

Factors Associated with Absenteeism in Clinical Areas Among Undergraduate Nursing Students at the University of Namibia

Daniel Opotamutale Ashipala¹, Johannes Kalyangu²,
Peneyambeko Ipawa Shikulo³, Alice Lifalaza⁴

Abstract

Background: Student nurse absenteeism in clinical areas remains one of the major causes of the extension of nursing training at many universities globally. This has the potential to result in fewer student nurses completing their training, leading to a shortage of professional nurses in private and public hospitals and, in turn, affecting the provision of quality care for clients in the health sector. Institutions of higher learning thus need to establish the factors that are associated with such absenteeism. In Namibia, research to investigate the factors associated with student nurse absenteeism in clinical areas has been lacking.

Methods: The purpose of this study was to explore and describe the factors associated with this absenteeism at the University of Namibia. A qualitative, explorative and descriptive study design was used and data were collected by means of in-depth, semi-structured, face-to-face interviews with 20 participants registered for study at the Rundu campus.

Results: Data were analysed using thematic analysis, which identified two themes: factors associated with absenteeism in clinical areas among undergraduate students at the University of Namibia and recommendations for addressing absenteeism among students with regard to clinical practice.

¹ Department of General Nursing Science, School of Nursing and Public Health, Faculty of Health Sciences and Veterinary Medicine, University of Namibia (UNAM), Rundu, Namibia, dashipala@unam.na

² Department of General Nursing Science, School of Nursing and Public Health, Faculty of Health Sciences and Veterinary Medicine, University of Namibia (UNAM), Rundu, Namibia

³ Department of General Nursing Science, School of Nursing and Public Health, Faculty of Health Sciences and Veterinary Medicine, University of Namibia (UNAM), Rundu, Namibia

⁴ Department of General Nursing Science, School of Nursing and Public Health, Faculty of Health Sciences and Veterinary Medicine, University of Namibia (UNAM), Rundu, Namibia

Conclusion: The findings of this study revealed that students were absent from clinical areas owing to, firstly, personal factors which include physical illness, the long distances travelled to reach to the working environment and menstrual problems; secondly, clinical factors such as bad attitudes on the part of student nurses as well as work overload; and thirdly, institutional factors such as instructors being unwilling to assist students and the fact that many students had to repeat modules carried over from the previous level. The findings of this study can be used by higher education institutions to develop targeted interventions and strategies that could be used by faculty management teams and clinical coordination units to address the factors that drive absenteeism among nursing students.

Keywords: Factors, absenteeism, student nurse, clinical area, undergraduate, Qualitative.

INTRODUCTION

Globally, student absenteeism in clinical placements has become a great concern among institutions of higher learning. Mulenga and Amadhila (2017) state that student nurses are trained to serve everyone who needs healthcare in hospitals, clinics and communities. For this reason, student nurses are placed in clinical blocks in order to acquire knowledge and apply it to practice. Student nurses' attendance during clinical placement is a crucial requirement in training and influences the learning outcomes and the professionalism of the student (Magobolo & Dube, 2019). Absenteeism prevents students from acquiring appropriate information, receiving relevant training (i.e. practical sessions) and acquiring the clinical skills that are mandatory for effective learning to occur. Additionally, absenteeism in the allocated clinical areas reduces students' exposure and their ultimate level of competence. Jyoti and Flinsi (2019) state that student nurse absenteeism in clinical practice is of great concern for society, as it affects public safety and can lead to poor learning, specifically in aspects such as nurse error in drug calculation and administration which could result in drug overdose and poisoning. Attendance is a key component of a student's retention, progression, achievement and employability. It is therefore essential for universities to have effective mechanisms in place to monitor students at risk of poor attendance so as to engage positively with them at an early stage (Moreoagae, 2020).

