribute to male students' absenteeism.

Study year: Of the respondents, 62% (n=49) were third-year students and 38% (n=31) were fourth-year students. Although the researcher found that absenteeism was a general problem amongst the student midwives, irrespective of year level, it was assumed that the third-year students would have higher absence rates because of their academic immaturity in midwifery training and their curriculum being less congested compared to the fourth-years' curriculum. Simelane (2013:145) stated that absenteeism decreased with work experience, and as a result, the more senior student midwives became, the less absent they were found to be.

Ethnicity: Of the respondents, 66% (n=53) were Xhosas, followed by 24% (n=19) Coloureds, 7% (n=6) Others, and 3% (n=2) Whites. The results affirmed the admission and selection criteria for the R425 programme in the Eastern Cape Province, which

state that the population of students in the college should be 57% Blacks, 28% Coloured, 10% Whites, and 5% Asians (Eastern Cape Department of Health 2014).

Types of residence: The findings revealed that 51% (n=41) of student midwives resided in a nursing home, 30% (n=24) lived at home, 15% (n=12) rented homes, and 4% (n=3) had other residences. It can be concluded that the majority of student midwives stayed in the college nursing home. Distance contributed to absenteeism as some student midwives living far from college or far from clinical services are likely to be absent more often and are affected by public transport challenges such as taxi violence, muggings and robberies. Similarly, Mtyalela *et al* (2015:61) and Komakech and Ossu (2014:429) indicated that distance from the college or clinical placement affected student midwives' performance.

Section B: Academic record of the previous year and number of lectures missed in a week

Of the respondents, 53% (n=42) missed no lectures in a week, 34% (n=27) missed 1 or 2 lectures in a week, 9% (n=7) missed 3-4 lectures in a week, and 4% (n=3) missed more than 10 lectures in a week. The study findings revealed that the 4% (n=3) that missed more than 10 lectures in a week repeated the midwifery (MNS 2) module the previous year. It was deduced that irrespective of how many days a student missed lectures, their academic performance declined. Similarly, Abdelrahman and Abdelkader (2017:64) concurred that absenteeism from class has a negative impact on performance and the length of study. These findings responded to the research question: "Does the absence of student midwives from classroom facilitation and clinical experience placement have a negative effect on their performance?"

Section C: Classroom facilitation

The study demonstrated that a majority (70%) of respondents agreed that items related to classroom facilitation were adequate. However, it was determined that an unfavourable environment could demotivate classroom attendance. Sarkordie *et al* (2014:38) alluded that poorly ventilated and congested classrooms discourage students from attending school. Similarly, a study conducted in Egypt by Abdelrahman and Abdelkader (2017:69) agreed that lectures delivered to large groups of students create difficulties for lecturers, and at the same time open the way for absenteeism amongst students.

Section D: Clinical placement

The study indicated that the larger portion of respondents (40%) agreed that regular accompaniment during clinical placement was not done by facilitators. The findings were congruent with Singh's (2015:45) study, which found that lecturers did not accompany respondents in the clinical areas. According to the SANC, facilitators should accompany each student twice a month for 30 minutes (SANC, 2006). The study confirmed that accompaniment that was not done discouraged clinical attendance and contributed to absenteeism. In agreement, Setumo (2013:72) found that students rely on tutors, but tutors are not always with them in clinical units.

Section E: College resources outside the classroom

Of the respondents, 93% disagreed that there was sufficient availability of study areas in the college, and 98% disagreed with sufficient availability of sports facilities. Moreover, 66% disagreed that there was sufficient availability of Wi-Fi facilities, 44% disagreed with the level of availability of the internet, and 39% disagreed with the level of availability of library services. The research found that an overwhelming majority (93%) of respondents disagreed that sufficient study areas were available.

It was surmised that the unavailability of these resources in the college gravely contributed to absenteeism and impacted on the student midwives' performance. Thobekgale (2013:93) stated that library services and technology must be accessible to prevent boredom and encourage attendance. College management should embrace technology and use it as a source of learning (Muller & Bester 2016:233).

