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An evaluation of an attendance monitoring system for undergraduate nursing students

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Summary Internationally the preparation and ongoing education of nurses continues to evolve in response to the changing nature of both nursing and health care. The move into third level structures that has taken place in countries such as the UK and the Republic of Ireland, results in new challenges to the historical fabric of nurse education. One such challenge is monitoring of nursing students' attendance. Viewed by students as a patriarchal and draconian measure, the nursing profession historically value their ability to ensure the public and professional bodies that nursing students fully engage with educational programmes. University class sizes and the increased perception of student autonomy can negate against formalised monitoring systems. This paper reports on an evaluation of one such monitoring system. The findings revealed that attendance was recognised implicitly by nurse educators as an important learning activity within these programmes results and that current methods employed were less than reliable and so did little to appropriately control the phenomenon. Subsequent to the evaluation; a standardised approach to the measurement of absenteeism was employed. Deliberate short-term absence was a feature of this group. Reasons cited included travelling long distances, dissatisfaction with programme timetables and personal reasons. Preventative measures employed included improvement in student timetable delivery.
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Introduction

Internationally nursing and midwifery education has undergone radical change in the last number

of years necessitated by the changing nature of health care. However, the approach to the education and preparation of nurses and midwives varies considerably across countries, and in some cases there are multiple levels of entry to professional nursing registers. In what is becoming a benchmark for nurse education internationally, the Republic of Ireland (ROI) replaced both diploma

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and traditional apprenticeship training models with standardised all-graduate entry to the nursing profession in 2002 and midwifery in 2006. Throughout ROI, nurse and midwife education programmes are taught within Universities and Colleges, in partnership with health service providers, with whom nursing and midwifery students gain their clinical experience. There are currently five points of entry to the nursing register at the end of a minimum four-year university programme: general, intellectual disability, psychiatry, children's (integrated with general) nursing and midwifery.

This integration of professional educational programmes into third level presents many exciting opportunities for the profession but also many challenges. The management of professional courses that lead to registration, such as nursing, often differ from other university courses in their approach. Requirement for mandatory attendance is one such area. The freedom associated with university life, and the variety of requirements for attendance across departments, could mean that nursing students, without formal regulation, could effectively disregard the professions historic belief in ensuring that students attend a minimal level of theory and practice in order to register as a nurse or midwife.

The regard for such requirements is valued highly by the regulatory body for nursing and midwifery in ROI and there is a stipulation that third level institutes must furnish specific information regarding their attendance monitoring procedures for the relevant students (An Bord Altranais, 1999). The monitoring of students' attendance is increasingly the responsibility of the third level institutes rather than hospitals. While attendance at clinical placements and clinical skills classes are usually carefully monitored and recorded. Consistent with the notion of adult learning, many third level institutes in ROI opted for student self-monitoring systems for the theoretical aspect of the programme. This involves systems whereby the student may self-declare their own attendance at university lectures and tutorials. In some nursing schools no classroom monitoring takes place at all, although this is currently under review (Leufer, 2006). Although these latter systems were initially favoured by academic staff and received approval in principal from the regulatory body, in many cases this approach to attendance monitoring has proved unsatisfactory from both perspectives.

At one university site, the system involved student self-declaration of attendance using a Web based programme (WebCT) together with random

attendance checks by lecturers. However in 2004 one module leader became aware that in spite of monitoring systems student attendance was below optimal level. Anecdotally, attendance at some tutorials by students was less than 5%. Concerned with the quality of programme delivery; and the ability of students to meet required learning outcomes, this lecturer sought to explore the issues surrounding this lack of attendance. This exploration formed the basis of an evaluation of the use of this attendance monitoring system within the School.

The aim of this paper is to describe the four phase evaluative approach that was subsequently used to address this issue. It also aims to provide an insight into the issues that emerge in when dealing with absenteeism by providing an overview of the literature on the topic. The literature on evaluation is also explored discussed briefly to provide a theoretical basis for the subsequent reported project. It is anticipated that the emerging discussion, recommendations and results will assist other educators with both their understanding of and approach to absenteeism among the nursing student population.

