STUDENT NURSE PERCEPTIONS

A Case Study to illuminate the perceptions, developed by student nurses, which result in absenteeism as the behaviour of choice in response to difficulties in their educational programme.

by

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TABLE OF CONTENTS

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LIST OF TABLES

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ABSTRACT

The problem which prompted the undertaking of this study was that of increasing absenteeism amongst student nurses at one South African Nursing College.

The information, obtained from individual and group interviews, was analysed to identify the perceptions developed by student nurses.

Absenteeism is shown to be a behavioural response to environmental and other factors in the world of the student nurse.

A theoretical model is proposed to explain three main types of absenteeism and the factors which contribute to absenteeism and attendance.

CHAPTER 1

INTRODUCTION

One of the major goals that nursing needs to achieve in order to be recognized as a profession is to develop a research-based, distinctive, body of scientific knowledge. While a large percentage of the research which has been done in nursing has been done by nurse educators about nursing education

> "Thus most of the research and writing by nursing faculty members and graduate students in nursing has been about curriculum development and student experience in undergraduate nursing schools, instead of about the clinical practice of nursing." [Glaser : 1966 : 26].

there is still insufficient understanding of the student experience.

> "Research on the relationship of nursing students' attitudes to their educational experience has not been abundant." [Grassi-Russo & Morris : 1981 : 10].

Research in nursing education in the South African context is limited.

Perusal of the minutes of a variety of meetings, and involvement in conversation with a number of senior nursing personnel, revealed that a current issue of concern is an increase in the

absenteeism rate amongst student nurses registered at Carinus Nursing College. The absenteeism has been such that staffing of hospital wards, and the maintenance of the students' education programme, was and is being negatively affected. As a nurse, nurse educator and a member of the Carinus Nursing College management, this issue was felt to be an appropriate subject for further study and research.

1.1 The Context of the Research Problem.

In order to achieve registration as a professional nurse in South Africa, a student must register with a recognised college. The course of training lasts a minimum of 4 years. Achievement of minimum standards of progress is monitored by the University to which the Nursing College is affiliated. The University is responsible to the S. A. Nursing Council for ensuring standards.

The curriculum and syllabus is organised by each college according to a gazetted regulation and guidelines. Before commencement of the course the college has to have its own programme accepted by the S. A. Nursing Council. Any changes to the programme subsequently have to be authorised by the S.A.Nursing Council.

The nursing programme involves both theoretical and practical/ clinical components. The theoretical and practical aspects are

taught in the college and then utilised in the clinical setting. Since the programme prepares students for registration as a General, Psychiatric, Community Health Nurse and Midwife, the clinical settings include general, psychiatric and maternity hospitals as well as community clinics. Students are employed as permanent members of staff and thus have to meet the requirements of the public service e.g. working hours, sick leave, annual leave, etc. They receive a salary and are members of the government medical aid and pension schemes.

A dichotomy occurs between the nurse as a student and the nurse as an employee. This dichotomy is apparent to teachers, students and the professional nurses in the clinical areas. The college, its staff and the students see their task as being primarily related to the education of the student. The employer and the clinical facilities focus on the meeting of employment requirements and the maintenance of a health service. The facilities, some more than others, require the students in order to maintain the efficient functioning of the service.

The two foci are sometimes in conflict. For example there are times when the students' educational programme results in a reduction in student numbers in a particular facility - this puts pressure on the facility which has difficulty in maintaining its performance levels. The facility then puts pressure on the college to alter the education programme. Alteration in the programme can result in difficulty in

maintaining the students' educational progress.

> "Since students have customarily been part of nursing service and worked like any staff nurse, matrons have needed them in the wards and often have been reluctant to substitute lectures for practice." [Glaser : 1966 : 23].

At Carinus Nursing College lost days due to absenteeism have risen from 48 days (av.) per month in 1982 to 72 days (av.) per month in 1987. In 1982 the course consisted of a 3-year single discipline diploma. By 1987 the students were involved in meeting the requirements of a 4-year four discipline diploma. The increasing absenteeism appears to have some correlation with the introduction of a new and innovative programme.

1.2 Importance of the problem.

When students are repeatedly absent from a course there are a number of consequences which ensue:

- The student risks becoming less able to cope with the theoretical and clinical aspects of the course because of missed lectures or opportunities to practice practical skills:
- Additional lessons/tutorials and/or practical assistance are required by the student. This creates an additional load on the small teaching staff:
- The absence of a member of a team in a ward reduces the ability of the team to provide effective patient care:
- The financial consequences of extra tuition, of additional time in order to complete course requirements, of provid-

ing additional staff to provide patient care, of providing less effective patient care, of processing the documentation involved, etc - these consequences are borne by the taxpayer and increase the costs of health care in the country:

- Increased chances of failure increases the possibility that the student will be unable to complete the course. The number of registered nurses is reduced and this also affects the quality of health care in South Africa.

The problem of absenteeism relates to behaviour exhibited by student nurses following a particular educational programme within a particular context. This behaviour, considered as deviant by the organization, is possibly a response to pressures experienced by students. This study will attempt to reveal whether this possibility is an actuality.

Students develop attitudes and perceptions which are not necessarily those of the organization. Since absenteeism is presumed to be one outcome of a student perception of the situation, it would seem necessary to understand the student, the student body, the student environment and the perceptions which have been developed.

1.3 Clarification of the problem.

The problem in the particular situation for investigation is that the absentees are students following an educational programme. They are also employees employed by the State Health

Service. Is the problem then similar to that of absenteeism of an employee or is it more closely related to the behaviour of a student? If the student nurse perceives herself as a student rather than as either nurse or employee, then different attributes can be placed on the behaviour. It then appears necessary to understand the problem as a behavioural characteristic of students within the context of an educational programme. In order to do that it is necessary to gain understanding of the students as individuals and as a group.

The research question then becomes one related to the perceptions developed by student nurses and how these perceptions create the possibility of absenteeism in relation to problems within the environment.

A number of assumptions have been made. These are:

- that absenteeism is a behaviour arising from some perception developed by student nurses;
- that absenteeism is a response to the student environment.
- that absenteeism is a response to a variety of aspects in the environment with which the student has difficulty in coping.

1.4 Research Questions.

The questions that need to be asked, therefore, are:

A. What perceptions do students develop during the 4 year nursing programme at Carinus Nursing College and its affiliated hospitals?

B. What aspects of the educational programme cause difficulties for the student which, in relation to her perception, make absenteeism the behaviour of choice?

C. Is absenteeism accepted by student nurses as a valid response to particular situations in the education programme?

1.5 Chapter Review

This introductory chapter has established that the problem which this study is addressing is that of absenteeism amongst student nurses at Carinus Nursing College. The absenteeism occurs both in the classroom and in the clinical areas where students work and learn.

The problem is such that it is a cause for concern amongst educators and nurse employers as there are consequences to the student, the educational programme and the care of patients in the health facilities.

The problem is seen as requiring understanding of the student perspective since it is assumed that the student responds to environmental factors according to certain perspectives. These perspectives result in absenteeism as the response of choice.

The research task is thus seen as the need to illuminate the student perspectives which result in absenteeism as the behaviour of choice. In addition it is intended to gain an understanding of the environmental factors which create both the perception and the behavioural response.

CHAPTER 2

LITERATURE REVIEW

This chapter reviews the literature with regard to the problems faced by student nurses. In addition absenteeism literature is reviewed both as a general problem and as a problem in nursing. The review reveals that many of the problems, which directly or indirectly relate to absenteeism, and the student response to difficulties faced in nursing, are well documented. Many of the difficulties are similar to those illuminated in this study. Thus the literature survey serves to support the findings in the study.

2.1. Nursing and the Student

2.1.1 Expectations

Much has been written about what nursing should be. Many attempts have been made to crystalize the essence of nursing within a single definition. Charlotte Searle has stated that, in her opinion, the best definition since Florence Nightingale has been produced by Marion McGee of Ottawa University. This definition states that nursing is

> " 'A process of nurse-patient interaction that stems from the assessment of a patient's needs and levels of functioning and that is designed to optimize the patient's adaptability through modification and/or reinforcement of the environment, modification and/or reinforcement of behaviour, and biological care and maintenance. The process can be accomplished through the use of nursing care strategies in appropriate measure.' " [Searle : 1988 : 19].

In order to achieve these skills the student must follow an educational programme. On entry into the programme students have expectations about the work and the people who will be teaching them to acquire the skills needed by qualified professional nurses. Grassi-Russo and Morris studied the attributes of new student nurses. This study revealed that students expect to have a dual image - vocational and professional.

> "Students clearly appear to be seeking two types of experiences, the helping relationship and professional, scientific competence. These attitudes seem to reflect an image of the nurse as a helping person who is also a well-educated and highly skilled professional." [Grassi-Russo and Morris : 1981 : 12].

These expectations seem to match the definition of what nursing is - nurses need to be caring and competent in order to practice nursing care which meets the requirements of the definition. In order to achieve the match between expectations and goals the teachers of nursing must provide a suitable programme. Nursing has traditionally combined theoretical instruction with clinical experience to enable students to develop the appropriate knowledge and skills. Teaching is thus provided in a classroom by Tutors and in the clinical areas by Sisters. Much has been written about

the teaching and guidance students need. Jeanne Benoliel, Professor of Nursing and Health Promotion at the University of Washington, in a guest editorial, stated the following:

> "In my view, students in nursing need to have the following: a sense of being cared for as they are learning to care for others; a feeling of support and guidance when they are grappling with clinical experiences in which they feel like failures; some experiences with patients and families that foster in them a sense of mastery and growth in professional competence; and learn that becoming a professional is never finished - it is an ongoing life process." [Benoliel : 1988 : 341].

In similar vein Flagler, Loper-Powers and Spitzer, in their study on factors affecting student self confidence, state the following:

> "If the student's professional development is to be fostered, teaching behaviours that encourage the student, promote action and discussion about patient care, and provide resources for carrying out effective care must be integral parts of clinical instruction." [Flagler, Loper- Powers & Spitzer : 1988 : 347].

Other factors which have been stated as contributing to the promotion of individual development and well being include respect for the person as an individual, and effective communication [Thompson : 1978]. In addition an environment which encourages the development of commitment is necessary in order that people want to stay more than they want to leave.

> Commitment can only occur when there are things present in the environment which are valuable enough that their loss constitutes a real loss." [Becker : 1970 : 301].

It is therefore clear that, if students are going to achieve certain levels of skill, professionalism, vocation and commitment, i.e. they are going to stay and grow, they need to be taught, nurtured and respected.

Despite this knowledge the literature abounds with discussion about the problems encountered by nurses.

2.1.2 Stress

It seems that it is taken for granted that nursing is a stressful occupation - to the extent that many studies start with this as a given. [Lee : 1988; Mancini, Lavecchia & Clegg : 1983; Strauss & Hutton : 1983; Turkoski: 1987]. The stress that is experienced is associated with patient care but the greatest stressors appear to be due to other causes. These include theoretical loading and tests [Jeglin-Mendez : 1982]; [Lindop : 1988]; relationships with superiors [Hawkins : 1987]; boredom [Hawkins : 1987], and interpersonal conflict [Manderino, Ganong and Darnell: 1988].

2.1.3 Service demand

The student nurse has traditionally formed a major part of the work force in the public general hospital.

> "Thus it is possible to ask whether the priority of a student nurse is service to the institution in which she is training or the obtaining of an education in nursing." [Smith : 1982 : 45].

This concept of the student as worker is acknowledged [Kotze : 1987]; [Reeder & Mauksch : 1979], and decried [Latsky : 1977]. The general attitude to the student as worker is that it is an outmoded practice.

> "There are too many administrators and tutors around who see staffing levels and clinical experience as killing two birds with one stone." [Fleming : 1982 : 563].

However the practice persists:

> .....manpower planning in general training hospitals, particularly public hospitals, had traditionally relied on a disproportionate number of students for the nursing work force." [Kotze : 1989 : 11].

2.1.4. Practical conflict

Students are very junior in the hierarchy and, as such, they tend to get given the lowliest of tasks, the "dirty work". [Ver Steeg & Croog : 1979].

Students are taught 'correct' methods for carrying out nursing procedures. They are taught in the college and it is intended that they practice these skills under supervision in the clinical areas. They find that what they are taught and what actually happens are not necessarily the same thing. [Emeny & Bovell : 1988] ; [Fleming : 1982]. In a study done on students who terminated their training as a result of stress

> "Many learners commented on the mental conflict created by being taught correct methods of practice in school and not being able to apply them in the wards. [Lindop : 1988 : 54].

2.1.5 Interpersonal relationships

Students entering the alien worlds of hospitals and nursing expect to find support, guidance and caring. When staff are pleasant students relax and learn. [Windsor : 1987].

Unfortunately the students experience negative attitudes, discourtesy and humiliation.

> "Among the items cited were : lack of helpfulness, a negative attitude toward students, not appreciating student's contribution, not having time for explanations, not contributing to student learning, and not being friendly." [Davidhizar and McBride : 1985 : 288].

Poor interpersonal relationships appears to be a common phenomenon. [Borcherds : 1987]; [Parry-Jones : 1971]; [Sutton : 1986]. A combination of poor relationships and the concept of the student as a worker creates the situation where the student is treated as 'just a pair of hands' [Borcherds : 1987]; [Parry-Jones : 1971].

> "At work in hospital the student tends to be 'just 'a nurse' and not 'the nurse' and, in fact, is hardly credited with being 'a person' at all." [Parry-Jones : 1971 : 31].

All of these factors, with which a student nurse contends, have a role to play in absenteeism.

2.1.6. Carinus College students' work experience

A survey conducted in 1989 amongst first year nurses produced the following results.

Students were unpleasantly surprised by the work atmosphere, the attitudes of co-workers, lack of teaching on the wards and the change in social life. It was also found that students had difficulty with the "manner of implementing decisions", the "slow, rigid, unwieldly (sic) nature of a bureaucratic hierarchy" and the "inconsistent, disorganised way that staff communicated about patients."

The nature of the work was found pleasantly surprising by 11% of respondents and unpleasantly surprising by 74%.

Other comments about their experience included surprise at the racial prejudice, absence of professionalism, feelings of uselessness, boredom, over-emphasis on theoretical training, poor supervision, lack of encouragement. [Barrett : 1989].

> "It may be that the student nurses experienced difficulties adjusting to the realities of the nursing profession when co-workers with some experience on the wards neglected their roles as perceived by the respondents." [Barrett : 1989 : 26].

2.2. Absenteeism and nursing

One of the biggest problems in researching absenteeism is defining it. It is likely that sickness and absenteeism are not the same thing. [Bailey : 1984]. Absenteeism can be defined in terms of causation. Causes can be classified in the following categories -

Non-job demands;

Few consequences resulting from absenteeism;

Spontaneous, impulsive;

Work role allows discretionary time;

Unused sick pay;

Safety valve that reduces likelihood of quitting.

[Rhodes & Steers : 1984]

> "The problem is that absence is a single term which is used to describe a variety of behaviours." [Redfern : 1978 : 232].

Absenteeism can also be discussed in terms of external and internal causes. External causes include aspects such as transport and the number of stages in the daily journey, the level of unemployment and the ease with which a medical certificate can be obtained. [Taylor : 1974].

> "The time has come to admit quite openly that medical certificates are now, for all practical purposes, issued on demand." [Taylor : 1974 : 330].

Absenteeism is a multivariate phenomenon with factors such as "type of occupation, grade, geographical area, degree of job satisfaction and the size of the organization" being implicated. [Franks : 1972 : 1597].

Internal causes cited include attendance motivation which has been shown to be lowest in short-term young workers [Redfern : 1978], and also in the second year of nursing [Price : 1984]. Absentee proneness has not been proven, as the persistent absentee in one job will not necessarily exhibit the same be-

haviour in a subsequent job. [Johns : 1984]; [Redfern : 1978]. However managements tend to persist in classifying absentees as being those prone to this type of behaviour. Because of this approach the control measures most commonly employed are "post hoc, reactive and individually oriented." [Johns : 1984 : 383]. However, inaccurate recording of absence or attendance data, as well as the variety of ways in which absence is coded and recorded, causes difficulties for researchers. [Johns : 1984]; [Landy, Vasey and Smith : 1984]. Accurate recording and monitoring of data and the distribution of this information to all departments and workers increases workers' awareness that management sees attendance as important enough to warrant attention. [Hill : 1971]. This fact alone can decrease absenteeism incidence. [Sadik : 1981].

Absenteeism amongst nurses is a problem. [Bailey : 1984]; [Franks : 1972]; [Price : 1984]; [Redfern : 1978]; [Sadik : 1981]; [Taylor : 1974]; [Vahey : 1971]. The majority of research on absenteeism has been done on industrial workers. Amongst this group a variety of variables have been researched in an effort to predict and therefore enable the control of absenteeism.

Satisfaction with pay and promotion had no correlation [Rosse & Miller : 1984], but workers who had poor job satisfaction were more likely to be absent. [Rhodes and Steers : 1984]; [Taylor : 1974].

Students complain about the management style common to hospitals and their rigid hierarchical organization. [Borcherds : 1987]; [Van Niekerk and Brown : 1989]. Alienation is caused by rigid stratification, powerlessness and lack of support. [Lindop : 1988]; [Maykovich : 1980]; [Reeder & Mauksch : 1979]; [Reid : 1981]; [Taylor : 1974].

Alienation can result in some form of withdrawal behaviour, including absenteeism. [Reid : 1981]. Other forms of withdrawal behaviour which have been suggested as having similar causation include lateness, day-dreaming, long tea breaks, drug and alcohol use and turnover. [Rosse & Miller : 1984].

Absenteeism has also been shown to be higher amongst students who were shifted frequently from one ward to another. [Taylor : 1974].

2.2.1. Absenteeism at Groote Schuur Hospital

In a study conducted in 1986 by U.C.T., it was found that the total number of nurses (all categories) absent for the year was 4253, with a loss of 15901 working days. White students and pupil nurses were absent for 1555 days. In 1986 there were about 350 student nurses, of whom 60 (±15%) resigned during the year. The study considered that absenteeism and labour turnover levels at Groote Schuur Hospital "were cause for alarm" and suggested attention be paid to morale, loyalty, motivation and job satisfaction. [Anderson et al.: 1986].