Attendance of clinical practice by nursing students is mandatory. The United Kingdom (UK), Canada and South Africa have reported higher absenteeism rates among student nurses in the public sector than in the private sector (Silemane, 2013). In Ghana (Africa), a study conducted by Obeng-Denteh et al. (2011) found that student absenteeism is a concern and has become a persisting problem in

institutions of higher learning. A study done by Fayombo et al. (2012) also showed that Nigeria is experiencing increased absenteeism among students at higher educational institutions, indicating that this is a persisting thorn in the flesh of many African countries. In South Africa, Wadesango and Machingambi (2011) also found growing absenteeism in universities and colleges. This would therefore seem to be a growing trend in nursing programmes nationally and internationally thus affecting the clinical and theoretical hours that nursing students must meet.

The Namibia Nursing Council (NNC), under section 59 of Nursing Act 2004 (Act No 8 of 2004), points out that clinical practice is a mandatory part of the prescribed hours students require on completion of their studies.

The University of Namibia (UNAM) offers a four-year Bachelor of Nursing Clinical Science degree. The UNAM policy on absenteeism as regards clinical practice stipulates that students are expected to attend 100% of the clinical practice for each allocation/block of practice (School of Nursing, Rules & Regulations, 2022). Its further states that students with outstanding clinical hours may not undergo clinical assessments; that is, “no student [is] to be admitted to the examination with outstanding clinical hours” (UNAM, 2022). In the event of emergencies such as illness, death of a close relative or the delivery of a baby, these will be considered as special cases and handled individually provided that necessary proof is available. This is a school-specific guideline, and the decision is guided by the circumstances. Absence without any supporting documents may require disciplinary action, which might lead to extending the training or doubling the hours to meet the requirements.

MATERIALS AND METHODS

This study which was conducted from August 2023 used an exploratory, descriptive qualitative design and contextual strategies. The researcher chose this approach as it allowed for descriptions and offered a deep understanding of the participants’ personal experiences. The descriptive design is fitting because it allowed researchers to explore the phenomenon under investigation (Polit & Beck, 2017). A vital feature of qualitative research is that it is naturalistic and context-based, thus it concentrates on natural settings where interactions occur (Maree, 2016). The study was conducted at a satellite campus of UNAM which is situated in the north-east of Namibia. The degree programme is offered full time and students spend two weeks in class for theory and two weeks in a clinical setting for practical sessions. These prepare students to become professional nurses registered with the Nursing Council of Namibia.

In this study, the target population was nursing students registered for the 2022 academic year who were in their second, third and fourth year of study in the Bachelor of Nursing Clinical Science degree. In this study, a convenience sample was drawn of 20 student nurses in their second, third or fourth year of study. Inclusion criteria included students who were registered for the bachelor of nursing programme at UNAM, the willingness of the student to participate and their availability at the time of data collection. Data were collected using an interview guide that was developed based on the research question and objectives. The data collection tool applied was semi-structured individual interviews, which lasted for 30 to 40 minutes. These were conducted in accordance with the interview guide and the interviews were stopped when data saturation point was reached. The researcher conducted the interviews himself, taking field notes for which, he obtained permission, and using additional probing questions to ensure detailed exploration. Additionally, the interviews were audio recorded. The main questions posed during the interviews included the following:

- Can you tell me what factors are associated with absenteeism in clinical areas among undergraduate nursing students at the University of Namibia?
- What strategies may be adopted to reduce absenteeism among student nurses at health facilities?

