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ORIGINAL ARTICLE

Medical students' perception on absenteeism: A situational analysis from a medical college in Mauritius

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ABSTRACT

Introduction:
The battle of attendance and absenteeism has long plagued both students and faculty alike, often being a factor which bars students from attempting examinations if they have not met the necessary prescribed course attendance criteria. The objective of this study is to identify and understand the perceptions of medical students on reasons as to why absenteeism occurs and the factors to improve absenteeism.

Methods:
A cross-sectional observational study was conducted from August 2018- September 2018 at Seewoosagur Ramgoolam Medical College, Mauritius.

Results:
Out of 700 students, 503 students participated in the study, which gives an overall response of 71.85%. Factors for absenteeism were weather 67%, lack of motivation 53.3%, self-studying 57.5 %, health problems 56.1 % and lecture timetables 61.3%. 53.4% of South African students attributed homesickness to be a factor which precipitates absenteeism. Factors that reduced absenteeism were student counselling 65.8%, active lecture engagement 91.5%, clear and logical lectures 96.8%, reduced teaching hours 83.9%, peer mentoring by classmates and senior students 59.2% and seminars conducted by students with high absentee rates of 64.21%. It was found that the female cohort quantified peer mentoring by classmates and senior students aOR 1.506[1.046- 2.170], monthly counselling by the department aOR 1.122[0.771-1.631], seminars conducted by students with high absentee rate will improve their attendance aOR1.262[0.870-1.831] as compared to male students.

Conclusion:
The factors that reduce absenteeism should be employed more readily, and precipitate absenteeism is rectified and seen. This being implemented with the sole purpose of producing capable and viable graduates.

Keywords
Education, Indian ocean islands, medical, psychological phenomena, undergraduate

Introduction

The battle of attendance and absenteeism has long plagued both students and faculty alike, often being a factor which bars students from attempting examinations if they have not met the necessary prescribed course attendance criteria. For decades, the notion of absenteeism and strict attendance protocols has been a mainstay in outlined course criteria. [1] Attendance is a vital tool employed by tertiary institutions to ensure students are exposed to a sufficient level of the course material whilst simultaneously ensuring the adequate training and assessment of the students to enable the production of capable and viable graduates. Course exposure, content exposure, and hands-on training are a vital aspect of Medical school, and thus attendance protocols have to be stringently controlled and monitored. [2]

A student's attendance is an integral aspect of their degree, and absenteeism from their course can be detrimental to the course outcome. Therefore, it is of paramount importance that the cause or reasons as to why students may absent themselves from various lectures is to be understood. [3]

Every student is unique both in their personality, their familial disposition and their family unit. [4] Due to many students being away from their native/ home country; does homesickness play a role in precipitating their absenteeism? Is a lack of motivation to attend or study a factor which causes absenteeism? Transport facilities and their accessibility are a highly variable dependent on the country in which the student is based. Is infrastructure and or the lack thereof a factor which contributes to students absenting themselves from classes? Do the weather and subsequent access to the university play a role in student absenteeism?

In these modern times, where speed and ease of accessibility are at the forefront of students' lives, can the factors precipitate absenteeism be identified and subsequently circumnavigated to curb a course's failure or extension? The objective of this study is to identify and understand the perceptions of medical students on reasons as to why absenteeism occurs and the factors to improve absenteeism. The study's need also arises from the fact that there is a lack of data in Mauritius.

Methods

Study Period

The study was conducted from 01st August 2018 – 1st September 2018 at Seewoosagur Ramgoolam Medical College (SSRMC).

Study design, participants, and the collection of data

A cross-sectional observational study was conducted on a study population of 503 medical students from 2nd to 10th semester, who were pursuing an undergraduate medical course in the college.