Literature review

A review of the literature was performed to identify studies relevant to the topic. The main source for the literature search was the Cumulative Index of Nursing and Allied Health (CINAHL). Other sources included the National Library of Medicine (Medline) and the British Nursing Index (BNI). A combination of the following keywords were used to identify relevant material; student nurse attendance, absenteeism, nursing students. A limited number of studies were found that examined absenteeism in student nurses and most of these studies examined absenteeism in traditional nursing students. Of interest to note, while that the literature reflects a concern with traditional nursing students in the past, there is very little recent discussion about this topic. One anecdotal report by a student reveals the perception that current UK attendance monitoring systems are "unfair" (Pinder, 2005). The trends are revealing. Firstly literature dating back to the 1970s confirms a long tradition of attendance monitoring for nursing students and nurses concern with student non-attendance. In addition, more recent trends (Pinder, 2005) suggest confusion amongst students as to how this system fits with the liberation expected within a university setting.

Consistent with workplace management literature, the literature on nursing students generally refers to *absenteeism* in this group. The emergent themes may be divided into four broad areas: definition and extent of absenteeism; nurse educators' views of absenteeism; contributory factors and management and control.

Definition and extent of absenteeism

While there are many definitions of absenteeism in the literature, there is no provision of a definition of absence in nursing student populations other than generic references to failure to report for scheduled duty. Three categories can be used to aid the definition of absence (a) scheduled or unscheduled absence (b) short-term (3 days or less) or long-term absence (4 days or more) and (c) certified or uncertified absence. For the purpose of this review the authors will mainly make reference to short-term versus long-term absence.

Short-term absence has long been associated with absence of a *voluntary* nature. The Society of Occupational Medicine (Cited in Clark, 1975) stated that the shorter the duration of an absence spell the smaller the medical component. A high number of short-term absence spells has been noted among student nurses in the literature (Hughes, 2005).

Some studies have examined the phenomenon of short-term absence among nursing students (Clark, 1975; Northcott, 1990; Price, 1984; Timmins and Kaliszer, 2002a). These studies indicated that short-term absence, one-day in particular, were a feature of this group. Early studies (Price, 1984; Hoare, 1985) that examined short-term absence (STA) among nursing students revealed that most of the STA spells were of one-day duration.

These findings are echoed in recent studies (Timmins and Kaliszer, 2002a). This latter study examined absenteeism patterns and trends among 110 third year nursing students undertaking a Diploma programme. Absence was mostly of short duration, often one to two days occurring most frequently on Mondays and Fridays. Absenteeism on these days accounted for 48% of all recorded episodes. However, despite these trends which indicate that the absence pattern of mainly short duration suggesting absenteeism of a voluntary, the time lost index for the group, which is the amount of days lost to absence expressed as a percentage of the total days available, was 4% (Timmins and Kaliszer, 2002a). This is consistent with earlier studies (Hoare, 1985). Despite the possible low levels of absenteeism in this group, the pat-

terns that emerge, of short-term, mainly one-day absences indicate that nurse educators perceive absenteeism to be a problem among traditional and diploma nursing students. Nurse educators have traditionally been, and continue to be, concerned about students' attendance at nursing programmes (Timmins and Kaliszer, 2002b). For professional reasons, there is intolerance towards absenteeism among those concerned with the delivery of these educational programmes, even among non-nurses (Timmins and Kaliszer, 2002b) and here has been some extrapolation of these views in the literature.

Nurse educators views of absenteeism

According to Koh (1998) the transfer of nurse education to third level has increased the problem of nursing student absenteeism and may also have a negative impact on academic performance and achievement. This author examined the attendance records of 265 nursing students over a 22-week period and correlated the findings with three theoretical assessments. The results indicated that the greater the non-attendance the poorer the student performance. Koh (1998) raised a concern that current students view attendance as a choice rather than obligation. Similarly, participants in the study by Rhodes and Jinks (2005) also identified a link between poor attendance and poor academic performance in nursing students. These findings may have implications for future practice as Davidhizar et al's. (1985) study found that student nurses absence from college was a relatively good predictor of future work absence when qualified.

