



**STRATEGIES TO MITIGATE STUDENT NURSES' ABSENTEEISM AT  
SPECIALIZED PSYCHIATRIC HOSPITALS IN THE LIMPOPO PROVINCE,  
SOUTH AFRICA**

by

MASUTHA THINGAHANGWI CECILIA

A thesis submitted in fulfillment of the requirements for the Degree of  
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School of Health Sciences

Department of Advanced Nursing Science

Promoter: Prof M. Maluleke

Co-promoters: Dr. N.S. Raliphaswa

Dr. A.R. Tshililo

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## DECLARATION

I, **Thingahangwi Cecilia Masutha**, hereby declare that this thesis for a Doctor of Philosophy in Nursing Degree, at the University of Venda, hereby submitted by me, has not been previously submitted for a degree, at this or any other institution, and that this is my own work. All reference materials contained herein have been duly acknowledged.



31 January 2023

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Masutha, T.C.

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Date

## **DEDICATION**

This thesis is dedicated to my late mother, Mrs. Ntshoniseni Violet Nengwekhulu, who encouraged me to study until attaining a doctoral degree.

A special thanks also go to my beloved husband, Pastor Fhatuwani Alpheus Lishivha, for his support.

To my lovely daughter, Dakalo, for taking care of her younger brothers when I was busy with this thesis.

My sons, Ndimuhulu, Khathutshelo, and Ramaanda, for giving me enough time to study, and compromising their time for me to be with them.

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- Nurse educators from all campuses who willingly assisted me.
- All student nurses and professional nurses who participated in the study.
- My colleagues and friends who supported me throughout the completion of this study.

## ABSTRACT

Student nurses' absenteeism has become an ongoing challenge in public and private nursing higher education institutions of learning globally. This study was conducted to develop strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals in the Limpopo Province of South Africa. A qualitative approach using explorative, descriptive, and contextual design was employed. The study was conducted in the Evuxakeni, Hayani, and Thabamooop Hospitals, as they are the only specialized psychiatric hospitals in the Limpopo Province. Ten student nurses were purposively sampled from each hospital for level IV's focus groups and seven student nurses from each hospital for level III's focus groups. The total number of focus groups was six; two from each hospital for levels III and IV. The total number of student nurses from all focus groups was fifty-one. In addition, four registered professional nurses from two specialized psychiatric hospitals and three from one specialized psychiatric hospital were purposively sampled, and data saturation was reached on the third professional nurse from the third hospital. Data were collected through individual in-depth interviews with professional nurses and focus group discussions with student nurses. Data were analysed using a thematic approach. Measures to ensure trustworthiness were also enhanced. Ethical considerations were adhered to throughout the study. The following four themes with sub-themes emerged from data analysis: student nurses' perceptions regarding contributory factors of absenteeism, professional nurses' perceptions regarding contributory factors of absenteeism, views of student nurses on strategies needed to mitigate absenteeism, and views of professional nurses on strategies required to mitigate absenteeism. The six elements of practice theory outlined by Dickoff *et al.* (1968), SWOT, and BOEM informed the development of strategies. The strategies were validated by a team of expert health care professionals in psychiatric nursing practice in the presence of the study promoters. Recommendations were made for further research to evaluate the implementation and effectiveness of the developed strategies to mitigate student nurses' absenteeism during Psychiatric Nursing Science placement in the Limpopo Province.

**Keywords:** Absenteeism, Clinical Placement, Mitigate, Professional Nurse, Specialized Psychiatric Hospital, Student Nurse

## **LIST OF ACRONYMS AND ABBREVIATIONS**

<b>CEO</b>	<b>Chief Executive Officer</b>
<b>FGDs</b>	<b>Focus Group Discussions</b>
<b>PNS</b>	<b>Psychiatric Nursing Science</b>
<b>GNS</b>	<b>General Nursing Science</b>
<b>OSCE</b>	<b>Objective Structural Clinical Evaluation</b>
<b>SANC</b>	<b>South African Nursing Council</b>
<b>WHO</b>	<b>World Health Organisation</b>
<b>SWOT</b>	<b>Strengths, Weaknesses, Opportunities, and Threats</b>
<b>BOEM</b>	<b>Building on strengths, Overcoming weaknesses, Exploring opportunities, and Minimizing threats</b>

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## **CHAPTER 1**

### **ORIENTATION TO THE STUDY**

#### **1.1 INTRODUCTION TO THE STUDY**

Student nurses' absenteeism has become an ongoing challenge in public and private nursing higher education institutions of learning globally. Student absenteeism refers to instances where a student fails to attend scheduled meetings, such as classes, lectures, tutorials, workshops or seminars, or laboratory sessions without permission (Thekedam, 2014). According to UK Essays (2015), absenteeism is the term used to describe student nurses deliberate or habitual absence from the workplace. It further states that absenteeism occurs when a person does not come to work due to several intentional or unintentional reasons such as illness, injury, or any other reason.

#### **1.2 BACKGROUND TO THE STUDY**

Ohio (2017) encourages and supports a preventative approach to excessive absences and truancy. Furthermore, Ohio (2017) directs the Department of education to develop materials to assist staff training on the implementation of the strategies included in the United State of America, the State Board of Education's strategies policy for violent, disruptive, or inappropriate behaviour, including excessive absences that stress preventative strategies and alternatives to suspension and expulsion. Ohio (2017) also developed guidelines to reduce chronic absenteeism.

Oyry, Anouze, Otaki, Dumit, and Osman (2014) developed several strategies to prevent chronic student absenteeism for USA which have been implemented in small settings and show considerable promise. These

strategies include reducing common illnesses through hand washing, improving respiratory health through improved ventilation, improving student mental health, enhancing school culture and community, increasing student engagement, monitoring students for academic success, parent and family outreach and partnerships, and programs, as well as court-based and law enforcement interventions for truancy. Oyry *et al.*, (2014) conclude that the Job, Organization, Individual, National, and interpersonal (JOINT) model can be adapted by researchers to fit their hypothesized multilevel relationships. It can also be used by nursing managers as a lens for holistically managing student nurses' attendance behaviours. On the other hand, in United States of America, Kevin and Knoster (2016) developed strategies that concluded that a degree of variation exists across approaches to addressing student absenteeism, such as effectively using data; engaging with families, communities, and cultures; providing wrap-around services and support; and promoting and game-based learning.

A study conducted by Desalegn *et al.*, (2014) in select Ethiopian universities indicates that many higher education institutions have strict policies regarding mandatory attendance during lectures, laboratory, and practical sessions. Despite those policies, absenteeism is still an ongoing issue in those universities (Desalegn *et al.*, 2014). In Iran, Delaram *et al.*, (2016) studied absenteeism from the viewpoint of student Nurses in mental health institutions. Their study revealed an issue that students brought up during the interviews, namely a negative view of people with mental illnesses, where they were regarded as dangerous and harmful. Some students reported that they were terrified of being physically abused by patients. Therefore, to transfer teachers' knowledge, the presence of students in the classroom and clinical areas is necessary. Furthermore, the study concluded that the main proposed strategies to reduce absenteeism were teacher related. To implement this strategy, several suggestions were made, including mastery over the course content, teacher's attention to student's learning, teacher's good behaviour and respectfulness towards students, making the class atmosphere cheerful, practical teaching, focusing on main course content, paying



attention to the students' attendance, using a variety of teaching methods, and continuous evaluation.

Gaber and Moustafa (2015) developed motivational strategies to prevent absenteeism for nursing students at the Zagzig University in Egypt, which revealed that educators least frequently used motivational strategies categories were creating a pleasant classroom and promoting group cohesiveness, and group norms. The top strategies were exhibiting good teaching behaviour, presenting tasks appropriately, and promoting learner autonomy. Alshowkan and Kamel (2016) conducted a study in Saudi Arabia, which revealed that supervision in the clinical areas by nurse educators during accompaniment, as part of a strategy to minimize absenteeism, is crucial as students view their nurse educators as helpers, supporters, protectors, and guides. This was since they are knowledgeable and competent and can notice anxiety from students and help in allaying that anxiety. The study concluded that student nurses were absent due to lack of knowledge and experience; most participants had identified feelings of being anxious and fearful about dealing with the patients due to their lack of experience and skills and worrying about how to deal with patients with mental illnesses.

Another study conducted in the Kwazulu-Natal College of Nursing by Singh (2015) indicates that most student nurses agreed that problems experienced in the clinical area, such as staff shortages, being treated as workforce, non-supervision by qualified staff members, and large patient numbers are reasons why they are absent. Similarly, a study conducted in Western Cape by Fadana and Vember (2021) indicates that undergraduate student nurses had a positive learning experience during their placement at a psychiatric hospital and described that experience as beneficial as it played a significant role in their learning. According to the South African Nursing Council (SANC), the total clinical hours to be accumulated for Psychiatric Nursing Science (PNS) is 720 hours. Should a student not obtain 80% (320 hours in level III and 400 hours in level IV) of their hours in PNS for clinical exposure, that

student is not allowed to do the final clinical examination of a subject (SANC Nursing Act No 33 of 2005).

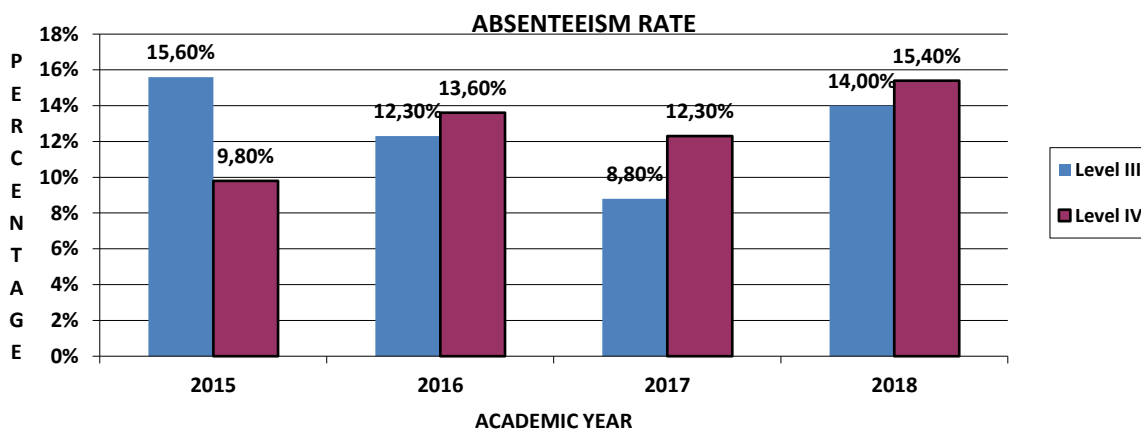
### **1.3 PROBLEM STATEMENT**

Absenteeism refers to being away from scheduled classes and training experiences, irrespective of the reasons (Randa, 2020). Limpopo College of Nursing provides training to student nurses to become professional nurses. According to the SANC (Act no 33, 2005) student nurses are expected to accumulate a certain % of clinical hours (80% of total hours). In Ethiopia, a study conducted at universities by Desalegn, Berhan and Berhan (2014) indicate that many higher nursing institutions have strict policies regarding mandatory attendance during lectures, laboratory, and practical sessions by nursing students. Despite those policies, absenteeism is an ongoing issue in those universities among nursing students. In Nigeria, Chukwu, Yakubu, Haruna, Hamina, Chia, Fiase and Iornengen (2017) indicated that absenteeism among nursing students from clinical areas and lecturers is a significant challenge as students are often absent. In South Africa, Magobolo and Dube (2019) found that most of nursing students were absent from clinical areas.

The researcher works in one of the Limpopo College of Nursing campuses as a lecturer and has observed over the past few years that there is a high rate of absenteeism during PNS clinical placement among level III and level IV student nurses in the Limpopo College of Nursing. Absenteeism greatly impacts student nurses' studies, as the student repeats a level of study for a year. Termination or training extended due to absenteeism leads to fewer students graduating at the end of four years. In Pakistan, Nawaz, Hussain, Sarwar, Afzal and Gilani (2018) indicated that there is no gaining of knowledge and skills for achieving personal and professional goals if students are absent from classroom and clinical areas. Nawaz *et al.*, (2018) further indicated that absenteeism negatively impacts students' performance and prolongs the length of their study. It also portrays a low level of interest and motivation for

studies. Similarly, in India, Ray, Raju, and Singh (2018) show that absenteeism adversely affects the quality of nursing care that students must render. In South Africa, Randa (2020) concluded that absenteeism causes poor application of skills by the students, and it inhibits students from acquiring appropriate information and contact with relevant materials that are required for effective learning. Absenteeism is also associated with poor academic performance, unprofessional conduct, and inadequate socialization within the profession.

The Limpopo College of Nursing report (2019) indicates a fluctuating trend of student nurses' absenteeism during psychiatric placement, as illustrated in Figure 1.1.



**Figure 1.1: Absenteeism rates between 2015 and 2018 for level III and level IV during PNS clinical placements (Limpopo College of Nursing Clinical Annual Report, 2019)**

Based on the information provided in Figure 1.1, level IV had a higher absenteeism rate in 2016, 2017 and 2018 than level III, whereas level III had a higher rate of absenteeism in 2015 than level IV.

Several strategies and guidelines were developed to address the absenteeism of students in general wards, not in the specialized psychiatric hospitals. Moreover, the rules and regulations, college curriculum and SANC Nursing Education and Training standards regarding student nurses' absenteeism in the Limpopo College of Nursing seem ineffective, as the absenteeism rate is still high. Despite

various studies on strategies to reduce absenteeism, the rules and regulations, college curriculum, and SANC Education and Training standards the absenteeism rate was still high in the Limpopo College of Nursing. Several strategies and guidelines were developed for general wards, not for the specialized psychiatric hospitals, for theory, but not for clinical areas, for nursing schools, Universities, and other nursing colleges but not for LCN. Therefore, the researcher was prompted to develop strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals during clinical placements in the Limpopo College of Nursing, South Africa. The strategies might also be adopted and used for the upcoming psychiatric program in South Africa and globally by those colleges which are still offering legacy qualifications of psychiatric nursing science in the undergraduate diploma in nursing.

#### **1.4 RATIONALE OF THE STUDY**

Strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals during clinical placement were vital for this study. The researcher sought to reveal how student nurses' absenteeism can be mitigated at specialized psychiatric hospitals in the Limpopo Province, South Africa. Despite the rules and regulations, college curriculum and SANC Nursing Education and Training standards regarding student nurses' absenteeism at the Limpopo College of Nursing, the absenteeism rate was still high.

Supported by the students who repeated a year of study in level three resulting in fewer students proceeding to level four, hence, fewer students graduating at the end of training, in Limpopo College of Nursing. And there were a few level IV students who did not graduate due to a shortage of clinical hours. Hence, the study regarding strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals during clinical placement in the Limpopo College of Nursing South Africa was conducted.

## 1.5 SIGNIFICANCE OF THE STUDY

The study beneficiaries are as follows:

**Student nurses:** Student nurses at the Limpopo College of Nursing may get an opportunity to express their views on what should be done to prevent absenteeism at specialized psychiatric hospitals. Thus, fewer student nurses will be left behind due to absenteeism.

**Nurse educators:** Nurse educators of the Limpopo College of Nursing may obtain knowledge about strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals during clinical placements and may be able to implement such strategies.

**Specialized psychiatric hospitals:** Specialized psychiatric hospitals may obtain scientific information about strategies to mitigate absenteeism amongst student nurses during clinical placements and be able to implement such strategies.

**The Limpopo College of Nursing:** The college would benefit as the study findings may influence the curriculum review.

**The Department of Health:** The Department of Health may also gain knowledge about strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals and review policies regarding student nurses' absenteeism; the low rate of absenteeism might improve patient care.

**The body of knowledge:** The research might make a significant contribution as the study will add information to the body of knowledge in nursing education globally.

## 1.6 THE PURPOSE OF THE STUDY

The purpose of this study was to develop strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals during clinical placements at the Limpopo College of Nursing, South Africa.

## **1.7 RESEARCH QUESTIONS**

The interviews were guided by the following central questions:

- What contributes to student nurses' absenteeism during Psychiatric Nursing Science clinical placements?
- What are perceptions of registered professional/student nurses regarding contributory factors of student nurses' absenteeism during psychiatric clinical placement?
- What should be entailed in strategies for mitigating student nurses' absenteeism during clinical placement?

## **1.8 THE OBJECTIVES OF THE STUDY**

The objectives of the study are in two phases as follows:

### **Phase one**

- Explore and describe contributory factors of absenteeism experienced by student nurses at specialized psychiatric hospitals in Limpopo, South Africa.
- Explore and describe perceptions of registered professional nurses concerning contributory factors regarding student nurses' absenteeism at specialized psychiatric hospitals in Limpopo, South Africa.

### **Phase two**

- Develop strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals in Limpopo, South Africa.
- Evaluate strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals in Limpopo, South Africa.

## **1.9 DEFINITION OF CONCEPTS**

In this study, concepts were defined conceptually and operationally as follows.

## **Absenteeism**

Student absenteeism refers to instances where students fail to attend any scheduled meetings, such as classes, lectures, tutorials, workshops or seminars or laboratory sessions without prior permission (Thekedam, 2014). In this study, absenteeism refers to the absence of student nurses during psychiatric clinical placements at the Evuxakeni, Hayani, and Thabamoopo hospitals.

## **Clinical placement**

Placement in practice settings, which are also referred to as ‘clinical placements’ or ‘practice placements’, enables student nurses to learn from clinical encounters with patients, clients, families, and communities, and to meaningfully transfer learning from theory to practice (Mellish, Klopper & Bruce, 2011). In this study, clinical placement means the allocation of students at the Evuxakeni, Hayani, and Thabamoopo hospitals.

## **Mitigation**

“A reduction of unpleasant or serious factors with the aim of making it seem less serious” (English Oxford Dictionary, 2005). In this study, mitigation refers to the reduction of the Limpopo College of Nursing’s student nurses’ absenteeism, when placed at specialized psychiatric hospitals.

## **Professional nurse**

A professional nurse is a person registered as such in terms of section 31 (Nursing Act, 2005). In this study, professional nurse refers to nurses working in the three specialized psychiatric hospitals (Evuxakeni, Hayani and, Thabamoopo).

## **Specialized psychiatric hospital**

A specialised psychiatric hospital is one that provides specialized psychiatric health services and rehabilitation services and has a maximum of 600 beds (National Health Act, 2012). In this study, specialized psychiatric hospitals refer to the Evuxakeni, Hayani and Thabamoopo hospitals.

## **Strategies**

“Strategies refer to plans that are intended to achieve a particular purpose” McKean, 2005 (English Oxford Dictionary). In this study, strategies refer to plans to mitigate student nurses’ absenteeism at specialized psychiatric hospitals.

## **Student nurse**

A student nurse is a person studying at a university or another place of higher education (Allen, 1993). In this study, a student nurse refers to one in level III and level IV of study for Diploma in Nursing Science (R425) in the Giyani, Thohoyandou and Sovenga campuses of the Limpopo College of Nursing.

### **1.10 THEORETICAL FRAMEWORK GUIDING THE STUDY**

The theoretical framework guiding this study is that of the behaviourist theory of learning on classical conditioning by Skinner (1953). Behaviourists believe that learning occurs when new behaviours or changes in behaviours are acquired through associations between stimuli and responses. Thus, association leads to a change in behaviour. Operant conditioning is a method of learning that occurs through rewards and punishments for behaviour. Through operant conditioning, an individual makes an association between a particular behaviour and a consequence (Skinner, 1953). Therefore, learning behaviour is influenced by negative or positive reinforcement. This study explored and described negative reinforcement, which are contributory factors of absenteeism as experienced by student nurses and professional nurses. This study aimed at developing strategies to mitigate student nurses’ absenteeism, which is the positive operant reinforcement of student learning behaviour.

### **1.11 RESEARCH METHODOLOGY**

The study methods and the reasons they were selected are discussed in Chapter 2. The study was conducted in two phases. Phase one was the situational analysis, and a qualitative approach was used. Phase two was the development



of strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals in Limpopo, South Africa.

### **1.11.1 Research design and methods**

Since the purpose of the study was to develop strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals during clinical placements in the Limpopo College of Nursing, a qualitative approach using explorative, descriptive, and contextual design was employed as described by De Vos (2014) and Burns and Grove (2016). Each design is detailed in Chapter 2.

### **1.11.2 Study setting**

The study was conducted in three districts of the Limpopo Province, namely Mopani, Vhembe, and Capricorn districts, as the three specialized psychiatric hospitals are situated in those districts. In addition, the study included three specialized psychiatric hospitals in the Limpopo Province, namely Evuxakeni, Hayani, and Thabamopo hospitals, where three campuses (Giyani, Thohoyandou, and Sovenga) of the Limpopo College of Nursing place students of level III and level IV. The study setting is discussed in detail in Chapter 2.

### **1.11.3 Population and Sampling**

#### **The study population**

A target population is described as the entire aggregation of respondents that meet the designated set of criteria (Burns & Grove, 2016; Brink, 2017). The target population consisted of level I to level IV R425 student nurses of the Limpopo College of Nursing and all registered professional nurses working in three specialized psychiatric hospitals in the Limpopo Province.

## **Target population**

A population is described as the entire group of persons or objects that the principal researcher is interested in regarding the topic to be studied. Further, the group meets the criteria the principal researcher is interested in studying (Burns & Grove, 2016). The study population was level III and level IV student nurses of the Limpopo College of Nursing and all registered professional nurses working in the wards which place students, at the three specialized psychiatric hospitals in the Limpopo Province.

## **Sampling**

Sampling is a selection process of a group of people or elements with which the researcher will conduct the study (Burns & Grove, 2016). Sampling occurred in three stages, namely sampling of districts, hospitals, and participants. Details of the sampling method are discussed in Chapter 2.

### **1.11.4 Inclusion criteria**

Inclusion criteria are those characteristics that the subjects or element must possess to be part of the largest population of the study (Burns & Grove, 2016). The study included three districts where specialized hospitals are situated, namely Vhembe, Mopani, and Capricorn. Specialized psychiatric hospitals, namely Evuxakeni, Hayani, and Thabamoopo were included in the study as level III and level IV students are placed here for their PNS clinical study. In addition, student nurses in level III and level IV who had previously been absent from specialized psychiatric hospitals were included. Moreover, the study also included registered professional nurses working in specialized psychiatric hospitals.

### **1.11.5 Exclusion criteria**

Exclusion criteria are those characteristics that disqualify subjects or elements from being part of the population in the study (Burns & Grove, 2016). Two districts of the Limpopo Province (the Waterberg and Sekhukhune districts) were excluded from the study because they do not have specialized psychiatric hospitals; thus, general hospitals were not included. In addition, level III and level IV students who were never absent from clinical areas during psychiatric clinical placement were also excluded from the study. Moreover, the study did not include registered professional nurses working in general hospitals.

### **1.11.6 Data collection process**

Data collection is the precise, systematic gathering of information relevant to the research purpose or specific objective, questions, or hypothesis of the study (Burns & Grove, 2016). Data collection detailed how the research participants were chosen, the design, and the application. This applied to interviews and focus groups scheduled. The data collection process is discussed in detail in Chapter 2.

#### **1.11.6.1 Recruitment of participants**

The recruitment process involves identifying potential research participants and providing them with the information to establish their interest in joining a proposed research study (Manohar, Macmillan, Steiner & Arora, 2018). The recruitment of participants is discussed in detail in Chapter 2.

#### **1.11.6.2 Preparation for data collection**

Permission was sought from related authority bodies, namely the University of Venda Higher Degrees Committee, the Provincial Department of Health, the three specialized psychiatric hospitals, and the participants. Participants' consent was requested, and appointments were made at the hospitals at a

time that was convenient to them. Preparation for data collection is discussed in detail in Chapter 2.

#### **1.11.6.3 Data collection instrument**

Data collection is the precise, systematic gathering of information relevant to the research purpose or specific objective, questions, or hypothesis of the study (Burns & Grove, 2016). As a data collection instrument, the principal researcher used effective communication skills to facilitate the interviews, as described by De Vos (2014) and Brink (2017). Data collection instruments are discussed in Chapter 2.

#### **1.11.6.4 Pre-testing**

A Pre-testing was done on 10% of the population to identify if the question had been phrased well or not. It also helped to check time to be spent in each interview. A Pre-testing was done in one focus group of professional nurses working from different psychiatric hospitals. The findings of the Pre-testing are not included in the study.

#### **1.11.6.5 Data collection**

Data collection is the process of gathering information on variables of interest in an established systematic fashion that enables one to answer stated research questions, test hypotheses, and evaluate outcomes (Brink *et al.*, 2016). Firstly, the researcher collected data through in-depth individual interviews with registered professional nurses on duty during their break. Secondly, Focus Group Discussions (FGDs) were used with R425 programme student nurses of levels III and IV. A detailed process of data collection is discussed in Chapter 2.

### **1.11.7 Data management**

The data collected were transcribed verbatim in English. The researcher listened to the tape recorder of the collected data to immerse herself in that data. Data management is detailed in Chapter 3.

### **1.11.8 Data analysis**

A data analysis guide developed by Tesch was used to analyse data. Tesch provides eight steps, following Creswell (2017), that are considered when analysing qualitative data. The data analysis process is detailed in Chapter 3.

### **1.11.9 Literature control**

After data analysis, the views of student nurses and perceptions of registered professional nurses regarding strategies to prevent absenteeism were identified, and a literature control was conducted.

### **1.11.10 Ethical considerations**

According to De Vos (2014), ethics are a set of moral principles an individual or group suggests. Kotze (2008) describes ethics as a good action with an attached sense of excellence.

This study has adhered to the following ethical principles:

- Permission to conduct a study.
- Informed consent
- Privacy
- Confidentiality
- Anonymity
- Principle of justice
- Principle of beneficence
- The right to self-determination

These principles are discussed in detail in Chapter 2.

### **1.12 MEASURES TO ENSURE TRUSTWORTHINESS**

The trustworthiness of a research study is important in evaluating its worth (Lincoln & Guba, 2004). Trustworthiness refers to the degree of confidence qualitative researchers have in their data assessed using the criteria of credibility, transferability, dependability, conformability, and authenticity (Polit & Beck, 2017). The methods that were employed in the study to ensure trustworthiness were the following:

- Credibility
- Transferability
- Dependability
- Conformability
- Authenticity

The methods of trustworthiness are discussed in detail in Chapter 2.

### **1.13 PHASE TWO: STRATEGIES DEVELOPMENT**

Phase two is discussed in detail in Chapter 3 of this study.

### **1.14 LIMITATIONS OF THE STUDY**

This study was restricted to three of the five districts of the Limpopo Province. Furthermore, this study was contextual in that only professional nurses working in specialized psychiatric hospitals were interviewed; thus, the study could not get the perceptions of professional nurses working in psychiatric wards of general hospitals and student nurses, where students from the Limpopo College of Nursing are also allocated. Phasing out of the legacy qualifications is another limitation because the study context will not be applicable for a long period of time.

### **1.15 DISSEMINATION OF RESULTS**

The findings of this study might be disseminated through the following methods:

- Presentation of papers at national and international seminars, workshops, and conferences.
- Publications of articles in different accredited journals.
- Presentation to the participants.
- Presentation to the Limpopo College of Nursing; and
- Presentation to the Limpopo Specialized Psychiatric Hospitals.

### **1.16 OUTLINE OF THE THESIS**

CHAPTER 1: Orientation to the study: This chapter presents the background, problem statement, purpose, research questions and objectives, including the significance of the study. The chapter also outlined a brief research methodology of the study.

CHAPTER 2: This chapter described in full, research methodology of the study which entails the research design, setting, population, sampling, data collection and analysis. Measures of trustworthiness and ethical considerations are also discussed.

CHAPTER 3: Presentation and discussion of findings from in-depth interviews with professional nurses.

CHAPTER 4: Presentation and discussion of findings from focus group discussions with students.

CHAPTER 5: Development of strategies to implement strategies to mitigate student absenteeism at specialized psychiatric hospitals in Limpopo province.

CHAPTER 6: Evaluation, conclusion, limitations, and recommendations of the study are discussed.

## **1.17 CHAPTER SUMMARY**

This chapter presented an orientation to the study, which includes the introduction, background, problem statement, purpose, rationale and significance, and objectives. The definition of key concepts, theoretical framework guiding the study, research methodology, and ethical principles and measures to ensure trustworthiness were also discussed. Lastly, the chapter also outlined phase two of developing strategies. The following chapter presents a detailed description of the methodology of the study.



## CHAPTER 2

### RESEARCH METHODOLOGY

#### 2.1 INTRODUCTION

This chapter will be presented in two phases. Phase one will be the research methodology, which includes the study's research approach and design, study setting, population and sampling process, inclusion and exclusion criteria, data collection instrument, pre-test study, measures to ensure trustworthiness, data collection process, data management, data analysis, literature control, and ethical considerations. Phase two of this study will entails strategy development.

#### 2.2 STUDY APPROACH AND DESIGN

Since the purpose of the study was to develop strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals during clinical placement in the Limpopo College of Nursing, a qualitative approach using an explorative, descriptive, and contextual design was employed, as described by De Vos (2014) and Burns and Grove (2016). The approach and the designs are detailed in the next section.

##### **Qualitative approach**

Qualitative research is a subjective approach which is systematic and is used to describe life experiences and give them meaning. It is exploratory and descriptive (Burns & Grove, 2016). A qualitative approach was adopted because the study sought to express students' views regarding contributing factors of absenteeism and strategies to mitigate absenteeism during their PNS clinical placements. The study also sought the registered professional nurses to verbalize their views through interviews, which could only be achieved through a qualitative approach. Moreover, the study sought information from people who experienced absenteeism. Follow-up questions

could only be asked through qualitative research, not through quantitative research. Thus, probing questions could also be asked through the qualitative approach. Additionally, strategies to mitigate student nurses' absenteeism could only be developed through a qualitative approach that does not require completing a questionnaire. It is flexible and elastic, capable of adjusting to what was being learned during data collection. Moreover, it tends to be holistic, and the researcher strives for an understanding of the whole, requiring them to become intensely involved, often remaining in the field for lengthy periods of time. It made the researcher embark on an ongoing analysis of the data to formulate subsequent strategies and to determine when work was done (Polit & Beck, 2017)

### **Exploratory design**

The aim of exploratory research is to get facts, gather new data, and determine if there are interesting patterns in the data. An exploratory method is typical when a researcher examines a new interest or when the subject of the study is relatively new (Mouton & Marais, 2005; Babbie, 2015). The objectives of this study could only be achieved through exploratory research. Effective communications were employed to assist in exploring the views of student nurses regarding strategies to mitigate absenteeism during their PNS clinical placements. The researcher explored the literature extensively on the available sources specifically for strategies to mitigate student nurses' absenteeism during their PNS clinical placements at specialized psychiatric hospitals. Theories to guide the study and theories guiding the development of strategies were also explored. An evaluation of strategies informed by Chinn and Kramer (2008) was explored.

### **Descriptive design**

Polit and Beck (2017) indicate that the purpose of a descriptive design is to observe, describe and document aspects of a situation as it naturally occurs. The study described the contributing factors of absenteeism as experienced by student nurses at specialized psychiatric hospitals during their clinical

placements in the Limpopo College of Nursing, South Africa. The study also described perceptions of registered professional nurses regarding strategies to be developed to mitigate student nurses' absenteeism at specialized psychiatric hospitals during clinical placement in the Limpopo College of Nursing, South Africa.

### **Contextual design**

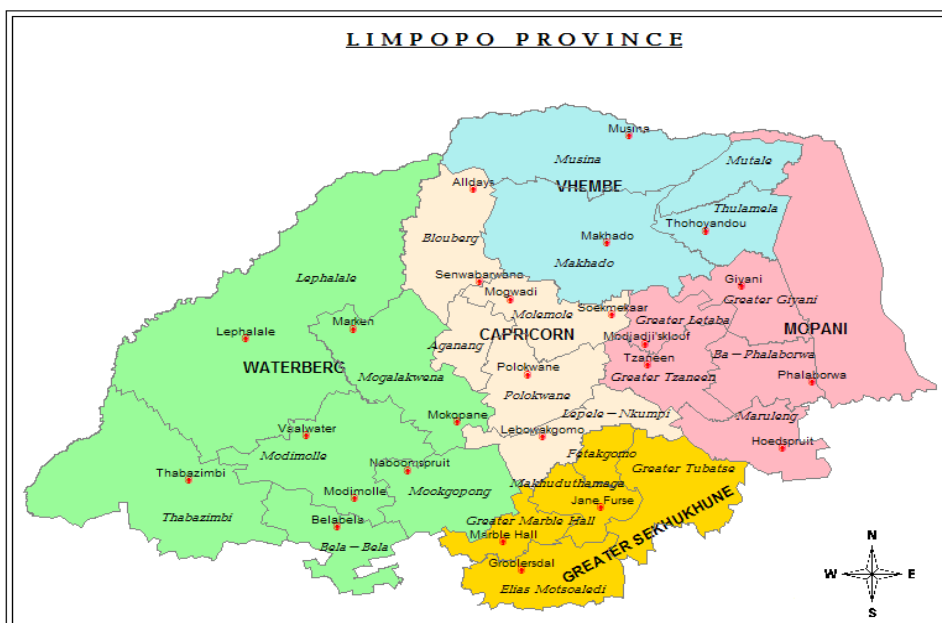
Burns and Groove (2016) point out that contextual studies focus on specific events in naturalistic settings. Naturalistic settings are uncontrolled real-life situation or referred to as field settings.

This study was contextual because only three districts were included in the research, namely Mopani, Vhembe, and Capricorn. Other districts were not included. The study was conducted in three specialized psychiatric hospitals only. Other hospitals were excluded because level III and level IV students are only placed in these three hospitals for their PNS clinical practice. Individual interviews were conducted with registered professional nurses working at the specialized psychiatric hospitals of the Limpopo Province. The study only conducted six focus groups with student nurses at levels III and IV. Other professional nurses were not included. Other levels of student nurses were not included. Student nurses from only three of the five campuses were included (Giyani, Thohoyandou and Sovenga). Students from other campuses were excluded.

### **2.3 STUDY SETTING**

The study was conducted in three districts of the Limpopo Province, namely Mopani, Vhembe, and Capricorn districts, as the three specialized psychiatric hospitals are situated in those districts. In addition, the study included three specialized psychiatric hospitals in the Limpopo Province, namely Evuxakeni, Hayani, and Thabamopo hospitals, where three campuses (Giyani, Thohoyandou, and Sovenga) of the Limpopo College of Nursing place students of level III and level IV. The Evuxakeni Psychiatric Hospital is situated on the Giyani main road, approximately 5,3km's outside the town of the Greater

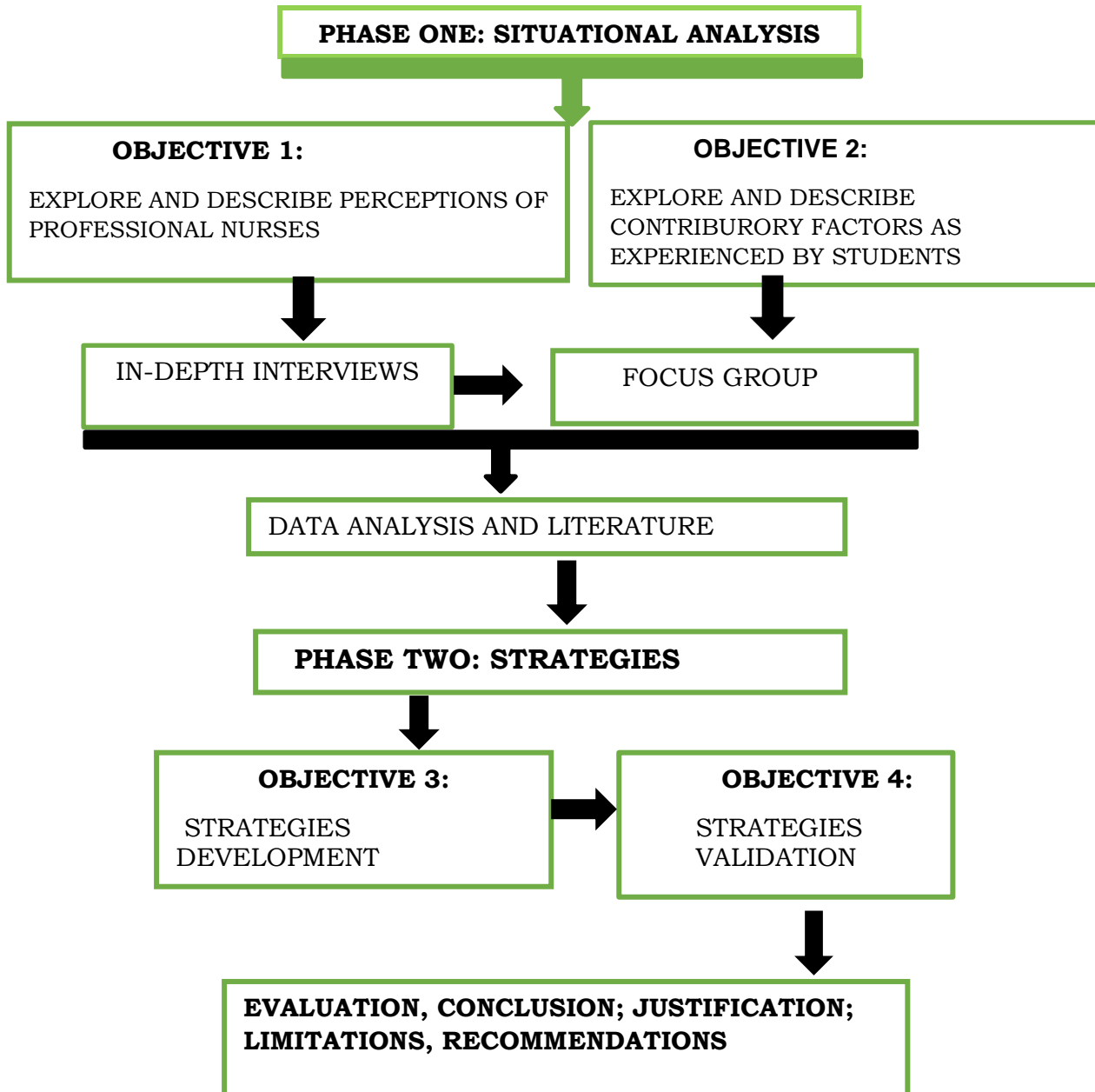
Giyani sub-district that is made up of rural areas with a population of different cultures. Sotho, Tsonga, and Venda-speaking people are the dominant groups. It is surrounded by a shopping mall, district offices, Giyani local municipalities, and schools. The Hayani Psychiatric Hospital is situated in the Sibasa rural area on the main road, next to Thohoyandou city, and surrounded by the Thulamela Local Municipality, Vhembe district offices, and different malls. It is dominated by Venda-speaking people. The Thabampoopo Psychiatric Hospital is situated in the Lepelle Nkumpi Local Municipality in the rural area of Lebowakgomo South-East, approximately 50km's from Polokwane. The inhabitants speak Sepedi as the first home language. The small villages of Lebowakgomo surround it. Student nurses travel from the Giyani Campus by bus to the Evuxakeni Hospital, which is 5,3km's away. The distance from Thohoyandou Campus to the Hayani Hospital is 13,6km's and 49,5km's from the Sovenga Campus to the Thabampoopo Hospital. The University of Limpopo and The University of Venda also use the Thabampoopo Psychiatric Hospital and the Hayani Psychiatric Hospital to place student nurses for their practical studies. Below is a map of the selected study areas in Limpopo Province.