The aim of data analysis is to organise, structure and elicit meaning from the data that have been collected (Polit & Beck, 2017). In this research, a thematic analysis was used to analyse the data. This is deemed to be the most reliable method used in qualitative research as it is fairly systematic and allows the researcher to organise the information into themes and subthemes by implementing the six phases of thematic analysis (Leedy & Ormrod, 2013). The researcher followed the six steps described by Braun et al. (2019) as follows: Step 1: Familiarise yourself with your data. This means immersing yourself in the data to understand the depth and breadth of the content. In addition, searching for patterns and meaning begins with the researcher transcribing audio data, reading and re-reading the data set and taking notes. Step 2: Assign preliminary codes to the data to describe the content. This is described as generating initial codes to organise the data, giving full and equal attention to each piece of data and then labelling them and organising them into meaningful groups. Step 3: Search for patterns or themes in the codes across the different interviews. This involves sorting codes into initial themes, identifying the meaning of and the relationships between the initial codes the researcher diagrammed or mapped, and identifying themes and their defining properties. Step 4: Review themes. This is described as identifying coherent patterns at the level of the coded data and

reviewing the data set as a whole. Accordingly, the researcher ensured there was sufficient data to support a theme, also collapsing overlapping themes, and reworking and refining codes and themes. Step 5: Define and name themes. This entails identifying the story of each of the themes, and tailoring the broader story of the data set so as to respond to the research questions. To do so the researcher cycled between the data and the identified themes in order to organise the story. Step 6: Produce your report. This entails presenting a concise and interesting account of the story told by the data, both within and across themes. The researcher thus wrote a compelling argument that addressed the research questions and the writing beyond the simple description of the themes.

The trustworthiness of the entire study was assured using the four criteria as outlined by De Vos et al. (2017). These criteria include credibility, transferability, confirmability and dependability. Accordingly, trustworthiness was addressed as follows: Credibility in this study was ensured by triangulation, that is, information was gathered using a variety of methods such as interviews, field notes, observations and a literature review to support the findings. Moreover, credibility in this study was achieved through prolonged engagement with and persistent observation of the participants in the field for six months. Dependability was achieved by providing a dense description of the whole research process, as the data were recorded and the transcripts kept. These may be viewed upon enquiry. The findings of the study were controlled with related literature. Confirmability was achieved by establishing an audit procedure, which was done by an independent coder. The objectivity of the researcher also ensured confirmability, as he has a number of years of experience in the academic environment and with the use of raw data. In order to ensure the transferability of this study, a dense description of the research methodology and the participants' demographics was provided, along with supporting verbatim quotes from the participants taken from the interviews conducted.

Ethical approval to conduct the study was obtained from the School of Nursing Research Ethics Committee (reference number SoNREC 17/2022) of the Faculty of Health Sciences at UNAM), as well as from the Ministry of Health and Social Services (17/3/3/JTK) prior to data collection. Ethical principles were adhered to throughout the study in order to protect the rights, dignity and safety of the participants. Informed consent was obtained from the individual participants, and the right to privacy was ensured in that the researcher did not use their names but allocated codes. Participation in this study was voluntary, and participants were free to withdraw at any time during the research although it was not encouraged.

RESULTS

Socio-demographic description of study participants

The participants of this study were all undergraduate students doing a Bachelor of Nursing Science Clinical Honours degree at the University of Namibia Rundu campus. All the participants in this study were under 30 years old and all were unemployed and single. The sample consisted of nine male and 11 female students, of which seven were in their second year, six in their third year and seven in their fourth year. Four students were between the ages of 18 and 20 years, 11 were between the ages of 21 and 22 years and five were between the ages of 23 and 26 years.

Presentation of the study results

The two themes that emerged from the data analysis were: (1) factors associated with the absenteeism of student nurses in clinical practice, and (2) strategies that may be adopted to reduce absenteeism among student nurses at health facilities. A description of the two themes and their sub-themes in this study is given below.

Theme 1: Factors contributing to absenteeism among nursing students in clinical practice

This theme is a description of the factors contributing to absenteeism among student nurses in the clinical areas. The subthemes that emerged from this theme are personal factors, clinical factors and institutional factors.

Subtheme 1: Personal factors

This subtheme describes the factors contributing to absenteeism among students in clinical practice, as stated by the participants. They maintained that illness impedes them from attending clinical practice, stating that being ill as a student poses a threat to patient care in the clinical environment.