Timmins and Kaliszer (2002b) purport that student absenteeism represents a professional issue for nurse educators. As registered practitioners, nurse educators have a responsibility to ensure that students attend a large proportion of the nursing programme. A requirement of 94% minimum attendance is one example (An Bord Altranais, 1994). Moreover, student nurse absenteeism may also have a negative effect on the morale of nurse educators. A study by Rhodes and Hicks (2005) of personal tutors' views of their role with nursing students highlighted that many participants felt disappointed and irritated by poor student attendance. Furthermore, personal tutors believed there to be a conflict of interest in their role between supporting students through difficult times and conversely challenging them for taking time off to resolve their issues. There are obviously many legitimate reasons why learners take time

off, and support structures are required to accommodate this is required. In addition, prevention of absenteeism is also an alternative as any studies that investigate absenteeism in this population also investigate possible contributory factors and the trends are revealing (Clark, 1975; Price, 1984; Hoare, 1985; Northcott, 1990; Burton, 1994; Timmins and Kaliszer, 2002a).

Factors contributing to absenteeism

While many factors are highlighted in the literature it would appear that there is no one causative factor for absenteeism among nursing student nurses. It is a multifactorial phenomenon (Clark, 1975; Price, 1984; Hoare, 1985; Northcott, 1990; Burton, 1994; Timmins and Kaliszer, 2002a). The most recently published study (Hughes, 2005) identifies the most common contributory reasons for student absence as: illness, family commitments and dental and doctor appointments. In this study students also admitted to an increase in absenteeism when assignments are due for submission (52%) and 44% admitted to pretending to be ill. Although 49% of students had children, only 33% missed college because of family commitments, a finding that differs from Longhurst (1999) who purports that students who have children are significantly more likely to be absent because of family commitments than students without children.

Kinsella et al. (1999) and Koh (1998) suggest that an increase in class size and the transfer of nurse education into higher education has influenced student attendance and is a contributing factor in absenteeism. This contention is supported in the study by Hughes (2005) as 47% of students identified the lecture theatre as a teaching environment non conducive to learning. Furthermore, Timmins and Kaliszer (2002a) suggest that the advent of larger class sizes and the freedom associated with university life militate against formalised absence monitoring systems.

Stress and other mental health issues appear to be contributory factors in some cases. Clark (1975) found anxiety to be a significant predictor of short-term absence. Similarly, Price (1984) examined possible reasons for sickness absence among 30 nursing students during their third year. The main results of the study identified that illness, mental tiredness, despondency, being 'fed up' with nursing and social commitments (a finding congruent with Clark, 1975) were the main reasons cited for non-attendance. He also found that stress influenced absence during the first two years of training, especially if related to over tiredness.

While Timmins and Kaliszer's (2002a) study highlighted social and family commitments were the most common reasons for absence during the theoretical component (48%) of the course. Stress was identified as the next most important issue (18%). Conversely, Berman (1981) found no relationship between student stress and absence.

Social and family reasons rate highly among the multifactorial reasons for absenteeism among this group (Longhurst, 1999; Timmins and Kaliszer, 2002a; Hughes, 2005). While for some, especially those with children, commitment may be high to the programme with little reported absenteeism, for others social and family reasons are prioritised. In the delivery of nursing programmes that lead to professional registration, managers have a responsibility to ensure the public that practitioners have received the highest level of education. It is necessary to look therefore to the literature on the management and control of absenteeism to ascertain methods of ensuring accurate record keeping and assurance of maximum attendance.

Management and control of absenteeism

Information on the management and control of absenteeism draws largely upon general management literature. While there is reference to its management and control among nursing students, there is little by way of explicit guidance in this regard. Several authors contend that the first step in reducing worker absenteeism is to keep accurate records of attendance and calculate absenteeism rates at frequent intervals in order to identify each individual's pattern of attendance (Seccombe, 1995; Buchan, 1994; Roberts, 1982; Wise, 1995; Watts Davies, 1989). The ability to manage absence effectively is enhanced by accurate and accessible information (Seccombe, 1995). Keeping accurate records can help to assess whether a problem exists (Watts Davies, 1989). These records provide information from which analysis can be made of the patterns and types of absenteeism and can ensure that action is taken promptly when an individual has a poor record and that any procedure is applied consistently throughout the organisation.

