

# Attitudes to absenteeism among diploma nursing students in Ireland – an exploratory descriptive survey

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Nurse education within Ireland is currently in a transition period. October 2002 heralds the national implementation of a third-level four-year degree based programme for the preparation of nurses, to replace the current three-year diploma system. Anecdotally, one concern expressed by nurse educators regarding this move, is the regulation and monitoring of student non-attendance. This study explores the views of those involved in nurse education in Ireland to absenteeism among diploma nursing students to ascertain whether or not concern exists. The findings reveal absenteeism as a potential problem among nursing students. Most respondents agree that student attendance at both the practical and theoretical aspect of current education programmes is a problem. There is overwhelming agreement that student attendances while on the clinical area should be monitored, while the majority of respondents agree that attendance monitoring during lectures should take place. Some divergent views emerge among the lecturers and tutors with the lecturers seeming more 'liberal' on average than the tutors, reflecting perhaps the different traditions of their environments. Mostly however, the differences between the two groups are small and statistically insignificant. Overall responses indicate a continued commitment to monitoring and control of absenteeism in this population. Systematic policies need to be developed and enforced and key personnel need to be employed to support attendance monitoring in the third level setting. © 2002 Elsevier Science Ltd. All rights reserved.

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## Introduction

Nurse education within Ireland is currently in a transition period. The Commission on Nursing (Government of Ireland 1998) has recommended the national implementation of a third-level four-year degree based programme for the preparation of nurses, to replace the current three-year diploma system. The planned date for the commencement of this venture is October 2002. This change requires that current nurse education structures integrate fully within third level institutes. Anecdotally, one concern expressed by nurse educators regarding this move, is the

regulation and monitoring of student non-attendance. For nurse educators the subject of student nurses absenteeism represents a professional issue. As registered practitioners, they have a responsibility to ensure that students attend a minimum of 94% of current programmes (An Bord Altranais 1994).

From 2002 onwards the responsibility for the monitoring of nursing student's attendance lies with the third level institutes. An Bord Altranais (1999), the regulatory body for nursing in Ireland, has requested that third level institutes supply information

regarding their planned procedures for monitoring student attendance. (Requirements and Standards for Nurse Registration Education Programmes). This move reflects nursing's commitment to upholding the standards of the profession. However, it is likely that with the advent of larger classes sizes, and the freedom that is associated with university life, formalised absence monitoring systems may be difficult to implement. This point is endorsed by Koh (1998) who suggested that integration within universities in the UK resulted in increased student absenteeism and a growing concern among nurse educators about the effect that this phenomena was likely to have on student performance. This concern is echoed among nurse educators in Ireland, who, anecdotally, in this author's experience, perceive that absenteeism among student nurses is a growing problem. However, there is little recent empirical evidence on absence behaviour in this group and little to support the belief that absenteeism among nursing students rose in correspondence with the move to third level in the UK.

This paper aims to provide an overview of the literature on the topic of absenteeism with particular emphasis on absenteeism within the nursing student population. This literature provides a backdrop for the subsequent description of an investigation into the current views of nurse tutors (within hospital-based schools of nursing) and lecturers (based in third-level nursing departments). The findings present an interesting insight into the divergent views that exist and support the notion that nurse educators perceive absenteeism to be a problem among students and that monitoring of absenteeism should continue.

### **The extent of absenteeism among nursing students**

The attendance of student nurses in Ireland is usually monitored and recorded by an allocations officer based in schools of nursing, to ensure that students meet the attendance requirements of An Bord Altrainais (An Bord Altrainais 1994). Beyond these measures, as

with many organisations, little statistical analysis is performed on the data that are obtained. Currently, there is an allowed absence rate of 6%.

There is very little information on the nature or real extent of such absence in student nurse groups in Ireland. A limited number of studies have examined the extent of absenteeism in the student nurse population in the USA and the UK (Clark 1975, McDonald 1982, Price 1984, Davidhizar et al. 1985, Hoare 1985, Northcott 1990, Burton 1992, Koh 1998). However, due to lack of consensus regarding the definition and measurement of absenteeism and a number of other methodological issues, generalising from these studies is difficult. Furthermore, most of these studies examine absenteeism in traditional nursing students whose employee status differentiates them from students undertaking nurse education programmes in Ireland today.

