



Research Article

IMPACT OF CLINICAL PRACTICES ON THE TEACHING-LEARNING PROCESS OF THE INTENSIVE CARE GRADUATE PROGRAM IN NURSING DEVELOPMENT OF TEACHING QUALITY

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ABSTRACT

Introduction: Clinical practices are the way in which nursing professionals receive students Objective. To describe the impact of clinical practices on the teaching-learning process, through the words of students, clinical tutors and nursing professionals **Methodology** Mixed qualitative and quantitative, phenomenological research study, non-probabilistic, strategic or intentional sampling system was used. To analyze the qualitative data, the CAQDAS program was used with the Atlas-ti qualitative data manager program, version 7.1.7. A cross-sectional descriptive study was carried out to identify the factors that cause worry and stress in the students. before attending clinical practice, through the KezKa questionnaire. Cronbach's $\alpha = 0.95$. **Results:** The mean score of 3.74 (SD 0.72) was 3.74 for the stressors reported by the students, with a minimum score of 1 and a maximum score of 16. Scores were higher in Factor 5 (Not controlling the relationship with the patient), Factor 6 (Emotional affectation), Factor 7 (Damaged relationship with the patient) and Factor 4 (Helplessness and uncertainty). **Conclusions:** Description of the complexity of their experiences in the teaching-learning process, how to address the social context, historical, ethnographic and phenomenological moment in which they find themselves. **Practical Implications for the Discipline:** Implementing a Problem-Based Learning Model Diploma.

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INTRODUCTION

Teaching-learning process in clinical practices” are very significant words for my professional performance as a teacher. I have been able to experience several experiences, first as a Nursing student, then as a Clinical Nurse with students, Clinical Tutor, Coordinator of Clinical and Community Practices, Teacher, and currently Coordinator of the Intensive Care Nursing Specialty.

All this has contributed to my Teaching training and in turn has allowed me to know the different opinions of the main characters of the teaching-learning process, what experiences they have had during clinical practice, detecting the problems, difficulties, needs and themselves the contributions that the Nursing professionals share, socialize and transmit them to the students and in turn how they receive and assimilate them. From what I currently experience and live, the concern arises in me to want to know how this experience is really lived through the main characters, the student, the Nursing professional and the Clinical Tutor.

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A transcendental aspect of clinical practices is the way in which nursing professionals receive the student because in this way they will feel integrated into the health team. There are unforgettable moments, but also moments of great nervousness and stress.

The idea arose to start this research, suggesting to the students, Tutors and Nursing professionals that they collaborate in this study, where through a pleasant conversation they would express their own points of view and experiences in relation to the clinical teaching-learning process. Present a reflection on the fact of these three figures, who in their daily lives constantly face life situations that they have to resolve by always appealing to learned processes. That is why it is believed pertinent that education, as a formal institutionalized process, becomes in the ideal way to approach the clinical learning experience.

Goals

The main objective of this research was to describe and understand the impact of clinical practices on the teaching-learning process, through the words of students, clinical tutors (Teachers) and Nursing professionals during clinical learning of the Specialty of Nursing. Intensive Nursing Care N.2 of the Autonomous University of Guerrero.

The specific objectives were indicated as follows: first, Identify the factors that produce nervousness, worry and stress in students before and during clinical practice. Analyze the expectations of students before the start of clinical practices, second, identify the interactions and experiences that occur between students, clinical tutors (Teachers) and Nursing professionals during clinical practices and finally suggest and propose proposals for improvement for the clinical teaching-learning process of the Intensive Care Nursing Specialty N.2 of the Autonomous University of Guerrero.

METHODOLOGY

Mixed research study. The qualitative methodology was phenomenological in design, the non-probabilistic, strategic or intentional sampling system was used. The participants were 19 students from the third generation of the Intensive Care Nursing Specialty, 4 tutors (Teachers) from the Residency I learning unit (nursing clinical practices) of the Intensive Care Nursing Specialty and 7 nursing professionals who work in the different care services for patients in critical condition at the ISSSTE Hospital in Acapulco, Guerrero; giving a total of 30 participants.

Inclusion criteria

- Be a student of the Intensive Care Nursing Specialty of the Faculty of Nursing No. 2 of the UAGro.
- Be studying Residency Learning Unit I.
- Be present when applying the Kezkak questionnaire
- Nursing professional who works in the care services for patients in critical condition at the ISSSTE Hospital in Acapulco, Guerrero.
- Be a clinical practice tutor.