**Figure 2.1: Selected study areas map**

## 2.4 RESEARCH STUDY PROCESS

Figure 2.2 summarises the research process, which unfolded in two phases.



**Figure 2.2: Research process**

## **2.4.1 Phase one: Situational analysis**

### **2.4.1.1 Study population**

A study population is described as the entire aggregation of respondents that meet the designated set of criteria (Burns & Grove, 2016; Brink, 2017). The study population consisted of level I to level IV R425 student nurses of the Limpopo College of Nursing and all registered professional nurses in the Limpopo Province.

### **2.4.1.2 Target population**

This is a subpopulation that the researchers take from the study population for conducting the study. The target or accessible population consisted of level III and level IV R425 programme student nurses as PNS is taught at these levels and the registered professional nurses working in the wards that place student nurses at the three specialized psychiatric hospitals.

### **2.4.1.3 Sampling**

Sampling is a selection process of a group of people or elements with which the researcher will conduct the study (Burns & Grove, 2016). Sampling occurred in three stages, namely the sampling of districts, hospitals, and participants.

#### **Sampling of districts**

Three of the five districts in the Limpopo Province were purposively selected (Vhembe, Mopani, and Capricorn) for the study as the three specialized psychiatric hospitals (Evuxakeni, Hayani and Thabamoopo) and campuses of the Limpopo College of nursing are situated in those districts.

#### **Sampling of hospitals**

Three specialized psychiatric hospitals (Evuxakeni, Hayani and Thabamoopo) were purposively sampled as the three campuses place their students in those hospitals for clinical practices.

## **Sampling of participants**

The sampling of participants was in two stages, namely the sampling of students and sampling of professional nurses.

### *Student nurses*

Purposive sampling was used to sample students who are in level III and level IV, as indicated by the college register of the selected campuses, whose details such as the address and the telephone numbers are complete, in the current year of study, and were previously absent from specialized psychiatric hospitals. Initially, participants were contacted telephonically by the researcher for the appointment, and then the researcher visited participants to their working places where they were given brief information about the study and the reason for the interview. There were six focus groups; three for level III with seven students from each, and three for level IV with ten students from each that were purposively sampled. The total number of student nurses was fifty-one, determined by data saturation. Purposive sampling is a non-probability sample that is selected based on the population's characteristics and the study's objective, and is also known as judgemental, selective, or subjective sampling (Burns & Grove, 2016).

### *Registered professional nurses*

Registered professional nurses from the Evuxakeni, Hayani, and Thabamooopo hospitals were also selected through purposive, convenience sampling. Eleven professional nurses participated in the study—four from hospital 1, four from hospital 2 and three from hospital 3. Data were collected until saturation was reached after the ninth professional nurses from the hospital 3 as they were giving out the same information as the previous eight professional nurses of the two hospitals. The interviews were continued with the two from the same hospital to make sure that there is no new information left out. The total number of professional nurses was eleven. Data saturation refers to the point in the research process when no new information is discovered in data

analysis, and this redundancy signals to researchers that data collection may cease (Saunders et al, 2017).

## **2.5 INCLUSION CRITERIA**

Inclusion criteria are those characteristics that the subjects or element must possess to be part of the largest population of the study (Burns & Grove, 2016). Three districts where specialized psychiatric hospitals are situated, namely Vhembe, Mopani, and Capricorn, were included in the study.

- Specialized psychiatric hospitals, namely Evuxakeni, Hayani, and Thabamooop, were included in the study as the level III and level IV student nurses were placed there for their PNS clinical study.
- Student nurses in level III and level IV who were previously absent from specialized psychiatric hospitals were included.
- Registered professional nurses working in specialized psychiatric hospitals were also included.

## **2.6 EXCLUSION CRITERIA**

Exclusion criteria are those characteristics that disqualify subjects or elements from being part of the population in the study (Burns & Grove, 2016). Two districts of the Limpopo Province, namely Waterberg and Sekhukhune, were excluded from the study as they do not have specialized psychiatric hospitals; thus, they do not train level III and level IV students.

- General hospitals were not included in the study.
- Students from other institutions of higher learning were not included.
- Registered professional nurses working in general hospitals with psychiatric wards were not included in the study.



## **2.7 DATA COLLECTION PROCESS**

Data collection is the precise, systematic gathering of information relevant to the research purpose or specific objective, questions, or hypothesis of the study (Burns & Grove, 2016). Data collection detailed how the research participants were chosen, the design and the application. This applied to interviews and focus group discussions.

### **2.7.1 Recruitment of participants**

The recruitment process involves identifying potential research participants and providing them with the information to establish their interest in joining a proposed research study (Manohar, Macmillan, Steiner & Arora, 2018). The participants' names and telephone numbers were listed, and they were contacted telephonically by the researcher before interviews, visited at the hospitals for recruitment, and the information regarding the study was explained briefly.

The participants and the researcher agreed upon the date, time, and venue for the interviews. In addition, the researcher and the assistant's contact numbers were given to the participants in case there were changes regarding the arrangements. The participants were informed that they were not forced to participate in the study, and that if they participated, they had the right to withdraw at any stage of the interview.

### **2.7.2. Preparation for data collection**

Permission was sought from related authority bodies, namely the University of Venda Higher Degrees Committee, the Provincial Department of Health, the three specialized psychiatric hospitals, and the participants, after approval and permission were granted. Participants' consent was requested, and appointments were made at the hospitals at a time that was convenient to

them. It was also explained that an audio recorder would be used to record the conversation, and they were shown a stop button to stop the recording at any time if they wished to do so. Moreover, the participants were informed that they should feel free to explain their experiences, as there were no right or wrong answers. They were also informed that their names would not be revealed. Permission to use a tape recorder was sought before the interviews, and data were collected until saturation (see Appendix G & H).

### **2.7.3 Data collection instrument**

In-depth interviews with selected professional nurses and focus group discussions with students were used for data collection. The researcher developed both research instruments, and these were pre-tested prior to the main data collection process.

The interviews were directed by the following central question, which was then followed by probing questions:

- You are working in one of the specialized psychiatric hospitals as a registered professional nurse, what are your perceptions regarding contributory factors to student nurses' absenteeism during PNS clinical placement?

The interviews were then transcribed and analysed. The in-depth account presented a lively picture participants' reality presented in words as narratives, using individual quotations. The raw data of in-depth interviews was recorded in non-numerical form. The information from the registered professional nurses assisted in informing questions to be asked in the focus groups of student nurses. The gap that was left by an individual in the in-depth interviews with the registered professional nurses was closed by focus group discussion data from students.

Secondly, students in level III and level IV participated through focus groups, and the number of the groups was determined by data saturation. Focus groups were formed by level III and level IV students as PNS is only taught at those levels. Only student nurses who were absent during their PNS clinical placements in specialized psychiatric hospitals participated in the study.

The focus group discussions were directed by the following central questions, which were then followed by probing questions:

- You are a student nurse in one of the campuses of Limpopo College of Nursing, can you kindly share with me, what could be the contributory factors of student nurses' absenteeism during PNS clinical placements?

The interviews were then transcribed and analysed. The in-depth account presented a lively picture student nurses' reality presented in words as narratives, using group quotations. The raw data of in-depth group interviews was recorded in non-numerical form.

#### **2.7.4 Research assistant**

The researcher is a nurse educator at the Limpopo Nursing College and is responsible for the psychiatric clinical placement of students. Therefore, a research assistant was recruited to collect data in the focus groups of a campus where the researcher was working during data collection for students to narrate their experiences freely. The research assistant is competent in conducting individual in-depth and focus group interviews, an expert in qualitative research and in PNS, and possesses a postgraduate degree.

Since the research assistant is an expert in individual and focus group interviews of qualitative approach, she did not need any training before and during a Pre-testing. However, the researcher orientated the research assistant and had a discussion with her to ensure that the data collected was in line with the study purpose.

### 2.7.5 Pre-testing

Pre-testing is the administration of the data collection instrument with a small set of participants from the population for the full-scale survey. If problems occur in the Pre-testing, similar problems will likely arise in full-scale administration (Burns & Grove, 2016). A Pre-testing was done on six participants to identify whether the questions were phrased well. It also helped to check the time to be spent in each interview. A Pre-testing was done in one hospital with six professional nurses. The findings of a Pre-testing were not included in the study.

The following aspects were checked:

- The introduction and establishment of rapport should be included in the transcript.
- The researcher should not announce that she is proceeding to the next question during the interviews.
- Ethical considerations should be included in the introduction and not only two of the ethics, including the consent.
- The prolonged engagement was not done.
- The scribe should not be involved as it was not mentioned in the proposal.
- The first question was not in line with the objectives of the study.
- Communication skills were not used effectively to the point of probing the information from participants.
- The researcher should not summarize the information given by the participants.
- The researcher did not move well from phase one of the situational analysis to phase two questions of the development of strategies.
- Participants were not supposed to tell what they had learned from the focus group.

- Snacks should not be put on the table during the interview as participants would not pay attention to the interview, but rather be given at the end of the interview (see Appendix I).

### **2.7.6 Data collection**

Firstly, the researcher collected data through in-depth individual interviews for registered professional nurses on duty during their break periods. This was done on a one-on-one basis between the researcher and the participants. An in-depth interview is a qualitative research tool that involves a one-on-one conversation between the researcher and the participants. It can be used to obtain good qualitative information which contains deep insight into the perceptions and experiences participants (Burns & Grove, 2016).

#### **Advantages of in-depth interviews**

- Interviews can establish rapport with participants to make them feel more comfortable, generating more insightful responses.
- Interviews have a greater opportunity to ask follow-up questions, probe for additional information, and follow-up on key questions later in the interview to generate a rich understanding of attitudes, perceptions, motivations, etc.
- Interviews can monitor tone and word choice changes to gain a deeper understanding.
- There is a high quality of sampling compared to other data collection methods.
- Researchers need fewer participants to gain useful and relevant insights.
- There are none of the potential distractions or peer pressure dynamics that can sometimes emerge in focus groups.
- It is possible to identify highly valuable findings quickly (Burns & Grove, 2016).

#### **Disadvantages of in-depth interviews**

- It is time-consuming as the interview must be transcribed, organized, and reported.
- If the interviewer is not highly skilled and experienced, the entire process can be undermined.
- The process can be costly compared to other methods; however, an in-depth telephonic interview vs an in-person interview can reduce costs.
- Participants must be carefully chosen to avoid bias, resulting in a longer process.
- Participants typically expect an incentive to participate, which must be carefully selected to avoid bias (Burns & Grove, 2016).

The interviews were directed by the following central questions, which were then followed by probing questions:

- What are perceptions of registered professional nurses regarding contributory factors of student nurses' absenteeism during psychiatric clinical placement?
- What should be entailed in strategies for mitigating student nurses' absenteeism during clinical placement?

The in-depth interviews were conducted with registered professional nurses. Eleven professional nurses participated in the study. The data saturation was reached at the ninth participant, but the researcher continued with the other two participants to make sure that there is no new information left out. The total number of participants were eleven. The participants were informed that they should feel free to explain their experiences and that their names would not be revealed. Permission to use a recording device was sought before the interviews, and data were collected until saturation (**see ANEXURE JJ<sub>1</sub> and JJ<sub>2</sub>**).

The interviews were then transcribed and analysed. The in-depth account presented a lively picture participants' reality presented in words as narratives, using individual quotations. The raw data of in-depth interviews

was recorded in non-numerical form. The information from the registered professional nurses assisted in informing questions to be asked in the student nurses' focus groups.

The gap that was left by an individual in the in-depth interviews with the registered professional nurses was closed by focus group discussion data from students. Secondly, students in level III and level IV participated in focus group discussions, and the number of the groups was determined by data saturation. Focus group discussions were formed by level III and level IV students as PNS is only taught in these levels. Only student nurses who were absent during their PNS clinical placements in specialized psychiatric hospitals participated in the study.

Focus group discussions were directed by the following central question which were then followed by probing questions:

- You are a student nurse in one of the campuses of Limpopo College of Nursing, can you kindly share with me, what could be the contributory factors of student nurses' absenteeism during PNS clinical placements?

Data were also collected through focus group interviews, and the number of student nurses was eight to ten in each focus group from each specialized psychiatric hospital. Ten level IV students from three hospitals in three focus groups were interviewed, making up a total number of thirty participants. Seven students at level III participated from each hospital in three focus groups, making up a total of twenty-one participants. Thus, the overall number of student nurses was fifty-one. Data saturation was reached at the fifth focus group, but the researcher continued to the sixth focus group to make sure that there is no new information left out.

### **The role of the researcher**

The role of the researcher is that of being the main research instrument for data collection and using effective communication skills to facilitate the

interviews. According to Babbie (2015), the role of the researcher is to observe, interview, record, analyse and interpret what the participants said as faithfully as possible.

**The following was kept in mind throughout the individual in-depth and focus group interviews:**

**Active listening:** Listening skills were applied by paying attention throughout the interview process, maintaining eye contact, nodding the head, and listening attentively to get information and draw a conclusion.

**Probing questions:** Probing questions were asked as a follow-up to the participant's responses to allow participants to give more clarity.

**Clarifying:** Clarity was sought on statements that were not clearly understood to avoid assumptions and jumping to conclusions.

**Reflection:** The statement was repeated as mentioned by the participant in a question form (in the participant's own words for clarity), and for the participant to elaborate on the specified points.

**Focusing:** Participants were given full attention as they expressed their views; the focus was on the topic at hand, which was the strategies needed to mitigate student nurses' absenteeism during PNS clinical placement. Other subjects from the topic at hand were not entertained.

**Paraphrasing:** This was done by rephrasing the responses from the participant, but with the same meaning, before asking the next question. This encouraged participants to give more information.

**Summarising:** Throughout the interview, the important aspects of what the participant said were summarized to assist participants in recalling issues they forgot to mention.

**Using silence:** Silence was used by nodding the head, and minimal verbal responses, such as "mmm", "yes", and "continue", to allow the free flow of



information and to encourage participants to talk. This made participants feel more relaxed and willing to discuss their experiences.

The interviews were then transcribed and analysed. The in-depth account presented a lively picture student nurses' reality presented in words as narratives, using group quotations. The raw data of in-depth group interviews was recorded in non-numerical form.

## **2.8 MEASURES TO ENSURE TRUSTWORTHINESS**

The trustworthiness of a research study is important in evaluating its worth (Lincoln & Guba, 2004). Trustworthiness refers to the degree of confidence qualitative researchers have in their data, assessed using the criteria of credibility, transferability, dependability, conformability, and authenticity (Polit & Beck, 2017). The methods employed by the researcher to ensure trustworthiness are explained below.

### **Credibility (Truth value)**

Credibility was achieved by seeking ethical clearance from the University ethics committee, and provincial approval was sought from the Limpopo Department of Health. All three specialized psychiatric hospitals and the three campuses of the Limpopo College of Nursing granted approval for the study to be conducted. A specific theoretical framework guided the study, and the theories for developing strategies were also guided by the six elements of practice theory by Dickoff *et al.*, (1968). The study was supported by relevant literature obtained during a literature search.

The population was accurately identified and knowledgeable about the phenomenon being studied. The participants also signed consent forms before participating in the study. Strategies were evaluated by a panel of experts grounded in PNS and doctors in nursing during the presentation in different seminars guided by approaches outlined in Chinn and Kramer (2008). Independent coders coded the findings of the study; in this case, those with a

PhD grounded in the field of PNS and are experts in qualitative research. The study also underwent a final evaluation by the internal and external examiners. Credibility was ensured through prolonged engagement, persistent observation, and member checking.

### *Prolonged engagement*

Prolonged engagement refers to the investment of sufficient time during data collection to have an in-depth understanding of the phenomenon under study, thereby enhancing credibility (Polit & Beck, 2017).

Initially, participants were contacted telephonically, where they were given brief information about the study, and appointments were set. Sufficient time was spent with the participants during data collection. The credibility of this study was enhanced by a consensus discussion with experts in qualitative research, promoters, and experts in the strategies development; they played an active role in challenging the researcher's questions in relation to objectives, data sets, analysis, and interpretation as a way of making the researcher focus and engage with the study.

### *Member checking*

Member checking means the researcher provides feedback to study participants about emerging interpretations and obtains their realities (Polit & Beck, 2017). Member checking was done throughout the study as the researcher played recording device to the participants to determine the accuracy of what they shared during the individual and focus group interviews. This also assisted the participants in recalling if there were some things they had forgotten to mention.

### **Dependability (Consistency)**

The concept of dependability implies a track-able variable, which could be ascribed to identify sources (Lincoln & Guba, 2004). According to Brink (2017), dependability refers to the provision of evidence such that if the study

were to be repeated with similar participants in a similar context, it would give similar findings.

The researcher and the independent coder coded the data, and the recording device was retained to ensure the accuracy and consistency of the information. The researcher also allowed cross-checking of codes, also known as inter-coder agreement by other qualitative research experts, to see whether these experts would code the same as the researcher.

### **Confirmability (Neutrality)**

Confirmability refers to the degree to which the findings function solely on the participants and conditions of research, not biases, motivations, and perspectives. Furthermore, it refers to the degree to which the researcher could demonstrate the neutrality of the research interpretations through a confirmability audit. This is achieved by providing an audit trail consisting of raw data, analysis notes, reconstruction and synthesis products, process notes, personal notes, and preliminary developmental information (Lincoln & Guba, 2004).

Confirmability guarantees that the findings, conclusions, and recommendations of the study are not biased, but are supported by the data. The researcher ensured confirmability by playing back the recorded audio during the interviews, and the transcribed verbatim was retained for verification.

### **Transferability (Applicability)**

Transferability refers to applying the findings in other contexts and settings to other participants (Brink, 2017). The findings of the study will only be transferable if a similar study is conducted in a population whose geographical background and characteristics are the same as the population studied. The researcher cannot specify the transferability of the findings; she can only provide sufficient information and description that the reader can

use to determine whether the findings are applicable to the new situation (Lincoln & Guba, 2004).

Transferability was ensured by appropriately describing participants' geographical background and context information, as these allowed other researchers to assess how transferable the findings are.

### **Authenticity (Genuineness)**

According to Polit and Beck (2017), authenticity refers to the extent to which the researcher has given a fair, faithful, honest, and balanced account of social life from the viewpoint of someone who lives it every day, showing a range of different realities. In this study, authenticity emerged in a report when it indicated the perceptions and experiences of participants regarding the relationship between student nurses' social and academic life.

Table 2.1 gives a summary of how measures to ensure trustworthiness were applied. This ensured that ethical considerations were adhered to throughout the study.

**Table 2.1: Measures to ensure trustworthiness**

MEASURE	CRITERIA	APPLICATION
<b>Credibility</b>	Prolonged engagement	Initially, participants were contacted telephonically during introduction, giving brief information about the study, setting an appointment, and travelling to the participants' campuses and specialized psychiatric hospitals. Sufficient time was spent with the participants during data collection. Another

		appointment was done to validate data.
	Member checking	Member checking was done throughout the study as the researcher played back the recorded tape to the participant and determine that what has been recorded is what they have meant during the individual interviews and in focus group, and this also assisted the participants to recall if there are some things that they had forgotten to mention
	Peer examination	Research proposal was presented at departmental and school research committees. University higher degrees committee evaluated the proposal. Data was co-coded by independent coder; professionals evaluated the developed the strategies internal and external examiners examined the thesis
	Strategies evaluation	The strategies evaluation was conducted by a group of health professionals who were purposively selected.
	Structural coherence	Ethical considerations were adhered to throughout the study. Data was analysed using Tech's method and

		the strategies were developed using six elements of practice theory by Dickoff, <i>et.al.</i> (1968). Strategies' evaluation was guided by Chinn and Kramer (2008), while the study was guided by behaviourists' theory of Skinner (1953).
	Researcher's authority	The researcher is knowledgeable in research. Promoters are also research experts and independent coder has sound knowledge in research and best experience in the field of mental health.
<b>Dependability</b>		Research proposal was presented at departmental and school research committees. University higher degrees committee (UHDC) examined the proposal. The developed strategies were examined by the external examiners.
<b>Confirmability</b>		The developed strategies were evaluated by professionals. The research proposal was examined by the departmental and school researchers. The research proposal was examined by the UHDC. Co-coding of data was done by the independent coder.
<b>Transferability</b>		A purposive sample was used.

		<p>Theories used in the study.</p> <p>Qualitative methodology, study setting, and sampling process were described fully.</p>
<b>Authenticity</b>		<p>A report indicated the perceptions and experiences of participants regarding the relationship between student nurses' social and academic life.</p>

## 2.9 DATA MANAGEMENT

Data collected were transcribed verbatim in English. Thereafter, the researcher listened to the recorded data to immerse herself in the data. The information was stored in a password-protected laptop and gadget as a backup, where no unauthorised person could access it.

## 2.10 DATA ANALYSIS

A data analysis guide developed by Tesch was used to analyse data. Tesch provides eight steps outlined by Creswell and Creswell (2017) that should be considered when analysing qualitative data.

### **Step 1: Get a sense of the whole**

The researcher listened to the voice recorder and wrote down everything that had been said. The researcher paused and replayed the recorder when it was not clearly heard. The recorder was played repeatedly to ensure that the correct information was transcribed. Data were then transcribed into English in the participants' words. Once the data had been organised and prepared for analysis, all transcripts were read, and notes were taken as ideas came to mind.

### **Step 2: Pick a document**

The researcher then selected the shortest document from the transcribed interview, which was done for several participants. The researcher then read those transcripts to find the underlying meaning.

### **Step 3: List the topics**

After completing step 2, a list of all the topics was made, and then topics were divided into columns of key topics, unique topics, and leftovers (which could not be grouped).

### **Step 4: Back to data**

The researcher assigned each topic an abbreviated and identifiable code from the list of topics. Then from the abbreviated list of topics, the researcher wrote data segments next to the code.

### **Step 5: Describe topics**

The researcher found the most descriptive words from the topics and turned them into themes. Next, topics that relate together were grouped; thus, reducing the list of themes.

### **Step 6: Abbreviate categories**

The researcher then finalised the abbreviations for each theme and alphabetised the codes.

### **Step 7: Assemble data**

Data were assembled according to each theme in one place. A preliminary analysis was done using a cut and paste method.

### **Step 8: Record data**

The researcher interpreted, reported, and recorded the research findings.



## **2.11 LITERATURE CONTROL**

After data analysis, the views of student nurses and perceptions of registered professional nurses regarding strategies to prevent absenteeism were identified, and a literature control was conducted.

## **2.12 ETHICAL CONSIDERATIONS**

According to De Vos (2014), ethics are a set of moral principles an individual or group suggests. Kotze (2008) describes ethics as a good action with an attached sense of excellence. The ethical implications of the research are considered, with discussions of how dilemmas can be resolved.

### **Approval to conduct the study**

Obtaining ethical approval is reported, and the possibility of harm to the participant is discussed, including physical or emotional trauma or reduced self-esteem. Finally, strategies to maintain participants' anonymity and confidentiality are recounted (Fraser *et al.*, 2010). Ethical clearance was obtained from the University of Venda Research Ethics Committee. Permission to conduct the study was also obtained from the Provincial Department of Health, the three specialized psychiatric hospitals, and college campuses.

### **Informed consent**

Informed consent is an agreement by a prospective subject to participate voluntarily in a study after the participant has assimilated information from the study (Grove *et al.*, 2016). Information regarding the purpose of the study was briefly explained to the participants (see Appendix B<sub>1</sub>), and written consent was required from the participants by signing a consent form (see Appendix B<sub>2</sub>). Participants gave consent of their own free will without coercion, harassment, manipulation, or any form of remuneration. Privacy and confidentiality were ensured in individual interviews; however, this was a challenge in focus groups. This was done to ensure that participants felt free to participate in the study.

## **Privacy**

Grove *et al.*, (2016) define privacy as the participant's freedom to determine the time, circumstances, and extent to which private information will be shared. The participants' attitudes, opinions, beliefs, medical records, and identities were not shared with people not involved in the research project, particularly in individual interviews with registered professional nurses. Maintaining privacy in the focus group interviews was impossible, but the participants were requested to keep information private amongst themselves. Information was kept away from any intruder, and interviews were conducted in private. Moreover, interviews were conducted in the participants' language, and without intimidation from fellow family/community members. Participants were assured that whatever they said would never be used against or embarrass them. The participants were informed of the reason an audio recorder would be used.

## **Confidentiality**

Grove *et al.*, (2016) define confidentiality as the management of private data in research so that only the researcher knows the subjects' identities and could link them with their responses. No information gathered was shared with anyone outside the research team. Participants in the focus groups were requested to maintain confidentiality by keeping information amongst themselves. Research records were stored in the locked cupboards with limited access and in a password locked folder of the laptop in a way that they were not accessible by unauthorised persons.

## **Anonymity**

When reporting the collected data, the researcher did not include the names or identities of the participants; instead, coding was used to protect the names of the participants. In addition, participants were requested to secure anonymity by keeping information about other participants and the whole study to themselves.

### **Principle of justice**

Participation was voluntary, and participants were selected and treated fairly, allowing them to ask questions with equal opportunities.

### **Principle of beneficence**

The participants were protected from discomfort. Furthermore, it was explained that there are no legal implications due to participants sharing their views.

### **The right to self-determination**

Self-determination was ensured by allowing participants to decide whether to participate in the study and the right to withdraw from the study at any time should they wish to discontinue.

## **2.13 PHASE TWO: DEVELOPMENT OF STRATEGIES TO MITIGATE STUDENTS' ABSENTEEISM AT SPECIALISED PSYCHIATRIC HOSPITALS IN LIMPOPO PROVINCE, SOUTH AFRICA**

The findings of phase one formed the basis of phase two. Phase two of this study comprised strategy development. In developing the strategies, certain aspects needed to be considered, such as situational analysis explained in phase one above, which provided information regarding student nurses' experiences and perceptions of registered professional nurses on contributory factors to absenteeism. Phase two of the study is described fully in (Chapter 5), after all the data had been analysed.

## **2.14 VALIDATION OF THE DEVELOPED STRATEGIES**

Chinn and Kramer's (2008) criteria for strategies evaluation were selected since they are based on empirical evidence. The five critical questions necessary for the evaluation of the strategies are applied as follows:

- How clear are the strategies?

- How simple are the strategies?
- How general are the strategies?
- How accessible are the strategies?
- How important are the strategies?
- The strategies were evaluated by a group of professionals who are doctoral and post-doctoral degrees students in nursing. Members were purposively selected and consented to participate in the process.

## **2.15 CHAPTER SUMMARY**

In this chapter, the methodology of the study was presented. This included the research approach and designs, the study setting, population and sampling process, inclusion and exclusion criteria, data collection instrument, the pre-test study, measures to ensure trustworthiness, data collection process, data management, data analysis, a literature control, and the ethical considerations. Strategy was developed based on situational analysis explained in phase one.

## CHAPTER 3

### THE PRESENTATION OF FINDINGS FROM PROFESSIONAL NURSES' IN-DEPTH INTERVIEWS

#### 3.1 INTRODUCTION

The previous chapter presented the study's research methodology. This chapter presents the findings obtained from the collected data, which include the sample description, theoretical framework, themes, and sub-themes that emerged from the collected data. The study's sampling process was guided by the behavioural theory that states that learning behaviour is influenced by negative or positive reinforcement. The study aimed to develop strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals during clinical placements at the Limpopo College of Nursing, South Africa.

#### 3.2 THEORETICAL FRAMEWORK

##### **Classical conditioning**

The behaviourist theory of learning in classical conditioning by Skinner (1953) posits that learning occurs when new behaviours or changes in behaviours are acquired through associations between stimuli and responses. Thus, association leads to a change in behaviour. Operant conditioning is a method of learning that occurs through rewards and punishments for behaviour. Through operant conditioning, an individual makes an association between a particular behaviour and a consequence (Skinner, 1953). Therefore, the learning behaviour is influenced by negative or positive reinforcement. This study explored and described negative reinforcement, which is a contributory factor of absenteeism, as experienced by student nurses and professional nurses. This study aimed to develop strategies to mitigate student nurses' absenteeism, which is the positive operant reinforcement of student learning behaviour.

### 3.3. Description of the sample

Eleven professional nurses participated in the study—four from each of the Evuxakeni and Hayani hospitals, and three from the Thabamooopo hospital. Data were collected until saturation was reached after the ninth professional nurse from hospital no 3 was interviewed as they were giving out the same information. Nevertheless, the researcher continued with the other two professional nurse to make sure that no new information was left out. Hospitals, and participants were all numbered from Hospital no 1 to 3, and participant no 1 to 11.

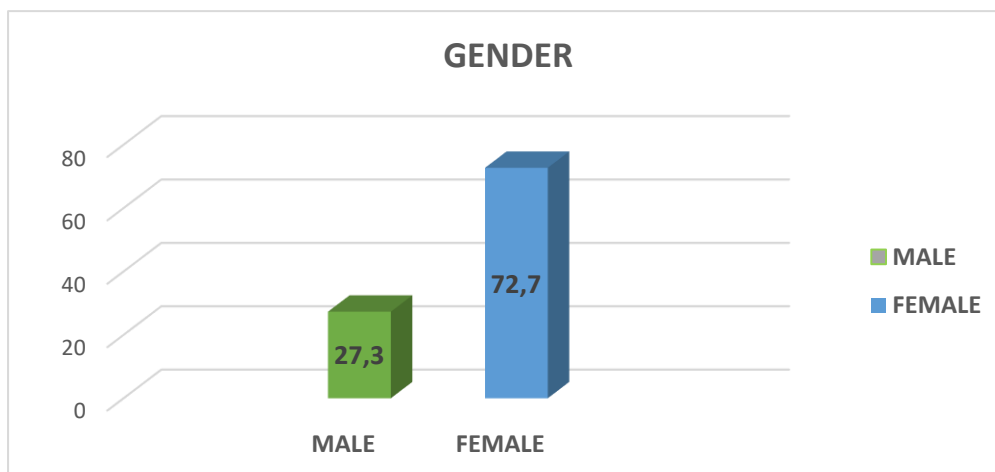
Table 3.5 indicates the profile of professional nurses.

**Table 3.1: Professional nurses' profiles**

HOSPITAL	PARTICIPANT NO	GENDER	
		FEMALES	MALES
NO 1	P1		X
	P2		X
	P3	X	
	P4	X	
NO 2	P1		X
	P2	X	
	P3	X	
	P4	X	
NO 3	P1	X	
	P2	X	
	P3	X	
<b>TOTAL</b>		<b>8</b>	<b>3</b>

Table 3.1. indicates the professional nurses working in specialized psychiatric hospitals where student nurses were placed.

### Professional nurses' gender



**Figure 3.1: Professional nurses' gender**

Of the 11 participants of registered professional nurses, the majority, 8 were female, while 3 were male.

### 3.4. Discussion of findings on professional nurses

Data were analysed through Tesch's eight steps of data analysis (Creswell, 2014). Two themes with sub-themes emerged from data analysis. The themes were: professional nurses' perceptions regarding contributory factors of absenteeism, and views of professional nurses on strategies needed to mitigate absenteeism. These themes and sub-themes are discussed in detail below, with direct quotations from the transcripts and the literature supporting the findings. Each theme is discussed separately.

**Table 3.2: Professional nurses' themes and sub-themes**

THEMES	SUB-THEMES
- Professional nurses' perceptions regarding	<ul style="list-style-type: none"> <li>- Students' factors</li> <li>- College factors</li> <li>- Clinical area factors</li> </ul>

contributory factors of absenteeism	
<ul style="list-style-type: none"> <li>- Views of professional nurses on strategies to mitigate student nurses' absenteeism</li> </ul>	<ul style="list-style-type: none"> <li>- Intensive students' clinical orientation</li> <li>- Availability of student's clinical objectives</li> <li>- Selection criteria of students</li> <li>- Students' transport problems to be addressed by the college</li> </ul>

**Theme 1: Professional nurses' perceptions regarding contributory factors to students' absenteeism**

**Table 3.3: Theme 1 and sub-themes**

THEME	SUB-THEMES
<ul style="list-style-type: none"> <li>- Professional nurses' perceptions regarding contributory factors of students' absenteeism</li> </ul>	<ul style="list-style-type: none"> <li>- Students' factors</li> <li>- College factors</li> <li>- Clinical area factors</li> </ul>

**Discussion of findings of theme 1: Professional nurses' perceptions regarding contributory factors of students' absenteeism**

During data analysis, theme 1 emerged when participants shared their ideas and perceptions regarding contributory factors to absenteeism. The following three sub-themes were identified from this theme: students', college, and clinical area factors.



- **Students' factors**

Most professional nurses indicated that students were absent from clinical areas because of fear of mental healthcare users, particularly those students exposed to psychiatric wards for the first time. Some mentioned that students were absent due to anxiety about clinical assessment done by nurse educators in the clinical areas; they felt they were not ready to be assessed. Other participants indicated that student nurses show a negative attitude towards PNS; they do not have an interest in certain subjects while training. In addition, some have an attitude problem – they believe they will patch the clinical hours if they are absent. Some participants also indicated that student nurses are absent from the clinical areas because of social issues and stresses they undergo as social human beings in the community. Participants also mentioned that some are married with children and have other family members. As a result, student nurses are absent from the clinical areas due to students' lifestyles, particularly substance abuse, whereby students party the entire weekend, drinking alcohol and smoking, which often results in them waking up late on Mondays.

The following quotations indicate professional nurses' perceptions of student nurses' factors:

*"...They can be different, number 1 I can say students don't have interest of what they are doing, maybe sometimes someone just go to Limpopo college of Nursing just because of the stipend, yah you find that he was intending of doing something in the University and he or she is not accepted there. So, he applied to Limpopo College of Nursing, and they took him, and I think that is the reason, lacking the interest..."* **Participant 7A – Hospital 1.**

*"...Another thing is attitudes of students themselves towards psychiatry because you find that is indeed that at the college we are being trained in different faculties, there are different subjects, so you find that a student has attitude towards a certain subject. Then you find that a student doesn't like psychiatry and told himself that when I complete, I don't want to work in*

psychiatry, so it makes him loose interest in psychiatry because he doesn't want to work in it on completion, so it also led to absenting himself from work which is absenteeism..." **Participant 8A – Hospital 2.**

"...I think it is because of the way an individual is the one we call it attitude in English. You find that a person has a negative attitude towards work without interest in work. Yes, the students..." "...Another thing is that as student nurses they are also parents from their families so at their families they may experience family problems at home. So, it may lead to absenteeism. Yes, social problems. You may find that they sometimes fight with their spouses and then they experience communication breakdown then it makes them absent themselves..." "...Yes, sometimes things like that maybe the part of the first thing I mentioned because you may find that a person is learning in nursing but on the other hand, he is drinking alcohol and smoking cigarette like abusing substances it can lead to absenteeism..." **Participant 8B – Hospital 2.**

"...I think they feel scared of patients thinking that they may do something bad to them because when some of the students go to them it is like they are scared of them..." **Participant 8C – Hospital 2.**

"...Another reason might be there they lack interest as students because some of them do not really have interest in the profession you can hear from their conversation to finish then work to accumulate funds so that we can start the business of our interests, so I think those are the reasons. Lack of supervision by professional nurses and lack of interest by students..." **Participant 9C – Hospital 3.**

Alshowkan and Kamel (2016) conducted a study in Saudi Arabia which revealed that student nurses were absent due to a lack of knowledge and experience. Almost all the participants had identified feelings of being anxious and fearful about dealing with patients due to their lack of experience and skill. They were particularly worried about how to deal with patients with mental illnesses. Abdelrahman and Abdelkader (2017) claimed that student nurses' absenteeism is related to social problems, such as attending to

community activities and family problems. Another study by Abdelrahman and Abdelkader (2017) reports that students were absent from the clinical areas because they believed that certain subjects were forced on them against their will. This is supported by Nawaz *et al.*, (2018), who also found that students were absent because they believed that certain subjects were forced on them. Furthermore, the study revealed that students indicated that the subject is boring; hence, they become absent. On the other hand, Ray *et al.*, (2018) indicate that some of the reasons student nurses absent themselves from the clinical areas are family problems, breakups, and separated family.

- **College factors**

During the interviews, some professional nurses indicated that students are absent because the college gives them a lot of theoretical work to study within a short time. Some further added that the college allocates many student nurses to one ward simultaneously, leading to overcrowding of students in the ward. Other professional nurses said that students are absent due to delayed transport from the college to the clinical areas and being left behind by the bus.

The following quotations depict the professional nurses' perceptions regarding college factors:

*"...Ehh I think from what we got is that they always complain about the transport yah that sometimes they are not picked up at the college..."* *"...Yah and then last reason maybe it might be they always say they have a load of work from their classes, so they want to catch up like they have a little time to study while they are on block, so they use the time for practical to catch up and their nurses home..."* **Participant 7B – Hospital 1.**

*"...Mostly about June and July time, is indeed that it is a cold time you will hear them talking about "malume" they mean the driver of the bus, they say the driver comes early and by then we still want to rest so it makes some of them to report sick so, but you can see that they don't want to wake up early and*

come to work. Yes, they say the driver comes early and they would want to sleep by then...” **Participant 7C – Hospital 1.**

“...When I look at it, I think it is because of their own influence because when they come the driver drops them at the gate and they think nobody can see them so maybe we don't have their schedule in the ward. So, they may sign and we will think that they are in the ward. It makes them to absent themselves thinking that we cannot see them as the people who accompany them, that is why they absent themselves. Yes, there is no right supervision by people from the college because we can see it when they come for the skills but when they come here alone is then that they get a chance to absent themselves...”

**Participant 8D – Hospital 2.**

“...Maybe even the number of students who are allocated in the unit. You will find that maybe they are 10, 11 and then with the fact that they don't have a constant monitoring from the supervisors that is where they tend not to come to work...” “...The other factor or contributory factor to the absenteeism is the issue of the bus. They will tell you that if “Malume” (the bus driver) left you behind you won't be able to reach the hospital in time like let us say for example “Malume” is leaving at 7 o'clock and then you are left behind, first thing you have to go to the taxi rank to get a taxi and you have to wait for the taxi to get full. And you must take three taxis to get here to the hospital so probably they will not be here in time that is another thing...” **Participant 9A – Hospital 3.**

Desalegn, Berhan and Berhan (2014) report that the main reasons for absenteeism were getting ready for examinations, lack of interest, nurse educators' teaching style, and convenience of lecture material. Similarly, a study conducted by Baloyi (2014) concludes that student nurses' absenteeism is due to several factors, namely, preparation for exams, home-related factors, death in the family, school-related commitments, and poor school infrastructure. Nawaz *et al.*, (2018) conclude that some participants become absent if they were late for lessons. Masutha *et al.*, (2019) further found that some participants indicated a shortage of college transport to take students

to clinical areas due to the students' amounts of theoretical work to be studied.

