

Evaluation of knowledge, procedures and attitudes of the nursing student in primary care Lima, Peru [Evaluación de conocimientos, procedimientos y actitudes del estudiante de enfermería en la atención primaria Lima, Perú]

Mónica Meneses La Riva ^{a, *}, Josefina Amanda Suyo Vega ^a

^aUniversidad Cesar Vallejo, Peru.

monicameneses56480@gmail.com

Resumen

Actualmente en la atención primaria requiere de recursos humanos altamente calificados para abordar problemas de salud simples y complejos. Por tanto las futuras enfermera(os) tienen el reto durante su formación consolidar competencias profesionales que permitan atender las demandas del cuidado de la persona, familia y comunidad en un entorno de prevención y promoción. El propósito del estudio fue determinar el nivel de conocimientos, procedimientos y actitudes de los estudiantes de enfermería en la atención primaria de una universidad de Lima Norte. La metodología aplicada fue cuantitativo, descriptivo, corte transversal y de diseño no experimental. Participaron 94 estudiantes de último ciclo de enfermería. Se aplicó una escala CPA (Conocimientos, Procedimentales y Actitudinales) con 45 preguntas con una escala de Likert y su confiabilidad de 0.86. Los resultados demuestran que 79% de estudiantes alcanzaron un nivel de logro en conocimientos teóricos, mientras que el 21% se encuentran en proceso. En cuanto a procedimientos el 87% siempre logran adquirir habilidades y destrezas y un 13% se encuentran en proceso y con respecto a la actitud el 89% lograron el fortalecieron de esta área y un 11% aún se encontraba en proceso. Se concluye que la mayoría de los estudiantes logran afianzar los conocimientos, procedimientos y actitudes. Sin embargo, es necesario el docente aplique estrategias para reforzar saberes durante el proceso del cuidado enfermero para que le permitan empoderarse en su labor como estudiante de enfermería en el cuidado preventiva-promocional dirigido a la persona, familia y comunidad en condición de sano o enfermo.

Palabras clave: Conocimientos, procedimientos, actitudes, atención primaria.

Abstract

Currently, primary health care requires highly qualified human resources to address simple and complex health problems. Therefore, future nurses have the challenge during their training to consolidate professional competencies that allow them to meet the demands of the care of the person, family and community in an environment of prevention and promotion. The purpose of the study was to determine the level of knowledge, procedures and attitudes of nursing students in primary care at a university in Northern Lima. The methodology applied was quantitative, descriptive, cross-sectional and non-experimental design. Ninety-four students from the last cycle of nursing participated. A CPA scale was applied (Knowledge, Procedural and Attitudinal) with 45 questions with a Likert scale and its reliability of 0.86. The results show that 79% of students reached a level of achievement in theoretical knowledge, while 21% are in process. In terms of procedures 87% always manage to acquire skills, abilities and 13% are in process, and with respect to attitude 89% managed to strengthen this area and 11% was still in process. It is concluded that the majority of the students manage to consolidate knowledge, procedures and attitudes. However, it is necessary for the teacher to apply strategies to reinforce knowledge during the nursing care process in order to empower him/her as a nursing student in preventive and promotional care aimed at the person, family and community in a healthy or sick condition.

Keywords: Knowledge, procedures, attitudes, primary care.

1. Introduction

Today's labor market requires qualified and competent professionals to meet the demands of the labor market. In the area of health, comprehensive skills are required that meet the quality standards of health services. In primary care, nurses contribute a transcendental role in promotional preventive actions within a community context [1,2]

It should be noted that the World Health Organization (WHO) and the Pan American Health Organization (PAHO) refer to the need for health professionals to commit to work on promotional preventive actions to reduce existing health problems in the community. Thus, there is a need to strengthen and maximize the competencies and work performance of nursing students, providing them with a solid base of knowledge accompanied by experts in the field to ensure competencies in primary care [3]

Thus, primary care nursing students perform community practice and interact with the population in a real context. This allows them to highlight simple and complex health problems. The nursing student, being in a real context, has the opportunity to understand and reflect on the need to achieve competencies, skills and attitudes that promote educational spaces aimed at the population in order to induce and generate good healthy practices. Faced with this panorama, it is necessary to evaluate competencies in the nursing student in the community area coherent with the needs and demands of the population [4].