Questionnaire design

A semi-structured questionnaire was designed after an extensive literature survey. The questionnaire was divided into three parts: the first part of the questionnaire consisted of the demographic details comprised of the age, gender, nationality, year of study and place of residence of the students. The second part of the questionnaire consisted of the factors that could be responsible for absenteeism. It contained a total of 8 questions, which were highlighted on the following factors viz. weather, homesickness, lack of motivation, self-study, health problems, timetable, transport problems and uninteresting lectures. A 5-point Likert scale (strongly disagree, disagree, neutral, agree, strongly agree) was used. The third part of the questionnaire consisted of the factors that could reduce the rate of absenteeism among students. It contained a total of 8 questions with 'Yes/No' options, which emphasized the following factors viz. lectures should be presented in a clear, logical and coherent manner, informing parents by letter or email, reducing the school hours, active engagement of students, peer mentoring by classmates and senior students, monthly counselling by the department, seminars conducted by students with a high absentee rate and strict absenteeism policies. The internal consistency between the items was tested using Cronbach's alpha and found to be 0.82.

Inclusion criteria

All the medical students who were pursuing an undergraduate medical degree were included in the study. Students from all the semesters (semester two to semester ten) of Seewoosagur Ramgoolam Medical College (SSR Medical College) were included.

Exclusion criteria

There were no students in semester one; thus, it was excluded from the study. Participation in the study was completely voluntary. Those students who were reluctant to participate in the study were also excluded. Questionnaires which were not complete were also excluded from the study.

Ethical committee approval

Ethical committee approval was taken from the institutional ethical committee of Seewoosagur Ramgoolam Medical College, Mauritius before conducting the survey. The Research was conducted as per the latest version of the Declaration of Helsinki- Ethical Principles for Medical Research involving Human Subjects guidelines.

Sample Size Calculation

For 95% confidence interval and significance level $\alpha = 5\%$, P = 70%, Q = 30%, allowable error = 10% of P. P is the proportion or % of the student's health problem is one the major cause of absenteeism Q is the complement of P. [Q= 100-P]. The required sample size was 428. A pilot study was conducted on 30 medical students, and it was found

that 70% of the students reported that health problems are one the major causes of absenteeism. We got an adequate sample size of 503. [5, 6]

Data management and statistical analysis

The data was analyzed using IBM Statistical Package for the Social Sciences (SPSS) for Windows Version 24.0, Microsoft office professional plus Excel 2016. Descriptive statistics were used to analyze the demographic profile of the students. Chi-square test and binary logistic regression analysis were performed to find out correlations between the different variables. In binary logistic regression, the outcome was coded as 0 and 1. The male was coded as 1 and the reference group female as 0. Yes, option was coded as 1, and No was coded as 0. 95% confidence intervals (95% CI) and adjusted odds ratio (aOR) were calculated, and $p < 0.05$ was considered as statistically significant.

Results

Out of 700 medical students, 503 students participated in the study, which gives an overall response of 71.85%. The mean age was found to be 21.22±1.821 years. The demographic characteristics of the sample have been depicted in Table no 1.

Table 1: Demographic details (n=503)

		n	(%)
Gender	Male	211	(41.9)
	Female	292	(58.1)
Nationality	Indian	317	(63)
	Mauritian	86	(17.1)
	Others	12	(2.4)
	South African	88	(17.5)
Level of study	2nd Semester	81	(16.1)
	3rd Semester	85	(16.9)
	4th Semester	75	(14.9)
	5th Semester	33	(6.6)
	6th Semester	86	(17.1)
	7th Semester	17	(3.4)
	8th Semester	58	(11.5)
	9th Semester	22	(4.4)
	10th Semester	46	(9.1)
Residence	Day boarders	244	(48.5)
	Hosteller	259	(51.5)