Buchan (1994) who has written extensively on the subject of management of absenteeism among employees recommends using a standardised approach to the measurement of absenteeism. The use of a computerized, user-friendly monitoring system is an essential component of this. Management of the problem includes establishing formal procedures to manage student attendance and training of staff in attendance management.

Disciplinary procedures also need to be clearly understood and applied consistently throughout the organisation. In Schools of Nursing and Midwifery electronic systems provides a very fast, efficient user-friendly system. It also enables analysis of absence data, which is another integral component of a management strategy. Although computerised swipe card systems are available in many schools, these are costly, and many areas rely on lengthy manual systems that require hours of work to elicit even the most basic of information. Computerised systems are advantageous as they allow for regular timely feedback on student attendance made available to 'front line' managers such as course co-ordinators and to personal tutors if appropriate. Consistent with the recommendations in the literature, this system of feedback enables timely appropriate action to be taken.

In total contrast to control, an approach that is rarely used is the preventative approach. This aims to address the underlying causes of absenteeism and includes the development and introduction of policies and measures to increase student satisfaction. Among nursing students Bailey (1984, 1985) demonstrated a reduction in absenteeism by the use of stress reduction methods and Henshaw (1998) noticed an improvement in attendance when andragogical learning strategies were employed. Timmins and Kaliszer (2002a) and Hughes (1995) suggest that prevention of absence may be achieved through shorter classroom contact hours, lessening of the student workload and the use of alternative teaching methodologies. However the most common approach managing absenteeism among nursing students is reactive rather than proactive (Rhodes and Hicks, 2005).

There is a view that an approach that combines both classical monitoring and control and the preventative approach is the best solution (Roberts, 1982; Buchan, 1994). This requires a combination to firstly prevent the level of absenteeism and to secondly deal effectively and efficiently with it when it occurs.

Regardless of the approach taken, it is suggested that sound, fair and consistent policies and disciplinary procedures should be developed to deal with absence and good supervision is the key to successful implementation. Central to absenteeism management are formalised procedures based on accurate records (Buchan, 1994). A punitive or ad hoc approach to absence is less likely to be effective in the long-term than a systematic strategy that is based on agreed procedures (Buchan, 1994).

There is agreement within the literature to the attendance monitoring of students attending nurs-

ing programmes. While there is reference in the literature to the management and control of absenteeism, there is little direction for the evaluation of such systems. Curriculum evaluation literature is drawn upon to provide information with regard to this, given the perceived lack of effectiveness of such systems.

Curriculum evaluation

Evaluation of nursing curricula became apparent in the late 1970s and it is now internationally recognised as an integral phase of curriculum development (Chavasse, 1994). The ever increasing appearance of educational evaluation in nurse education literature can reveal a growing emphasis on efficiency and effectiveness in education and health services throughout the world (Chavasse, 1994). It also reveals the necessity for schools of nursing to seek validation for their programmes from third level universities as well as from professional or government agencies (Chavasse, 1994). However, there is no reported evaluation of absence monitoring methods.

Curriculum evaluation refers to the varied and numerous appraisals habitually made of the aims of education within programmes and the activities of learning that are provided to meet these aims (Skilbeck, 1984). Clearly from the latter discussion of absenteeism, student attendance is an implicit aim of all nursing and midwifery curricula. Therefore while aims relate to student achievement of learning outcomes, through the activity of teaching and supervision in both theory and practical elements of the programme, physical attendance is also perceived to be, although not perhaps consciously recognised, a learning *activity* within these programmes.

Curriculum evaluation derives largely from the empirical research tradition and frequently involves an objectivist approach. It refers to an explicit, systematic and planned review that appraises the curriculum (Skilbeck, 1984). There are three distinguishable but overlapping phases involved in the curriculum evaluation process. These are initiation, collection of evidence, and processing and reporting of evidence (Eraut, 1984). The main kinds of evidence collected are documents and literature; students work and judgements about it; observation, direct or indirect via recordings, log books or diaries and opinions, collected by interview, questionnaires or meeting (Eraut, 1984).

