



Inpatient perception of the care provided by nursing students

Percepción del paciente hospitalizado sobre el cuidado brindado por estudiantes de enfermería

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Resumen

Introducción: La enfermería ha evolucionado su quehacer en torno a los constructos teóricos que la componen, este crecimiento progresivo incluye el desarrollo de procesos de enseñanza resignificados en los futuros profesionales, que deben ser validados en torno a las respuestas humanas en la relación enfermero – paciente. **Objetivo:** Describir la percepción del paciente hospitalizado sobre el cuidado brindado por estudiantes de enfermería. **Materiales y métodos:** Estudio cuantitativo, descriptivo, de corte transversal, realizado con 356 pacientes que recibieron cuidado por parte de estudiantes de enfermería durante en instituciones de salud, se aplicó el instrumento Percepción del Cuidado Humanizado de enfermería - versión 3. Se analizó con estadística descriptiva y prueba no paramétrica mediante probabilidad Kruskal-Wallis. **Resultados:** Los pacientes manifestaron que “siempre se percibe un cuidado humanizado”, en cuanto a las preguntas relacionadas con instrucciones sobre el autocuidado, identificación de necesidades de tipo físico, psicológico y espiritual se obtuvieron puntajes bajos. **Conclusiones:** Es necesario abordar el tema del cuidado humanizado como fenómeno de interés de la disciplina al identificar fortalezas y debilidades con estudios de pertinencia en torno al cuidado.

Palabras clave: Percepción; estudiantes de enfermería; cuidado de enfermería; humanización de la atención. (Fuente: DeCS, Bireme).

Abstract

Introduction: Nursing has evolved its work around the theoretical constructs that compose it, this progressive growth includes the development of resignified teaching processes for future professionals, which must be validated around human responses in the nurse - patient relationship. **Objective:** Describe the perception of the hospitalized patient about the care provided by nursing students. **Materials and methods:** A quantitative, descriptive, cross-sectional study, conducted with 356 patients who received care from nursing students within health institutions. The Perception of Humanized Nursing Care instrument - version 3 was applied. It was analyzed with descriptive statistics and a non-parametric test using Kruskal-Wallis probability. **Results:** The patients stated that “humanized care is always perceived”, regarding the questions related to instructions on self-care; low scores were obtained in identification of physical, psychological and spiritual needs. **Conclusions:** It is necessary to address the issue of humanized care as a phenomenon of interest of the discipline when identifying strengths and weaknesses with studies of relevance around care.

Key words: Perception; nursing students; nursing care; humanization of attention. (Source: DeCS, Bireme).

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Introduction

Nursing profession is defined as a discipline and science in construction that has a fundamental nucleus which is to study the caretaking experiences felt by humans whether it be a health process or illness during the life cycle development⁽¹⁾. As a professional discipline, nursing has evolved its emphasis onto theoretical constructs and this progressive growth involves the development of teaching processes which need to be validated based on human responses. The interaction between a future nursing professional and the patient is a process that is formed at the moment of attention given to sustain the comfort of patients and their family members⁽²⁾. This interaction gives meaning to the act of caretaking, which is based on historical, cultural, social, and personal scopes.

Caretaking as a fundamental action of nursing has evolved within its historical development, and has been built within an organized and objective process which is supported by the scientific method and aims for the balance of each person according to the actions derived from the nursing process. It is imperative that the educational processes promote a nursing leadership that transcends the individual and group when considering the necessities, wishes and beliefs of people. Frequently, nursing tasks do not involve direct patient contact and instead are limited to the treatment of the illness and the instrumental attention of the patient, without considering the needs and responses of the patient⁽³⁾.

Humanized caretaking is the fundamental essence of nursing, which involves accompaniment, listening, and providing dignified treatment based on scientific, ethical and moral knowledge in order to offer comfort and recuperation of the patient⁽⁴⁾. Caretaking in nursing has become the center of the praxis. Its central aspect should be to value the humanized care that is provided for benefit of the patient and the nursing professionals. Therefore, improving the quality of caretaking in health services is fundamental to improve nursing practice in the current model of health care⁽⁵⁾.