2.2.2. Possible solutions

Not only have many of the problems of nurses and students been researched and discussed, suggestions have been made which may help to reduce the problem. It seems, however, that little cognisance has been taken of these suggestions.

> "Little is written in the recent nursing literature on nursing student stress, however, that would guide the nurse educator in her effort to understand the student's response to stressful events." [Strauss & Hutton : 1983 : 367].

The literature does offer possible assistance. A recurring theme is the need to provide nurses with support [Parkes in Manderino, Ganong and Darnell, 1988], social networking and support from other students, friends, family and teachers [Lee, 1988], and understanding which is often only supplied by other student nurses [Windsor, 1987]. A decrease in absenteeism occurred in one study which followed the introduction of student/staff preceptorship. [Turkoski : 1987].

Professional behaviour, confidence, nearness, respect and support was expected from instructors by student nurses. [Windsor : 1987]. It has been suggested that nurses would be more likely to stay if administrators and educators cared more for individual nurses's needs, and not only for the patient and the services. [Ehlers : 1989]. An improvement in morale could be achieved by recognising and giving credit to nurses for doing a good job under difficult circumstances. [Van Niekerk and Brown : 1989].

It seems that many of the possible solutions include inexpensive options such as courtesy, respect and recognition.

> "This is borne out by the work of McCloskey who listed recognition from peers and superiors, educational opportunities and responsibility, as more important to nurses than their safety or social rewards." [Borcherds : 1987 : 7].

An aspect of recognition and respect is the need to offer students the opportunity to have 'true student status' and to be 'students of nursing'. [Emeny and Bovell : 1988]; [Woolf : 1987].

> "A way to enable them to maintain their high motivation and enthusiasm, demonstrated during their first nine months in nursing, was to make them 'students of nursing' rather than primary hospital workers." [Woolf : 1983 : 47]. {First published in 1948}.

Parry-Jones wrote in 1971 that student loss was over 30% and absenteeism rates were high. These figures he attributed to training conditions and inter-personal relationships amongst members of the nursing profession. The situation remains apparently unchanged and unchecked. As Ehlers says:-

> "Student nurses should be the most important focus of the nursing profession. They <u>are</u> the future nurses <u>provided</u> we can meet their professional educational needs." [Ehlers : 1989 : 25].

Absenteeism is not an isolated event in the life of individuals. It may be a reflection not only of illness in the individual but also in the organisation.

> "Punishment and disciplinary measures are not the answer. The control of absenteeism is a result of correcting those conditions which appear to be contributory and amenable to alteration." [Mets : undated].

2.3 Chapter Review

This review of the literature has shown that the problems experienced by student nurses are neither new nor unique to any particular hospital. These problems appear to stem from the universal way in which nursing is taught and practiced. It has also been shown that possible solutions are available but few have been attempted.

It is clear that absenteeism is a term for which there is no universal agreement regarding its definition, causes or solution. The literature shows that research has attempted to link a variety of problems with absenteeism. No one single factor has been clearly proved to be a causative agent in absenteeism. The problem thus must be seen as multifactorial and complex. There are no 'easy-fix' solutions indicated in the literature.

CHAPTER 3

PERCEPTIONS OF ABSENTEEISM

It seems that, according to this researcher's understanding, absenteeism has different meanings and consequences depending on the viewpoint being considered. Three viewpoints have been chosen as being relevant to the situation being studied.

Absenteeism is thus considered in terms of its meaning for an organisation. Then it is discussed in relation to the meaning it has for managers, who are agents of the employing body and thus required to implement the conditions of service. Finally absenteeism is considered as a social construct which provides the basis for understanding absenteeism from the point of view of the individual and group within an organisation. It is then shown how this latter view relates to this study of absenteeism amongst student nurses. The other two viewpoints possibly explain the response of the hospital and the senior nursing administrators to the student behaviour.

3.1 Absenteeism: Organisational viewpoint.

Absence is a socially defined event. It only has a meaning within the context of an organization and its concept of attendance. The individual has a role which he fulfils

within an organization. A contract exists between the organization and the individual. This contract sets out the allocation of activities and time. The individual is required, in terms of the contract, to carry out certain specified activities during specific times of the day, week and year. When the individual fails to appear to carry out his prescribed tasks, he is defined as 'absent' by the organization.

Absence implies that the individual chooses to substitute another activity for that usually performed in that time slot. It also implies that there are reasons for, or causal events which result in the absence.

From the viewpoint of the organization, absence has implications. Absence can be defined in terms of the causes - which may be organizationally or non-organizationally bound or both, the consequences to the individual and to the organization, or to the functions it serves.

From the perspective of the organization, absence can be classified in a number of ways. It can be legitimate or not, subject to discipline or not, paid or not, expected or not, and controllable or not. As an outcome of the organization's perception of absence, recording systems will be developed. These systems attribute meaning to any absence event. Variations in the recording of these events will occur depending on individual recorder and supervisor perceptions of the event in relation to each individual worker.

The individual will attach a different meaning to a particular absence to that attached by the organisation.

> "As a simple hypothesis, it seems reasonable to expect that the absence-event classification system used by the company and that perceived by the individual are not congruent." [Atkin & Goodman : 1984 : 81].

For the organisation the worker is a social construct who only has meaning during the time he is at work. When he is absent he could almost be said to be non-existent. What then has meaning for the organisation is the gap in the work force and the need to respond to the absence of the worker in order to ensure that work tasks are completed. The organisation perceives the irregular occurrence of gaps as inconsistent with the requirement for order. Thus moves are made to enforce sanctions in order to inhibit the worker from this practice. The organisation makes assumptions as to the causes of the absence and records them accordingly.

> "To the researcher, absence represents a complex puzzle - something to be understood. To the manager, absence represents a cost - something to be reduced." [Landy, Vasey & Smith : 1984 : 127].

3.2 Absenteeism : Management viewpoint.

The term 'absenteeism' encompasses, for persons in management, a family of problems. It carries firstly the understanding that a certain number of days per year need to be allowed per individual worker. This is based on the assumption that there is an average number of 12 days per year needed per individual for short term illness. In addition conditions of employment

usually provide an annual allowance for vacation leave. For permanent State employees the annual allowance for vacation leave is 30 days. For nurses working shifts this is increased by 12 days to compensate for public holidays. Sick leave is calculated on a 3-year cycle; employees are allowed 120 paid sick leave days over 3 years. In the same period additional sick leave of 120 days may be taken at half-pay and 120 days on no pay. The majority of student nurses are employed in a permanent capacity with the proviso that, since they are following an educational programme, they are on probation subject to complying with the course requirements. Course requirements include attendance for 44 weeks each year of the 4-year course. Students are allowed 30 days annual vacation without the additional 12 days for public holidays.

Secondly there are policy differences between the hospitals with regard to certification of sick leave. These vary from allowing up to 3 days without a medical certificate, to requiring a medical certificate for each day taken. When time off is designated as 'unauthorised' the various institutions have different policies. These include signing the time as unpaid, issuing warning letters and requiring the employee to work the time back. Repetition of the offence, following a warning letter, may result in a disciplinary hearing. (Appendix 1).

Management also sees absenteeism in the light of the effects on the work situation. Unpredictable absence from work is seen as problematic because of the need to find sufficient staff to ensure continuity of the service.

Absenteeism is also seen as an indication of lack of responsibility. It is seen as being particularly reprehensible when it occurs before or after a legitimate day off, or before, during or after a long weekend i.e. at the time of a public holiday.

Absenteeism is seen as deviant behaviour which causes difficulties in maintaining an efficient service. It is viewed as the irresponsible behaviour of capricious, indolent adolescents when it occurs amongst student nurses.

> "Proneness models assume that individuals demonstrate consistency in absence-taking because of the presence of a chronic element, such as a personality factor, or because of learned patterns." [Atkin & Goodman : 1984 : 60].

3.3 Absenteeism : social construct.

> "To identify and understand the life of a group it is necessary to identify its world of objects: this identification has to be in terms of the meanings objects have for the members of the group." [Blumer : 1971 : 19].

This case study is intended to identify and understand the life of a group of student nurses in order to gain insight into the reasons for the high incidence of absenteeism. It is hoped that by illuminating the social world of the student and the student culture within which she operates, absenteeism will be clarified. Absenteeism is an object. It is a socially constructed term which denotes a particular behaviour but also implies disapproval and sanctions. It is an object which is constructed by large organisations. It is a label which is attached to a phenomenon which occurs amongst workers, usually the lowest paid and least skilled.

Every society, and an organisation can be viewed as a society, has its own way of defining and viewing reality. Thus an hospital can be viewed as a society which has its own version of reality. This view is developed as an outcome of wider societal definitions as well as having historical and contextual relations. The construction of reality is based on knowledge. Knowledge is the result of the individual's experience of everyday life. However within an organisation certain aspects of knowledge and reality - how it is to be defined - become the prerogative of a select few.

> "Privileged groups become the custodians of expert knowledge assuming the right - in these matters at least - to legislate for others. This enables them to define common criteria of validity and conversely what is deviant or taboo." [Mills : 1973 : 44].

However there is sometimes disagreement about differing views of reality and "sometimes attempts are made by one of the participants to conceptually annihilate the reality of the other." [Douglas : 1973 : 48].

Each individual requires that his own version of reality, and thus of his identity, be validated. When an individual becomes part of a large organisation, he must find a way to survive in the face of a foreign world which is powerful, incomprehensible and anonymous. The individual seeks to make sense of this new world. He will attempt to maintain his own reality within, or outside, the world of the organisation. He will have to adapt to the constraints and attempts to shape him. He will aim to reduce the anonymity by involving himself in human relations as best he can. [Berger & Kellner : 1971].

The student, in the large medical institutions like hospitals, attempts to create coherence and order in her own world. She compares her expectations with the apparent reality of this new world. She enters a world which has its own construction of reality. This requires an alteration in her definition of reality and of herself. As a part of this realignment of reality she must learn the language of this new world.

> "An understanding of language is thus essential for any understanding of the reality of everyday life." [Berger & Luckmann : 1966 : 52].

The student learns the language of the organisation. This implies not only the terms used but also the family of meanings which the organisation and its members attach to these terms. She will develop an understanding of these terms in relation to her seen reality and thus their relevance in her own world. The student creates a world which is different to that of other members of the organisation.

> "With the establishment of sub-universes of meaning, a variety of perspectives on the total society emerges, each viewing the latter from the angle of one sub-universe." [Berger & Luckmann : 1966 : 103].

The student is assisted in the establishment of this sub-universe of meaning by interaction with other students. Her reality is solidified by her experiences and interactions with other people in the organisation. This view of reality creates the need to respond and behave accordingly.

> "It [the organization] underestimates students' rationality in attempting to meet and satisfy the many demands made on them. It fails, in short to give full weight to the socially structured conditions of student performance." [Becker et al.: 1968 : 131].

There are thus minimally three worlds creating meaning for the term absenteeism. The world of the bureaucratic organisation, that of nursing and that of the student. For the student absenteeism is a response which is an outcome of her experience of the world of working as a nurse in a hospital and college. For the professional nurses it indicates a failure to comply with the ethos of the profession. For the bureaucracy it is behaviour which upsets the order, and thus needs to be sanctioned according to pre-formulated rules.

> "The general hospital has been one of the most highly stratified and rigid of formal organisations. Like other large bureaucratic institutions, it works toward achieving its goals through such structural devices as a complex division of labor, an elaborate hierarchy of authority, formal channels of communication, and sets of policies, rules and regulations." [Freeman et al. : 1979 : 323].

3.4 Absenteeism : The Problem

Although this project was first seen as an investigation into absenteeism amongst student nurses, it soon became apparent that the problem of absenteeism could not be considered in isolation. Absenteeism occurs in a social context. It is a negative statement; it is a statement that someone is not present when and where that person is expected. The social worlds of work and school (college) create the expectation that all the individuals will present themselves on a regular basis to perform those activities for which they were contracted. Thus workers are expected to come to work and learners are expected to attend classes. When these people do not arrive they are labelled as absent. However, this label does not give

any explanation of the causes of the absenteeism or what other activities have taken the place of the original, planned, activity. Absenteeism is a term which gives no means of predicting its occurrence, the duration of each absence or the frequency with which each individual will be absent.

Preliminary discussion revealed that absenteeism amongst student nurses is a problem for hospital and college management. There is general agreement that the level of absenteeism is unacceptably high. Management personnel are also in general agreement that something needs to be done about what is considered to be deviant behaviour. Increasingly stringent sanctions and disciplinary measures have been the major response by both hospital and college. Occasionally individual students are asked for explanations. These explanations may result in the student being sent for counselling, to cope with her personal, work or study difficulties. However, there is no clear idea why the student body as a whole is finding it increasingly necessary to resort to absenteeism.

As a result it was felt that a case study to illuminate the student culture developed amongst student nurses would assist to give clearer understanding of the reality as constructed by student nurses in the social world of nursing.

It was felt that student perceptions of what constituted reality would not necessarily be the same as other categories of nurse. It was also necessary to ground these perceptions

within the combined social contexts of hospital, nursing and the nursing college. Students develop a culture and behaviour to cope with the social situation in which they find themselves: in response to the social interaction they have with other nurses, with the hospital and the colleges as organisations and with the nursing curriculum and programme.

Absenteeism tends to become objectified; to be **reified** so that it takes on an existence independent of human activity or accomplishments. Absenteeism is seen by those in authority as a type of deviance which causes their social reactions to it. [Stephen Hester : 1985 : 252].

The social reactions include anger and disciplinary sanctions against those practising absenteeism. During the course of this study rules were changed to discourage further absenteeism. There appeared, however, to be a general feeling that absenteeism was an incomprehensible deviant behaviour by students and, because of the incomprehensibility, difficult to control.

The reasons, therefore, for doing research into this phenomenon are two-fold. Firstly to create the possibility of improved understanding of absenteeism as practiced by student nurses. This to be done as part of an illumination of a distinct student culture. Secondly it was hoped that an improved understanding would assist managers, decision-makers and educators to respond to absenteeism in a way that was more directly related to the causes. Absenteeism was seen by the

researcher as a symptom of a wider spread discontent amongst student nurses. Without improved understanding of the perceptions of student nurses, it would not be possible to attempt creative, useful responses to the difficulties being experienced.

CHAPTER 4

DESIGN OF THE STUDY

The proposed study stated that answers to the following questions would be researched:-

> What perceptions do students develop during the 4 year nursing education programme at Carinus Nursing College and its affiliated hospitals?
>
> What aspects of the educational programme cause difficulties for the student which, in relation to her perception, make absenteeism the behaviour of choice?
>
> Is the perception which results in absenteeism accepted by student nurses as a valid response to particular situations in the education programme?

The data required to produce answers to these questions could not be produced by quantitative methodology, no matter to what extent the data was subjected to multivariate statistical analysis.

Reflection on the problem led to the conclusion that the best way any understanding of the situation could be achieved was by undertaking a case study. By this is meant an attempt, "to

transform the situation as an object of perplexity into an object of understanding." [Kemmis : 1980 : 117]. In other words to undertake a research within the 'social anthropology' paradigm rather than in the 'agricultural botany' paradigm. It was therefore necessary to institute a qualitative research.

4.1. Rationale for using qualitative research

The social anthropology paradigm predicates the use of qualitative research which has the following characteristics

1. It pays attention to the social and historical context in which events occur.
2. It attempts to understand the social world from the point of view of the participants.
3. It is inductive in approach.
4. Major data collection techniques include interviewing, participant-observation, examination of personal documents and other printed materials.
5. Procedures and tools for data gathering are subject to ongoing revision in the field situation.
6. It is concerned primarily with discovery and description, although verification is also possible.
7. Hypotheses are developed during the research rather than *a priori*.
8. Analysis is presented in narrative rather than in numerical form.

[Cobb & Hagemaster : 1987 ; 138].

The decision to use qualitative research relates to the problem itself as well as to the use to which the revealed information will be put.

Qualitative research in the form of a case study enables the researcher to portray a particular real world situation, and thereby contribute to an understanding of the situation. A case is studied by the researcher - the researcher becomes immersed in the study and constructs the case. This is a "deliberate, reflective, methodical process." [Kemmis : 1980 : 124].

Although case studies are often criticised for being 'subjective' and 'unscientific', they nevertheless seek, like all science, to reveal truths within complex social contexts. The major criticisms are usually related to the extent to which case studies are valid and reliable - that is to what extent they are a true reflection of reality:

> "The truths contained in a successful case study report ..... are 'guaranteed' by 'the shock of recognition'". [Adelman, Jenkins & Kemmis : 1980 : 52].

The theoretical framework of the case study can only be tentative and rather broadly outlined since the data will reveal the theory which explains the situation. As a starting point it was felt that symbolic interaction and the concept of 'student culture' as outlined by Becker et al [1961] were indicated by the questions posed.

Symbolic interaction is a micro-sociological theory developed by George Herbert Mead. This perspective concerns the meanings shared by people in a social relationship, the development of the social self and how people perceive and define reality.

Student culture is defined by Becker as a "body of collective understandings among students about matters related to their roles as students". [Becker et al : 1961 : 46]. Towards the end of his book 'Boys in White' he again defines student culture :

> "Student culture consists of collective responses to problems posed for students by the environment. Theoretically, we expect students to develop such a culture when they face certain common problems in isolation from others and in close context with one another. Under these circumstances various solutions for the problems of the environment will be tried out and those that work best will be made use of by all the students insofar as it is possible for them to communicate their thoughts and discoveries to one another." [Becker et al : 1961 : 436-437].

It was hoped that, by developing an understanding of the culture developed by student nurses, an understanding of absenteeism as a behavioural response to the students' environment would be developed.

The design of this study, as a consequence of the questions raised, was rooted in qualitative research. The work of Howard Becker et al, in "Boys in White" formed the starting point of this study. This work provided direction with regard to choosing the type of qualitative research which would be most suitable. Subsequently the design of the research became a combination of phenomenological and grounded theory research

arising from a symbolic interactionist model.

This research was not undertaken to investigate whether students were absent from work or lessons for legitimate reasons i.e. for the reasons that management would accept as legitimate e.g. genuine medically certified illness.

This study did not set out to find out who was absent when, how often, and what the total incidence of this behaviour actually was on certain days of the week, year or month.

An assumption was made before beginning to seek data. This assumption was that students, since they live in a unique world, have developed and acted on certain perceptions of that world. It was also assumed that these perceptions form part of a shared culture which develops in response to the educational programme and work experiences to which students are exposed.