- **Clinical area factors**

Most professional nurses indicated that when students are placed in specialized psychiatric hospitals, they get bored because there is less work to be done in the ward as the ward is not busy compared to general nursing wards. Others reported that the professional nurses in the ward treat students as a workforce due to a staff shortage. Some indicated that students were absent from clinical areas because professional nurses portray negative attitudes towards student nurses. In addition, some participants also indicated that student nurses' absenteeism is due to a lack of supervision in the clinical areas.

The following quotations show perceptions of professional nurses regarding clinical areas factors as the cause of students' absenteeism:

*"...And then sometimes I think they are not well supervised from the college from their tutors..."* **Participant 7B – Hospital 1.**

*"...They just come here and do whatever they want they know there is nothing we can do as professionals. Let me add the fourth one, the institution, and measures of controlling absenteeism where they are also training the institution itself their own professionals, they are having high absenteeism. Their own absenteeism is also high so they can observe that in this institution even the professionals when they don't come to work nothing is being done so it means we can also do that, so I think these are the four things..."* **Participant 7D – Hospital 1.**

*"...Another thing is but not always, sometimes attitude of the permanent staff towards students because sometimes you find that they become harsh to students especially looking at Giyani College as I said I will talk from my experience because I trained at the college. You find that you get the negative*

*attitude from the staff because that time we used to get incentives and when you go to work you would hear them saying that students from the college are spoiled because they get paid so it leads to the staff to develop a negative attitude towards students so it demoralizes students you see, they say a lot of things telling students this and that so it makes students not wanting to go to work leading to absenteeism...*” **Participant 8A – Hospital 2.**

*“...Another thing is us the professional nurses when we take every work and delegate it to students and we don’t do anything when students are in the ward in such a way that we want to rest instead of teaching students, so it leads to students absenting themselves from work due to exhaustion...” “...Another thing is the negative attitude of professional nurses to wards students. This makes the student to lose interest of going to work and absent himself/herself...”* **Participant 8B – Hospital 2.**

*“...When I look at it I think it is because of their own influence because when they come the driver drops them at the gate and they think nobody can see them so maybe we don’t have their schedule in the ward. So, they may sign and we will think that they are in the ward. It makes them to absent themselves thinking that we cannot see them by the people who accompany them, that is why they absent themselves. Yes, there is no right supervision by people from the college because we can see it when they come for the skills but when they come here alone is then that they get a chance to absent themselves...”* **Participant 8D – Hospital 2.**

*“...Mmm, I think maybe some of the reasons might be lack of supervision from us as sisters in the institution that they are placed...”* **Participant 9C – Hospital 3.**

A study by Kovane (2015) found that most participants strongly believed they were absent because the overwhelming amount of work and the staff-patient ratio was too high. Abdelrahman and Abdelkade (2017) support this, stating that one reason for students’ absenteeism in the clinical area was work overload. Nawaz *et al.*, (2018) discovered that most participants reported they

were absent from the clinical areas due to a shortage of staff in the clinical area being asked too many questions daily by the nurse educators. Similarly, Magobolo and Dube (2019) indicate that in their study, most participants agreed that they were absent from the clinical area because they were covering for staff shortages; some said that they were absent due to work overload, while others mentioned that it was because they do not want to be treated as a workforce. Similarly, Masutha *et al.*, (2019) conclude that in some clinical areas, professional nurses are not approachable to student nurses; thus, student nurses become absent from such clinical areas.

### **Conclusion of theme 1: Professional nurses' perceptions regarding contributory factors of students' absenteeism**

The information obtained from the interviews indicated that most participants believed that students were absent from clinical areas due to students' factors, such as lack of interest in PNS and fear of mental healthcare users. Most of them strongly believe that because psychiatric wards are not so busy; hence, they get bored, leading them to be absent. Some indicated that absenteeism is due to college factors, which include academic work overload, and students being absent to study from the nurse's home for the upcoming test or examination as the workload of the college is too much as they are expected to prepare in a short period of time. Additionally, some felt that students were absent due to clinical area factors, such as lack of supervision and accompaniment because of a heavy experiential obligation where they are overworked in the ward, as well as the attitude of professional nurses towards student nurses.

### **Theme 2: Views of professional nurses on strategies to mitigate student nurses' absenteeism**

#### **Table 3.4: Theme 2 and sub-themes**

THEME	SUB-THEMES
<ul style="list-style-type: none"> <li>- Views of professional nurses on strategies to mitigate student nurses' absenteeism</li> </ul>	<ul style="list-style-type: none"> <li>- Intensive students' clinical orientation</li> <li>- Availability of student's clinical objectives</li> <li>- Selection criteria of students</li> <li>- Students' transport problems to be addressed by the college</li> </ul>

### **Discussion of findings of theme 2: Views of professional nurses on strategies to mitigate student nurses' absenteeism**

Theme 2 emerged during data analysis when most participants gave their opinions regarding mitigating student nurses' absenteeism. Four sub-themes were identified: Intensive students' clinical orientation, availability of students' clinical objectives, student selection criteria, and students' transport problems to be addressed by the college.

- **Intensive students' clinical orientation**

During the interviews, most professional nurses indicated that students should be prepared psychologically through intensive orientation before being allocated to the clinical areas by nurse educators when they reach the clinical areas so that they know what to expect and how to manage mental healthcare users in the ward.

The following quotations depict how professional nurses view how the clinical orientation of students can mitigate student nurses' absenteeism in psychiatric hospitals:



*“...Mmm they should be taught, I think teaching is the only tool that can prepare them, they should be taught about mental healthcare users who are inside the hospital who are under treatment yes just to prepare them and let them know that these people when they are under treatment it is simple to supervise them and to control them so they are dangerous but it is not that bad they can leave with them they can be able to cope and sit down with them as long as they don’t provoke them. That preparation should be done in class because before they go to the hospital, in the hospital I think mmm proper orientation should be done so that they cannot fear anything, and they can be well prepared on what they are going to face daily...”* **Participant 7B – Hospital 1.**

*“...Ehhh no 1 there should be a good orientation when they come to psychiatric ward, they must be told and it must start from the college when the psychiatric team orientate them so that they have interest and when they arrive at the hospital setting again their orientation must be interesting so that they become interested and so that they know that psychiatry is part and parcel of nursing because sometimes you find that when they go to other hospitals they don’t get orientation to that extent that they understand how psychiatry works, they just come and being welcomed and seated there not being told what to do so that they develop interest. So, orientation should be intense so that they understand how psych works and what do they do in psych. Another thing is the attitude of staff that should be addressed so that there should be good relationship between students and permanent staff yes it should be addressed to all students and permanent staff. I think it needs the same thing, orientation, they need to be told when they arrive to understand that they came to school and a person comes alone, is indeed when a person is called at the college it is not a group call they call us individually so they must be spoken to when they arrive so that they understand why they came, what is expected from them and what they should contribute for them to complete. All these things should be addressed in orientation. Orientation is very important that is why you can hear me saying it repeatedly because they mishandle themselves so they need to be told that these patients should be approached this way and we should speak with them this way, we should not fear them they are also human we should*

*relate well with them so that we understand their behaviour, so it takes us back to orientation. So they should be told during the first phase when they are still starting psych so they should be told everything that when you get there you will get these type of patients and when they behave this way, this is what you should do and they will be working under the supervision of the staff so if they want to address anything or ask anything they should ask the permanent staff they will tell them what is happening. Ehhh practical orientation is very important because at the college is just theory, the college is telling them but they are not in the situation so the important orientation is when they arrive at the hospital because they are getting to the ward and it is where they should know everything that they should expect and how they should behave so that the service is rendered...”* **Participant 8A – Hospital 2.**

*“...I think before students are allocated to the hospital and after they have been allocated, nurse educators should orientate and teach them at the college on how to behave themselves when they go to the clinical area as a student. Yes, this awareness must not be done here at the hospital only but also at the college before they came here for practical. Yes, it must be done at their college...”* **Participant 8B – Hospital 2.**

*“...I think myself as a professional nurse I should help the student by developing him partially and understanding the work environment...”* **Participant 8C – Hospital 2.**

Williams (2016) indicates that many student nurses have little or no experience regarding a psychiatric setting environment, and thus have no idea what will be encountered when entering the psychiatric setting and that fear of the unknown may contribute to student nurses’ anxiety regarding their psychiatric clinical experience. They may also have misunderstandings, misconceptions, and preconceived judgments regarding patients with psychiatric illnesses, and these factors may result in an increase in anxiety regarding their psychiatric clinical experience.

Forte (2017) reports that other strategies for reducing employee absenteeism for a sustainable future are to involve employees to have input on finding solutions to problems, developing and making training programmes available for personal and technical growth, as well as cross-training in job responsibilities, implementing programmes that provide information and assistance to reduce high levels of sickness ailments.

- **Availability of student's clinical learning objectives**

During the interviews, some professional nurses reported that another reason students become absent from the clinical areas is that professional nurses are not provided with the student's clinical learning objectives. Therefore, the availability of students' clinical learning objectives makes professional nurses control students and allocate them accordingly.

The following quotations show how some professional nurses view the availability of students' clinical learning objectives as one of the strategies to mitigate students' absenteeism:

*"...Yah there should be communication when the students are brought even their job description, we should be knowing it so that we are able to allocate, delegate them so that they are always busy and, in that way, it will be easy for us to identify those who are weak. But here we have not seen anything that has been written that this is what we are here for these are the learning objectives for that moment, to say these are the level 3 and these are their objectives this is what we expect them to learn. Because they come with their workbooks, and we don't have access to their workbooks. Because usually it is the student that must show you initiative to learn not me as a professional nurse, but this is my one of my scopes of practice to teach but I am given direction by one who wants to learn. Mam today I want to learn about history taking please assist me so that is when I can interview but if there are maybe objectives that are put in place, they are there if that day I am not busy I can just keep on and say girls and boys come let us do this and they know that*

*when I am here I usually tell them that yesterday when you were giving treatment, don't give something that you don't know how and what it works. You must keep the document in the kitchen it helps a lot and what are contraindications, so they are learning but now the initiative is coming from me not from their initiative..."* **Participant 7D – Hospital 1.**

*"...Yes, a sort of preparatory to us to say they are coming, and these are their objectives and for us to go back and review so that we go back and study about a particular objective that they will be here for. When you are engaging with these things it is always important to reflect and study..."* **Participant 9C – Hospital 3.**

Gaber and Moustafa (2015) report that other motivational strategies to reduce nursing students' absenteeism are finding out students' needs and building them into a course, encouraging students to set personal learning goals, and requesting students to work towards the same goal. Another study by Kevin and Knoster (2016) indicates that one of the strategies for addressing student absenteeism is applying knowledge of curriculum to knowledge of self and providing opportunities for students to apply what they have learned through decisions and action.

- **Selection criteria of students**

During the interviews, professional nurses indicated that one of the strategies to mitigate student nurses' absenteeism in clinical areas is by the college ensuring the selection criteria include the assessment of students' interest in nursing as students seem to have a lack of interest in nursing, particularly in PNS.

The following quotations depict the opinions of professional nurses about the selection criteria of student nurses at the college:

*"...Mmm, I think choosing careers, students should not be forced to go to nursing because of poverty or something. I think one of the criteria should be an interest*

*on that job, any job even if it is not nursing but having an interest prepares your mind well before you go and face the reality. Mmm, I think there should be I don't know what they call it, selective test yes because normally they just apply and if someone has good results, they just call them to attend but if they can do a selective test then they will see that this person is well prepared to face whatever is covered in nursing career..."* **Participant 7B – Hospital 1.**

*"...I think during interview I don't know what is it that you are using but they should be a portion where you must see the interest because that thing is useless to say he has got exemption he passed very well, he has got maths but when he comes here, he becomes a parcel. From my little knowledge or little research that I have done which is not scientific is that even though he passed they don't stay in nursing, boys, they will just come and train after four years they start to do more study at the University, and they go out and go to the office. It is very rare to find a male nurse with twenty years' experience in a nursing field. So, I think that thing can also be considered because I am not saying they must commit gender inequality, but I think when doing selection criteria, the ratio should be at least above girls than boys. Yah if you don't do it that way nursing is going down the drain and they are saying is 50/50 thirty girls, twenty boys and remember from thirty is not 100 percent it maybe only 10 percent and from boys only 1 percent so that is my input then it should be corrected from the college and select in the correct criteria..."* **Participant 7D – Hospital 1.**

- **Students' transport problems to be addressed by the college**

During the interviews, some professional nurses indicated that for the students' absenteeism to be mitigated, student nurses should be accommodated on the hospital premises since one of the reasons student nurses were absent relate to the college campuses and hospitals being far from each other. In addition, another strategy is for the college to resolve the transport problems by allocating more drivers to transport students.

The following quotations show how professional nurses view the students' accommodation at the hospital, and more drivers as other strategies to mitigate students' absenteeism:

*"...The factors that I gave, yes mmm I think college management should also intervene when it comes to transport to monitor that there is enough transport for students and someone who will make sure that every day there is a driver or there is transport available for them. They say there is no driver. Yes, the others yesterday they said the driver is not there. Sometimes if their driver is absent or is sick, they are not able to come because there is no replacement. So maybe having enough staff to transport them will help..."* **Participant 7B – Hospital 1.**

*"...I think they should talk to the driver is indeed that it is known that students should be here at 7 o'clock, it is not far from the college, maybe they can ask the driver to drop students at the gate by 7 o'clock it will be fine. The driver must be told not to be too early because when students arrive here, they will be tired so they need to rest a bit also, they must wake up in time and come to work. His employer, I don't know who his employer is, but he is the one to speak to him. The students should report it to the driver employer..."* **Participant 7C – Hospital 1.**

*"...They will tell you that if "Malume" (the driver) left you behind you won't be able to reach the hospital in time like let us say for example "Malume" is leaving at 7 o'clock and then you are left behind, first thing you have to go to the taxi rank to get a taxi and you have to wait for the taxi to get full. And you must take three taxis to get here to the hospital so probably they will not be here in time that is another thing. Ahh, I think with the issue of the bus maybe if they have an opportunity to liaise with the hospital in terms of nurses home it will be better..."* **Participant 9A – Hospital 3.**

Ray *et al.*, (2018) conclude that another reason for nursing students' absenteeism is that students' problems are not addressed adequately. They

further indicate that the remedy is for students' problems to be adequately addressed, including the transport issues.

### **Conclusion of theme 2: Views of professional nurses on strategies to mitigate student nurses' absenteeism**

The information obtained indicates that some students were absent from the clinical areas because of a lack of intensive students' clinical orientation before the students are allocated to the clinical areas, and on arrival at the hospitals. Some professional nurses indicated that students' absenteeism could be mitigated through the availability of students' clinical objectives whereby professional nurses will know how to work with them, particularly in teaching students and delegating them to the wards. In addition, some professional nurses reported that the selection criteria of students during admission to the college need to assess students' interest in nursing, particularly in PNS, as a strategy to mitigate students' absenteeism. Another strategy to mitigate student nurses' absenteeism, as suggested by professionals, is that the college should adequately address students' transport problems.

### **3.5. CHAPTER SUMMARY**

In this chapter, the results of the study on professional nurses were presented, comprising the introduction, sample description, and discussion of the findings. The following chapter will present findings from the student nurses.

## CHAPTER 4

### PRESENTATION OF FINDINGS FROM STUDENT NURSES' FOCUS GROUP DISCUSSIONS

#### 4.1 INTRODUCTION

The previous chapter presented findings from professional nurses' in-depth interviews. This chapter presents the findings obtained from student nurses' focus group discussions, which include the sample description, theoretical framework, themes, and sub-themes that emerged from the collected data. The study's sampling process was guided by the behavioural theory that states that learning behaviour is influenced by negative or positive reinforcement. The study aimed to develop strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals during clinical placements at the Limpopo College of Nursing, South Africa.

#### 4.2 THEORETICAL FRAMEWORK

##### **Classical conditioning**

The behaviourist theory of learning in classical conditioning by Skinner (1953) posits that learning occurs when new behaviours or changes in behaviours are acquired through associations between stimuli and responses. Thus, association leads to a change in behaviour. Operant conditioning is a method of learning that occurs through rewards and punishments for behaviour. Through operant conditioning, an individual makes an association between a particular behaviour and a consequence (Skinner, 1953). Therefore, the learning behaviour is influenced by negative or positive reinforcement. This study explored and described negative reinforcement, which is a contributory factor of absenteeism, as experienced by student nurses and professional nurses. This study aimed to develop strategies to mitigate student nurses' absenteeism, which is the positive operant reinforcement of student learning behaviour.



### 4.3. Description of student nurses' sample

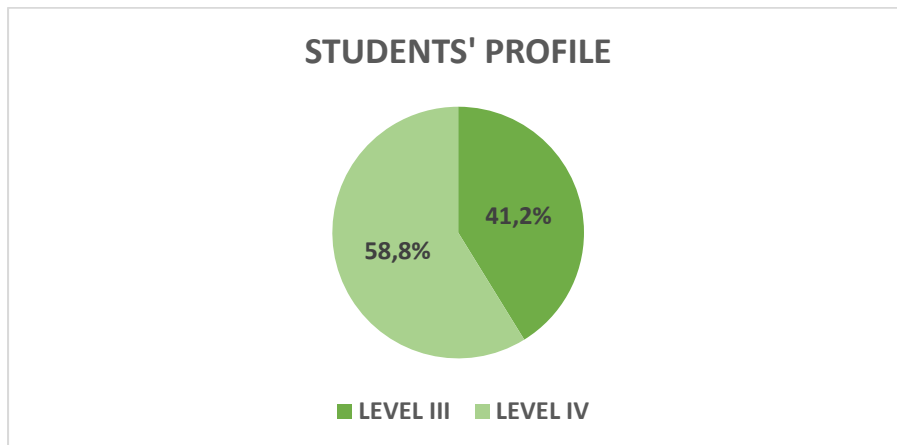
The study sample consisted of level III and level IV R425 programme student nurses from selected Limpopo College of Nursing campuses. The study sample comprised thirty level IV student nurses, twenty-one level III student nurses. The sample size of this study was determined by data saturation, which it was reached after interviewing the fifth focus group, but the researcher continued with the sixth focus group to make sure that no new information was left out. Focus groups, campuses, and participants were all numbered as Focus Group 1 to 6, Campus A to C, and Participant 1 to 10. Table 4.1 indicates the profile of student nurse participants who were interviewed.

**Table 4.1: Profile of student nurses**

FOCUS GROUP	CAMPUS	LEVEL	GENDER	
			FEMALES	MALES
NO 1	A	IV	4	6
NO 2	B	IV	5	5
NO 3	C	IV	7	3
NO 4	A	III	5	2
NO 5	B	III	7	0
NO 6	C	III	7	0
<b>TOTAL</b>			<b>35</b>	<b>16</b>

This table indicates level III and level IV students who were absent from clinical areas when placed in specialized psychiatric hospitals.

### Students' level of study

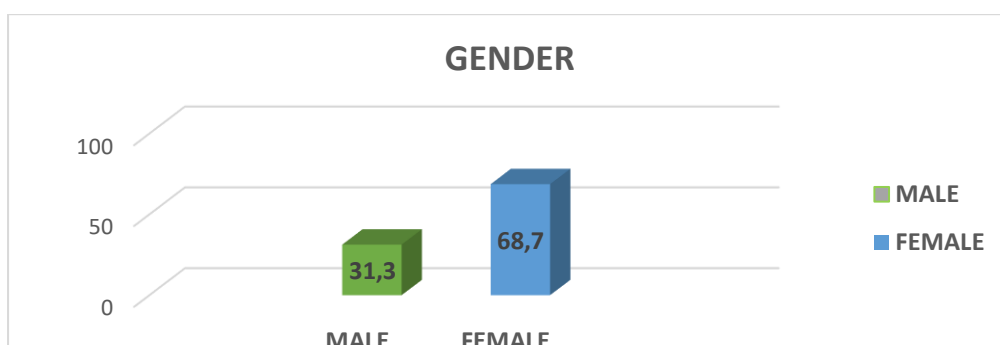


**Figure 4.1: Participants' level of study distribution (N=51)**

Of the 51 participants, 30 were in level IV, while 21 were in level III. Therefore, it can be noted that most nursing students who participated in this study were in level IV.

According to Baloyi (2014), it was evident from the analysis that students' age and lack of interest in the studies demonstrated a negative relationship. Moreover, the level of study and student absenteeism also shows a moderate negative relationship. Baloyi's study concluded that students at higher levels of study experience less lack of interest in their studies than lower-level students.

### Students' gender



**Figure 4.2: Students' gender distribution (N=51)**

Of the 51 participants, 35 were females, while 16 were males. Therefore, it is evident that a majority, of nursing students who participated in this study were females.

Similarly, a study by Singh (2015,) indicates that most of their respondents, 73, were females, whilst 26 were males.

#### 4.4. Discussion of findings on student nurses

Data were analysed using Tesch’s eight steps of data analysis (Creswell, 2017). Two themes with sub-themes emerged from data analysis. The themes were student nurses’ perceptions regarding contributory factors of absenteeism, and views of student nurses on strategies needed to mitigate absenteeism. These themes and sub-themes are discussed in detail below, with direct quotations from the transcripts and the literature supporting the findings. Each theme is discussed separately. Table 4.2 below highlights student nurses’ themes and sub-themes.

**Table 4.2: Student nurses’ themes and sub-themes**

THEMES	SUB-THEMES
<ul style="list-style-type: none"> <li>- Student nurses’ perceptions regarding contributory factors of absenteeism</li> </ul>	<ul style="list-style-type: none"> <li>- Students’ factors</li> <li>- College factors</li> <li>- Clinical area factors</li> </ul>
<ul style="list-style-type: none"> <li>- Views of students on strategies to mitigate student nurses’ absenteeism</li> </ul>	<ul style="list-style-type: none"> <li>- Psychological preparedness of students</li> <li>- Students’ involvement in clinical activities</li> <li>- Adequate clinical accompaniment and supervision</li> </ul>

	<ul style="list-style-type: none"> <li>- Students' support and counselling</li> <li>- Improve awareness of professional nurses on the learning outcomes of students</li> </ul>
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**Theme 1: Student nurses' perceptions regarding contributory factors of absenteeism**

**Table 4.3: Theme 1 and sub-themes**

THEME	SUB-THEMES
<ul style="list-style-type: none"> <li>- Student nurses' perceptions regarding contributory factors of absenteeism</li> </ul>	<ul style="list-style-type: none"> <li>- Students' factors</li> <li>- College factors</li> <li>- Clinical area factors</li> </ul>

**Discussion of findings of theme 1: Students nurses' perceptions regarding contributory factors of absenteeism**

During data analysis, theme 1 emerged when participants shared their ideas and perceptions regarding contributory factors of absenteeism. This theme identified three sub-themes: students', college, and clinical area factors.

- **Students' factors**

Most student nurses indicated they were absent from clinical areas because of fear of mental healthcare users, particularly those students exposed to psychiatric wards for the first time. Some mentioned that they were absent due to anxiety about clinical assessment done by nurse educators in the clinical areas; they felt they were not ready to be assessed. Other students indicated that student nurses show a negative attitude towards PNS; they do not have an interest in certain subjects while training. In addition, some have an attitude problem – they believe they will patch the clinical hours if they are absent. Some participants indicated that student nurses are absent from the clinical areas because of social issues and stresses they undergo as social

human beings in the community. Participants also indicated that some are married with children and have other family members. As a result, student nurses are absent from the clinical areas due to students' lifestyles, particularly substance abuse, whereby students party the entire weekend, drinking alcohol and smoking, which often results in them waking up late on Mondays.

The following quotations indicate student nurses' perceptions about students' factors:

*"...Substance abuse can also be contributory factor to absenteeism. Yah in a manner that, not I personally, but people tend to over partying or engage too much into this, so due to the effects of hang overs then they have failures to wake up and find themselves in the work place or correlating to the transport issues, the bus leaves by the correct time it leaves early so if you are still dealing with your hang overs, it leaves you behind, so I could also say substance abuse is contributing to absenteeism..."* **Participant 6 – Focus group 1.**

*"...Ok, ehh I wanted to mention safety concern as one of the contributory factors. Like some of the students fear those mental healthcare users especially because some of them have got a terrifying history. Ok what I mean by saying terrifying history I mean aah, the thing is sometimes, ok, obviously we have access to their files so sometimes we find out that the person has got history of maybe rape times 4 and there is a lady who is supposed to be working around those people every day, so that can result to that person being afraid of such people. Another example I can give is an example of someone who is admitted and having a history of murder x 5, so obviously I won't feel safe around those people..."* **Participant 8 – Focus group 1.**

*"...Is to add on what Participant 6 has said. Mmm even the stories that we hear about mental healthcare users they might give you some fears to go there so whenever you are at work if only a slight thing happens you can just leave work and you will start absenting yourself. Ehhh like there was once this story that the mental healthcare user killed a professional nurse so if you go to work and*

*there is some incidence wherein maybe a mental healthcare user is upset you might get frightened that what if this person kills me like that one. And there was this time when I was going to work for the first time, it was our first exposure then the nurses were telling us that you shouldn't be with that patient and that one, so whenever that patient approaches you, you just have fear and the next day you will say what if that patient comes to me like they have just brought fear to you that will make you absenting yourself from work..."*

**Participant 10 – Focus group 3.**

*"...In addition, about the anxiety there are myths that if you spend too much time with the mental healthcare user one might intent or adapt to the behaviour of that mental healthcare user so we tend to be absent being afraid that maybe we will adapt to their behaviours and also ourselves tend to be psychiatrics because that's what they are saying..."* **Participant 6 – Focus group 5.**

*"...Ok it is about having anxiety about the assessment that should be done by the student being assessed by the nurse educators. Yes, you find that really you are not ready at that time but then the nurse educators who should assess you will say I told you that I am going to come today..."* **Participant 7 – Focus group 5.**

*"...I think that is because we students think that when we are absent, we will patch the hours, so I think that is the contributory factor..."* **Participant 1 – Focus group 6.**

*"...I wanted to say that sometimes students are absent at the clinical area because of fear, there is this fear that is there towards other mental healthcare users so going to the clinical area everyday seems to be a difficult challenge because the student knows that there she is going to face that user so they feel like it is better to just not go and avoid interacting with that user..."* **Participant 3 – Focus group 6**

A study conducted in the United Kingdom (UK Essays, 2018) generalized that absenteeism at the workplace is associated with lack of interest, debt,

alcoholism and gambling habits, and low wages. In Iran, Delaram *et al.*, (2016) developed strategies to reduce absenteeism from students' viewpoint in mental institutions, which revealed that negative views of people with mental illnesses as being dangerous and harmful. This was another issue students brought up during the interviews. Some students reported that they were terrified of being physically abused by patients. To transfer teachers' knowledge, the presence of students is necessary in the classroom and in clinical areas. Another study conducted by Shellenbarger and Hoffman (2016) reports that several students may also have family obligations, placing additional demands on their time. Some students have children that require childcare, ageing parents with health problems, or collect social grants. In addition, factors such as conflicts at home, family separation and divorce, child self-care, problematic neighbourhoods, and maltreatment were also identified.

On the other hand, a study by Nawaz *et al.*, (2018) shows that absenteeism reasons were identified with assessment factors such as, "I am supposed to demonstrate the procedure", "when I am supposed to give feedback on evaluation", and Objective Structured Clinical Evaluation (OSCE) day. Thus, it was concluded that student nurses were absent from classroom and clinical settings because they feared assessment. Similarly, a study by Ray, Raju, and Singh (2018) reports that nursing students indicated that they were absent from the clinical areas because they were less interested in clinical area issues. Similarly, a study by Magobolo and Dube (2019) in South Africa, conclude that students are absent because they have an attitude about being funded to study but not paid to work; thus, they can attend to family challenges like sick children, spouses, or parents when required. On the contrary, a study by Masutha *et al.*, (2019) in South Africa found that most respondents do not have alcohol and drug abuse problems as a personal factor leading to student nurses' absenteeism in the PNS clinical areas.

- **College factors**

It was found that some students were absent due to college factors and transport issues. For example, if the transport leaves them due to waking up late, they will stay home because the alternative transport meant using three taxis to get to campus timely. In addition, some indicated that there are not enough bus drivers on the campuses, and they do not get paid for overtime. Moreover, some indicated that they were absent because the college campuses allocated them several times in one ward, while some were overcrowded in one ward, which made it difficult for professional nurses to supervise and teach them when they are too many in the ward. Furthermore, some students indicated that they were absent to study for upcoming tests because their theory workload was too much. Finally, other students indicated that the college does not give them time to rest during the year (like universities); therefore, they get tired as they only rest in December.

The following are some of the quotations on perceptions of students regarding college factors:

*“...Ok in addition to teaching us, sometimes is because of overcrowding because we are there being many and the professional nurses there feels like why I should teach so many people at the same time because it is congested. And most of the time we leave there not knowing what is happening there because we are too many and they can't teach us at the same time...”*

**Participant 1 – Focus group 1.**

*“...The fact that in our campus we travel every day to the hospitals, and we must be early or else the transport is going to leave you. Some people might find it a bit too much of waking up every morning and chasing a bus and things like that. And waiting for the bus to come and fetch you after work, sometimes it comes early or late or leave you at the hospital and you must bring your own transport to come back...”* **Participant 4 – Focus group 1.**



*“...Ehhh I wanted to add on the allocation. When you are allocated in the same ward many times like allocated in ward 3, always you are always at ward 3 so you get to the point where you are ok, I know the routine at ward 3 I know when I go there, there is no need for me to go there because I have been there many times...”* **Participant 3 – Focus group 3.**

*“....Yah but she said most of the things I wanted to say but we are expected to study in a month everything and we write like every week we are writing, so it is just too much workload so when we get time, when we go to psychiatric wards and there is so much time, you absent yourself and you come back you study to catch up, yah...”* **Participant 6 – Focus group 3.**

*“...Ok mmm I believe that mmm in some of the higher learning institutions, they get breaks or recess during the year. So, in terms of our campus, for example, we don't have recess during the year. So we only have recess at the end of the year, so sometimes it is just exhaustion, we are tired, so I am just like I am tired, I am not going to work because I am from class like the whole month and the following month it is practical the other month, just like that there are no breaks except for weekend so sometimes I just take a break because I am tired...”* **Participant 7 – Focus group 3.**

*“...I think another thing is the distance from the academic institution to the practical institution. If it happens that the distance is far, and you are late chances are you won't get there on your own so that put you not to be present at the institution...”* **Participant 2 – Focus group 5.**

In their study titled absenteeism among medical and health science undergraduate students, Desalegn *et al.*, (2014) report that the main reasons for absenteeism were preparing for another examination, lack of interest, nurse educators' teaching style, and convenience of lecture material.

Similarly, a study conducted by Baloyi (2014) concludes that student nurses' absenteeism is due to several factors, namely, preparation for exams, home-

related factors, death in the family, school-related commitments, and poor school infrastructure. Another study by Magobolo and Dube (2019), titled factors influencing high absenteeism rate of student nurses in clinical area at a nursing college of Lejweleputswa, found that most participants indicated that they were absent from the clinical areas because they avoided certain shifts. A study by Nawaz *et al.*, (2018) concludes that some participants became absent if they found that they were late during lessons. Similarly, a study by Masutha *et al.*, (2019) further found that some participants indicated a shortage of college transport to take students to clinical areas due to the students' amounts of theoretical work to be studied.

- **Clinical area factors**

Based on the information obtained from the focus group discussions, most students indicated that when they are placed in specialized psychiatric hospitals, they get bored because there is less work to be done in the psychiatric ward as the ward is not as busy as the general nursing wards. On the contrary, some student nurses indicated that their absenteeism is due to being overworked in the clinical areas due to a shortage of nurses. They also reported that when they arrive in the ward, nurses use this time to rest, and leave everything to student nurses. Others reported that the professional nurses in the ward treat them as a workforce. Some students also indicated that they were absent from clinical areas because professional nurses portray negative attitudes towards student nurses. Some indicated that some of the permanent staff even went to the point of saying college students are spoilt, making them lose interest in going to work.

Some students also indicated that another factor contributing to their absenteeism is the lack of supervision in the clinical areas. In addition, they indicated that the relationship between professional nurses and student nurses is poor as professional nurses do not involve them in the care of the mental healthcare users and other activities in the ward, and professional nurses discriminate between students from the college and those from the

university. In addition, some also reported that professional nurses do not respect them as they reprimand them in front of the mental healthcare users and other staff members.

The following quotations show perceptions of students regarding clinical areas factors:

*“...Less work at the hospital also causes lingering at the hospital, so students find it pointless to go to the practical settings just to sit around and linger at the hospital...” ...Yes. Just to elaborate further, there is just a lack of accompaniment at the hospital because we are doing the routine and after that we are not doing anything, there are allocated people to come and supervise students but then they don’t come daily. So that discourages students...”*

**Participant 2 – Focus group 1.**

*“...Ok eh hh one of the leading factors to absenteeism from the hospitals where mental healthcare users are kept is because sometimes students like an environment that is busy where there are a lot of learning opportunities. So, since most of the time in the mental institution’s supervision is not practised firmly so, so sometimes students feel like going there it will be a waste of time or they won’t be learning anything new since even delegation is not really, really adhered to. So, they really, really have nothing to do when they are that side other than coming in the morning and having the prayers. So that could be the reason why students end up being reluctant to report on duty...”*

**Participant 2 – Focus group 2.**

*“...Ok eh hh speaking of the attitude of the staff is a broad term, so I will just break it and say in regard of educating the learners of grooming them to be better nurses. So, you find that most of the staff, they are not eh hh engaging with the student such as teaching them the procedures or rather the things that must be done at the unit there...” “...Alright now I would like to put a factor whereby let’s say a supervisor where maybe we are placed in the unit there at the psychiatric institution. In a case where you find that the supervisors are not supervising the on and off book whereby, I can absent myself, but I can manage*

*let's say in the next day or the following day to go and forger. And that thing can give me opportunity to absent myself knowing that there is no punishment that will be taken in my absenteeism so it can lead to us not going to work....”*

**Participant 7 – Focus group 2.**

*“...mmm just to add on the point that was said by P9, mmm sometimes the attitude of nurses towards students in terms of learning, where you find students who are not competent in a certain task. The way the nurse addresses the incompetent student, you find that the student now becomes afraid to later show that I am not competent to a certain task which leads to a student now starts to withdraw from going back to the wards*

*“...The attitude of staff at the institutions. Ehhh some of the staff do not show the acceptance ehhh attitude you feel rejected and then ehhh and because of that you will be reluctant to go to the practical...”* **Participant 9 – Focus group 2.**

*“...Yah with me I feel like I need to challenge myself every time, because with psychiatric wards or psychiatric hospitals the routine is monotonous I know what I am going to do there, they have already bath, it is only giving medication and doing the report every day so I feel like at some point there is no challenge in the ward so at some point I get demotivated going to work...”* **Participant 1 – Focus group 3.**

*“...Ehh on supervision, like when we get there we don't get introduced to the staff we don't know who is in charge, so we just get there and control ourselves so without supervision obviously we do whatever we want we will disappear whenever we want, and even if we disappear the following day no one will ask us where were you, it's just normal we continue with the normal routine. That's why we feel that you can absent yourself from this area and still not have consequences...”* **Participant 6 – Focus group 3.**

*“...Like when you go there, there is no routine that we can say ok when we get there seven o'clock until this time, we will be doing this because sometimes*

*students don't go because they feel like there is nothing to do at the clinical area..."* **Participant 3 – Focus group 6.**

A study titled “Learner nurses’ absenteeism in the nursing schools at Capricorn District, Limpopo Province. South Africa by Thobakgale *et al.*, (2013) indicates that most students agree that problems experienced in the clinical area, such as staff shortage, being treated as a workforce, non-supervision by qualified staff members, and large patient numbers are reasons why they become absent. Another study conducted by Gaber and Moustafa (2015) found that one of the motivational strategies for students to prevent absenteeism is that students’ tasks should be challenging. Similarly, a study by Kovane (2015) indicates that most participants in the findings mentioned that they are absent because they are not satisfied with the nature of their work as it is not interesting or challenging, and it does not correspond with their aptitudes.

Furthermore, Delaram, Asefi and Shams (2016) report that students’ views on causes of absenteeism are due to a lack of student involvement in the classroom. Similarly, a study by Forte (2017) states that a supervisor’s positive attitude towards adjustment of work influenced an employee’s desire to attend work, despite illness which could potentially reduce costs associated with sick leave and absenteeism. On the other hand, Ray *et al.*, (2018) report that some students indicated that they were absent from the clinical areas because hospital nurses are not cooperative. Similarly, Magobolo and Dube (2019) revealed that students are not regarded as students but as additional staff that are not involved in patient care; thus, senior staff are ill-treated. Another study by Masutha *et al.*, (2019) indicates that inadequate student supervision is another factor that contributes to student nurses’ absenteeism in clinical areas.

**Conclusion of theme 1: Student nurses’ perceptions regarding contributory factors of absenteeism**

The information obtained indicates that some students were absent from the clinical areas because of students' factors, including fear of mental healthcare users, lack of interest in PNS, social problems, and lifestyle issues (substance use). It was found that some students were absent due to college factors and transport issues. For example, if the transport leaves them due to waking up late, they stay home because the alternative transport meant using three taxis to get to campus timely. Some indicated that they were absent because the college campuses allocated them several times in one ward, while some were overcrowded in one ward, which made it difficult for professional nurses to supervise and teach them when they are too many in the ward. Others indicated that they were absent due to clinical area factors, such as lack of supervision in the ward, poor professional nurse-student relationships, and negative attitudes of professional nurses towards students.

Others indicated that sometimes students prefer an environment that is busy and with a lot of learning opportunities. Some mentioned that despite the morning routine, they complete their duties before ten, then get become. As a result, they would rather become absent from the clinical area. They further mentioned that the patients are also bored as the clinical area factors include a lack of supervision in the ward, poor professional nurse-student relationships, and negative attitude of professional nurses towards students.

## **Theme 2: Views of students on strategies to mitigate student nurses' absenteeism**

**Table 4.4: Theme 2 and sub-themes**

THEME	SUB-THEMES
<ul style="list-style-type: none"> <li>- Views of students on strategies to mitigate student nurses' absenteeism</li> </ul>	<ul style="list-style-type: none"> <li>- Psychological preparedness of students</li> <li>- Students' involvement in clinical activities</li> <li>- Adequate clinical accompaniment and supervision</li> <li>- Students' support and counselling</li> </ul>

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>- Improve awareness of professional nurses of the learning outcomes of students</li></ul> |
|--|---|

## **Discussion of findings of theme 2: Views of students on strategies to mitigate student nurses' absenteeism**

Theme 2 emerged during data analysis when most participants shared their views regarding mitigating student nurses' absenteeism. This theme derived five sub-themes: psychological preparedness of students, students' involvement in clinical activities, adequate clinical accompaniment and supervision, students' support, and counselling, and improve awareness of professional nurses of the learning outcomes of students.