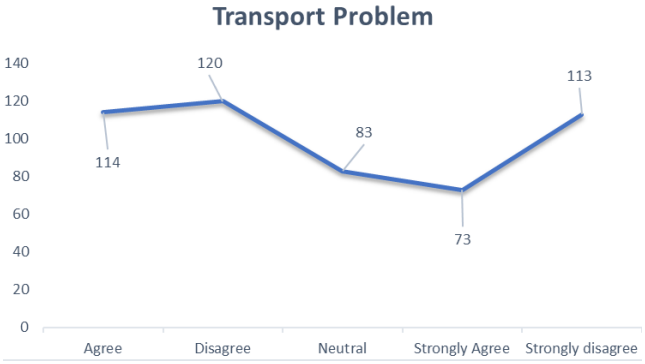

Figure 1 depicts 120 disagreed that transport problems were a factor, 113 students strongly disagreed, and a precipitating factor for absenteeism.

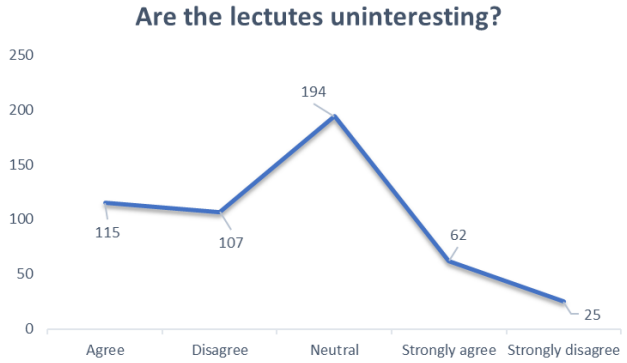

Figure 2 demonstrates that 194 students were neutral, 107 disagreed, and 25 strongly disagreed when questioned about whether boring lectures would precipitate and cause absenteeism.

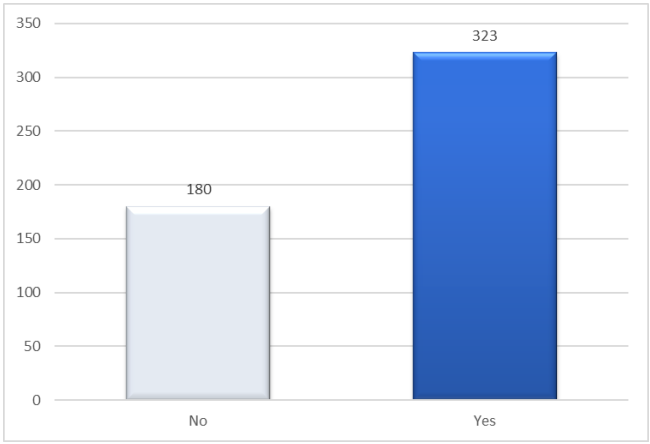

Figure 3 demonstrates that if the seminars conducted by students with high absentee rates will improve their attendance as depicted by 323 out of 503 students.

Table 2 depicts, 61.3% of students accepted (40.4% agreed, and 20.9% strongly agreed) that their timetable would be a factor which would lead to self-imposed absenteeism. A massive agreement of 37.8% and strongly agreement rate of 29.2% (total 67%) was noted for weather being a factor for student absenteeism. 53.4% of South African students attributed homesickness to be a factor which precipitates absenteeism. Lack of motivation contributed to the absenteeism for 53.3% of students. Health problems were one of the reasons for absenteeism, which was agreed upon by 40(46.5%) Mauritian, 131(41.3%) Indians, 33(37.5%) South African students. Self-studying contributed to a total of 57.5% (35.8% agreed, and 21.7% strongly agreed) agreement rate with the statement.