Section F: Clinical placement resources

Of the respondents, 92% disagreed that there was sufficient availability of Wi-Fi facilities in clinical placement contexts, 81% disagreed with the availability of internet facilities, and 60% disagreed with the availability of simulation laboratories. Also, 54% disagreed on the availability of sufficient study areas, and 46% disagreed with the sufficient availability of library services. The researcher found that an overwhelming majority of respondents (92%) disagreed that sufficient Wi-Fi facilities were available in clinical placement areas.

It can be confirmed that student midwives absented themselves from the clinical areas to access Wi-Fi and internet facilities and study at the communal libraries. The availability of these services in the communal libraries was not time-bounded. Lack of these resources contributed to absenteeism and impacted on the student midwives' performance. The results were congruent with Simelane's (2013:148) findings, which confirmed that students absented themselves so that they could visit and utilise community libraries and internet services for study references since these resources were unavailable in their clinical areas. A relationship therefore existed between clinical resources and absenteeism.

Section G: Factors related to students' absence during midwifery training

This research found that a larger proportion of respondents (40%) confirmed that the most important factor related to student absenteeism was the negative attitude of staff. Apart from the shortage of staff, negative staff attitude discouraged regular attendance and resulted in poor academic performance. Similarly, Singh (2015:42) found that qualified staff was unapproachable and impolite towards students. Other important factors related to absenteeism were financial issues (32%).

Although student midwives are paid in the form of a stipend and subsidies, some are beneficiaries of social grants. It is assumed that financial constraints contributed to absenteeism as students missed classes or clinical placement to collect their social grants. Student midwives also perceived family commitments (22%) and health issues (21%) as major contributors to absenteeism which affected their performance. Financial concerns, family commitments and health issues are all conditions that can cause students not to attend classes (Komakech & Ossu 2014:427).

5.4 CONCLUSION

The preceding sections summarised and highlighted the research findings based on respondents' perceptions of absenteeism. Contributory factors underpinning absenteeism were identified and observed. Based on the findings, recommendations are made to curb absenteeism amongst student midwives.

5.5 RECOMMENDATIONS

In the nursing profession, student midwives' attendance during training is obligatory since it forms an integral part of training. Students are remunerated for their studies in the form of bursaries/stipend and subsidies. Therefore, absenteeism is costly to the government and interferes with learners' progress. Based on the findings and literature review, the researcher recommends the following strategies for nursing education, nursing management, organisational and curriculum developers to curb absenteeism.

5.5.1 Strategies to curb absenteeism amongst student midwives

5.5.1.1 Nursing education

The researcher makes the following recommendations for nursing education and training.

Accompaniment:

The results revealed that a lack of clinical accompaniment by facilitators contributed to absenteeism. Respondents viewed facilitators as their role models more than registered nurses in the units (Setumo 2013:63). The researcher recommends:

- The college should consider employing additional midwifery facilitators or hire retired midwifery lecturers to assist with accompaniment. At the time of this study, the midwifery component was running two additional midwifery diplomas beside the R425 programme, as mentioned in Chapter 2. These programmes all take place concurrently, which makes it difficult to conduct accompaniment as stipulated by SANC.
- There should be onsite clinical facilitators specifically for the accompaniment of the R425 student midwives since most are basic students with no previous experience in the nursing field. Therefore, meticulous nurturing of R425 student midwives is crucial.
- The college should consider accompanying R425 student midwives on the first day of their allocation at least, irrespective of the college businesses, to ensure quality training. Therefore, the college year plan should be adjusted to accommodate midwifery lecturers to accompany R425 student midwives.
- Onsite student counsellors should be available for prompt therapy if needed.

Library facilities, study areas, internet connection and other resources

The unavailability of these services discouraged regular attendance. Therefore, the researcher recommends:

- The college management should embrace and avail both internet and Wi-Fi as resource centres for education.
- The Department of Health should employ more librarians for the college and for the regional hospital.
- The library and some classrooms should remain open after college hours and on weekends to be utilised as study areas.
- Consider concrete security measures in these areas to prevent criminal activities.
- Consider putting ATM machines on the college grounds strictly for students and college staff.