### **Psychological preparedness of students**

The following quotations depict how student nurses perceive mitigation of absenteeism through psychological preparedness of student nurses:

*"...I think like psychological preparation to be done at the college before students go to psychiatric hospitals maybe during few days of orientation so that they include psychological readiness and all the information on how to cope with the patients and the routine should be added to our programme. Yes, or the hospital should have like people who are in-charge of the orientation and offer psychological readiness for students..."* **Participant 2 – Focus group 1.**

*"...Mmm I concur with what she is saying and maybe to add on that one to say even I think the nurse educators could be incorporated in this programme to be the ones that are travelling with the students to their respective hospitals. And then facilitate the orientation process maybe in a way, you see like there are these wards like maximum wards security like you have said that even myself when I entered there my blood boils because of what we have heard and the staff like that. So rather than saying you will go and correlate theory with*

*practical there you will go and work like the first week should not be about working it should be about exploring preparing us psychologically so that we are so certain that this environment is conducive you can just take us to that ward for an hour or two, on top of those people we will be seeing nursing indigenes those people that we are certain so maybe if for a week yah even anxiety will be allayed in a way maybe it will kill some fears that we are experiencing...”* **Participant 6 – Focus group 1.**

*“...The student should be well orientated to the facility, and they should be taught on how to deal with the behaviour of the mental healthcare users. On the first day of arrival at the hospital facility...”* **Participant 5 – Focus group 2.**

*“...One mitigation should be that we are not dismissing the fact that nurse educators should warn us or tell us pre-knowledge at the college about the environment there but they should not tell us based on what others have experienced because if they do that then yah I don’t think that they should tell us that there was a student who was once attacked I wouldn’t be happy to go there so they should tell us what we should know but not the examples that are based on what others have experienced. Before going to the practical...”* **Participant 2 – Focus group 5.**

*“...On the issue of how the attitude of the mental healthcare users. And the staff should orientate us like inform us that if we have fight with the mental healthcare users what channels should we follow for the problem to be solved, what should be done? Yes, by the staff at the psychiatric unit...”* **Participant 4 – Focus group 5.**

*“...I think when we get there the staff at the institutions they must do thorough orientation to us and also introduce the patients to us so that we can know how to socialize with them so that we their behaviours very well and then what upsets them with their time before even we do our assessment so that when mam comes and assess us we choose the correct and the right patients for the assessment...”* **Participant 6 – Focus group 5.**



Delaram *et al.*, (2016) indicate that one of the strategies to reduce absenteeism, according to students, is by increasing self-confidence in students, regularly attending sessions, and giving importance to the student's attendance. Another study by the JOINT model of the Indiana Department of Education (2020) indicated that one of the strategies to prevent chronic absenteeism and truancy is by improving students' mental health. Thus, medical intervention is used for those with anxiety and depression.

- **Students' involvement in clinical activities**

Some participants indicated that when they are in the clinical areas, most professional nurses do not involve them in the care of the mental healthcare users and all the activities in the ward. As a result, they become bored because there is nothing to do in the ward. Therefore, they become absent from the clinical areas. Others said that the professional nurses do not give themselves time to teach them in the ward; thus, they feel useless as they do not know what to do in the routine, which causes them to become absent.

The following quotations indicate how student nurses view students' involvement as one of the mitigating factors of student nurses' absenteeism:

*"...Mmm as we have already said about eh hh that the other contributing factor is when the nurses in the ward have failed to engage the students in the works that are being done in the ward, so vice versa the sisters in the ward must engage the students in whatever they will be doing in the ward..."* **Participant 3 – Focus group 1.**

*"...I heard Participant 7 saying that students must be matched with permanent staff. This will formulate groups wherein in those permanent staff members they are the leaders of those groups, and they ensure that students always have work to do, they are always hands on, yah..."* **Participant 2 – Focus group 2.**

*“...Ehh, I feel we should be involved in the treatment and care of the mental healthcare users in the case where they are to perform a certain procedure, or they are to perform mostly interviews we should be called say ok a certain patient this and that come and be part of the interview by our supervisors or professional nurses...”* **Participant 2 – Focus group 3**

*“...Because we initially said it gets boring, I feel like there should be ongoing activities that the students are also involved in like maybe we do activities with the mental healthcare users yah to keep us busy maybe it will give us some energy to go there that ok it will be interesting we will be doing this with the mental healthcare user and it should be written on the board or something it should be written that tomorrow we will be doing this tomorrow will be doing that to keep it more interesting...”* **Participant 6 – Focus group 3.**

*“...Yah the nursing staff should involve us more into the nursing care so that we can have interest in learning...”* **Participant 1 – Focus group 5.**

According to Albrecht, Bakker, Gruman, Macey and Saks (2015), engaged employees adopt behaviours that discourage absenteeism. On the other hand, Rao (2017) defines employee engagement as the connection of the hands, heads, and hearts of the employees with the mission and vision of their organization. Similarly, a study by Forte (2017) reported that one of the strategies for reducing employee absenteeism is by engaging employees in their organization and its goals. Furthermore, the participants highlighted that incentives include involving employees to have an input on finding solutions to problems, developing, and making training programmes available for personal and technical growth. Consequently, companies with less than effective employee engagement strategies tend to have workers who participate in withdrawal behaviour resulting in higher levels of absenteeism (Forte, 2017).

The JOINT model by the Indiana Department of Education (2020) concurs with the notion that student engagement may improve attendance as it results in an increased level of transparent learning climates.

- **Adequate clinical accompaniment and supervision**

During the interviews, students suggested that nurse educators should practise adequate accompaniment and supervision to mitigate student nurses' absenteeism in clinical areas as students were absent because they did not receive adequate supervision.

The following quotations depict how students perceived that adequate supervision and accompaniment is one of the mitigating factors of student nurse' absenteeism:

*"...I am also coming there. Clinical accompaniment must be adequate. We cannot go ehh for example to hospital A for a month and then we expect nurse educators to come once during a period of a month, it seems so unfair or as if we are neglected in a way, so I think constant checking up on students it's a good thing. Ehh with regard to this ones perhaps are abusing substance, since psych we learn also about signs and symptoms of those who are abusing substance, so maybe because we belong to the college they know us we know them so maybe they can, I don't know nurse educators could be able to identify those that are at risk or are involved with substance abuse then find ways to intervene and assist them because maybe there might be underlying factor that lead the student to abusing substance which then becomes contributory factor to absenteeism. So, if maybe we can deal with the gist of the matter, and then resolve it perhaps the student will come back to normal functioning..."*

**Participant 6 – Focus group 1.**

*"...Close monitoring of the students where during lunch time students should be monitored and also arrival time as well as knock off time there should be close monitoring and supervision. By the professional nurse in charge as well the matrons they should monitor us..."* **Participant 6 – Focus group 3.**

*"...Mmm also with regards to supervision I think there should be more effort put into supervising students but at the same time if a student absent himself or herself as a supervisor whether the nurse educator from the campus or the*

*professional nurse they should also try to find out why the student has absented herself because as students we get absent for different reasons at different times so supervisors whether the nurse educator or the professional nurse they should try to find out from individual student why they are absenting themselves...”* **Participant 7 – Focus group 3.**

*“...Mmm with what Participant 1 said the nurse educators should come to the clinical area more often because they only come to assess us so they should come there just to see how it goes in the ward with us and introduce us to some of the things that the sisters are not able to help us with...”* **Participant 5 – Focus group 4.**

A study by Delaram *et al.*, (2016) indicates that one of the strategies to reduce absenteeism, according to students, is by establishing discipline in the classroom, actively teaching students, and giving attention to their learning. Similarly, Gaber and Moustafa (2015) report that strategies to prevent absenteeism include monitoring students’ progress, establish good relationships with students, show enthusiasm for teaching, and help students develop realistic goals about learning. On the other hand, the JOINT model by the Indiana Department of Education (2020) reports that one of the first steps toward improving student attendance requires developing an effective monitoring system. Furthermore, they indicated that effective monitoring helps educators identify students who are most at risk of becoming chronically absent.

- **Students’ support and counselling**

During data collection, most students indicated that another mitigating factor in student nurses’ absenteeism is the offering of support and counselling by nurse educators and professional nurses to students during their clinical allocation as they often face challenges in the ward and in their personal life. Some students indicated that when they return from the clinical areas, they should be interviewed on their experiences in the clinical areas and supported

and counselled to express their views about the experiential learning they had.

The following quotations depict how students view support and counselling as another factor in mitigating student nurses' absenteeism in the clinical areas:

*"...Maybe also checking on students as they are doing their practical like they should evaluate or ask if there is any challenges that we are facing, maybe it could help like people could voice out their challenges earlier and it can be dealt with before students decide to just be absent to avoid anything that is going on in the ward..."* **Participant 4 – Focus group 1.**

*"...Ehh remember our nurse educators are nurses and the nurse always assess, so in this case, we can just add someone who will be dealing with social issues amongst students, so where ehh every nurse educator who identify the social problem can go and report to that person maybe that person will also be the one who is providing counselling or contacting relevant people for counselling. I can say ehh both the hospital and here because ehh if say maybe I am abusing substances and I adhere to protocols to like to solve the problem only when I am in the college yard but neglect those procedures when I am in the hospital, so it won't help anyhow. So, if it can be a continuous thing during classes and during the practical sessions, I think it can work..."* **Participant 8 – Focus group 1.**

*"...Ok I think that the student nurses should be given an opportunity to raise their concerns and complaints and those concerns and complaints be dealt with in a professional atmosphere. Ehh the person should, the supervisors from the hospital yes..."* **Participant 1 – Focus group 2.**

*"...There should be a provision of emotional support in terms of traumatic experience that we get due to the conditions of the mental healthcare users. When, in case like the professional nurses there at the institutions because they have been exposed to the mental healthcare user for a very long time they should have time for us and talk to us and help us to identify the coping*

*mechanisms in case of the trauma or maybe like identify a professional like a psychologist or a social worker who can talk to us...*” **Participant 8 – Focus group 3.**

*“...Ehh I think also what could be a resolution is that we come back and report the challenges that we face at the clinical areas but you will find our psychiatric lectures telling us that no you should put yourself at the mercy of the nurses because you want to complete the course and that is not a good motivation for a student to go back to the ward the following day. When we report these things they should be dealt with, they should go there and explain to them our concerns anonymously so that they do not look at us in a certain way and they should also make sure that they do follow-up on those things that we have reported if they have been solved to hear from us that what type of experience are we seeing after we have reported these things instead of telling us that we should just put ourselves at their mercy because we want to complete a profession. Because at the end of the day the same bitterness we harbour right now is going to affect the next generation of nurses, we are going to be like that to other nurses who are still going to come...”* **Participant 1 – Focus group 4.**

*“...And again, when I as a student absent myself you should try to maybe I am telling you that I had a social issue like maybe somebody in my family has passed away, of course they are going to need proof but after that try to find out about my coping mechanisms instead of just saying this person has provided proof, so the work is done. You should engage more in our social activities, and I feel like that’s what the nurse educators must do as well. I feel like they should engage more in our social activities more than the academic as well because at the end of the day they do influence our academics...”* **Participant 2 – Focus group 4.**

Kevin and Knoster (2016) indicate that one of the strategies for addressing students’ absenteeism is exploring its underlying reasons and considering alternative approaches to address it as absenteeism is a symptom of underlying issues. They further explain that supporting students’ needs

beyond academics encourages attendance and participation. Another strategy to address absenteeism, according to Kevin and Knoster (2016), is by attending to students' social needs to create positive learning environments in which they will want to be present. Similarly, Ray *et al.*, (2018) suggest that student counselling should be done regularly to identify the reasons for absenteeism and addressing students' problems adequately.

Moreover, the JOINT model by the Indiana Department of Education (2020) indicates that another strategy to prevent the chronic absenteeism of students is through mentoring students for academic success and providing support through programmes such as coping and support training to target groups and individuals at risk of absenteeism and dropping out of school.

- **Improve awareness of professional nurses on the learning outcomes of students**

During the interviews, most students indicated that professional nurses and other staff members should be made aware of how to treat students when they are allocated in the wards, their roles as nurses, and the role of students. They also indicated that awareness could be made through regular meetings, and in-service training.

The following quotations depict the views of student nurses regarding awareness of professional nurses and other permanent staff members:

*"...Ehh I think professional nurses must be made aware that every student is unique and then the learning progress is not the same in each and every student. ..."* **Participant 5 – Focus group 1.**

*"...Ehh almost stole my point but the point I wanted to bring home is what do we call, the programme that we are talking about, the awareness programme for nurses about the perception of students, it must come as a constant reminder that when students are in the ward setting, there is no role switching there,*

there is no role changing. A student remains a student and a professional nurse remains a professional nurse...” **Participant 6 – Focus group 1.**

“...Our superiors should go and talk to the nursing managers at different hospitals and make them aware that when we bring students here it is not because we want them to replace your staff and it is no because we want them to be here and be bullied but it is because of these reasons and these reasons that they are here, and in as much as they are here they are going to be protected. Because I feel like they know that we are not just left at their mercy because they know that we are left at their mercy even if they speak to you they know they are able to actually tell you that I am not going to sign for you your clinical hours...” **Participant 1 – Focus group 4.**

“...I think Participant 1 has already said it mouthful but also after the management of the college has spoken to maybe the nursing manager, I think at the hospital they have to have routine like meetings where they actually brief the nurses on all those things are being said and all the challenges and all the things that they have to do for us when we are there...” **Participant 4 – Focus group 4.**

“...I don’t know I think nurses should be informed on how to treat students because I feel like sometimes, they are being too hard on us unnecessarily yah they have their own emotions, and they impart them on us so I don’t know how they will intervene on that, but I think they should be informed that we are students we are here to learn. Their attitude towards us discourages us from learning so they can just balance their emotions and the workplace. I think by our nurse educators because those are mediators, mediators between us and the nurses because we students cannot go there and say your attitude is not, I should complain to nurse educator she is the one to go to the nurse and try to remediate the situation...” **Participant 2 – Focus group 5.**

“...Mmm based on the attitude of the professional nurses I think maybe they should be more welcoming when we get there, they should welcome us and



*teach us things so that we don't just sit there not knowing anything or doing anything. They should know that we are still students, we are still learning so they should be patient with us and don't expect much from us because there are some of things that we don't know and sometimes they think that we know everything, we are still learning so they should know that we are still students we are learning..."* **Participant 2 – Focus group 6.**

A study conducted by Kevin and Knoster (2016) indicates that one of the strategies for addressing students' absenteeism is to encourage positive and professional relationships amongst school staff through workshops and ensuring that teachers feel supported by the school leadership. Similarly, Forte (2017) reports that other strategies for reducing employee absenteeism for a sustainable future are to involve employees to have an input on finding solutions to problems, developing and making available training programmes for personal and technical growth, cross-training in job responsibilities, and implementing programmes that provide information and assistance to reduce high levels of sickness and ailments.

### **Conclusion of theme 2: Views of student nurses on strategies to mitigate student nurses' absenteeism**

The information obtained indicates that some students were absent from the clinical areas because of a lack of psychological preparedness of students where there is no orientation of students before they are placed in the clinical areas by the college nurse educators. Others stated that adequate clinical accompaniment and supervision could be used as strategies to mitigate student nurses' absenteeism in the clinical area by the nurse educator and the professional nurse. Other students indicated that another strategy to mitigate absenteeism is through students' support and counselling at the college and in the clinical areas. Finally, some students reported that conducting awareness of professional nurses on the learning outcomes of students through meetings before and on the arrival of students at the hospital can assist in mitigating student nurses' absenteeism.

## **4.5 SIMILARITIES AND DIFFERENCES FROM FINDINGS OF STUDENT NURSES AND PROFESSIONAL NURSES**

### **4.5.1 Similarities**

The information obtained from the interviews indicated that most participants believed that students were absent from clinical areas due to students' factors, such as lack of interest in PNS and fear of mental healthcare users. Most of them strongly believe that because psychiatric wards are not so busy, they get bored, leading them to be absent. Some indicated that absenteeism is due to college factors, which include academic work overload, and students being absent to study from the nurse's home for the upcoming test or examination as the workload of the college is too much as they are expected to prepare in a short period of time. Additionally, some felt that students were absent due to clinical area factors, such as lack of supervision and accompaniment because of a heavy experiential obligation where they are overworked in the ward, as well as the attitude of professional nurses towards student nurses.

On the other hand, for the type of strategies required to mitigate student nurses' absenteeism, student nurses and professional nurses indicated the importance of orientation for student nurses before they are allocated to a psychiatric hospital to allay anxiety and fear for mental healthcare users. Findings of both individual and focus group interviews also alluded that student nurses should be supervised adequately to mitigate absenteeism in the clinical areas.

### **4.5.2 Differences**

The professional nurses reported that student nurses had a negative attitude towards the psychiatric unit and mental healthcare users, leading to absenteeism.

Furthermore, student nurses reported that professional nurses should involve student nurses in the care of mental healthcare users during routine; however, the professional nurses indicated that student nurses don't want to work; they come late to work and leave early. Professional nurses further reported that they should revise the selection criteria of student nurses as most students did not seem interested in PNS. On the other hand, student nurses highlighted that professional nurses should be aware of supervision of students in the ward. Moreover, professional nurses also reported the issue of the availability of students' clinical objectives for the professional nurse's direction on how to supervise students. Another aspect that student nurses highlighted is about student support and counselling, which professional nurses did not report.

#### **4.6. CHAPTER SUMMARY**

In this chapter, the results of the study on professional nurses were presented, comprising the introduction, sample description, and discussion of the findings as well as the differences and similarities of professional nurses and student nurses' findings. The following chapter will present the development of strategies.

## CHAPTER 5

### DEVELOPMENT OF STRATEGIES

#### 5.1 INTRODUCTION

Findings of phase one formed the basis of phase two. Phase two of this study comprised the development of the strategies. In developing the strategies, certain aspects needed to be considered, such as situational analysis explained in phase one above, which provided information regarding student nurses' experiences and perceptions of registered professional nurses on contributory factors to absenteeism. Phase two of the study is discussed in detail after all the data are analysed. The six elements of practice theory outlined by Dickoff *et al.*, (1968), SWOT, and BOEM informed the development of strategies.

#### 5.2 THE THEORETICAL FRAMEWORK FOR THE DEVELOPMENT OF STRATEGIES

The six elements of practice theory outlined by Dickoff *et al.*, (1968) include context, agents, recipients, dynamics, processes, and outcomes. These elements are described and applied below.

##### 5.2.1 Context

The context is viewed from the aspect of the matrix of activity; it is seen in relation to other things, including persons and other activities, and to see the interrelation of these other factors as constituting an organism, unity, or total context of activity. Dickoff *et al.*, (1968) further refer to the 'context' as the setting; location; the physical structure of the ward or unit, hospital, or medical centre; time; space; or structure that constitute different elements of the situation in which the activity occurs.

In this study, the contexts where the strategies will be implemented is the college and the hospital, where all activities to mitigate student nurses' absenteeism occur.

- **College context**

A college context in this study refers to the Limpopo College of Nursing, where three campuses, Giyani, Sovenga and Thohoyandou campuses, will be used. A nursing college is a post-secondary educational institution that offers professional nursing education at basic and post-basic levels. Such nursing education has been approved in terms of Act 15(2) (SANC R425, 1987). Participants indicated that activities should be done at the college before students are allocated to the clinical areas so that students know what to expect and how to manage mental healthcare users in the ward.

A college is a smaller institution that typically offers undergraduate degrees. Some colleges, such as community colleges and junior colleges, may offer only two-year degrees. However, most colleges offer bachelor's degrees, and some colleges also have associate degrees (bestValueSchools.com, 2020).

- **Hospital context**

A hospital refers to a specialized psychiatric hospital in the Limpopo Province, of which there are three. For this study, it refers to Evuxakeni, Hayani, and Thabamopo hospitals. A psychiatric hospital is a health establishment that provides care, treatment, and rehabilitation services for users with mental illness (MHCA No 17 of 2002). Participants indicated that some activities like orientation should be done in the hospital for the students to be ready to face mental healthcare users and to know how to handle those users' behaviours. They also indicated that this would reduce students' fear regarding mental healthcare users, and it will help remove the myth that students came with from the community.

A hospital is a residential establishment that provides short-term and long-term medical care consisting of observational, diagnostic, therapeutic and rehabilitative services for persons suspected of suffering from a disease or

injury and for the parturient. Its function is to provide for the population complete healthcare, both curative and preventive, and whose out-patient services reach out to the family in its environment. The hospital is also a centre for training health workers and bio-social research (Amin, 2017).

### **5.2.2 Agent**

An agent is any person whose activity leads to the realisation of their goal (Dickoff *et al.*, 1968).

The findings of this study revealed that there is a need for agents from both theory and clinical areas whose activities lead to the mitigation of students' absenteeism; these are nurse educators, professional nurses, college management, and hospital management.

- **Nurse educator**

A nurse educator is a professional nurse with an additional qualification in nursing education and is registered with the South African Nursing Council. They should have competencies in the facilitation of learning, student development and socialization, using assessment and evaluation strategies, curriculum design and evaluation of programme outcomes, and function as a change agent and leader (Nursing Act no 33 of 2005). During the interviews, participants suggested that some of the activities should be taken by nurse educators to mitigate student nurses' absenteeism in clinical areas as students are absent when they know that their educators are not supervising them adequately.

According to WHO (2016), some nurse educators' core competencies are a sound understanding of contemporary educational theories,; principles and models underlying the design of curricula and the values of adult learning; the creation and maintenance of a safe environment that is conducive to learning in theoretical, clinical simulation and practice settings; and formulating evaluation tools for teaching and learning experiences, and use

the results to monitor learners' performance and the desired outcomes of courses.

- **Professional nurse**

The title of a professional nurse may only be used by a person who has met the prescribed educational requirements for registration as a professional nurse, in the regulations relating to the approval of, and the minimum requirements for the education and training of a learner leading to registration in the categories of professional nurse and midwife published in the Government Notice (R174 of 2013). A professional nurse is a person registered as a nurse or as a midwife in terms of section 31 of the Nursing Act (Act 33 of 2005).

Participants indicated that when student nurses are in the clinical areas, most professional nurses do not involve them in the care of the mental healthcare users and all the activities brought into the ward. As a result, student nurses become bored because there is nothing to do in the ward; therefore, they become absent from the clinical areas. Others said that the professional nurse do not give themselves time to teach students in the ward, and they feel useless as they do not know what to do in the routine, which causes them to be absent.

Monux, Juan, Cortes, Soler, and Cenia (2016) indicate that professional nurses are essential for the appropriate training and adaptation of students. They teach, guide, monitor, and facilitate the integration of trainees into the clinical setting. In clinical practice, the nurse is said to assume different roles to facilitate students' learning, such as a stranger, a resource person, a teacher, and a leader.

- **College management**

College management works to recruit new students and increase enrolment in college and university programmes; this includes the campus vice principal, campus HODs, student affairs, and marketing staff (WHO, 2016). During the interviews, some participants indicated that one of the strategies to mitigate student nurses' absenteeism in clinical areas is for the college to

ensure that the selection criteria include the assessment of the interest of students in nursing as students seem to have a lack of interest in nursing, particularly in PNS. According to what participants said, there is also an issue with college transport. It leaves early in the morning to the clinical areas, and some reported that other hospitals are far from the college campus. In addition, some indicated that there are not enough bus drivers on the campuses, and they do not get paid for overtime. All these problems need the college management's intervention; thus, mitigating student nurses' absenteeism.

College management's core competencies are to demonstrate effective and efficient human and financial resource management, engage in quality reviews to assess strengths and weaknesses of the programme based on set criteria, and use the results for benchmarking and ongoing progress, as well as to identify opportunities for positive change and effectively manage the change process both at individual and organizational levels (WHO, 2016).

- **Hospital management**

In this study context, hospital management refers to professionals of different titles, including nurse managers and operational managers, who are directly involved with students. According to Duquesne University (2020), the duties of a nurse manager include staff management and developing educational plans. During the interviews, most participants indicated that professional nurses and other staff members should be made aware of how to mentor students when allocated in the wards, their roles as nurses, and the role of students. They also indicated that the awareness could be done through regular meetings, in-service training, and other formal training offered by the hospital management.

A nurse manager is a leader who possesses the following traits: advocacy for staff to ensure a safe and reasonable practice environment, participation in many administrative demands, mentoring other nurse leaders, emotional maturity in dealing with conflicts, professionalism through addressing people



with respect, and being supportive by coaching and mentoring (Duquesne University, 2020).

### **5.2.3 Recipient**

Recipients are those who receive action from agents and benefit from the activity (Dickoff *et al.*, 1968). The findings of the study reveal that recipients of the activity that will be performed by the agents are the student nurses. In this study, student nurses are indicated as persons who will receive action from the agents to mitigate student nurses' absenteeism.

- **Student nurses**

A student nurse is a learner nurse registered as such in terms of section 32 of the Nursing Act (Act No 33 of 2005). During the interviews, some participants suggested that another strategy to mitigate absenteeism is when student nurses receive adequate supervision, accompaniment, support, and counselling at the college and in the clinical areas.

Clinical placements provide opportunities for professional socialization by allowing nursing students to experience how staff nurses interact, feel, think, and value. As a result, students' degree of learning, skill development and confidence is influenced by their relationship with nurses (Monux *et al.*, 2016).

### **5.2.4 Dynamics**

Dynamics involve the power sources for that activity. These energy sources motivate agents to pursue their activities without getting discouraged (Dickoff *et al.*, 1968). The findings of this study reveal that the energy sources for the activity that the agents will perform to pursue their activity without being discouraged from mitigating student nurses' absenteeism are positive attitude, professionalism, skills, and knowledge.

- **Positive attitude**

According to DeMers (2020), a positive attitude means someone tends to see the world positively and think happier thoughts than their negative counterpart. Most participants in this study indicated that student nurses were absent from clinical areas because of professional nurses' attitudes toward student nurses. They further suggest that the permanent staff members or professional nurses portray a negative attitude towards student nurses, and that makes students lose interest in going to work. As a result, they were absent from the clinical areas. Therefore, professional nurses need a positive attitude towards student nurses to mitigate student nurses' absenteeism.

Positivity, accompanied by an open, positive mind-set makes one a better person, willing to work with others, and more tolerant of other people's ideas. If one's work relies on team interactions, this can be essential for one's productivity (DeMers, 2020).

- **Professionalism**

According to Cusack, Drioli-Philips, Brown, and Hunter (2019), professionalism and being professional are terms used frequently and interchangeably in the nursing literature and policy documents to describe qualities, competency, or skill, and conduct expectations of nurses.

Participants reported that professional nurses do not respect student nurses as a sign of professionalism because they reprimand them in front of the mental healthcare users and other staff members if they make a mistake.

Martinelli (2018) acknowledges that nobody wants to feel like they are not regarded, whether the person is a manager, owner, or employee. Everyone wants to feel like their ideas, feelings, and presence are also respected. Allowing employees to display disrespectful or degrading behaviours result in poor workplace culture and is likely to increase employee turnover. Encouraging mutual respect helps to reduce workplace stress, conflict, and problems; hence, a low absenteeism rate. An increase in workplace respect

helps to improve communication between colleagues, increase teamwork, and reduce stress in the workplace.

- **Skills and knowledge**

The skills used at work can be defined as the level of skills observed in a worker's current job within a given skills domain. This definition is rooted in the sociological theory that distinguishes between 'own skills' (the skills that individuals have) and "job skills", skills as defined by jobs (<https://www.oecd-library.org>, 2016). Lim, Lee, and Lim (2016) noted that knowledge is a major asset for many companies because with good quality knowledge being shared across the organization, employees would be able to know what information they need, who to look for, and what to do in their tasks. As a result, organization managers organize knowledge-sharing sessions for their employees to share knowledge and use knowledge management systems to store and manage knowledge.

During the interviews, most participants indicated that professional nurses and other staff members should be made aware of how to treat students when they are allocated in the wards and their roles as nurses as well as the role of students. They also indicated that awareness can be made through regular meetings, and in-service training as they seem to lack skills and knowledge about what to teach students.

Caruso (2017) reported that it has been well established that knowledge is equated with power; this includes employees in this equation. Employees usually feel they are giving away power if they share their knowledge, particularly knowledge and skills obtained from self-directed learning projects. In general, employees are reluctant to share the knowledge and skills they have obtained from informal workplace learning experiences because of job security. They often do not share their knowledge because they believe their job is secure if they keep their knowledge and skills to themselves. This act of reluctance to share knowledge and skills with others in the organization is referred to as knowledge hoarding. Performance support and knowledge

management can help curb the effects of knowledge hoarding and cultivate an organizational culture of knowledge sharing by employees.

### **5.2.5 Process**

The process involves the steps to be taken towards accomplishment. The process aims at providing sufficient information to enable the activity to be carried out. Moreover, it safeguards the agent, recipient, and the institution by providing knowledge and therefore lessens the liability to criticism (Dickoff *et al.*, 1968). The findings of this study revealed that the process to guide the activity that the agents will perform is the steps to be taken to mitigate student nurses' absenteeism which are students' orientation, students' supervision, and students' accompaniment.

- **Students' orientation**

Kroning (2017) describes nursing orientation as a process that can help reduce the stress for novice nurses. However, the advice further adds that hospital-based nursing orientation programmes include a general orientation in the classroom and an orientation in the unit the person is hired to work in. During the interviews, most participants indicated that psychological preparedness should be done before students attend the psychiatric hospital orientation for students to be prepared to face mental healthcare users and know how to manage those users' behaviours. They also indicated that professional nurses should be oriented in the form of a seminar on mentoring students when allocated in the wards.

Xie *et al.*, (2018) highlighted that orientation programmes have the potential to develop good communications with the newly recruited nurses, introduce organizational goals, policies, and procedures, convey responsibilities and expectations clearly, and provide the newly recruited nurses with information that will ease the transition into practice and enhance commitment.

- **Students' supervision**

According to the Nursing Act (No 33 of 2005), clinical supervision means the assistance and support given to the learner by the professional nurses at a clinical facility to develop a competent, independent practitioner. During the interviews, participants suggested that nurse educators and professional nurses should practice adequate supervision to mitigate student nurses' absenteeism in clinical areas. Students are absent when they know their supervisors and nurse educators are not supervising them enough.

According to Bernard and Goodyear (2014), clinical supervision is a continuous supportive learning process for clinicians of all levels to develop, enhance, monitor, and remediate professional functioning. Supervision is a distinct professional practice with components of knowledge, skills, and attitudes.

The main function of supervision is to minimize non-purposeful activity and maximize intentionality to directly optimize clinician competencies, ensure quality control, and enhance confidence for the end goal of improving patient outcomes. Supervision is provided in various formats, including one-on-one supervision, small group supervision, peer-based consultation, and facilitated team-based consultation. Supervision can include presentations via case discussion, video reviews or live presentations/demonstrations (Allan, McLuckie & Hoffecker, 2017).

- **Students' accompaniment**

Clinical accompaniment is a structured process at a nursing education institution to facilitate assistance and support to the students by the nurse educator in the clinical facility to ensure the achievement of the programme outcome (Nursing Act No 33 of 2005). During the interviews, participants suggested that nurse educators should practise adequate accompaniment to mitigate student nurses' absenteeism in clinical areas as students absent themselves when they know that their lecturers are not supporting them adequately.

‘Accompaniment’ is described as the assistance and support given by professional nurses to student nurses to develop competent, independent nurses (South African Nursing Council, 1983). In this study, the processes needed for the activities leading to mitigating student nurses’ absenteeism are illustrated in Figure 6.4.

### **5.2.6 Terminus**

Terminus involves defining an activity from the perspective of an endpoint or its accomplishment (Dickoff *et al.*, 1968). In this study, the terminus is the outcome of the activity conducted by the agent, which is low absenteeism rates as viewed by the participants. According to UK Essays (2015), absenteeism is the term used to describe an employee's deliberate or habitual absence from the workplace. During the interviews, most participants indicated that low absenteeism rates can result if strategies to mitigate student nurses’ absenteeism could be implemented in the college and clinical areas.

## **5.3. ANALYSIS APPROACH USED**

This section focuses on the development of strategies that will be used to mitigate student nurses’ absenteeism at specialized psychiatric hospitals in Limpopo Province South Africa. For strategies development, SWOT analysis was used to identify the strengths, weaknesses, opportunities, and threats influencing student nurses’ absenteeism at specialized psychiatric hospitals in Limpopo Province South Africa. SWOT analysis is described by Bezuidenhout (2014) as a structured process of analysis that identifies the strengths, weaknesses, opportunities, and threats, and evaluates them. Bunn and Conlin (2013) indicated that strengths and opportunities are resources that can be utilised to overcome weaknesses and threats, apart from seeing them as sufficient. Secondly, during the SWOT analysis, the six elements of

Dickoff (1968) were applied, namely, context, agents, recipients, dynamics, processes, and terminus.

#### **5.4. FACTORS INVOLVED IN SWOT ANALYSIS**

Internal and external factors within the SWOT need attention because they can negatively or positively influence student nurses' practical (Bunn & Conlin, 2013).

##### **5.4.1 Internal factors**

Internal factors are found within the hospitals that help the institution achieve or fail in achieving its objectives. These factors can influence how services are rendered (Bezuidenhout, 2014). They include the strengths and weaknesses of the facility. Internal factors can be manipulated to achieve the objectives of the institution. Strength is the characteristic that gives an organisation advantage over other entities; weakness is seen as a characteristic that puts an organisation at a disadvantage (Bezuidenhout, 2014). The internal factors include human resources, competencies, financial costs, and services. Human resources are personnel needed to carry out certain duties or jobs (Booyens & Bezuidenhout, 2013). In this study, the nurse educators, professional nurses, college management and hospital management (agents) who facilitate the orientation, supervision, and accompaniment (processes) of student nurses (recipients) are available to the college and hospitals (context).

Competence is defined as the capabilities and potentials that include the knowledge and skills an individual has, to perform their duties or job (Booyens et al., 2013). Therefore, if nurse educators, professional nurses (agents) possess the necessary skills and knowledge to support student nurses (recipients) through orientation, supervision, and accompaniment (processes), clinical learning of student nurses will be a success, resulting in a low rate of absenteeism (terminus).

Financial costs pertain to adding value to a product or service; it has to do with the availability of funds and equipment, and maintenance for day-to-day functions (Booyens et al., 2013). Financial costs have to do with the availability of resources. For example, resources such as material resources, student transport, human resources, etc., so that agents (nurse educators, professional nurses) can render or implement clinical teaching of students with ease.

#### **5.4.1.1 Strengths and weaknesses**

The strength and weaknesses as internal factors focusing on human resources, competence, financial costs, and services emerged from the study results.

##### **5.4.1.1.1 Human resources**

The study results indicated that each college has nurse educators, student drivers, and college management, and each hospital has professional nurses and hospital management. These are agents to carry out the activities to ensure the successful clinical learning of student nurses. Secondly, human resources also include recipients. The study further revealed that all student nurses are regarded as the recipients of services to be rendered. Nurse educators are always available to supervise and accompany students although the study findings indicate that nurse educators don't adequately visit the clinical areas for students' supervision and accompaniment. In addition, findings showed that there is shortage of professional nurses in the wards of psychiatric hospitals for student nurses' supervision as well as shortage of student drivers to transport student nurse from college to hospitals.

##### **5.4.1.1.2 Competencies**

Competencies are dynamics and in this study are positive attitude, professionalism, knowledge, and skills as identified by participants.



According to the study findings, professional nurses and nurse educators should possess positive attitude, professionalism as well as knowledge and skills necessary to the supervision of student nurses, and student nurses should also possess the same competencies for the clinical learning to be done successfully. Nevertheless, the findings showed that some professional nurses and nurse educators have lack of skills and knowledge, have negative attitudes towards student nurses which affect supervision leading to student nurses absenting themselves hence higher rate of absenteeism.

#### **5.4.1.1.3 Financial costs**

The study discovered that nurse educators are available to orientate, accompany and supervise student nurses to all the hospitals using the government transport to visit the hospitals. Moreover, student nurses do not pay money/costs for transport to the clinical areas but still absenteeism rate is high. Secondly, each hospital had professional nurses to orientate, supervise and accompany student nurses at the clinical area. This indicated that value for money was considered through the effective teaching, and implementation of rules and regulations for student supervision and accompaniment; hence, improved clinical teaching attendance. However, it was discovered that there was poor supervision and accompaniment in other clinical areas by professional nurses whereas it is part of their job description, they are being paid for that activity. Thus, student nurses absent themselves from the clinical areas. Moreover, due to lack of drivers of students' transport, other students couldn't go to the clinical areas since they were left behind by the transport and didn't have transport money, hence absenteeism of students from the clinical areas.

#### **5.4.1.1.4 Services**

##### **Availability**

According to Dickoff et al. (1968), the availability of services involves the activities (process) that are needed to achieve the goals of the institution and

the outcomes. From the study results, the results indicated that professional nurses at the hospitals were available, but they are few due to shortage of staff for supervising and accompanying student nurses. In addition, professional nurses indicated that during clinical placement, some students are available, but some are not. However, only the student nurses who are available get supervised and accumulate the needed clinical skills and hours. This led to those who absent themselves to have shortage of clinical hours. Secondly, not all clinical areas or professional nurses supervise and accompany student nurses adequately. In addition, not all nurse educators or college campuses are available for orientation of students before they are allocated to clinical areas. SANC rules and regulations are available to guide nurse educators and professional nurses in supervision of student nurses but there are no strategies regarding absenteeism of student nurse to guide them. Transport of student nurses is available, but the study findings revealed that there is shortage of college drivers to transport students.

### **Accessibility**

Clinical supervision and accompaniment rendered in hospitals by nurse educators and professional nurses as a process (Dickoff et al., 1968) are free and accessible by students. This allows all nurse educators to visit clinical areas to supervise and accompany student nurses so that they acquire the necessary skills and all necessary requirements to be registered as professional nurses. Nurse educators use the college transport to visit hospitals and student nurses use college transport without any payment. However, some of the student nurses absent themselves from the clinical areas. This led to a challenge for them to accumulate the required clinical hours. In addition, the study findings indicate that student nurses miss the transport most of the time due to several reasons and for them to reach the hospitals needs money for public transport, therefore they resort to stay in the college and miss the clinical hours.

## **Affordability**

Actions that were performed within an affordability framework were seen as the activities performed by nurse educators and professional nurses as a process that resulted in outcomes. Nurse educators use the college transport to visit hospitals and student nurses use college transport without any payment. Student nurses get a bursary from the college for books and tuition fees, they don't spend any money from their pocket regarding their training. In addition, the study findings indicate that student nurses miss the transport most of the time due to several reasons and for them to reach the hospitals, it needs money for public transport, therefore they decide to stay in the college and miss the clinical hours.

## **Acceptability**

Acceptability of the service involves Agents, dynamics, processes, and terminus, as indicated by Dickoff et al., (1968). For example, memorandum of understanding was signed by the college and the hospitals for the placement of student nurses. To show acceptability of the services, nurse educators allocate students to the hospital for experiential learning and the professional nurses accept the responsibility to supervise and accompany students while they are in the wards although according to study findings, professional nurses fail to supervise student nurses and student nurses were not in the clinical areas to accept the services from the professional nurses. Furthermore, nurse educators accepted the responsibility as well to visit the clinical area and teach, supervise, and accompany students. Although according to the study findings, nurse educators seldom visit the hospitals for accompaniment hence student nurses absent themselves from the clinical areas.