Table 2: Associations between factors causing absenteeism and gender/nationality

		Strongly Agree	Agree	Neutral	Disagree	Strongly disagree	P value
Weather							
Gender	Female	89(30.5)	113(38.7)	43(14.7)	38(13)	9(3.1)	0.247$^{\times}$
	Male	58(27.5)	77(36.5)	47(22.3)	21(10)	8 (3.8)	
Nationality	Indian	110(34.7)	112(35.3)	48(15.1)	35(11)	12(3.8)	
	Mauritian	13(15.1)	39(45.3)	19(22.1)	11(12.8)	4(4.7)	0.07$^{\times}$
	Others	3(0)	3(25)	4(33.3)	2(16.7)	0(0)	
	South African	21(23.9)	36(40.9)	19(21.6)	11(12.5)	1(1.1)	
Home Sick							
Gender	Female	33(11.3)	73(25)	91 (31.2)	47(16.1)	48(16.4)	0.047*
	Male	21(10)	32(15.2)	68 (32.2)	49(23.2)	41(19.4)	
Nationality	Indian	31(9.8)	74(23.3)	101(31.9)	66(20.8)	45(14.2)	
	Mauritian	0(0)	3(3.5)	34(39.5)	21(24.4)	28(32.6)	0.000†
	Others	3(25)	1(8.3)	4(33.3)	3(25)	1(8.3)	
	South African	20(22.7)	27(30.7)	20(22.7)	6(6.8)	15(17)	
Lack of motivation							
Gender	Female	35(12)	123(42.1)	70(24)	48(16.4)	16(5.5)	0.786$^{\times}$
	Male	28(13.3)	82 (38.9)	58(27.5)	35(16.6)	8(3.8)	
Nationality	Indian	43(13.6)	131(41.3)	72(22.7)	57(18)	14(4.4)	
	Mauritian	11(12.8)	41(47.7)	25(29.1)	6(7)	3(3.5)	0.025*
	Others	0(0)	3(25)	8(66.7)	1(8.3)	0(0)	
	South African	9(10.2)	30(34.1)	23(26.1)	19(21.6)	7(8)	
Self-study							
Gender	Female	58(19.9)	100(34.2)	84(28.8)	40(13.7)	10(3.4)	0.489$^{\times}$
	Male	51(24.2)	80(37.9)	48(22.7)	25(11.8)	7(3.3)	
Nationality	Indian	43(13.6)	117(36.9)	92(29)	51(36.9)	14(4.4)	
	Mauritian	28(32.6)	30(34.9)	18(20.9)	9(10.5)	1 (1.2)	
	Others	3(25)	3(25)	4(33.3)	1(8.3)	1(8.3)	0.000†
	South African	35(39.8)	30(34.1)	18(20.5)	4(4.5)	17(1.1)	
Health problems							
Gender	Female	49(16.8)	129(44.2)	60(20.5)	43(14.7)	11(3.8)	0.099$^{\times}$
	Male	25(11.8)	79(37.4)	57(27)	36(17.1)	14(6.6)	
Nationality	Indian	52(16.4)	131(41.3)	68(21.5)	48(15.1)	18(5.7)	
	Mauritian	4(4.7)	40(46.5)	23(26.7)	14(16.3)	5(5.8)	0.298†
	Others	2(16.7)	4(33.3)	5(41.7)	1(8.3)	0(0)	
	South African	16(18.2)	33(37.5)	21(23.9)	16(18.2)	2(2.3)	
Timetable and lecturer assigned							
Gender	Female	62(21.2)	122(41.8)	60(20.5)	41(14)	7(2.4)	0.569$^{\times}$
	Male	43(20.4)	81(38.4)	57(27)	25(11.8)	5(2.4)	
Nationality	Indian	74(23.3)	130(41)	67(21.1)	42(14)	4(3.5)	
	Mauritian	10 (11.6)	37(43)	24(27.9)	12(18)	3(18)	0.281$^{\times}$
	Others	3(25)	3(25)	4(33.3)	2(16.7)	0(0)	
	South African	18(20.5)	33(37.5)	22(25)	10(11.4)	5(5.7)	