5.5.1.2 Recommendations for student midwives

- Students should be encouraged to be actively involved in their learning, so that they take full responsibility and accountability for their learning. Examples of active learning include role-playing, case studies, assignments, think-pair-share, peer teaching, debates, and getting accustomed to taking own notes when studying.
- Students should be encouraged to practice the best ethical standards of nursing by notifying the ward or the college when they are unable to attend, and they should utilise the correct lines of communication should they encounter attendance challenges.
- Student midwives should be supported by facilitators and be encouraged to utilise onsite student counsellors should the need arise.
- Student midwives should be encouraged to foster the spirit of student-student relationships, student-nurse fellowship, and peer group counselling when faced with challenges.
- Monitoring students in terms of clinical progress should be an ongoing process.

5.5.1.3 Recommendations for nursing management

Although students are not employees, they are also nurses who bear a dual status; that of a nurse-learner and that of an employee in the clinical area. Therefore, student

absenteeism is a costly and disruptive problem, unless every manager reduces employee absenteeism and turnover to manageable staff levels (Booyesen 2013:189). In this regard, the researcher recommends the following:

- Preceptor-facilitator meetings should be held more often, and the venues should be alternated between college, clinics, and the training hospital for R425 student midwives. The review committee should ensure the targets of the meetings are met.
- Encourage registered midwife-student midwife relationships, so that the instigators of absenteeism can be identified and eliminated sooner.
- There should be an onsite student counsellor to identify and remedy absenteeism as soon as possible.
- Eliminate negative staff attitudes by conducting regular debriefing sessions in a conducive therapeutic environment. Student midwives should be invited to debriefing sessions so that they can echo their fears and concerns. Through this, managers will have a better understanding of contributory factors to absenteeism.
- Keep accurate records of attendance and counsel those with excessive absenteeism.
- In-service registered midwives on the SANC practical register should be available for R425 student midwives.
- Consider having student support systems and student management crisis committees that consist of registered midwives, student midwife representatives and parents to combat absence-related behaviours.

5.5.1.4 Recommendations for the organisation

Several studies found that student midwives' absence from the college and clinical placement is relatively a good predictor of future work absence when qualified. Monitoring of absenteeism rests entirely on the facilitator (SANC, 2006). Regarding the above statement, the researcher recommends the following:

- Reciprocal relationships should exist between hospital management, the personal development department (PDD), and college management.
- Consider organisational empowerment to foster conducive relationships between workforce behaviour, attitude and performance.

- Department of Health should install a computerised swap card system. These will allow regular and timely feedback on student absenteeism. Furthermore, this will enable prompt tracking and addressing of absence-related contributory factors.
- Curbing of absenteeism requires a holistic approach with all stakeholders involved in educating and nurturing student midwives.
- Globally, the shortage of staff has been a long-standing challenge, which will become even more fatal due to the scourge of Covid-19. It is advisable to recruit retired registered midwives and retired midwifery lecturers as clinical facilitators/preceptors.
- The reality is that innovative technology is here to stay and its unavailability is negatively impacting on students' performance. Therefore, the Department of Health should embrace technology and use it as a source of learning (Muller & Bester 2016:233).
- Consider student exit interviews on completion of the course to identify any contributory factors to absenteeism.

5.5.1.5 Recommendations for curriculum developers

Apart from adhering to SANC prescripts and Eastern Cape Department of Health curriculum, R425 midwifery training also falls under the auspices of a unique act, namely the South African Nursing Council 2003 Education and Training of Nurses and Midwives Act (SANC, 2003). Curriculum developers are representatives and processors responsible for improving the curriculum through analysis, design, selecting formation and review subject contents. Lilita curriculum developers are called Lilita champion developers. It is recommended that:

- Department and curriculum developers should re-evaluate and unpack the congested curriculum.
- A user-friendly curriculum is recommended. A user-friendly curriculum is a curriculum that is more manageable as some student midwives, especially the fourth-year level students, found midwifery content overwhelming with too much to grasp in a short time. Increase block hours and clinical placement hours so that students can get enough exposure to theory and clinical learning experience, and have reasonable time to complete clinical requirements. A user-friendly curriculum might appeal to slow learners as well.
- Redesign the midwifery register to be simpler and with more user-friendly care plans.