A rising number of short-term absence spells has been noted among student nurses. Short-term absence among student nurses is of concern to nurse educators, and some studies have examined this phenomenon (Clark 1975, Price 1984, Northcott 1990). These studies indicated that short-term absence, one-day in particular, were a feature of this group. Price (1984) revealed that most of the short-term absence (STA) among the group ( $n = 30$ ) was of one-day duration. Hoare (1985) found that 90% of all absences ( $n = 338$ ) were of three days duration or less and the majority of these (57.8%) were of one-day duration.

A recent Irish study (Egan 2000 reported in Timmins & Kaliszer 2002) of 110 nursing diploma students revealed that most recorded absences from both wards and lectures were short-term in nature; three quarters of them lasted for one-day only. However, the overall absence rate of 4% was well within acceptable limits, a fact that was also demonstrated by Hoare (1985) almost 20 years ago.

However, despite the possible low levels of absenteeism in this group, the patterns that emerge, namely an abundance of short-term, mainly one day absences

appears to cause concern to those educators involved in management of educational programmes.

### **Outcomes of absenteeism**

There is very little empirical evidence to suggest that absenteeism has a negative impact on the professional or academic behaviour of the student. Davidhizar et al. (1985) revealed that student absence from nursing school was a 'pretty fair' predictor of their likelihood of being absent during future employment. Koh (1998) found that the greater the non-attendance the worse the students performed during formalised assessments. However, Timmins and Kaliszer (2001) found little correlation between student absence and performance in examinations.

These findings are also reflected in the nursing literature on absenteeism, with little evidence existing that describes the effect of absenteeism on either the organisation or the individual. Nurse absence is postulated to affect patient outcomes, but there is no evidence to support this. What is evident from the literature on the topic is that absenteeism presents a problem to managers, particularly managers of *essential services* such as hospitals, schools, electricity power stations and oil refineries, where replacement of absent staff is crucial. Absenteeism is also of concern to managers where a financial cost occurs to the employer, and reduction of absenteeism may be an alternative method of increasing profit.

Concern with nursing student absence, although cloaked in protestations of 'maintaining professional standards' and 'protecting the public' is more likely to have emanated from the natural managerial concern that exists within the nursing profession. Student absenteeism was also a nurse manager's concern in the past, where failure of a student to report for duty would often require immediate staff replacement, as students also functioned as workers. Although this no longer holds entirely true within the profession, as students in Ireland enjoy supernumerary status during the first two years of the

programme, the concern with absenteeism continues.

### **Management and control of absenteeism**

Nurse managers concern with controlling absenteeism is reflected in the literature on the topic. The literature abounds with publications related to the management of absenteeism among practicing nurses. In fact the majority of published work on absenteeism in recent years in the UK has been management orientated (Seccombe & Buchan 1993). Although management of absenteeism among student nurses is not specifically addressed, most of the published studies on student absenteeism would suggest that management and control is required in this area.

Traditionally student nurse attendance was monitored quite closely. Records of attendance at both the classroom setting and the clinical area were kept and formalised disciplinary procedures were in place to deal with those with excessive absenteeism or who had absented themselves without due notification. As students were considered to be 'workers' they were dealt with in a similar fashion to qualified nurses. There was also an onus on the student to attend what was deemed a sufficient portion of the programme, in order to ensure that they were competent and capable of functioning as a qualified practitioner.

With the advent of diploma programmes for nurse preparation in Ireland since 1994, schools of nursing have kept firm control on absenteeism. Management of student nurse absence in the hospital-based school of nursing currently focuses on the concern that the students must complete 156 weeks of training in order to qualify as a registered nurse. An allocations officer (or tutor in some cases) advises students that they are required to extend their training programme if absence results in reduction of this minimum limit. The officer (or tutor) also deals with students, who begin to display a high proportion of absenteeism. Those with excessive absence or obvious noticeable patterns may be subject to disciplinary procedures. The primary responsibility for absence recording lies with the teacher while the students are receiving

formal theory and with Clinical placement co-ordinators or teachers, while the students are on placement in the clinical areas. The allocations officer usually has overall responsibility for absence monitoring in the school of nursing and collates this information.