Exclusion criteria

- Be a student of student mobility.

Study Description

Two techniques were used to collect data: individual interviews and focus groups. To analyze the qualitative data, an exhaustive reading and analysis of each of the interviews was carried out, the keys were identified and grouped into categories and subcategories. To analyze the qualitative data, the CAQDAS program (Computer-Aided Qualitative Data Analysis Software) was used with the qualitative data manager program Atlas-ti, version 7.1.7. For the quantitative methodology, a cross-sectional descriptive study was carried out to identify the factors that cause worry and stress in the students before attending the clinical practice of the Residency I learning unit of the Intensive Care Nursing Specialty. The study population was all Specialty students (n=19) from the third generation of the Intensive Care Specialty.

In carrying out the data collection procedure, a questionnaire was prepared, made up of two sections, the first section consisted of collecting information on the variables related to the socio-demographic, work and training characteristics, and the second section consisted of collecting the information through the variables related to the identification of stressful situations for students during practice training in the Nursing Residency I, through the KezKa questionnaire. This instrument presents a high internal consistency (Cronbach's $\alpha = 0.95$), considerable reliability (0.72 at 2 months and 0.68 at 6 months) and acceptable concurrent validity (0.39 with trait anxiety measured by the questionnaire), validated in the Spanish language by Zupiria Gorostidi (2003), is a bilingual, Spanish-Basque questionnaire, which consists of 41 items grouped into nine dimensions that describe situations that may be stressful during the practical training of students. A descriptive analysis of all the variables was carried out, the frequencies and percentages were calculated for each of the qualitative variables and the mean, for the quantitative variables their standard deviation (SD) was carried out, the Student-Fisher T test was performed. used to analyze whether there were differences between the different socio-demographic variables and how they described and what was their perception of the stressors declared by the students. The difference between variables was considered significant when the level of significance ($p < 0.05$). To carry out the data analysis, the statistical package (IBM SPSS Statistics 26.0 (64-bit) was used, allowing the entire analytical process to be addressed, from planning and data collection to analysis, report creation and deployment.

Ethical Considerations

The present study adhered to the provisions of the General Health Law on Research for Health in Human Beings (LGS), in accordance with the provisions of Article 17, Section II.

Results

Quantitative student results

Table 1 Sociodemographic characteristics of the study sample

Characteristics	N=19	%	Total
Mean age in years (SD)	28.7(Standard deviation (SD) 2.6)		
Sex	28.7(Standard deviation (SD) 2.6)		
Male	8	42%	
Female	11	58%	19 /

			100%
Shift			
Morning			
	10	53%	
Evening	9	47%	19 / 100%
Previous work experience			
Yes	9	47%	
No	10	53%	19 / 100%
Mean years of work experience (SD)	9.47 (Standard deviation (SD) 0.70)		

The female sex predominated more with 58% and the male sex with 42%, the students who took the Residency I subject in the morning shift were 53% and in the afternoon shift it was 47%, in relation to the experience work, 47% declared having minimal work experience but not in critically ill patients and 53% had no experience.

With respect to the stressors declared by the students, the average score was 3.74 (SD 0.72), with the minimum score being 1 and the maximum being 16. In order to compare the scores of the different factors of the Kezkak questionnaire, the number of items between the average score of each factor that makes it up. The scores were higher in Factor 5 (Not controlling the relationship with the patient), Factor 6 (Emotional involvement), Factor 7 (Damage in the relationship with the patient) and Factor 4 (Helplessness and uncertainty).

The total number of students was 19, obtaining a response rate of 100%, the average age was 28.7 (Standard deviation (SD) 2.6), with a minimum age of 26 years and a maximum age of 34 years.