Therefore, the teacher plays an important role as facilitator in the learning process of the nursing internship where it establishes the transfer of knowledge to real scenarios for good practices, safety and quality of nursing care provided in a community context, it is important to emphasize that to develop and induce the areas of knowledge, know how and know how to be, it is a responsibility and commitment of the nursing internship where the personal, family and community and health personnel links are established in the community care process [4,5,6] To this end, teachers apply pedagogical strategies to strengthen knowledge, skills, attitudes, good judgement, associated with ethical values and research [7,8]

Knowledge, skills and attitudes are competences defined as the set of social, affective and cognitive, psychological, sensory and motor skills that allow a role, performance, activity or task to be carried out adequately. Competences are in permanent development. Their authentic evaluation must be continuous, through the elaboration of active and participative didactic strategies that consider development and improvement as aspects that integrate the performance of a competence. [2,9]

In that sense, nursing theories and Benner's apprentice to expert philosophy establish that theoretical knowledge has to be applied in a real context for the design, development, execution and evaluation of the nursing care process in the community or in clinical practice. Likewise, the training of the students must be integrated with the State political regulations, epidemiological profile and the priority needs of the community [10] Likewise a competence is considered as the capacity and disposition for performance and for interpretation [11,12]

On the other hand, the student who is immersed in primary care their preventive activities - promotion are framed in a culture of safety and proactive attitude of effectiveness and efficiency in their development and work performance of the services provided to users. Thus, when the nursing student understands how to transform his or her nursing task into community practice, he or she promotes self-care environments, fosters good healthy practices, carries out follow-up and control of the child and the healthy and sick pregnant woman, increases the demand for the services he or she provides in the health facility to ensure user satisfaction and quality of life [4,5,6].

There is undoubted support for the promotional preventive activities that Pender maintains and defines as interventions that are applied in nursing care, to mitigate, reduce the health risks of the population by inducing the population to assume cognitive and perceptual changes in order to

integrate good healthy practices into their daily lives. To this end, nursing students in the professional training process begin to build nursing as a social practice centered on the individual, family and community with the objective of encouraging populations to adopt behaviors of healthy practices that achieve their greatest potential in well-being and quality of life [12].

In primary care the student applies, executes and evaluates actions of the task in the promotional preventive care of health, with a humanized approach, based on the culture, and the ethical promoting the efficiency and the satisfaction of the user of the services that are offered to him. To this end, an organizational initiative of all the actors that make up the community is needed to provide timely health responses [13,14]. These affirmations allow us to reflect and understand the need of the nursing student to have a solid and innovative scientific base where he sustains his actions and tasks in practice. Thus, Benner's theory states that nursing encompasses care based on experience and the relationship with the environment. This nursing knowledge is developed through the acquisition of competencies, skills, knowledge and attitudes to strengthen the quality of services provided to the user. It is important that the educational process of apprenticeship and professional training is accompanied by the advice of an expert nurse who transmits her knowledge and experience throughout the training of the apprentice and this has the possibility of glimpsing that the knowledge of nursing science linked to practice becoming an art of caring [14].

It is important to point out that primary care is an open space for theoretical and practical learning where all health professionals and community actors participate actively, these particularities are potential opportunities for knowledge deductive of critical thoughts that enriches the nursing science with a holistic vision, open to give a participatory and innovative response to induce to create in the population promotional preventive health behaviors and thereby reduce the morbidity and mortality of the community; from what has been said we can state with Benner who refers that "the beginning of a growing tradition for learning starts from the practice of nursing... providing affective care to the user/family/community, which requires creating and maintaining a good practice" [14]. However, the teaching model applied in practice strengthens the philosophy that will strengthen the student's approach to community practice from a concrete and social perspective [7]. Thus, Carrillo (2018) argues that in order to sustain this learning process, it must be consistent with scientific and technical advances. To do so, identifying, assessing and evaluating competencies involves responsibility and commitment to the care provided by the nurse in community preventive-promotional services. On the other hand, it is important to point out that in the educational process one learns and unlearns through a cognitive conflict where one has to deal with personal and other cultural patterns [10].