One participant stated that:

When I am sick I do not go to clinical practice as I am not feeling well and have to seek medical attention (p1, age 22, male).

Another factor participant raised was the long distances they have to travel to the hospital to do their clinical practice. Participants stated that the hospital is located in town and most students live in the suburbs; this has resulted in them staying at home and not attending practical's. Here is what one participant had to say in this regard:

I normally walk as I do not have taxi fare and the distance is long from home to the hospital, so I absent myself from the clinical area (p12, age 21, male).

The female participants also pointed out another factor, namely menstrual problems, that prevents them from attending clinical

practice. The study revealed that female students who are menstruating often stay away from clinical areas as some might not have the pads required when on duty. Participants even added that this is a sensitive period and it requires one to have some personal time as it is accompanied by complications such as mood swings, lower abdominal pain, headache and backache. Here is what one participant had to say:

When I am on my periods, I do not usually attend my clinical practice, I feel so insecure and vulnerable as anything can happen and patients might notice which will lead to shame, so I stay away until it's over just to be refreshed and relax (p10, age 23, female).

A second participant added that:

I normally experience a terrible headache, lower abdominal pain and mood swings, I feel sick during this period, sometimes I normally stay at home and remain absent from clinical area until all these symptoms disappear that's when I return back to clinical practice (p2, age 18, female).

Subtheme 2: Clinical factors

Participants in this study mentioned that most of their procedures recorded in their logbooks were not signed and this left most of their logbooks empty. This has resulted in them not attending their clinical placement as there is no assurance of learning taking place, thus creating an environment in which feelings of anxiety and failure prevail. Here is what participants had to say.

Most nurses refuse to demonstrate and sign procedures in our logbooks, this is really bad as I am just being used and taken advantage of and I am not learning anything, it is better to stay home (p6, age 23, male).

A second participant added that:

Some nurses know nothing about our logbooks, they keep refusing and giving reasons that our lecturers are supposed to demonstrate and sign them, I personally absent myself as there is no assistance from them, and I am not learning anything at the clinical area (p5, age 20, female).

Bad attitudes on the part of nurses was mentioned by participants as another clinical factor which contributes to absenteeism. Participants mentioned that negative attitudes on the part of nurses placed them in a stressful, insecure environment that results in them not attending their clinical placement. As stated, in the clinical environment nurses tend to shout at students and scold them unnecessarily.

Here is what one participant had to say:

A nurse embarrassed me in front of my colleagues for not getting the formula for calculating medication correct, I felt disrespected so I stayed home (p16, age 22, female).

Another participant added that:

The nurse shouted at me with an angry voice and said I wasn't fit for nursing as I chose the wrong course and I don't have compassion for the work I do (p2, age 21, male).

Participants reported that tedious work and work overload in clinical areas contributed to students' absenteeism. They stated that although attending clinical practice meant practising and assisting in patient care, nurses seem to have handed over their duties to the students, while describing them as lazy. Participants also pointed out that they were overloaded with work which led to them being tired, resulting in them not attending clinical practice so that they could rest at home.

Here is what one participant had to say:

I was given the responsibility to manage the whole room by myself without any nurse in supervision, I felt exhausted and I felt as if I was just being a slave, I decided to stay home and rest for two days as I was very tired (p10, age 22, male).

Another participant shared:

There is just a lot to do in the hospital, some wards are understaffed and this creates pressure on us the students, so you decide to stay home just to rest (p3, age 21, male).

Subtheme 3: Institutional factors

This subtheme reveals participants' perceptions that clinical instructors were unwilling to instruct them, which also led many students not to attend clinical practice. Participants stressed that clinical instructors appear to neglect their duties and have forgotten to assist students. This has resulted in them feeling neglected and creating an atmosphere in which confusion reigns, thus they opt not to attend their clinical placement.