In addition, student nurses have the responsibility to avail themselves in the clinical areas and accept the skills and knowledge imparted to them. Therefore, availability of student nurse and accepting the service will result in a successful clinical attendance of student nurses as a process and

dynamics; hence, the low rate of absenteeism as a terminus (Dickoff et al., 1968).

#### **5.4.2 External factors**

External factors are forces outside the provision of psychiatric clinical learning. External factors include opportunities and threats that affect the service which is being provided in the facility (Bezuidenhout, 2014). Conversely, opportunities are characteristics that can be used to the organisation's advantage and are helpful in the implementation of psychiatric clinical learning. However, threats are aspects that can negatively affect the organisation and are harmful in the implementation of psychiatric clinical learning (Bezuidenhout, 2014). External factors include political, economic, socio-cultural, law, and environmental.

**Political factors** are the authority and the powers provided by the constitution of the country or government policies (Booyens et al., 2013). The government creating the posts for nurse educators, drivers and professional nurses and student nurses to ensure the implementation of clinical learning of student nurses.

**Economic factors** influence student nurses clinical training. They entail finances where, if a person is poor, it will determine the quality and quantity of the services offered (Booyens et al., 2013). Clinical learning is free for student nurses but for the college is costly as there is student transport to be maintained and nurse educators to be transported by the college to the clinical areas.

**Socio-cultural factors** influence a person's health through his/her lifestyle, attitude, education, and effects of culture. According to the study findings, student nurses' absenteeism was influenced by social factors like illnesses of their children and parents grant issues as some students indicated that they absent themselves from the clinical areas due to taking care of their parents

when they are sick as they are the bread winners at home. Other students explained that they become absent due to substance abuse.

**Technology** has to do with the indications of advances in medicine with the provision of newly designed equipment (Bezuidenhout, 2014). Findings of the study showed that there are landline telephones at the college and the hospitals for the communication to take place easier between the nurse educator and the professional nurses about student nurses' clinical learning. In addition, students themselves have cell phones to communicate with nurse educators and professional nurses if they are not attending clinical learning. Nevertheless, the study findings revealed that there is lack of communication between nurse educators and professional nurses regarding students' issues.

**Laws** are the regulations relevant to the conditions of the services, such as patient care (Bezuidenhout, 2014). Regulations from the SANC enforce laws that student nurses must follow concerning clinical learning and for nurse educators and professional nurses regarding student nurses' clinical hours.

**Environmental factors** are factors that affect the organisation, e.g., changes in the climate (Bush, 2016). Environmental factors such as the state and the condition of infrastructure play a role in the attendance of clinical learning of the students. Study findings indicated that student nurses' absenteeism is higher in winter than in summer as transport leaves students behind because they wake up late. Climate change affects students' clinical learning.

#### **5.4.2.1 Opportunities and threats**

A PESTLE\* helps to identify how factors such as the opportunities and threats will influence and affect activities (process) and nurse educators and professional nurses (agents) implementing students' clinical learning. It is often used with the last two letters of SWOT analysis so that a person clearly understands the situation related to internal and external factors (Bush, 2016). A **PESTLE** is a mnemonic that, in its expanded form, denotes P for Political, E for Economic, S for Socio-cultural, T for Technological, L for

Legal/Law and E for Environmental Factors that give a bird's eye view of the whole environment from many different angles that one wants to keep track of while contemplating on a certain idea/plan (<http://pestleanalysis.com/what-is-pestle-analysis>).

#### **5.4.2.1.1 Political**

Politics exert a negative and positive impact on the health care system, which also influences or affects training of student nurses. The political factor under consideration would be allocation of insufficient funds for conducting training of students. Though student nurses' training is free as students get bursaries, colleges, and hospitals experience shortage of material and human resources due to allocation of insufficient budget funds. Political differences make the training institutions and hospitals suffer as policy makers may disagree on issues that will benefit the colleges. Findings of the study revealed that shortage of material and human resources hamper the provision of clinical training of student nurses. Consequently, student nurses will fail due to shortage of clinical hours and there will be few student nurses graduating at the end of the course hence, shortage of professional nurses in the country as a result, poor patient care.

#### **5.4.2.1.2 Economic factors**

Economic factors can result in a negative or positive outcome, depending on their availability and use. Currently, South Africa is faced with financial challenges and a high rate of unemployment, resulting in poor education. This information, coupled with shortage of staff in the clinical areas due to the insufficient allocated funds to the college and hospitals leading to shortage of professional nurses, shortage of drivers and nurse educators at the college, negatively affects the training of student nurses. The findings of the study showed that due to shortage of professional nurses in the clinical areas, students absent themselves as this resulted to poor supervision of student nurses.

Some of college campuses do not have enough transport to the clinical areas for student nurses and nurse educators because drivers are not paid for overtime jobs. Furthermore, the study findings revealed that there is shortage of resources at the hospitals especially for activities that should involve mental health care users thus making student nurses and users get bored in the wards leading to student nurses' absenteeism. All this resulted in the disruption of student nurses' clinical training.

#### **5.4.2.1.3 Socio-cultural factors**

Some student nurses' values, beliefs and culture negatively impacted their clinical learning. According to the study findings, student nurses' absenteeism was influenced by social factors like illnesses of their children and parents grant issues as some students indicated that they absent themselves from the clinical areas due to taking care of their parents when they are sick as they are the bread winners at home. Some students were using substances that led them to absent themselves. Study findings indicated that student nurses were affected by the pre-conceived ideas about mental health care users and became scared of them which led to absenteeism from the clinical areas.

#### **5.4.2.1.4 Technological factors**

Findings of the study showed that there are landline telephones at the college and the hospitals for the communication to take place easier between the nurse educator and the professional nurses about student nurses' issues. In addition, students themselves have cell phones to communicate with nurse educators and professional nurses if they are not attending clinical learning although the study findings showed that students would not call or send a message when they could not attend clinical learning.

#### **5.4.2.1.5 Law**

Regulations from the SANC enforce laws that student nurses must abide by concerning absenteeism in clinical areas and for nurse educators and

professional nurses regarding student nurses' clinical hours. Counselling of students is available at the college. The study findings revealed that despite all the policies and rules and regulations regarding student nurse clinical hours, student nurses are still absenting themselves from the clinical areas. Students are required to accumulate 80% of clinical hours, therefore student nurses absent themselves knowing that they can still graduate if they do not exceed 20% of hours being absent. This affects their training as they cannot acquire necessary skills and knowledge for practicing as professional nurses.

#### **5.4.2.1.6 Environmental factors**

Environmental factors such as the state and the condition of infrastructure play a role in the attendance of clinical learning of the students. Study findings indicated that student nurses' absenteeism is higher in winter than in summer as transport leaves students behind because they wake up late. As a results students experience shortage of clinical hours hence a smaller number of student nurses graduate and registered as professional nurses therefore there is shortage of professional nurses in the hospitals. In addition, study findings revealed that student nurses absent themselves from the psychiatric wards because they fear mental health care users. In addition, the study findings revealed that psychiatric wards are boring because of less activities in the form of a routine than in general wards.

### **5.5 SWOT ANALYSIS MATRIX**

From the results of the study and the discussion in section 5.4 above, a SWOT analysis matrix was developed. The matrix was reflecting the positive and the negative internal and external factors identified in the way clinical learning of students were rendered. Table 5.1 summarises the SWOT analysis matrix identified from the above discussions.

#### **Table 5.1. SWOT analysis matrix**



	<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<b>INTERNAL FACTORS</b>	<ul style="list-style-type: none"> <li>• Nurse educators and professional nurses are available for students' clinical learning.</li> <li>• Nurse educators are trained for clinical learning.</li> <li>• Professional nurses are trained to supervise and support students in the ward.</li> <li>• Availability of college management and hospital management</li> <li>• Clinical learning is free.</li> <li>• Student transport is free.</li> <li>• Nurse educators use college transport.</li> <li>• Student nurses have a bursary.</li> <li>• Some psychiatric hospitals are next to the college campuses.</li> <li>• Students use college transport to the hospitals.</li> <li>• Student nurses are accepted at the hospitals per allocation.</li> <li>• Students accepted the allocation to the hospitals.</li> <li>• Policies, rules, and regulations regarding absenteeism are available.</li> <li>• Professional nurses don't travel for students.</li> </ul>	<ul style="list-style-type: none"> <li>• Shortage of professional nurses in the ward</li> <li>• Lack of supervision in the ward by professional nurses.</li> <li>• Drivers were not paid for overtime jobs.</li> <li>• Some students don't return to the hospital for lunch when they go to college.</li> <li>• Students miss transport to the clinical areas.</li> <li>• No adequate accompaniment of students by nurse educators</li> <li>• Negative attitude of student nurses and professional nurses towards each other.</li> <li>• Lack of professionalism on nurse educators and professional nurses.</li> <li>• Lack of knowledge and skills</li> <li>• Absenteeism of student nurses from the wards</li> <li>• No strategies to mitigate student nurses' absenteeism.</li> <li>• Some professional nurses and nurse educators do not avail themselves for students.</li> <li>• Student nurses absent themselves from clinical areas.</li> <li>• Few students' drivers</li> <li>• Shortage of nurse educators in the college.</li> </ul>

	<b>OPPORTUNITIES</b>	<b>THREATS</b>
<b>EXTERNAL FACTORS</b>	<ul style="list-style-type: none"> <li>• Student nurses' training is free in the public colleges.</li> <li>• Student nurses are receiving bursary form the college.</li> <li>• Professional nurses are readily available in the wards.</li> <li>• Availability of different types of leaves for students</li> <li>• Availability of landline telephone at the college and hospitals.</li> <li>• Availability of students' cell phone, nurse educators and professional nurses.</li> <li>• SANC rules and regulations, and policies regarding absenteeism are available.</li> <li>• Students' transport is available.</li> <li>• Clinical orientation on psychiatric hospital surrounding is done at the hospital.</li> </ul>	<ul style="list-style-type: none"> <li>• The political will is allocating insufficient funds for student nurses' training.</li> <li>• Shortage of material and human resources</li> <li>• No transport money if students are left behind by the transport.</li> <li>• Shortage of staff in the wards</li> <li>• Social issues like sick children, to receive child grant and parents' grant.</li> <li>• Use of substances by students</li> <li>• Students have pre-conceived ideas about mental health care users.</li> <li>• Students do not report when they are not going to the clinical areas.</li> <li>• Lack of communication between nurse educators and professional nurses.</li> <li>• No adequate orientation regarding absenteeism policies and rules and regulations.</li> <li>• Students get scared of the mental health care users.</li> <li>• Students get bored in the psychiatric wards compared to general wards.</li> </ul>

**Table 5.2. BOEM action plan**

<b>INTERNAL FACTORS</b>	<b>STRENGTHS</b>	<b>BUILDING ON STRENGTH</b>
	<b>HUMAN RESOURCES AGENTS</b>	<b>ACTIONS</b>
	Availability of nurse educators, professional nurses, college management, college drivers and hospital management	<ul style="list-style-type: none"> <li>Nurse educators should avail themselves several times to student nurses at the clinical areas.</li> <li>Nurse educators and professional nurses should conduct adequate supervision of students in clinical areas.</li> <li>College drivers should transport students always as expected.</li> <li>Hospital management should conduct awareness through meetings, in-service training, and workshops for staff members on how to mentor student nurses when they are allocated in their units.</li> </ul>
	<b>COMPETENCIES DYNAMICS</b>	<b>ACTIONS</b>
	Nurse educators and Professional nurses possess knowledge and skills to supervise student nurses	<ul style="list-style-type: none"> <li>Nurse educators and professional nurses should possess the necessary skills and knowledge to mentor student nurses when allocated in the clinical areas.</li> <li>Skills and knowledge should be imparted to professional nurses at the hospital through seminars, regular meetings, and in-service training on how to mentor students.</li> <li>Students should be taught about mental healthcare users admitted in the hospital on what they will encounter daily.</li> </ul>
	<b>FINANCIAL COSTS</b>	<b>ACTIONS</b>
	Student nurses' training is free. Nurse educators use college transport to the accompaniment	<ul style="list-style-type: none"> <li><b>Agent</b>-College management should use an appropriate selection criterion while selecting students for the training to assess students' interest in nursing as most of them enter the nursing profession for money.</li> <li>Student nurses must be adequately accompanied at the hospital, so they don't get bored and become absent (<b>recipient</b>)</li> </ul>
	<b>SERVICES PROCESSES</b>	<b>ACTIONS</b>
	<b>Accessibility</b>	
	Clinical areas are easily accessible as students and nurse educators use college transport	<ul style="list-style-type: none"> <li>Hospital managers and college managers should liaise to provide accommodation for student nurses at the hospital nurse's homes during their clinical allocation to mitigate absenteeism of students.</li> <li>College management should hire adequate drivers for students' transport and pay the drivers overtime so that students are transported to the clinical areas timely to mitigate absenteeism.</li> </ul>
<b>Availability</b>		
SANC rules and regulations on clinical accompaniment are available. Nurse educators and professional nurses are available	<ul style="list-style-type: none"> <li>Professional nurses and nurse educators should be capacitated on students' leaves and SANC clinical hours.</li> <li>Student nurses should be orientated on different types leaves and they should be informed that though they have leaves SANC hours are required.</li> </ul>	
<b>Acceptability</b>		
Acceptance of student nurses in the clinical areas by professional nurses.	<ul style="list-style-type: none"> <li>Professional nurses should involve student nurses when rendering care to mental healthcare users.</li> </ul>	

Acceptance of clinical allocation by student nurses	<ul style="list-style-type: none"> <li>Student nurses should also show interest and have a positive attitude to learn what they are taught in the ward.</li> </ul>
<b>Affordability</b>	
Student nurses' training is free. Transport to the clinical areas is free.	<ul style="list-style-type: none"> <li>College management should use an appropriate selection criterion while selecting students for the training to assess students' interest in nursing as most of them enter the nursing profession for money.</li> <li>Nurse educators should come to the clinical area more often to assess students and introduce them to some of the things that the professional nurses are not able to help them with.</li> </ul>

<b>INTERNAL FACTORS</b>	<b>WEAKNESSES</b>	<b>OVERCOMING WEAKNESSES</b>
	<b>HUMAN RESOURCES AGENTS</b>	<b>ACTIONS</b>
	Inadequate number of professional nurses in the ward to supervise students.	<ul style="list-style-type: none"> <li>Adequate supervision of student nurses where students are monitored on their arrival time, during lunchtime, and knock-off time.</li> <li>Nurse educators should come to the clinical area more often to assess students and introduce them to some of the things that the professional nurses are not able to help them with.</li> <li>Nurse educators should allocate a smaller number of students per ward.</li> </ul>
	<b>COMPETENCIES DYNAMICS</b>	<b>ACTIONS</b>
	Lack of knowledge and skills  Lack of professionalism on nurse educators and professional nurses.	<ul style="list-style-type: none"> <li>Student nurses should also show interest and have a positive attitude to learn what they are taught in the ward.</li> <li>The relationship between the nurses and students should be good in such a way that it portrays professionalism, and they should teach student nurses in a friendly manner.</li> <li>Nurse educators should also show professionalism in communication, dressing and actions during student accompaniment so that they are seen as good role models to student nurses.</li> </ul>
	<b>FINANCIAL COSTS</b>	<b>ACTIONS</b>
	Students miss transport and didn't have money for public transport.	<ul style="list-style-type: none"> <li>College management should motivate for drivers' overtime funds and for hiring more nurse educators.</li> </ul>
	<b>SERVICES PROCESSES</b>	<b>ACTIONS</b>
	<b>Accessibility</b>	
	Students miss transport to the clinical areas.	<ul style="list-style-type: none"> <li>Hospital managers and college managers should liaise to provide accommodation for student nurses at the hospital nurse's homes during their clinical allocation to mitigate absenteeism of students.</li> </ul>
	<b>Availability</b>	
	Strategies regarding absenteeism of student nurse are unavailable.	<ul style="list-style-type: none"> <li>Workshops should be conducted for nurse educators and professional nurses on the use and reinforcement of the implementation of the developed strategies</li> </ul>
<b>Acceptability</b>		
Negative attitude of professional nurses, nurse educators and students towards each other.	<ul style="list-style-type: none"> <li>Nurse educators and professional nurses should portray a positive attitude when supervising and mentoring student nurses so that students see them as their role models.</li> <li>Professional nurses should advise the nurses in the ward to engage and teach student nurses according to their scope of practice with a positive attitude so that students are motivated to go to the clinical areas.</li> </ul>	

<b>Affordability</b>		
	<p>Limited resources for activities with mental health care users in psychiatric wards</p>	<ul style="list-style-type: none"> <li>Hospital management should motivate for activities material in psychiatric wards so that students perform group activities with mental health care users</li> <li>Professional nurses to teach students how to improvise for shortage of material resources.</li> </ul>

<b>EXTERNAL FACTORS</b>	<b>OPPORTUNITIES</b>	<b>EXPLORING OPPORTUNITIES</b>
	<b>POLITICAL</b>	<b>ACTIONS</b>
	Student nurses' training is free in public colleges.	<ul style="list-style-type: none"> <li>The government should allocate sufficient funds to the college for student training.</li> </ul>
	<b>ECONOMIC</b>	<b>ACTIONS</b>
	Student nurses are receiving bursary form the college.	<ul style="list-style-type: none"> <li>College management should use an appropriate selection criterion while selecting students for the training to assess students' interest in nursing as most of them enter the nursing profession for money.</li> </ul>
	<b>SOCIO-CULTURAL</b>	<b>ACTIONS</b>
	Available counselling and support at the college.	<ul style="list-style-type: none"> <li>Student nurses should receive counselling at the college and clinical areas for social problems and substance abuse.</li> </ul>
	<b>TECHNOLOGICAL</b>	<b>ACTIONS</b>
	Availability of landline telephones at the college and hospitals  Availability of cell phones for students, nurse educators and professional nurses.	<ul style="list-style-type: none"> <li>More effort should be put into the supervision of student nurses; however, if a student is absent the nurse educator from the campus or the professional nurse should try to find out why the student has absented herself as students absent themselves for different reasons at different times.</li> <li>College management, nurse educators, professional nurses and hospital management should communicate effectively regarding students issues using the available resources.</li> <li>Students should communicate when they won't be able to attend clinical teaching.</li> </ul>
	<b>LAW</b>	<b>ACTIONS</b>
SANC rules and regulations, and policies regarding absenteeism are available.	<ul style="list-style-type: none"> <li>Professional nurses and nurse educators should be capacitated on students' leaves and SANC clinical hours.</li> <li>Student nurses should be orientated on different types leaves and they should be informed that though they have leaves SANC hours are required.</li> </ul>	
<b>ENVIRONMENTAL CONTEXT</b>	<b>ACTIONS</b>	
Clinical orientation on psychiatric hospital surrounding is done at the hospital.	<ul style="list-style-type: none"> <li>Intensive student nurses' clinical orientation should be done on arrival at the hospital by professional nurses for the students to be ready to face mental healthcare users.</li> </ul>	

<b>EXTERNAL FACTORS</b>	<b>THREATS</b>	<b>MINIMIZING THREATS</b>
	<b>POLITICAL</b>	<b>ACTIONS</b>
	Shortage of material and human resources.	<ul style="list-style-type: none"> <li>The government should allocate sufficient funds to the college for student training.</li> <li>The college and hospitals should motivate for sufficient funds to hire more staff and drivers to supervise and transport students to clinical areas.</li> <li>The hospital should have professional nurses in charge of the clinical orientation and offer psychological readiness for student nurses on how to handle mental healthcare users in the ward.</li> <li>Hospital managers should motivate for funds to buy more materials used by student nurses in the wards.</li> </ul>
	<b>ECONOMIC</b>	<b>ACTIONS</b>
No transport money if students are left behind by the transport.	<ul style="list-style-type: none"> <li>College management should use an appropriate selection criterion while selecting students for the training to assess students' interest in nursing as most of them enter the nursing profession for money.</li> <li>College should hire more drivers to transport students to the clinical areas.</li> </ul>	
<b>SOCIO-CULTURAL</b>	<b>ACTIONS</b>	

	Use of substances by students.	<ul style="list-style-type: none"> <li>• Counselling of student nurses at the college for social problems and substance abuse should be done.</li> <li>• Student nurses' concerns should be addressed, their needs met, and emotional support provided.</li> <li>• If a student is absent, a supervisor should try to establish why the student was absent because students get absent for various reasons.</li> </ul>
	<b>TECHNOLOGICAL</b>	<b>ACTIONS</b>
	Lack of communication between nurse educators, student nurses, and professional nurses.	<ul style="list-style-type: none"> <li>• student is absent the nurse educator from the campus or the professional nurse should try to find out why the student has absented herself as students absent themselves for different reasons at different times.</li> <li>• College management, nurse educators, professional nurses and hospital management should communicate effectively regarding students issues using the available resources.</li> <li>• Students should communicate when they won't be able to attend clinical teaching.</li> </ul>
	<b>LAW</b>	<b>ACTIONS</b>
	No adequate orientation regarding absenteeism policies and rules and regulations.	<ul style="list-style-type: none"> <li>• Student nurses should be orientated on different types leaves and policies, rules, and regulation on absenteeism.</li> </ul>
	<b>ENVIRONMENTAL CONTEXT</b>	<b>ACTIONS</b>
	Students absent themselves from the clinical areas due to fear of the mental health care users.	<ul style="list-style-type: none"> <li>• Intensive student nurses' clinical orientation should be done on arrival at the hospital by professional nurses for the students to be ready to face mental healthcare users.</li> <li>• Student nurses must be adequately accompanied at the hospital, so they don't get bored and become absent.</li> <li>• Student nurses should be involved in the care of mental healthcare users when allocated to specialized psychiatric hospitals to mitigate absenteeism.</li> <li>• During accompaniment, there should be a provision of emotional support for traumatic experiences students encounter due to the conditions of the mental healthcare users.</li> </ul>

## 5 .6 DEVELOPMENT OF THE STRATEGY

### 5.6.1 ORIENTATION TO THE STRATEGIES

The information discussed under the SWOT matrix indicated the strengths, weakness, opportunities, and threats in the mitigation of student nurses' absenteeism. Information from the SWOT matrix was used to develop the strategies (Guillory & Galindo, 1995). To mitigate student nurses' absenteeism, the action plan of the Build, Overcome, Explore and Minimize (BOEM), strategy was used as outlined in Pearce (2010). Therefore, the strategies to mitigate student nurses' absenteeism was developed by building on strengths, overcoming weaknesses and challenges, exploring opportunities, and minimising threats. The researcher went through all data indicated as strength, weaknesses, opportunities, and threat. Table 5.2 illustrate the developed strategies.

### 5.6.2. DEVELOPED STRATEGIES TO MITIGATE STUDENT NURSES' ABSENTEEISM

**Table 5.3. Developed strategies to mitigate student nurses' absenteeism**

KEYPOINTS	THEMES	ACTIONS
Personal factors Students	Lack of skills and knowledge regarding	<i>Comprehensive student' nurses' orientation should be done on the following:</i> <ul style="list-style-type: none"> <li>• The layout of the psychiatric ward.</li> <li>• Types of mental health care users.</li> <li>• Mental health care users' behaviors.</li> <li>• How to handle mental health care users.</li> </ul>
	Students' social problems	<i>A preceptor or a unit manager should do the following:</i> <ul style="list-style-type: none"> <li>• Student nurses' concerns should be identified.</li> <li>• Establish the problem.</li> <li>• Appropriate interventions applied.</li> <li>• Continuous counselling of student nurses.</li> </ul>
Health care Professionals	Incompetency regarding students' supervision	<i>Employers should capacitate professional nurses through the follows:</i> <ul style="list-style-type: none"> <li>• Orientation program</li> <li>• Seminars</li> </ul>

		<ul style="list-style-type: none"> <li>• Regular meetings</li> <li>• In-service training</li> </ul>
<b>Clinical area factors</b>	Lack of supervision in the ward.	<p><i>Health care professionals should do the following:</i></p> <ul style="list-style-type: none"> <li>• Adequate supervision of student nurses.</li> <li>• Monitor the arrival time, lunchtime, and knock-off time of students.</li> <li>• Nurse educators should visit the clinical area more often to assess students and introduce them to some of the things that the professionals are not able to help them with.</li> <li>• More effort should be put into supervising students.</li> </ul>
	Lack of professionalism in clinical area.	<p><i>Health care professionals should do the following:</i></p> <ul style="list-style-type: none"> <li>• Maintain good communication between professionals and student nurses.</li> <li>• Establish good relationship between staff members and students.</li> <li>• Teaching style should be friendly.</li> <li>• Nurse educators' dress code and actions during student accompaniment should show professionalism.</li> </ul>
	Lack of students' involvement in clinical activities	<p><i>Health care professionals should do the following:</i></p> <ul style="list-style-type: none"> <li>• Student nurses should be involved in the treatment and care of mental healthcare users.</li> <li>• Good communication between professionals and student nurses.</li> <li>• Student's clinical learning objectives should be provided for the allocation to be made accordingly.</li> </ul>
<b>College factors</b>	Shortage of students' drivers	<p><i>College management should do the following:</i></p> <ul style="list-style-type: none"> <li>• Liaise with hospital management to provide accommodation for student nurses at the hospital nurse's homes.</li> <li>• Hire adequate drivers for students' transport.</li> <li>• Pay the drivers overtime so that students are transported to the clinical areas timely.</li> </ul>
	Students' clinical allocation by the college	<p><i>Nurse educators should do the following:</i></p> <ul style="list-style-type: none"> <li>• Allocate small number of students in one ward.</li> <li>• Avoid allocating same students to the same ward, they should rotate.</li> <li>• Give time to study between the final allocation and examination period.</li> </ul>

## 5.7 VALIDATION OF THE STRATEGIES

Chinn and Kramer's (2008) criteria for strategies validation were selected since they are based on empirical evidence. The five critical questions necessary for the evaluation of the strategies are as follows: How clear are the strategies? How simple are the strategies? How general are the strategies? How accessible are the strategies? How important are the strategies? The strategies were validated by a group of professionals who are doctoral and post-doctoral degrees students in nursing. Members were purposively selected and consented to participate in the process.

**Table 5.4: Strategies validation group**

PROFESSION	POSTGRADUATE STUDIES	AREA OF WORK
<b>Professional nurse</b>	PhD nursing graduate (Advanced Psychiatric Nurse)	Specialised psychiatric hospital
<b>Professional nurse</b>	PhD nursing graduate (Advanced Psychiatric Nurse)	Regional hospital psychiatric ward
<b>Professional nurse</b>	Doctoral Nursing Student	Regional hospital psychiatric ward
<b>Professional nurse</b>	Doctoral Nursing Student	Nursing management (specialised psychiatric hospital)
<b>Professional nurse</b>	Doctoral Nursing Student	Regional hospital psychiatric ward
<b>Professional nurse</b>	Doctoral Nursing Student	Tshilwavhusiku Local Area PHC
<b>Professional nurse</b>	Doctoral Nursing Student	Vhembe District Future Families – Musina

The selection of health professionals was supported by Chinn and Kramer (2008). These authors reported that selecting health professionals to validate the strategies in practice promoting health-related goals is referred to as



practice-based evidence in healthcare literature. Therefore, the researcher was prompted to select health professionals who are directly in the care of mentally ill patients in their daily work; some are directly involved in student nurses' supervision. Furthermore, health professionals who are experts in psychiatric nursing practice gave practice-based evidence for validating the strategies.

The meetings were held at an agreed central venue within Vhembe District with the assistance of the study's promoters. The validation process was conducted by allowing the researcher to present the strategies to the group at four different times in the presence of the promoters. The first presentation's comments by the group are highlighted in red, the second presentation's comments in orange colour, the third presentation's comments in blue colour, and the fourth presentation's comments are highlighted in green (see Appendix K1 – K4).

The group used the criteria outlined by Chinn and Kramer (2008) to validate the strategies. After the inputs were made to the initial structure of the strategies, and corrections were implemented, the researcher presented the second, third and fourth drafts of the structure of the strategies to the group for further validation and input. All corrections were implemented as suggested.

The group validated the fourth draft of the structure of strategies again, and the final structure was then developed. A discussion of how the strategies were validated by the group using Chinn and Kramer's (2008) criteria of strategies validation is presented below.

### **5.7.1 How clear are the strategies?**

According to Dickoff et al., (1968), there are six elements of the practice theory. These are context, agents, recipients, processes, dynamics, and terminus, used to describe the strategies. The significant and related concepts formed the structure of the strategies. Therefore, structural clarity and consistency were met. The concepts within the strategies were well connected and easy to understand, as illustrated in different diagrams (Figures 5.1 –

5.6). In the structure, the relationship between concepts is indicated in Figure 5.7. According to Dickoff et al., (1968), the six elements of practice theory were clearly indicated as per group validation. The colours of the six elements were indicated to make the elements clear. The following indicates the comments made by the group to make the strategies achieve the element of clarity.

### **First presentation comments:**

During the first presentation, the group of validators were of the view that the strategies were not clear, and that naming the hospital management as a nurse manager would confuse the users of strategies (the nurse manager is not only involved in student nurses' training).

Therefore, the following suggestions were made:

*"...The context should be the first element to be discussed because everything happens in the context..."*

*Agents:*

*"...A nurse manager should change to the hospital management...college campus manager should change to hospital management...and students should be removed from being agents as they cannot be agents and recipient as the same time..."*

*Processes:*

*"...To replace employee orientation and by student orientation, to remove involvement and counselling as they are included in student orientation, nurses' awareness should be included in supervision..."*

*Dynamics: "...To change respect and friendliness to be professionalism, interest to be included in attitude, to incorporate skills and knowledge..."*

### **Second presentation comments:**

The group highlighted that the participant quotations should be clearly specified; for example, it should be clear whether they are from the students or the professional nurses. They should also be separated from each other.

This is what they commented:

*“...specify which participant said what on top of each quotation, separated from each other...”*

They also reported that the supporting literature should correlate with the quotations:

*Context: “...college context should overlap with the hospital context to have a space in between to write a name on it...”*

*Dynamics: “...Should be included in one diagram like in the process...”*

*Outcomes: “...it should be low absenteeism rate...”*

*Structure: “...Dynamics and agents are too congested, one diagram to be for dynamics and one for agents not many diagrams, the relationship between agents and recipient should be clearly indicated...”*

### **Third presentation comments:**

The group noted that the quotations/narratives should be reduced to one for each type of participant and supported by literature from SANC information.

This is what they said:

*“Agents: ...Shift arrows between agent and recipient and they should be in the same shape, the arrows in between should be small and in own colour, names of all the elements should be written inside the diagram...”*

*“...Dynamics can be in the form of an arrow pointing to both sides...”*

*“...Terminus to be written inside the diagram too...”*

#### **Fourth presentation comments:**

The group highlighted that the literature on the college context should be changed to SANC information. They also commented that the structure is clear and can be finalized and adopted.

This is what the group said:

*“...Replace a lecture by a nurse educator, use SANC reference in college management, supervision and accompaniment discussions, include professional nurses in the processes under orientation, hospital management should be those who are directly involved in student nurses training...”*

#### **5.7.2 How simple are the strategies?**

Strategies' simplicity means that the number of elements within each descriptive category, the concepts, and their interrelationships was kept minimal. The strategies' simplicity was achieved by keeping to the significant and related concepts of the study. Those concepts included absenteeism, professional nurse, hospital, strategies, and student nurse. The researcher did not add new concepts as this would cause confusion.

#### **First presentation comments:**

The group of validators noted that the strategies are not simple as they reflected the following, which may appear difficult to the user of the strategies:

- Elements on the structure were not connected to each other in such a way that every diagram was separated from each other with no communication or relationship.

The following comments highlighted what the group suggested regarding the simplicity of the strategies:

*The structure: "...There should be a relationship between agents and recipient, to be connected to each other, arrows are not connecting to the elements..."*

### **Second presentation comments:**

The validators reported that the strategies are not simple as they reflect the following, which may appear difficult to the user of the strategies.

- The items seemed congested; there were too many diagrams.
- The dynamics should be in one diagram.

The following highlights the comments made by the group to make the strategies simpler:

*"...To make the strategies simpler, dynamics and agents should not be congested, there should be one diagram for dynamics and one for agents not many diagrams, ...the relationship between agents and recipient should be clearly indicated too..."*

### **Third presentation comments:**

The validators reported that the strategies are not simple as they reflect the following, which may appear difficult to the user of the strategies.

- The arrows were too big and the same colour as the rest of the items.
- The dynamics seemed not connected between agents and recipients.

This is what the group said to make the strategies simpler:

*"...Shift arrows between agent and recipient and they should be in the same shape, the arrows in between should be small and in own colour..."*

*"...Dynamics can be in the form of an arrow pointing to both sides..."*

### **Fourth presentation comments:**

The validators reported that the strategies are not simple as they reflect the following, which appear difficult to the user of the strategies.

- It seemed that the concepts used for the agents were inappropriate.
- In the process, it seemed the literature used was not relevant.

This is what the group said to make the strategies simpler:

*“...Replace a lecture by a nurse educator, use SANC reference in college management, supervision and accompaniment discussions, and include professional nurses in the processes under orientation...”*

*“...Hospital management should be those members who are directly involved in student nurses’ training...”*

### **5.7.3 How general are the strategies?**

The strategies are described as a plan that is intended to achieve a particular purpose of mitigating student nurses’ absenteeism at specialized psychiatric hospitals. The results of this study indicated that most participants suggested that psychological preparedness should be done before student nurses go to the psychiatric hospitals in the form of orientation for the students to be ready to face mental healthcare users and to know how to handle those users’ behaviours. They also noted that this would reduce students’ fear regarding mental healthcare users and help remove the myths students have from the community. The strategies were therefore developed to mitigate student nurses’ absenteeism. The developed strategies can be applied to all specialized psychiatric hospitals of the Limpopo Province and Limpopo College of Nursing campuses that train level III and level IV student nurses. The group supported what the researcher presented.

#### 5.7.4 How accessible are the strategies?

The Provincial Department of Health in Limpopo will have access to the strategies, which will be applied within the Department's mental health institutions. Furthermore, the strategies would be accessible to the Limpopo College of Nursing and the three specialized psychiatric hospitals in the Vhembe, Mopani, and Capricorn districts, where data were collected. It would be possible to access the strategies through the library and Google search, publications in accredited journals, attendance of seminars, and national and international conference presentations.

#### 5.7.5 How important are the strategies?

According to the South African Nursing Council (SANC), the total clinical hours to be accumulated for Psychiatric Nursing Science (PNS) is 720 hours. Should a student not obtain 80% (320 hours in level III and 400 hours in level IV) of their hours in PNS for clinical exposure, that student is not allowed to do the final clinical examination of a subject (SANC Nursing Act No 33 of 2005). The findings of the study will help to mitigate student nurses' absenteeism at specialized psychiatric hospitals during clinical placement.

The following indicates what the group said:

*"...The **processes** that can be carried out at specialized psychiatric hospitals are students' orientation, students' supervision as well as students' accompaniment..."*

*"...The **dynamics** needed to carry out the processes are positive attitude, professionalism and skills and knowledge in order to lower the student nurses' absenteeism rate..."*

*"...The strategies can be used as their **terminus** is low absenteeism rate of student nurses during psychiatric nursing science clinical placement..."*

The strategies would prevent the termination of training and the extension of training amongst student nurses in the Limpopo College of Nursing. All

students will graduate as a group without a student that was left behind due to absenteeism; therefore, a high number of students would graduate at the end of four years. This study's findings revealed that most student and professional nurses agreed that strategies to mitigate student nurses' absenteeism should be developed. The strategies would close the identified gap in the mitigation of student nurses' absenteeism. With the implementation of the strategies, the researcher hoped to achieve the following:

- Student nurses, nurse educators, professional nurses, college management and hospital management, would have a document to refer to and guide them on how to mitigate student nurses' absenteeism in the clinical areas.
- Student nurses, nurse educators, professional nurses, college management and hospital management, shall receive the necessary skills and knowledge required to mitigate student nurses' absenteeism in the clinical areas.
- Student nurses, nurse educators and professional nurses would be able to portray positive attitudes and professionalism toward each other to reduce the student nurses' absenteeism rate in the clinical areas.

The developed strategies would add value to the Limpopo College of Nursing training and nursing and mental health research. Finally, the developed strategies create a gap for other researchers to conduct research when the strategies are implemented.

## **5.8. ASSUMPTIONS OF THE STUDY**

### **5.8.1 Theoretical assumptions**

This study was conceptualized within the behaviourist theory of learning on classical conditioning by Skinner (1953), the grounded theory for strategies development outlined in Dickoff *et al.*, (1968) and Pearce (2010) (BOEM), These theoretical assumptions are discussed below.



## **Behaviourist theory of learning on classical conditioning**

Behaviourists believe that learning occurs when new behaviours or changes in behaviour are acquired through associations between stimuli and responses. Thus, association leads to a change in behaviour. Through operant conditioning, an individual makes an association between a particular behaviour and a consequence (Skinner, 1953). Therefore, learning behaviour is influenced by negative or positive reinforcement. This study explored and described negative reinforcement, which contributes to absenteeism as experienced by student nurses. Furthermore, this study aimed to develop strategies to mitigate student nurses' absenteeism, which is the positive reinforcement of student learning behaviour.

According to the study's findings, student and professional nurses' views on mitigating student nurses' absenteeism were explored, suggesting that positive reinforcement will be done through orientation of students, students' involvement in clinical activities, adequate clinical accompaniment, and supervision. Furthermore, in line with the positive reinforcement, student nurses will learn new behaviours to mitigate absenteeism.

## **Practice Theory for strategies development**

One of the objectives of this study was to develop strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals in Limpopo Province, South Africa. This objective was achieved through the assistance of the grounded theory outlined in Dickoff *et al.*, (1968). The six elements of practice theory include context, agents, recipients, processes, dynamics, and terminus, following data analysis which was guided by Tesch's eight steps in Creswell and Creswell (2017). To mitigate student nurses' absenteeism, the action plan of the Build, Overcome, Explore and Minimize (BOEM), strategy was also used as outlined in Pearce (2010). Then strategies were developed to achieve the objective and the purpose of this study, which was to develop strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals in Limpopo Province, South Africa.

### **5.8.2 Methodological assumptions**

Since the purpose of the study was to develop strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals during clinical placement in the Limpopo College of Nursing, a qualitative approach using explorative, descriptive, and contextual design was employed as described by De Vos (2014) and Burns and Grove (2016). A qualitative approach was adopted because the study aimed to express students' views regarding contributing factors of absenteeism and strategies to mitigate absenteeism during their PNS clinical placements. The study also sought the registered professional nurses to verbalize their views through interviews, which could only be achieved through a qualitative approach. Moreover, the study sought information from people who experienced absenteeism. This has assisted the researcher as the purpose of the study, and its objectives were achieved through the employed methodology.

### **5.9. CHAPTER SUMMARY**

This chapter focused on the description of the strategies to mitigate student nurses' absenteeism. Emphasis was given to the description of the overview, purpose, and development of the strategies. The development of the strategies includes assumptions on which the strategies were based, description of SWOT analysis, and BOEM action plan, , and strategies validation. Chapter 6 provides an evaluation of the study, and discusses the limitations, conclusions, and recommendations pertaining to the study.