The intention was, as far as possible, to project the 'real' world of the student nurse rather than the interpretations of behaviour by an outsider, or observer.

> "As phenomenological researchers, the goal is to systematically examine human experience and from this examination derive consensually validated knowledge." [Lynch-Sauer : 1985 : 97].
>
> "In a grounded theory study, the scientist develops the research question from the data. This means that the purpose of the study is to identify problems, and discover what the actors themselves see as solutions." [Stern : 1985 : 153].
>
> Symbolic interaction provides models for studying how individuals interpret objects, events, and people in their lives, and for studying how this process of interpretation leads to behaviour in specific situations." [Jacob : 1987 : 31].

Qualitative case study research obtains its data from interviews, participant-observation or documents, or a combination of these. In this instance data was obtained from interviews only. The data obtained from each unstructured interview was verified in subsequent interviews. As possible categories developed questions were asked specifically with regard to these categories.

> "It must be admitted that oral evidence of this nature cannot easily be marshalled in the mechanical way in which scientific data is usually ordered." [Le Roux : 1980 : 10].

The intention was to analyse and organize the data in order to

(1) provide a generalized anecdotal account of student perceptions of their problems and solutions;

(2) develop in-depth understanding of absenteeism behaviour. Study of the literature, which was carried out subsequent to the data collection, provided corroboration and assisted in the development of the hypotheses;

(3) formulate a theoretical framework. This framework was the result of hypotheses which developed during analysis of the data.

A case study usually encompasses all aspects of the particular case. However this study confined itself to a "case within a case" - i.e. those aspects of student nurse culture and perceptions which appeared to be relevant to the problem. A

complete study of the world of student nurses was considered to be impractical because of the constraints of available time and manpower.

In summary, therefore, this study was designed to illuminate those aspects of the world of student nurses which would provide answers to questions about those perceptions and environmental problems which result in absenteeism.

CHAPTER 5

RESEARCH PROCEDURE

This chapter explains how the research design, outlined in Chapter 4, was implemented.

Since this research was intending to discover what aspects of the student culture and the environment led the students to choose absenteeism as one of the possible responses to that environment, it was felt that data should be obtained exclusively from the students. It was felt that attitudes, about absenteeism and other student behaviours, of other nurses from the college and the hospital, would not help to understand the student world. This information would illuminate the reality as experienced by those other people. It would perhaps be useful in any further studies on nurses to illuminate the differences between the world of the student and that of the qualified nurse. It would have been useful to be able to observe situations which would serve to validate student statements about such aspects as registered nurse attitudes and communication styles. This was considered and eventually it was decided to omit this step. The reasons for this decision were that

(1) the nursing rank of the researcher (Senior Principal at Carinus Nursing College) would have immediately caused a change in any situation. Other staff and

the students would have been far too aware of the presence of the researcher for any useful data to be elicited.

(2) observed incidents would still be subject to different interpretations. The importance of the data is not in whether incidents happen the way the students view them or not. The important thing is that students develop perceptions and interpretations which are real and true for them. And it is on these 'truths' that they act and react.

> "Therefore, from a practical view it may be more efficient to rely on the students' perceptions of their problems, especially at the local level." [Jones : 1988 : 228].

5.1 Entree to setting

Entree for the researcher to the students, while they were attending classes and lectures at the College, was facilitated by the fact that the researcher is a member of the staff of the College and of the Senate sub-committee which had been requested to investigate the problem of absenteeism.

Interviewing hospital personnel was subject to authorisation from the Deputy-Director (Nursing Advisory), Department of Hospital and Health Services (Appendix 2). In the case of Groote Schuur Hospital students, this also entailed authorization by the Ethics & Research Committee. (Appendix 3).

5.2 Contractual conditions

All participants in the research study were given the option to participate or withdraw. Every effort was made to ensure that anonymity was maintained. This included

- coding of names to protect identity;
- coding of work areas e.g. hospital ward, clinic, classroom;
- careful storage of field notes and interview transcriptions so that no other persons had access to the information.

5.3 Interviews

An advantage that the researcher had over other researchers was that the world of nursing is known. It was not necessary to spend time gaining understanding of the hospital and college organisation, of the educational system, or the language and abbreviations. When students described incidents or situations it was possible for the researcher to picture these without asking for additional explanation. In addition, many of the descriptions were very similar to incidents in the personal experience of the researcher; similar, that is, in broad outline rather than in specific detail. It was this feeling of a shared understanding that increased the researcher's conviction that students were telling the truth as they saw it. The researcher was very conscious that this feeling of shared

understanding could also be responsible for creating an interpretation that was biased and totally subjective. In order to prevent, or reduce, this bias as far as possible, the following interview procedure was followed:-

- All interviews were unstructured. Students were told that the research was intended to discover what it was like to be a student. A general interview guide was constructed for authorisation purposes and to ensure that similar questions were asked (Appendix 4).

- Absenteeism was not given as the specific focus of the interviews. This was firstly because the study was intending to illuminate and thus understand the world of the student nurse. The absenteeism was assumed to be the behaviour which was a response to the environment and student perceptions of aspects of that environment. Therefore the researcher felt that it was important to initially allow each student to tell her own story, in her own way.

  Secondly it was felt that students could interpret the study as a 'witchhunt' to identify miscreants. This interpretation would have increased the distrust between student and researcher and altered the focus of the interviews. Thus interviews were focused on a variety of perceptions as revealed during the interviews and not specifically on absenteeism.

- The students were asked to describe what their experiences had been since the beginning of the course.

- The interviewer made every effort to remain in the role of an interested listener without passing comment or judgment on statements made. At no time did the interviews become a forum to share similar experiences.

- Initial interviews were used to guide the researcher into asking focused questions in order to get corroboration about shared ideas or understandings.

- Students who did not themselves mention being absent were asked about this behaviour. The interviewer usually referred to absenteeism as 'time off' or 'time away' or ' a day off'.

- Students who denied being absent for other than 'legitimate' reasons were asked about their knowledge of other students in this regard. At no time did the interviewer attempt to get students to admit to taking unauthorised time off. This was because the researcher was always aware that students felt vulnerable admitting illegal behaviour to someone who holds a senior position in the nursing college. Students often unwittingly revealed a deeper understanding than that of a mere observer by changing the pronoun from 'them' to 'you' - thus implying reference to self.

- Students were asked to comment on any other aspect of their lives which would be helpful or about which they felt strongly.

- Finally a group of fourth year students were asked to comment on the major categories of information and the researcher's interpretations. This was extremely useful as it showed that

  (a) there were differences between first and fourth year student perceptions in some categories;

  (b) some of the information was not complete, and additional data was obtained in this group discussion;

  (c) the major categories were essentially correct.

> "Having begun to collect information, the case study worker will find that the data raises further problems familiar from experimental research as questions of reliability and threats to internal and external validity. For instance, people, places and issues mentioned in one interview, may need to be followed up in subsequent interviews, observations, or document collection; discrepancies between accounts will need pursuing; facts need cross-checking; critical incidents must be identified; and the kind of evidence by which working hypotheses may be refuted or reformulated must be sought out." [Adelman, Jenkins & Kemmis : 1980 : 55-56].

This last point and the fact that no new information was being obtained was the reason for ceasing to interview any additional students. The recurring nature of student versions of their

experiences - even, in some instances, the recurring use of certain phrases - increases the reliability of the data obtained. It is to their credit that many of the students were remarkably forthcoming. A far greater degree of resistance and reticence had been anticipated. One student went as far as to request that she be interviewed. Several of the students expressed their enjoyment as the interview appeared to enable them to clarify their thoughts and reflect on nursing, and thus develop a more balanced viewpoint.

Fourth year students were understandably more honest about absenteeism and bunking because they knew that there was little likelihood of repercussions. They appeared to take some delight in revealing the extent of their illicit activities.

Interviews were taped where possible. When not possible, verbatim reports which were as complete as could be achieved, were recorded. The difference between the two was minimal; essentially the tape recorded interviews retained a great deal more detail and much apparently superfluous material while the verbatim reports contained the essence of the interview without the minute details of specific incidents.

It is realised that students only allowed limited penetration into their world. This was exacerbated by the seniority of the researcher as a member of college staff and the limited time spent with each student. Each student was only interviewed once for an average of an hour and a half. The one exception

was a student who was interviewed individually early in the research and then as part of the 4th year group discussion.

5.4 Sampling

Two ways were used to decide on subjects to be interviewed:

1 Fourth year students were addressed as a group. They were told about the research and the objective. However the objective was not given as an understanding of absenteeism. Students were told that the research objective was to increase understanding of what it was like to be a student.

Students were requested to complete a simple questionnaire (Appendix 5), and then to state whether they would be prepared to be interviewed. This request elicited an overwhelming response - 37 students. To interview all these students and then a similar number in each of the other years would have been totally impractical.

2 Student records were studied and a random number of these selected for interview using the following criteria:

(a) Students with the highest number of recorded sick days - particularly those whose absences were mostly 3 days or less;

(b) Students with no, or very few, recorded sick days;

(c) Students in each of the above categories from each of the three general hospitals, in roughly the same ratio as the total population. Thus the majority of the sample were from the biggest hospital which had the largest student group.

The following were excluded:

- Students who had a history of psychiatric illness or who had a social history which was a known factor in their absenteeism e.g suicidal husband, child custody problems, etc. One student had revealed that she wished to leave nursing but was being forbidden to do so by her parents.

- All the male students. It was felt that the male students possibly had additional factors to contend with which were not necessarily pertinent to the general student body. The experience of male students in nursing should prove to be an interesting subject for further research.

A total of 73 students were listed as possible candidates for interview. Eventually 19 students were interviewed individually or in groups. It was extremely difficult to organise interview times. Students who were working in the

hospital were rarely sure of their off duties for the following week. Several of the appointments that were made were not kept by the students. Some students were probably unwilling to be interviewed but unsure how to say so. Some of the records were incorrect because students had moved, had had telephones disconnected due to failure to pay, or had resigned. One of the students who had resigned was interviewed nevertheless as it was felt that she had no reason to disguise her true feelings, and would therefore prove to be a valuable source of data. (See "Table of Data of Student Interviewees" [Appendix 6]).

The group of second year students was interviewed fortuitously. They happened to be working on decorations for a function and were asked to talk while they were busy.

5.5 Venues and Times of Interviews

Interviews were conducted in a variety of situations. Some occurred in lounges or offices at the college. Others were conducted in the students' own homes. One interview was held in the researcher's home. Appointments were made to suit the student. They occurred usually in the afternoon or early evening depending on when the student was off duty.

5.6. Data Analysis

All interviews were transcribed and typed. Each interview

transcript was studied and compared with other interviews. From this exercise categories of information were identified. For each category identified the supporting data was lifted out of all the interviews and collated. Categories related to student perceptions about aspects of their world e.g. competence of professional nurses; interpersonal relationships and difficulty level of tests and examinations. It was then possible to amalgamate certain categories so that they formed larger categories e.g. Perceptions of college, Perceptions of student status.

The perceptions were developed by students in response to difficulties. The perceptions create the basis for decisions about possible behavioural responses.

The categories were used by the researcher to show that, of the options available, absenteeism is not surprisingly one of the most likely behaviours.

Finally a theory of absenteeism is proposed. This theory provides the basis for possible further research into the complex problem of absenteeism or its alternative - attendance.

5.7 Chapter Review

This chapter was about the practical implementation of the research design. Because the design required the study of a 'case within a case' i.e. one problem relating to student be-

haviour set in the whole case of student nursing, specific students were identified for interviewing. This sample was based on high and low absenteeism rates. Students were interviewed and the data analysed to derive categories of perceptions. These categories led to the development of a theoretical framework which provides a basis for further research.

CHAPTER 6

CASE STUDY MILIEU

This chapter attempts to give the non-nursing reader some insight into the worlds of hospital, nursing and nursing education. These worlds provide the overlapping milieux in which student nurses develop their perceptions and understandings.

While it is conceded that a variety of societal influences probably affect the perceptions and behaviour of student nurses, only those directly involved with professional, institutional and educational socialization are discussed.

While the descriptions are based largely on the researcher's own knowledge of these worlds, it is considered to be a reasonable reflection of 'common knowledge' and no major disagreement is anticipated.

The hospital organisation is discussed generally and is thus applicable to most hospitals. The specific general hospitals concerned in this case study were Groote Schuur, Victoria and Somerset Hospitals. Other hospitals in which students spend

time are Mowbray Maternity Hospital, Valkenberg Psychiatric Hospital and the Red Cross War Memorial Children's Hospital.

Students were employed by one of the three general hospitals but the education programme was the responsibility of Carinus Nursing College.

6.1 Hospital Organisation.

A hospital is an organisation constructed to supply society with health care services. An outcome of supplying this service has been the need to educate health professionals. These include doctors, nurses, pharmacists and other categories of health workers.

The hospital has developed into a hierarchical organisation with clearly demarcated categories of worker. In fact it could be considered a complex set of hierarchies. The medical, nursing, paramedical amd administrative sectors are each organised into hierarchies. Controls exist within and across hierarchies. Thus members employed by the hospital are subject to control by the administrative sector who implement the conditions of employment. The same members may belong to one of the professional categories. The member is then subject to the rules governing professional practice.

> "Each system is oriented to a different set of values, one directed to maintenance of the operation of the organisation, the other directed to provision of service." [Ver Steeg & Croog : 1979 : 324].

Some members may have a joint employment agreement with the hospital and the university - these members must also then comply with an additional set of requirements.

Student nurses registered for a diploma course in nursing are subject to

(1) employment rules laid down by the administrative sector;
(2) professional nursing requirements, and
(3) academic and clinical learning requirements constructed by the college, and the South African Nursing Council.

Student nurses are thus students, nurses and employees in terms of their work activities. They are perceived by the hospital as part of the work force; they are perceived by the college as learners who require a milieu suitable for study; they are perceived by nurses in both the college and the hospital as novitiate professionals who require socialization into the norms and mores of the profession.

The hospital is a complex organisation which forms part of the institution of medicine. Hospitals come in different sizes from small community hospitals to large academic hospitals associated with a university medical faculty. The majority of South African hospitals are government funded but a growing number of privately-funded hospitals are being developed.

Personnel and financial administration services are similar to those of any large business or organisation.

As the largest sub-division of hospital staff, nursing salaries form the major part of the salary budget. This fact plus the fact that nursing is a predominantly female occupation and has traditionally adhered to a 'service-before-self ethic' results in hospital administrations', government and community resistance to improvement in salary and other conditions of service. In order to keep the growing service staffed, lower paid categories of nurse have been employed in increasing numbers. Thus an increasing proportion of the nursing service is supplied by sub-professional nurses i.e. nurses who do not have the educational qualifications to register as professional nurses. These categories include staff nurses with a two-year certificate of training and assistant nurses with a minimum of 4 months training.

Registered professional nurses are employed in an hierarchical ranking system laid down by the Commission for Administration. This ranking system creates a three-tier management system within the nursing division.

First tier management occurs at Ward or Unit level. Senior Professional Nurses and Professional Nurses are responsible for the management of mainly 30 - 40 bed units. They are thus responsible for direct patient care. It is the Professional Nurse in charge of a Ward, Theatre, Intensive Care Unit or

Clinic who is responsible for ensuring that equipment, supplies and staff are available for patient care. She is also responsible to the doctor for the prompt and correct implementation of his patient care prescriptions. She teaches and supervises students and sub-professional nurses in the implementation of her nursing care prescriptions. She liaises with other health care professionals in order to ensure optimum patient care.

Second tier nursing management is staffed by Chief Professional Nurses or Nursing Service Managers, who are responsible for the efficient performance of a number of Wards and/or Units.

Third tier management can be the responsibility of one Nursing Service Manager (NSM), Senior Nursing Service Manager (SNSM) or Chief Nursing Service Manager (CNSM) depending on the size of the hospital. Large teaching and research hospitals i.e. regional hospitals are headed by a Deputy-Director Nursing Services, who is assisted by two or more CNSMs, plus several SNSMs.

Student nurses belong in the lowest ranking system of the professional nurses because they are learning to become professional nurses. They are, however, in an uneasy relationship with staff nurses and assistant nurses. These sub-professional categories, in an attempt to improve their status in the hierarchy, resist attempts by students to take their rightful position. This resistance is increased by feelings of resentment that these categories have about being utilised when

student nurses are not available. Support for this resistance comes from the professional nurse who needs the goodwill and co-operation of sub-professionals to maintain their work levels when students are not present. The professional nurse also finds it easier to use the sub-professional as the most responsible subordinate because she is au fait with the ward and its normal working arrangements. Students are fleeting visitors who have barely been incorporated before they move on to the next aspect of their programme. Sub-professionals are a stable work force who maintain the day-to-day functioning of the ward.

Nurses fulfil roles as care-givers. These roles may be as bedside nurses or managers of the unit, zone or hospital. In addition nurses are employed by the hospital and thus by the state. As employees they are required to provide the service for which they were contracted.

Every professional nurse is taught that she has three major areas of responsibility. These are

- patient care;
- unit management;
- education.

It is considered necessary to teach the next generation of nurses. As a profession, (or an occupation striving for professional recognition), it is important that it be responsible for the teaching of its own new practitioners. The professional nurse is expected to provide teaching and guidance to student nurses. Student nurses are paid for the

service they provide while learning the skills of the professional nurse.

The college and its staff are viewed by hospital nursing staff as living in an ivory tower of idealism and impracticality. The college decisions about an educational programme which would provide students with a relevant logical hierarchy of learning, often have to be altered because of the hospital need for students as part of the work force. Tension thus occurs between college and hospital with regard to what is taught and how the students are allocated to the hospitals.

The 4-year programme has only one intake per year. The previous 3-year programme had 3 intakes per year. The 4-year programme is seen as a major cause of the current staff shortage. (For list of Nursing Categories see Appendix 7).

6.2 Nursing Culture

Nursing and the people who practice nursing as a profession form a sub-culture in society. Those wishing to become a member of the subculture, having been socialised into the culture of society, undergo secondary socialisation into the nursing culture.

