RESEARCH | INVESTIGACIÓN

Nursing education in humanized care

Educación de enfermería en el cuidado humanizado
Educação em enfermagem no cuidado humanizado

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ABSTRACT

Objective: To evaluate the effect of an educational intervention for the adequate use of the Dignified Treatment indicator by the nursing staff before the care of hospitalized patients. **Methods:** Pre-experimental analysis performed from February to March of 2017 in a public hospital in San Luis Potosí Mexico, with 37 nurses. In the first stage, a diagnostic evaluation of knowledge was elaborated. In the second, an education program was implemented for the proper use of the decent treatment indicator. In the third, nursing knowledge was evaluated and the before and after tests were compared by the *t*-Student parametric test. **Results:** For the diagnostic stage, 97% of nursing staff had a low level of knowledge. After implementing the program, 80% of the team increased their level. **Conclusions:** The educational intervention increased the knowledge about the use of the Dignified Treatment indicator.

Keywords: Nursing Care; Humanization of Assistance; Education, Nursing.

RESUMEN

Objetivo: Evaluar el efecto de una intervención educativa para el adecuado uso del indicador Trato digno en el personal de enfermería ante el cuidado del paciente hospitalizado. **Métodos:** Analítico pre-experimental realizado de febrero a marzo del 2017 en un hospital público en San Luis Potosí, México, con 37 enfermeras. En la primera etapa, se elaboró una evaluación diagnóstica de conocimientos. En la segunda, se implementó un programa de educación para el adecuado uso del indicador Trato digno. En la tercera, se evaluaron los conocimientos de enfermería posterior a implementar el programa y se contrastó el antes y después por la prueba paramétrica *t-Student*. **Resultados:** Para la etapa diagnóstica, el 97% del personal de enfermería presentó un nivel bajo de conocimientos. Después de implementar el programa, el 80% del personal incrementó su nivel. **Conclusiones:** La intervención educativa incrementó los conocimientos sobre el buen uso del indicador Trato digno.

Palabras clave: Atención de Enfermería; Humanización de la Atención; Educación en Enfermería.

RESUMO

Objetivo: Avaliar o efeito de uma intervenção educacional para o uso adequado do indicador digno de tratamento na equipe de enfermagem antes do atendimento de pacientes hospitalizados. **Métodos:** Análise pré-experimental realizada de fevereiro a março de 2017 em um hospital público em San Luis Potosí, México, para 37 enfermeiros. Na primeira etapa, foi elaborada uma avaliação diagnóstica do conhecimento. Na segunda, um programa de equação foi implementado para o uso adequado do indicador de tratamento decente. Na terceira, o conhecimento em enfermagem foi avaliado após a implementação do programa e o teste anterior e posterior foi comparado através do teste paramétrico *t*-Student. **Resultados:** Na etapa diagnóstico, 97% da equipe de enfermagem apresentou baixo nível de conhecimento. Após a implementação do programa, 80% da equipe de enfermagem aumentou seu nível de conhecimento. **Conclusões:** A intervenção educacional aumentou o conhecimento sobre o uso do indicador Dignified Treatment.

Palavras-chave: Cuidados de enfermagem; Humanização da Assistência; Educação em Enfermagem.

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INTRODUCTION

At a global level, health and care are considered services with greatest demand; the nursing staff has great involvement in the institutions since the services offered have greater coverage at all levels of care,[1] placing them as pillars that provide their services to the entire population. In public and private institutions, one of the most important points is to recognize the quality that is offered in the services which are provided day by day. The quality that professionals provide in their services is conceived as a timely, personalized, humanized and continuous as well as efficient care, all with the purpose of satisfying the needs of the patients.[2]

The nursing staff is involved in the satisfaction that the patient reflects, since they are the ones who identify the needs and expectations of the users regarding how they receive the care, which is very important to generate care strategies with a humanized quality. Covering the health care of patients in the in-hospital field is a fundamental commitment of the nursing staff; since they provide direct care for longer in hospital stays, so actions require appropriate strategies to achieve the desired results that match the expectations of the patient.[3]