The students of nursing in the process of professional formation have to apply the science and the art of the care of the health to adopt corrective measures where plans are proposed for the benefit of the community and the society. Therefore, the practice of the nursing profession is eminently social based on theory and practice this discipline is evolved which allows working on social development, social cohesion, empowerment and liberation of people. The principles of social justice, human rights, collective responsibility and respect for diversity are fundamental to social work [14].

According to Veliz-Rojas, Bianchetti-Saavedra, & Silva-Fernandez (2019). argue in their study that in health care it is necessary to incorporate intercultural skills in the training stage of the nursing student to integrate and acquire training processes resulting from experience [15] On the other hand, Gómez, Cometto, Cerino, Catalini, Dagatti and Coronado (2018). Those who maintain that the pedagogical strategies implemented were effective in improving the understanding of health problems exist in the community to increase commitment as the academic performance of nursing interns [16].

In the Peruvian context, it established the University Law 30220-2014/SUNEDU, where it considers that the reform of higher education should be focused on the final competencies of the student, modifying the consideration of teaching exclusively based on the teaching task based on the learning and work of the student. It should be noted that nursing as a profession is eminently social and has a great responsibility, the achievement of competencies for nursing interventions that establish viable solutions according to the identification of the health needs of the individual, family and community [17].

In this community context in Northern Lima in health facilities it can be observed that the population lacks resources in its majority for what they have limitations in the accessibility, equity, efficiency and service of health, existing disagreement by the delay, quality of attention, the not obtaining appointments in the health center. In addition, they are unaware of the services provided by their health centers within their jurisdiction and move to other health centers, increasing out-of-pocket expenses such as: transportation, time, money, among others, which implies that the population is unprotected and in a condition of risk and vulnerability. On the other hand, the population and the leaders point out that the health personnel is insufficient for the number of inhabitants that have to attend such as children, elderly people and pregnant women with low weight, anemia and other health problems, and that the help provided by the student nurse is a valuable resource for the community.

Finally, the development of comprehensive competencies that encompass human, cognitive and research development with social responsibility enables nursing students to transcend and strengthen their future professional development.

2. Materials and Methods

Quantitative, descriptive, cross-sectional and experimental design approach study [18]. It was carried out in first-level health care facilities in the jurisdiction of Northern Lima. The population consisted of 94 students (24 men and 70 women) from the last semester to finish the Nursing degree at a university in Lima-North during the months of July-December. An instrument was used called: Cognitive, Procedural and Attitudinal Assessment Scale, a questionnaire consisting of 15 questions for each study variable with a total of 45 items with a Likert scale (Achievement, Process and Start) instrument that was validated by 7 experts. Likewise, a pilot test was carried out with 30 students with similar characteristics to the study subjects, resulting in an Alfa Cronbach of 0.87, which indicates high reliability.

For the validation of the instrument, coordination was carried out with 30 nursing interns who have similar characteristics to the population under study, in order to obtain consent and facilities for their participation. Then, the instruments were applied to resolve any doubts and concerns that might be generated regarding the development of the instrument, which were resolved during and after the application. For the application of the instrument, informed consent was previously given to the nurse intern to agree to participate in the research. The survey was applied to the 94 nursing students and lasted 40 minutes. The data were entered into a database designed in the excel program, the results were analyzed in the statistical program SPSS version 22.

3. Results

Table 1. Percentage of nursing interns subject to study.

		Sex			
		frequency	percent	valid percentage	cumulative percentage
Valid	feminine	76	80,9	80,9	80,9
	masculine	18	19,1	19,1	100,0
Total		94	100,0	100,0	

It is observed that 80.9% of nursing interns are female and 19.1% are male.

Table 2. Level of knowledge of the nursing student in the primary care of a University of North Lima - Peru.

