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Determining the extent of absenteeism by nurses in De Aar Hospital

Hlomela, Nosipho

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APPENDICES

APPENDIX A: ETHICS CLEARANCE CERTIFICATE AND LETTERS OF PERMISSION

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Ms Nosipho Hlomela

CLEARANCE CERTIFICATE	M10835
PROJECT	Determining the Extent of Absenteeism by Nurses in De Aar Hospital
INVESTIGATORS	Ms Nosipho Hlomela.
DEPARTMENT	School of Public Health
DATE CONSIDERED	27/08/2010
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 01/11/2010 CHAIRPERSON .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor : Prof S Pillay

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and ONE COPY returned to the Secretary at Room 10004, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...

DE AAR HOSPITAAL

DEPARTMENT OF HEALTH

LEFAPHA LA BOITEKANELO

ISEBE LEZEMPILO

DEPARTEMENT VAN GESONDHEID

Central Karoo Hospital
Private Bag S1006
De Aar
7000
Tel: 053-6312123
Fax: 053-6313183

Enquiries : Ms. N. Hlomela
Dipatlisiso :
Imibuzo :
Navrae :

Date : 2 February 2010
Letlha :
Umhla :
Datum :

Reference :
Tshupelo :
Isalathiso :
Verwysinge :

The Head of Department
Department of Health
Private Bag X5049
Kimberley
8300

To: Dr D. Theys

Cc: Mrs M. Eckard

Re: Request for permission to conduct research at De Aar Hospital

With reference to above, I wish to inform you of the following:

I was granted permission to do the course Masters in Public Health by the Department of Health – Northern Cape through WITS University. I have completed the theoretical part of my studies and have to conduct research so as to be able to complete the course.

I therefore hereby request permission to do research at De Aar Hospital so as to fulfill the requirements for completion. My research topic is :
DETERMINING THE EXTENT AND REASONS FOR ABSENTEEISM IN DE AAR HOSPITAL
The results thereof will be shared with colleagues within the Department of Health – Northern Cape.

..NHlomela.....(Hospital Manager)
N. HLOMELA (Mrs)

10. FEB. 2010 12:24 NO. 258 P. 1

DE AAR HOSPITAAL

RECOMMENDATION BY THE DISTRICT MANAGER: Mrs M. Eckard

Recommended / Not recommended

Comments .....

M. Eckard
SIGNATURE

03/02/10
DATE

APPROVAL BY THE HEAD OF DEPARTMENT: Dr D. Theys

Approved / ~~Not approved~~

Comments .....

.....

D.E. Theys
SIGNATURE

09/02/2010
DATE

APPENDIX B: DATA COLLECTION SHEET

Study no	GENDER	AGE	RACE	Nurse category	Ward	SLWC-Y/N	SLWC-times	slwc days	SLWTC -Y/N	SLWTC times	SLWTC days	FRL-Y/N	FRL-times	FRL days	UNSCH Y/N	UNSCH times	unsch days	TOTAL DAYS	Total Absent times in 8/52