The purpose of evaluation research is to measure the effects of a program against the goals it set out to accomplish as a means of contributing

to subsequent decision making about the program and improving future programming (Weiss, 1972). Evaluation informs policy. Objective information about programme outcomes enables good decision making. In addition to informing decision making for ongoing curricular development, evaluation is concerned with accountability, truth and values (Eraut, 1984). These concepts have particular resonance for the evaluation of student attendance and physical engagement with the programme through evaluation of attendance monitoring systems. Programme attendance, although although not prioritised within current curriculum evaluation needs to receive more attention. Evaluation is based upon values (Skilbeck, 1984). Given the value that nurse educators place upon student attendance it is essential that attendance, absenteeism and absence monitoring systems become more central to evaluation processes within nurse education.

“If the values are left hidden, the outcome of evaluation could be seriously misleading” (Skilbeck, 1984).

While early reports did not necessarily draw on curriculum evaluation models to structure their study or explain their findings curriculum evaluation models are increasingly used in nursing education (Chavasse, 1994). There are numerous models in existence with no one model emerging as best for use in practice. Stufflebeam (2003) describes a model based on discerning the decision making process, labelled the ‘CIPP model’-Context-Input-Process-Product. Earlier versions of this model are frequently referred to in nursing and midwifery education literature. The decisions to be made and the type of information required relate to the four categories within the title of the model. This model was chosen to underpin the following investigation.

Consistent with modern approaches to curriculum evaluation, both quantitative and qualitative evidence was utilised within the process. Stufflebeam’s CIPP model examines context, input, process and product (Stufflebeam, 2003). Context evaluation considers the value of the programme and includes consideration of parameters such as clients, goals and objectives. Input evaluation is concerned with the resources required to achieve the curriculum objectives. Process information is concerned with determining what effects the programme has on the students’ subjective experience. It deals directly with the operation and implementation of the curriculum and the inter-relationship of theory and practice. Finally Product evaluation is concerned with the final outcome of the curriculum; it assesses the extent to which objectives have been achieved. By addressing

these processes sequentially, the model can be seen as cyclical thus facilitating an ongoing process of curriculum evaluation and modification. It was described as ‘elegant in its simplicity’ due to the ‘ease with which it may be adapted to a variety of situations (Sconce and Howard, 1994). CIPP is a comprehensive yet easy to use framework that may be used for whole programme evaluation or part components thereof (Sconce and Howard, 1994). In this paper the CIPP model (Stufflebeam, 2003) model is used as a theoretical framework to guide the evaluation of an attendance monitoring system.

The research questions guiding the evaluation were:

Is attendance monitoring and control required outcomes of the School’s nursing programmes (Context)?

What systems are currently being utilised in the School to monitor and control attendance (Input)?

Are current attendance monitoring and controlling systems within the School effective (Process)?

What are the outcomes of current attendance monitoring and controlling systems within the School (Product)?

The aim of the evaluation was to provide information on current attendance monitoring and controlling systems within the School in order to guide future ongoing development.

Methods

Methods of data collection within evaluative research are dependent upon the criteria upon which judgements of the worth are made (Skilbeck, 1984). These are usually explicit from the beginning (Skilbeck, 1984). In relation to Context, Input and Process evaluation, the views of both staff and students were required to ascertain the type of systems used the necessity of such systems and their effectiveness. Consistent with meeting Eraut’s (1984) view of the relevance and importance of meetings as a data collection method within evaluation, a working group was established comprising relevant stakeholders. This group held three one-hour meetings in the School to discuss issues related to attendance monitoring in the School. In order to establish the outcomes (Product) of current attendance monitoring and controlling systems manual recording of student attendance at selected tutorials was implemented. Outcomes

(Product) were further explored using a survey design to ascertain student reasons for non-attendance at lectures and tutorials and student views on attendance. Invitation to complete the survey took place by email. There was online completion of the survey. The survey was adapted from one developed by Timmins and Kaliszer (2002a) with permission. The survey comprised 48 items with closed responses within four sections. The first section identified biographical information. Student views of tutorials and lectures were identified in section two and three respectively. Section four ascertained students' self-reported absenteeism patterns.