This approach to absenteeism appears to contain the recommended essential components of an absence management that includes accurate record keeping (preferably computerised), analysing absence rates and dealing with absence using formal agreed procedures (Roberts 1982, Watts Davies 1989, Buchan 1994, Seccombe 1995, Wise 1995). This approach is also known as the *classical approach*, which places emphasis on the importance of records, to understand the nature and size of the problem. It also requires a policy stating the level of absence that will be tolerated and method and type of action to be taken to achieve and maintain that level (Roberts 1982). In contrast to this is the *preventative approach*, which aims to address the underlying causes of absenteeism and includes policies and measures to increase employee satisfaction. Roberts (1982) and Buchan (1994) maintained that dealing effectively with absence calls for elements of both approaches. However, the classical approach was universally viewed as the first step in reducing absenteeism (Roberts 1982, Watts Davies 1989, Buchan 1994, Seccombe 1995, Wise 1995).

The use of preventative absenteeism strategies to reduce absenteeism has received much less attention in the literature. There are few experimental studies that examine the effectiveness of prevention interventions in either nursing staff or nursing students. Lee & Eriksen (1990) outlined how the introduction of a less punitive management policy actually increased absenteeism levels among nurses. Curran & Curran (1987) described how the use of a bonus incentive scheme was successful in reducing absenteeism. Among nursing student groups Bailey (1984, 1985) demonstrated a reduction in absenteeism by reducing stress in the group and Henshaw (1998) noticed an improvement in attendance using adult learning strategies, although the findings were not statistically significant.

Attempts to elicit a true cause of absenteeism among nursing groups have also

met with limited success. In general, the theoretical development and the amount of knowledge available about the causes of absenteeism are very modest (Alexanderson 1998). It is also difficult to generalize from the results of studies that exist as the research base is fragmented and rooted in smallscale case studies (Seccombe & Buchan 1993). However, there is some evidence relating nurse absenteeism to stress and job satisfaction. These two variables have also been examined in nursing student groups, however, most studies find only a weak link between these concepts and absenteeism and conclude that absenteeism is multifactorial and often an individual rather than a group response (Clark 1975, Berman 1981, Price 1984, Hoare 1985, Northcott 1990, Egan 2000 reported in Timmins & Kaliszer 2002).

The classical approach that is currently used to manage nursing student's absenteeism is possibly the approach that will be adopted or proposed by nurse educators once full merger with third level institutes occurs. While there is currently no empirical evidence to support this view, it is likely that what has been a long traditional within nursing will continue. More importantly, these controls reflect deep concerns and beliefs held by nurse educators, which have not yet been articulated. Although present education systems must ensure that students attend 94% of the programme, educators' aspirations far surpass this intention. The literature indicates a concern with student absenteeism that would suggest that educators aspire to maximum (100%) attendance. This concern with student behaviour is not reflected publicly among educators of other professionals at third level. For this reason it is important to explore the views of nurse educators to establish what these views actually are and what whether there are aspects of current nurse education programmes that are actually essential for the student to attend.

## The study

The research objective of the study was to explore the attitudes of those involved in nurse education in Ireland to absenteeism among diploma nursing students.

## Materials and methods

The population addressed by this study are all nurse tutors employed at hospital based schools of nursing and lecturers (nurses and non-nurses) employed at nursing departments, within third level institutes that are directly involved with diploma nurse education in Ireland. True figures for this population are not available, however, there was an estimated 403 nurse tutors on the live register at the time of the study. There are 13 third level institutes involved in the management of the nursing diploma in Ireland, employing approximately 150 lecturers within nursing departments. This was an assumed representative sample as approximately 18% of those tutors ( $n = 74$ ) on the register were included and approximately (17%) of the total lecturers ( $n = 25$ ) employed at nursing departments within third level institutes.

Data collection comprised a self-administered postal questionnaire. The questionnaire has 46 items and is divided into two main sections. The design of this questionnaire emanated from work completed on a previous study on this topic (Egan 2000 reported in Timmins & Kaliszer 2002) in conjunction with current available literature. The questionnaire comprises 46 statements, the first 27 pertaining to attendance at lectures, and the last 19 (28–46) to attendance at clinical placements (see Tables 1–3). The responses to statements in Tables 1 and 2 required the selection by the respondents of one of five levels of agreement with those statements, namely strongly agree, agree, neutral, disagree, and strongly disagree. These were coded respectively 1–5. All but the last three statements in both tables concern aspects of control over the students' attendance. The first two statements in each table were phrased in the opposite sense to the others and to make the results consistent they were reversed in the analysis. Hence their wording in the tables was modified from the administered questionnaire by inserting [not] in the relevant place. The statements shown in Table 3 required a simple agreement or disagreement (yes/no) but the respondents were further invited to comment.