One participant raised this issue:

An instructor who is unwilling to demonstrate the procedure adds stress on us students as nurses refuse to teach us already, this causes me to stay away from clinical area (p4, age 19, female).

Another participant mentioned:

They never come in the wards, they only come to assess exam procedures and that's all, they also do have attitudes they will scold at you for doing the wrong things and being incompetent; they side with the nurses leaving us no one to be there for us. What is the point of going to a place where they do not value you as a person. I stay home for some days (p15, age 26, male).

Modules carried over to the next level is another institutional factor contributing to absenteeism. Participants stated that carrying modules over to the next level created an imbalance between the theoretical block and the clinical block. They stressed that it was not easy to attend clinical practice, as it had led them to missing out on a lot of things. Participants also noted that such modules prevented them from gaining skills in the clinical block.

Here is what one participant said:

I failed this module which I had to do in my second year, and it was not easy as I have to miss clinical practice to attend classes and write tests on campus (p9, age 23, male).

Another participant had this to say:

I stayed home three days just to prepare for a test on a specific module I was carrying, I didn't go to clinical block (p12, age 20, female).

Theme 2: Strategies to reduce absenteeism among student nurses in clinical areas

In this theme, participants came up with possible solutions and recommendations that could be implemented to help improve this area of absenteeism at UNAM. Subthemes which emerged include the following: institutional support system, clinical instructors to supervise students in clinical areas, and student counsellors to provide psychological counselling.

Subtheme 1: Provide transport for students

Participants suggested that the university should assist students with transport when going to clinical practice. They stated that a bus should be provided that is able to reach every student at their homes and take them to wherever they are allocated. They also stated that the university should allocate funds for clinical placement as this would reduce the financial crisis. Additionally, they stated that the university should allocate students to health facilities that are closer to where they reside, which would encourage more clinical attendance.

Here is what one student had to say in this regard:

The university should provide an affordable bus which will assist in transporting students from their homes to the clinical area and likewise when they knock off. This will assist those walking long distance from their homes to not be tired or be absent from the clinical area (p1, age 23, male).

Another student added that:

The university should at least provide funds for clinical placement in case we are allocated, as not all the students can afford paying taxi fare. This will assist students in taking care of their basic needs, lunch as well, and students will not have an excuse in staying at home (p18, age 22, female).

Subtheme 2: Clinical instructors to supervise students in clinical practice

Participants in the study described their expectations in relation to clinical instructors assisting students with their training, such as the layout of logbooks and showing interest in demonstrating procedures to students in clinical areas. Additionally, participants mentioned that instructors should monitor the behaviour and treatment of students. In certain circumstances they should assist by providing sick leave for students when they are not feeling well and they should also monitor clinical attendance.

Here is what one participant stated:

Instructors should be available any time for students, they should monitor students' books to see how they can provide aid to reduce absenteeism of students (p7, age 20, male).

Another participant added that:

They should monitor attendance for students, trace and monitor the treatment of students in the clinical area; this will assist into knowing who came to work and who is absent, and they will also know which ward is having problems like bad treatment with students (p11, age 21, female).

Subtheme 3: Student counsellor to provide psychological support for nursing students

The participants indicated that the provision of psychological counselling from a student counsellor would reduce the amount of absenteeism. Furthermore, they mentioned that a student counsellor would provide advice to students with regard to family-related problems like death in the family, as well as in relation to stress. The latter would prevent students from developing depression or attempting suicide. Such counselling would guide the students to feel free and open, and to adapt to the environment, as well as helping them to manage stress and overcome depression.

One participant said in this context:

Everyone needs a shoulder to cry on, I will feel cared for if I talk to someone who understand what I am going through and they advise me about how to go with the situation (p13, age 24, male).

Another participant added that:

I personally think student counsellor will be able to advise us on what to do when we are face with stress, she/he will advocate for us at work when we are face with personal issues and be able to consult the right department when you seek help (p8, age 21, female).