## CHAPTER 6

### EVALUATION, CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

#### 6.1 INTRODUCTION

The previous chapter focused on the description of the guidelines on how to implement strategies to mitigate student nurses' absenteeism in specialized psychiatric hospitals. The focus of this chapter is a discussion on the evaluation, limitations, conclusions, and recommendations of the study.

#### 6.2 EVALUATION OF THE STUDY

This study was evaluated based on its purpose and the objectives discussed in Chapter 1 of this study.

##### 6.2.1 Purpose of the study

The purpose of this study was to develop strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals during clinical placement at the Limpopo College of Nursing, South Africa. In addition, the researcher explored and described the participants' perceptions regarding strategies to mitigate student nurses' absenteeism, which assisted the researcher in developing strategies; hence, the purpose of the study was achieved.

##### 6.2.2 The objectives of the study

The objectives of the study are in two phases as follows:

##### Phase one

- Explore and describe contributory factors of absenteeism experienced by student nurses at specialized psychiatric hospitals in Limpopo, South Africa.
- Explore and describe perceptions of registered professional nurses concerning contributory factors regarding student nurses' absenteeism at

specialized psychiatric hospitals in Limpopo, South Africa.

### **Phase two**

- Develop strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals in Limpopo, South Africa.
- Validate strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals in Limpopo, South Africa.

The study approach was conducted in two phases. Phase one was a situational analysis, and phase two was the development and evaluation of the strategies. In phase one, the situational analysis was conducted by means of a qualitative approach using exploratory, descriptive, and contextual designs. Data were collected through in-depth individual interviews and analysed according to Tesch's open coding method to address the objectives. The study's objectives were achieved as the participants' perceptions were explored by the researcher and described by student nurses and professional nurses to develop strategies to mitigate student nurses' absenteeism. The strategies were evaluated by health professionals who are experts in the mental health field, as described in Chapter 5 of this study. Descriptions of the findings were also done based on the relevant literature. It was identified that both student nurses and professional nurses concurred on several items to be adopted to develop strategies to mitigate student nurses' absenteeism in the clinical areas.

In phase two, the description and the development of the strategies were directed by the results of the situational analysis and literature. The perceptions described by the participants during the focus group and the in-depth interviews formed the basis of the developed strategies. The six elements of the practice theory of Dickoff *et al.*, (1968) were used as a framework for developing the strategies. Chinn and Kramer's (2008) criteria were also used to describe and evaluate the strategies to address the study's last objective.

- **Development of the strategies**

The strategies were developed based on the findings of the situational analysis of phase one, a literature review, and the theoretical framework for developing the strategies. In addition, the strategies were developed according to the six elements of practice theory of Dickoff *et al.*, (1968), which include context, agents, recipients, processes, dynamics, and terminus. SWOT analysis approach and BOEM were also used in the development of strategies. These approaches were applied to the development of the strategies according to what the participants indicated as the strategies they need to mitigate student nurses' absenteeism.

- **Validation of the strategies**

The strategies validation was conducted by a group of health professionals who were registered for their PhD and post-doctoral studies. They used Chinn and Kramer's (2008) questions relating to the strategies', namely clarity, simplicity, generalizability, accessibility, and importance, discussed in Chapter 5 of this study.

### **6.3 CONCLUSION**

This study explored and described contributory factors of absenteeism as experienced by student nurses and professional nurses at specialized psychiatric hospitals. The study also explored strategies needed to mitigate student nurses' absenteeism at specialized psychiatric hospitals. In-depth interviews were conducted through focus groups of student nurses and individual interviews of professional nurses. Moreover, data were analysed through Tesch's eight steps of data analysis (Creswell, 2014).

Four themes with sub-themes emerged from data analysis. The themes were: student nurses' perceptions regarding contributory factors of absenteeism, professional nurses' perceptions regarding contributory factors of absenteeism, views of student nurses on strategies needed to mitigate

absenteeism, and views of professional nurses on strategies needed to mitigate absenteeism. These themes and sub-themes were discussed in detail in Chapter 3, with direct quotations from the transcripts and the literature supporting the findings. Each theme was further discussed separately.

### **6.3.1 Student nurses' perceptions regarding contributory factors to absenteeism**

During data analysis, theme 1 emerged when participants shared their ideas and perceptions regarding contributory factors of absenteeism. The following three sub-themes were identified from this theme: student, college, and clinical area factors.

The information obtained indicates that some students were absent from the clinical areas because of students' factors, including fear of mental healthcare users, lack of interest in PNS, social problems, and lifestyle issues (substance use). It was found that some students were absent due to college factors and transport issues. For example, if the transport leaves them due to waking up late, they will stay home because the alternative transport meant using three taxis to get to campus timely. Some indicated that they were absent because the college campuses allocated them several times in one ward, while some were overcrowded in one ward, which made it difficult for professional nurses to supervise and teach them when they are too many in the ward. Others indicated that they were absent due to clinical area factors, such as lack of supervision in the ward, poor professional nurse-student relationships, and negative attitudes of professional nurses towards students.

### **6.3.2 Professional nurses' perceptions regarding contributory factors to students' absenteeism**

During data analysis, theme 2 emerged when participants shared their ideas and perceptions regarding contributory factors of absenteeism. The following three sub-themes were identified from this theme: student, college, and clinical area factors.

The information obtained from the interviews indicated that most participants believed that students were absent from clinical areas due to students' factors, such as lack of interest in PNS and fear of mental healthcare users. Most of them strongly believe that because psychiatric wards are not so busy, they get bored, leading them to be absent. Some indicated that absenteeism is due to college factors, which include academic work overload, and students being absent to study from the nurse's home for the upcoming test or examination as the workload of the college is too much as they are expected to prepare in a short period of time. Additionally, some felt that students were absent due to clinical area factors, such as lack of supervision and accompaniment because of a heavy experiential obligation where they are overworked in the ward, as well as the attitude of professional nurses towards student nurses.

### **6.3.3 Views of students on strategies needed to mitigate student nurses' absenteeism.**

Theme 3 emerged during data analysis when most participants gave their opinions regarding the mitigation of student nurses' absenteeism. This theme identified five sub-themes: psychological preparedness of students, students' involvement in clinical activities, adequate clinical accompaniment and supervision, students' support and counselling, and awareness of professional nurses.

The information obtained revealed that some students were absent from the clinical areas because of a lack of psychological preparedness. This was due to a lack of student orientation before students are placed in clinical areas by the college nurse educators. Moreover, upon arriving at the hospitals, some indicated that students' involvement in clinical activities is critical to mitigating students' absenteeism. Others said that adequate clinical accompaniment and supervision could be used, including strategies to mitigate student nurses' absenteeism in the clinical area by both the nurse

educator and the professional nurse. Other students indicated that another approach to mitigate absenteeism is through students' support and counselling at the college and in the clinical areas. Some students further reported that conducting awareness of professional nurses through meetings before and on the arrival of students at the hospital could assist in the mitigation of student nurses' absenteeism.

#### **6.3.4 Views of professional nurses on strategies needed to mitigate student nurses' absenteeism**

Theme 4 emerged during data analysis when most participants gave their opinions regarding the mitigation of student nurses' absenteeism. Four sub-themes were identified from this theme: Intensive students' clinical orientation, availability of students' clinical objectives, student selection criteria, and students' transport problems to be addressed by the college.

The information obtained indicated that some students were absent from the clinical areas because of the lack of intensive students' clinical orientation before the students were allocated to the clinical areas and on arrival at the hospitals. Some professional nurses expressed that students' absenteeism could be mitigated through the availability of students' clinical objectives where they will know how to work with them, particularly in teaching students and delegating them to the wards. In addition, some professional nurses reported that the selection criteria of students during admission to the college needs to assess students' interest in nursing, particularly in PNS, as a strategy to mitigate students' absenteeism. Another strategy to mitigate student nurses' absenteeism, as suggested by professional nurses, is that the college should adequately address students' transport problems.

#### **6.4 LIMITATIONS**

This study was restricted to three of the five districts of the Limpopo Province. Furthermore, this study was contextual in that only professional nurses working in specialized psychiatric hospitals were interviewed; thus, the study



could not get the perceptions of professional nurses working in psychiatric wards of general hospitals where students from the Limpopo College of Nursing are also allocated as well as students working in psychiatric wards of general hospitals. However, the study's results and recommendations will contribute to mitigating student nurses' absenteeism. The phasing out of the legacy qualifications in South Africa where Psychiatric Nursing Science will no longer be an undergraduate diploma or degree was also a limitation because the strategies will no longer be used by the students of Limpopo College of Nursing but by other countries which are still rendering the program.

## **6.5 RECOMMENDATIONS**

Based on the findings of the study, the following recommendations are made:

### **Nursing practice**

- It is recommended that the three specialized psychiatric hospitals in the Limpopo Province emphasize and reinforce the use of developed strategies when the Limpopo College of Nursing has allocated student nurses to their institutions.
- Furthermore, the three hospitals should provide workshops to the professional nurses on how to use the developed strategies in the units.

### **Nursing education**

- It is further recommended that the Limpopo College of Nursing should offer workshops for students and nurse educators on implementing the developed strategies and reinforcing the use thereof.
- Furthermore, the college should adopt the developed strategies as part of its curriculum.
- The developed strategies might be adopted and applied in the new upcoming qualification of psychiatric nursing science.

## **Further research**

- It is recommended that further research be conducted to evaluate the implementation and effectiveness of the developed strategies to mitigate student nurses' absenteeism during PNS placement in the Limpopo Province.
- Further research should also be conducted in other provinces regarding student nurses' absenteeism in psychiatric hospitals.
- Strategies can be used by other countries which are still rendering the same program.

## **6.6 CHAPTER SUMMARY**

This chapter evaluated the study based on the purpose and objectives of the study as discussed in Chapter 1 and outlined the conclusions of the study based on the themes and sub-themes outlined in Chapter 3. In addition, the chapter outlined the limitations of the study and made recommendations pertaining to the nursing practice, nursing education, and further research.

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## APPENDIX A: APPROVAL FROM UHDC

### UNIVERSITY OF VENDA

#### OFFICE OF THE DEPUTY VICE-CHANCELLOR: ACADEMIC

TO : MR/MS T.C MASUTHA  
SCHOOL OF HEALTH SCIENCES

FROM: PROF. J.E CRAFFORD  
DEPUTY VICE-CHANCELLOR: ACADEMIC

DATE : 26 NOVEMBER 2019


#### DECISIONS TAKEN BY UHDC OF 26<sup>th</sup> NOVEMBER 2019

Application for approval of Thesis Proposal Report in Health Sciences: T.C Masutha (16001564)

Topic: "Strategies to mitigate student nurse's absenteeism in specialised psychiatric hospitals in Limpopo Province, South Africa."

Promoter	UNIVEN	Dr. M. Maluleke
Co-promoters	UNIVEN	Dr. A. Tshililo
	UNIVEN	Dr. N.S Raliphaswa

**UHDC approved Thesis proposal**



PROF. J.E CRAFFORD  
DEPUTY VICE-CHANCELLOR: ACADEMIC

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## APPENDIX B: UNIVEN CLEARANCE CERTIFICATE

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION  
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:  
**Mrs TC Masutha**

STUDENT NO:  
16001564

PROJECT TITLE: Strategies to mitigate students nurse's absenteeism I specialised psychiatric hospitals in Limpopo Province, South Africa.

PROJECT NO: SHS/20/PDC/04/1305

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr M Mubvumba	University of Venda	Promoter
Dr A Tshilo	University of Venda	Co - Promoter
Dr NS Ralichatwa	University of Venda	Co - Promoter
Mrs TC Masutha	University of Venda	Investigator - Student

Type: Doctoral Research

Risk: Minimal risk to humans, animals or environment

Approval Period: May 2020 – May 2023

The Human and Clinical Trials Research Ethics Committee (HCTREC) hereby approves your project as indicated above.


**General Conditions**  
While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principal investigator) must report to the prescribed format to the REC:
  - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project
  - Within 48hrs in case of any adverse event (or any matter that interrupts some ethical principles) during the course of the project
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes to the REC. Would there be deviations from the project protocol without the necessary approval of such changes the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the last date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the rights to:
  - Reserve access to any information or data at any time during the course of or after completion of the project.
  - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
  - Withdraw or postpone approval if:
    - Any unethical principles or practices of the project are revealed or suspected.
    - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
    - The required annual report and reporting of adverse events was not done timely and accurately.
- New institutional rules, national legislation or international conventions deem it necessary

ISSUED BY:  
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE  
Date Considered: May 2020

Name of the HCTREC Chairperson of the Committee: Prof Sonto Mapulle

Signature: \_\_\_\_\_  
Director Research and Innovation

Signature: 

Date: 26 May 2020  
2020-05-26  
Date: 26 May 2020  
Thebaundwa 0150

**APPENDIX C<sub>1</sub>: PERMISSION TO CONDUCT RESEARCH – PROVINCIAL  
DEPARTMENT OF HEALTH**

The Head of Department  
Provincial Department of Health  
P/Bag x9302  
Polokwane  
0700                      Tel: (015) 293 6000

Dear Sir/Madam,

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH**

This letter serves as an application to conduct research about **‘Strategies to mitigate student nurses’ absenteeism at specialized psychiatric hospitals in Limpopo Province South Africa’**.

I am presently studying for a Doctoral degree in Nursing at the University of Venda. The study will be conducted in Vhembe, Mopani and Capricorn districts of Limpopo Province, South Africa. This study is conducted under the supervision of Prof. M Maluleke.

The purpose of the study is to develop strategies to mitigate student nurses’ absenteeism at specialized psychiatric hospitals in Limpopo South Africa.

To achieve this purpose, I need to interview professional nurses working in specialized psychiatric hospitals and student nurses allocated to those hospitals, who will participate in this study.

In this current study individual interview and focus group as methods of data collection will be used explore and describe the kind of strategies that the professional nurses need to mitigate student nurses’ absenteeism at specialized psychiatric hospitals in Limpopo South Africa’.

For any information contact the researcher on the following numbers: Cell: 076 315 4651

Kind regards,

Mrs Masutha TC (Researcher) .....

## APPENDIX C<sub>2</sub>: APPROVAL FROM THE DEPARTMENT OF HEALTH, LIMPOPO PROVINCE



LIMPOPO  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

### DEPARTMENT OF HEALTH

Ref : LP-2020-06-015  
Enquires : K. Letsoparela  
Tel : 015-293 6028  
Email : Kurlula.Hlomane@dhsd.limpopo.gov.za

Masutha Thingahangwi Cecilia

#### PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

Strategies to mitigate student nurses' absenteeism at psychiatric hospitals in Limpopo Province South Africa

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
  - a. Present this letter of permission to the institution supervisor/s a week before the study is conducted.
  - b. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
  - c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
  - d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
  - e. The approval is only valid for a 1-year period.
  - f. If the proposal has been amended, a new approval should be sought from the Department of Health.
  - g. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

  
Head of Department

24/07/2020  
Date

Private Bag X9302 Polokwane  
Fidel Castro Raz House, 18 College Street, Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.  
Website: <http://www.limpopo.gov.za>

*The heartland of Southern Africa – Development is about people!*

## **APPENDIX D<sub>1</sub>: PERMISSION TO CONDUCT RESEARCH – VHEMBE, MOPANI & CAPRICORN DISTRICTS**

Departmental Research and Ethics Committee

Dept. of Health Vhembe District

P/Bag x5009

Thohoyandou

0950

Tel (015) 962 1000/0265 email: [www.dhsd.limpopo.gov.za](http://www.dhsd.limpopo.gov.za)

### **Requisition for Permission to Conduct Research: Vhembe District**

Dear Chief Executive Officer,

This letter serves as an application to conduct research about **‘Strategies to mitigate student nurses’ absenteeism at specialized psychiatric hospitals in Limpopo Province South Africa’**.

I am presently doing a Doctoral degree in Nursing at the University of Venda. The study will be conducted in Vhembe, Mopani and Capricorn districts of Limpopo Province, South Africa. This study is conducted under the supervision of Dr. M Maluleke.

The purpose of the study is to develop strategies to mitigate student nurses’ absenteeism at specialized psychiatric hospitals in Limpopo South Africa. To achieve this purpose, I need to interview professional nurses working in specialized psychiatric hospitals and student nurses allocated to those hospitals, who will participate in this study. In this current study individual interview and focus group as methods of data collection will be used explore and describe the kind of strategies that the professional nurses need to mitigate student nurses’ absenteeism at specialized psychiatric hospitals in Limpopo South Africa’.

For any information contact the researcher on the following numbers: Cell: 076 315 4651

Kind regards,

Mrs Masutha TC (Researcher) .....

## APPENDIX D<sub>2</sub>: APPROVAL FROM DISTRICTS



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

---

DEPARTMENT OF HEALTH  
MOPANI DISTRICT

Enquiries : S Chuma  
Tel Direct : 015 811 6661  
Student No : 16001564  
Email : Shadrack.Chuma@dhsd.limpopo.gov.za

To : Mrs Masutha T.C  
University of Venda

Dear Masutha T.C

**REQUEST FOR PERMISSION CONDUCT RESERCH IN MOPANI HEALTH FACILITIES: YOURSELF**

1. Your letter received on the **4 August 2020** has reference.
2. Note that permission is hereby granted to conduct research on **"Strategies to mitigate student nurses absenteeism at specialized psychiatric hospitals in Limpopo Province of South Africa"**.
3. Your attention is drawn to the content of the approval letter from the provincial office for compliance and adherence.
4. You will need to provide the responsible Chief Executive Officer/Head of Institution with this letter for assistance and access to the hospital.
5. You are further advised that you will be expected to observe and comply with all ethical standards and acts governing the public service to keep the integrity of the health facility and the department.
6. Thanking you.

  
.....  
DIRECTOR: CORPORATE SERVICES

  
.....  
DATE

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LIMPOPO  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH  
VHEMBE DISTRICT

Ref: S5/6  
Enq: Muvuri MME  
Date: 12.08.2020

Dear Sir/Madam... *MASATHA T.C.*

Permission to conduct a research on the  
*"STRATEGIES TO MITIGATE STUDENT NURSES' ..."*

1. The above matter refers.
2. Your letter received on the *11.08.2020* requesting for permission to conduct a research is hereby acknowledged.
3. The District has no objection to your request.
4. Permission is therefore granted for the study to be conducted within Vhembe District. You are expected to submit the results to the District.
5. You are however advised to make the necessary arrangements with the facilities concerned.

Wishing you success in your endeavors.

*[Signature]*  
CHIEF DIRECTOR: DISTRICT HEALTH

*12/8/2020*  
DATE

Private Bag X5009 THOHCYANDOU 0950  
Old Parliamentary Building Tel: (015) 962 1000 (Health) (015) 962 4958 (Social Dev) Fax (015) 962 2274/4623  
Old Parliamentary Building Tel: (015) 962 1918, (015) 962 1857, (015) 962 1754, (015) 962 1001/2/3/4/5/6 Fax (015) 962 2373, (015) 962 227

**the heartland of Southern Africa – development is about people!**



## **APPENDIX E<sub>1</sub>: PERMISSION TO CONDUCT RESEARCH – HOSPITAL**

Departmental Research and Ethics Committee

Dept. of Health Evuxakeni Hospital

P/Bag 1234

Giyani

Tel (015) 000-0000

### **Requisition for Permission to Conduct Research: Hospital**

To: Chief Executive Officer

This letter serves as an application to conduct research about **‘Strategies to mitigate student nurses’ absenteeism at specialized psychiatric hospitals in Limpopo South Africa’**.

I am presently doing a Doctoral degree in Nursing at the University of Venda. The study will be conducted in Vhembe, Mopani and Capricorn districts of Limpopo Province, South Africa. This study is conducted under the supervision of Dr. M Maluleke.

The purpose of the study is to develop strategies to mitigate student nurses’ absenteeism at specialized psychiatric hospitals in Limpopo South Africa. To achieve this purpose, I need to interview professional nurses working in specialized psychiatric hospitals and student nurses allocated to those hospitals, who will participate in this study.

In this current study individual interview and focus group as methods of data collection will be used explore and describe the kind of strategies that the professional nurses need to mitigate student nurses’ absenteeism at specialized psychiatric hospitals in Limpopo South Africa’.

For any information contact the researcher on the following numbers: Cell: 076 315 4651

Kind regards,

Mrs Masutha TC (Researcher) .....

## APPENDIX E<sub>2</sub>: HOSPITAL APPROVAL



LIMPOPO  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH  
EVUXAKENI HOSPITAL**

Ref: S5/3/1/2  
Enquiries: Rikhotso MJ

Date: 02/09/2020

To: Masutha T.C

**SUBJECT: PERMISSION TO CONDUCT RESEARCH: DOCTORAL DEGREE  
IN NURSING: MASUTHA T.C.**

The above matter refers:

1. The request to conduct the research as indicated through your application, has been approved by the department.
2. The approval to conduct the above-mentioned shall for a one year period as stated in par 2(e) of the department's approval letter as attached herein.
3. Wishing the best in your research work.

Hoping you will find this in order.

  
CHIEF EXECUTIVE OFFICER

2020-09-07  
DATE



Private Bag X09661, GIYANI, 0826. Site 2177 Section A, GIYANI, 0826  
Tel: +27 15 812 1138 • Fax: +27 15 812 1139, Website: <http://limpopo.gov.za>

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PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH  
HAYANI HOSPITAL

REF: 8/1/1  
ENQUIRIES: Makakavhule T.  
DATE: 19/08/2020

To: Mrs. Masutha T.C  
UNIVEN

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

1. The above matter refers:
2. We acknowledged receipt of your application to conduct research.
3. Permission to conduct study as per your research proposal is hereby granted.
4. Kindly take note of the following:
  - Due to the current outbreak of COVID-19 the country has been under lockdown since the 26<sup>th</sup> of March 2020
  - Only essential service workers and visitors who are coming for the purpose of rendering essential services are allowed in the hospital premises
5. Further arrangements will be communicated to you as and when the situation is favorable.
6. Hoping that you find this in order.

  
.....  
ACTING CHIEF EXECUTIVE OFFICER

19/08/2020  
.....  
DATE

S/O  
S

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## **APPENDIX F: CENTRAL QUESTIONS**

### **For professional nurses**

- What are perceptions of professional nurses regarding contributory factors of student nurses' absenteeism during psychiatric clinical placement?
- What should be entailed in strategies for mitigating student nurses' absenteeism during clinical placement?

### **For student nurses**

- What are perceptions of student nurses regarding contributory factors of student nurses' absenteeism during psychiatric clinical placement?
- What should be entailed in strategies for mitigating student nurses' absenteeism during clinical placement?

## APPENDIX G: INFORMATION SHEET

**Title of the Research Study:** Strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals in Limpopo Province South Africa

**Principal Investigator/s/ researcher:** Masutha Thingahangwi Cecilia, Master's Degree in Nursing

**Co-Investigator/s/supervisor/s:** Dr Maluleke Mary, Doctoral Degree in Nursing, Dr Tshililo Azwidihwi Rose, Doctoral Degree in Nursing, and Dr Raliphaswa Selina, Doctoral Degree in Nursing

**Brief Introduction and Purpose of the Study:** Student nurses' absenteeism has become a very serious ongoing problem in nursing higher educational institutions both public and private globally. The purpose of the study is to develop strategies to mitigate student nurses' absenteeism at specialized psychiatric hospitals in Limpopo Province South Africa.

**Outline of the Procedures:** The study is to be conducted in specialized psychiatric hospitals where level III and level IV students are placed for psychiatric clinical practice in Limpopo Province. In this study individual interview for professional nurses working in specialized psychiatric hospitals and focus groups for level III and level IV students will be used as methods of data collection. The discussion will be audio taped, transcribed verbatim and verified with participants and the independent expert.

**Risks or Discomforts to the Participant:** No risks

**Benefits:** Publications

**Reason/s why the Participant May Be Withdrawn from the Study:** You are under no obligation to participate in this study, and you have the right to withdraw at any stage of the research study due to non-compliance, illness, etc. and that there will be no adverse consequences for you should you choose to withdraw.

**Remuneration:** No remuneration will be received

**Costs of the Study :** None

**Confidentiality:** The audio taped information will be erased on completion of the study to ensure confidentiality. Your anonymity will be safeguarded by omitting the use of names. The information related to the discussion will only be accessible to the researcher and the promoters. No data will be linked to your name.

**Research-related Injury:** None

Persons to Contact in the Event of Any Problems or Queries:

Please contact the researcher (0763154651.), my supervisor (0763949752)

Or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za

## APPENDIX H: CONSENT FORM

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Masutha Thingahangwi Cecilia, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: SHS/20/PDC/04/1305
- I have also received, read, and understood the above written information (*Participant Letter of Information*) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during this research which may relate to my participation will be made available to me.

Full Name of Participant	Date	Time	Signature
.....	.....	.....	.....

I Thingahangwi Cecilia Masutha herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher.....Date..... Signature.....

Full Name of Witness (If applicable) .....Date.....signature.....

**References:**

Department of Health: 2004. *Ethics in Health Research: Principles, Structures and Processes*

<http://www.doh.gov.za/docs/factsheets/guidelines/ethnics/>

Department of Health. 2006. *South African Good Clinical Practice Guidelines*. 2nd Ed. Available at [http://www.nhrec.org.za/?page\\_id=14](http://www.nhrec.org.za/?page_id=14)

## **APPENDIX I: A PRE-TESTING TRANSCRIPT- FOCUS GROUP OF PROFESSIONAL NURSES**

**Key: P= Participant**

**R= Researcher**

R- The first question is, when I asked this question and if you have an answer, you just raise your hand and answer the question. And I am not going to let you introduce yourself as we are going to maintain anonymity that is why on the table before you, we have papers written participants numbers. We will just call ourselves by the number there on the papers to maintain the anonymity. With the confidentiality, it will not be so possible because we will be sharing information here, but it will not go out, it will end up here

So, the first question is, as you are registered nurses working in the specialized psychiatric hospital in the wards where we allocate level III and level IV students, ehhh what do you think regarding the student nurses' absenteeism during their placement in your wards? What could you share about their absenteeism? Anyone who wants to start? Participant 3.

P3- Thank you. In our hospital I think absenteeism is becoming a problem. We have been allocated the students for level that you have said because the coordinator has reported in each allocation of the groups that there are students who have absented themselves maybe not having reported their movements, not having reported where they are, and that has been happening ever since we have students.

R- Thank you. Anyone else? Participant 5.

P5- Thank you. Where I am working also absenteeism is a problem. They do become absent in two ways, they come in the morning for routine maybe after one you will never see where the students went. Others just don't come to the unit, and we will just realize maybe after three days that this student was not around by looking at the face that because sometimes, they become being many so it is not easy sometimes to see that they are not around unless you get involved with them. But they absent in a two way.

R- Ok thank you Participant 5. Let us hear Participant 7, she is smiling, do you want to say something?

P7- Thank you. With absenteeism of the students is a problem because sometimes when you enquire from different student that why she was not here yesterday, she



will just say that I was at the college, I was writing the test, I was called, or I am an SRC member without notifying the sister in the ward that I am going to school. And when you try to do a follow-up, you will find out that the lecturer or the person who is responsible for them saying that I don't care about them, I am tired of them. Now we don't know what to do.

R- Ok thank you Participant 7. Who else Participant 2.

P2- Ok. We do not take many students at the same time. We try to take only two students per each section. And then those two, one will be in and the other one will be with the other group, so it is easily noticeable if a student did not come in for duty. Because she will be the only student with that group. So, since we are doing that, it is easily noticeable, so they try that they are always on duty.

R- Ok thank you Participant 2. Participant 1.

P1- To me in our institution I think it depend on the individual because I wanted to say it is because of age but there are those who do not absent themselves even if they are of the same age. And there are those who absent themselves at younger age, so but in the institution that I am in now, the ones that are troublesome are males, so maybe I was thinking that this nursing profession is not their thing, or they just came because of the opportunities that they got when they apply to the universities, I don't know.

R- Ok thank you so many Participant 1. Participant 4 you have not said anything, do you want to say anything?

P4- No I am not saying anything because in my institution we don't take levels of psychiatry because the psychiatric is not approved there by the nursing council to take student. But in other units' absenteeism is there. It is like what is happening in another hospital, you see them in the morning in the afternoon they are nowhere to be found. And some the whole day they don't come and if you don't check the register, they will sign that they were present even if they were not there

R- Participant 6. What do you think?

P6- I think students are not interested in their practical.

R- What makes you say so?

P6- if you are interested in something you will make sure that you are there, and you attend when you are needed to attend. So, if you are not interested you will always find a reason not to be there, that is why I feel that they are not interested.

R- Ok thank you so much. About the first question, I think what I noticed here the people are reporting common things here that the students don't come to work, the absenteeism is high, they do absent themselves and some of them don't report they just absent themselves and when you check the registers they do sign even if they were not there. So this is what I got from all of you participants regarding the first question. Then question no 2, taking note of what everybody has said, what factors could contribute to student nurses in your ward? Participant 5.

P5- I think the contributory factors is that they are being many, they take advantage that they will not be noticed because they are many and you cannot see most of them. Another thing is that I don't know whether we call them OSP, operational standard procedure wherein the institution said the operational manager must sign their hours. So they take advantage because most of the time the operational managers are not in the wards, they are busy out there with the meetings so what they are there for they just sign the time register, off they go, they know that when they want the operational manager to sign their hours and their workbooks they just submit the time register and the operational manager did not see that they were not around. I think that is one of the things that make them to be absent.

R- Ok thank you. Participant 3.

P3- In my opinion, another thing that contribute to absenteeism is consequence management because they have seen that other student nurses have been absent and nothing has been done. So if they know that they are going to be absent and they are going to face some consequences, they would refrain from being absent. But one more thing is lack of supervision. That one is common in many of our wards because the professional nurses would say student nurses are not their responsibilities, is the responsibility of the college, so they do not take responsibility to supervise them and to supervise their movements.

R- Ok thank you so much Participant 3. Participant 7.

P7- I just want to add on what Participant 3 has said. The poor supervision is very much important even the failure of the clinical instructor from the college or from the university to do follow-up on their students. They just let them go on their own,

that is why they do absent themselves from the clinical area, and they sign for each other. Poor support from the college or the university.

R- Ok thank you Participant 7. Who wants to say something? Participant 1.

P1- I think one of the contributory factors would be the causes that were said before by Participant 6, not being interested. These students just come to this profession because they don't look for a job, a job looks for them. It is only this time or these days wherein they have to wait for the absorption but nursing on its own we don't do interview we just go and they place and then we work, I think that is the thing.

R- Ok thank you Participant 1. If you want to say something again, you can raise up your hand and say it again, you can add. Participant 4.

P4- I think is lack of supervision, because mostly in our institutions there is shortage of professional nurses and the students allocated in one unit being so many, so the professional nurse has to run the routine or the ward and it is difficult to can also supervise the student to see who is in and who is not there, whether they are doing what they are not supposed to do in the ward.

R- Ok thank you so much Participant 4. Participant 2.

P2- I still believe that the students must not be too many in one unit so that it is easy to supervise them because when they are being too many, you will find that even the professional nurses don't know them by their names, they just see them as students.

R- Thank you Participant 1. Participant 6 hasn't said anything, what do you think can be the contributory factors, Participant 6?

P6- I still stand by the only reason to say that they not interested, it is just that they are not interested. If they were they would make sure that they are available all the time.

R- Ok. Participant 5 wants to add something.

P5- I think the other thing is that they don't know why they are supposed to be in the unit. If they know why they are supposed to be there they would not be absent because like they are there to accumulate hours not for practical or to learn how to take care of patients. So I think they need to be told why they are there, it is like they don't know their objectives or their goals.

R- Ok thank you so much Participant 5. Participant 3 wants to add.

P3- and one more thing is that when they are allocated in the unit they are not delegated duties, if you delegate them duties then you are going to check if they did it or they didn't do it. So if they are not given anything to do so they become bored they will sit there for a few minutes and they go out and they never come back or they never report on duty at all.

R- Ok thank you Participant 3. Is there anyone else who wants to add regarding the contributory factors? Ok seemingly we have exhausted everything about contributory factors that we had in mind. Thank you so much with regard to this question and what I have identified here is that contributory factor could be due to lack of supervision in the ward because of shortage of professional nurses. And another contributory factors that I have identified from one participants is that there is lack of support from the college or from the university or from the lecturers at large. And another factor that I have identified is congestion of students in one ward if they are allocated in large number in the ward then they tend to absent themselves.

And another one that I have identified is that they are not interested in the profession and lastly I identified that it may be due to lack of goals and objectives, they don't know their objectives why are they allocated in the wards and they also the delegation from the professional nurses, if they are delegated they will not absent themselves. Thank you so much. Now we are going to the third question. With the third question it says that since we have identified the contributory factors, what could be done to mitigate this absenteeism of the students, what could be done? What could be done to mitigate student nurses absenteeism? Participant 3.

P3- Thank you if ehhh we would want to mitigate absenteeism I think during the orientation sessions when the students come to the facility, they should be told what we expect from them that we also expect them not to be absent. They should know that is not for collection of hours only it is for them to learn when they are allocated. So if the training institution and the academic institution would make sure that these students are told beforehand that they should not absent themselves and they should be told what would happen, I mean disciplinary measures that would be taken against them if they absent themselves.

R- Ok, alright thank you Participant 3. Anyone else? Participant 5.

P5- Thank you. I think this could be controlled by having a lecture or a clinician from the institutions who are offering training on daily basis who will be able to monitor them because they know them.

R- Ok. Thank you, Participant, 5. Let's hear Participant 7.

P7- Thank you. The other thing is just to reduce the number of students that come for clinical area because sometimes you will find them so many and you cannot manage them, at least if they can reduce the number.

R- Ok thank you Participant 7. Participant 4 wants to say something.

P4- Ok thank you I think it is best to ask them why they were not in the ward because if we know their reason it would be easy to come up with the solution.

R- Ok thank you Participant 4. Participant 1, she is smiling she wants to say something.

P1- But I was thinking that maybe may be if there a selection criteria of some sort like a practical before they go to classes, before admission let me put it like that to say you are going for a practical for a month as a part of selection criteria for you to qualify to be a nurse to identify those who are not interested in nursing and those who will not cope I think.

R- Ok thank you so much. Participant 3 wants to add.

P3- But you see some of them have got genuine problems and I think they need support of the facilitators in the units and also from the facilitators from the academic institutions because some of them have personal problems maybe they were sick or other things but we need also to support them and be there for them so that they can open up with us and tell us their problems.

R- Ok thank you Participant 3. Participant 2.

P2- Ehh may be if the students can also validate their reasons for absence like if they bring the doctor's letter to validate why she was not available on a certain day. In that way maybe it can control the absenteeism when the students know that they will have to validate their absence.

R- Ok thank you so much Participant 2. Participant 6 what do you think can be done?

P6- I think these students should be allocated to supervisors who are not the operational managers and those supervisors who are working with them in the units should be the ones also to sign for their hours not the operational manager. Because if the operational manager is always not around attending meetings and he or she doesn't get to see what is happening in the wards and comes and sign, she is failing the students. But if I am a nurse and working directly with the students, so I have to sign for the student and I will be able to say you were not around on this time and I cannot sign for you. So that will make them to be responsible.

R- Ok thank you so much Participant 6. OK Participant 5 wants to add something.

P5- I think also the registered nurses who are working with the students need to be highlighted or to be asked and find out their reason for not supervising the students or monitoring the students because it is one of their roles as well to monitor and supervise the students, we cannot run away from that, so I think registered nurses should also be asked to find out the reason. And another thing is that etiquette should also be taught to the students, maybe when they know the etiquette it will maybe assist to know why they are there and also to respect registered nurses.

R- Ok thank you Participant 5. Anyone else who wants to add something? Ok thank you so much, ehh according to the information that I deduced when you were talking about strategies or things to be done in order to mitigate this absenteeism. I identified that professional nurses should support student nurses in the ward, they should know that it is their role to support the students and supervise those students in the ward. And also there must be a clinician or a tutor who is stationed in the hospital in order to be with students every day to supervise them, to teach them not to wait for the lecturers from the college or from the university. And another thing that I have identified is that with the selection criteria maybe they should be taken to the clinical area first as part of selection criteria so that those who will not cope can decide whether they want to go on with the training or not.

And another thing that I have identified is that there must be a validation of the reasons why students are absenting themselves and if they are being asked the reasons maybe they will say their reasons and there will be things that can be done or the solutions of their problems and the registered nurse should be there for them in order to ask those questions. And another thing that I have identified is that the number of students who are allocated in the clinical area should be minimal, they must not be taken there in a large number so that they are manageable in the ward.

And another thing is that since their hours form is signed by the operational managers it will be very good if they are being signed by the professional nurses who are supervising them in the ward, those who are with them day in-day out. So thank you so much for participating in this focus group discussion and we have come to the end of our discussion of today but before we stop ehh I would like you to, this the last question, I would like you to tell me what you have learned in this focus group as an individual, what you have learned, how do you feel about this focus group? Participant 3.

P3- I think the contributions made by everyone are very good and I also learned some of the strategies that maybe we can use in our institutions to minimize this absenteeism because we cannot say people cannot be absent, they will be absent for some valid reasons sometimes but when the reasons are not valid then we can act.

R- Ok thank you Participant 3. Anyone else who wants to say something about this discussion, is there anyone else, ok thank you so much. Then before we disperse, I would like our scribe to maybe there is something that she needs clarity on the information that she was writing down, if there is something that she did not get well, the scribe!

Scribe- I am not sure but I remember on question 2, I cannot remember what the Participant 7 said what we said what factors could contribute to absenteeism?

R- Participant 7, she didn't get it well, what did you say?

P7- I said that the contributory factor could be lack of supervision of students by the college of the university regarding the clinical instructors when they supervise the students

R- Scribe can you summarize the main points so that we are sure that we got everything right.

Scribe- in question 1, what could you share about the absenteeism of level III and IV the Participant 5 they agree that there is a problem because some of them come in the morning and disappear after 13 hours and some of them doesn't come at all and Participant 7 said the problem is that when you enquire from the students why they were not at work they will say they were called for test or they are part of the SRC, they were supposed to attend meetings and when you enquire with their tutors they say they don't care they are tired of the very same students because of absenteeism.

Then Participant 2 said in their institution what they do is that they don't allow allocation of students in a large number.

R- Ok, scribe I just wanted just a summary but in question 1 just a few point then question 2

Scribe- In question 2, ok there is lack of supervision because of the shortage of the professional nurses in the ward they cannot see them every time and also there is lack of support is because of the congestion of students in the ward so it makes them to disappear. It is also because of some of the students are not interested and there is no delegation and the students get bored and disappear.

On the question number 3, what should be done, the registered nurse should support the student together with the tutors and as part of the selection the college must take the students to the clinical area before so that we can see who wouldn't cope and who can manage to be part of the profession. Another thing is that the students must produce the sick and sy that I didn't come because I was sick, whatever that they were doing they must validate it. And also there must be minimum number in the unit in the clinical area so that they are manageable. And also the supervisors to sign the hours must be the professional nurses not the operational managers who are not always with the students.