- Curriculum developers should reconsider the student-sister programme to instil confidence and competence when practising.
- Suspend stipends if absenteeism persists despite counselling.
- Existing contracts for bursaries and policies should be evaluated. This will enhance smooth running of the college management and hospital management.
- Consider reintroducing semester curricula to ease the congested curriculum.
- Consider midwifery not to be a compulsory subject, especially for male students. Some students quit the profession because they do not like midwifery.

5.6 CONTRIBUTIONS TO THE STUDY

The study provided reasons for and the impact of absenteeism on student midwives' training. Furthermore, the researcher highlighted strategies and corrective measures to curb absenteeism amongst student midwives. Safe Motherhood Initiation (SMI) and SDGs under the leadership of the WHO focused on reducing maternal mortality and morbidity rates and strengthening midwifery competencies and skills to improve the quality of healthcare for woman and children. SDG 4 is relevant to this study as it ensures quality education. In order to achieve the SDG 4 goal, R425 student midwives must be committed to the training programme by attending both the class facilitation and the practical aspect of their courses.

5.7 LIMITATION OF THE STUDY

The study was conducted at one campus in the Eastern Cape College of Nursing situated in Nelson Mandela Bay, and only focused on R425 student midwives. The college under study has four sub-campuses which offer a Bridging Programme for Enrolled Nurses (R683) leading to registration as a General Nurse (SANC, 1989). Therefore, the findings cannot be generalised to other sub-campuses. Data were collected during lunch time, so students completed the questionnaire hurriedly. The study found some aspects of the study that needed to be investigated further, such as the effectiveness of accompaniment of student midwives by facilitators, and the effectiveness of a positive attitude amongst staff towards student midwives.

5.8 CONCLUDING REMARKS

The study revealed that absenteeism is a reality that needs attention. It was confirmed that the unavailability of resources in training institutions, especially technological resources, impolite and negative staff attitudes, and lack of accompaniment, gravely contributed to absenteeism. Therefore, policymakers in the Department of Health and Education should address absenteeism because absenteeism affects the quality of care rendered to patients. Both the midwifery educator as well as the midwifery student should be of a high calibre as the production of a competent midwife ensures a safe practitioner. It can be inferred that absenteeism in classrooms and clinical placements has a negative impact on the performance of student midwives and their length of study. The study was conducted in a government college in the Eastern Cape Province, therefore ,comparison with other sectors was not done.

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Annexure A: Approval from the University of South Africa

RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES
REC-012714-039 (NHERC)

12 June 2019

Dear Thozama Maureen Musoke

Decision: Approval

HS HDC/912/2019

Student: Thozama Maureen Musoke

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Supervisor: Prof TE Masango

Qualification: PhD

Joint Supervisor:

Name: Thozama Maureen Musoke

Proposal: Absenteeism amongst student midwives at a nursing college in the Eastern Cape

Qualification: MPH

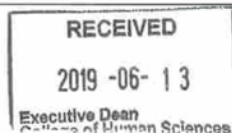
Risk Level: Low risk

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted from 12 June 2019 to 12 June 2022.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 04 June 2019.

The proposed research may now commence with the proviso that:

- 1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*



University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

3) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

4) *You are required to submit an annual report by 30 January of each year that indicates that the study is active. Reports should be submitted to the administrator HSREC@unisa.ac.za. Should the reports not be forthcoming the ethical permission might be revoked until such time as the reports are presented.*

Note:

The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,


Prof JE Maritz
CHAIRPERSON
maritje@unisa.ac.za


Prof A Phillips
DEAN OF COLLEGE OF HUMAN SCIENCES

**Annexure B: Letter seeking permission from the Eastern Cape Health Research
Committee**

11 Ruby Street,
Kabega Park
Port Elizabeth
6025

08/02/2019

Ms Zonke
The Acting Principal
Lilitha College of Nursing
Port Elizabeth
Sir/madam,

RE: RESEARCH STUDY

Herewith is an earnest request to grant permission to conduct a research study. The study title is:

**ABSENTEEISM AMONGST STUDENT MIDWIVES DURING MIDWIFERY TRAINING
AT A NURSING COLLEGE IN THE EASTERN CAPE.**

The study forms part of a Master's degree (MA Health Studies) for which I am currently registered with the University of South Africa. The main purpose of the study which will follow a quantitative approach, is to determine the grounds for student midwife absenteeism during midwifery training as well as the effects of such absenteeism. Data will be collected by means of a three pronged questionnaire and the subsequent results will be used to make recommendations to combat absenteeism during midwifery training.