$^{\times}p>0.05$, $^{*}p<0.05$, $^{\dagger}p<0.01$

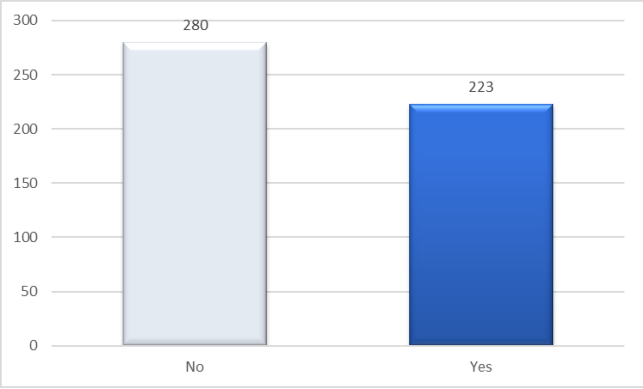

Figure 4 demonstrates that applying strict absentee policy measures for low attendance will not improve the absenteeism as depicted by 280 students.

Table 3 illustrates the correlations between the factors responsible for improving absenteeism among medical students and nationality/ gender. For the factor that Lectures should be presented in a clear, logical and coherent manner, a total of 487(96.8%) students agreed with the following statement. Informing parents by letter or email will not improve the attendance of the students as expressed by 204 (69.9%) female and 128(60.7) male students, Reducing the school hours will be beneficial, which was expressed by 247(84.6%) female and 175(82.9%) of the male cohort. Other factors were active engagement of students 91.5%, Peer mentoring by classmates and senior students 59.2% and monthly counselling by the department 65.8% respectively.

Table 3: Associations between factors improving absenteeism and gender/nationality

		No	Yes	P value
Lectures should be presented in a clear, logical and coherent manner				
Gender	Female	7(2.4)	285(97.6)	0.178[×]
	Male	9(4.3)	202(95.7)	
Nationality	Indian	12(3.8)	305(96.2)	
	Mauritian	1(1.2)	85(98.8)	0.630[×]
	Others	0(0)	12(100)	
	South African	3(3.4)	85(96.6)	
Informing parents by letter or email				
Gender	Female	204(69.9)	88(30.1)	
	Male	128(60.7)	83(39.3)	0.032[*]
Nationality	Indian	212(66.9)	105(33.1)	
	Mauritian	56(65.1)	3034.9)	0.180[×]
	Others	11(91.7)	1(8.3)	
	South African	53(60.2)	35(39.8)	
Reducing the school hours				
Gender	Female	45(15.4)	247(84.6)	0.353[×]
	Male	36(17.1)	175(82.9)	
Nationality	Indian	55(17.4)	262(82.6)	
	Mauritian	13(15.1)	73(84.9)	0.738[×]
	Others	2(16.7)	10(83.3)	
	South African	11(12.5)	77 (87.5)	
Active engagement of students				
Gender	Female	22(7.5)	270(92.5)	0.212[×]
	Male	21(10)	190(90)	
Nationality	Indian	26(8.2)	291 (91.8)	
	Mauritian	12(14)	74(86)	
	Others	0(0)	12(100)	
	South African	5(5.7)	83(94.3)	
Peer mentoring by classmates and senior students				
Gender	Female	131(44.9)	161(55.1)	0.034[*]
	Male	74(35.1)	137(64.9)	
Nationality	Indian	113(35.6)	204(64.4)	
	Mauritian	40(46.5)	46(53.5)	0.012[*]
	Others	8(66.7)	4(33.3)	
	South African	44(50)	44(50)	
Monthly counseling by the department				
Gender	Female	103 (35.3)	189(64.7)	0.307[×]
	Male	69(32.7)	142(67.3)	
Nationality	Indian	95(30)	222(70)	
	Mauritian	33(38.4)	53(61.6)	0.052[×]
	Others	6(50)	6(50)	
	South African	38(43.2)	50(56.8)	