The questionnaire was distributed to a sample of 74 educators at two university sites

and three hospital based schools of nursing in Ireland. The overall response rate for the study was 77%. This followed a reminder telephone call to respondents, which increased the response rate from an initial 58%. The response rate from the lecturers within the group was 72% and 82% from the nurse tutors.

There were 18 lecturer and 39 tutor respondents, each answering a total of 46 questions. Of the lecturers there were no missing values on 18 questions, 1 on 22 questions, and 2 and 4 on three questions each. Of the tutors there were no missing values on 35 questions, 1 on 8, and 2 on 3 questions. The questions with the largest number of missing values were 26 and 44, each with 5. Of the 53 missing values almost two respondents, with 9 and 17, accounted half for respectively. Both were lecturers.

Data collection began in March 2001, when all questionnaires were posted to respondents. Questionnaires were coded to aid with data collection, and respondents who did not return the questionnaire were contacted by telephone, as a reminder, 4 weeks after the initial distribution. Permission to carry out data collection was obtained from the Principal Tutors in each of the schools of nursing and the Head of the school of Nursing where appropriate. Completion of the questionnaire was interpreted as assumed consent. Confidentiality and anonymity of the subjects was guaranteed and the purposes of the research were outlined to them.

## Results

In general the responses indicate a tendency to 'control' attendance and lecturers seem more 'liberal' on average than the tutors, reflecting perhaps the different traditions of their environments. Mostly, however, the differences between the two groups are small and statistically insignificant.

The first three statements in Table 1 (S1–S3) relate to whether the students' attendance is a matter for them or should be monitored. There is a high overall level of agreement with the statements, hence favouring monitoring, especially with S3, whereby adequate examination performance is not considered to be a substitute for lecture attendance. The

**Table 1** Statements about attendance at lectures

		Valid responses		% agree or strongly agree			Mean score		
		1	2	A	1	2	A	1	2
1	Nursing Students' attendance at lectures is [not] their own personal business	17	39	71	59	77	2.2	2.4	2.1
2	As long as Nursing Students' perform adequately in examinations, attendance at lectures is [not] of little consequence	17	39	88	76	92	1.8	2.1	1.6
3	Nursing Students' attendance at lectures should be monitored	17	39	79	82	77	2.3	2.1	2.3
4	An attendance register should be in operation at each class	18	37	38	33	41	3.2	3.4	3.1
5	Students should be required to contact the school of nursing if they miss a class	17	39	39	18	49	3.3	3.9	3.0
6	Students should be required to contact the school if they miss a day of lectures	18	38	79	61	87	2.1	2.7	1.9
7	Students who fail to appear persistently for lectures should be contacted in case they have a serious personal problem	18	39	83	78	85	1.9	1.9	1.9
8	Nursing Administration should be contacted if students fail to appear at lectures for a number of days	18	39	32	39	28	3.4	3.2	3.6
9	Students should report back to the school after a spell of absence	18	39	81	61	90	2.0	2.3	1.9
10	Students ought to provide sick certification when ill	17	38	67	82	61	2.3	2.3	2.4
11	It is essential that students attend all biology lectures/tutorials	18	37	49	50	49	2.8	2.8	2.8
12	It is essential that students attend all sociology lectures/tutorials	18	39	40	50	36	3.1	2.8	3.2
13	It is essential that students attend all psychology lectures/tutorials	18	39	42	50	39	3.1	2.8	3.2
14	It is essential that students attend all law lectures/tutorials	18	39	49	56	46	2.9	2.7	3.0
15	It is essential that students attend all ethics lectures/tutorials	18	39	49	56	46	2.9	2.7	2.8
16	It is essential that students attend all philosophy lectures/tutorials	18	39	42	56	36	3.0	2.7	3.2
17	It is essential that students attend all economics lectures/tutorials	18	39	35	44	31	3.2	2.9	3.3
18	It is essential that students attend all nursing lectures/tutorials	18	38	57	50	61	2.6	2.8	2.5
19	It is essential that students attend all nursing practicals	17	38	84	77	87	1.7	2.1	1.6
20	Student attendance at lectures should be taken into consideration when determining overall assessment grades	17	39	48	47	49	2.9	3.1	2.8
21	Nurse teachers have an important role in attendance management at lectures	18	39	60	61	46	2.8	2.7	2.8
22	Clinical Placement Co-ordinators have an important role in attendance management at lectures	17	39	11	18	8	4.2	3.9	4.3
23	Allocations Officers have an important role in attendance management at lectures	17	39	23	18	26	3.6	3.8	3.6

A = all, 1 = lecturers, 2 = tutors.

lecturers seem more liberal than tutors on S2, and there is little difference between the groups on the other two statements.