Traditionally, the nursing care of the sick has been considered a female activity. Thus the nursing profession is predominantly practiced by women. The acceptance and registration of

practitioners, as well as the monitoring of standards of practice is controlled by the South African Nursing Council (S.A.N.C). This is a statutory body which performs its functions according to the requirements of the Nursing Act, 1978. Nurses who wish to practice in South Africa are also legally required to be a member of the only officially recognised professional nursing association - the South African Nursing Association (S.A.N.A). The leaders in this organisation thus represent all practising registered nurses. However, active participation in, and support for, S.A.N.A. by registered nurses is minimal.

The majority of nurses are employed by the State or other levels of government. Their scope of practice is laid down by the S.A.N.C. and their conditions of employment are dictated by the Commission for Administration.

In this setting, nurses are socialised into a bureaucratic hierarchy. In addition the military and religious traditions of nursing require nurses to be subservient to senior ranks, to obey without question, to work without regard to hours or pay. Nurses wear uniforms and badges which identify their position in the ranking system. These symbols of prestige and power are jealously guarded. Nurses of different ranks do not usually interact socially. They often have separate facilities such as tea rooms. Communication between different ranks is formal, with great awareness of the need to use correct titles so as not to cause offense. If in doubt it is considered preferable

to use a more senior title than a lesser one.

> "Hospital staff members respond to each other not only according to formal occupational characteristics, but also according to their perceptions of each other's 'latent social identities'." [Freeman et al: 1979 : 320].

Junior staff regard senior nursing staff with some distrust and anxiety. Senior staff are perceived as being critical and concerned about minor issues such as tidiness of the unit. They are perceived as being unaware of the realities and difficulties with which junior staff are attempting to cope.

Senior staff see themselves as being helpful advisors and educators. They often view the new generation of professional nurses as ill-equipped to practice, as immature, disorganised and irresponsible. Complaints about the difficulties are discussed with others of a similar rank. These discussions form a type of support system whereby difficulties are aired and compared to discover similarities. It is reassuring to the insecure to find that difficulties are not different and are not therefore necessarily due to incompetence. Blame can thus be placed on other factors e.g. impossible doctors, difficult patients, stupid junior nurses, or uncaring senior nursing management.

As a result of these shared anecdotes and complaints, certain individuals gain a reputation i.e. they are labelled. This applies to individuals from all ranks. Thus a student arriving in a ward may find that, as a result of a conflict in a pre-

vious ward, she has been labelled and is treated accordingly in this ward. Information of all kinds is shared and thus an extremely rapid 'grape vine' of informal communication results. To some extent there is status attached to having the most of something e.g. the most deaths, the most patients, the most difficult doctors. Some wards are granted more status than others and the staff who work there generate more respect and sympathy. As a result conflict can occur between units e.g. between theatre and ward staff - mistakes are generally attributed by one to the other . Equally between day and night staff there is often conflict and attribution of blame regarding incomplete or incorrect work. Nurses are reluctant to break ranks and report incompetence of one of their own. Rarely is an incompetent nurse confronted directly by one of her peers.

Nurses refer to the ward or unit where they work as their own, as are the patients in that ward. This ownership is jealously guarded and visitors are not welcome - the visitors being paramedical and medical personnel, as well as relatives and friends of patients. Registrars and Housemen are accepted as belonging to the ward. Housemen, particularly if they play their cards correctly, are assisted in many ways. A new Houseman (Student Intern) is seen as incompetent and needing guidance and education. If he accepts the role of beginner needing help, he will find his path made easier. If he fails to show suitable humility he will find that he receives no more than minimal assistance.

Physiotherapists, dieticians and radiographers are treated with tolerance and some resentment. The resentment is probably due to a nagging suspicion that these groups have carved a profession out of activities which used to be performed by nurses. This feeling is exacerbated by the fact that the functions, of physiotherapists particularly, are often continued by nurses at night and over weekends.

The nursing profession is characterized by a remarkable lack of unity. Bureaucracy and hierarchial jealousy have taken precedence over professional unity. There is unity amongst similar ranks in the same speciality but little generalized feeling of a shared professional commitment to solve the problems of nursing and enhance its status.

> "Devisiveness is apparent within the field - not wholesome diversity, which bespeaks efforts to grow and change with society's needs - but a splintering into multiple organizations, pecking orders, interest groups, and labels: professional, technical, teacher, researcher, practitioner - with the implication that the teacher is a poor practitioner, the researcher does not possess clinical experience, the technical nurse is inferior, and so on. Moreover, the 'young turks' who wish to explore innovations in patient-care are labelled deviants instead of being encouraged and helped in their endeavours. All of this militates against solidarity and cohesiveness of purpose." [Freeman et al : 1979 : 223].

6.3 The Educational Programme and the Nursing College.

6.3.1 The Nursing Diploma Programme

This course was implemented in 1985. It had started life some years before with discussion, amongst leaders in

nursing education about the inadequacies of the previous curriculum and its ability to provide nurses with the skills needed by clients in the South African context.

The previous course was a 3 year programme which qualified students to practice mainly in general medical/surgical hospitals. It had also an option which allowed students to continue studying for a further 6 months to gain an additional qualification in either midwifery or psychiatry. Not all nursing schools were able, or prepared, to offer these options. The choice was not entirely that of the college, as the hospital was registered with S.A.N.C. as the school. Not all hospitals had midwifery or psychiatric facilities in order to include the optional addition. The course offering the additional qualification was known colloquially as 'the integrated course' although no true integration actually occurred.

The 4 year course was an attempt to change many of the previous methods in preparing nursing students to practice as professional nurses.

Primarily it combined the 4 qualifications considered as basic courses - General, Psychiatric and Community Nursing and Midwifery. This was seen as an economic move as less time and thus money, would be expended in providing for these courses. In addition it was considered to be a necessary combination of skills in order to properly

prepare a nurse to care for clients in an holistic, comprehensive approach.

The regulation governing the recognition of the course differed from previous regulations, in that it set out the objectives which the student would have to reach in order to qualify - this replaced lists of subjects and minimum hours for theoretical instruction and clinical practice.

With the regulation came a directive with guide lines as to the organisation of content and provision of clinical time. There were also objectives which were given for completion in each year or stage. Thus the intention was that, if each student met the stage objectives, she would ultimately meet the objectives stated in the regulation.

Each college was free to decide how it would organise the course content in order to meet the stage objectives. Each subject contributed to the attainment of these objectives. Objectives were developed for each subject - these were developed by the individual college and were, within parameters, subject to alteration. The parameters were based on the specific content and the number of hours allocated to the subject - these had been accepted originally by S.A.N.C. and could only be altered with Council sanction.

In a strong bid, by the colleges, to create a diploma which integrated the 4 disciplines into one course in Nursing,

the 4-year course was organised to incorporate all aspects in each year. Students therefore find themselves moving rapidly between general hospital, midwifery units and community clinics. The only exception to this is Psychiatric nursing which is taught and completed in one 6 months module; at Carinus College in the 3rd year. The 1st and 4th years are the two years which are almost solely devoted to general nursing, particularly in respect of the clinical placements.

The general hospitals have found it very difficult to adapt to a shifting student population which, at times, is not available because the student is working in another clinical area. The difficulty is due to the dependence hospitals have always had on students to supply the major work force. In response to the reduced availability of student nurses, hospitals have increased their quota of staff, pupil and assistant nurses.

Each speciality area has made repeated efforts to influence the college in order to enhance its own discipline in the programme. Each feels that more time is required for students to achieve total competency.

6.3.2 The Nursing College

In keeping with all South African nursing colleges which offer the 4 year diploma, Carinus Nursing College is af-

filiated to a university. An agreement was negotiated between the Cape Provincial Administration and the University of Cape town in 1985. This agreement provided for the establishment of a College Council for the administration of the college with university representation on the Council. A Senate, which is responsible to the Council, was also instituted.

The establishment of the Council enabled the College to become largely independent of the hospital and Provincial Administration. The Council has representatives from the Province, the University, the teaching staff and City Council. The Senate represents the College, the University and the Hospital.

The College remains financially dependent upon the Cape Provincial Administration. Subsequent to the 1985 agreement, this function has been centralised, as all provincial health services are now administered by the State.

Nursing education is regulated by the South African Nursing Council. Any substantive amendments to the curriculum originally submitted require S.A.N.C. authorisation.

Examinations are set - and marked - by College teaching staff, and moderated by the Department of Nursing at U.C.T.

Carinus Nursing College is housed in a building in the grounds of Groote Schuur Hospital. The building is a combination of residence and educational institution. Teaching staff consist of Principals (Heads of Departments), Senior Tutors, Tutors and Clinical Educators.

Management of the College and residence is the responsibility of the Head of College, who is assisted by three Senior Principals. Support and administrative staff include a Registrar, Senior Clerks, Clerks, Typists and an Equipment Control Officer. One of the Clerks acts as Librarian as no Librarian post exists in the Health Service. Human resources and Personnel Development are catered for by a Counsellor and an Administrative Sister (Staff Health).

The residential aspect utilises the services of two Lady Wardens, six Housekeepers, thirty five General Assistants (male and female). Two of the latter are utilised in providing a photocopy and printing service for teaching and management staff.

The staff quota is completed by a General Factotum (Handyman), two Telephonists and three Porters (Security).

Teaching facilities in the college building include two lecture theatres, eight classrooms, one practical laboratory, an examination room and a library/learning resource

centre. A small sitting room has been converted to provide an additional classroom. The examination room and library double up as additional venues for clinical teaching in busy months.

In addition to students in the 4 year course, teaching facilities are used for Pupil Nurses, Bridging Course Students, Radiography Students and Post-Registration Students. December is the only month in which no students attend college classes. The College however does not close at any time - administrative and preparatory work continues in this time.

There are approximately 350 students registered at the College. About 60% of these are attached to Groote Schuur Hospital - the biggest of the three hospitals with which the College is connected. The remaining 40% of students fill posts held by Somerset and Victoria Hospitals.

During the period covered by this study the Groote Schuur Student Nurse posts have been transferred to Carinus Nursing College. Theoretical and clinical instruction is given at the College by teachers who are all registered nurses with practical expertise in a variety of specialisations and either with, or striving to obtain, a nursing education qualification. Teaching staff are appointed following selection by a College Council sub-committee.

Nursing Tutors work hard - harder than most teachers in other formal education institutions. They are expected to be able to teach any subject in the syllabus and may have to teach between five and nine 40-minute periods every day of the week, while students are in class. Classes are not small - 30-40 students per class. When students are not in class, teachers are expected to accompany students in the clinical setting. A growing cadre of inexperienced staff puts extra pressure on more experienced teachers. Stress has also been caused by the change in teaching philosophy - from teacher-centred to student-centred teaching. For the Tutors used to the previous system the adaptation has been difficult and, in some cases, incomplete. Generally, comfortable expertise with objective based, student-centred learning, has not yet been achieved.

The change from preparing students for S.A.N.C. examinations to setting university-moderated examinations has also required many changes - not least the change in style and format of questions and memoranda. The latter meant a change from questions requiring straight forward factual answers to problem-based holistic questions requiring more complex answers.

The setting of examinations has markedly increased the work-load of Nurse Tutors. Under the previous system there were 33 College examinations per year - none of these were clinical examinations. Under the new regulations it is

possible, with supplementary and deferred examinations included, to be required to set +/- 80 examinations per year, including 14 clinical examinations.

Since the implementation of the 4-year diploma programme, difficulties experienced by the University and the hospitals have pressurised the College into attempting to co-ordinate its programme with that of its sister College, Nico Malan Nursing College. These attempts were intended to result in joint examinations and complementary clinical placement of students. The University has become unable to cope with the number of examinations requiring moderation and the hospitals were being intermittently starved of and flooded by students, as the Colleges withdrew and released their students. These attempts to resolve logistical difficulties have resulted in

- compromises in the sequencing and content of the programme syllabus, and
- a different programme each year.

Lack of continuity and pattern of events has increased feelings of stress and anxiety in College staff and students.

6.4 Chapter Review

This chapter set out to provide the reader with some understanding of the backdrop to the world of the student nurse. This backdrop was deliberately confined to those aspects

specifically involved with the students' learning and working world. In addition the description is based on what the researcher considered 'common knowledge' rather than on statements which can be verified in the literature.

The three worlds which have been discussed are those of the Hospital, the Nursing Profession and the Nursing College, with its associated educational programme. These can be diagrammatically represented in the following way:-

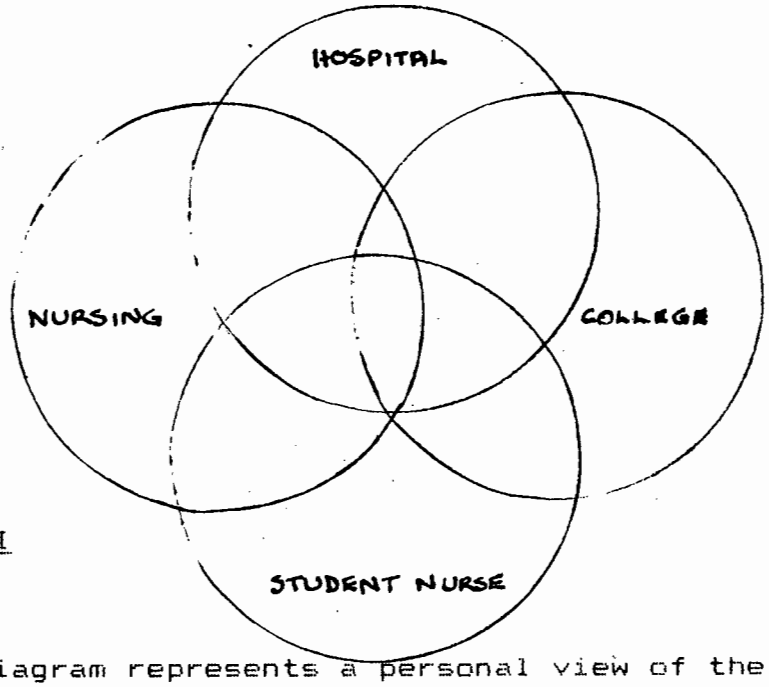


TABLE I

This diagram represents a personal view of the way in which the world of the student and the worlds of Hospital, Nursing and the College relate to each other. The diagram also illustrates the point that only part of the student world is involved with those aspects which this study examines. It is only that part of the student world which interacts with those of Hospital, Nursing and the College and results in absenteeism, which has been studied.

CHAPTER 7

STUDENT NURSE PERCEPTIONS

The information, obtained from the interviews with student nurses, was analysed to identify their perceptions and understandings about the hospital, nursing and the education programme.

This chapter utilises this information to tell the students' story; to give the reader a glimpse of those aspects of the student nurse's world to which she responds. This chapter also sets outs to show that absenteeism is a response to the student nurse's environment. It is not the intention to pass judgement; to either condone behaviour or identify victims or scapegoats.

The intention of this chapter is to assist the reader to understand the situation from the student's viewpoint.

The chapter is divided into eight parts. The first six sections are descriptions of various aspects of the world of the student nurse. They also provide a backdrop to the seventh section. This section relates the student view of absen-

teeism. The last section is a summary of the key points in this chapter.

7.1 Commencement and Adaptation

The decision to become a student nurse is made along a variable time span prior to commencement. For some it is a case of "It's what I have wanted to do since I was so high", while for others it is a last ditch move when other employment or education is unavailable. While many students have encountered other life experiences beyond school, the majority are school-leavers.

The preconceived ideas about nursing are also variable. These vary according to when the decision was made, whether family members or friends are nurses and what the reading and viewing material has been. Thus some students have developed fairly balanced realistic expectations while others have a rather vague rose-hued romantic view and expect drama, adventure and romance.

> "I expected it to be as it is - my mother is a nurse and she encouraged me to come nursing - told me what to expect. The main thing was the difference between the clinical as we were taught and how it is practised - I was disappointed." [Ruth].

Entry into nursing is exciting and frightening. Suddenly entering a totally new world, the student is separated from all

that is known. She is a stranger in a world which has its own language, rituals and identification symbols. From being one of a group of senior, knowledgeable and powerful pupils at school to being one of a group of strangers with the least knowledge and power in an enormous and complex system.

> " I felt insecure - not know where you stand. There were a lot of helpful people. Once we got to the wards, once we mastered the basics like washes - I expected to be more responsible, to use my own initiative. Instead I felt incompetent." [Kit].
>
> " When we started - it was terrifying. I'm still terrified - of being asked to do something I'm not sure I can do - like Max. I've never been involved in one and I'm scared I won't know what to do. I suppose I'll manage when it actually happens.
> " We were taught the practical procedures but you cannot really prepare someone for what its actually like." [G.D. 2].

Nursing begins, not with half expected encounters with gore and bedpans, but with a classroom, notes, rules and instructions - anticlimactic and bewildering. Most of the words are meaningless or unheard.

> Q. "Think back to the beginning of this year, and tell me what it was like."
>
> A. "We were all thrown together - it was just after New Year - it was actually quite frightening because we were expecting to be thrown into nursing and we were put into classes." [Elsa].

Adaptation to this new life means getting used to sleeping in a strange bed, sharing a communal bathroom with total strangers, being hungry at 10p.m. and having no way of getting something to eat, wearing a uniform made for someone taller and fatter, filling in forms, asking parents for more money, getting

blisters from new shoes and sitting in class from 7.30a.m. to 3.30p.m.

The information washing over the student's bemused head involves words "which one couldn't even pronounce let alone spell." [Amy] The dire warnings about the consequences of incorrect patient care terrify without providing assistance because the student cannot visualise any activity or its setting in relation to herself.

> "We hadn't been introduced to that yet [Ethos], so you're scared at first because you're told you shouldn't do this, you shouldn't do that - it shouldn't have been that harsh." [Elsa].

Students settle into a routine very similar to school. The work is not as difficult as was thought initially - after all a lot of the initial content is only slightly above common sense. New friends and rivals are made; homesickness becomes slightly less acute; but the entry into the hospital draws inexorably closer.

For many students the first encounter with the 'real' world of nursing - the first ward - while terrifying, is eased by the presence of kindly Sisters and Staff Nurses. They are welcomed, greeted by name and attached to a member of the ward staff who show them the ropes. They are eased into the daily routine and gradually become part of the work team. The 'alter ego' allows them to make the mistakes of the beginner without implying that they are ignorant, incompetent or inconvenient.

There is someone around to ask when the student is in doubt.