Level of Knowledge	N°	%
Achievement	74	79%
Process	20	21%
Total	94	100%

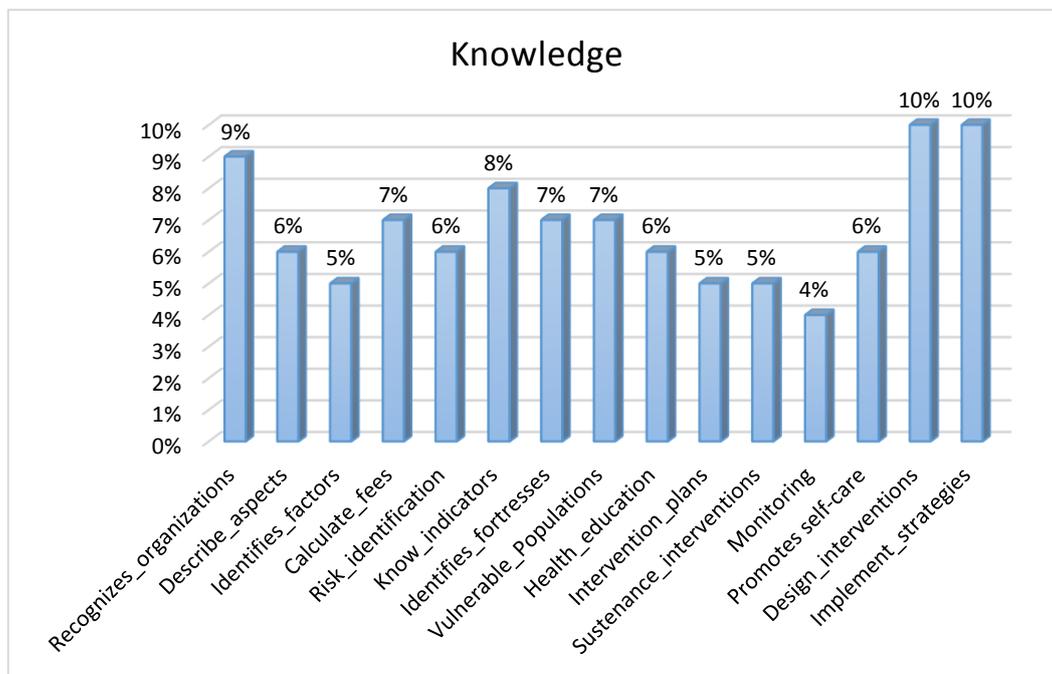


Figure 1. Nursing Student Knowledge Dimension

Table 2, shows that 79% of nursing interns achieved a level of achievement in the knowledge acquired in the community area, while 21% are in process. Figure 1, also shows the behavior of the responses corresponding to the dimension of knowledge, highlighting Designs post-reassessment intervention and available community resources and Implements strategies to address present and future needs.

Table 3. Procedural level of the nursing student in the primary care of a University of North Lima-Peru.