Sample

The working group comprised nine members: a student representative, Programme Director, Director of Professional Affairs in Nursing, Director Of Staff Education And Development, Course Coordinators (2), Senior Executive officer, Senior Administrative Officer and Allocations Officer. Attendance was monitored using a convenience sample of 9 compulsory one-hour tutorials held for 3rd year students at the School ($n = 159$).

For the survey, all students attending the School at the time ($n = 628$) were invited to participate. This involved three data collection from consecutive student years, 1st, 2nd and 3rd, but the fourth and final year of the programme had not yet developed to this point. The response rate was 28% ($n = 175$).

Rigour

Reliability and validity of the survey instrument used has previously been reported (Timmins and Kaliszer, 2002a).

Ethics

In keeping with ethical requirements at the time of the evaluation, the Head of School granted permission to conduct the study. Throughout the study, the researchers addressed existent ethical issues. The student/lecturer relationship was perceived to be a possible coercion factor and every attempt was made to alleviate this perception in students. Every attempt was made, when emailing to students, to inform them that they had choice as to whether they wanted to contribute to the study

by completing the online questionnaire. The use of an anonymous Web based electronic survey omitted the need for face-to-face contact; therefore lecturers were not directly involved in student recruitment. The email clearly advised participants about the nature of the study. Anonymity and confidentiality were preserved through this method and no names of the respondents were available.

Data analysis

Consensus outcomes and decisions from the stakeholder-working group were documented and agreed during the meeting and reported by an Executive Officer from the School. The manual recording of student attendance at selected tutorials was analysed using Excel. Similarly quantitative data from the survey were analysed using descriptive statistical analysis on an Excel spreadsheet.

Findings

The stakeholder-working group revealed that the attendance monitoring and control were indeed required outcomes of the School's nursing programmes (Context). Although not explicitly directive regarding attendance monitoring systems or level of required attendance, the guidelines of the regulatory body (An Bord Altranais, 1999) indicate that a monitoring system must be employed. This ultimately assures the regulatory body, the profession and the general public that students have attended all the required theory and practice, and not simply achieved learning outcomes through assessment. The Directors, Course Coordinators, Allocations and administrative staff were in agreement that student attendance monitoring was required in the School. Staff viewed attendance as an important aspect of the delivery of a professional programme and believed that the current management of absenteeism was time consuming and inconsistent. Similarly, the student representative suggested that most students were in favour of such a system. Indeed the survey revealed that 91% of students believed attendance to be a requirement of the programme. Interestingly a lower proportion of students (82%) viewed this attendance as a university requirement. Many (83%) reported that this was a requirement of the regulatory body (An Bord Altranais) however 16% did not know about such a requirement. The majority (86%) of students reported the minimum required attendance to be at least 80%. 32% of

students considered the minimum required attendance to be 100%. 34% reported that the requirement was at least 90% and 20% suggested a minimum of 80%.

It was suggested by the student representative in the stakeholder-working group that students who were regular attendees felt that it was unfair that some of their colleagues attended much less, but were neither penalised nor seemed to perform well in assessments despite this. The latter element of control or penalties for non-attendance was a theme that permeated the discussions within the group. While there was firstly unanimous agreement that monitoring of attendance was required, all participants also agreed that a system required penalties for the students concerned in order for the system to be effective. At that time while there were structures within the University to deal with non-attendance, these could not be fully employed due the lack of reliability of the monitoring system and its reliance upon self-declaration.

The systems that were being utilised in the School to monitor and control attendance (Input) were deemed therefore to be insufficient to address the control issue. Furthermore the self-reporting WebCT system that was in operation was inconsistently being used and was reported to be out of operation on numerous occasions. Therefore students began to lose confidence in the system. Random spot checks were rarely taken and a rigorous system of crosschecking was not in place. The group deemed that this attendance monitoring system and controlling systems within the School was ineffective (Process). The survey revealed that only 40% of students reported their absence to the School. This was evidenced by the resultant outcomes of the attendance monitoring and controlling system (Product). Attendance monitoring at nine tutorials ($n = 159$) revealed that only 60 (38%) of students attended all sessions. 79 students (50%) missed more than 10% of all classes, 22 (13%) missed 13(8%) missed 40% of classes.