> "Yes, I was helped. The Sister assigned someone to me and that person was responsible to show me different things. It was like a friend, we made beds together, tested urine together. It wasn't like you were told to do things. The first day she stuck with me and showed me things. You could make mistakes, it wasn't like doing it in front of a Sister - she was a Staff Nurse." [Lucy].

For others the initial introduction comes as a shock. They are treated as unwelcome nuisances. They are expected to begin working and fit into the routine without guidance. Requests for assistance or information are ignored or brushed off. These students discover, to their horror, that nurses are not necessarily helpful, friendly or unprejudiced.

> "My first ward was a shock; they were racist. Because I'm not a racist person myself I couldn't believe what was happening to me.
> You should be able to speak to your tutors. I didn't know how to talk to anybody about it - I thought I might be imagining it. Then later on other students told me they had had the same experience, that I was not imagining it. I felt so much better. It was very strange." [Elsa].

> "The one ward I didn't say anything for fear of victimisation. I hate personal confrontation. There was a lot of spitefulness - disregard for what you want. I was the only white first year student." [Kit].

> "It was something more - I don't know. I was expecting something totally different - [it was] like being treated like school children again.
> I was disappointed in some aspects - it wasn't as professional as they made it sound. Treated as students - always got the raw end of the deal." [Sue].

Many students realise at this point that their expectations of nursing are not realistic. They discover that, particularly as a junior nurse, nursing consists of tasks which are revolting, embarrassing and/or repetitive. Days are filled with washing

patients' bodies, changing beds and carrying bedpans (which must be emptied and cleaned). Many of the tasks do not appear to have a great deal to do with helping people get well. Little explanation is given with regard to the patient's condition, treatment and progress. Students are required to make and record observations of the patient's temperature, pulse, blood pressure and excretory functions, without knowing what she is expected to notice.

> "Now about the 1st year.
> When we first went to the wards - there was not enough support particularly from the ward sisters. The hospital was no help at all. There were no highlights - the first few months were awful - disappointing; for example, learning about things like pressure care. There was not enough drama in the theory. I was shocked at having to do the dirty work. I was not really treated badly. In the first ward - a geriatric ward - I was washing a woman who had already died and I didn't realise she was dead." [Jane].

Tasks are allocated to students and only changed if the student complains. The student's day then revolves around one type of work all day, every day. For example she may be allocated to observations. She will be required to maintain all the observation charts for patients in that ward or part of a ward. These include half-hourly, hourly and four-hourly observations She has no idea what is wrong with the patients she is observing and, as a result, no idea which changes to report. Her other duties include full washes (bed bathing) at the start of the day, bedpans for patients on request all day, and helping to feed helpless patients three times a day. If she stops to talk to a patient or to listen to his/her fears and anxieties, she is reprimanded for wasting time and shirking her duty.

> The last 2-3 days have been better - we've been given more responsible things like medicines. We had a very pushy clinical instructor - she pushed us and the other staff - to do more - like doing dressings, giving injections. Feel as if you're achieving something. Some patients on intake-output for no apparent reason - patients are stable. Things like that just to give you something to do. You get reprimanded for talking to patients - told that's why you're slow. I'm embarrassed if I'm found standing still." [Kit].

The Sister is rarely seen doing nursing work. Most of her time is spent in her office doing administrative work. This is a worry for new students - they want to learn how to care for the patients to the best of their ability, yet it looks as if, when one is able to say one is a qualified nurse, most of one's day will be spent doing clerical work.

The first three months of clinical work are spent partly in a medical ward and partly in a surgical ward. The students then return to college for nearly three months of theory. This module concentrates heavily on the human sciences i.e. Anatomy, Physiology, Applied Chemistry and Biophysics. In addition the students receive theoretical and practical instruction in basic nursing.

By contrast to the first episode in college, this section is significantly different. The main difference is the quantity of information which the student must attempt to digest. The students find that they are unable to learn and retain it all. Those who feel that they are managing are the ones who had studied similar subjects at school or those who conscientiously

spend every weekday evening completing the day's objectives and reviewing the work in preparation for the weekly test. Those who do not have an adequate background knowledge or who underestimate the work involved in learning the volume, or those whose study skills have never prepared them to learn and understand simultaneously, find themselves falling behind. An additional distraction is the social activity which results when students, who have not seen much of each other while working in the hospital - due to working in different hospitals or different shifts or different residential arrangements - get together. Released from the responsibilities associated with caring for patients and from the 12-hour shift system, students respond by going out as often as they can.

Student nurses discover that there is no way to predict what will happen to them next. They do know when they are required to work in a ward or be in class. They also know what type of ward it will be and in which hospital. But they do not know exactly which ward it will be until a few days before and they do not know which days of the week they will be required to work, until the Friday of each week. Once they know where they will be working they can put in a request for a particular day or weekend off, but there is no guarantee that the request will be granted. There are exceptions to this erratic work pattern. Places like outpatients and college have predictable work patterns - Monday to Friday - and hours. The students can then plan social functions with some degree of certainty.

> " When we get back to Carinus from the hospital, it is a feeling of "Oh good, we're home." Because it is more stable and organised. The people are human and more approachable. Whenever we've got a problem, even when we're at hospital we know we can go to Carinus for help and advice. And of course the hours are better." [D.G. 4].

As a result of unpredictable working days, the students find it very difficult to maintain activities such as team sport or club membership. They are unable to promise to attend dinners or weddings. They find themselves progressively isolated from friends and hobbies. Early morning starts and long shifts leave them too tired to really enjoy evening outings and too anxious about oversleeping to warrant making the effort. More often than not the social circle becomes confined to friends in the student body. These friends understand the need to sleep for part of the off-duty days in order to recuperate. These friends are also the only ones who really can appreciate the emotional impact of hospital work. Students talking to non-nursing friends find it difficult to convey the positive aspects of their experiences - it is far easier to talk about the negative aspects. Since these negative aspects are beyond the life experience of non-nursing friends, the students find their friends responding with dismay, disdain or phrases about nobility and vocation. Students draw comparisons between their own lives and those of friends in university or offices. These appear glamorous, exciting and less taxing. Working friends are better paid and able to afford better clothes and a social life. Student friends appear more knowledgeable and to be leading more stimulating lives.

Students gradually begin to understand how the system works with regard to those aspects which affect them personally. They know who the Ward Sisters are in the general, medical and surgical wards. who the Zone Matrons are and who the Personnel Matron is and where she is to be found. They are very conscious of the existence of an hierarchy. In fact the hierarchy assumes a personality of its own and is blamed for most of the ills confounding the lives of students.

More senior members of this hierarchy are nebulous and unknown. Few of the students have a very clear idea of the name, rank and qualifications of the Chief Matron. Most have no idea of the chain of command beyond or above the hospital or of the relationship between the nursing hierarchy and the medical or administrative control in the hospital.

Midwifery, Psychiatry and Community Health aspects of the course are spent largely away from the mother hospital. For some students some paediatric experience is obtained at a different hospital. These alternative placements give students some anxiety as they, once again, have to orient themselves, not only to a new subject and clinical skill, but also to new people and new geography. Each hospital has its own unique way of doing things - its own norms and traps for the unwary or inexperienced. Students obtain information about these areas from other students who have already been there. Students also draw comparisons between these areas and those that they have already experienced.

Decisions about levels of competence are made. Ward Sisters, teaching staff and Matrons are judged and placed on a sliding scale of merit which ranges from 'superb' to 'totally useless'. Students also have very clear views on acceptable levels of professional behaviour. These include attitudes about dress, language, honesty and courtesy. Above all students feel very strongly about attitudes to patients. Both doctors and professional nurses are severely criticised for apparent lack of concern for a patient's anxiety or pains. Students resent being prevented from attempting to use their knowledge of interpersonal skills. They see the qualified staff as being task-bound to the detriment of patients' need for reassurance and to be heard.

Students frequently are confronted by animosity, resentment and racial discrimination. The animosity and resentment is mostly because of the course which the students are following. Many professional nurses react to the idea of the course as a threat to their own security - because students will graduate with more basic qualifications then the average professional nurse. They also appear to be reacting to the students as being possibly already more skilled in certain areas e.g. psychiatry. Students are told that they are wasting their time as they cannot possibly expect to be competent in all four disciplines within only four years. This is a bit dismaying for students as they have no choice in the matter. However they come to realise that this reaction is relatively widespread. Students formulate their own interpretations of these reactions and mostly choose not to discuss the matter.

The racial discrimination occurs only in some wards and even then only with specific individuals. This also appears to be worse when the student is the only white nurse in the ward. Students choose to avoid confrontation and, if possible, have as little as possible contact with these members of staff. They realise, after discussion with other students, that it is not directed at them as individuals. It is accepted that any attempt to make an issue of this attitude will result in victimisation. Whether victimisation actually occurs or whether it is only an interpretation of vaguely muttered threats, is not clear.

In the face of a widespread failure to meet their expectations about nurses and nursing, students put their ideals on hold. They choose, as senior student nurses, to cope with the situation as it is until such time as they too are qualified and can practice nursing as they think it should be practiced. The ideals are kept alive by the fact that there are professional nurses who gain the respect of student nurses. These qualified nurses show concern both for the patient and for the student.

7.2. Clinical Teaching and Learning

Students have difficulty in seeing themselves as students because they perceive that they are not treated as students.

When working in the clinical setting, particularly the general hospital which forms the greater part of their clinical training, students receive little encouragement to increase their knowledge. Students, in general, are anxious to learn new aspects of the theory and practical skills of nursing, as well as the role of the professional nurse.

Responses to questions about teaching and learning in the clinical setting included:

> "The Sisters - we weren't taught more - they weren't eager for us to learn more. There was antagonism towards students. The Sisters weren't eager for us to try anything new." [Kit].
>
> "Very few occasions when the Sister explains - mostly we just have to follow instructions." [Dot].
>
> "It would be nice if the Sister would teach us." [G.D.2].

There were some Sisters who did not fit into this picture.

> " The second ward she [Sister] actually encouraged it; she'd actually have it [demonstration] in the ward and do them herself. She was very good." [Elsa].

Students' perception of reaction to their desire to learn varies according to their own expectations, abilities and attitudes.

> "I enjoyed the night duty. There were more interesting things to learn - I was in charge on night duty. The ward Sisters listened." [Jane].

This student was keen to learn and not afraid of the additional responsibility associated with being in charge. The fact that

she felt that she was being heard implies that usually she felt ignored or her opinions were not important to others. But in another area, the I C U, to which she had been looking forward, she felt belittled and negated.

> "I asked one (Sister) to explain the mechanism and ECG outlines of Heart Block and she said, "You won't understand."

She felt that some of the professional staff in this area "had to show how stupid I was." [Jane].

Students have their own ideas of what they expect from Sisters regarding teaching:

> " If you go to her and you need help with a situation she should be able to say 'this is how its done.' Not just to say, 'Go and ask somebody else.'" [Tara].

When the Sister does provide guidance, assistance and support, students gain confidence and have a desire to learn more.

> ".....when they were there, when you did the whole delivery on your own, it makes you feel like you can do things so you want to learn more because you feel competent." [Tara].

When students are not given opportunities to practice new skills they feel less competent and become reluctant to try.

> " I know I was capable of doing it but because I wasn't given a chance and because they kept pushing me aside, I kept thinking maybe I cannot do it." [Tara].

7.3 Professional Role Models

Students are preparing themselves to become professional nurses. As a consequence they make judgments about professional nurses. They make clear distinctions between those that are good and those who are considered poor role models. Those who are good role models have some or all of the following characteristics:

- "The one who takes you round when you first start and says, 'This is where this is and that's where that is'." [Sue].
- The Sisters who do do nursing care, you don't forget - they're so few. When that happens there's a lot more unity. The good Sisters take an interest in the students, they're prepared to help with the work." [G.D.2.].
- "She should be able to tell if the staff are happy or unhappy." [Tara].
- She made time for lectures. She liked it if one asked questions." [Ruth].
- "Those who are willing to have you there - show you what is going on. She won't panic - won't moan if you do something wrong. Doesn't put you down. Has self-confidence." [Dot].
- "She should jump in and do a bedbath and carry a bedpan. But she is more capable of caring for a patient. She really knows what she's doing - or I hope so." [Elsa].
- "Supervision, organisation - delegation of work. Staff interaction, relationships with staff. Willingness and ability to work. Not slow to notice things going on in the ward. Ability to teach others. If they're friendly - can be quite incompetent - but then I enjoy working." [Kit].

Students have clear ideas about the Sisters' abilities. Their influence on student attitudes to work and nursing is apparent

in the following quotes:

> "They do clerical work and it is easier to sit down and delegate. Obviously they have got a lot of work but it is easier to show one - they expect you to respect them but they don't earn it." [Elsa].
>
> "The Sisters aren't interested. I would hate to be a patient." [Kit].
>
> And when Sisters put their personal grievances ahead of the patient care." [G.D. 2].
>
> "One Sister used to just order me and walk away, or shout at me across the ward - there they get the big nightingale wards. And if I asked a question, just ignore me. It's very upsetting - it used to upset me a lot - when that kind of thing happens I don't know how to handle it." [Tara].
>
> "Some Sisters never greet you, never say anything nice. If they realised how much we depend on them - most of them are a hundred times nicer to patients than to us. One of them won't smile or even look at you. Makes you feel that you're not worthy of even a glance." [Kit].
>
> ".....some of the Sisters used to sit in their offices and that's all they ever did. And I'm scared because I don't want to be like that. If I'd wanted to be in an office I would have done secretarial work. I want to be a Sister but I want to be on the wards doing the work." [Tara].

Sisters are thus judged by what they do, what they don't do, what they say and how they say it. Because of what they see, students discriminate between being a nurse and being a Sister. While the professional calls herself a nurse, the student perceives a nurse as being very different.

Nurses are "not abused but taken for granted - you must get on and do the best you can." [Sue].

> "The difference is the nurse does the hard work and the Sister does nothing." [Tara].

> "A nurse is someone who cleans patients, runs around doing what she's told to do. A Sister is in charge, she has intelligence - as far as the public perception goes." [Dot].
>
> "Sister is more in her office, she has a lot of administrative work to do. She will sometimes come out and help. A nurse is more a friend to the patients. She is more there for the patient when the patient needs someone to talk to. She sees things and reports them to Sister." [Kit].

It seems that the majority of professional nurses, either by inclination or by necessity, cease to do active nursing and concentrate on the clerical aspects of their management function. It is unfortunate that this seems to remove them from direct patient care, the ward activities and the staff. Professional nurses are perceived by student nurses as removed from the real world of nursing, as being elevated to the point where they no longer wish to participate in the mundane dirty tasks which form part of nursing.

> "It seems that when people get into a higher position they forget about nursing. It's below them to get a bedpan. No nursing care is given by the Sister - Sisters do admin. Sometimes they take it in turns - three sit in the office and one comes into the ward but you never see all of them in the ward." [G.D.2].
>
> "Sisters think they aren't there to make a bed or carry a bedpan - that's a student nurse's job. Some used to sit in the office - you wouldn't see them for hours. If you wanted something you couldn't find them. One Sister was there at handover in the morning and we wouldn't see her again until 6 o'clock in the evening. Some are sitting having tea at 7.15a.m. As my friend said: 'If we had all done that, then the place would have been chaos.'"
>
> "When the Sister wasn't like that - then we worked more as a team. There was one Sister - she was such a nice Sister. Every second Wednesday we would be gathered together and she asked us to discuss our grievances. We felt we could say what we felt because she didn't hold it against you." [Amy].

Students are placed in a difficult position with regard to their own professional goals. They seek to become competent highly skilled professional nurses, who are able to provide high quality nursing care to patients in a particular speciality. However a large number of nurses who have supposedly reached this goal are not apparently putting these attained skills into practice nor are they prepared to assist students.

Students feel that they are viewed as being unwelcome and inferior contributions to the nursing team.

> "The Staff Nurses do the nursing - they're in charge of the students. The students don't have a specific place." [G.D.2].
>
> "You get sent to do work with assistant and Staff Nurses - you never get shown the role of the Sister." [Dot].
>
> "I felt superfluous, not being used." [Jane].
>
> "The students are just, only just, above the domestics. When we arrive in the hospital or ward, the senior nursing ranks don't know us so they don't notice us. Even as a senior nurse, if the Staff Nurse has been doing the meds and senior work, the Sister often doesn't trust the nurse so she continues to allocate the senior work to the staff Nurse and the student nurse gets the dirty work." [G.D.4].

It is implied to students that the course they are following has very little value, will not enable them to become competent in any of the four disciplines. Linked to these remarks are also statements about the fact the students will graduate with more registered qualifications than most of the current registered professional nurses.

"The response from the staff was 'You girls are going to come in here and take over.'" [May].

"The Sisters - most don't agree with the 4-year course. They tell you they're sorry for you - that you wont be competent. There aren't many who agree with the course."[Dot].

"They're very negative - not directly - it comes about. They ask you what course you're doing and they say 'Oh.' I think now they're getting used to it but they still haven't got over that we're going to be more qualified." [Elsa].

7.4 Worker status

It appears that, as an outcome of the attitude to student nurses and their ability to perform responsibly, independently and competently, Sisters allocate work which is simple, repetitive and unstimulating.

Students are allocated a task or group of tasks and this is what they are expected to do every day unless they complain or request a re-allocation. The work gives the student very little insight into the total care of the patient so she learns little with regard to the patient's diagnosis, treatment or progress. The student finds the repetitive work boring and unsatisfying. The junior nurse initially finds the learning of a new skill interesting but this interest soon wanes when she is required to utilise this new skill daily.

"You can do observations for the rest of your time in the ward - nobody will tell you to do dressings until you have to for an assessment." [Elsa].

"Yes, you get tired of doing the same thing every day. Like vulval swabbings every morning. That's the first thing they used to give me until eventually I

said I'd had enough of vulval swabbings now - it's not fair. But unless you point it out they don't actually see that they're doing it." [Tara].

You are just a scivvy - the B/Ps and pulses have to be done - but you don't want to do that every day. They tell you to do half hourly observations but they don't tell you what to observe for." [G.D.2].

"On the ward - we're only there to do obs and dressings." [Dot].

Students categorise simple, menial tasks as 'dirty work' and many feel that some of these tasks could be done by other grades of worker.

"I shouldn't be cleaning - that is someone else's work; I should be beyond that now. I'm here [it seems] to fetch things that people could perfectly easily fetch for themselves." [Jane].