DISCUSSION OF THE FINDINGS

The aim of this study was to explore and describe factors associated with absenteeism in clinical areas among nursing students. This section presents a discussion of the findings with regard to the factors associated with nursing student absenteeism in terms of the following themes: (1) factors associated with student absenteeism in clinical areas, (2) strategies that can be adopted to reduce absenteeism in health facilities.

Factors associated with nursing student absenteeism in clinical areas

It emerged from the study that there were a number of personal factors that led to students absenting themselves from clinical areas. The findings of this study agree with a study done by Magobolo and Dube (2019) titled "Factors influencing high absenteeism rate of student nurses in clinical areas at a nursing college in the Lejweleputswa District". Their study found that students were absent as a result of physical illness, which led to them being unable to attend practice as they could not focus and were too unwell to carry out duties in the clinical area. These results correspond with a study done by Yakubu et al. (2020) who also state that physical illness is a factor contributing to absenteeism among students.

The participants in this study also highlighted that they missed clinical practice owing to having to travel long distances which resulted in arriving late. Consequently, participants noted that the punishments imposed, such as working extra hours, drove them away and this was hindering them from attaining the competence and skills required. This finding is in line with a study done by Suresh et al. (2018) who state that students were absent owing to the long distances they have to travel to reach clinical areas.

Female participants also related that they missed clinical practice owing to menstrual problems which created a gap between attending clinical practice and self-care for female students. This result goes hand in hand with that of a case study conducted by Katanga (2017) in Kavango East, Namibia, on learner absenteeism in rural schools. The case study found that some learners were absent from school because of menstrual problems. This result is also in line with that of Teketo and Mitike (2014) who found a link between menstrual hygiene management and school absenteeism among adolescent female students in northeast Ethiopia. They reported that students who did not use sanitary pads were more likely to be absent from school.

The study also revealed that students missed their clinical placements owing to erratic feedback from the nurses who were supposed to be supervising them and were treated poorly by them, which jeopardised the acquisition of essential clinical skills and prevented a cohesive bond from forming between the students and the nurses. The results

also state that such ill-treatment by nurses led them to absent themselves from clinical practice, resulting in them not acquiring or applying essential knowledge in the clinical area. This finding is echoed by Simelane (2013) who revealed that ill-treatment, being overloaded with work while the nursing staff sits in the restroom and takes breaks are major factors contributing to student absenteeism. Yakubu et al. (2020) also confirmed that student nurses stayed away as a result of ill-treatment by nurses in the clinical area.

The study also points out that students stayed away from their clinical placements because they are overloaded with work in the clinical area. This is confirmed by Yakubu et al. (2020) who stated that work overload is one of the factors contributing to absenteeism. Another study conducted by Simelane (2013) investigated the factors that may contribute to absenteeism among bursary students at a selected nursing campus in KwaZulu-Natal, South Africa. This study confirmed that many students absented themselves because they were overloaded with work, while qualified staff sat around in the restroom and did nothing but chat to each other. This is also in line with a study conducted by Thobakgale et al. (2013) on student nurse absenteeism at the nursing school in Capricorn District, Limpopo province, South Africa. The study found that student nurses miss clinical practice owing to work overload in clinical areas. However, these results disagree with those of Abdelrahman and Abdelkader (2017), who found that the most common factors contributing to student absence are related to a shortage of staff in clinical settings.

Furthermore, participants in the current study stated unwilling instructors as a prime cause of students' absenteeism in clinical areas. Gemuhay et al. (2018) made a similar discovery when the participants in their study highlighted that inadequate supervision by, and the absence of, clinical instructors led to their absence from clinical practice. This had an adverse impact on their attendance of the clinical placement and their ability to apply theory to practice. This is in line with a study conducted by Desalegn et al. (2014) on absenteeism among medical and health science undergraduate students at Hawassa University in Ethiopia, which found that students miss clinical practice owing to being overloaded with assignments during their clinical placement.