The dignified treatment indicator by nursing (DTI) is one of the first three that was positioned for the evaluation of professional nursing work in its technical and interpersonal dimension. It is defined as the perception of the patient or relative about the treatment and care provided by the nursing staff during their hospital stay.[4]

It should be noted that inside some researches conducted in public health institutions in Mexico have been observed the dissatisfaction of the patient towards the treatment provided by the nursing staff, which generates that these institutions propose new strategies to increase the quality of health services and with this will provide a humanized care. In Mexico, in 2016, the quality standard for the dignified treatment indicator by nursing staff decreased compared to 2012, from 97% to 96.8%.[5]

For health institutions, it has not been an easy task to comply with quality standards for improving care for the population, and the accomplishing of this indicator has not been the exception since it is affected by different factors, such as: lack of human resources in direct attention to patients; limited financial support for the supply of work material among others; and, on the other hand, the academic training of the nursing staff that attends hospitalized patients is heterogeneous, reflecting a variation in the knowledge and skills demonstrated by nursing in the use of the dignified treatment indicator, which is also an important factor which affects the quality of care provided to patients in the different health care services.[6]

One of the repercussions of the inadequate use of the dignified treatment indicator is a poor therapeutic relationship between health personnel and patients where communication is the first dimension affected, putting at risk the process of care, prevention and recovery of patients.[7]

A strategy that has been taken by the managers of health institutions has been continuous education for health professionals, where the nursing staff plays a very important role in improving the use of the dignified treatment indicator that reflects the quality of nurse - patient care.[8]

Therefore, the research study implemented an educational intervention where an educational program was designed with the aim of improving the use of the dignified treatment indicator in the nursing staff that participates in the patient's hospital care. The purpose of the study was to reinforce theoretical knowledge about the proper use of the dignified treatment indicator and that these will be reflected in the care and relationship with the patient.

METHODS

The study had a quantitative approach with a longitudinal cut, pre-experimental with pre-test/post-test design in a single group, to identify the level of knowledge of the group an initial diagnosis was made prior to the implementation of the education program.

The population consisted of 37 nurses from the hospitalization services of internal medicine and surgery of a public hospital at the second level of care in San Luis Potosí, Mexico, distributed 20 in surgery and 17 in internal medicine. The type of sampling was non-probabilistic for convenience. Selection criteria: active nursing staff in internal medicine hospitalization services and morning and evening shift surgery. The registration of the investigation: COFEPRIS 14 CI 24 028 083 and CONBIOETICA-24-CEI-001-20160427, 09-16 of February 14, 2017.

To implement the study, three stages were developed: in the first, the level of knowledge of the dignified treatment indicator in the nursing staff was identified through a diagnosis. In the second one, an education program was implemented, made up of elements of good use of the dignified treatment indicator for nursing personnel, prepared with theoretical content and validated by experts in educational and disciplinary matters, which were taught in 3 hours and 45 minutes divided into 3 sessions, and each session had 1 hour and 15 minutes duration, the educational intervention was based on the Ausubel's Theory of meaningful learning.[9] To this end, the topics were presented using learning techniques such as brainstorming, directed questions, narrative of clinical experiences, among others.

Finally, in the third stage, an evaluation was carried out after the implementation of the education program, in which the means were compared using the *t*-Student parametric test for related samples and a confidence level of 95%.

It should be noted that to evaluate the knowledge of the nursing staff before and after the educational intervention, an instrument was applied *ex profeso* (with intention), and it was elaborated in relation to the knowledge that the nurse must have concerning the dignified treatment indicator according to the National System of Quality Indicators in Health in Mexico and endorsed by the Permanent Commission of Nursing of the Country.

The knowledge evaluation instrument was validated by the Delphi method and applied in a service with characteristics similar to that of the definitive test. Made up of 20 items with multiple-choice answers, divided into 3 dimensions: background of the indicator; management of communication; and values (kindness, trust, respect and empathy). To measure the level of knowledge of each participant, a qualitative scale was made where it was classified as high (100%-95%), medium (90%-80%) and low (75% -0%), clarifying that each correct answer it has a value of 1 point and when it is a closed question, results of half points will not be obtained.