Procedural Level	N°	%
Achievement	82	87%
Process	12	13%
Total	94	100%

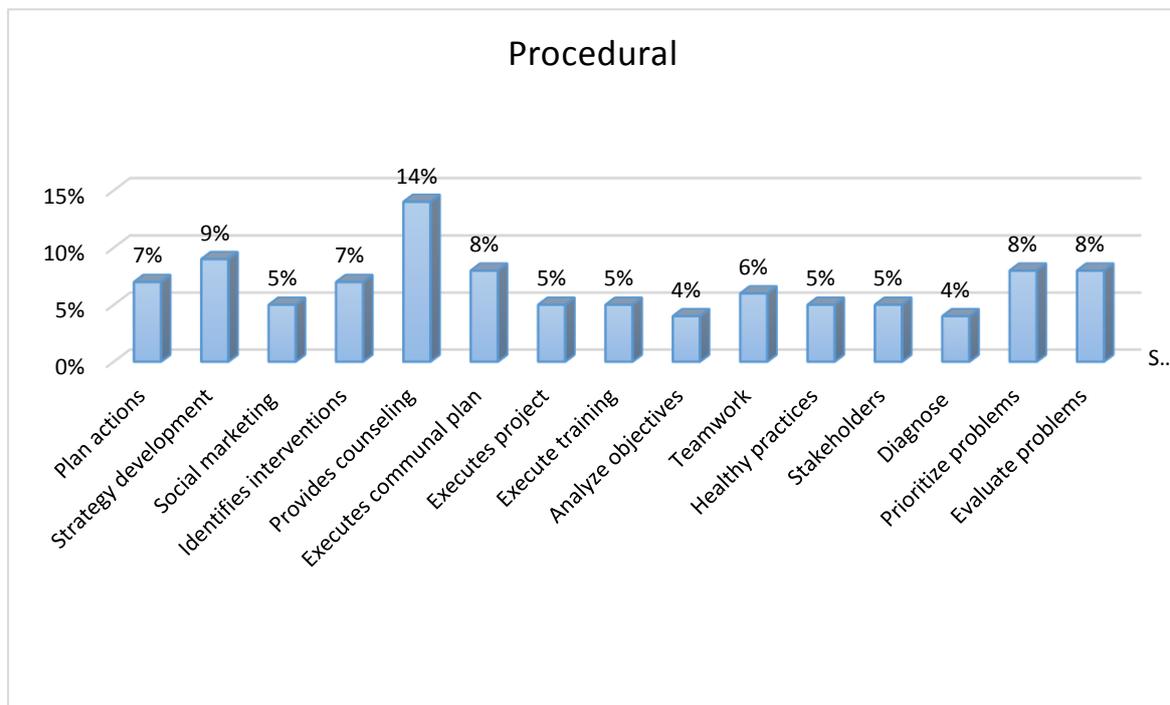


Figura 2. Nursing Student Procedural Dimension

Table 3, shows that 87% of nursing interns achieved a level of compliance with procedures in the community area, while 13% are in process. Figure 2, also shows the responses on the procedural dimension highlighting that provides counseling (establishes an interpersonal relationship in order to strengthen self-care).

Table 4. Attitudinal level of the nursing student in primary care at a University of Northern Lima, Peru.