I hereby pledge to make the findings of the study known to all stakeholders involved in midwifery training. I also commit to uphold all ethical principles relating to research studies.

Should you have any queries, you may contact my supervisor of the study;
Ms T. Masango
University of South Africa
Contact No: 012 – 4293386
Cell No: 0722473472

I thank you in anticipation of a prompt response.

Yours Faithfully
Thozama Musoke (Mrs)
Contact No: 0724067803

Annexure C: Letter of approval from the Eastern Cape Health Research Committee



Enquiries: Zonwabele Merile

Tel no: 083 378 1202

Email: zonwabele.merile@ehealth.gov.za

Fax no: 043 642 1409

Date: 09 September 2020

**RE: Absenteeism amongst student midwives at a nursing collage in the Eastern Cape.
(EC_202009_002)**

Dear Mrs T.M. Musoke

The department would like to inform you that your application for the abovementioned research topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress update on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Eastern Cape Health Research Committee secretariat. You may also be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE

**TOGETHER, MOVING THE HEALTH SYSTEM
FORWARD**



**Annexure D: Letter for permission from the principal of Port Elizabeth Nursing
Campus**

11 Ruby Street,
Kabega Park
Port Elizabeth
6025

08/02/2019

Dr Senti
Quality Assurance Manager
Lilitha College of Nursing
Central Office
East London

RE: RESEARCH STUDY

Herewith, an earnest request to grant permission to conduct a research study.

The study title is **ABSENTEEISM AMONGST STUDENT MIDWIVES AT A NURSING COLLEGE IN THE EASTERN CAPE.**

The study forms part of a Master's degree (MA Health Studies) for which I am currently registered with the University of South Africa. The main purpose of the study which will follow a quantitative approach, is to determine the grounds for student midwife absenteeism during midwifery training as well as the effects of such absenteeism. Data will be collected by means of a three pronged questionnaire and the subsequent results will be used to make recommendations to combat absenteeism during midwifery training.

I hereby pledge to make the findings of the study known to all stakeholders involved in the study as well as those involved in midwifery training. I also vow to uphold all ethical principles relating to research studies.

Should you have any queries, you may contact the supervisor of the study namely;
Prof TE. Masango
University of South Africa
Contact No: 012 – 4293386
Cell No: 0722473472

I thank you in anticipation of a prompt response.

Yours Faithfully
Thozama Musoke (Mrs)
Contact No: 0724067803

11 Ruby Street,
Kabega Park
Port Elizabeth
6025

08/02/2019

The Chairperson
Learner Representative Council
Lilitha College of Nursing
Port Elizabeth

RE: RESEARCH STUDY

Herewith, an earnest request to grant permission to conduct a research study. The study title is **ABSENTEEISM AMONGST STUDENT MIDWIVES DURING MIDWIFERY TRAINING AT A NURSING COLLEGE IN THE EASTERN CAPE.**

The study forms part of a Master's degree (MA Health Studies) for which I am currently registered with the University of South Africa. The main purpose of the study which will follow a quantitative approach, is to determine the grounds for student midwife absenteeism during midwifery training as well as the effects of such absenteeism. Data will be collected by means of a three pronged questionnaire and the subsequent results will be used to make recommendations to combat absenteeism during midwifery training.

I hereby pledge to make the findings of the study known to all stakeholders involved in the study as well as those involved in midwifery training. I also vow to uphold all ethical principles relating to research studies.

Should you have any queries, you may contact the supervisor of the study namely;
Ms T. Masango
University of South Africa
Contact No: 012 – 4293386
Cell No: 0722473472

I thank you in anticipation of a prompt response.