Strategies to reduce absenteeism among student nurses in clinical areas

In the current study, many participants suggested that the nursing school management should assist by providing free transportation for students to clinical areas. This should be in the form of a bus which would pick up the students in the morning from their homes and take them to the hospital and return them to their homes when they knock off in the evening. The study also found that many participants felt

that the institution should provide funds to assist students during the clinical placement.

Participants in this study suggested that supervision and attendance by the clinical instructors should be enforced and should take place on a regular basis. The findings of this study are in line with those of Magobolo and Dube (2019), who suggest that to address student concerns, academic staff have to supervise and support students in clinical areas. They further add that accurate records of attendance should be kept and absenteeism rates should be calculated at frequent intervals to identify the pattern of absenteeism for each student. Another study on done by Emmanuel et al. (2017) suggests that clinical supervision and attendance should be taken seriously by both lecturers and clinical areas. The participants in this study also suggested that psychological counselling should be made freely available for students through a student counsellor.

LIMITATIONS

The results obtained in this study were collected from the UNAM Rundu satellite campus in the north-eastern part of Namibia. Accordingly, the perspectives of the participants of this subject may differ from those of nursing students enrolled at other campuses and institutions. Consequently, this limits the generalisation of the findings to students who are registered at other campuses because they might not encounter similar challenges.

CONCLUSIONS

The purpose of this study was to explore and describe the factors contributing to absenteeism among student nurses in clinical areas. The findings of this research show that the reasons why student nurses at the selected campus were absent from clinical areas include personal factors such as physical illness, long distances to walk to the allocated placement, menstrual problems and stress. The study further revealed that students were absent owing to clinical factors such as unsigned logbooks, unprofessional behaviour on the part of, and ill-treatment by, nurses, as well as work overload and the tedious nature of work in clinical areas. Other factors associated with student absenteeism were institutional factors which included a lack of clinical accompaniment by clinical instructors and the carryover of modules. Findings from this study can be used by higher education institutions to develop targeted interventions and strategies that can be used by faculty management teams and clinical coordination units to address the factors that are driving absenteeism among nursing students.

Both authors have no Conflict of interest

Acknowledgements

The authors sincerely acknowledge all participants and the ethical clearance authorities for their role in this study.

Bibliography

- Abdelrahman, S. M., & Abdelkader, A. M. (2017). The influencing factors of absenteeism among nursing students. *Journal of Nursing Education and Practice*, 7(10), 64–69. <https://doi.org/10.5430/jnep.v7n10p64>
- Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic analysis. In P. Liamputtong (Ed.), *Handbook of research methods in health social sciences*, Springer. https://doi.org/10.1007/978-981-10-5251-4_103
- Desalegn, A. A., Berhan, A., & Berhan, Y. (2014). Absenteeism among Medical and Health Science undergraduate students at Hawasa University, Ethiopia. *BMC Medical Education*, 14(1), 1–11.
- De Vos, A. S., Delport, C. S. L., Strydom, H., & Fouche, C. (2017). *Research at grass roots: For the social sciences and human service professions* (5th ed.). Van Schaik.
- Emmanuel, O. C., Nafisa H. Y., Habu. H., Dathini. H., Terkuma C, Terna M. F, Esther L. (2017). Absenteeism Among Nursing Students: A Case Study at University of Maiduguri, Borno State, Nigeria. *American Journal of Library and Information Science*. Vol. 3, No. 4, 2017, pp. 46-51. doi: 10.11648j.ijmfs.20170304.12
- Fayombo, G. A., Ogunkola, B. J., & Olaleye, Y. L. (2012). Cross-institutional study of the causes of absenteeism among university students in Bardedes and Nigeria. *South African Journal of Educational and Developmental Psychology*, (2), 122–136.
- Gemuhay, H. M., Kalolo, A., Mirisho, R., Chipwaza, B., & Nyangena, E. (2019). Factors affecting performance in clinical practice among preservice diploma nursing students in Northern Tanzania. *Nursing Research and Practice*. <https://doi.org/10.1155/2019/3453085>
- Jyoti, M., & Flinsi, D. M. (2019). A study to assess the factors influencing absenteeism among nursing students in the selected nursing school of New Delhi." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, vol. 8, no.05 , 2019, pp. 28-32..
- Katanga, M. M. (2017). Learner absenteeism: A case study of rural primary schools in Kavango East. *Journal of Namibian Studies: History Politics Culture*, 22, 59–80.
- Leedy, P. D., & Ormrod, J. E. (2013). *Practical research: planning and design* (10th ed.). Merrill/Prentice Hall.
- Lipscomb, M., Snelling, P. C., Lockger, L., & Yates, S. (2010). Time spent studying on a pre-registration nursing programme module: An exploratory study & implications for regulation. *Nursing Education Today*, 30(8), 713–719. <https://doi.org/10.1016/j.nedt.2010.01.010>
- Magobolo, G. N., & Dube, B. M. (2019). Factors influencing high absenteeism rate of student nurses in clinical areas at a nursing college in the Lejweleputswa District. *Curationis*, 42(1), 1–6.