The work of the nursing professor requires the consolidation of caretaking with an active pedagogy from the otherness that is required to influence the

student in such a way to be able to recognize in the patient the true essence of the scope of the discipline and eventually make the nursing student act as a health professional. The administrative restructuring of the majority of the health care systems in the world has risked dehumanizing the caretaking of the patient, and to address this it is recommended that the human, spiritual, and transpersonal aspects are recovered by nursing professionals in clinical, administrative, educational and research practices. These changes demand a permanent revision and monitoring of the curriculum, where the student could be able to face the caretaking phenomena from the reality of humans and from the most intimate moment in the nursing-patient relationship. Here, the most important element is to understand what the patient thinks and feels⁽⁶⁾.

Humane caretaking implies an emphasis on quality, which benefits both nursing professionals and multidisciplinary teams because it affords a work environment that is ethical and pleasant for the sick patient whose necessities, feelings, personal difficulties become the center of attention and who is taken care of in a holistic and integral way⁽⁷⁾. Jean Watson's theory is based on ten carative factors or caretaking processes which involve philosophical aspects that permit the understanding of the praxis or "caretaking moment." Each of these factors addresses how to offer caretaking from the comprehension and establishment of an adequate interpersonal relationship. Specifically, in the carative factor number six, Watson calls for the systematic use of problem-solving for decision-making, an attribute which is closely related to the motivation for constant improvement. When this factor is present it is expressed in the desire to study and acquire knowledge to perfect daily practice⁽⁸⁾.

This situation reveals the necessity to develop research processes that provide a real perspective of the future professional and nursing schools to determine the results of their caretaking plans and quality attention to patients. It is important to understand the necessity to involve students in the attainment of competencies to provide humanized caretaking supported by solid theoretical knowledge, which incorporates ability, empathy, vocation, patience, and respect for the dignity of the person⁽⁷⁾. This is the reason why the present study had as its

objective to describe the perception that the hospitalized patient has about the caretaking provided by nursing students of the Catholic University of Manizales, Colombia, using the Jean Watson's model of humanized caretaking as reference.

Materials and methods

Type of Study and Design

A descriptive quantitative and prospective study with a cross-sectional approach was done in 2016 to measure the perception of the patient regarding the humanized caretaking provided by the nursing students of the Catholic University of Manizales. During this period, the students from third through sixth semesters carried out their clinical practices within the areas of focus depending on the semester they were and the different hospital settings were in the city of Manizales, under the permanent supervision of a professor. The amount of time that the nursing student provided caretaking of the assigned patient was taken into account in order to adequately measure the perception of caretaking provided.

Population and sample

For the sample selection it was necessary to choose an unknown universe, which means that an exact number of patients for each nursing student in their rotations could not be determined. The sample frame was established by data repositioning with a 95% confidence level and a 5% margin of error, which generated a total sample of 356 participating patients.

Inclusion criteria

Patients received caretaking by the nursing student for a minimum of 12 hours or within a shift from 7 am to 7 pm.

Exclusion criteria

Patients with any cognitive or psychological difficulties to complete the questionnaire. For the specific case of the children's hospital, for minors the questionnaire was given to the primary caregiver.

Techniques and instruments for information gathering

The instrument utilized was the "Perception of Behaviors of Humanized Nursing Care (PBHNC) 3rd Version", validated by González in 2013⁽⁹⁾, which is a self-report questionnaire with 32 items using a Likert scale of 4 options in which a value is assigned to each question: none=1 point, sometimes=2 points, almost always=3 points, always=4 points, and has a minimum score of 42 and a maximum score of 168 points. The reliability of the items in the applied questionnaire reports an Cronbach's alpha of 0.877. The items are described in a positive way and are distributed in an internal manner within three categories, which are: prioritize the patient (the person), the openness to communication to provide health education to the patient, and qualities of nursing duties.

The questionnaire used permits the identification of the perception of humanized caretaking in the following way: there is always a perception of humanized caretaking in nursing (scale score between 104.1-128); there is almost always a perception of humanized caretaking in nursing (scale score between 80.1-104); there is sometimes a perception of humanized caretaking in nursing (scale score between 56.1-80); there is no perception of humanized caretaking in nursing (scale score between 32-56). Each interview had an approximate duration between 20 to 25 minutes per person.

Information processing and analysis

A Microsoft Excel matrix was created for the operationalization of the information, which was posteriorly processed with the Statistical Package for the Social Sciences (IBM SPSS v. 22) software. The analysis was conducted via descriptive statistics using frequencies, measures of central tendency, contingency tables, and the non-parametric Kruskal-Wallis test for significance analysis using $\alpha=0.01$.