[×]p>0.05, [*]p<0.05

Table 4: Logistic regression analysis table

	Adjusted Odds Ratio(aOR) and 95% Confidence Interval
	Gender
Male	1
Lectures should be presented in a clear, logical and coherent manner	0.551[0.202-1.505][×]
Informing parents by letter or email	1.503 [1.036-2.182][*]
Peer mentoring by classmates and senior students	1.506[1.046- 2.170][*]
Monthly counseling by the department	1.122[0.771-1.631][×]
Seminars conducted by students with high absentee rate will improve their attendance	1.262[0.870-1.831][×]
Applying strict absentee policy measures for low attendance will improve the absenteeism	0.832[0.582- 1.190][×]
Reducing the school hours	0.886 [0.548- 1.430][×]
Active engagement of students	0.737[0.394-1.379][×]

[×]p>0.05, [*]p<0.05

It was evident from the data that the female cohort expressed that informing parents by letter or email aOR 1.503 [1.036-2.182] times more than the male cohort, will not improve their attendance in class. It was found that the female cohort quantified that peer mentoring by classmates and senior students aOR 1.506 [1.046-2.170]. These factors were found to be statistically significant (p<0.05). Other factors include monthly counselling by the department aOR 1.122[0.771-1.631], seminars conducted by students with high absentee rate will improve their attendance aOR 1.262[0.870-1.831] will improve the attendance was expressed by female cohort as compared to the male cohort (Table 4).

Discussion

The notion of strict attendance protocols and requirements may seem archaic compared to some of the more modern approaches utilized by various institutions; however, it does remain a mainstay aspect of course requirements. [7]

Attendance is a vital tool employed by tertiary institutions to ensure students are exposed to a sufficient level of the course material whilst simultaneously ensuring the adequate training and assessment of the students to enable the production of capable and viable graduates. [8] The findings and data from this study have shed light as to the factors causing absenteeism. The data is explicit and clear-cut and thereby sharply delineates the various factors of causation of student absenteeism. Eight factors influencing student absenteeism have been identified within the study.

Factors influencing student absenteeism

1. The weather
2. Homesickness
3. Lack of motivation
4. Self-study
5. Health problems
6. Lecture timetables
7. Transport
8. Uninteresting lectures

The above factors influencing student absenteeism can be subdivided into 3 categories. [9]

Categories of student absenteeism

1. Self-imposed factors precipitating absenteeism.
2. External uncontrollable factors precipitating absenteeism.
3. Factors improving attendance and decreasing absenteeism.
4. Factors not implicated in precipitating absenteeism.

Self-imposed factors precipitating absenteeism

The self-imposed absenteeism is related to student motivation, self-study and whether the student's timetable is conducive to their planning. The highest-ranking out of these is the student's timetable with 61.3 % of students agreeing that their timetable would be a factor which would lead to self-imposed absenteeism. This finding is supported by GA Fayombo and team's research, which discovered that the primary cause for self-imposed absenteeism was correlated to students lecture timetables, clashes thereof, whether faculty would present the lecture and or if the lectures were spaced incoherently. [10] Self-studying contributed to a 57.5 % agreement rate with students. This finding is parallel to the results of a study conducted at Hawassa University, Ethiopia. The Ethiopian study found that students often would absent themselves from a lecture or tutorial in order to use that time to prepare for another examination or test. [11] The lack of motivation (53.3%) is a large contributing factor to why students absent themselves from various aspects of a course. These findings echo, the factors that cause absenteeism in a South African university, outlined in a study conducted by Wadesango and the team. [12]

External uncontrollable factors precipitating absenteeism

External factors such as the weather and a student's health play a significant role in attendance. A massive agreement rate of 67% was noted for weather being a factor for student absenteeism. A study conducted by Moore S substantiates and supports the notion that the weather genuinely plays a role and has a vital uncontrollable impact on some students' ability to appear in lectures.[13] 56.1 % of the students agreed that health factors caused leaves of absence. This is a factor which is solely out of the control of students as individuals.