RESULTS

The population participating in the study was 37 nurses operating in hospitalization services in internal medicine and surgery with the characteristics of women (86.4%), predominating the evening shift with 56.8% (Table 1), with a maximum age of 59 years and the minimum of 30 years (SD 8.3); depending on the years of seniority, a maximum of 29 years and a minimum of 1 year (SD 7.6).

Evaluation of the intervention

When carrying out the evaluation of knowledge and the intervention on the dignified treatment indicator, the means of the before and after in each hospitalization service were compared and a significant difference was found in the results of the evaluations (Table 2).

Prior to the implementation of the educational intervention in the internal medicine service, the 17 participants obtained a low level of knowledge about the proper use of the dignified treatment indicator, and after the intervention they obtained medium and high level results. While in the surgery service the same behavior occurs. (Table 3 and 4).

Analyzing the results globally in the internal medicine and surgery services, the percentage distribution of the level of knowledge of the nursing staff reflects an increase in the medium and high level as well as a significant decrease in the low level of knowledge (Figure 1).

DISCUSSION

The changes and trends of health care in the world today suppose new challenges for nursing professionals in terms of quality in health services, which reflect that the daily work of nursing professionals are carried out through standards that guarantee the quality of care and meet the demands and needs of users.

Within these standards in scene, the accomplishing of various standards, goals and quality indicators that, as noted above, is not an easy task for health professionals, it should be mentioned that one of the most complicated indicators to accomplish inside the institutions is the dignified treatment, since in this indicator the practice of the values and attitudes of the nursing staff come into play in daily practice, from the above it can be said that there are studies in which knowledge of nursing personnel related to bioethical and ethical aspects of patient care is measured, in which is mentioned that the greater the knowledge the better the treatment provided to the patient, as well as the fact that the nurses have greater knowledge their practice has repercussions positively in the quality of nursing care.[10]

Other investigations in the country indicate that it is important that every person who needs the provision of health services has the right to receive a dignified treatment, to whom their rights as

Table 1. Demographic and labor characteristics of the population. San Luis Potosí, Mexico, 2017.

Characteristics	Groups	Internal Medicine		Surgery		Total	
		No.	(%)	No.	(%)	No.	(%)
Gender	Women	16	43.2	16	43.2	32	86.4
	Men	1	2.7	4	10.9	5	13.6
Shift	Morning	9	24.3	7	18.9	16	43.2
	Evening	8	21.6	13	35.2	21	56.8
Age	30-35	4	10.8	5	13.6	9	24.4
	36-40	3	8.1	4	10.8	7	18.9
	41-45	8	21.6	4	10.8	12	32.4
	46-50	1	2.7	3	8.1	4	10.8
	51-55	1	2.7	2	5.4	3	8.1
	56-60	0	0	2	5.4	2	5.4
Years old	1-10	5	13.6	7	18.9	12	32.5
	11-20	9	24.3	9	24.3	18	48.6
	21-30	3	8.1	4	10.8	7	18.9

Table 2. Values of the evaluations before and after the educational intervention. San Luis Potosí, Mexico, 2017

Services	Before				After				p-value***
	Min.	Max.	$\overline{X}$*	S.D.**	Min.	Max.	$\overline{X}$*	S.D.**	
Internal Medicine	40	70	5.5	10.82	65	100	8.5	16.89	< 0.001
Surgery	20	80	5.7	12.02	70	100	8.4	8.50	< 0.001

* $\overline{X}$ Average; ** S.D. Standard deviation; *** t-Student test.

Table 3. Level of knowledge before and after the educational intervention in the internal medicine service. San Luis Potosí, Mexico 2017.