Ethical considerations

The present study was classified as minimal risk based on the Resolution 008430 of 1993 because no intervention or modification of biological, physiological, psychological or social variables was performed on people who participated in the study. Authorization from ethics and/or research committees from each institution and informed consent from each participant were obtained for information gathering.

Results

The total sample collected included 356 patients distributed across institution in the following manner: Children’s hospital 78 patients (21.95), Saint Mark’s Hospital of Chinchiná 72 patients (20.2%), Versalles Clinic 72 patients (20.2%), Assbasalud Enea 60 patients (16.8%), Assbasalud Cayetano 48 patients (13.4%), and DIACORSA Institue 26 patients (7.3%).

Global humanized caretaking

In the analysis of the questionnaire a minimum score of 72 points and a maximum score of 128 points with an average of 120 points for the sample were obtained. This means that according to the instrument the population of patients seen by the

nursing students considers that “there is always a perception of humanized caretaking”.

Humanized caretaking by categories

In the first category, **prioritize the patient (the person)**, it was found that 88.3% of the patients responded always and 9.9% almost always; for the category **openness to communication to provide health education to the patient**, it was found that 76.5% of patients responded always and 15.3% almost always; and lastly in the category **qualities of nursing duties**, it was found that 82.9% responded always and 11.6% almost always (Figure 1).

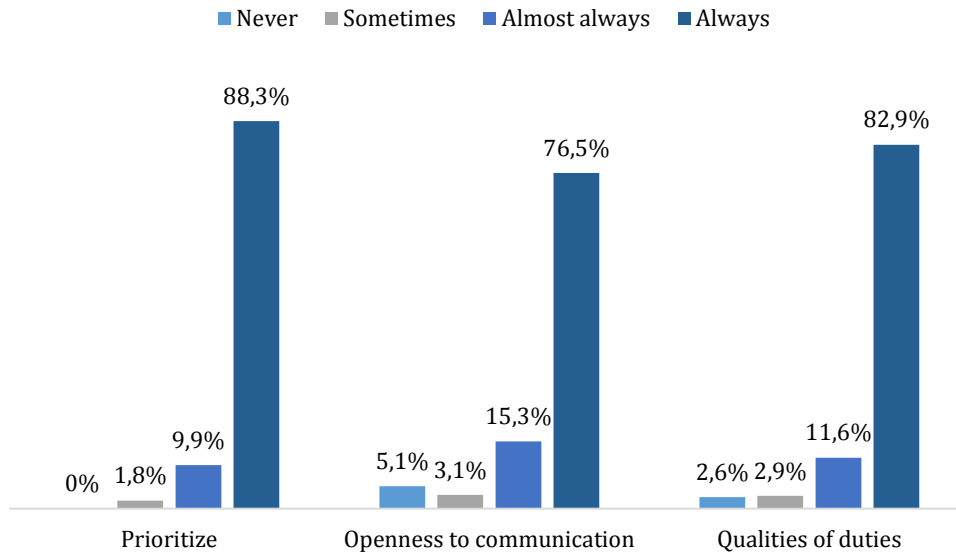


Figure 1. Results of the perceptions of hospitalized patients about the humanized caretaking provided by nurses of the Catholic University of Manizales, grouped by categories

Analysis of caretaking categories

During analysis of the questions which contain the category **prioritize the patient**, a high percentage of responses were “always”. Nevertheless, it is important to highlight the following responses: “They

show interest in your beliefs and make you feel calm when they are with you”, with values of almost always 15% and always 82%, respectively; and “They make you feel that you can trust them when they take care of you”, with values of almost always 14% and always 83% (Figure 2).