Student views were obtained by survey from 66 1st years, 41 2nd years and 67 3rd years, representing 38%, 41% 23% and 39% of the sample ($n = 175$) respectively. Most of the sample (87%) was female. The majority (73%) were under the age of 25; only 9% were over 30 years old. Many of the group reported long travelling times. 94% travelled for up to two hours to get to class and only half of these travelled for less than an hour. There were mixed views towards the value of tutorials with only half agreeing that these were as necessary for learning as lectures. Most (93%) were clear about the purpose of tutorials, however only 72% of the group realised that attendance at tuto-

rials was a requirement of the programme. 56% of the group reported non-attendance at tutorials for reasons other than illness. While 25% of the group reported not missing any tutorials, 31% missed up to two (Table 1).

Similarly, 70% of the group reported non-attendance at lectures for reasons other than illness. Only 7% of the group reported not missing any lectures, while 27% missed up to two (Table 2). When asked about the duration of their last absence from class (either lecture or tutorial, but not due to illness) the majority (74%) of respondents to this question ($n = 139$) stated that this was for half a day. For 18% of students this was a full day and only 7% missed two or three days, and none reported missing more than three days intentionally. The main reasons for this last reported absence are outlined in Table 3. Students were asked to rate the significance of these reported reasons using a Likert scale (1 = most significant, 5 = least significant). Three items emerged as most significant for students: stress related to the course, family commitments and travelling.

Students were also asked to elaborate if they had identified dissatisfaction with the course as one of the reasons for this last absence, several responses were provided (Table 4). Students were asked to rate the significance of these reported reasons using a Likert scale (1 = most significant, 5 = least significant). Three items emerged as most significant for students: the number of free spaces in the timetable, overload during classes and travelling. 64% of students reported having a part time

Table 1 Percentage distribution of missed tutorials

Percentage distribution	Number of missed tutorials
31% ($n = 54$)	One or two
13% ($n = 22$)	Three or four
10% ($n = 17$)	Five or six
5% ($n = 9$)	More than six
27% ($n = 48$)	None
14% ($n = 25$)	No response

Table 2 Percentage distributions of missed lectures

Percentage distribution	Number of missed lectures
27% ($n = 47$)	One or two
25% ($n = 44$)	Three or four
15% ($n = 26$)	Five or six
12% ($n = 20$)	More than six
7% ($n = 13$)	None
14% ($n = 25$)	No response

Table 3 Reported reasons for last voluntary absence from class (more than one response possible)

Percentage distribution	Reason
21% (n = 36)	Dissatisfaction with the tutorial leader/lecturer
21% (n = 36)	Travelling from home
20% (n = 34)	Family commitments
15% (n = 26)	Stress (related to course)
11% (n = 19)	Stress (related to life outside college)
11% (n = 19)	Social commitments
8% (n = 14)	Study
7% (n = 13)	Another job
13% (n = 22)	Dissatisfaction with the course
21% (n = 37)	Other
18% (n = 21)	No response

Table 4 Percentage distributions of course related items causing dissatisfaction (more than one response possible)

Percentage distribution	Item
26% (n = 45)	The number of free spaces in the timetable
22% (n = 38)	The timetable
23% (n = 41)	Overload during classes
12% (n = 21)	The amount of lectures in the programme
9% (n = 15)	The amount of tutorials in the programme
9% (n = 15)	The venues
15% (n = 26)	Other
14% (n = 25)	No response

job, and the majority of students worked weekends only (62%). However, 12% reported working mid-week although only 2 students reported working during scheduled class time.

Limitations

There are a number of limitations to this evaluation study. The use of a one single site indicates that the findings are contextual, and are not representative of all student groups. The study is also limited by fact that a self-report questionnaire was used as this tool carries with it the risk that the respondent will respond in a socially desirable manner. Furthermore, the degree to which students gave the perceived desirable response is unknown. Due to the systems in place at the time and resource issues, attendance was only monitored at

a small number of tutorials. This provided limited information about patterns and trends, but did serve to support the perception that attendance was not optimal.