Level of knowledge	Internal Medicine			
	Before		After	
	No.	(%)	No.	(%)
High	0	0.0	6	16.2
Medium	0	0.0	7	18.9
Low	17	45.9	4	10.8

Table 4. Level of knowledge before and after the educational intervention in the surgery service. San Luis Potosí, Mexico 2017.

Level of knowledge	Surgery			
	Before		After	
	No.	(%)	No.	(%)
High	0	0.0	4	10.8
Medium	1	2.7	12	32.5
Low	19	51.4	4	10.8

Figure 1. Percentage distribution of the level of knowledge before and after the educational intervention. San Luis Potosí, Mexico 2017.
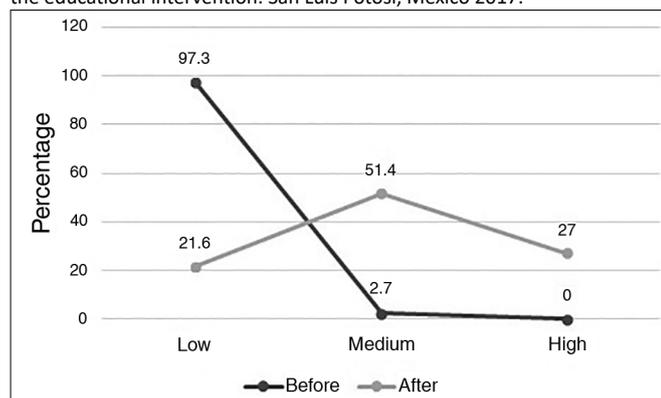
a patient must be respected by health personnel, with the use of an adequate and understandable language and attitudes that conform to accepted standards of kindness and protect privacy and respect the modesty of the person being served.[8]

Regarding the demographic and work characteristics of the nursing staff that participated in the study (Table 1), most of them are women because of their predominance in the discipline. The age of the participants presented in this study is by age groups where we observe that the groups of 30-35 and 41-45 years predominate and the years of seniority are 11-20 years, some studies in Mexico mention that socio-demographic data on nursing, such as age and seniority and gender, influence the good dignified treatment provided to the patient.[11]

On the results of the before and after evaluations (Table 2), the obtained means increased significantly in both services, and in the obtained minimum and maximum values there was only one descriptive difference, so that before the intervention, the results obtained were lower than those obtained after implementing the educational intervention. We can conclude that the educational intervention had an important impact in the obtaining of knowledge of the nursing personnel as well as in the improvement of the indicator implementation, for what it is necessary that the health institutions organize and implement educational programs that favor and increase knowledge. of health professionals so that the care approach is more humane and thus increases the quality of care as mentioned in a study carried out in Brazil in a public hospital where it states that the investing in the preparation of health personnel improves the personal relationship between professionals and the patient and that this preparation is based on a more humanized care.[12]

It should be noted that by classifying the results into qualitative categories (Table 3 and 4), it can be seen how, the participants managed to increase the level of knowledge and demonstrated a willingness to learn in order to provide a quality in the care of the dignified treatment indicator.

Finally, it can be mentioned that the predominant weaknesses in the participants correspond to the antecedent dimensions of the indicator (50%) and values (60%), dimensions that were significantly modified with the educational intervention. This last dimension (values) is necessary to be reinforced with the staff since these elements of a moral, ethical and relationship with the patient characterize the humanization in patient care.[13]

CONCLUSIONS

In the diagnostic stage of the study, it was identified that the nursing staff did not have sufficient knowledge in the management of the dignified treatment indicator, giving the guideline to the need for the educational intervention. After that, 78.4% of nursing professionals increased their level of knowledge to a medium and high level.

Therefore, we can conclude that the educational intervention was effective to increase knowledge and it is recommended that nursing staff continue to be trained on aspects of the dignified treatment indicator to improve the care provided to patients in hospital services.

One of the limitations found in the study was that the participants at the time of the educational sessions were within their work services because they did not have their own space for this activity, which not permitted the full attention of the participants.

Therefore, it is recommended to consider and manage a space and time expressly for the educational intervention of nursing professionals in health institutions which promotes the quality of care for their population.

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