Factors improving attendance and decreasing absenteeism

This study has also provided a rich and poignant data source of which factors can improve students' attendance and thus decrease the level of absenteeism. Factors such as lecture presentation, active student engagement, reduced hours of lectures, and regular counselling are tools that students believe can decrease absenteeism. Counselling both by fellow peers and seniors had an agreement rate of 59% whereas counselling by a university department had an agreement rate of 66%. This very sharply delineating the fact that counselling of either sort would decrease absenteeism and is a vital tool that should be employed to decrease absenteeism. Lecture presentation and active engagement and reduced hours had agreements rates of 96.8%; 91.5% and 83.9% respectively. These three vital factors are supported by another study performed in Mauritius and Nepal, which very strongly indicated that reduced hours were a vital part for better lecture delivery, understanding and subsequently attendance. [14-16]

Factors not implicated in precipitating absenteeism

Juxtaposed to Komakech team's findings from a university in Uganda, the accessibility and reliance on transport facilities to and from the university was not a factor in precipitating absenteeism in this study. [17] Out of a total of 503 students, 120 disagreed that transport was a factor, 113 students strongly disagreed, 83 students were neutral, 114 agreed that transport was a factor and only 73 students strongly agreed it was the precipitating factor for absenteeism. Thus, it is evident that transport is not a factor causing absenteeism in this study, which opposes the convention set by many studies that have indicated transport to be a factor inducing absenteeism.

194 students out of the 503 which participated in the study were neutral when questioned as to whether uninteresting lectures would precipitate and cause absenteeism, this finding is in contravention to those findings of Barlow J and team which found boring lectures to be a significant component and precipitating factor to students willingly absenting themselves from lectures. It is thus evident that uninteresting lectures are not a significant component precipitating absenteeism within this study. [18] The

Application of strict absentee policy measures for low attendance and the combined action of informing a student's parents of their child's lack of attendance was found not to be a factor in dissuading students from absenting themselves. This is evident as the data suggests that 55.66% of the students did not believe that such strict policies would improve their attendance. 36.78% of the students did not attribute being homesick to precipitating their absence; a further 31.61% remained neutral. In contrast, only 31.61% of the students attributed being homesick to causing their absence from lectures. It is therefore evident from this data that being homesick is not a factor which precipitates absenteeism. However, the finding amongst the South African students stands in direct contravention to this as 53.4% of South African students attributed homesickness to be a factor that precipitates absenteeism.

It has been made evident that there are factors which both precipitate the absence of students as well as a factor which reduce the absenteeism within a university. It is of great value and importance that the factors that increase absenteeism are reduced and rectified to aid students, whilst simultaneously the factors that reduce student absenteeism should be employed and emphasized to increase students' attendance. This being implemented with the sole purpose of producing capable and viable graduates.

Conclusion

The causes and factors that precipitate absenteeism are multifactorial and multicentric; this study has delineated the causes being Homesickness, Lack of motivation, Self-study and Health problems. It is evident from this study that there are factors which reduce absenteeism such as Peer mentoring by classmates and senior students. The factors that reduce absenteeism must be employed more readily, and loopholes need to be rectified for the sole purpose of producing capable and viable graduates.

Limitation and future scope

We performed this study in a private medical college in Mauritius with a limited number of students. A Multicentric study in the future involving all the medical colleges in Mauritius will give a better picture.

Abbreviations

Seewoosagur Ramgoolam Medical College (SSR Medical College), Seewoosagur Ramgoolam Medical College (SSRMC)

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Authors' contribution

a. Study planning: IB
b. Data collection: IB, LG, IR, SB
c. Data analysis/ interpretation: IB
d. Manuscript writing: IB, JR, AL
e. Manuscript revision: IB, JR, RKG, AL
f. Final approval: IB, RKG, JR, LG, IR, SB, AL
g. Agreement to be accountable for all aspects of the work: IB, RKG, JR, LG, IR, SB, AL

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Availability of data and materials

All data underlying the results is available as part of the article, and no additional source data is required.

Competing interests

There is no conflict of interest for any author of this manuscript.

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