Attitudinal Level	N°	%
Achievement	84	89%
Process	10	11%
Total	94	100%

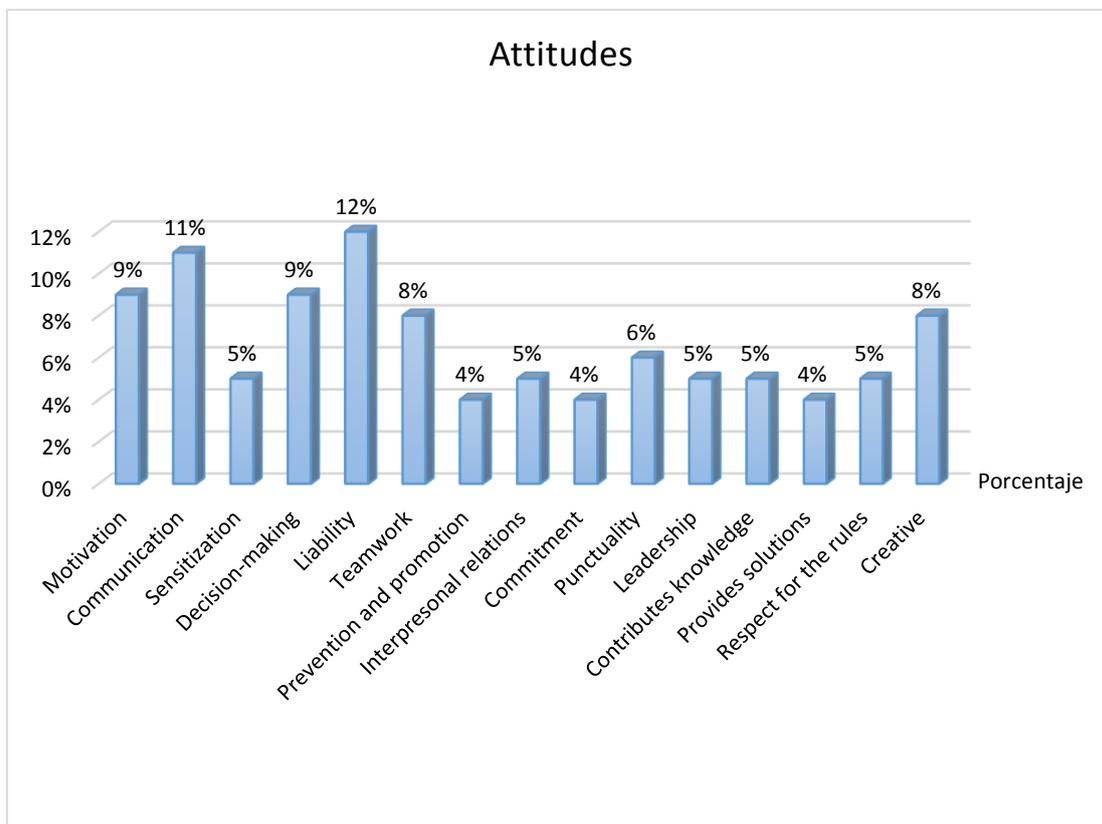


Figure 3. Attitudinal dimension of nursing students

Table 4, shows that 89% of nursing interns achieved a level of attitudinal achievement in the community area, while 11% achieved a level of process. Figure 3, also shows the responses to the attitudinal dimension, highlighting the assumption of professional responsibility towards the population.

4. Discussion and Conclusions

Primary care needs a committed health worker who is responsible for the health problems of the healthy or sick person, family and community. These interventions carried out by health personnel require comprehensive nursing care based on a humane approach and with a rights-based approach. Therefore, it is essential to strengthen the skills of nursing students in order to promote the well-being and quality of life of the population in the community area.

The objective of this study was to determine the levels of knowledge, procedures and attitudes in the nursing intern in primary care Ventanilla-Peru, 2018. The results obtained coincide with Dandicourt, when knowledge, practice and attitude are acquired the students increase the results demonstrate improvement in work performance with a proactive attitude, dynamic open to providing timely solutions to social demands [19].

What can be deduced from the experience of the practice in Primary Care, the staff expresses a philosophy of care in the health-disease process of the user throughout his life [23]. It is also an important factor in the training of nurses for its application within the framework of professional, ethical and legal practice, care provision and management and professional development [22] In the academic training of nursing students is immersed in experiences and scientific and technical knowledge where the teacher facilitator incorporates methodological strategies to strengthen the student's safety in their work assuming responsibility and a proactive attitude of continuing education.

The development of the different stages of the nursing process allows to identify a problematic reality which has to be approached through a theoretical and practical learning in order for the nursing student to be able to fundamente, build a new paradigm of care based on an experience close to reality that leads to overcome the limitations and becomes aware of the need to educate and create conditions that promote health in individuals, families and communities these situations of academic experience allows the intern to apply the art of care and nursing knowledge based on human values that highlight the capabilities and vocation of service to cultivate ethical and deontological aspects [14].

Likewise, authors such as Cuñat, et al. who consider that the nursing student is educated based on problems or situations found in their practice in practice consolidates pedagogical processes during educational training in different areas of professional performance [22]. These statements coincide with what the author Benner said in her theory of apprentice to expert refers to the need to specify that the accompaniment of a facilitator and guide that serves as a model in this process of academic training. It is thus that the student of nursing is in a process of formation where it is reinforced and fortifies some own areas of the science of the care. This knowledge is based on the cognitive, procedural and attitudinal construct. In addition to integrating into their work continuous training to understand the concept of care is limiting and often reduces us simply biomedical and procedural activities. The transcendence of our work as a nurse is to achieve a link of human interaction with the purpose of promoting health education in different cultural and social environments, among others, promoting life respecting differences, convictions, previous experiences, beliefs and situational aspects linked to human behavior or behaviors in health [14]. However, nursing care intervention has to incorporate humanized care, which is transcendent as a fundamental aspect for effective interpersonal relationship with the user, Care merits the presence of personal skills in the nurse to provide holistic care, Nursing training levels have different experiences according to previous interactions in the field of care, as such significant given their particular vulnerability to the positive and negative experiences to which the sole purpose of the nurse is exposed is to provide nursing competencies in the process of care [23,24]. It is important to conclude that the development of basic competencies must link theory and practice, to induce the nursing intern in the discipline and the world of work. Thus, the teaching tutor must be flexible and innovative in the internal work of nursing to lead it in the training of demanding the quality of the provision of the care it offers to reduce the possibility of adverse effects on his or her performance as a nurse [14,25].