Statements 4–10 concern the degree of control. Statements 4 and, especially, 5, concern the highest level of control, with a specific

action proposed for each class not attended. There is a fair amount of disagreement with statements 5 by both groups, but especially by lecturers. The difference between lecturers and tutors in the mean score for S5 is highly statistically significant ( $t$ -test,  $P = 0.015$ ). Only 3

**Table 2** Attendance at clinical placements

		Valid responses		% agree or strongly agree			Mean score		
		1	2	A	1	2	A	1	2
28	Nursing Students' attendance at Clinical Placements is [not] their own personal business	18	39	93	94	92	1.4	1.3	1.4
29	As long as Nursing Students' perform adequately in performance/competency measures while on Clinical Placements, attendance is [not] of little consequence	18	39	93	94	92	1.4	1.4	1.4
30	Nursing Students' attendance at Clinical Placements should be monitored	18	39	91	78	97	1.5	1.8	1.3
31	An attendance register should be in operation during Clinical Placements	17	39	91	82	95	1.5	1.6	1.5
32	Students should be required to contact the school of nursing if they miss a time during Clinical Placements	16	38	76	63	82	1.9	2.1	1.8
33	Students should be required to contact the school if they miss a day of Clinical Placement	17	39	77	71	80	1.9	2.1	1.9
34	Students who fail to appear for Clinical Placement should be contacted by telephone	17	39	53	47	55	2.7	2.8	2.6
35	Nursing Administration should be contacted if students fail to appear at Clinical Placements for a number of days	17	39	77	77	77	2.1	2.0	2.1
36	Students should report back to the school after a spell of absence	17	39	80	71	85	1.9	2.1	1.9
37	Students ought to provide sick certification when ill	17	37	72	71	71	2.1	2.1	2.1
38	It is essential that students attend all Clinical Placements	17	39	86	82	87	1.7	1.7	1.7
39	Student attendance at Clinical Placements should be taken into consideration when determining overall proficiency/competency level	17	39	86	71	92	1.8	2.2	1.6
40	Nurse teachers have an important role in attendance management at Clinical Placements	17	39	30	35	28	3.3	3.0	3.4
41	Clinical Placement Co-ordinators have an important role in attendance management at Clinical Placements	17	39	84	65	92	1.8	2.2	1.6
42	Allocations Officers have an important role in attendance management at Clinical Placements	17	39	63	47	70	2.4	2.8	2.2

A = all, 1 = lecturers, 2 = tutors.

**Table 3** Opinions about attendance at lectures and clinical placements

		Valid responses		% yes		
		1	2	A	1	2
24	In your opinion are there any specific lectures that nursing students must attend?	18	39	77	50	90
25	In your opinion is absenteeism among nursing students at lectures a problem?	18	39	84	83	85
26	Is student absence from lectures a bad thing?	14	38	64	71	61
27	Should student attendance be monitored?	17	39	82	77	85
43	In your opinion are there certain Clinical Placements or aspects of a placement that nursing students must attend?	16	39	75	69	77
44	In your opinion is absenteeism among nursing students at Clinical Placements a problem?	14	38	79	93	73
45	Is student absence from Clinical Placements a bad thing?	14	39	96	100	95
46	Should student attendance at Clinical Placements be monitored?	16	39	100	100	100

A = all, 1 = lecturers, 2 = tutors.

(18%) of lecturers endorsed this statement. Of all the statements this is the biggest score difference between the two groups of respondents.

Statements 6–10 concern more serious absences than missing one lecture in roughly increasing degree of absenteeism. Of these the highest level of disagreement is with S8, presumably because the respondents considered it too extreme a course of action. The highest overall agreement is with statement 7, possibly because it expresses concern rather than control. Statement 6 shows the second largest divergence of views (after S5) between lecturers and tutors and is also significant ( $t$ -test,  $P = 0.05$ ). Here again the lecturers are more liberal. The highest level of agreement by the tutors, of all the statements listed in Table 1, is with statement 9, at 90% agreement.