"Often have to do dirty work for example, carbolising beds or taking messages to the pharmacy when there are more advanced things to do." [Ruth].

"Going down to the dispensary. I don't mind but I don't think we should be sent around on errands. We should be in the ward. The ward clerk should go down to admissions and so on." [Elsa].

"You feel exhausted at the end of the day. I think working as a maid would be more satisfying." [Jane].

Students also find it can be boring and tiring when the wards are overstaffed and there is little to do. Most of the students expressed their enjoyment at feeling useful and busy.

"The Sisters basically do admin work - they do do odd things like make a bed and check drips. But they're on the phone half the time. Why study for 4 years to end up doing that kind of thing? When the wards were understaffed, in a way it was better. Then there was always something to do. In [Ward X] we had 8 or 9 patients and 16 staff. Then a 7 - 7 was worse. I would sit and stare at De Waal Drive." [Amy]

"I only felt bored once - on night duty, my first month in male surgical ward and we only had 10 patients the whole month. There was nothing to do except go round checking drips or giving out meds.

> Also in community health - we used to go to the clinics and maybe work for the first three hours and then 'punch this' and 'staple paper' - if I work on the wards I have to be busy, I cannot stand around and do nothing. I get very bored and I get irritable. I have to work from the time I walk into the ward until the time I leave." [Tara].

Student nurses do not perceive themselves as employees or students. They know they receive a salary and are governed by the rules of the employing authority. However they know that this is a relatively short term arrangement; it is a situation which need only last until the completion of the 4-year course. Thereafter they will be free to decide for whom they wish to work and foresee that they will then commit themselves as employees in the full sense of the word.

> "It will be different when I've got epaulettes - I'll be treated with respect. I'll treat the job more seriously - come to work earlier, leave later." [Jane].

> "I think of myself as a student when I'm at Carinus. I'm an employee when I'm at hospital.
> We're not student students. It's only because we have to go to lectures. Real students don't get paid, they don't have to work as we have to work.
> You use the fact that you're a student to manipulate the system. And one also is more involved with trying to find out more, to learn as much as you can. You want to learn now so that if you're faced with a similar situation as a registered nurse you know what to expect. The Sisters don't take the opportunities to learn new things.
> When I'm registered I'll give more of myself as an employee." [G.D.4].

Real students are seen as living a very different life to student nurses. Nurses feel like students intermittently - when they are at college or when they have to think about an assignment or practical requirements. Mostly however the student aspect takes second place while they are working in the wards. There they are nurses, more or less on a par with Assistant and

Staff Nurses. They are there to maintain the service. The attitudes of qualified nurses appear to reinforce the feeling that they are not really students. However they receive a clear message that they are not always necessary to the continued functioning of the hospital. Because they are still learning they are not always sufficiently skilled to undertake nursing tasks without guidance. This results in their attempting activities as best they can or being relegated to monotonous, repetitive or manual tasks so that the more practiced staff nurse is freed to do the more advanced activities.

7.5 College Activities and Priorities

The college experience brings its own pressures and students respond to this aspect of the programme. Students reconstruct the academic programme in ways not anticipated by the educators.

For students the theoretical aspect of the programme is a complicated puzzle which never really comes clear. It has changes in subject, in pace, presentation and evaluation, which seem to be especially structured to ensure that they remain rather unsure what to expect.

The first contact with the theory is met with enthusiasm and a desire to do well. Students also expect to be faced with major theoretical hurdles which are seen to be appropriate to a career in the medical arena. So students expect to grapple

with anatomy, physiology and the exciting and dramatic pathologies. Instead they are confronted with pressure care, urine testing and the fine art of presenting a bedpan. They are also faced with a barrage of warnings about the etiquette and legal hazards of the nursing profession. This aspect is rather bewildering as the majority of students have no more than a hazy idea of what the working world of a nurse is like.

> "It was very slow, in a way too slow. Academically I expected it to be more anatomy-wise, biology - introduced to it, get used to that kind of work. Subjects that you could relate to more. Ethos was a problem. Afterwards you realise 'Oh, that's what they meant.' But there are things now, that we're learning now, that we could have used right from the beginning - such as physiology." [Elsa].

Students adapt to the pace, judging that this first experience is representative of the subsequent modules. They return to college in the second semester and find that the pace and quantity of work is dramatically different.

> "The first block I coped. The college was absolutely wonderful, gave you lots of support. The second block - I was terrified - a tremendous amount of work. There was not enough time. It was disjointed - time broken up between subjects. I can remember hardly anything." [Kit].

> Then we just got shunted with work. The thing is it is too much work for the short period of time - I don't remember it. You're learning something but you're forgetting it." [Elsa].

For the students who have studied science at school the work is not difficult; it is the quantity of work in the time that causes problems. For the students who have no biology or science background the overload is complicated by having to grasp totally new subjects.

> "I hadn't expected such a lot to learn in such a short space of time. Module 1.2 was worse - I didn't expect to learn so much in so much detail - it was like learning to be a doctor. The work was difficult - there were words I couldn't even pronounce. The work got more and more. And more difficult. The rumour went that we were doing a 3-year course in 10 weeks." [Amy].

Students respond to the problems of work load and difficulty in a number of ways. Some students study for the weekly test every night; others leave the studying to the night before.

> "I've always learnt in a load - because I cannot study without pressure. Some girls, their whole school careers, they've studied in small loads - for them it was a shock." [Elsa].

> "I have a really bad method of studying. I have to write everything out. Also I often study under pressure, at the last minute. I usually study the night before. I've tried different methods. If I start now what are my chances of remembering." [Kit].

Some students acknowledge that the problem is increased by leaving their studying to the last minute.

> "The studying is left to the last - to the end. The quantity wouldn't be such a problem if you worked every day from the beginning." [G.D.2].

Students also try to identify which sections of work are more important than others. They have a feeling that they should be able to ignore some sections as being of little interest, irrelevant for nurses or too big to be asked in the limited time available in tests or examinations.

> "You learn large sections of work - you spend hours and hours on certain sections - then they stick in little questions that don't seem that important. You

> can never predict what they're going to ask. They try to catch you out. They give you clues but they do put in questions which are sort of irrelevant. You can't beat the system - I wish you could. You can spot - they give questions and you have to answer 4. So you can leave out the whole of - say, dermatology. But they were clever this year. They had a few dermatology questions in each section." [Sue].
>
> "Some girls have spent hours - Monday to Friday - and then do badly - because they didn't know on what to concentrate." [Elsa].

Students expect tests and examination to do justice to the amount of work that has been spent in studying. They get angry, frustrated and disappointed when the test is too short or the examination too easy.

> "You learn so much and then they give you a 10 mark paper and that's very unfair. Especially if you're concentrating on a certain section and you don't get it. You must be able to distinguish what's important and what isn't. The thing is they try and fit everything in - it's not really a true reflection of how much work you've done." [Elsa].
>
> "The exams were very easy in comparison with the work. I was disappointed." [Kate].
>
> "In fact the exams were too easy in relation to the work put in particularly the final Midwifery exam; - that was ridiculous and insulting." [Jane].

Students are expected to prepare for tests and examinations by completing certain prescribed objectives. Some students find it difficult to determine how much depth is required for each objective. Others rather go for overkill and study all they can find on each objective. One student felt that she had found the answer to the expenditure of time:

> "In the 2nd and 3rd year blocks we were given the page references - and that worked well. I cracked the system." [Kate].

Students also react differently to the type of teaching and degree of teacher input.

> "They really bottle-fed us, with overheads and so on. I know the basis of it but I thought I'll just learn it parrot fashion. This year I was studying with a friend - the circulatory system - I did 8, 9 and 10 Biology and I did it last year - and for the first time when she explained it to me I ever, ever understood it. It's always just been handed to me. I was just learning it parrot fashion." [Sue].
>
> "For me, working on your own helps a lot because you actually have to look up the information. You actually have to think. Normally there are paragraphs and paragraphs and you have to sort through it yourself and summarise it." [Sue].
>
> I did find the workload a lot - these last few months we did not have a tutor - I need someone to go to if I need to ask questions. I am unsure if I do not know whether what I'm doing is right. I worked particularly hard this module - harder than I've worked in any of the others and I found I was not getting through. Either I was not getting the information that I was supposed to get or .... my notes were too short. I didn't go into enough depth. But I didn't know any better." [Tara].
>
> "1st year academic - too easy if you did Biology at school. This year (2nd year) has been more stimulating. In 1st year we were spoonfed. This last module we had no tutor - that was quite nice, there was no-one to bug you. I read more - got a lot more background. If we needed help we could always ask the tutor in the other class. If you get extra responsibility you act on it. It was a bit noisy at times - a sort of controlled riot." [G.D.2].

It is possible that some students would respond well to increased opportunities for independent study or some form of 'study contract. As stated previously in Chapter 6, student-centred independent study is a college goal which has not yet been achieved.

Students also see college as an opportunity to renew friend-

ships and to re-enter the social activities of friends and relatives. They are less exhausted; the day finishes earlier and the weekends are free.

> "If I think of college - college-time is time to go out and have fun. I don't actually blame them. It is the only time we get to really socialise. It's not often that you come home from a 7 that you want to go out, and all your friends are together and you finish at half past three and you have time to go home and sleep for 2 hours and then you go out. And you find a lot of girls are tired. I tried to concentrate on working hard this module because I found especially in 1st year we used to go out a lot after college." [Tara].

Thus, in addition to attempting to understand what is expected with regard to the study programme, students attempt a juggling act between studying and a social life.

7.6 Residential life

Students express resentment at being treated like school children. They view rules restricting their movement in and out of the residence as unacceptable when they are supposed to be responsible enough to be attempting the care of sick people. Several students felt that they were treated like children at college but were expected to be adult when working in the hospital.

Those living in the residence also felt that they got very little opportunity to break the involvement with nursing. It was felt that they were isolated from the wider world and had

little chance to unwind and recharge their batteries by exposure to other activities and subjects for conversation. Residence was also seen as lonely because it was rare that friends in the residence had the same off duties. These students were limited, by lack of funds and transport, from getting out into the community. This was particularly true for those whose homes were elsewhere in the country.

> "The people who live in - there isn't much in common. One doesn't meet many people." [Ruth].

> "I like the change, but I am lonelier. Because, at Somerset, you get to know everyone - in the diningroom you sit and talk for ages. Here you just walk in and out. So many other people - no one really cares. College is a nice change - it comes at the right time but I'm lonelier. I don't go out at all during the week. When college is finished at half past three I start studying immediately until suppertime - then I work until about seven, then I watch TV until 8 - at 8 I bath and go to bed with a book and go to sleep about 9.
> This year I have gone out once or twice during the week but I've got this conscience - I feel guilty about going out. I feel I shouldn't feel like that - I get very uncomfortable. I just want to run back to my books." [Lucy].

> "We also need more stimulation. Nurses get very narrow in their outlook - all we talk about is nursing. It would be good if we had other activities which we could do to stimulate us - like debates - to get our minds going." [G.D.2].

Those who have friends or family in the area get out of the residence every opportunity they can.

> "There is plenty of time for recreation and a social life. I've got friends and family in Cape Town so I only stay in the res. when I'm working." [Dot].

However some of these students found it hard to cope with the changes in life style and were unable to come to terms with the

need to adapt and make a new set of friends and social activities.

> "On my days off I just sat at home because everyone else I knew was either at school or at work.
> I miss school - not the work but the sport and my friends. There was always something to do.
> I moved out of Carinus because I wanted to get away from work. But it didn't really help because I thought about the patients even off duty." [Amy].

7.7 Absenteeism

The perceptions students have about hospital, nursing and the education programme set up a number of emotional reactions and corresponding behaviours.

7.7.1. Response to work environment

Students express their resentment at the fact that they want to learn, grow and become skilled, but are being denied the opportunities to achieve these goals by lack of interest and supervision. Students get physically tired by long duty hours which are often boring or unstimulating; they get emotionally exhausted by attempting to deal with unfamiliar tasks and patients' problems.

> "If I work on a ward where I don't get on with the staff, or the Sister is nasty - anything like that - or this one particular patient is dying - you come home and you feel "I don't want to go back". It's a different feeling. It's not the same as working somewhere you enjoy working.
> I just find sometimes we're overworked, especially when we're understaffed - then you come home and you feel you haven't done half the work you should do -

> but you have - you're exhausted. That's when I get upset - I've tried so hard but I feel I've achieved nothing but it is not my fault. I don't know how to do it better." [Tara].

The combination of poor guidance, unpleasant attitudes and unsatisfying work creates the scenario for absenteeism.

> "But three 7s - that kills you - especially in Midwifery. OK you'll have 3 days off but on that third 7 you just don't want to face any more - you just feel like staying at home and sleeping." [Tara].

> "I show frustration - I don't act aggressive but I don't hide it - my expression gives it away but, if it really pushes me I go home and have a good cry. I try to go back the next day, otherwise it builds up and gets really bad - you just don't want to go back. Nursing is very difficult because you're so young but you're expected to be able to cope with so much and ..... people make out its so noble - my Dad and I had this discussion - it is noble but it is linked up with a lot of things that aren't."

> "I think it is very difficult to say but people don't realise it is not pleasant washing people - its embarrassing. It is not pleasant when you see someone that is ..... that you cannot relate to because of their social background but you have to - I do - but you know someone is an absolute social outcast and this person demands things from you, is rude to you - its very difficult." [Elsa].

Students do not plan the absenteeism which is the response to pressures at work. For each individual it occurs when tolerance levels have been reached. Students can see no way to alleviate the situation. All they can do is create a breathing space for themselves, to generate sufficient energy to return to the battle. They are aware that nothing is resolved by this response but see no other recourse other than resignation. The latter is not a realistic solution beyond a critical point in the training. Many students express their love of nursing and the

fact that there are rewards - particularly from the patients. The patients provide the impetus to keep going.

This concern and involvement with patients also governs when absenteeism occurs. Students generally perceive the days they are absent in response to work pressures as being of little consequence to patient care. An estimation is made as to the number of patients and the staffing quota. If this is considered adequate to ensure adequate patient care then the student will consider being absent. Thus student absenteeism has its own code of ethics which is related to maintenance of patient care. Absenteeism is not considered appropriate if the ward is very busy or understaffed.

> "I think if the ward is quiet you think - 'Oh well the ward is quiet, they're not really going to miss me". I think you feel more guilty if you know the ward is busy. I think it all depends on the person. Obviously if you're not coping on the ward you think you should take off to recover. And if you're not doing any work then they're not going to miss you." [Elsa].
>
> "I've never stayed away - but other students do - usually when the ward is quiet and boring." [Dot].
>
> "Students who stay away when the ward is busy - only 1 or 2 - they find they have few friends." [Kate].

Absenteeism comes in three other forms.

Firstly the type which is very close to that which management think absenteeism constitutes, i.e. social.

The second type is bunking - this occurs only at college. The third form is genuine illness, which may or may not be linked to the degree of stress being experienced.

7.7.2 Social Absenteeism

Socialisation takes time. Secondary socialisation, such as occurs when young people begin training to be a nurse, takes a variable amount of time depending on the degree of difference between primary and secondary social environments. The time is probably shortened in those students who come from conservative, highly disciplined homes. Equally those students who are older and/or married. These students resist or have little need to attempt to maintain involvement in the social life of their contemporaries.

For the majority of students success in social contacts with other young people is as important as success in their chosen career.

> "Also when you want to do things with your friends. How can you go to George and be on duty? So you go to George." [G.D.4].
>
> "If you feel unhappy [in the ward] there's nothing to look forward to. It is also when it is holidays and you want to be with your friends." [G.D.2].
>
> "From the beginning there were girls who talked about wanting to leave - mainly because of the hours and the pay. To me it was the hours - the pay didn't bug me that much."

> "Also my social life wasn't there any more - because of the 7 - 7s. I would come home, bath, eat and go to bed. If my friends asked me to go out I knew I couldn't because I wouldn't be able to get up in the morning. I would have preferred working 7 - 4 every day - and have the weekends off." [Amy].
>
> "The hours - 7 - 7 - get quite exhausted. Takes most of the days off to recover. One needs time to socialise. There's more social life while we're in college." [Ruth].

Absenteeism for social reasons is planned while absenteeism which occurs in response to working pressure is not usually planned.

Q. "So there are two different kinds of absenteeism?"

A. Yes. One you plan the night before - to do things with your friends. The other only happens when you wake up - you don't always know it is going to happen." [G.D.4].

Planned absenteeism may also occur when the organisation fails to recognise the degree of urgency when a special request for days off has been submitted. Students do not always get their requests for particular days off. There are a number of valid reasons for this, according to the organisation.

For the student, an unfulfilled request is seen as the machinations of an unreasonable bureaucracy, or the vindictiveness of unsupportive ward sisters. Students then go through sometimes complicated charades to ensure that they are off on the required day/s.

A. "Yes - I do know a girl - but we had enough staff."

Q. "Was that why she did it?"

A. "Well she went to the doctor and she said he gave her off - but she went to see her boyfriend off because he

> was going into the army - and she'd requested that day and the next day off and they didn't give it to her - so .... so she went off sick. But it is not for me to decide - its for her to decide. It is not my responsibility to decide what's right. I don't think it is right but I'm not going to be antagonistic or upset when she comes back." [Lucy].

Students also see no reason for staying at work when they are doing very little. Boredom is given as a major reason for either not going to work or for leaving during the day.

> "I've never done it but I know others have done it. They only go home if their time is being wasted. Students joke about taking time off amongst themselves and when one is working together the students know who has gone home. It was easy in OPD because no one checked on us once we were there." [Kate].

Q. "You said you take time off. When do you do that?"

A. "Times when I hate where I'm working - because of staff or patients disinterest - boring e.g. theatre - I was bored - there was plenty of staff." [May].

Students who are absent from college practice a version of social absenteeism. The difference is that students call this 'bunking' rather than alternative labels. This word may be a reflection on the change of perspective - from nurse-cum-employee to student.

> "I actually don't see myself as an employee. I always see myself as a student because I'm learning all the time - no I don't - actually only see myself as a nurse - I'm just there to help the people in the wards. The only time I really see myself as a student is actually when I've got to think about my blue book or when I'm at college." [Tara].