Yours Faithfully
Thozama Musoke (Mrs)
Contact No: 0724067803

**Annexure E: Letter of approval from the principal of Port Elizabeth Nursing
Campus**



Province of the
EASTERN CAPE
HEALTH

Room 46• 2nd Floor • East London Central Office, 40 Lennox Road, Amalinda, East London, 5200 / Private Bag X0028 • Bisho •
5605 • Eastern Cape, REPUBLIC OF SOUTH AFRICA
Tel.: +27 (0)43 7009 9702 Fax: +27 (0)43
Website: www.ehealth.gov.za Email: psmashudu@gmail.com

Enquiries: Dr. SENTI - (QA and Research Manager) (0732670797)

MEMORANDUM

TO	MRS. T.M. MUSOKE
FROM	DR. JE BEREDA-THAKHATHI: ACTING COLLEGE PRINCIPAL: LILITHA COLLEGE OF NURSING
SUBJECT	PERMISSION TO CONDUCT RESEARCH AT LILITHA COLLEGE OF NURSING
DATE	15.09.2020

1. The subject matter above refer
2. This correspondence serves to confirm that permission is hereby granted for you to conduct research in Lilitha College of Nursing, the topic being: **ABSENTEEISM AMONGST STUDENT MIDWIVES AT A NURSING COLLEGE IN THE EASTERN CAPE.**
3. The College will be waiting to be forwarded the results/recommendations from your study for implementation purpose by the college campuses.
4. The organization takes this opportunity to wish you success in your studies.

.....
Dr. JE Bereda-Thakhathi: Acting College Principal

Lilitha College Of Nursing

United in achieving quality health care for all
Fraud Prevention line: 0800 701 701
24 hour call centre: 0800 0323 64
Website: www.ecdo.gov.za



Annexure F: Participant consent form

RESEARCH TITLE: ABSENTEEISM AMONGST STUDENT MIDWIVES AT A NURSING COLLEGE IN THE EASTERN CAPE PARTICIPANT CONSENT FORM

Dear participant,

You are hereby invited to partake in the above research study. Please indicate your willingness regarding participation in the study by indicating with an **X** in the appropriate column.

No	Explanation	Yes	No
1	The researcher has explained her name, where she is employed, as well as what position she holds.		
1.1	The study purpose: The purpose for the study is to determine the reasons for student midwife absenteeism during training as well as the effects of such absenteeism		
1.2	Participation and time frame: participation is voluntary and you may withdraw from the study at any time. You will be expected to complete questionnaire which will take approximately 30 minutes to complete.		
1.3	Risks: Participants shall not be harmed in any way that is, physically, psychologically and emotionally.		
1.4	Benefits: Participation in the study will assist to provide insight into the reasons why students absent themselves and this will enable the researcher to formulate recommendations to combat absenteeism during midwifery training. Participants shall receive no financial benefits whatsoever.		
1.5	Anonymity/confidentiality: Participants' identities shall not be revealed by any written or verbal discussions. This includes any publications by the researcher.		
1.6	Financial issues: Participants shall not incur any financial obligation during participation in the study.		
2	The above information was unhurriedly explained to me by the researcher in English which is my first language. A study		

	information sheet was presented and explained to me prior to filling in of the study questionnaire:		
3	<p>Signatures:</p> <p>I hereby, of my own free will agree to partake in the study as I have read and fully understand what I am consenting to. I therefore give informed consent.</p> <p>Participant: Date:</p> <p>Witness: Date:</p> <p>I have explained the study details and am sure that the participant understands fully.</p> <p>Researcher: Date:</p>		

Annexure G: Participant information document

PARTICIPANT INFORMATION DOCUMENT

NAME OF RESEARCHER: Mrs TM Musoke

POSITION: Lecturer; Midwifery Nursing Science

AIM OF COLLECTING INFORMATION: To determine grounds for absenteeism among student midwives during midwifery training so that recommendations can be formulated to combat it.

REASON FOR YOUR SELECTION: You are currently a lecturer involved in midwifery training.

PARTICIPANT'S ROLE: To fill in a questionnaire pertaining to midwifery training.

DURATION: You will be expected to complete the questionnaire within 20minutes after you have thoroughly acquainted yourself with this information sheet. You have 10 minutes to acquaint yourself and your lecturer who is the researcher, will explain all questionnaire details to you.

PARTICIPANT STATUS: Your part of filling in the questionnaire is completely voluntary. Your name will not be mentioned verbally or in writing when referring to the study and its participants. There is no loss of benefit or penalties for non-participation.