R- Thank you so much. Did we leave anything out from the information that was given?

Focus group- No

R- Ok thank you so much for your participation and I hope everybody has enjoyed the discussion and if there is anything that we want to verify or to make follow-up on we will contact you. Thank you so much, enjoy the rest of your day and enjoy the snacks. Thank you.

*THE END*

*THE END*

*THE END*

*THE END*



## **APPENDIX JJ<sub>1</sub>: INTERVIEW TRANSCRIPT FROM FOCUS GROUP 1 OF STUDENT NURSES**

### **Campus A- focus-group Level IV students**

**Key: R= Researcher      P= Participant**

R- Good afternoon

FG- Good afternoon

R- How are you ladies and gentlemen?

FG- We are fine and yourself mam?

R- I am fine thank you. As I have already indicated, my name is Masutha Thingahangwi Cecilia. I am a student at the University of Venda and I am conducting a study under the topic that we have discussed. So today I am going to collect data and as you have agreed that you are going to be my participant. Before I go further, which language do you prefer us to use?

FG- English

R- English ok, thank you. Mmm, I acknowledge that you were writing a test today. How was your test?

FG- It was fine.

R- It was fine heh ok, thank you. So, and I believe that you are tired because you were studying last night, is it indeed?

FG- Yes

R- So I am not going to take much of your time because you need to rest, alright?

FG- Yes

R- Ok. Mmm, the interview is going to take only plus minus 45 minutes and I want to welcome you into this interview. We are going to participate all of us and feel free to participate and to say anything, any view or and ideas you have. You are free to say anything. There is no correct answer or wrong answer. We just differ in ideas, is it indeed?

FG- yes

R- Ok. Then before you slumber as you were studying, you took much time last night, you did not sleep well, before you slumber, let's start with the interview.

R- I have already indicated in the information giving, I said that you are not forced to participate in this study, you are free or you are welcomed to stop participating or to withdraw at any stage and there will not be any harm or any consequences, neh?

FG- Yes

R- Ok. We have also agreed that there will be no remuneration for this study, right?

FG- Yes

R- Ok. And with that information that I am going to audiotape is going to be accessed only by people who are directly involved in this study. And on completion of the study I am going to delete the information in this tape. Are we clear?

FG- Yes.

R- So there will be no risk or any discomfort during this study and today is a little bit chilly. Ehh we also agreed that there will be no name that we are going to use neh? Or identity that is going to be audiotaped. We are only going to use the papers that are in front of you written participant numbers, so when I call you by participant number don't feel offended, we are not going to use our names for anonymity's sake.

R- And I am glad that here I can see that there are sanitizers, and everybody has sanitized their hands, is it indeed?

FG- Yes

R- Ok I also sanitized because we also have to observe these regulations for Covid-19 and I can see that we have kept our distance, we have seated 1,5M-2M apart and unfortunately we are not going to see each other's' smile because I am smiling now and you cannot see me neh "loughs" and I can't see your smile also because you are on masks, right?

FG- Yes

R- So we are going to tolerate that because we also have to observe these regulations for Covid-19, neh?

FG- Yes

R- Ok. Now can we formulate the ground rules together? Let's formulate the ground rules quickly. It's just what we have in mind. Participant 6

P6- No laughing at each other in case the English is broken

R- No laughing at each other in case somebody has made a mistake with English because it is not our mother's tongue, ok? Another one? Participant 1

P1- Let's put our phones on silent.

R- Can we put our phones on silent so that they do not disturb us? Another ground rule? Participant 6

P6- We don't interrupt an individual while he/she is talking

R- We don't interrupt each other, we give each other time to talk, alright, thank you so much. Is there any other ground rule. Ok. Now you are level 4 student nurses in campus A, I will call this campus A and you have been allocated in one of the specialized Psychiatric hospitals, can you kindly share with me, what factors could contribute to student nurses' absenteeism during PNS clinical placement. Participant 3

P3- Less work that is being done at the ward can result into the student not being interested because it is like a routine work, just knowing that when I go there, I just give the medication in the morning at around 10h00 and after that I come back and give the medication at around 18h00

R- Mmmm

P3- So that thing just make the student to have less interest in the ward routine

R- Ok mmmm, is there anyone who wants to talk about what he said or to elaborate on that, Participant 2

P2- Less work at the hospital also causes lingering at the hospital, so students find it pointless to go to the practical settings just to sit around and linger at the hospital.

R- Ok thank you so much P2. Who else wants to..... Participant 6

P6- Ehh, having to do the same work every day or routine it becomes so boring and is not challenging per se and it does not bring motivation for one to want to find himself/herself in the work place doing the very same thing every day because those specialized wards "akiri" they hardly admit new phases, surely those phases have

been there for 100 years now, so we see same people every day and every day, so the routine is boring.

R- Ok. He said that the routine is boring because of those phases we see every day, ok. Any other person who wants to talk about the contributory factors. Participant 5

P5- Ehh excessive control exerted to the students by management. Students sometimes feel being pressurized by the management which will cause them to absent themselves from the clinical settings.

R- Ok when you talk about the management, which management are you talking about, the hospital or the college?

P5- The hospital management

R- Ok, alright. Participant 8, you want to say something?

P8- Ok, errh I wanted to mention safety concern as one of the contributory factors. Like some of the students are scared of those mental healthcare users especially because some of them have got a terrifying history.

R- When you say terrifying history, can you elaborate on that, what do you mean?

P8- Ok what I mean by saying terrifying history I mean aah, “a thiri” sometimes, ok, obviously we have access to their files so sometimes we find out that the person has got history of maybe rape times 4 and there is a lady who is supposed to be working around those people every day, so that can result to that person being afraid of such people. Another example I can give is an example of someone who is admitted and having a history of murder x 5, so obviously I won’t feel safe around those people

R- Ok. In other words, you are saying students are scared of the patients

P8- Yes

R- Ok thank you. Participant 9 you wanted to say something also.

P9- No I did not want to say something but then I can just add on what the Participant 8 was saying. So sometimes those patients have a tendency to call the female students as if they are in an intimate relationship, you will find they are calling them “my lover” and so what, so I feel like some of the female student’s fear being at work because they feel like their safety is being violated.

R- Ok thank you. Participant 2

P2- In addition to safety, the other thing is restriction, female students are restricted especially when it comes to uniform, they are told not to wear tight pen, or you should wear long skirt and you are looking at the fact that you don't have enough uniform that can also cause absenteeism

R- Ok thank you. Is there anyone else who wants to talk about factors contributing to absenteeism? Participant 2 wants to add something

P2- Lack of interest in psychiatry

R- Ok lack of interest I psychiatry

P2- yes

R- Alright thank you so much. Who else wants to talk about factors that contribute to absenteeism? Participant 4

P4- The fact that in our campus we travel every day to the hospitals, and we have to be early or else the transport is going to leave you. Some people might find it a bit too much of waking up every morning and chasing a bus and things like that. And waiting for the bus to come and fetch you after work, sometimes it comes early or late or leave you at the hospital and you have to bring your own transport to come back.

R- Ok in other words you are saying it is transport issues that make students to be absent?

P4- Yah

R- Ok. Anyone else who wants to say something? Participant 10

P10- Previous history on experiences that students might have experience when it comes to the interaction with the mental healthcare user, it might be in the village or in the neighborhood if they are aggressive or anything.

R- Ok thank you. Ehhh have you exhausted all contributory factors that....ok Participant 9 you want to say something?

P9- Ok, I would say the relationship between the nurses and also students, sometimes you might find that the relationship between the nurses and students is not good. And when they teach, they don't teach in a friendly manner, they use words that are not appropriate and their teaching style is not friendly so some of the

students feel like being there is not a good place to be when it comes to teaching, I am just failing to put it in a right manner but I guess you get my point,

R- But the fact is the relationship between the professional nurses and the students

P9- Yes

R- Ok. Can we talk about this relationship of students and professional nurses?

Participant 3

P3- Ehhh, I wanted to add on what Participant 9 is talking about that of in a sense of the nurses in the wards, they fail to engage the students on what they will be doing in the ward

R- Ok

P3- Yes, “kuri” this relationship is in the form of engaging the students. We can say the nurses are not engaging the students when they are doing some certain things in the ward

R- Ok thank you. Participant 2 wants to add something

P2- Yes. Just to elaborate further, there is just a lack of accompaniment at the hospital because we are doing the routine and after that we are not doing anything, there are allocated people to come and supervise students but then they don't come on a daily basis. So that discourages students

R- Ok. When you talk about the allocated people to come and check students, you mean from the hospital side?

P2- Yes

R- Oh ok thank you. Participant 1 do you want to say something?

P1- Ok in addition to teaching us, sometimes is because of overcrowding because we are there being many and the professional nurses there feels like why I should teach so many people at the same time because it is congested. And most of the time we leave there not knowing what is happening there because we are too many and they can't teach us at the same time.

R- Ok thank you so much. Ehh Participant 7 you want to add something regarding factors contributing to absenteeism

P7- mmm just to add on the point that was said by P9, mmm sometimes the attitude of the nurses towards students in terms of learning where you find if students is not competent in a certain task. The manner in which the nurse addresses the incompetent student, you find that the student now becomes afraid to later show that I am not competent to a certain task which actually leads to a student now starts withdrawing from going back to the wards because of now the relationship and the attitude that the nurse will be showing towards them.

R- Ok thank you. Is there anyone who wants to add something regarding the factors?  
Ok Participant 6

P6- Substance abuse can also be contributory factor to absenteeism

R- Mmm

P6- Yah in a manner that, not I personally, but people tend to over partying or engage too much into this, so due to the effects of hang overs then they have failures to wake up and find themselves in the work place or correlating to the transport issues, the bus leaves by the correct time it leaves early so if you are still dealing with your hang overs, it leaves you behind, so I could also say substance abuse is contributing to absenteeism.

R- Ok thank you. Is there anyone else who wants to add or say something?  
Participant 10

P10- Ehh adding on that one which Participant 7 said, so the attitude of professional nurses, it depends on the previous bad experience that they had with other students. So if the other students were not working well with them, so they associate that experience and they will be like having the perception that students are not working, students are congesting the ward and then they have those bad attitudes towards them.

R- Ok, so bad attitude. Is there anyone who wants to talk about bad attitude in the ward by professional nurses, is there anyone else who wants to elaborate on that or to add on that? Did they say everything about it? Participants nodded their heads

**R- Ok ehh seeing that you have mentioned several factors that could be contributing towards absenteeism of student nurses when they are in clinical placement especially in PNS, what do you think could be done to mitigate that absenteeism, in your opinion, what do you think could be done? Participant 2**

P2- I think the college must come up with a system of giving student a choice that if a student is doing psychiatric nursing science it must be by choice not by force.

R- Ok. In other words, you are saying it must not be included in your diploma as a must.

P2- Yes

R- Ok. Ehh Participant 3 is nodding his head, do you want to add on that or to say something on that?

P3- Yah I just want to some information on what she has just said, I think if more people they have to choose on their own like this one if you have to become a professional nurse you must have a psychiatric bar with you, I think it becomes simpler or more interesting because it is you willing to do that course on your own.

R- Oh ok

P3- Yes

R- Alright. Is there anyone else who wants to add on what they said, the two participants said about the choice of doing psychiatric nursing science. Participant 7 wants to add on that.

P7- Ehh just to add because definitely if it is my choice to actually participate or enter that psychiatric field, it means that I will be more interested to learn whatever that it is eh to learn in that field, which means I will be competent enough in that field to actually become eh a fire psychiatric nurse.

R- Ok thank you. Mmm what else can be done to mitigate this absenteeism? Participant 2

P2- I think like psychological preparation to be done before students go to psychiatric hospitals maybe during few days of orientation so that they include psychological readiness and all the information on how to cope with the patient and the routine should be added to our programme.

R- Ok it should be added to the programme by who? By the program developers?

P2- Yes or the hospital should have like people who are in-charge of the orientation and offer psychological readiness for students



R- Ok in other words you are saying the hospital must ehh include the psychological orientation during their orientation of the students when they enter the hospital

P2- Yes

R- During that placement, ok. Ehhh the programme, she is talking about the programme to be there for psychological readiness, what are you saying about it?

Participant 6

P6- Mmmm I concur with what she is saying and maybe to add on that one to say even I think the lecturers could be incorporated in this programme to be the ones that are travelling with the students to their respective hospitals

R- Mmmh

P6- And then facilitate the orientation process maybe in a way, you see like there are these wards like maximum wards security like you have said that even myself when I entered there my blood boils because of what we have heard and the staff like that

R- Mmmm

P6- So rather than saying you will go and correlate theory with practica there you will go and work like the first week should not be about working it should be about exploring preparing us psychologically so that we are so certain that this environment is conducive you can just take us to that ward for an hour or two, on top of those people we will be seeing nursing indigenate those people that we are certain so maybe if for a week yah even anxiety will be allayed in a way maybe it will kill some fears that we are experiencing.

R- Ok, alright ehh is there anyone who want to say something regarding the programme that should be there before you enter the ward? Oh ok let's hear other things that should be done to mitigate... Participant 3

P3- Mmmm as we have already said about ehhh that the other contributing factor is when the nurses in the ward have failed to engage the students in the works that are being done in the ward, so vice versa the sisters in the ward must engage the students in whatever they will be doing in the ward.

R- Ok. Participant 5 I will come to Participants 2 and 8

P5- Ehhh to add on that, on what Participant 3 has said, the sisters in the ward must understand that students are there to learn and they can't know everything,

they must not expect them to know everything on their own without them teaching those students.

R- And with regard to that involvement or engagement, what do you think is needed for those sisters, professional nurses. Participant 2

P2- There should be like continuous in-service training of professional nurses. They should be shown on how to handle students and what to do when students are around because sometimes the attitude can be coming from not knowing what to do with students and overcrowded, there should be a continuous in-service training

R- In other words you are talking about skills and knowledge

P2- Yes

R- For professional nurses

P2- Nodding the head

R- Ok thank you. Participant 8

P8- Ehhh to add on that ehhh every unit can have appointed personnel who is specifically available every time for students. In that manner knowledge will be easily transferred from the experienced professional nurses to students because that person will be ehh specifically appointed to assist students

R- Ok thank you. Participant 5

P5- Ehhh to add on what he has said, ehh I think ehh the hospitals are supposed to have the programme, the guide, the college guide with them so that they can know that during this practical certain practical exposure students are expected to know this and this so that they can be psychologically prepared so that they can teach students accordingly without showing any negative attitude

R- Ok thank you. Participant 6 wants to say something also

P6- Ehh almost stole my point but the point I wanted to bring home is what do we call, the programme that we are talking about, the awareness programme for nurses with regard to the perception of students, it must come as a constant reminder that when students are in the ward setting, there is no role switching there, there is no role changing. A student remains a student and a professional nurse remains a professional nurse.

R- Yes

P6- Therefore it is the responsibility of the professional nurse to shadow the students though you know sometimes students might have other attitude towards the nurse, but it is their responsibility to do that because sometimes, I will give an example, you find that I am sitting maybe it is just a first week of arrival, I am sitting simple because I don't even know what to do

R-Yah

P6- Or how to attend to the case that might even be taking place and then you develop attitude to think that this students do not want to work but what am I supposed to do, where do I start with what I don't even know, so I think that is where now there is role switching, they think we are there to actually give them a chance to rest and relax and do everything until the allocation is over so maybe it should also be a constant reminder, we are students they are professional nurses that is the relationship we have.

R- Ok meaning that they must be reminded of your role and their role when you are there

P6- Yes

R- Ok thank you. I see Participant 10 wants to say something again

P10- Ehh professional nurses must try by all means to stop portraying a negative attitude towards the student. They must acknowledge that students are there to learn, they must teach them until they are equipped and competent and then they should stop associating the bad experience that they had with other students to this current student.

R- Ok thank you. Have you exhausted ...ok Participant 5

P5- ehh I think professional nurses must be made aware that every student is unique and then the learning progress is not the same in each and every student, we have slow learners we have fast learners therefore they must learn to adapt to those kind of learners because you might find them comparing participant number 9 with participant number 5 that participant number 9 has grabbed one two three very fast and then participate number 5 is failing to grasp very fast which will degrade

participate number 5 and then leading to absenteeism, if they can stop comparison I think the situations can be improved

R- Ok you spoke about the students I mean the professional nurses to be made aware. Who should make the professional nurses aware of those things?

P5- I think the college management must be involved and even the management at the institution

R- The hospital management also must be involved.

P5- Yes

R- Ok who wants to add? Participant 4

P4- I think one other thing is that students should also be willing to learn because maybe the attitude of professional nurses is because the way they see students, they don't want to learn they run away from the wards, they come back after hours because maybe there is nothing to do or things like that, so maybe students also should also be willing to learn and also cooperate and all those things, not just thinking that they are being punished all the time

R- Ok thank you. Participant 3

P3- Ehh I will have to say thorough psychological assessment must be done to those students that have previously had a bad encounter with the mental healthcare users so to check if they are fit to work with those MHCUs

R- Ok that psychological assessment of students, where do you think should be done?

P3- I think it must be started here at the college

R- At the college, by who?

P3- The lecturers must assess first

R- Oh the lecturers must assess students psychologically.

P3- Yes

R- Ok thank you. Ehhh who else wants to... Participant 4

P4- Maybe also checking on students as they are doing their practical like they should evaluate or ask if there is any challenges that we are facing, maybe it could

help like people could voice out their challenges earlier and it can be dealt with before students decide to just be absent to avoid anything that is going on in the ward

R- Ok thank you. Participant 6 wants to say something

P6- I am also coming there. Clinical accompaniment must be adequate. We cannot go eh for example to hospital A for a month and then we expect lecturers to come once during a period of a month, it seems so unfair or as if we are neglected in a way, so I think constant checking up on students it's a good thing. Ehh with regard to this ones perhaps are abusing substance, since psych we learn also about signs and symptoms of those who are abusing substance, so maybe because we belong to the college they know us we know them so maybe they can, I don't know lecturers could be able to identify those that are at risk or are involved with substance abuse then find ways to intervene and assist them because maybe there might be underlying factor that lead the student to abusing substance which then becomes contributory factor to absenteeism. So, if maybe we can deal with the gist of the matter, and then resolve it perhaps the student will come back to normal functioning

R- Ok and that assessment, when should that be?

P6- The one for assessing student, eh, I don't know when maybe others will help, it should just be a spontaneous thing, if maybe I absent myself twice, once, do history whats happening, if ke dotsi mo clasini, you could tell this student is depressed, I don't how to put it maybe others will assist me but something of that nature

R- Ok Participant 2 wants to talk about that

P2- The assessment must just be ongoing like eh, students who are abusing substance they have signs like a person is just absent from class regularly, they are disobedient, so immediately they see that the person is absenting class and is behaving in an unusual way they should intervene rather than to just try to apply disciplinary measures, but they should go deeper

R- Ok thank you. Participant 8 wants to add on this

P8- Ehh remember our lecturers are nurses and the nurse always assess, so in this case, we can just add someone who will be dealing with social issues amongst students, so where eh every lecturer who identify the social problem can go and report to that person maybe that person will also be the one who is providing counseling or contacting relevant people for counseling

R- Ok thank you so much. Let's talk about this counseling. Ehh a sort of counseling that you are talking about, ehh where do you think it should be, at the hospital or here?

P8- I can say ehh both the hospital and here because ehh if say maybe I am abusing substances and I adhere to protocols to like to solve the problem only when I am in the college yard but neglect those procedures when I am in the hospital, so it won't help anyhow. So, if it can be a continuous thing during classes and also during the practical sessions, I think it can work

R- Ok thank you is there anyone who wants to add, Participant 2

P2- I think like there should be a change in allocation instead of allocating many students at the hospital maybe they can just say two students per ward that way even like the professional nurses will be able to focus on those two students because is not a large group of people. And also, with the change of allocation, the hospital if possible they will be able to accommodate the students to avoid late coming on transport issues

R- Ok thank you so much. Who else wants to say something? Participant 4

P4- I think there should also have consequences like serious consequences for absenteeism maybe a student who just absent themselves intentionally knowing that they will patch the hours later, so maybe if there are like serious consequences then they won't just absent themselves with no valid reason

R- Ok thank you. Have we exhausted everything about, concerning things to be done to mitigate this absenteeism? Ok, having exhausted everything, since you do not have anything else to add, I just want to say thank you for all the ideas that you gave and according to what we were discussing, oh Participant 6

P6- I just want to add

R- You want to add something?

P6- Yah, but maybe also as students we should work as a unity as a team, ehh show courtesy towards each other in a sense ya uri it might be a tough task for lecturers alone to can sport those that are actually I am not the one who, maybe a tough task because they are not always with us 24 hours but we happen to be with each other 24 hours maybe I can be able to sport that this one is now deep into substance abuse

perhaps report to the lecturers and then they intervene as long as there will be anonymity there and then I don't know confidentiality that I don't end up fighting with this one, this one thinking that I have rented him or her out but they have done it out of love so that we move together and accomplish what we are here for and perhaps become those remarkable nurses with good conduct. Yah not so certain about the process but as long as at the end of the day it does not bring quarrels amongst to say that you have reported me to mam and look now, they are on my case

R- Ok. In other words, you are saying we must be each other's keeper or brother's keeper with love

P6- Nodded his head

R- Ok. Anything else. Ok I would like to say ehm since there is not any other addition we have come to the end of our interview. Ehhh we spoke about factors that may be contributing to student nurses absenteeism when they are placed in psychiatric nursing science especially at the specialized mental hospitals and you came up with several factors there then we also spoke about things that can be done in order to mitigate that absenteeism and you discussed it and came up with so many things that can be done and with who should do that and with where those things should be done by who doing what and what should be the process. Thank you very much and remember this is tape recorded I will come back, or I may come back to you, not doing something that is not acceptable, but I will be wanting to verifying maybe the information that is not understandable to me but other than that we are no longer going to have another interview. Our interview is ending here and now and if I don't understand anything when I transcribe, I will come back to you so don't run away neh, I will be coming to verifying some of the information. And the findings I after or on completion of the study I will tell where to find the findings, or I may if you are still here you may get a copy of the study, or the institution may get a copy neh.

FG- Nodded their heads

R- Ok. Then before we disperse, I just want to say thank you and to say we have refreshments that side on my left side on the table then you can help yourself and enjoy the refreshments. Thank you so much

FG- clapping of hands by participants

THE END

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## **APPENDIX JJ<sub>2</sub>: INTERVIEW TRANSCRIPT FROM FOCUS GROUP 3 OF STUDENT NURSES**

### **Campus C- focus group- Level III students**

**Key: R= Researcher      P= Participant**

R- Good afternoon, ladies, and gentlemen

FG- Good afternoon mam

R- How are you doing today?

FG- We are fine and how are your mam

R- I am fine. Ehhh today is chilly neh, it's a little bit cold and I know that you are from class, and you did not even have your lunch yet neh?

FG- Mmmmm

R- Ehhh you are going to have your rest. Like I said before, I am Thingahangwi Cecilia Masutha. I am a student at the University of Venda who is doing PHD, and I am conducting a study under the topic I have explained to you, so which language do you prefer us to use?

FG- English

R- English neh?

FG- Yes

R- Ok before we go on, can we formulate ground rules, I can see that you have your phones here, can we formulate them together?

FG- Mmmm

R- Lets start, Participant 5

P5- Our phones should be on silent



R- Phones should be on silent neh

FG- Mmmm

R- Another rule? Participant 6

P6- If you want to say something you should raise up your hand

R- If you want to say something you should raise your hand up or indicate neh

FG- Yes

R- Ok. Another one? Participant 7

P7- Respect each other when talking

R-Respect each other when you are talking, or somebody is talking you do not interrupt neh?

FG- Yes

R- Ok. Thank you so much. Ehhh , *clearing throat*, as I have already said that you were in class and you haven't had your lunch yet before you become so exhausted let's rush to our interview and start neh

FG- Mmmm

R- Ok, ehhh you have already signed your consent forms and thank you very much for allowing me to collect my data with you as part of my participants neh

FG- Mmmm

R- And I am very grateful to be with you today and you are welcome to this interview. Ehhh as I have already indicated, ehhh the information that I gave to you I indicated that in that information that your name will not reflect in anyway in the document neh? It will be an anonymity, for anonymity's sake and the information that we are going to discuss here I am going to audiotape it and on completion of my study I am going to erase or delete all the information from this tape. And nobody will access it except those who are directly involved in my study like my supervisors and external assessors neh?

FG- Mmmm

R- And I also said that you are not forced to participate in this study, you, I am glad that you volunteered. If you feel that you don't want to continue with this interview,

you are welcome to leave and you are welcome to stop at any stage and there won't be any consequences neh

FG- Mmmm

R- And the document will be published, and you will have access to the findings, is either through the internet or in the campus here, they will have a document or a copy. So now ehh I am going to, I am not going to pay you anything, there is no remuneration here except that there is lunch neh. And I am glad that, have you sanitized your hands

FG- Yes

R- We also have to observe this Covid-19 regulations neh, I also have sanitized mine, and I am glad because we have seated 2 metres apart neh and we have worn our masks neh

FG- Mmmm

R- Right now I am smiling it's just that you won't see me, loughs, because I am wearing mask neh

FG- Mmmm

R- And unfortunately, I won't even observe you when you are smiling neh

FG- Mmmm

R- And we are not going to use our names or any identity, the papers that are in front of you that are having participant numbers, we are going to use them, don't feel offended when I call you as participant number 10 neh

FG- Mmmm

R- Ok. Now you are level four students who are placed in Limpopo College of Nursing in campus C, I will call this campus C neh, for anonymity's sake. And you have been allocated in one of the Specialized Psychiatric Hospitals, so in your opinion, can you tell me what the contributory factors of student nurses' absenteeism are when they are allocated there in the specialized psychiatric hospital. What factors could be contributory, in your opinion? Participant 6

P6- Ehhh, I personally think that when they are allocated there neh despite with the routine in the morning, before ten we are almost done, so it's just boring, that is why I think I absent myself from the clinical because it is just boring. Yah.

R- Ok. Participant 6 said it is just boring. Who wants to add on that? Participant

P- Clearing throat, and also that after the routine, permanent staff as well they also absent themselves in the ward and leave us as student's in-charge in the ward, so we end up also going back to our residence

R- Ok. Anyone else who want to talk about the factors? Participant 9

P9- Ehhh, there is no much to do at the psychiatric institution, so you find that even though you are not much of a big lesson, yah

R- Ok. Alright anyone else who wants to talk about the first point the ward is not busy

P- I also think for me personally, ehh is the location of the hospital, you will find that during lunch there are no workers around, so I have to catch a taxi come to town so after eating I am so It won't be possible for me to go back again

R- Ok. Alright is there anyone else who wants to add on that? Participant 7

P7- Mmm I say what some participants have already mentioned that after the morning routine there won't be much to do so from my point in this case most of the mental healthcare users after taking their medication in the morning, I think as a side effect most of them they want to sleep after that time, so they will be sleeping or they wouldn't require that much attention at that time because we also want to give them time to take their nap

R- Ok Participant 2 wants to say something also

P2- Ahh it is like due to the lack of supervision in the institution, you feel that even if we absent ourselves there is no one who is going to tell us that basically you left, nothing is going to be done, there is lack of supervision

R- Ok lets talk about this supervision, do you want to add something on supervision? Participant 6 then I will come to Participant 7

P6- Ehh on supervision, like when we get there we don't get introduced to the staff we don't know who is in charge, so we just get there and control ourselves so without

supervision obviously we do whatever we want we will disappear whenever we want, and even if we disappear the following day no one will ask us where were you, it's just normal we continue with the normal routine. That's why we feel that you can absent yourself from this area and still not have consequences

R- Alright Participant 7

P7- Ehh with regard to supervision, sometimes it is not intentional sometimes is due to the fact that there is shortage of staff as we already know there is shortage of professional nurses including psychiatric nurses so sometimes in a particular unit there are not enough professional nurses to actually supervise everything because there are so many things in the ward that need supervision so sometimes the shortage of staff do contribute to this poor supervision

R- Ok alright any other factor? Participant 1

P1- Yah with me I feel like I need to challenge myself every time, because with psychiatric wards or psychiatric hospitals the routine is monotonous I know what I am going to do there, they have already bath, it is only giving medication and doing the report every day so I feel like at some point there is no challenge in the ward so at some point I get demotivated going to work

R- Alright. Any other factor? Participant 9

P9- Clearing throat, eh there is not much discipline in class, so as participant number 6 has said, and if you absent yourself, you will not be disciplined in the next day, so you just feel free to do, to absent yourself without worrying about being disciplined the next day.

R- Ok eh he is talking about discipline, is there anyone else who wants to talk about this discipline? Ok any other factor that contributes to absenteeism. Participant 7

P7- Ok mmmm I believe that mmmm in some of the higher learning institutions, they get breaks or rescess during the year. So in terms of our campus, for example, we don't have rescess during the year. So we only have rescess at the end of the year, so sometimes it is just exhaustion, we are tired, so I am just like I am tired, I am not going to work because I am from class like the whole month and the following month it is practical the other month, just like that there are no breaks except for weekend so sometimes I just take a break because I am tired

R- Ok. Is there anyone else who wants to add on that? Participant 10

P10- To add on what participant number 7 has said, mmm when we are at psychiatric institution we feel like we are given more freedom somehow because we can leave work early, come back and study for the next blocks because workload is too much so when we are there in psychiatric institution that's when we feel like ok if I leave I will rest and then study or I will just leave, go to the campus and find some chance to study for the coming blocks

R- Ok. Ok she is talking about heavy load, wanting to study. Let's talk about that one. Who wants to add on that information, about heavy load? Can we talk about it? Hhhh I heard hhh hhh, hhhhh, participants lough.... Do you want to add something? Participant 4 then I will come to you

P4- Mmmm with regard to heavy load the content for this for our college is too much we cannot catch everything in a month, so you have to study ahead

R- Ok. You want to study?

P4- Mmmmm

R- Ok. Participant 6 you wanted to say something.

P6- Yah but she said most of the things I wanted to say but we are expected to study in a month everything and we write like every week we are writing, so it is just too much workload so when we get time, when we go to psychiatric wards and there is so much time, you absent yourself and you come back you study to catch up, yah

R- Ok, alright. Have you exhausted everything? Any other factor that contributes to absenteeism? Participant 8

P8- Ok another factor it is the negative attitude of the permanent staff at the institution, where they label us as students who dodge, so we end up being demotivated to be at work until knock off time and then we end up going home we end up going to our residence because already we are labelled as students who dodge

R- Ok. Negative attitude. Participant 2. Let's talk about negative attitude

P2- Eh hh I would support what Participant 8 has said about negative attitude in a way that in the institution they do not include us in the care and treatment of the mental healthcare users. You will find out that, ok it is our responsibility to be involved but we do need that someone to say ok come and do maybe leave of absence

or come let's do ward round or observe, so we don't have that person who says that come let's do this come let's do that. Whenever there are ward rounds, we don't get to do that ok the doctor is here come here now and work with us. It's just they say that ok you are students and we just excluded

R- Ok. In other words, you are talking about being involved in activities

P2- Yes. So, when you are not involved in activities there is no much to do so we just feel ok we can't be here we don't belong here so we better just leave

R- OK. Alright I saw a hand, ok Participant 5 wants to add something

P5- With regard to negative attitude of the staff neh, so some staff they have a tendency of like throwing things to us that ok another different students go to the hospitals they are from different institutions, so they classify as diploma students and degree students so we are not able to work because they regard the degree students because they involve them in certain activities in the ward and us because we are diploma students we are not regarded as people who are competent with certain jobs in the ward

R- Ok. Participant 3 you wanted to say something about that

P3- Mmmm about the attitude sometimes you find that when we are doing the procedures sometimes you find that we still knew in doing this and we are slow sometimes and then the staff will criticize us in some negative way that you are slow, you take time, we need to go to lunch such things. You are just demotivated and say ok let me just leave this thing they will just do it because they are fast.

R- Ok. Participant 4 your hand was up; do you want to say something?

P4- Ok I wanted to say something about the negative attitude of the staff that they don't teach us. I remember another staff I wanted her to show me something and she said I am not your lecturer you left your lecturer at the campus

R- Ohhh

P4- So it is useless for me to go to work what am I going to do

R- Ok. She says is useless to work while she does not know what she is going to do. Is there anyone else who wants to talk about that? Knowledge. Ok. Any other factor? Have you exhausted everything? Factors contributing to.....Participant 1, I will come to you Participant 7

P1- Also like things which are happening to the individual personally, I feel like at some point they affect the person to be able to go to work or not. At least someone who is going through a stressful situation personally they would like to take a few days off maybe just to recuperate from stress.

R- Can you elaborate further things like what? What do you mean personally?

P1- Maybe even a breakup or you have lost someone whom, people take these things differently so someone will feel that they don't want to be around people that is why they absent themselves from work

R- Ok. Alright. Thank you. Participant 7 you wanted to say something.

P7- Yes, I wanted to add on the point of negative attitude from the staff. So, to add on what other participants have already mentioned, sometimes it is the fact that you are getting negative attitude it demotivates you, you become unhappy so personally I will start getting those thoughts that this working environment is toxic just because another staff member was rude to me so that kind of attitude because it causes me to be unhappy, I would not want to go at that time

R- Ok. Thank you. Anyone else who wants to add on the factors? Participant 6

P6- Yah, this one depends on the person, let's say you are allocated in ward is it 7 and 8 where the ID patients are just like... seeing people at that state for some people it can be traumatic

R- Ok

P6- Yah so it kind like affect to the point where you just come there and watch them the whole day, yah so absent yourself

R- Ok

P6- Yah

R- Ok Participant 8

P8- I wanted to say what participant...

R- You wanted to say what Participant 6 has said?

P8- Yes

R-Ok have you exhausted everything regarding factors? Participant 3 wants to add

P3- Ehhh I wanted to add on the allocation. When you are allocated in the same ward many times like allocated in ward 3, always you are always at ward 3 so you get to the point where you are ok I know the routine at ward 3 I know when I go there, there is no need for me to go there because I have been there many times

R- Ok alright thank you. Participant 6 wants to add something

P6- Another factor is sometimes the behavior of the mental healthcare user. I was once in an incident where I was wearing a dress and it was not a short dress it was a long dress below my knees so a certain mental healthcare user touched my butt as I was passing so that could make me to say I am no longer going to work because mental healthcare user will touch me in a certain way so you can absent yourself, but fortunately that one was disciplined so yah

R- Ok yah, alright. Participant 10 you want to say something again

P10- Is to add on what Participant 6 has said. Mmmm even the stories that we hear about mental healthcare users they might give you some fears to go there so whenever you are at work if only a slight thing happens you can just leave work and you will start absenting yourself

R- When you say stories what do you mean, can you explain?

P10- Ehhhh like there was once this story that the mental healthcare user killed a professional nurse so if you go to work and there is some incidence wherein maybe a mental healthcare user is upset you might get frightened that what if this person kills me like that one. And there was this time when I was going to work for the first time, it was our first exposure then the nurses were telling us that you shouldn't be with that patient and that one, so whenever that patient approaches you, you just have fear and the next day you will say what if that patient comes to me like they have just brought fear to you that will make you absenting yourself from work

R- Thank you so much. Is there anything else about factors? Ok you have mentioned several factors and those factors are many. Regarding those factors, when you look at them, what do you think should be done to mitigate this absenteeism, what do you think should be done in your own opinion, what do you think should be done?  
Participant 6

P6- Because we initially said it gets boring, I feel like there should be ongoing activities that the students are also involved in like maybe we do activities with the



mental healthcare users yah to keep us busy maybe it will give us some energy to go there that ok it will be interesting we will be doing this with the mental healthcare user and it should be written on the board or something it should be written that tomorrow we will be doing this tomorrow will be doing that to keep it more interesting

R- Ok. She is talking about activities that should be written mmmmm what else should be done? Participant 2

P2- Ehhh I feel we should be involved in the treatment and care of the mental healthcare users in the case where they are to perform a certain procedure, or they are to perform mostly interviews we should be called say ok a certain patient this and that come and be part of the interview

R- Ok he is talking about involvement. Ehhhh when you are talking about involvement who should involve you?

P2- Our supervisors or professional nurses

R- Ok professional nurses should involve you. Participant 7 wants to say something

P7- Mmmm also with regards to supervision I think there should be more effort put into supervising students but at the same time if a student absent himself or herself as a supervisor whether the lecturer from the campus or the professional nurse they should also try to find out why the student has absented herself because as students we get absent for different reasons at different times so supervisors whether the lecturer or the professional nurse they should try to find out from individual student why they are absenting themselves

R- Ok alright, any other thing to be done?

P2- I feel like teaching programmes for the certain students who come to the psychiatric health institution should be established that for level 4 specific guide of level 4 comes to the institution they have to be certain skills maybe the staff there should be aware of what is in our workbooks so they are more involved and they help us to complete our workbooks efficiently so whenever we absent ourselves we feel like we are losing a learning opportunity

R- Ok in other words you are saying the professional nurses must know your objectives and they must also assist you with your workbooks and teach you?

P2- Yes

R- Ok thank you. Any other information? Participant 3

P3- With regard to allocation, allocating the students the lecturers must make sure that they don't allocate student in the same ward for many times

R- Ok alright allocate in different wards neh?

P3- Yes

R- Ok. Any other information or anything else to be done? Participant 8

P8- Mmmm and also that when we are allocated in the psychiatric institutions the permanent staff should convey positive attitude and be supportive with warm welcoming so that we may feel free and feel like we are appreciated and include us in the care of the mental healthcare users

R- Ok alright ehhhh anything else to be done? We have spoken about several factors here. What should be done? Participant 6

P6- Close monitoring of the students where during lunch time students should be monitored and also arrival time as well as knock off time there should be close monitoring and supervision

R- By who?

P6- By the professional nurse in charge as well the matrons they should monitor us

R- Ok monitoring. Participant 3

P- And also I think at the hospitals or institutions they should have some sort of forms maybe for the students where we can evaluate our time during the practical or we can make recommendations so that we can make inputs amongst ourselves

R- Ok. Alright evaluation forms?

P6- Yes

R- Ok Participant 10

P10- Based on the factor that the staff have a negative attitude towards the diploma students and they give the degree students full time and they support them, I feel like they should at least stop doing that because we are all learners and we are all working towards the same profession. They should give us all the same attitude and the same treatment so that we can all learn

R- Ok the same treatment with the degree students' neh

P10- Yes

R- Ok Participant 7

P7- Mmmm with regard to the same treatment with the degree students for example as I have already mentioned in the factors that we do not have rescess during the year we only have it at the end of the year so we should also I don't know if it's the policy makers or with the institution or the SANC but we should both be given that provision of rescess during the year maybe for example mid-year and not just in December

R- Ok. Alright to be given rescess time during the year

FG- Nodding their heads

R- OK you are nodding your heads, a big lough by all. Ok do you want to add on that or its just.. ok it is understandable neh, straight forward neh

FG- Yes

R- Ok anything else to be done? Participant 9

P9- Mmmm I think I feel that the professional nurses when we arrive at the institutions, they should help us to establish good relationship with the mental healthcare users.