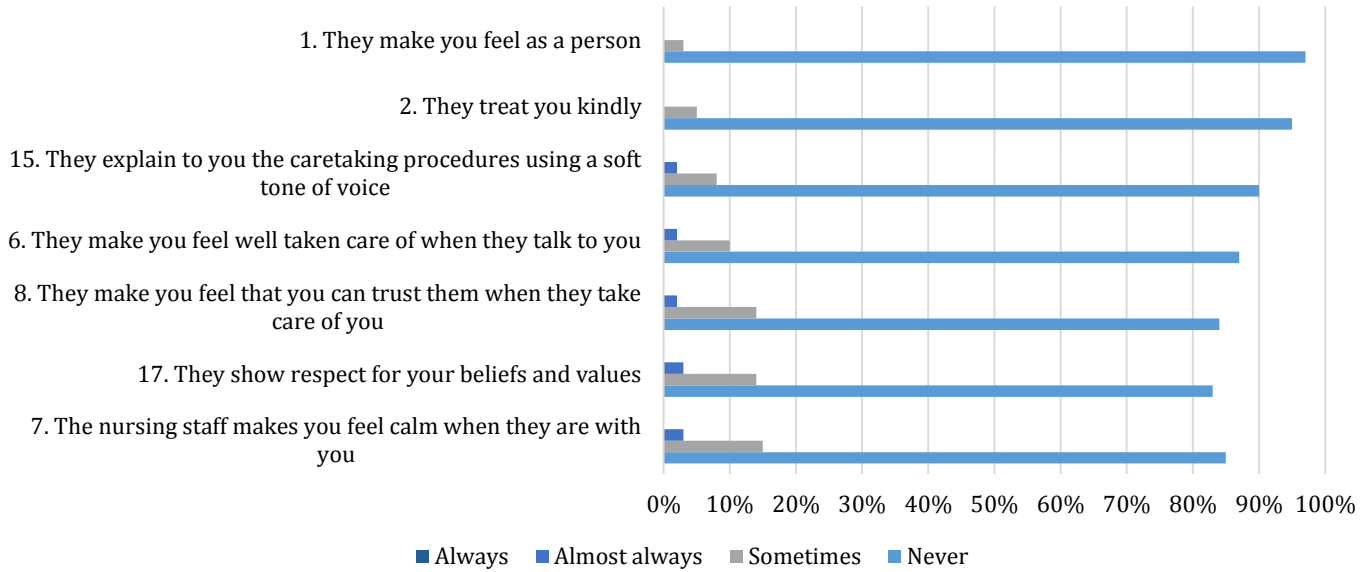


Figure 2. To prioritize the patient: the person

Within the category of *openness to communication to provide health education to the patient*, a variation in the surveyed responses was found in item: “They give you directions regarding your self-care”, with a result of always 65%, almost always

11%, and never 20%; the item “They tell you their names and job titles before performing the procedures”, showed a variability of 12% for never (Figure 3).