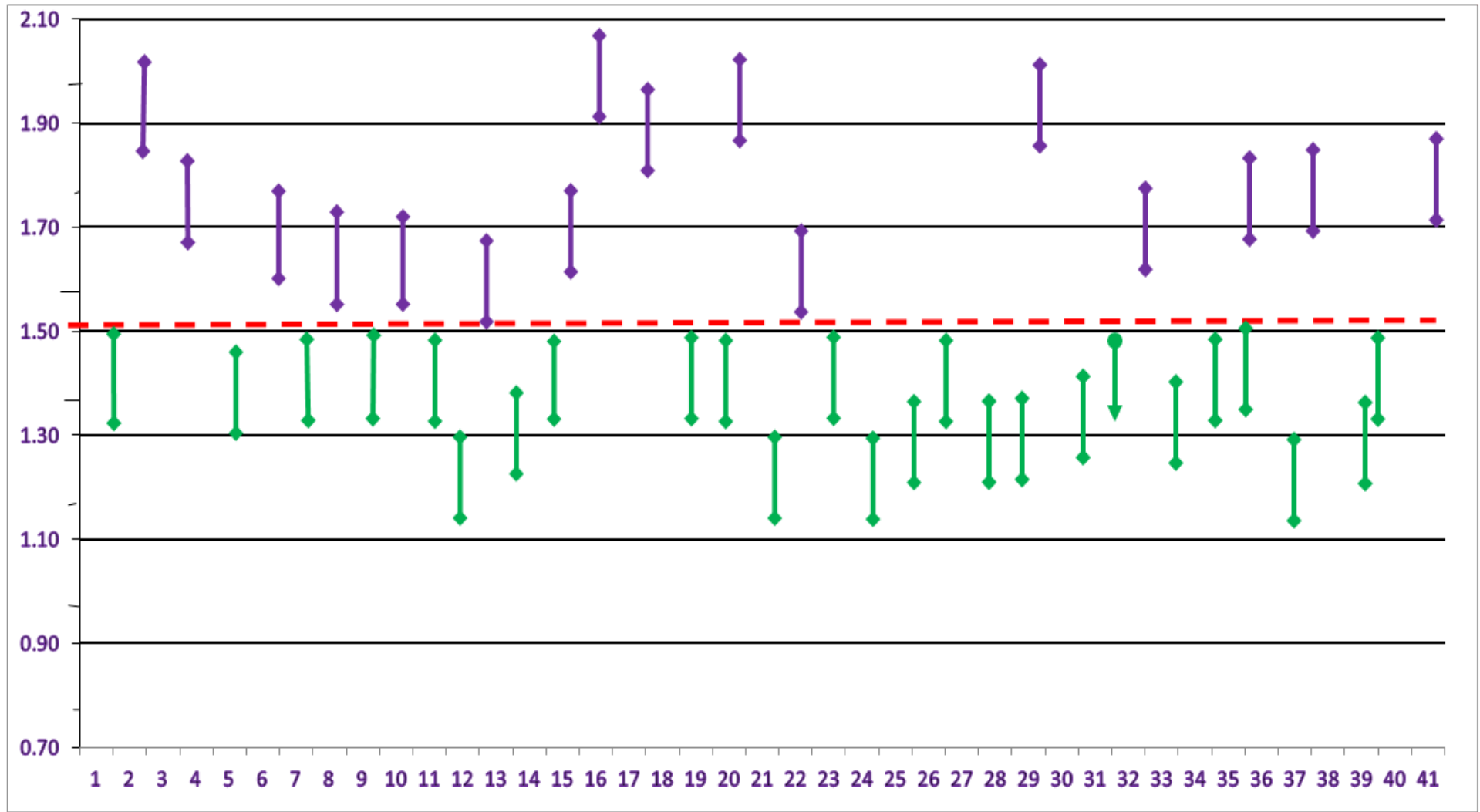
Table 2 Description of the average scores of the total stress factor questionnaire (Kezkak) applied to the students of the Intensive Care Nursing Specialty of the Faculty of Nursing N.2 when taking the Residency I subject (clinical practice). (n=19).

Factors:	Mean (SD)	Median	Minimum	Maximum
Factor 1 Lack of competition. (11 items)	3.34 (4.61)	5	1	15
	3.29			
Factor 2 Contact with suffering. (10 items)	3.73 (3.40)	6	1	13
	2.68			
Factor 3 Relationship with tutors and classmates. (6 items)	3.67 (3.81)	7	1	13
	1.63			
Factor 4 Helplessness and uncertainty (11 items)	3.97 (3.99)	6	1	14
	2.77			
Factor 5 Not controlling the relationship with the patient. (8 items)	4.63 (3.14)	7	2	12
	1.72			
Factor 6 Emotional involvement. (4 items)	4.18. (4.33)	4.5	2	14
	0.95			
Factor 7 Damage to the relationship with the patient. (5 items)	4.00 (5.49)	4	1	16
	1.25			
Factor 8 The patient seeks an intimate relationship. (2 items)	3.31 (3.50)	8	1	9
	0.6			
Factor 9 Overload. (5 items)	3.29 (3.67)	8	1	12
	1.51			
Total results of the Questionnaire	3.74 (0.72)	6	1	16
	10.96			
SD: Standard deviation				
Source: Norma Bernal, (2018)				