BENEFITS TO PARTICIPANT: You will be part of identifying the grounds for student midwives' absence during midwifery training and enable the researcher and all involved in midwifery training to counter absence thereby enhancing midwifery training in general so that ultimately, the mother, baby and community will benefit.

Risks: Participants will not be exposed to any physical, psychological or emotional risks whatsoever.

WITHDRAWAL: Participants may withdraw from participation at any time and no explanation regarding this will be required.

Compensation: Participants shall not receive financial compensation or material reward nor shall participants incur any personal costs whatsoever.

STUDY RECORDS: All participant's records shall be kept for five years. Records will be kept in a locked cupboard which will only be accessible to the researcher to ensure anonymity and confidentiality. Participant privacy will be upheld and protected at all times.

STUDY RESULTS: Will be made available to the participants of the study, the management and lecturers of the Nursing College, the clinical midwives and managers of Dora Nginza Hospital, the Learner Representative Council of the Nursing College. Ultimately, the study results will be published on the internet.

CONTACT PERSONS: Should you have any queries regarding the study, you may contact the Ethics Department of the University of South Africa. Details are:

The Chairperson

HSREC

Email: HSREC@unisa.ac.za

I thank you sincerely for your valued participation in this study.

Annexure H: Survey Questionnaire

SURVEY QUESTIONNAIRE

STUDY TITLE: ABSENTEEISM AMONGST STUDENT MIDWIVES DURING MIDWIFERY TRAINING AT A NURSING COLLEGE IN THE EASTERN CAPE:

Dear respondent,

The aim of collecting this data is to determine the grounds or reasons for student midwife absence during classroom facilitation as well as clinical placement.

Instructions to Respondents:

Do not enter your name on any part of the questionnaire.

Complete the questionnaire as accurately as you can

Please respond to all questions

Circle the appropriate number to indicate your response.

A: DEMOGRAPHICAL DATA

1. Indicate your age:

18 – 19	1
20 - 24	2
25 - 29	3
30 – 39	4
40 – 49	5
50+	6

2. Indicate your gender:

Male	1
Female	2
Transgender	3

3. Indicate your study year level:

First year	1
Second year	2
Third year	3
Fourth	4

4. Indicate your ethnicity:

White	1
Coloured	2
Xhosa	3
Other	4

If other, please specify:

5. Indicate your type of residence:

College nurse's home	1
Own home	2
Rented home	3
Other	4

If other, please specify:

B: ACADEMIC RECORD

1. What were the final exam results for your modules last year. If this is your first year of studies at this college then go to question 2. (indicate by circling one the numbers from 1 to 6 for each module)

	Module Code	No DP	<40	40 – 49	50 – 59	60 – 74	75+
1.		1	2	3	4	5	6
2.		1	2	3	4	5	6
3.		1	2	3	4	5	6
4.		1	2	3	4	5	6
5.							

2. Out of 50 lectures per week, how many lectures on average do you miss? (indicate by circling one the numbers from 0 to 4)

None	1 or 2	3 – 4	5 – 9	10+
0	1	2	3	4

C. CLASSROOM FACILITATION

Please indicate to what extent you agree with the following statements:

No	Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1.	The classrooms are conducive for learning in terms of ventilation	1	2	3	4	5
2.	The classrooms are conducive for learning in terms of congestion	1	2	3	4	5
3.	The language used by facilitators does not present any challenges	1	2	3	4	5
4.	The approach of facilitators is supportive in terms of the learning outcomes.	1	2	3	4	5
5.	The facilitators clearly explain the learning outcomes at the start of each lecture	1	2	3	4	5
6.	The facilitators' knowledge relating to learning outcomes is adequate	1	2	3	4	5
7.	The facilitators provide adequate course material	1	2	3	4	5

8. If there are any other issues relating to classroom facilitation in addition to those listed above that may contribute to students' absence from class, please elaborate:

--

D: CLINICAL PLACEMENT

Please indicate to what extent you agree with the following statements:

No	Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1.	I receive adequate support from role models during clinical placement	1	2	3	4	5
2.	I receive adequate support from mentors during clinical placement	1	2	3	4	5
3.	I receive adequate support from preceptors during clinical placement	1	2	3	4	5
4.	The facilitators regularly accompany me during clinical placement	1	2	3	4	5
5.	The resources required to perform practical skill are adequate.	1	2	3	4	5
6.	Adequate time is allowed to practice skills under supervision of registered midwives.	1	2	3	4	5
7.	The compulsory procedures I have to perform are available most times.	1	2	3	4	5
8.	I am comfortable with the personal/sensitive nature of the procedures I have to perform.	1	2	3	4	5
9.	I am committed to achieve all learning outcomes in the clinical area.	1	2	3	4	5
10.	I am diligent in reporting for duties when in clinical placement	1	2	3	4	5
11.	There is sufficient practice during clinical placement before assessment	1	2	3	4	5

12. If there are any other issues in addition to those listed above that may contribute to students' absence from clinical placement, please elaborate:

E: COLLEGE RESOURCES OUTSIDE CLASSROOM/CLINICAL PLACEMENT

Please indicate to what extent you agree that the college provides students with adequate levels of the following resources:

No	Resources	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1.	Library facilities	1	2	3	4	5
2.	Internet facilities	1	2	3	4	5
3.	Wi-Fi facilities	1	2	3	4	5
4.	Study areas	1	2	3	4	5
5.	Sports facilities	1	2	3	4	5

6. If there is a lack of any other resource provided by the college in addition to those listed above that may contribute to students' absence from clinical placement, please elaborate:

--

F: CLINICAL PLACEMENT RESOURCES

Please indicate to what extent you agree that the hospital provides students with adequate levels of the following resources for clinical placement:

No	Resources	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1.	Library facilities	1	2	3	4	5
2.	Internet facilities	1	2	3	4	5
3.	Wi-Fi facilities	1	2	3	4	5
4.	Study areas	1	2	3	4	5
5.	Simulation lab.	1	2	3	4	5

6. If there is a lack of any other resource provided by the hospital in addition to those listed above that may contribute to students' absence from clinical placement, please elaborate:

--

G: FACTORS RELATED TO STUDENTS' ABSENCE

Please indicate to what extent the following factors play a role in you being absent in classroom and/or clinical placement:

No	Statement	None	Minor	Major
1.	Inadequate classroom facilitation	1	2	3
2.	Inappropriate clinical placement	1	2	3
3.	The attitude of staff outside the class and clinical placement	1	2	3
4.	Lack of resources provided by the college	1	2	3
5.	My marriage/relationship with partner	1	2	3
6.	Family commitments	1	2	3
7.	Health issues	1	2	3
8.	Social issues	1	2	3
9.	Lack of motivation to achieve learning outcomes	1	2	3
10.	Inadequate transport	1	2	3
11.	Financial issues	1	2	3
12.	Peer pressure	1	2	3

13. If there are any other factors in addition to those listed above that have contributed to your absence from class and/or clinical placement, please elaborate:

H: QUESTIONS FOR PILOT SURVEY

Please indicate to what extent you agree with the following statements regarding the questionnaire:

No	Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1.	The questionnaire was easy to complete	1	2	3	4	5
2.	The questionnaire is not too long	1	2	3	4	5
3.	The questionnaire content is relevant for students	1	2	3	4	5
4.	The language used in the questionnaire was not a problem	1	2	3	4	5

5. Any comments about the questionnaire:

--

Annexure I: Editing certificate

Between lines editing

Leatitia Romero
Professional Copy Editor, Translator and Proofreader
(BA HONS)

Cell: 083 236 4536
leatitiaromero@gmail.com
www.betweenthelinesediting.co.za

25 October 2020

To whom it may concern:

I hereby confirm that I have edited the dissertation entitled: "ABSENTEEISM AMONGST STUDENT MIDWIVES AT A NURSING COLLEGE IN THE EASTERN CAPE". Any amendments introduced by the author hereafter are not covered by this confirmation. The author ultimately decided whether to accept or decline any recommendations made by the editor, and it remains the author's responsibility at all times to confirm the accuracy and originality of the completed work.



Leatitia Romero

Affiliations

PEG: Professional Editors Group (ROM001)
EASA: English Academy of South Africa
SATI: South African Translators' Institute (1003002)
SEEP: Society for Editors and Proofreaders (15687)
REASA: Research Ethics Committee Association of Southern Africa (104)