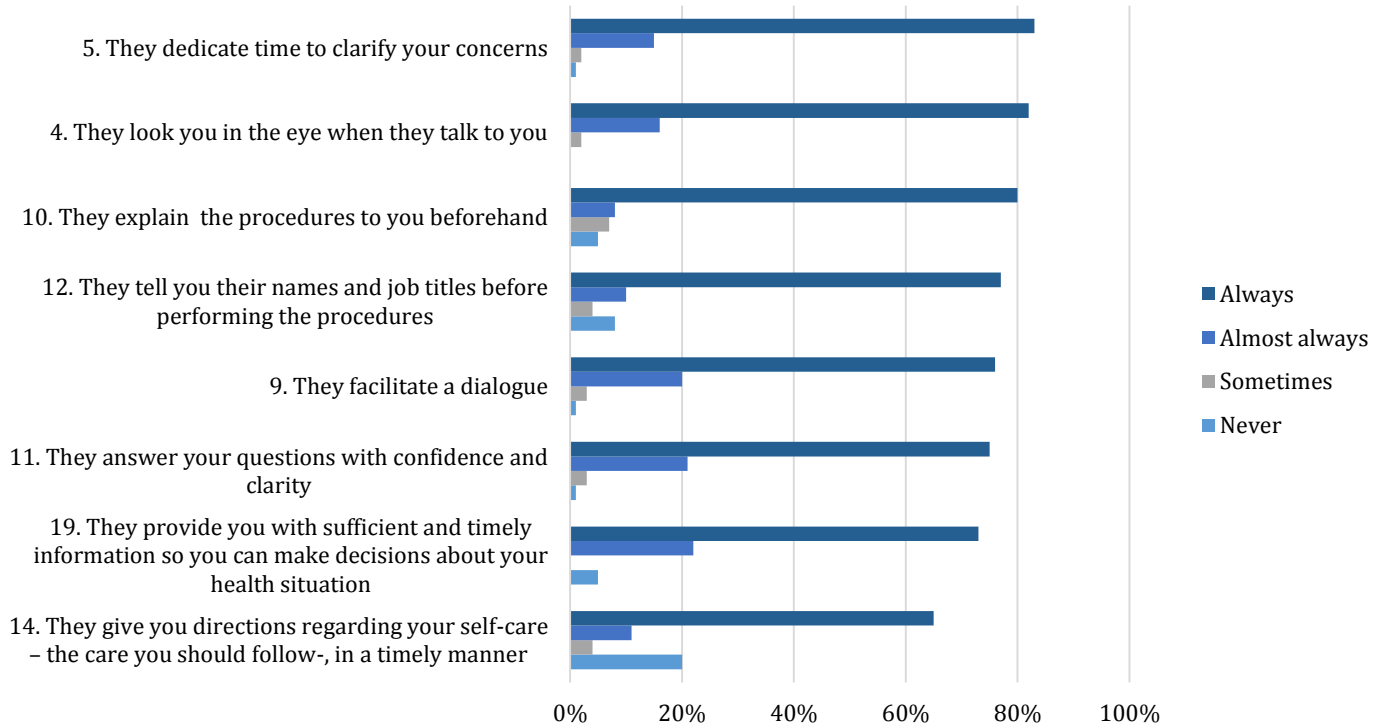


Figure 3. Openness to communication to provide health education to the person

With respect to the category “**qualities of nursing duties**”, there was a variability in responses to the following questions: “*They identify your physical, psychological, and spiritual needs*”, where 64% said always, 16.9% almost always, 8.1% sometimes, and 12.6% never. In the same manner: “*They ask you and care about your mood*”, which showed a result of

always 73.2%, almost always 12.1%, sometimes 4.4%, and never 9.3%. In the item “*They allow you to express your feelings about the disease and treatment*”, with 72.8% always, 18.3% almost always, 4.8% sometimes, and 4.2% never. In the rest of the questions, the responses were mainly in the categories of always and almost always (Figure 4).