Variables	n.	Factor 1		Factor 2		Factor 3		Factor 4		Factor 5		Factor 6		Factor 7		Factor 8		Factor 9		Total	
		Media (SD)	P	Media (SD)	P	Media (SD)	P	Media (SD)	P	Media (SD)	P	Media (SD)	P	Media (SD)	P	Media (SD)	P	Media (SD)	P	Media (SD)	P
Age	19	r=-.212	.001	r=-.135	.006	r=-.038	.446	r=-.185	.001	r=-.215	.001	r=-.018	.707	r=-.124	.011	r=-.154	.001	r=-.122	.012	r=-.173	.002
Sex																					
Male	8 (42%)	2.91 (1.69)	.910	2.27 (2.017)	.032	1.81 (2.16)	.843	1.99 (1.32)	.740	1.78 (2.02)	.084	2.31 (2.50)	.003	2.42 (2.01)	.742	3 (2.30)	.212	2.10 (1.40)	.265	2.21 (0.39)	.310
Female	11 (58%)	2.39 (2.56)		2.71 (2.12)		2.53 (1.84)		2.87 (2.70)		3.08 (1.81)		1.96 (3.28)		1.96 (3.70)		2.76 (2.30)		3.39 (1.83)		2.54 (0.67)	
Shift																					
Morning	10	2.13 (2.57)	.292	2.75 (2.09)	.392	2.45 (1.62)	.134	2.28 (1.95)	.083	2.4718 (1.71)	.632	1.91 (2.80)	.536	2.54 (2.30)	.532	2.59 (2.23)	.792	2.60 (1.60)	.130	2.38 (6.63)	.172
Evening	9	5.00 (8.18)		2.85 (1.85)		1.96 (2.30)		2.58 (2.04)		2.37 (1.74)		2.31 (2.73)		3.55 (2.82)		4.21 (1.29)		2.65 (1.74)		2.81 (2.09)	
Previous work experience																					
No	10	2.48 (15.85)	.608	2.61 (2.13)	.001	2.15 (2.34)	.542	2.73 (2.37)	.270	2.26 (2.46)	.004	2.04 (2.73)	.162	2.33 (2.72)	.830	2.5 (1.81)	.562	2.79 (1.45)	.442	2.40 (4.55)	.143
Yeha	9	2.41 (1.67)		2.42 (1.98)		2.08 (1.61)		2.20 (1.58)		2.78 (1.50)		2.09 (2.91)		2.55 (2.58)		4.48 (1.82)		2.46 (1.95)		2.48 (0.48)	
Years of experience	86	r=-.243	.001	r=-.041	.596	r=-.083	.298	r=-.191	.015	r=-.168	.031	r=-.006	.927	r=-.154	.050	r=-.197	.011	r=-.034	.662	r=-.176	.024

Factors: Factor 1: Lack of competition; Factor 2: Contact with suffering; Factor 3: Relationship with tutors and classmates; Factor 4: Helplessness and uncertainty; Factor 5: Not controlling the relationship with the patient; Factor 6: Emotional involvement; Factor 7: Damage to the relationship with the patient; Factor 8: The patient seeks an intimate relationship; Factor 9: Overload; Pearson correlation coefficient; p: Significance level <_ 0.06. Source: Norma Bernal Pérez Tejada, (2018)

This Graph 01 describes the average score (-----) and its corresponding 95% confidence interval for each item in the questionnaire in total 41.



Kezkak questionnaire, validated in Spanish by Zupira Gorostidi et al. (2003)Adapted by N. Bernal Pérez T. 2018.