- Maree, K. (2016). *First steps in research*. Van Schaik.
- Moreoagae, B. R. (2020). An exploration of absenteeism among nursing students in the context of a South African university. *The Open Nursing Journal*, 14(1).
- Obeng-Denteh, W., Yeboah, E. Y., Sam, C., & Monkah, E. (2011). The impact of student and teacher absenteeism on student performance at the junior high school: The case of the Kumasi-metro School District. *Continental Journal of Education Research*, 4(1), 7–17.
- Pinehas, L. N., Mulenga, E., & Amadhila, J. (2017). Factors that hinder the academic performance of the nursing students who registered as first years in 2010 at the University of Namibia (UNAM), Oshakati Campus in Oshana, Namibia. *Journal of Nursing Education and Practice*, 7(8), 63.
- Polit, D. F., & Beck, C. T. (2017). *Nursing research: Generating and assessing evidence for nursing practice* (9th ed.). Lippincott, Williams & Wilkins.
- Prospectus. (2019). Faculty of Health Sciences. Windhoek: UNAM
- Silemane, N. D. (2013). Investigating factors that may contribute to absenteeism among bursary students at a selected nursing campus in KwaZulu-Natal (Master's Degree in Nursing Management). University of KwaZulu-Natal, Durban.
- South African Nursing Council (SANC). (1985). GG Regulation No. R425 of 22 February 1985, as amended.
- Suresh, R., Renie, R., & Shivcharan, S. (2018). Nursing students absenteeism in class: Reasons and remedies. *Nursing*, 3(1), 1375–1376.
- Teketo, K. T., & Mitike, M. S. (2014). Menstrual hygiene management and school absenteeism among female adolescent students in northeast Ethiopia. *BMC Public Health*, 14(1), 1–14.
- Thobakgale, E. M., Lekhuleni, M. E., Kgole, J. C. (2013). Learner nurses absenteeism in the nursing school at Capricorn District, Limpopo Province, South Africa. *African Journal for Physical Health Education, Recreation and Dance*, 19(sup-1), 182–192.
- University of Namibia (UNAM). (2022). *Student Code of Conduct. School of Nursing, Rules and Regulations 2022*.
- Wadesango, N., & Machigambi, S. (2011). Causes and structural effect of student absenteeism: A case study of three south african universities. *Journal for Social Science*, 26(2), 89–97.
- Yakubu, L., Idris, R., & Abubakar, F. S. (2020). The personal factors that influence absenteeism among student nurses in School of Nursing and Midwifery Usmanu Danfodiyo University Teaching Hospital, Sokoto. *EAS Journal of Nursing and Midwifery*.