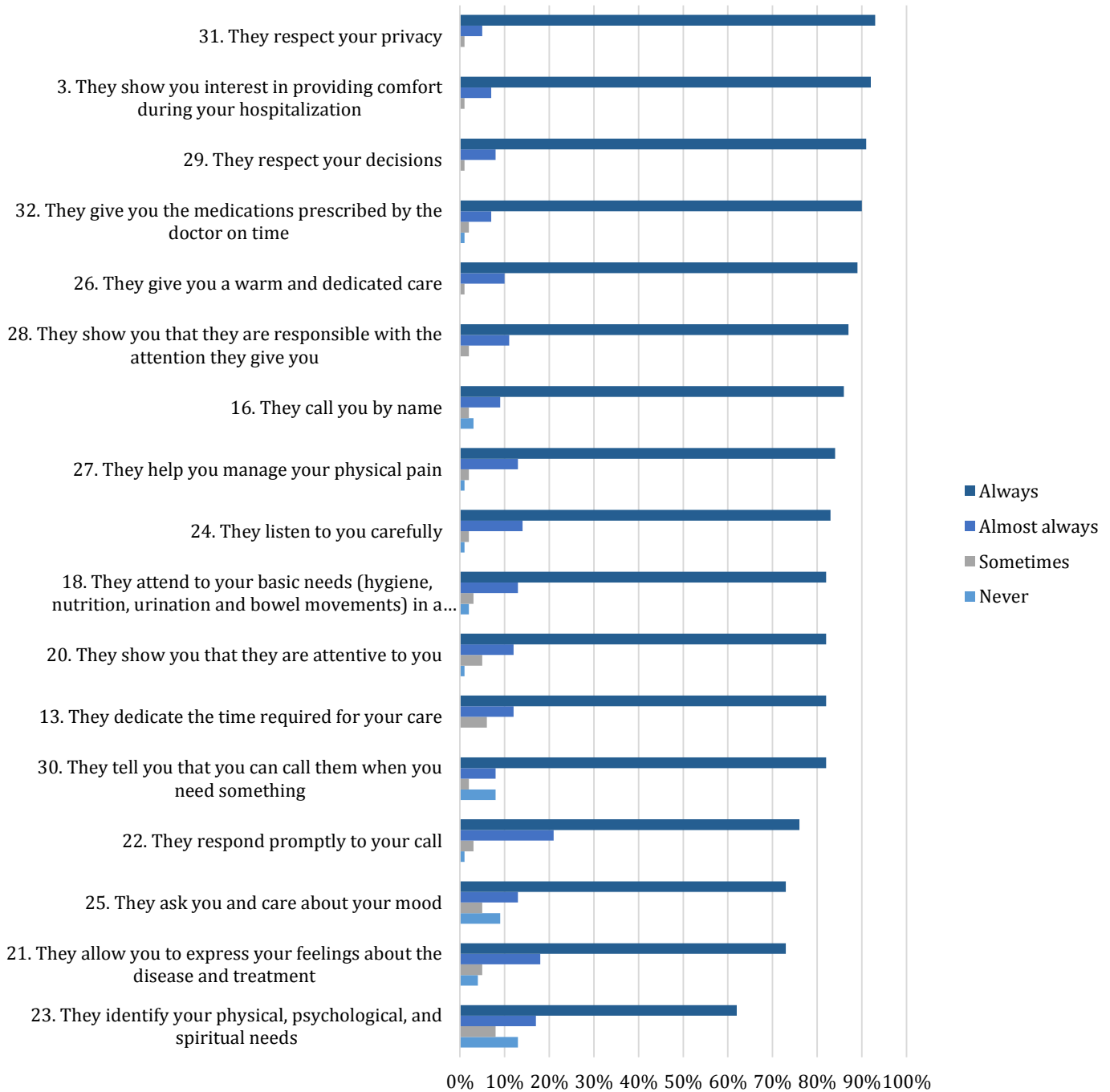


Figure 4. Qualities of nursing duties

The Kruskal-Wallis analysis compared the global score for each question in the category **prioritize the patient (the person)** and statistically significant relationships were found for the questions “*The nursing staff makes you feel calm when they are with you*”; “*They make you feel well taken care of when they talk to you*”; “*They make you feel that you can trust them when they take care of you*”; “*They explain to you the caretaking procedures using a soft tone of voice*”; “*They show respect for your beliefs and values*”. (Table 1).

Regarding the comparison of the openness to communication category with the global score, statistically significant differences were found in all the questions (Table 2). In the category of qualities of the nursing duties, statistically significant differences were found in all the questions, except in the following questions: “*They show you interest in providing comfort during your hospitalization*” and “*They listen to you carefully*” (Table 3).

Table 1. Descriptive analysis of prioritizing of the patient

| Global (N=356) | Prioritize Category | | Kruskall-Wallis test. ** p<0.01 | | | | |
|--|---------------------|--------------------|---------------------------------|---------|------------|----|------------------|
| | Mean | Standard deviation | Minimum | Maximum | Chi-square | df | Asymptotic sign. |
| 1. They make you feel as a person | 3.97 | 0.165 | 3 | 4 | 3.422 | 5 | 0.635 |
| 2. They treat you kindly | 3.95 | 0.214 | 3 | 4 | 3.984 | 5 | 0.552 |
| 6. They make you feel well taken care of when they talk to you | 3.85 | 0.415 | 2 | 4 | 17.754 | 5 | 0.003** |
| 7. The nursing staff makes you feel calm when they are with you | 3.79 | 0.48 | 2 | 4 | 32.017 | 5 | 0.000** |
| 8. They make you feel that you can trust them when they take care of you | 3.82 | 0.431 | 2 | 4 | 18.019 | 5 | 0.003** |
| 15. They explain to you the caretaking procedures using a soft tone of voice | 3.88 | 0.382 | 2 | 4 | 30.518 | 5 | 0.000** |
| 17. They show respect for your beliefs and values | 3.79 | 0.482 | 2 | 4 | 15.182 | 5 | 0.009** |

df: Degrees of freedom. Asymptotic sign.: Asymptotic significance.

Table 2. Descriptive analysis of the openness to communication

| Global (N=356) | Openness to communication category | | Kruskall-Wallis test ** p<0.01 | | | | |
|---|------------------------------------|--------------------|--------------------------------|---------|------------|----|------------------|
| | Mean | Standard deviation | Minimum | Maximum | Chi-square | df | Asymptotic sign. |
| 4. They look you in the eye when they talk to you | 3.8 | 0.44 | 2 | 4 | 30.398 | 5 | 0.00001** |
| 5. They dedicate time to clarify your concerns | 3.79 | 0.51 | 1 | 4 | 32.693 | 5 | 0.0000** |
| 9. They facilitate a dialogue | 3.72 | 0.54 | 1 | 4 | 18.553 | 5 | 0.002** |
| 10. They explain the procedures to you beforehand | 3.63 | 0.82 | 1 | 4 | 38.607 | 5 | 0.0000** |
| 11. They answer your questions with confidence and clarity | 3.71 | 0.57 | 1 | 4 | 29.307 | 5 | 0.00002** |
| 12. They tell you their names and job titles before performing the procedures | 3.56 | 0.92 | 1 | 4 | 38.843 | 5 | 0.0000** |
| 14. They give you directions regarding your self-care – the care you should follow-, in a timely manner | 3.21 | 1.2 | 1 | 4 | 89.787 | 5 | 0.0000** |
| 19. They provide you with sufficient and timely information so you can make decisions about your health situation | 3.62 | 0.75 | 1 | 4 | 34.014 | 5 | 0.0000** |