N. P.	N. P. Table Description Kezkak Questionnaire	Frequency above average	Frequency below average
1	Not feeling integrated into the work team.		X
2	Doing my job poorly and harming patient	X	
3	Feeling like I can't help patient	X	
4	Do psychological harm to patient		X
5	Not knowing how to respond to patients' expectations	X	
6	Doing physical harm to patient		X
7	Not knowing how to respond to patient	X	
8	That the emotions of patient affect me		X
9	Having to give bad news	X	
10	Having to talk to the patient about his suffering		X
11	That the patient treats me badly		X
12	The relationship with health professionals	X	
13	Get infected through patient		X
14	That a patient who was improving begins to get worse		X
15	Prick myself with an infected needle	X	
16	Getting confused about medication	X	
17	Screw up	X	
18	Watching patient die		X
19	The relationship with the teacher responsible for internships at school		X
20	Finding myself in a situation without knowing what to do	X	
21	Getting too involved with patient		X
22	That my responsibility in patient care is important	X	
23	Not being able to care for all patients		X
24	That the patient does not respect me		X
25	The relationship with the authorities		X
26	Receive a complaint from patient		X
27	Having to be with a patient when he or she is dying		X
28	The relationship with fellow nursing students		X
29	Finding myself faced with an emergency situation	X	
30	Having to be with a patient who is difficult to communicate with		X
31	Having to be with a patient from whom bad news has been hidden		X
32	Having to perform procedures that hurt the patient	X	
33	Not knowing how to "cut" patient		X
34	Having to work with aggressive patients		X
35	Work overload		X
36	Receiving contradictory orders	X	
37	That a male nurse of the opposite sex makes advances on me		X
38	Not finding the doctor when the situation requires it.		X
39	Having to be with a terminally ill patient		X
40	Let the patient touch certain parts of my body		X
41	The differences between what we learn in class and what we see in practices.	X	

Analysis of the relationship between the results obtained from the total score of the Kezkak questionnaire and the sociodemographic and work variables. The variables that showed statistically significant differences were age ($p=0.002$) and years of work experience ($p=0.024$). The study showed that students who were older than the others and who also had more years of work experience in different health institutions were those who demonstrated less stress and concern about Residency I (clinical practices).

Qualitative results

The qualitative data obtained through the interviews and the focus group has allowed an analysis to be carried out and in turn determine "Categories and subcategories", where the most relevant explanations about their experiences during clinical practice are presented.

Table 5 Selection of data obtained by students related to the emerging

Characteristic	Category	Subcategory
Emergent	Category n° 1: Uncertainty due to lack of knowledge before the beginning of clinical practices	
	Category n° 3: Habits, experiences and skills of students during the learning of clinical practices	Subcategory 3.1. What Clinical Learning Really Is for Learners
		Subcategory 3.2. The teaching-learning process and the value of theoretical training prior to clinical practices in the Specialty.
	Category n° 4: The image of the Clinical Internship Tutor for students	
	Category n° 6: Professional profiles in Nursing according to students	Subcategory 6.1. Profile of the Teaching Nurse Professional
		Subcategory 6.2. Clinical Internship Tutor Profile.
	Category n° 8: Estimation of tasks assigned in clinical practices	Subcategory 8.1. Significance of the preparation of the Manual of Procedures
		Subcategory 8.2. Meaning of the Ana Subcategory 8.3 n° Meaning of the elaboration of a Clinical Case

Source: Norma Bernal, (2018)

Table 6 Selection of the data obtained by the students related to the objectives

Characteristic	Category	Subcategory
Objectives	Category n° 2: Overview, perspectives and expectations of students regarding the cynical practices of the Intensive Care Nursing Specialty	
	Category n° 5 : Interpersonal relations	Subcategory 5.1. Relationship with the Clinical Practice Tutor of the Specialty
		Subcategory 5.2. : Interaction with the health team of the Hospital Institution.
		Subcategory n° 5.3 : Relationship with the Nursing Professional regarding the clinical practice of the Specialty
		Subcategory 5.4. : Relationship with patients and relatives of the Hospital Institution
	Category 7: Aptitude, dexterity, expertise, clinical skills/simulation	
	Category n° 9: Obtaining professional competences in clinical practice.	
	Category n° 10: Perspective, probability and expectations of the students of the Specialty of Nursing in Intensive Care	
	Facing the professional challenge	
	Category n° 11 Strengths and areas of opportunity as well as suggestions and improvements to clinical learning	