Students have to change from being responsible adults employed as nurses in a hospital, to learners whose primary goal is

supposed to be increasing their knowledge of the theory of nursing. College time is seen as an opportunity to make up for lost social time. It is also a time of intense activity related to studying. Both aspects are seen as important to nurses. However the social occasion is usually an immediate activity whereas studying can be put to one side until a test or examination looms.

> "And in the college - you can go out during the week. You're not exhausted on your feet. The girls come in 3 - 4 in the morning, exhausted, they collapse in bed and before they know it, it is 11 o'clock."[Sue].

'Bunking' also includes another form of absenteeism -i.e. when students come to college then either go home for the rest of the day or go out of the college for part of the day.

> "No. I love going to college. What we do in college is bunking."

Q. "So there is a difference between absenteeism and bunking?"

A. "Yes. Bunking is when you actually go - you find out what is on the agenda for the day and decide not to stay - or to stay away for part of the day. Like going out for breakfast or having 3-hour lunches. You put out your books in the library - then you come back later and go home with everyone else.

Absenteeism is when you don't go to work!

College is lovely. I don't mind getting up to go - because we don't necessarily stay. It depends on what has been arranged for the day. If lectures or visiting speakers have been arranged then we stay. We come to class and find out what is on the agenda. Then if there is nothing particular we go to breakfast at the Wimpy. For those who live in its super - they can go back to bed. They just have to get someone to call them if there is going to be roll call or something." [G.D.4].

For some students 'bunking' occurs when failure to keep up with the work load requires extra time spent on studying.

> "A lot of the others used to bunk - particularly in college. In the wards I never saw my other buddies so I don't know what they were doing. In college they would be off the day before a test - not on the day because we were told that any missed tests would be written on a Saturday.
>
> We knew on a Monday what the test would be on - we had a test every Friday. I had no urge to study during the week. Then I would cram on Thursday night. I would have to leave sections out because there was not enough time." [Amy].

For some students, particularly the slower learner, this causes a vicious circle. These students find that they are not keeping up with the work. This causes anxiety and increases the feeling of tiredness and inability to cope. So they convince themselves that what they need is time to recover. However, when they return to class they find that they are further behind than ever.

> "I needed more time., I kept getting sick all the time. I took the time off - I wasn't sick - I was very tired. I took the time to rest and catch up but then I missed work and was behind again." [Kit].

7.8 Student Perceptions Summarised

A bureaucratic organisation like a hospital views all who receive a salary or wage as employees. These employees are subject to rules and regulations. Employees who are absent are categorised as having taken legitimate or illegitimate leave.

Students receive a monthly payment and are considered as

employees. The students themselves do not consider themselves as employees. Nor, however, do they perceive themselves as real students. They perceive themselves as learner or amateur nurses. They consider that qualified staff are employees. They are not students because they get paid and are thus restricted in the freedoms which other students are perceived to have e.g. freedom to wear casual clothing, freedom not to come to lectures. They also see other students as being more mentally stimulated and able to enter into debate over a broader range of issues. Nursing students feel that they are confined into a narrow band of specialised knowledge which isolates them from other students and friends.

They know they are nurses because of the uniform they wear and the type of work they do. Nurses, however, are not the same as Sisters or registered professional nurses. Nurses do the majority of the 'dirty' work i.e the simple, repetitive, boring work necessary to patient care. Sisters are seen as considering themselves above doing these tasks. Sisters however are not seen as doing higher-powered nursing work. The majority of Sisters 'impress' the student nurses with the amount of administrative or office work that they do - the main impression is that Sisters do not in general work very hard. They spend a lot of time in the office, talking, telephoning and drinking tea. Sisters are isolated from the students who are not even sure how much the Sisters know about the patients in the ward.

There are of course exceptions to this picture. Some of the Sisters are enthusiastic and involved. When the Sister takes an active part in the general activities of patient care and shows an interest in teaching students, then the students feel reassured and part of a united team. They are then prepared to put in extra effort and do whatever the Sister wants done.

Students develop their own criteria for evaluating the competency of professional nurses.

A student nurse in the hospital is a small and unimportant cog in a large and complex wheel. She is a novitiate in a profession with its own unique culture. She is also representative of an educational course which qualified nurses resent and find threatening.

Student nurses are learners attempting to become sufficiently skilled so that they will be accepted amongst the ranks of professional nurses. They find, to their dismay, that they are neither welcome nor respected. They are actively discouraged from getting additional knowledge by observing, listening or asking questions.

> "Ward rounds - you should be allowed to go with the Sister. I've been in wards where they say 'No, this is for the Sisters.'" [Elsa].
>
> "Also if we ask too many questions [you might be victimised] we [get told we] should ask questions when we're at college." [Tara].

Students get allocated the lowliest tasks in the daily ward routine. Staff nurses are utilised for the more responsible jobs. Students are not encouraged to utilise the knowledge they have gained in the college.

The working day becomes monotonous, mundane and unfulfilling. The days are long and tiring. Some wards appear to be over-staffed and then there is very little to do to pass the time. Other wards are extremely busy and, by relation, understaffed. Students find this apparent uneven allocation of staff incomprehensible and one example of bureaucratic ineffiency.

> "I think the ward should be run as a business - it would be much better. It wouldn't be so ineffective. A lot of people are inefficient." [Elsa].
>
> "Some wards are understaffed - others there are plenty and the Sisters just sit. The allocation is very uneven." [G.D. 2].

Management and supervisory staff are seen as unfriendly, uninvolved and unproductive.

> "The matrons - those who wear suits - they cannot smile. Interpersonal skills are non-existent." [G.D. 4].

College time for students is when they feel most like students. It is also the time for social events and less responsibility. While many aspects of college life make it more relaxing, the quantity of work and the difficulty in understanding the expectations of teachers creates different forms of stress. Students have a problem unlocking the system. They are unsure of the priorities for study purposes and are fre-

quently disappointed and taken by surprise by the examination questions.

For those who live in the residence and who do not know people in the town, it is a lonely life with little contact with the world outside nursing.

The student nurse is an individual with expectations, needs and aspirations. The modern student is not prepared to commit every waking moment to her profession and its demands. She resents attempts to control her social life and behaviour. Commitment to an employer and to the professional body is perceived as post-graduate behaviour. In the period while she is training the student realises that she must comply with those rules which affect the attainment of her qualification. However since she perceives herself as a nurse learning to be a Sister rather than a student of professional nursing, she interacts with the profession and the organisation as a temporary resident, or even as a tourist. She feels no real obligation to either - her only obligation is to the group of patients she is currently nursing.

As a result of the stresses that students experience, absenteeism becomes one of the coping behaviours which are utilised. These absences are unplanned and occur when the individual student's coping skills have been exhausted.

However other forms of absenteeism occur.

Students place a great deal of importance on social activities with friends and relations. When work commitments clash with especially important or attractive social arrangements then work comes second. This form of absenteeism is also seen as 'bunking' when it occurs in college time. College time is seen as a time to catch up on social activities which are necessarily reduced while working in the hospital. Studying and learning are activities which can be postponed without immediate consequences.

Genuine illness forms part of the absenteeism profile. This is not to be confused with planned or unplanned absenteeism for which a medical certificate is obtained. No attempt was made to investigate the ease or difficulty with which medical certificates of minor or non-existent illness are obtainable. It is assumed that, as in other settings, this presents no real difficulty [cf Taylor 1984]. However real illness does occur. Further research would be needed to clarify to what extent these illnesses could be directly or indirectly attributable to stress levels and consequent changes in immunity levels. It is suggested that many of the illnesses are probably psychosomatic responses to stress and unhappiness.

CHAPTER 8

DISCUSSION, THEORY AND SUMMARY

The previous chapter revealed the complexity of factors which resulted in the development of student perceptions and the association between these and absenteeism.

This study set out to discover

- what perceptions student nurses develop during the 4 year nursing programme at Carinus Nursing College and its affiliated hospitals;

- what aspects of the programme cause difficulties which, in relation to the perceptions developed, make absenteeism the behaviour of choice;

- whether absenteeism is accepted by student nurses as a valid response to particular situations in the education programme.

The previous chapter dealt with the perceptions which were revealed in the study. It is accepted that, with a more intensive, longterm study, more perceptions would be revealed. The previous chapter also showed that, generally, students find

absenteeism, either their own or that of other students, valid. Those for whom it is not valid find it understandable.

This chapter is intended to utilize the information gained in order to interpret student behaviour and to propose a model to explain absenteeism. In this way it is intended to show that the questions asked at the beginning of the study have been addressed.

8.1 Absenteeism : Possible interpretations

For the student the term 'absenteeism' has little meaning. It is a collective term applied by senior personnel to a behaviour which students engage in collectively but with no relationship to any other facet of student life.

Students however have a collective awareness which places taking time away in their own social context. Students perceive the nursing programme as an obstacle course through which each individual muddles in her own way. There is no apparent group reflection on absentee behaviour or its causes. The discourse relates to a sharing of miseries; on comparison of experiences which are particularly difficult. These difficulties are found to be similar. Since these are problems faced by the entire group, the discourse revolves around adding additional information about the hardships and who is responsible. While particular individuals are often seen as responsible, students develop perceptions of an uncaring hierarchy

which stretches into infinity. The hierarchy develops a persona for the students. The hierarchy is a faceless, nameless living organism which is responsible for most of the student problems. It is inflexible, secretive, unpredictable, unrealistic, inefficient, hyper-critical and insensitive.

Students feel powerless against this powerful, controlling and sometimes vindictive body. Individual protest creates the possibility of victimisation. Group protest apparently has little effect. Students attempt to recruit supporters who are seen as more powerful. However these supporters are often not very encouraging.

The college is seen as a source of support. It is seen as organized and predictable. However the college is also the origin of many of the student problems: the disconnected programme, the volume of work, unpredictable examinations and residential rules.

Students are rarely together sufficiently to create any sense of strong unity. Students of each year are together intermittently. In between they are divided between at least 3 hospitals. Within the hospitals they are spread thinly in the various wards. The students are never all together under the same roof during their training.

The development of common understandings, and thus a student

culture, is the result of friendship groupings and intermittent classroom interaction. Students develop a strong sense of the negative aspects of their lives. They develop an awareness that individual experiences are not necessarily unique.

They unfortunately do not have many opportunities to share the positive experiences. Individual students relate an awareness of those aspects of their lives, which make it worthwhile - which enable them to stay in nursing. These rewarding episodes are not shared as easily as the negative ones. The more the negative aspects are aired the more the positive ones become nebulous and difficult to recall.

Absenteeism is not one entity. It comes in different forms. A small percentage is that which is due to legitimate illness. Some students occasionally take planned time away. This is usually when the social activities appear to be more appealing than work or educational activities.

The absenteeism which is unplanned is the student response to a situation which appears intolerable and over which she has no control, nor can she foresee any way to change it. It is an individual response which many students are using in reaction to similar circumstances.

'Bunking' is a similar reaction except that it appears to be more related to social activities. It also tends to be more prevalent at college and thus has a greater group context.

Student feelings about illegitimate absence vary from 'some guilt' to strong feelings that it is not an acceptable way to deal with problems. It is these feelings which appear to drive them back into the situation. There appears to be no illwill against students, from other students, when they return. Students generally do not feel that extra work has been generated by the absence of a colleague. Most students believe that the majority of students are only absent when there are sufficient staff to cater for patient care. Since this form of absenteeism is unplanned it apparently has not occurred to the students that other members of the nursing team may feel similarly and not arrive at work. This is probably because students from this college are generally not working together. They work with students from a sister college as well as staff and assistant nurses. There is very little interaction with these nurses and thus no discussion with regard to the possibility of being absent. Sometimes these others are seen as contributing to the problem. Thus absenteeism can also be seen as the students' need to retaliate in some way.

Absenteeism can be interpreted in a positive way. It can be seen as indicating that students have internalized many of the ideologically acceptable requirements of nursing e.g. the concepts of caring, kindness, non-judgmentalism, courtesy etc. Since the student finds that her internal ideals about 'nursing as it should be' are in direct conflict with the way nursing is practiced by some nurses, in some areas, absenteeism is a means to protect those ideals. The student removes herself tempo-

rarily from the situation which threatens her ideals. She takes time to bolster her resolve, to strengthen her beliefs and to gather the energy to resist those aspects of nursing which she perceives as unacceptable. She knows that her status as a student is temporary; she also knows that her stay in any one work environment is short term. She avoids direct conflict with those who do not hold the same beliefs about how nursing should be performed. Thus absenteeism has a passive, pacifistic and reinforcing role in the life of the student nurse. It enables her to continue with her nursing education: to complete the course with her beliefs and hopes relatively intact.

Alternatively absenteeism can be viewed as a response by a student who has not yet been totally socialized into the true world and nature of nursing. It has been stated that nursing requires of its practitioners to be submissive, passive, accepting and conforming. Middle-class virtues of lady-like behaviour are required in an occupation which is almost wholly performed by females. Recruits tend to be selected from the middle class with the attendant expectations that they will conform more readily to the norms of a medical world ruled by doctors who are mostly men.

> "The diploma school taught the nurse subordination to institutional goals and needs; the student was used for service and her ritualized status subordination to the physician went beyond the necessary functional dependence of some nursing tasks upon medical prescriptions." [Reeder & Mauksch : 1979 :213].

The student is given the theory of independent, critical professional practice. She meets the reality of passive subor-

dination in the hospital. This creates a conflict which results in absenteeism until she is fully socialized and realises that in order to succeed she must conform. The alternative solution is to leave.

> "....they find that the professional autonomy taught at school is dysfunctional in the bureaucratic work setting of the real world." [Maykovich : 1980 :300].

The real world does not heed the kicking of the student against those aspects which she finds unacceptable. In turn the student response, absenteeism, is deemed unacceptable and more stringent controls are introduced.

> "How much personal freedom is <u>possible</u> in a hierarchial, bureaucratic authority system? At what point does individual style become incompatible with order." [Fitzgerald : 1981 :107].

8.2 Absenteeism : a theoretical framework

Student nurses could be said to respond on a sliding scale between attending and being absent. For each type of absenteeism there is a similar, opposite, category related to attendance. This can be expressed diagrammatically in the following way:

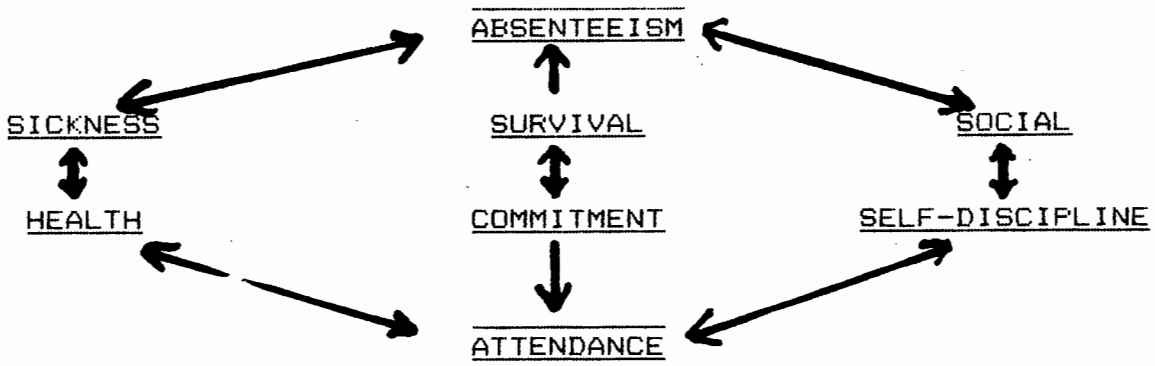


TABLE II

The direction of movement towards a particular behaviour is governed by the socially constructed meanings of the world as perceived by student nurses. How does the student construe this world?

The world of the student nurse is seen as temporary and relatively short term. Conformity to the bureaucratic rules is a necessity in order to achieve the primary goal i.e. graduation. Since this is a temporary state it requires survival rather than long term commitment and loyalty to employer, profession and college. Students perceive themselves as playing the role of an inferior nurse - they are outsiders. This will change once they are qualified. Then they expect to become committed to a particular organisation and to be seen as 'real' nurses - as 'insiders'.

This reluctance to be committed to either organisational or professional goals is reinforced by their interpretations of their reception and treatment by 'insiders' within the organisation and profession. They are powerless to effect any changes. They feel barely tolerated; useful only for repetitive menial work; they feel rejected, humiliated and unstimulated. The hours are long, the work often confusing and disconnected and their efforts to learn and do well usually unnoticed.

Failure by the profession, and the organisation, to make the student feel like a student, to provide her with rewarding

learning experiences and supervision, to give recognition to her contributions and efforts, and to make her feel accepted, wanted and needed, causes increasing disillusionment, anger and disappointment. These feelings are fed by discussion with other students. Motivation diminishes and absenteeism rises.