R- Ok relationship with the mental healthcare users anything else? Participant 2

P2- Ehhhh professional nurses in the institutions must understand that we learn at paces and also they should teach us how to do certain procedures not just assume that we know so they should try to understand that we learn at different paces and we are not the same

R- Ok you are not the same

P2- Yes

R- Ok, is there anyone else who wants to add on that? Participant 9

P9- I think there should be a cafeteria at the health institution, I think we should not go away from the institution at lunch time to find food

R- Ok to have a cafeteria in the hospital or in the institution. Participant 1 wants to say something

P1- Also we have to check us the students, the students should know the importance of going to the practical and for them to know the importance of it and to adhere to them is when they are being involved to the care which is being done in the hospital and the supervision so that they are also interested and know how they are benefiting from it

R- Ok. Participant 10

P10- Yes. With involvement in treatment and care I would say they should at least give us an opportunity to make interview with the mental healthcare user and they should say participant 2 come and interview this patient, yah sometimes they should say come and fill in these forms

R- OK

P10- That's what I mean by involvement

R- Ok in other words you must be given a learning opportunity?

P10- Yes

R- Ok. Alright. Is there anything else you want to add? Participant 8

P8- There should be a provision of emotional support in terms of traumatic experience that we get due to the conditions of the mental healthcare users

R- Ok. Alright. When do you think that should be done?

P8- When, in case like the professional nurses there at the institutions because they have been exposed to the mental healthcare user for a very long time they should have time for us and talk to us and help us to identify the coping mechanisms in case of the trauma or maybe like identify a professional like a psychologist or a social worker who can talk to us

R- Ok, alright thank you so much. Is there anything else before we conclude?  
Participant 5

P5- Mmm I feel like the nursing unit manager of the hospital who is responsible for monitoring the employees like for instance the professional nurses they absent themselves after the routine it means we will also absent ourselves because is what

we observe so I feel like the matrons should go to workshops or meetings maybe annually or monthly revise what they are supposed to do at the workplace because they won't have a chance to leave after the routine

R- Ok. In other words, you are saying there must be an in-service training for them. Ok eh hh what else, Participant 9

P9- Mmmm just to add on what Participant 2 said I believe that the professional nurses should engage with us in assisting and taking part in the care of the mental healthcare users

R- Ok thank you. He is still talking about involvement. Is there anyone who want to add something before we conclude? Participant 6

P6- Mmmm I think the attitude of students, we must work on our attitude because sometimes we absent ourselves just because we don't want to learn. There are students who absent themselves because they don't want to learn, so I think every student must work with their attitude to make it like to have a good attitude

R-Ok

P6- Yah

R- Mmmm there is another hand, Participant 4

P4- I don't it fell on which factor, but I feel like the staff in the institution, they should know which skills are being done in a certain level let's say for level 1 students are doing this skill and in level 2 they are doing these skills. You might find that I am doing level 4 and they expect me to do bed bath while there are still other skills that I must learn

R- Ok thank you they must know which level you are in and skills to be done. Ok is there anyone else who wants to add anything regarding the things to be done? Without any addition and without any emphasis I think we have come to the end of our interview and before we close, I just want to summarize what we have discussed here. We spoke about factors contributing to absenteeism of student nurses when they are placed in specialized psychiatric hospitals, and you came up with several factors. Then we spoke about things to be done to deal with this absenteeism then you spoke about several things to be done or to be implemented including who should do that, where to be done and when. And I would like to thank you all for your

participation and for your time. Thank you very much and on that side to the front there are some refreshments whereby you can assist yourselves there and enjoy the rest of your day and enjoy your lunch. Thank you so much. Clapping of hands by participants.

*THE END*

*THE END*

*THE END*

*THE END*

## **APPENDIX J<sub>1</sub>: INTERVIEW TRANSCRIPT FROM INDIVIDUAL INTERVIEW OF PROFESSIONAL NURSES**

### ***Transcript 7B – Hospital A – Participant 1***

***Key: R= Researcher P= Participant***

R- Good afternoon

P- Afternoon

R- How are you?

P- I am good and how are you?

R- I am good. Today it is a little bit hot neh!

P-Yes

R- Yes I think summer is coming

P- Yah I think it is approaching

R- Yah and I like summer because it brings very good things especially food like “muroho” I like vegetables, do you like them?

P- Yes and rain

R- Yes and rain yah. So before it gets too hot let us start with our interview neh!

P- Ok

R- Ok. As I have already indicated that I am a student of the University of Venda and I am conducting a study under the topic that I have explained on the information

giving. Thank you so much for allowing me to do the interview with you as my participant

P- You are welcome

R- And you are also welcomed to this interview and you have already signed the consent form to show that you are not forced to participate and you are participating willingly neh, and thank you for that. And as we said that if you feel you don't want to continue you just discontinue at any stage and there will not be any consequences neh!

P- I understand that

R- And I already said that there will be no names that are going to be attached or any identity on the document or in this interview, we are going to use only participant, I will call you a participant don't feel offended neh even on the document only the participant numbers will be seen neh!

P- Ok

R- Alright and for anonymity sake. And the interview is recorded, we are recording it right now and showed you the button to press it if you don't want to continue. So before we go on which language do you prefer us to use?

P- Mmmm English is ok

R- English? Mixing it with Tsonga because I am not a Tsonga person but a Venda neh but I will mix

P- Ok, laughing

R- Ok. Mmmm I also said that there is no remuneration neh on this interview and I also said that ehheh no names will be attached and thank you also for allowing me to do interview with you. I hope you have sanitized your hands before you entered this room because I also sanitized you saw me neh?

P- Yes

R- And we are not going to see each other's smile unfortunately because of masks neh, laughing both

P- Yah laughing

R- So because we should also observe these regulations for Covid-19 neh

P- Yes

R- Alright. Mmmm the document will be available in the internet the copy could be given to the hospital on completion of the study neh! Ok mmm our interview can last maybe twenty to thirty minutes

P- No problem

R- And it won't take long neh! Mmmm you are a professional nurse who is working in one of the wards that we allocate our students from Limpopo College of Nursing in one of the specialized psychiatric hospitals. So in your opinion can you tell me or share with me what factors could be contributing to student nurses' absenteeism when they are placed in this hospital?

P- Ehh I think from what we got is that they always complain about the transport yah that sometimes they are not picked up at the college and then sometimes they I think they are not well supervised from the college from their tutors

R- Ok you said that the contributory factor are number one is the transport issues. And number two you said the supervision from the college

P- Yes

R- Ok is there any other factor that you are thinking of?

P- Mmmm no I think those two

R- Ok even in the hospital side you are not thinking of any?

P- Mmmm in the hospital side mmm some of them especially the first level, some may give a reason that they are not comfortable working with mental healthcare users

R- When you say first level you are talking about first level of psychiatry?

P- Those who are being exposed for the first time

R- Meaning level 3?



P- Yes

R- Ok

P- Yah and then last reason maybe it might be they always say they have a load of work from their classes so they want to catch up like they have a little time to study while they are on block so they use the time for practical to catch up and their nurses home

R- Ok. Thank you, before I go on are you thinking of any other factor?

P- No

**R- Ok. You mentioned four factors and with those factors that you have mentioned, what do you think can be done to mitigate student nurses absenteeism?**

P- Mmmm I think supervision, tutors should put more effort on supervision, communicating with the hospital professional nurses or managers and yes supervision as a whole to come and check after every practical that the students were coming, yes

R- Ok in other words you are talking about absenteeism monitoring?

P- Yes

R- Ok by who

P- By lecturers

R- By lecturers ok

P- Yes by lecturers because at the hospital side we already have the records

R- Ok. Another thing that can be done?

P- Mmm I think there are couple of things that can be done I am just trying to think and put it properly

R- You can think along the factors that you have mentioned

P- The factors that I gave, yes mmm I think college management should also intervene when it comes to transport to monitor that there is enough transport for

students and someone who will make sure that every day there is a driver or there is transport available for them

R- Ok. When you say transport issues what do you mean exactly, what do they say about it?

P- They say there is no driver

R- There is no driver

P- Yes the others yesterday they said the driver is not there

R- That is why you are saying the college management must ...

P- Sometimes if their driver is absent or is sick they are not able to come because there is no replacement

R- Oh ok.

P- So maybe having enough staff to transport them will help

R- Oh ok. Alright another thing that could be done.

P- Ehhh I spoke about transport; I spoke about exposure mmmm I don't know but what I know is that they are well prepared from the block before they come to the hospital yes maybe that one is not simple to solve it is personal fear yes but maybe the effort of preparing them to prepare the students should be checked and be done further

R- Ok in your experience or in your opinion what do you think could be, you spoke about the preparation, in your opinion what do you think could be done to prepare them well so that they don't have that fear?

P- Mmmm they should be taught I think teaching is the only tool that can prepare them, they should be taught about mental healthcare users who are inside the hospital who are under treatment yes just to prepare them and let them know that these people when they are under treatment it is simple to supervise them and to control them so they are dangerous but it is not that bad they can leave with them they can be able to cope and sit down with them as long as they don't provoke them

R- Ok and that preparation should be done where?

P- That preparation should be done in class because before they go to the hospital

R- Ok. And then in the hospital?

P- In the hospital I think mmm proper orientation should be done so that they cannot fear anything, and they can be well prepared on what they are going to face on a daily basis

R- And who should do that in the hospital?

P- The professional nurses in the hospital

R- Ok. Thank you. Any other thing that could be done?

P- Mmmm I don't know with the workload that they are having during block mmm I think that one can mmmm the students can work on it, they can have enough time to, they can do time management, they can have enough time to study and enough time to be exposed in the hospital so I think it is all about time management, that one the students themselves can be able to work on that

R- OK. Is there anything else that you think it should be done even if you didn't talk about it in the factors maybe it came in your mind

P- Mmmm I think choosing careers, students should not be forced to go to nursing because of poverty or something. I think one of the criteria should be an interest on that particular job, any job even if it is not nursing but having an interest prepares your mind well before you go and face the reality

R- Ok you talked about criteria one of the criteria should be checking an interest

P- Yes

R- How do you think it should be done?

P- Mmmm I think there should be I don't know what they call it, selective test yes because normally they just apply and if someone has good results, they just call them to attend but if they can do a selective test then they will see that this person is well prepared to face whatever is covered in nursing career

R- Ok. Alright have you exhausted everything, or do you still want to add something?

P- Mmmm I think that is enough for now

R- Mmm I think without any addition we have come to the end of our interview, and I will summarize what we have spoken about. You spoke about factors that could be the contributory things to the absenteeism of the students and out of those factors you also came up with what could be done to mitigate this absenteeism looking at the factors that are there

P- Yes

R- Ok thank you very much for your efforts and willingness to be a participant in this interview. I may come back to you but not for another interview maybe wanting to verify some of the information that I don't understand, and now I will play back the recording so that you can check if what is recorded is what you have said and maybe you can also remember what you have forgotten. Thank you so much. Mmm you will enjoy the rest of your day neh!

p- Same to you

R- Alright bye

*THE END*

*THE END*

*THE END*

*THE END*

## **APPENDIX J<sub>2</sub>: INTERVIEW TRANSCRIPT FROM INDIVIDUAL INTERVIEWS OF PROFESSIONAL NURSES**

### ***Transcript 8A – Hospital B – Participant 1***

***Key: R= Researcher P= Participant***

R- Good morning

P- Good morning

R- How are you doing?

P- I am fine and how are you?

R- I am fine. Ehhh my name is Thingahangwi as I said yesterday, Thingahangwi Cecilia Masutha

P- Ok yes

R- Ehhh as we agreed yesterday that today we will be doing an interview as I am collecting data, I am thankful for you to have volunteered and I am glad because you have signed the consent form too to show that I did not force you, however even if you are not forced you are allowed to withdraw or to stop at any stage of this interview. Before we start, I can see the weather is good today it is not cold nor hot it just cool and summer has arrived as you can see that it is raining.

P- Yah it is rainy time

R- Yah, do you like summer?

P- Not really because it is too hot in summer, winter is better because if it is cold, you can put something warm but in summer you cannot walking around naked

R- Yah thank you. Let us sanitize our hand for this Covid-19 because we should observe these regulations and I thank you because you are wearing your mask and we have kept our social distance, it is good. Ehhh as I said before it gets too hot let us start our interview. Which language do you like us to use?

P- Tshivenda is fine but even Sipeedi you can mix

R- Yes, I can mix, if you feel like using Sipeedi you can use it I can understand it

P- Ok

R- As I have explained, I explained about the topic yesterday that I am developing strategies about students' absenteeism of Limpopo College

P- Yes

R- So there will be no risk nor discomfort related to the study and as I said there is no remuneration for this study neh!

P- Yes

R- We are doing this interview because you chose to participate. So I will be recording this interview and no one will access it besides my supervisors and the assessors of the examination so on completion of the study I will delete the information and we are not going to use names here for anonymity's sake neh!

P- Ok

R- Yes, we will not use any form of identity, thank you. Ehhh you are a professional nurse in one of the specialized psychiatric hospitals where student nurses from Limpopo College of Nursing are being placed for their practical so when they are here, in your own opinion how do you see their absenteeism, what do you think could be the contributory factor for student nurses' absenteeism?

P- Ok ehhh I am one of the professional nurses working in one of the forensic unit, the truth is that we usually receive students for practical and what I have observed is that compared to other hospitals in psychiatric wards absenteeism rate is very high of students and what I have observed is maybe it is because psychiatry is a different setting especially in general setting because they work the whole day there busy with the routine because they work with people from home coming in with clients coming in and out. So here in psychiatric ward we deal with the patients that, I can say here is a chronic setting where we have patients and we admit new patients sometimes so I think one of the contributory factors is because the ward is not busy compared to general hospitals because our routine is for a short period in the morning and then we are done and afterwards is just to occupy patients and talking to them. So as students sometimes I was also a student I know it I am speaking from experience, laughing, I was also at the college we get bored easily sometimes when

we are at work with nothing to do so you understand that I am going there just to sit so that is why most of them decide to absent themselves, that's one of the reasons

R- Ok

P- There is no work the routines are limited compared to general wards

R- Ok in other words you are saying it is because it is not busy

p- Yes, it is not busy like other hospitals

R- Ok. Another factor?

P- Another thing is but not always, sometimes attitude of the permanent staff towards students because sometimes you find that they become harsh to students especially looking at Giyani College as I said I will talk from my experience because I trained at the college. You find that you get the negative attitude from the staff because that time we used to get incentives and when you go to work you would hear them saying that students from the college are spoiled because they get paid so it leads to the staff to develop a negative attitude towards students so it demoralizes students you see, they say a lot of things telling students this and that so it makes students not wanting to go to work leading to absenteeism

R- Ok ehh I understand, the attitude of permanent staff towards student nurses. Ok

P- Another thing is attitudes of students themselves towards psychiatry because you find that is indeed that at the college we are being trained in different faculties, there are different subjects, so you find that a student has attitude towards a certain subject. Then you find that a student doesn't like psychiatry and told himself that when I complete, I don't want to work in psychiatry, so it makes him loose interest in psychiatry because he doesn't want to work in it on completion so it also led to absenting himself from work which is absenteeism

R- Ok it means that in other words you are saying they lose interest in psychiatry.

P- Yes, they lose interest in psychiatry

R- OK. Is there any other factor that you are thinking of?

P- Ehhh now I feel that only this three maybe when we are talking further it will come

**R- Ok maybe when we are talking further ok, after talking about these three what do you think could be done for student nurses not to be absent anymore?**

P- Ehhh no 1 there should be a good orientation when they come to psychiatric ward, they must be told and it must start from the college when the psychiatric team orientate them so that they have interest and when they arrive at the hospital setting again their orientation must be interesting so that they become interested and so that they know that psychiatry is part and parcel of nursing because sometimes you find that when they go to other hospitals they don't get orientation to that extent that they understand how psychiatry works, they just come and being welcomed and seated there not being told what to do so that they develop interest. So orientation should be intense so that they understand how psych works and what do they do in psych. Another thing is the attitude of staff that should be addressed so that there should be good relationship between students and permanent staff yes it should be addressed to all students and permanent staff

R- Who do you think should address it especially let us start with the one for professional nurses, who do you think should address it?

P- For permanent staff should be addressed by the management of the hospital because lecturers at the college cannot come to the hospital and address the permanent staff so it should come through the management and training officers of the hospital so that they address issues that ruin the relationship between students and permanent staff

R- Ok and then how do you think it should be addressed, in which form or in which way, I am asking this because there are many things that can be done like in-service, how do you think it should be done?

P- I think the best think is not a formal meeting calling these people and address this issue, I think every ward where they place the students can go there when they introduce students is then that they also address these issues that we should work well together in each ward not having formal in-service because we are talking about attitude of a person, and it is not everybody with that attitude

R- Ok thank you, is there anything else that you want to add?

P- Ehhh maybe another issue that can contribute is the student himself is indeed that we spoke about attitude towards the subject, besides the attitude towards the



subject the student himself what is it that he told himself, you find that the student can have peer pressure as students influencing each other not to go to work so it depends on the student so these days young students are admitted at the college from high school straight to the college so they are still young and they are still in early phase to be easily influenced so that is why I am saying it is up to the student himself on how serious is the student to deny the influences

R- Ok. So on that factor what do you think should be done?

P- To address it?

R- Yes

P- I think it needs the same thing, orientation, they need to be told when they arrive to understand that they came to school and a person comes alone, is indeed when a person is called at the college it is not a group call they call us individually so they must be spoken to when they arrive so that they understand why they came, what is expected from them and what they should contribute for them to complete

R- Do you feel you have exhausted everything; don't you have anything coming to your mind?

P- I think now I am done

R- Mmmm thank you for your time because you told me about the factors from your mind and you also told me what could be done to deal with those factors that are going to help us further on this research so that we get how we can help these student nurses to mitigate this absenteeism. Thank you

P- Can I add something that came to my mind now?

R- Ok

P- Mmmm our patients, you know the type of patients that we deal with in psychiatric ward, so you find that it is the first time a student is dealing with these patients and mostly psych patients have stigma of this and that then you find that the student is scared as it is his first exposure and he is not used to the psych patients the way they behave and handle themselves so he may get scared because of the type of the patient he came across.

**R- Ok. So on that issue of being scared what do you think should be done?**

P- All these things should be addressed in orientation. Orientation is very important that is why you can hear me saying it over and over again because they mishandle themselves so they need to be told that these patients should be approached this way and we should speak with them this way, we should not fear them they are also human we should relate well with them so that we understand their behavior so it takes us back to orientation. So they should be told during the first phase when they are still starting psych so they should be told everything that when you get there you will get these type of patients and when they behave this way, this is what you should do and they will be working under the supervision of the staff so if they want to address anything or ask anything they should ask the permanent staff they will tell them what is happening

R- Ok. Initially you said the orientation should be done, who are the best people to do that orientation for students?

P- Ehhhh practical orientation is very important because at the college is just theory, the college is telling them but they are not in the situation so the important orientation is when they arrive at the hospital because they are getting to the ward and it is where they should know everything that they should expect and how they should behave so that the service is rendered

R- Ok in other words you are saying that the hospital people should be the ones to do orientation of students?

P- Yes

R- OK thank you very much. Is there anything that you want to add?

P- No. now I think I am done

R- Ok it means that we have come to the end of our interview. Thank you very much for your time. As I said before that there will be no remuneration but on completion of the study you will have access to the findings of the study, I will tell you how after it was published and at the college or the hospital may have a copy. Thank you very much, enjoy the rest of the day.

P- Thank you too

R- I may come back but not for another interview but maybe when I transcribe, I find that there is an information that needs follow-up not understanding it, other than that we will not have another interview

P- Ok only follow-up. Thank you too

R- Yes only follow-up. Thank you and enjoy your day

*THE END*

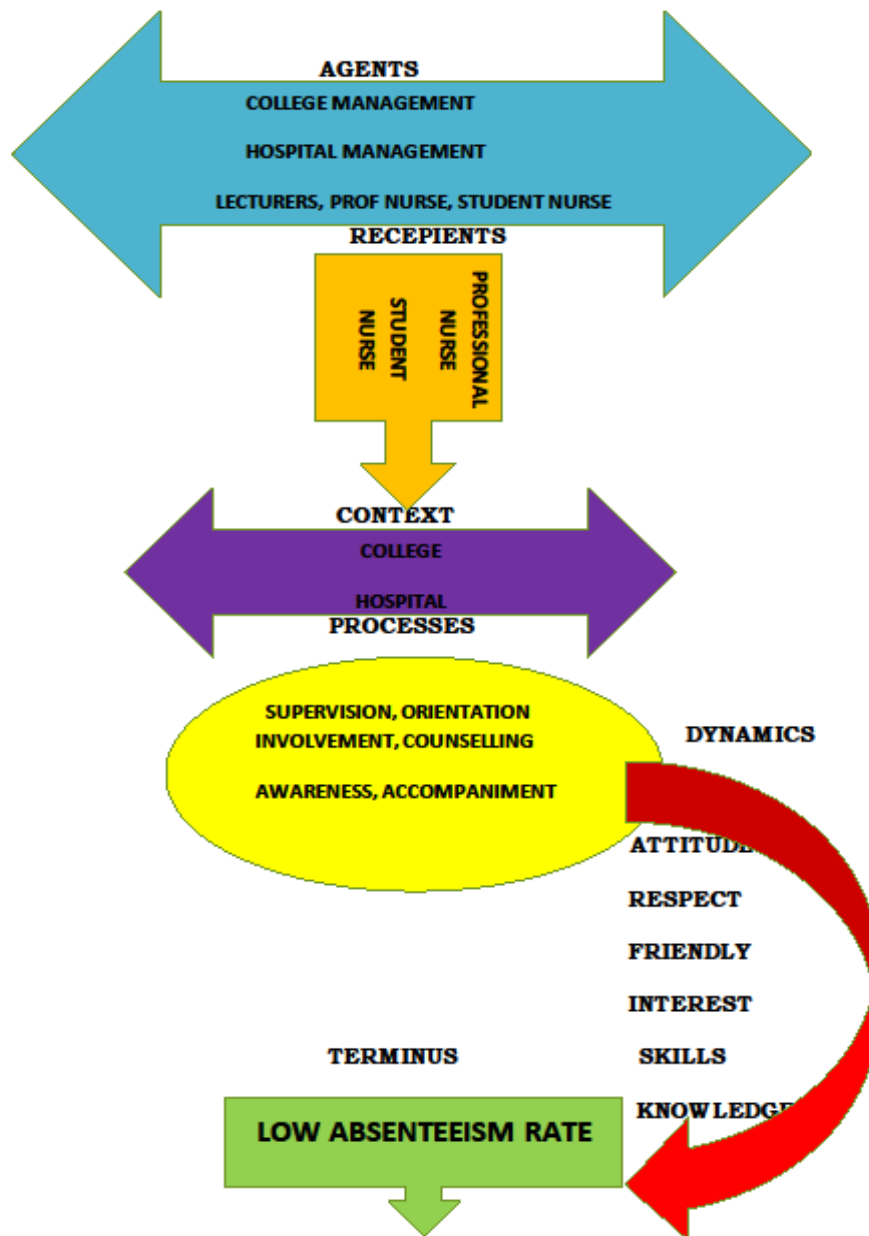
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## APPENDIX K<sub>1</sub>: 1<sup>ST</sup> STRUCTURE OF STRATEGIES AND COMMENTS

### 5.2. THE STRUCTURE OF STRATEGIES



**Figure 5.7. The structure of strategies**

During the first presentation, the group of evaluators felt that the strategies are not clear enough, therefore the following suggestions were made:

*“...The context should be the first element to be discussed because everything happens in the context...”*

*Agents: “...A nurse manager should change to the hospital management...college campus manager should change to hospital management...and students should be removed from being agents as they cannot be agents and recipient as the same time...”*

*Processes: “...To replace employee orientation and by student orientation, to remove involvement and counseling as they are included in student orientation, nurses’ awareness should be included in supervision...”*

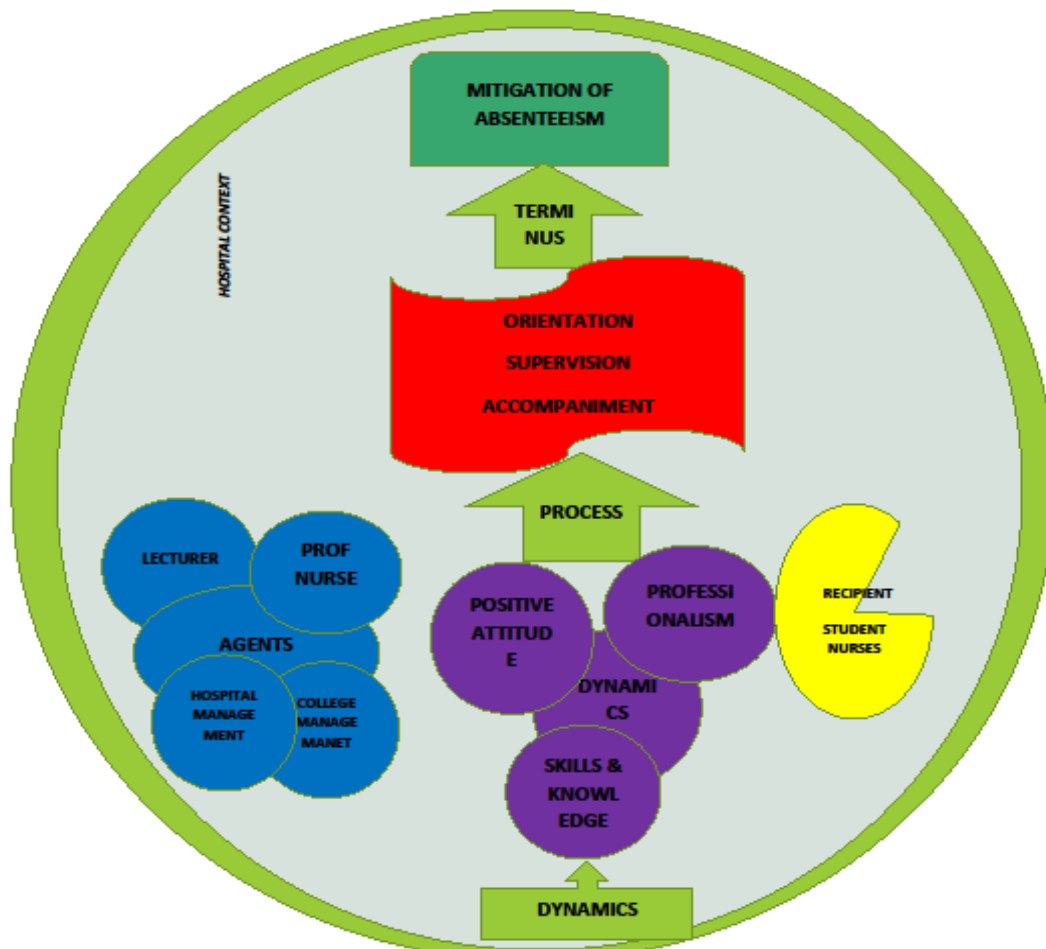
*Dynamics: “...To change respect and friendliness to be professionalism, interest to be included in attitude, to incorporate skills and knowledge...”*

*The structure: “...There should be a relationship between agents and recipient, to be connected to each other, arrows are not connecting to the elements...”*

## APPENDIX K<sub>2</sub>: 2<sup>ND</sup> STRUCTURE OF STRATEGIES AND COMMENTS

### THE STRUCTURE OF STRATEGIES

Figure 5.7 presents the structure of strategies to mitigate student nurses absenteeism. The circle represent the context, the agent and dynamics. Recipient is indicated by a pie and processes are represented by a flowchart with punched tape. Interaction of agents and recipients is influenced by the



dynamics indicated in circles. The agents are to follow the processes that will result in achieving the final outcome which is the mitigation of student nurses' absenteeism

During the second presentation, the group of evaluators felt that the strategies are not clear enough, therefore the following suggestions were made:

*Context: "...college context should overlap with the hospital context to have a space in between to write a name on it..."*

*Dynamics: "...Should be included in one diagram like in the process..."*

*Outcomes: "...it should be low absenteeism rate..."*

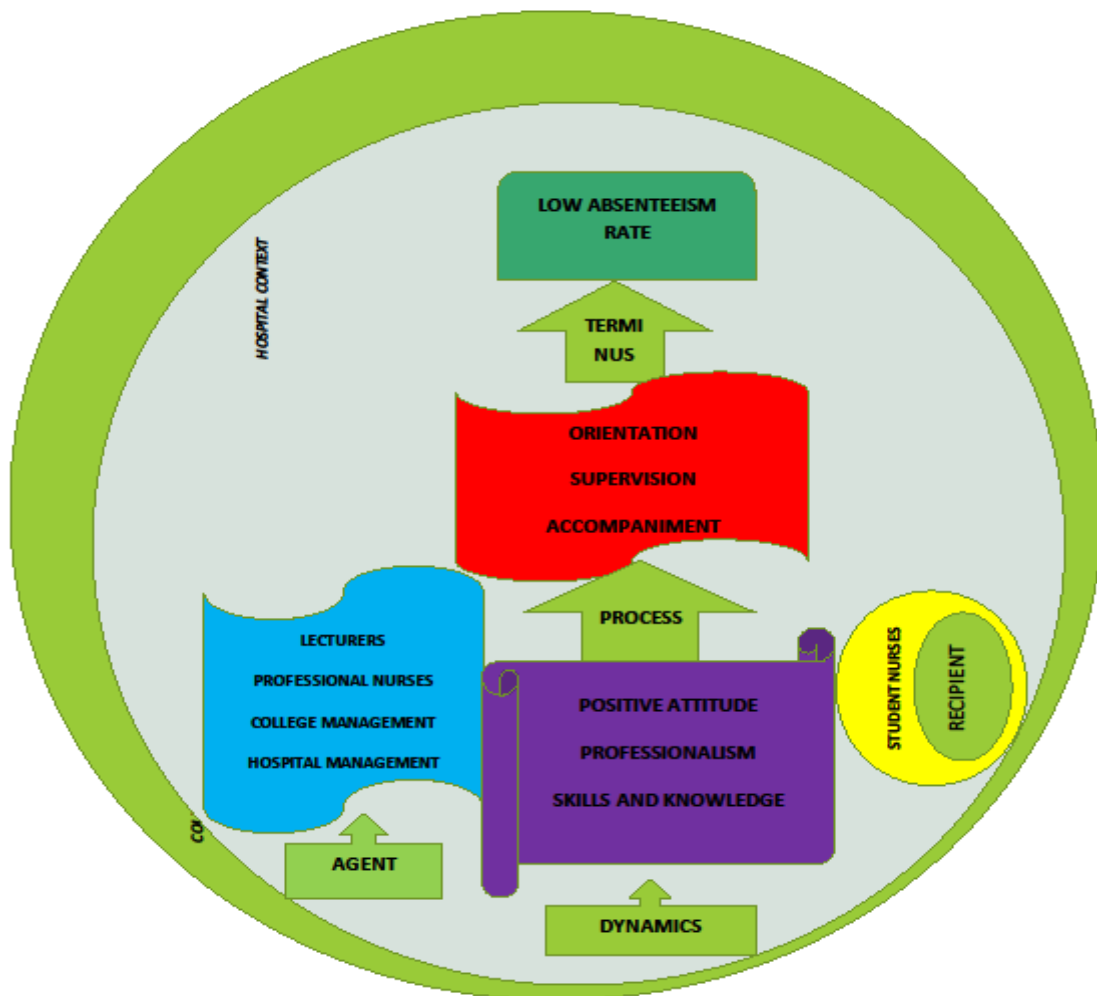
*Structure: "...Dynamics and agents are too congested, one diagram to be for dynamics and one for agents not many diagrams, the relationship between agents and recipient should be clearly indicated..."*

*"...To make the strategies simpler, dynamics and agents should not be congested, there should be one diagram for dynamics and one for agents not many diagrams, ...the relationship between agents and recipient should be clearly indicated too..."*

## APPENDIX K<sub>3</sub>: 3<sup>RD</sup> STRUCTURE OF STRATEGIES AND COMMENTS

### 5.2. THE STRUCTURE OF STRATEGIES

Figure 5.7 presents the structure of strategies to mitigate student nurses absenteeism. The circle represent the context and Recipient. Agents and processes are represented by a flowchart with punched tape. Interaction of agents and recipients is influenced by the dynamics indicated in horizontal scroll. The agents are to follow the processes





During the first presentation, the group of evaluators felt that the strategies are not clear enough, therefore the following suggestions were made:

*“Agents: ...Shift arrows between agent and recipient and they should be in the same shape, the arrows in between should be small and in own color, names of all the elements should be written inside the diagram...”*

*“...Dynamics can be in the form of an arrow pointing to both sides...”*

*“...Terminus to be written inside the diagram too...”*

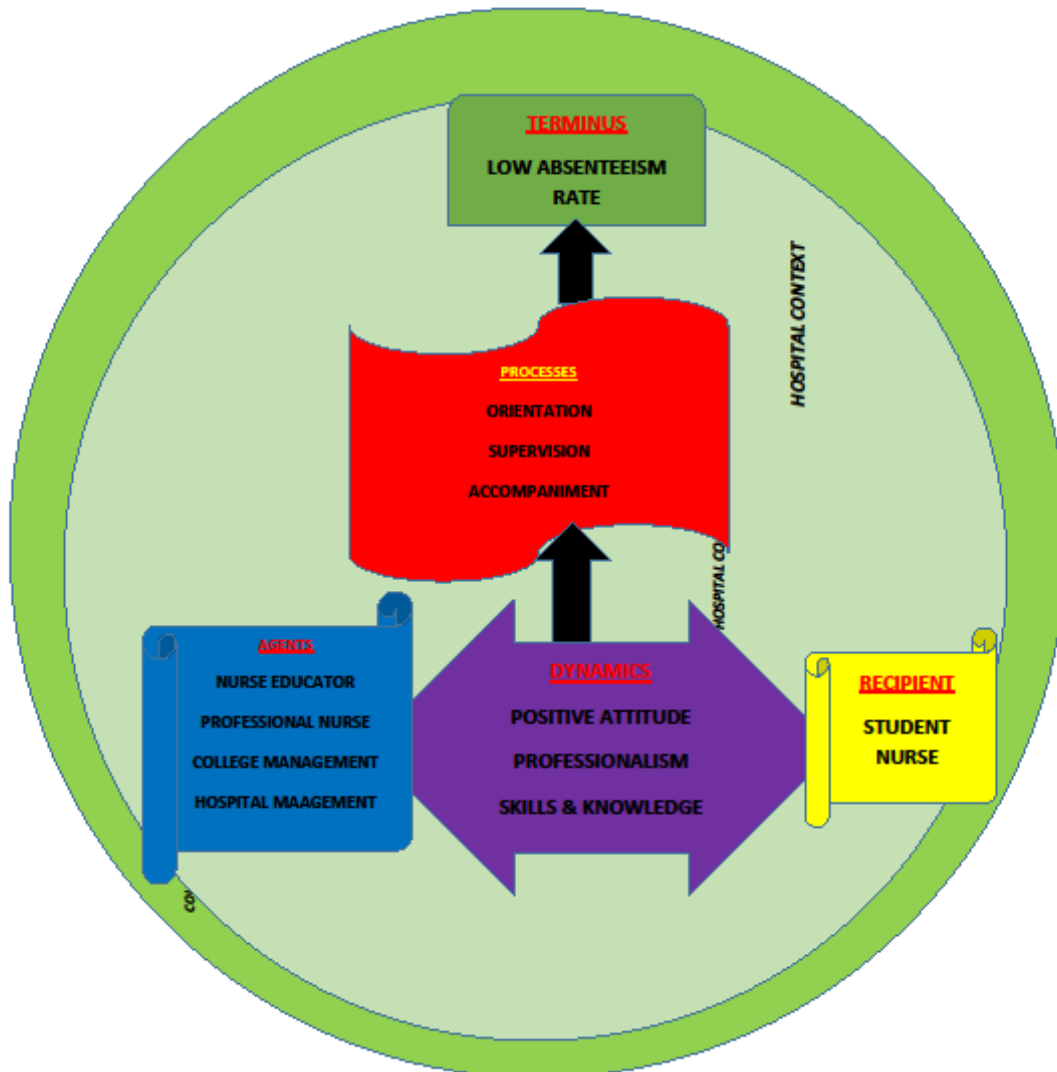
*Agents: “...Shift arrows between agent and recipient and they should be in the same shape, the arrows in between should be small and in own color...”*

*“...Dynamics can be in the form of an arrow pointing to both sides...”*

## APPENDIX K<sub>4</sub>: 4<sup>TH</sup> STRUCTURE OF STRATEGIES AND COMMENTS

### 5.3 THE STRUCTURE OF STRATEGIES

Figure 5.7 presents the structure of strategies to mitigate student nurses' absenteeism. The circle represents the context. Agents and recipient are represented



by horizontal scroll. Processes are represented by a flowchart with punched tape. Interaction of agents and recipients is influenced by the dynamics indicated in left-right arrow. The agents are to follow the process that will result in achieving the final outcome which is a low absenteeism rate

The evaluators indicated that the strategies are not simple as they reflect the following which appear difficult to the user of the strategies.

- It seemed the concepts used for the agents were not appropriate.
- In the processes, it seemed the literature used was not relevant.

This is what the group said:

*“...Replace a lecture by a nurse educator, use SANC reference in college management, supervision and accompaniment discussions, and include professional nurses in the processes under orientation...”*

*“...Hospital management should be those members who are directly involved in student nurses’ training...”*

## APPENDIX L: PROOF OF LANGUAGE EDITING

**Dr Catherine Hutchings**  
**Freelance Editorial Services**

51 Bathurst Road  
Kenilworth  
7708  
Cape Town  
Western Cape  
South Africa

Telephone/Fax: + 27 21 7618522  
Mobile: + 27 82 9702219  
E-mail: catherinehutchings@gmail.com

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**To whom it may concern.**

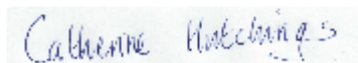
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**STRATEGIES TO MITIGATE STUDENT NURSES' ABSENTEEISM AT  
SPECIALIZED PSYCHIATRIC HOSPITALS IN THE LIMPOPO  
PROVINCE, SOUTH AFRICA.**

in February 2022.

I wish this student well in their endeavours.



Dr Catherine Hutchings

NIM Editorial  
Bryanston, Gauteng, 2191  
Cell: +27 82 587 4489  
Email: [info@nimeditorial.co.za](mailto:info@nimeditorial.co.za)  
[www.nimeditorial.co.za](http://www.nimeditorial.co.za)

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23 August 2022

### Editorial Certificate

To Whom It May Concern,

This document certifies that the thesis entitled; **STRATEGIES TO MITIGATE STUDENT NURSES' ABSENTEEISM AT SPECIALIZED PSYCHIATRIC HOSPITALS IN THE LIMPOPO PROVINCE, SOUTH AFRICA** by T.C. Masutha, was proofread for language, grammar, punctuation, spelling and overall style by NIM Editorial.

Signed on behalf of NIM Editorial by:

A handwritten signature in black ink, appearing to be 'Dr N.I. Mabidi', written over a horizontal dotted line.

.....  
Dr N.I. Mabidi  
Founder & Chief Editor