Table 7 Results: Analysis of the results of the Clinical Tutor

Category	Subcategory
Category N° 1 Coexistence and experience of the Nursing Professional in relation to the learning of the student's clinical practice	"As soon as I am interacting with the student and then they are transferred to another service, the time for their learning established in clinical practice is very short"
Category N° 2: The Teaching Nursing Professional.	"I don't have much experience as a teacher, but I like to teach students and share my knowledge and experiences during my professional career."
Category N° 3 The Teaching Nursing Professional and his/her relationship with students in clinical practice.	"I feel very grateful to have students in the Intensive Care Unit service, because I share my knowledge with them"
Category N°4 Visualization of Clinical Tutors to Nursing Professionals	"I would like to have more contact with the Clinical Tutors to discuss more detailed aspects related to student learning and how they evolve in clinical practice,"
Category N° 5 Acquisition of competencies in clinical learning.	"When students socialize with patients and family members, it makes them empathetic and it is one of the relevant skills they acquire, even if it takes a little more work at the beginning to socialize"
Category N°6 Competencies acquired during clinical learning.	"The skills and abilities acquired by the student of the Intensive Care Specialty during clinical practice contribute to the fundamental educational goal of the Nursing Specialty."
Category N°7 Suggestions and improvements for clinical learning	The Tutors observe that the performance of the students is more technical and at the undergraduate level in relation to specialized nursing care, which hinders the acquisition of competencies related to human relations in the Intensive Care Unit service

Source: Norma Bernal, (2018)

Table 8 Analysis of the Nursing Professional's Results

Category	Sub category
Category N° 1 Coexistence and experience of the Nursing Professional in relation to the learning of the student's clinical practice.	"As soon as I am interacting with the student and then they are transferred to another service, the time for their learning established in clinical practice is very short"
Category N° 2: The Teaching Nursing Professional.	"I don't have much experience as a teacher, but I like to teach students and share my knowledge and experiences during my professional career."
Category N° 3 The Teaching Nursing Professional and his/her relationship with students in clinical practice.	"I feel very grateful to have students in the Intensive Care Unit service, because I share my knowledge and experiences with them"
Category n°4 Visualization of Clinical Tutors to Nursing Professionals	"I would like to have more contact with the Clinical Tutors to discuss more detailed aspects related to student learning and how they evolve in clinical practice,"
Category N° 5 Acquisition of competencies in clinical learning.	"When students socialize with patients and family members, it makes them empathetic and it is one of the relevant skills they acquire, even if it takes a little more work at the beginning to socialize"
Category N° 6 Areas of opportunity and improvement of clinical learning according to Nursing professionals	At all times, they expressed that the management of emotional and motivational intelligence by all the characters in this clinical practice of Nursing is indispensable.

Source: Norma Bernal, (2018)

DISCUSSION

The transcendental thing about this research is that it allowed us to see that clinical practices contribute to forming the profile of the Specialist, where all the learning is accumulated, and that later it must take time to carry out a reflective analysis on the experiences, experiences, attitudes, skills and know how to discern between the positive and negative experiences in the learning of the students. The students reported that it produced stressful situations such as: nervousness, worry, uncertainty before and during the clinical practice, establishing an environment of trust and participation for the students, motivates them and favors responsibility and at the same time favors their learning, is stimulated to be part of the clinical learning process towards the achievement of their objectives, meeting their expectations and achieving their goals.

Proposal of future lines of research

- To propose research on qualitative design whose purpose is to investigate the teaching role of nursing professionals.
- It is proposed to carry out the research with other specialties of Nursing and other Educational Institutions in the area of health.
- To know the stressors of the Clinical Tutors and Nursing Professionals of the Nursing area at the ISSSTE Hospital in Acapulco, Guerrero.
- Implement educational action measures in relation to the results of this research, for the Nursing area at the ISSSTE Hospital in Acapulco, Guerrero.

Proposal for educational intervention

Diploma in the Problem-Based Learning Model is fundamental because it is rooted in learning in real situations, the difficulties or contradictions that arise in this process and the channels of solution, They contribute to this object of pedagogical influences becoming an active subject of the teaching-learning process. The argument that constitutes the driving force of the teaching process is the one that manifests itself between the practical and teaching activities that are proposed to the student during the teaching-learning process and the real level of the cognitive areas, skills and abilities and problem-solving capacity, as well as what is related to their personality.

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