df: Degrees of freedom. Asymptotic sign.: Asymptotic significance.

Table 3. Descriptive analysis of the qualities of nursing duties

| Qualities of nursing duties category | Kruskall-Wallis test. ** p<0.01 | | | | | | | |
|--|---------------------------------|------|--------------------|---------|---------|------------|----|------------------|
| | Global (N=356) | Mean | Standard deviation | Minimum | Maximum | Chi-square | df | Asymptotic sign. |
| 3. They show you interest in providing comfort during your hospitalization | | 3.91 | 0.31 | 2 | 4 | 13.908 | 5 | 0.116 |
| 13. They dedicate the time required for your care | | 3.76 | 0.56 | 1 | 4 | 17.138 | 5 | 0.0042** |
| 16. They call you by name | | 3.78 | 0.63 | 1 | 4 | 53.751 | 5 | 0.0000** |
| 18. They attend to your basic needs (hygiene, nutrition, urination and bowel movements) in a timely manner | | 3.76 | 0.59 | 1 | 4 | 13.641 | 5 | 0.0181* |
| 20. They show you that they are attentive to you | | 3.76 | 0.56 | 1 | 4 | 16.59 | 5 | 0.0053** |
| 21. They allow you to express your feelings about the disease and treatment | | 3.6 | 0.77 | 1 | 4 | 55.286 | 5 | 0.0000** |
| 22. They respond promptly to your call | | 3.71 | 0.56 | 1 | 4 | 33.545 | 5 | 0.0000** |
| 23. They identify your physical, psychological, and spiritual needs | | 3.29 | 1.06 | 1 | 4 | 97.326 | 5 | 0.0000** |
| 24. They listen to you carefully | | 3.78 | 0.55 | 1 | 4 | 5.883 | 5 | 0.3178 |
| 25. They ask you and care about your mood | | 3.49 | 0.96 | 1 | 4 | 77.953 | 5 | 0.0000** |
| 26. They give you a warm and dedicated care | | 3.89 | 0.33 | 2 | 4 | 17.037 | 5 | 0.0000** |
| 27. They help you manage your physical pain | | 3.79 | 0.53 | 1 | 4 | 24.924 | 5 | 0.0001** |
| 28. They show you that they are responsible with the attention they give you | | 3.85 | 0.41 | 2 | 4 | 19.268 | 5 | 0.0017** |
| 29. They respect your decisions | | 3.89 | 0.36 | 1 | 4 | 20.998 | 5 | 0.0008** |
| 30. They tell you that you can call them when you need something | | 3.64 | 0.86 | 1 | 4 | 31.896 | 5 | 0.0000** |
| 31. They respect your privacy | | 3.92 | 0.32 | 2 | 4 | 18.199 | 5 | 0.0027** |
| 32. They give you the medications prescribed by the doctor on time | | 3.88 | 0.42 | 1 | 4 | 22.503 | 5 | 0.0004** |

df: Degrees of freedom. Asymptotic sign.: Asymptotic significance.

Discussion

The present study showed that in general, the patients always perceived humanized caretaking by the nursing students similar to other studies which evaluated the perception of humanized caretaking by nursing professionals where the emphasis was on the empathy, adequate communication and attitude by the nursing staff⁽¹⁰⁻¹⁴⁾. The majority of studies that measure patient perception about caretaking focused on nursing professionals more than nursing students. An exception is the study by González, which focused on nursing students from the University of Francisco de Paula Santander that used the PBHNC 2nd Version and reported relatively low perception of humanized caretaking because 60.7% said that their perception

was “sometimes”, 17.9% “never”, and only 21.4% “always”⁽¹⁵⁾.