Statements 11–19 concern attendance at specific classes/tutorials. There is considerable uniformity in response to these statements with some predictable exceptions. Among the tutors the highest agreement is with statement 19, that it is essential to attend all nursing practicals (87% agreement) followed by S18, that it is essential to attend all nursing lectures (61%). The lecturers also have the highest agreement with S19, but do not differentiate the nursing lectures from the other lectures/tutorials. The lowest agreement for both groups is on lectures on economics. Statement 20, that attendance at lectures should be considered in assessment grades, is very similar in content to statement 2, but both groups of respondents show higher disagreement with S20 than with S2.

Statements 21–23 concern the appropriateness of different personnel for managing attendance. Both lecturers and tutors agree that nurse teachers should do it but disagree that either Clinical placement coordinators or allocation officers should do it.

Key results: clinical placements: statements 28–42 (Table 2).

These 16 statements mirror the previous statements 1–23 but apply to clinical placements. These statements elicit much higher levels of agreement by the respondents than the corresponding statements on lectures. Agreement with the first three statements

(S28–S30) about the need for controlling attendance show over 90% agreement with two of those statements by the lecturers and over 90% for all three statements by the tutors. Statements 31–37 on the degree of control at clinical placements correspond to statements 4–10 for lectures, and they again show a much higher degree of support for control than for the equivalent lecture related statements. The highest disagreement was with S34, that students who fail to appear should be contacted by telephone. The respondents probably interpreted this statement as meaning ‘failing to appear just once’ hence they may have viewed such an action as excessive. Both groups show a high level of agreement with statement 38 (both over 80%), that students should attend all practicals. By contrast with lectures, lecturers are viewed as not appropriate for management of attendance at the clinical placements, but clinical placement coordinators are. The biggest differences between the two groups of respondents is on statements 39, 41 and 42, in each case the lecturers showing higher disagreement with the statement. On statement 39, taking student attendance into consideration in assessment, the lecturers appear predictably more liberal ( $t$ -test,  $P = 0.05$ ), and in statements 41 and 42 they are less convinced about the role of the clinical placement coordinators and allocation officers in managing attendance at the clinical placements, but they see more of a role for lecturers than do the tutors.

Key results: statements 24–27, and 43–46:

Over 90% of tutors agreed that there are specific lectures that the students must attend. The proportion of lecturers with this opinion at 50% is significantly less ( $\chi^2$  test,  $P = 0.002$ ). Over 80% of both groups thought that absenteeism is a problem (in fact a higher percentage of lecturers), and a very high proportion of both groups considered that student attendance should be monitored. Oddly a much higher proportion of lecturers thought that absence from the clinical placements is a problem than tutors. On whether absence from clinical placements is a bad thing or whether this should be monitored there was virtually a complete agreement in favour.



## Discussion

This study supports anecdotal concerns that exist regarding absenteeism as a potential problem among nursing students. Most respondents agree that student attendance at both the practical and theoretical aspect of current education programmes is a problem. Most agree that absence from the programme is a 'bad thing'. The results indicate that many educators view student attendance at nurse education programmes as very much the business of the school of nursing, rather than the students themselves. Koh (1998) indicated that students at college based nursing programmes viewed themselves as more 'autonomous' with the decision to attend resting firmly with them. This study appears to reject the notion of an autonomous student, in favour of a more rigid regulatory system that can assure the public and the professional bodies, that competent nurses are being produced. However, it emerges from the study that educators do not agree with extreme approaches to managing absenteeism, such as contacting the students by phone or reporting the occurrence to Nursing Administration. These tactics that were often used in the past and continue to be used in certain settings reflect policies for dealing with nursing staff that fail to report for duty. With the advent of full student status, it may be time perhaps to abandon these approaches.

However, contacting students after a long spell of absenteeism occurs appears to be favoured by the group and there is general agreement that students should report back after spells of absence. As the over-riding emphasis of the findings is control of absenteeism, recommended actions such as these could be incorporated into a classical management policy. Reporting back after absence and personal contact with absentees is something that is strongly favoured in the literature to reduce and control absence. However, whether or not students should actually telephone when absent needs further consideration. Again, this is a procedure adopted from management of nursing staff and may no longer apply to students. It is favoured more by the nurse tutors than the lecturers, however, it is also questionable whether a

policy such is realistic to enforce and manage in reality.