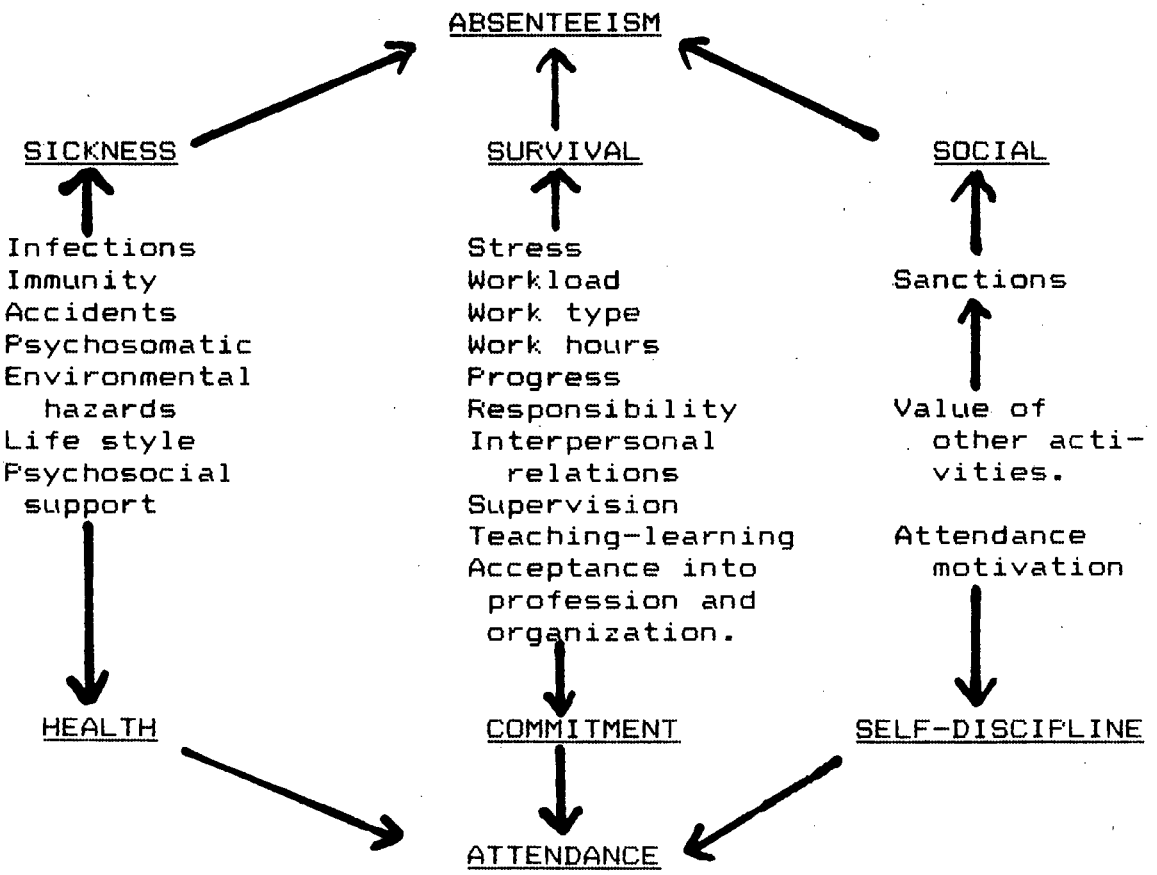
Attendance occurs because the students get positive feedback and rewards from interaction with patients and some of the nursing staff. Not every day or every ward is bad. So students ride the bad patches with absenteeism in the hope that the next day, or ward, will be better.

Students also fluctuate between illness and health. To some extent the absenteeism which occurs as a result of illness is beyond the control of the organization. However, it may well prove fruitful to investigate the possibility of improving these conditions which promote the incidence of infections, accidents and psychosomatic conditions. A reduction in environmental hazards and stress and an improvement in lifestyles and psycho-social support may well reduce the incidence of sickness.

While students remain convinced that they have little value to the organisation or profession, their resistance to the lure of social activities will remain low. A combination of attendance motivation, self-discipline and sanctions are probably necessary to reduce this aspect of absenteeism. However, because students are late adolescents who have not yet been fully

socialized into the profession, or the world of work, a percentage of absenteeism will probably continue to reflect the students' determination to gratify their immediate desires.

It is proposed, therefore, that the three types of absenteeism can be placed on the sliding scale model of absenteeism and attendance. The factors which play a contributory role have been identified. These are factors which, when they are perceived as being positive, contribute to attendance. In their negative form they contribute to absenteeism. The following diagram illustrates the proposed model.



Diagrammatic representation of Absenteeism/Attendance Model

TABLE III

Social absenteeism and sickness absenteeism are not totally amenable to control by the organisation. Survival absenteeism is the one type of absenteeism which the organization and the profession i.e. administrators and educators could address with the greatest likelihood of success. This does not mean that the causative factors are that easily altered. These factors have contributions from every member of the organisation and profession with whom the student comes in contact. A change in the degree of student absenteeism means changes, not in the rules, but in attitudes and communication styles.

Absenteeism is, in the world of student nurses, not a single entity. It comes in different forms as a result of a variety of causative variables and with different purposes. Students construct their own reality in response to their interactions with others.

> "People vary considerably in their perceptions of events and in their motivation to achieve goals that are important to them. These individual differences are important to consider because they may be related to the development of preferred coping strategies or certain patterns of coping." [Strauss & Hutton : 1983 : 368].

Students have beliefs about what nursing ought to be and develop perceptions in response to what they encounter as the 'real' world of nursing. Students have to deal with similar difficulties because they occupy similar positions in the hospital and professional hierarchy. The similarities in problems result in a shared understanding of their role and range of possible responses. While absenteeism is not necessarily discussed, it is widely accepted by students as a means

of responding to aspects of the environment. Absenteeism is not necessarily practiced by all nurses; but even those who do not accept it as an individual coping strategy, do not respond negatively to those students who do. New students soon learn that absenteeism is a possible coping strategy.

> "The knowledge that his associates think and act in the same way strengthens any individual student's determination to do what the perspective specifies as necessary to get through school." [Becker : 1961 : 296].

Short term absence i.e. three days or less is an indication of 'illness' in the organization. Some percentage of absenteeism is probably beyond the ability of management to eliminate - this would include some sickness and some social absenteeism. The absenteeism which is the cause of greatest concern is that designated as survival absenteeism. It is a student response to difficulties experienced in their educational programme - both in college and in the hospital. Increasing sanctions will not alter the absenteeism rate because the students perceive absenteeism as a major means of surviving. The majority of students want to survive to qualify as professional nurses.

They want to survive with their ideals intact. They conform where they have to and absent themselves when they reach crisis point - as perceived by the individual student. Each student has a different point at which absence becomes the behaviour of choice in order to survive. Students do not, in general, see absence as a means of resolving the problems. Since they perceive themselves as powerless their choice of response is limited. Alternatives such as confrontation and collective

bargaining are seen as either resulting in victimization (thus making the situation worse) or ineffectual.

8.3 Limitations of the Study

Since the participants came only from one nursing college, it would not be feasible to generalize the findings without further similar studies in other colleges. There is, however, sufficient correlation between the findings and the literature to anticipate that similar results are likely in other South African Nursing Colleges. In addition this study was confined to those aspects of nursing student culture which appeared to be relevant to absenteeism. There remain many unrevealed aspects of the world of the student nurse. By restricting the study to one aspect of student life it may create an impression that the whole of the student nurse's life is rather gloomy. This is patently not so since students do remain to complete their training. There are obviously sufficient rewards to encourage them to remain. However there are a number that leave, and these, together with the number that stay but are frequently absent, remain a matter of concern.

The small number of students who participated and provided the information for this study could indicate a weakness in the validity and reliability of the study. However this apparent problem can be said to have been overcome by the fact that interviewees reported very similar perceptions and experiences.

No attempt was made to differentiate between perceptions of junior and senior student nurses. However senior nurses seemed less likely to perceive boredom as problematical.

8.4 Summary

The high ratio of negative experiences in relation to positive rewards causes students to feel that they are not accepted by, or necessary to, the organisation. Their energies are drained, their motivation reduced and their ideals become less attainable. The value of activities other than work increases. Thus absenteeism becomes a viable alternative. It provides an opportunity to rest and recover energy to continue - it creates an island of alternative activities which appear more rewarding and less destructive.

Other students are the only ones who can really provide support as no other group can really fully enter into a full understanding of what it is like.

Students feel powerless to change their situation in any meaningful way. Representatives on committees are either not truly representative or are not able to make themselves heard. Constructive group action thus appears to be fruitless. Direct individual action carries penalties such as possible victimisation and exacerbation of the situation. Thus individual withdrawal from time to time appears to be the only solution.

The study suggests that there are three main forms of absenteeism i.e. sickness-absence, social-absence and survival absence. The study concentrated on the development of an understanding of the student world and the need to develop survival behaviour.

> "Student culture consists of collective responses to problems posed for students by the environment. Theoretically, we expect students to develop such a culture when they face certain common problems in isolation from others and in close contact with one another. Under these circumstances various solutions for the problems of the environment will be made use of by all the students insofar as it is possible for them to communicate their thoughts and discoveries to one another." [Becker : 1961 : 436-437].

Survival behaviour in the form of absenteeism is not practised by all student nurses. Those who do practice it are either being subjected to more environmental and internal pressures than others or they lack adequate resources to cope with pressures which are no different. Solutions to the problem of absenteeism are neither simple nor instantaneous. It appears that amelioration of the work related environmental pressures, as well as the implementation of support mechanisms, need to be investigated. Particular emphasis needs to be placed on an improvement in interpersonal relations, the professional example in the clinical setting and mechanisms for dealing with student grievances.

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NICO MALAN VERPLEGINGSKOLLEGE

VERSKILLE IN DISSIPLINÊRE STAPPE WAT TOEGEPAS WORD IN GEVALLE WAAR STUDENTE AFWESIG IS SONDER TOESTEMMING

Agtergrond van probleem

Vanaf Januarie tot einde Maart hierdie jaar was daar 'n toeneming in die aantal studente wat net weg gebly het vanaf diens sonder toestemming.

Op 'n vergadering gehou op 7 April 1989 deur verteenwoordigers vanaf die kollege, Skeireilandse Kraam-, Somerset-, Conradie-, en Groote Schuur Hospitaal was daar gevind dat die drie hospitale nl. Groote Schuur-, Conradie- en Somerset Hospitaal verskillende dissiplinêre stappe toepas

Groote Schuur Hospitaal

- Kandidate teken afwesig sonder verlof.
- Kry nie salaris vir die tydperk van afwesigheid nie.
- Waarskuwing word gegee.
- Word weer na 6 maande gesien

Conradie Hospitaal

- Kandidate teken afwesig sonder verlof.
- En word eers na 3 keer afwesig sonder toestemming 'n waarskuwingsbrief gegee
- Word toegelaat om die tyd in te werk.

Somerset Hospitaal

- Kandidate teken afwesig sonder verlof.
- Word toegelaat om die tyd in te werk.

Beide Somerset- en Conradie Hospitaal word die salarisse vir die tydperk nie afgetrek nie.

Die vergadering spreek hul kommer hieroor uit omdat studente die geleentheid kry om in sommige gevalle die diens te ontwrig deur hul afwesigheid

Vanaf Januarie tot einde Maart 1989 was daar studente wat afwesig was sonder toestemming. Dus of hulle is afwesig na of voor dag af, of na of voor verlof en dan ook oor langnaweke.

Van hierdie studente was:

5 vanaf Conradie Hospitaal
3 Vanaf Somerset Hospitaal
5 Vanaf Groote Schuur Hospitaal

En die aantal dae afwesig per student het gewissel tussen 1 - 5.

Totaal: 23

Gevolge/....

Appendix 2

PROVINSIALE ADMINISTRASIE
VAN DIE KAAP DIE GOEIE HOOP

TAK HOSPITAAL- EN GESONDHEIDSDIENSTE

PROVINSIALE GEBOU, WAALSTRAAT,
POSBUS 2060, KAAPSTAD, 8000

PROVINCIAL ADMINISTRATION
OF THE CAPE OF GOOD HOPE

HOSPITAL AND HEALTH SERVICES BRANCH

PROVINCIAL BUILDING, WALE STREET,
P.O. BOX 2060, CAPE TOWN, 8000

TELEKS / TELEX 522368

TELEGRAM HOSDEP

TELEFOON / TELEPHONE (021) 203-4065

NAVRAE / ENQUIRIES Mrs. JN Slabbert

VERWYSINGS / REFERENCE J.N. Slabbert

TELEFAKS / TELEFAX (021) 24-6906

DATUM / DATE 7 September 1989

Miss. V. Heighway
23 Goldbourne Road
KENILWORTH
7700

Dear Miss Heighway

"A CASE STUDY TO ILLUMINATE THE PERCEPTIONS, DEVELOPED BY STUDENT NURSES, WHICH RESULT IN ABSENTEEISM AS THE BEHAVIOUR OF CHOICE IN RESPONSE TO DIFFICULTIES IN THEIR EDUCATIONAL PROGRAMME."

Authorisation is hereby given to Miss V. Heighway to undertake research for a thesis towards the M. Phil (Adult Education)

The research proposal is interesting.

The proposed instrument for data collection is found to be in order.

The Sub-Directorate, Nursing Services would be interested to receive a copy of the thesis as the issue of absenteeism is a constant cause for concern.

Yours faithfully.

Signed

EXECUTIVE DIRECTOR

UNIVERSITY OF CAPE TOWN

Faculty of Medicine

Observatory, 7925
Tel: (021) 47-1250
Fax No: (021) 47-8955

7th August, 1989

Miss V Heighway
23 Goldbourne Road
KENILWORTH
7700

Dear Miss Heighway,

STUDENT NURSE PERCEPTIONS :(OUR REF: 108/89)

I have pleasure in informing you that your application to undertake the above study has been approved on behalf of the Ethics & Research Committee, and it is therefore in order for you to proceed.

Yours sincerely,

Signed

PROFESSOR J P deV VAN NIEKERK
CHAIRMAN : ETHICS & RESEARCH COMMITTEE

Appendix 4

INTERVIEW

THE FOLLOWING ARE GUIDELINES ONLY. IT IS INTENDED THAT INTERVIEWS WILL BE LARGELY UNSTRUCTURED AND THAT QUESTIONS WILL BE DEVELOPED IN RESPONSE TO STUDENT ANSWERS.

WHAT DO YOU RECALL AS THE HIGHLIGHTS OF THE FIRST YEAR OF YOUR STUDENT COURSE?

WHAT WERE THE MOST DIFFICULT ASPECTS TO COPE WITH IN THE FIRST YEAR?

HOW DOES THE SITUATION DIFFER NOW?

CAN YOU IDENTIFY WHAT CAUSED THE CHANGE?

CAN YOU IDENTIFY CHANGES IN YOUR OWN ATTITUDES TO NURSING AND TO THE COURSE?

IN WHAT WAYS HAVE YOU RESPONDED IN ORDER TO COPE WITH DIFFICULTIES?

IN WHAT WAYS HAVE THE COLLEGE AND/OR HOSPITAL ADMINISTRATION HELPED OR HINDERED YOU IN ACHIEVING SUCCESS IN YOUR COURSE?

HAVE YOU EVER CONSIDERED TAKING TIME OFF?

DO YOU EVER DISCUSS TAKING TIME OFF WITH OTHER STUDENT NURSES?

WHICH SITUATIONS IN YOUR VIEW WOULD WARRANT TAKING TIME OFF? (I.E. ACCEPTABLE REASONS FOR ABSENTEEISM).

DO YOU CONSIDER YOURSELF A STUDENT, AN EMPLOYEE OR A NURSE? WHICH OF THESE TAKES PRECEDENCE?

AT WHAT POINT DO YOU THINK THAT ONE BEGINS TO FEEL LIKE A REAL NURSE?

WHAT WOULD MAKE YOU FEEL MORE LIKE A STUDENT?

QUESTIONNAIRE

STUDENT PERCEPTIONS OF EDUCATION PROGRAMME

NAME _____

YEAR OF STUDENT REGISTRATION _____

AGE _____

RELIGIOUS AFFILIATION _____ ACTIVE PARTICIPATION YES\NO

SINGLE [ ] MARRIED [ ] DIVORCED [ ]

CHILDREN YES\NO

GENDER : FEMALE [ ] MALE [ ]

RESIDENCE : NURSES HOME [ ] FAMILY HOME [ ]
FLAT [ ] OWN HOME [ ] OTHER _____

FATHER'S OCCUPATION/QUALIFICATIONS _____

MOTHER'S OCCUPATION/QUALIFICATIONS _____

ANY FAMILY MEMBER IN NURSING: YES\NO State relationship _____

ARE YOU FINANCIALLY SUPPORTED BY FAMILY? YES\NO

ARE YOU ACTIVELY ENCOURAGED BY FAMILY TO REMAIN IN NURSING? YES\NO

PLEASE STATE YOUR LONG-TERM CAREER PLANS _____

_____

_____

(e.g.Nursing speciality, marriage, selling insurance, etc.)

DO YOU INTEND COMPLETING YOUR NURSING COURSE? YES\NO

WHICH ASPECT OF EACH OF THE FOLLOWING AREAS HAVE YOU FOUND THE MOST DIFFICULT?

(1) ACADEMICALLY _____ WHICH YEAR? _____

(2) EMOTIONALLY _____ WHICH YEAR? _____

(3) PHYSICALLY _____ WHICH YEAR? _____

ANY FURTHER COMMENTS ? _____

_____

WOULD YOU BE PREPARED TO BE INTERVIEWED ? YES\NO

THANK YOU FOR YOUR ASSISTANCE

TABLE OF DATA OF STUDENT INTERVIEWEES

PSEUDONYM	AGE	HOSPITAL	ABSENCE RECORD.....(TO JULY 1989) (DOES NOT REFLECT PARTIAL DAYS LOST)
RUTH((1ST YEAR)	18	G.S.H	NIL
ELSA(1ST YEAR)	20	G.S.H	10 x 1 DAY
AMY(1ST YEAR)	20	G.S.H	9x1/2,2x8,1x9,1x11
KIT(1ST YEAR)	20	G.S.H	6x1/2
SUE(2ND YEAR)	21	G.S.H	13x1/2(88);12x1/2(89)
TARA(2ND YEAR)	21	VICTORIA	6x1(88);10x1,1x3(89)
LUCY(2ND YEAR)	21	SOMERSET	1x2(88); NIL(89)
DOT(3RD YEAR)	21	SOMERSET	6x1-3(87);13x1-3(88);6x1-3(89)
JANE(4TH YEAR)	21	SOMERSET	3x1-3(86);4x1-3(87) 6x1-3(88);7x1-3(89)
MAY(4TH YEAR)	24	G.S.H	3x1-3(86);5x1-3(87);9x1-3(88);8x1-3(89)
KATE(4TH YEAR)	28	G.S.H	7x1-3(86);5x1-3(87);6x1-3(88);6x1-3(89)

D.G.2 = 2nd YEAR DISCUSSION GROUP

D.G.4 = 4th YEAR DISCUSSION GROUP

Appendix 7

NURSING CATEGORIES

DDN	=	Deputy Director: Nursing.	(Regional Matron)
CNSM	=	Chief Nursing Service Manager.	(Chief Matron)
SNSM	=	Senior Nursing Service Manager.	(Senior Matron or (College Head)
NSM	=	Nursing Service Manager.	(Matron or Senior (Principal)
CPN	=	Chief Professional Nurse.	(Zone Matron or (Senior Tutor)
SPN	=	Senior Professional Nurse	(Senior Sister or (Tutor)
PN	=	Professional Nurse.	(Sister)
S/N	=	Student Nurse	(4-year course)

*(SN	=	Staff Nurse	
(PN	=	Pupil Nurse	(2-year course ->SN)
(AN	=	Assistant Nurse	(100-day course)

*Sub-professional categories.