Guerrero, *et al.*, did a study in 2015 that assessed humanized caretaking by nurses using Watson’s humanized caretaking scale and concluded that it was mediocre. Because of this observation it was recommended to implement strategies, improvement plans, and ongoing trainings with the objective to generate sensitivity in the nursing staff in order to offer good patient treatment from a human values approach⁽¹⁶⁾.

Different studies have focused on assessing patient satisfaction, humanized caretaking as well as using various instruments to measure humanized caretaking from different perspectives such as the

value of humanized caretaking, perception and/or caretaking abilities. All of these studies have focused on the pursuit of permanent improvement of patient care, direct patient care, and strengthening of the praxis using theoretical principles in nursing^(5-10, 17-19).

It is possible that a relationship exists between the nursing processes that focused on an integral education with the humanized caretaking provided to the patients like in the nursing students of the present study. The education of these nursing studies focused on personal liberation with an integral formation from a humanistic, scientific and Christian vision. There are studies that show this relationship and focused on students, their experiences in clinical trainings and practices, showing abilities in humanized caretaking, patience, and knowledge. These studies can be used as fundamental references for educational projects of nursing programs to strengthen their curricula^(2,17,20).

Siappo *et al.*⁽²⁰⁾ expressed that a training model focused strictly on a professional and technical culture is not contributing to the education of critical-reflective citizens which is why it is necessary to improve this model with an ethical and humanistic perspective. González⁽²¹⁾ discussed how the existing professor-student relationship demonstrates the role of education in the development of attitudes, conducts, and values including technical-scientific, interpersonal, emotional, and ethical aspects related to caretaking. Ferro, *et al.* studied the meaning of “the art of caretaking” from the perspective of the nursing student and determined that humanistic training is centered on caretaking that is holistic with family involvement, where feelings are taken into account; emphasis is made on the development of the professional-personal identity as an essential component in nursing⁽²²⁾.

From this study one can interpret that the patient perceived favorably the humanized caretaking by the nursing student because they provide a direct and integral accompaniment. Whereas in the labor domain, nursing professionals focus on biomedical vision, the supremacy of technique, and the fragmentation of the person, which leads to the dehumanizing of caretaking within nursing⁽⁷⁾.

It is important to highlight the phenomenological study conducted by Beltran⁽²³⁾, which examined experiences of humanized caretaking and showed how receptivity without discrimination, interest in caretaking, listening to complaints, caretaking in all spheres, and family involvement are essential details within humanized caretaking. Fundamental elements to take into account within the areas where the future professional will have the most direct contact with the patient; this is how caretaking behaviors differ from the models which guide practical training and the opportunities based on cumulus of knowledge and professional skills⁽¹¹⁾. The caretaking behavior of nursing professionals and professors are of vital importance in the preparation of students for the development of clinical practices⁽¹¹⁾.

Conclusions

Understanding a patient’s perception, how the caretaking of the future nursing professional makes the patient feel shows the impact of caretaking actions and demonstrates the necessity of strengthening of specific aspects such as communication and emphasis on personal, spiritual and self-care necessities of the person. Even though these results were not considered negative, they should be reviewed meticulously to improve the act of caretaking and rethink the praxis as well as the interaction between theory and practice to recover the missing and invisible aspects in nursing.

The training institutions for nursing professionals require a permanent self-evaluation of curricular contents, their coherence and importance for the education of human capital with social sense. It is necessary to give a value that will legitimize humanized caretaking as distinct seal of the academy from the different dimensions of being. There must be a fundamental connection between training and research profiles in nursing education in order to encourage nursing behaviors, which will generate knowledge derived from nursing difficulties.

The practice of competencies of being and doing during humanized care are essential in order to establish a positive connection between nurse and patient that goes beyond the simple act of providing care with quality. It is in that moment that the nursing professional recognizes that he/she is capable of

carrying out what was learned during training processes marked by educational objectives from nursing schools, their theoretical references, and pedagogical models that will define future nursing students.

Recommendations

It is necessary that the nursing programs, and schools of health sciences in general, conduct a thorough analysis of how nursing students visualize nursing duties during clinical practices, where their experiences of caretaking and patient contact are effectively made a reality. It is in these practices where they are able to make use of their acquired strategies, theoretical knowledge, and abilities. As a consequence of this, one is able to comprehend the deepest dimensions of the curriculum and based on real results one can propose improvement and monitoring strategies of the training process of the future professional.

Conflict of interests

None declared by the authors.

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