Recognised implicitly by nurse educators as an important learning *activity*.

Conclusion

This study used curriculum evaluation methods to assess the effectiveness of attendance monitoring systems used within one School of Nursing and Midwifery. Results indicate that the methods employed were less than reliable and did little to appropriately control the issue. Students and staff alike perceive the need for an effective attendance monitoring system. In response to this a standardised approach to the measurement of absenteeism is now employed. This involves daily sign in at random classes. This system allows for the development of reliable data that could be utilised, if required, to implement the Universities penalties for unsatisfactory attendance. The system while currently operational is cumbersome and will be soon improved through the use of a computerized swipe card system.

Non-attendance at lectures was reported more frequently than at small tutorial groups and this finding requires further consideration. This is consistent finding within the literature which suggests that large University classes may discourage student attendance, with students opting for the smaller classes wherein they feel more comfortable. Breaking large student cohorts into smaller groups is carried out at some schools to address this issue. Student attitudes towards attendance reveal that while the majority of students perceive the need and requirement to attend the programme, there are many who do not. There is also confusion regarding the various requirements of university, School and regulatory body. Clear information obviously needs to be provided to students about attendance requirements to enable them to fully engage with the programme.

The literature indicates that despite continued concern with nursing student absence, on average the amount of absenteeism in this group has traditionally been consistent with national employee rates. However in the past distinct patterns emerged with a tendency towards short-term absence often associated with that of a voluntary nature. These findings are echoed in this study. This study finds that many students report taking voluntary short-term absence, usually of one-day duration indicates that some of the absenteeism

in this group may be voluntary and potentially preventable. This requires an understanding of the underlying causes. In addition the evidence from this survey indicates that the prevention approach may need to be considered. On this basis due to issues revealed such as long travelling times and expressed dissatisfaction with timetables; issues, such as the number of free spaces in the timetable, have since been addressed with and a more student friendly timetable has been employed. A large number of students reported having part time jobs. This is a relatively new development within nursing programmes as in the past nursing students were paid employees. The move into third level requires that students contribute financially to their education and receive little income. While few reported working midweek it is of concern. Even if few students feel forced into this position due to financial circumstances, this is of concern to educators. This may prompt staff to encourage students towards support structures that are within Universities that specifically address these issues.

For many students in this study many environmental factors militated against their attendance especially during lectures. Stress was also a reported reason for non-attendance. Although stress is not reported to be a strong predictor of absenteeism students could be encouraged to utilise support systems within Universities such as personal tutors and counselling services. Stress could also be dealt with by incorporating stress-reducing strategies into the nursing curriculum.

It is interesting to note that this topic has received very little attention in recent literature. While hospital based student employees were the object of much scrutiny in this regard, university based nursing students have received much less attention. At the same time the views of nurse educators remains unchanged, with a high priority placed on student attendance. This could reflect the fact that as employees, student absenteeism was likely to affect staffing ratios, as other student groups were not examined in this way over the same period. Ultimately modern day classroom attendance for nursing students is not always viewed as a priority concern. However absenteeism is costly in terms of both managerial time and the morale of both students and lecturers. Students' academic performance can also be affected. From nurse educators perspective maximum nursing student attendance is crucial in an educational programme that aims to maintain high professional standards. While prevention of absenteeism is important, monitoring absence is an integral part of nursing programme requirements.

Evaluation informs policy and contributes to subsequent decision making about programs. The evaluation of attendance monitoring within this study served to guide future decision making in this regard. While absenteeism is a feature of all organisations, and there are many factors, including illness and accidents, which detain an individual from their daily commitments; it was clear that those involved with nursing education programmes are committed to maintaining a high attendance in the belief that students must receive adequate theoretical and practical instruction in order to maintain high standards of professional practice. Adequate, timely monitoring systems incorporating appropriate penalty mechanisms are therefore required to uphold these intrinsic values. Ongoing evaluation of these systems is also suggested to observe effectiveness.

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