The pedagogical strategies implemented allow the student to develop and give security to develop criteria and above all learn to make decisions being important the use of the evaluation rubrics and the methodology that is used in a continuous way since it induces to strengthen and/or apply education strategies or improvement plans so that the internal student benefits from his training for the future job. Likewise we must evaluate if the clinical field fulfills the expectations where the intern of infirmary must be developed [26,27] This makes a difference in the training and in their work performance of some skills with greater development than others. The students of nursing interns at the end of the training and enter the world of work find it difficult to put into practice what they have learned suffering a conflict and adapting to the world of health care so the community practice balances the sense of the need of the person, family and community for health education [28, 29,30]

Finally, the application of a pedagogical methodology, the accompaniment of the teacher added to it the motivation of the student, the academic spaces of the practice, laboratories and the scientific evidences induce the student to reach and to potentiate the academic performance assuring the quality of the academic service in its future labor performance.

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ANNEXED ASSESSMENT OF KNOWLEDGE, PROCEDURES AND ATTITUDES OF THE NURSING STUDENT IN PRIMARY CARE

Nº	KNOWLEDGE PRIMARY CARE	STAR T	PROCES S	ACHIEVEME NT
1	Recognizes relevant community organizations that impact the health of the population.			
2	Describes the demographics, health, culture, health system, physical environment, and resources of the population in which I work.			
3	Identifies participatory factors in health activities for the benefit of the population.			
4	Calculates and determines specific rates in the population based on specific and priority health indicators.			
5	Identifies the individuals and/or representative institutions at the educational, socioeconomic, political and legal levels that influence the health of the population.			
6	Knows health indicators such as risk factors, mortality, morbidity of the population.			
7	Identifies the strengths and resources that influence the health of the population.			
8	Identifies populations with specific risk factors by life stage.			
9	Carries out health education activities: I communicate facts, ideas and tools that change knowledge, attitude and practices.			
10	Supports interventions to be implemented according to plan			
11	Knows interventions are implemented consistently with evidence / based on current research			
12	Recognizes methods for monitoring the health status of the population			

13	Supports case management: optimizes the self-care capabilities of the individual, family, community and social organizations to coordinate and provide services.			
14	Designs post-reassessment intervention and available community resources.			
15	Implements strategies to address present and future needs			
	PROCEDURAL			
16	Plans actions to monitor the quality of the data obtained			
17	Develop data collection strategies			
18	Social marketing: uses marketing principles and technologies to design educational programs in the population of interest.			
19	Uses evidence-based information (research) to identify potential interventions to the individual/family/community/administrative			
20	Provides counseling (establishes an interpersonal relationship in order to strengthen self-care)			
21	Executes the local communal health plan agreed upon, following the matrix of the methodology of implementation of healthy communities.			
22	Executes a project for the intervention of a prioritized problem, following the proposed methodology.			
23	Execute a training plan for Community Health Agents/community leaders/health personnel or other sectors, with the participation of the person responsible for the health facility.			
24	Analyzes each intervention that has the greatest potential to achieve each objective outlined.			
25	Applies strategies, actions and key steps for the formation of a driving group to implement healthy communities.			
26	Sensitizes the driving group to implement healthy communities.			
27	To design an agreement of commitments for the signature by the social actors of the community.			
28	Make a Participatory diagnosis of a community, following the methodology of implementation of healthy communities.			
29	Prioritize problems based on established criteria, using the prioritization matrix.			
30	Evaluate priority problems based on the problem tree.			
	ATTENDANCE			
31	Motivates peers to allocate resources for the health of the population			
32	Communicates to population partners about the public health implications of the data.			
33	Sensitizes the population to assume healthy behavior during educational activities.			
34	Make assertive decisions using critical and reflective judgment			
35	Assumes a professional responsibility towards the population			
36	Work in teams with strategic partners and/or networks to use data from various sources.			
37	Sensitizes the population to assume prevention and promotion behaviors.			

38	Demonstrates adequate interpersonal relationships with different actors in the community			
39	Assumes professional commitment to the population			
40	Demonstrates timeliness in the execution of programmed activities in the community			
41	Demonstrates willingness for teamwork and leadership			
42	Brings new knowledge to your work			
43	Provides solutions to the problems of reality			
44	Demonstrates respect for established standards			
45	Demonstrates creativity in performance			
	Total			