There is overwhelming agreement that student attendances while on the clinical area should be monitored, while the majority of respondents agree that attendance monitoring during lectures should take place. Nurse educators and allocations officers were identified as key people in this task and Clinical Placement Co-ordinators (CPCs) were viewed as having an important role in monitoring attendance in the clinical area. This concurs with the general literature on attendance management, which stipulates that the 'front-line manager', that is the person closest to the situation is the best person to deal with absenteeism (Seccombe 1995). The results reflect this belief. CPCs are physically closer to students at ward level, and therefore they are in a good position to monitor attendance. Likewise, while students are attending lectures, the teacher is more ideally placed for this role. However, the practicalities of these roles need to be addressed. Firstly, as the role and responsibility of CPCs in Ireland is still under development, it is unclear whether attendance management will remain within the domain of this role. If commitment to attendance monitoring in the clinical area is to continue a clinically based 'front line' figure is essential. Monitoring of attendance while at lectures also creates an added responsibility for lecturers and may also be very time consuming. In addition, reliable and uniform systems of monitoring are required which need to be agreed at department level and perhaps involve student representation in the development. It is also important that information gathered is collated by personnel specifically appointed to this task within the university, such as an allocations or attendance officer. Given the concern that exists regarding attendance and educators continued commitment to monitoring and control, it is likely that third level institutes with large numbers of nursing students, would require a designated officer within the department to perform this task. This information should then feedback to teachers in a timely fashion so that appropriate actions may be taken.

Practical nursing skills, nursing theory and clinical placements emerge as key areas where

student attendance appears to be vital. In addition most respondents agree that student attendance should be taken into account when determining overall proficiency/competency level for clinical placements. This is an area that requires further examination. One hundred percent student attendance is an aspiration that will never occur in reality. There is likely to be 4–5% of students absent from class on any given day. Therefore, if certain practical skills are deemed essential and vital for nurses (other than statutory requirements) then these need to be identified within programmes and procedures put in place to ensure all students attend, monitor non-attendees and ensure replacement classes are planned. For all other subject areas a minimum attendance level needs to be agreed and procedures put in place to ensure that each student complies with this. Likewise, the clinical area needs to have a minimum attendance stipulation, requiring students to 'make up' lost time during summer vacations or at the end of the programme. Controls such as this that were a feature of previous nurse education programmes in Ireland (due to An Bord Altranais 1994 requirements) will no longer hold once nurse education moves fully into the third level sector. An Bord Altranais (1999) will continue to oversee standards for the preparation of nurses and require evidence of monitoring regimes. The onus therefore lies with university nursing departments to develop clear guidelines in relation to this. In addition, to ensure success of a monitoring system there needs to be a uniform standardised approach. An ad hoc approach to this is unlikely to succeed. To support classical policies that will be developed and implemented there will need to be disciplinary systems in place. It is unlikely that monitoring systems will succeed if there is no ultimate 'penalty' to continued absence. This penalty may simply mean an extension to the students time with the university, however it is important that systems to legislate for these practices are put in place in advance of the commencement of new programmes.

Whether or not student attendance should be taken into account when determining overall proficiency/competency level for clinical placements is another area that requires

discussion and consideration for the future. It has obvious 'penalty' implications that would discourage absenteeism, and professionally it appears that student attendance at the clinical area is essential and should be monitored. Deterring student absenteeism through this route may be a more practical solution than relying on monitoring per se.

The results of this study clearly indicate that monitoring and control of nursing students attendance is something that educators continue to value as an integral component of nurse education programmes. It is likely that the advent of larger classes sizes, and the freedom that is associated with university life, that will occur as a result of the imminent move to third level, will militate against formalized absence monitoring systems. It is for this reason that careful consideration must be given to the subject of student absenteeism, prior to full university integration.

## **Conclusion**

An Bord Altranais (1999), the regulatory body for nursing in Ireland, has stipulated that third level institutes must furnish them with specific information regarding their planned procedures for monitoring student attendance. This reflects the nursing professions' commitment to monitoring and controlling nursing students attendance.

Monitoring and control of student attendance appears to be not only on the agenda of An Bord Altranais, but is clearly considered a necessity by many educators involved in this survey. To this end a commitment is required from those involved in nurse education in Ireland. Fair and consistent policies and disciplinary procedures need to be developed in advance of this change to deal with absenteeism and good supervision of the policy is required by designated officers. Accurate recording of absenteeism is essential with appropriate information technology support to provide timely information.

From 2002 the monitoring of nursing students attendance will be the responsibility of third level organisations. Serious consideration must be given to the subject of student absenteeism, prior to full university integration and possibilities for monitoring,

control and prevention of student absenteeism need to be explored.

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