

## Socio-educational intervention for nursing practice: use of the dignified treatment indicator

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### ABSTRACT

**Introduction:** One of the commitments of the nursing professional is the health care of the population. In health institutions, it is important to identify failures and successes, and establish strategies to offer health care. **Objective:** Promote the adequate use of the dignified treatment indicator in the nursing personnel in order to increase its effect in the care of hospitalized patients. **Method:** Socio-educational intervention as a pre-experimental study with pre-test-posttest carried out from February to March 2017 in a public hospital in San Luis Potosí, Mexico to 37 hospital nurses, in order to strengthen humanized care to patients; nursing knowledge was evaluated after implementing the program by contrasting the pre and post tests which was assessed using the T Student parametric test. **Results:** When implementing the program of socio-educational intervention for nursing personnel, an increase of 10% to 40% was obtained in everyone of the dimensions and comparing the before and after means there was a significant difference from the averages obtained, with a T Student <0.001. **Conclusions:** The socio-educational intervention increased the knowledge and attitudes inherent in the Dignified Treatment indicator, in order to improve patient care from the nursing personnel as the center of the intervention.

**Keywords:** Care; Humanization; Practice, Nursing (DeCS).

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## Intervención socioeducativa para la práctica de enfermería uso del indicador trato digno

### RESUMEN

**Introducción:** El cuidado a la salud de la población es uno de los compromisos del profesional de enfermería. En las instituciones de salud es importante que se identifiquen fallas, aciertos y establezcan estrategias para ofrecer un cuidado. **Objetivo:** Promover el uso adecuado del indicador trato digno en el personal de enfermería con el objeto de incrementar su efecto en el cuidado del paciente hospitalizado. **Método:** Intervención socioeducativa como estudio pre-experimental con *pretest-posttest* realizado de febrero a marzo del 2017 en un hospital público en San Luis Potosí, México a 37 enfermeras de hospitalización, que fortalezca el cuidado humanizado al paciente; se evaluaron los conocimientos de enfermería posterior a implementar el programa contrastando el *pre* y *post* el cual fue valorado utilizando la prueba paramétrica *T Student*. **Resultados:** Al implementar el programa de la intervención socioeducativa para el personal de enfermería se obtuvo un incremento de un 10 a un 40 % en cada una de las dimensiones y comparando las medias del antes y después existió una diferencia significativa de los promedios obtenidos, con una *T Student* < 0.001. **Conclusiones:** La intervención socioeducativa incrementa los conocimientos y actitudes inherentes al indicador Trato Digno ello para la mejora en atención al paciente en personal de enfermería como centro de la intervención.

**Palabras clave:** Cuidado; Humanización; Práctica, Enfermería (DeCs).

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## Intervenção sócio-educacional para a prática de enfermagem: uso do indicador de tratamento digno

### ABSTRATO

**Introdução:** Um dos compromissos do profissional de enfermagem é o cuidado à saúde, é importante identificar fracassos e sucessos e estabelecer estratégias para oferecer cuidados de saúde. **Objetivo:** Promover o uso adequado do indicador de tratamento digno na equipe de enfermagem, a fim de aumentar seu afeito no cuidado aos pacientes hospitalizados. **Método:** Intervenção socio-educativa como estudo pré-experimental com pré-teste – pós-teste realizado de fevereiro a março de 2017 em um hospital public de San Luis Potosí, México, a 37 enfermeiras hospitalares, como o objetivo de fortalecer o atendimento humanizado aos paciente; o conhecimento de enfermagem foi avaliado após a implementacao do programa, contrastando os pré e pós-testes que foram avaliados usando o teste paramétrico T Student. **Resultados:** Ao implementar o programa de intervenção socioeducativa para pessoal de enfermagem, obteve-se um aumento de 10% a 40% em todas as dimensões e comparando as medias do antes e do depois houve uma diferença significativa das medias obtidas, com um T Student <0.001. **Conclusões:** A intervenção socioeducativa aumentou o conhecimento e as atitudes inerentes ao indicador Tratamento Digno, a fim de melhorar o atendimento ao paciente por parte da equipe de enfermagem como centro da intervenção.

**Palavras-chave:** Cuidados de saúde; Humanização; Prática; Enfermagem (DeCS).

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## INTRODUCTION

In many health institutions, the quality of nursing services is understood as timely, personalized, humanized, continuous, and efficient care, provided by the health team in a holistic and comprehensive manner, all of which with the purpose of meeting the needs of users.<sup>1</sup>

Over the years, it was thought that quality should be controlled; thus, it is important that evaluation mechanisms that allow making judgments about the care provided exist. Therefore, the quality of nursing services is understood as continuous and efficient care, in accordance with the standards defined for competent and responsible professional practice, always with the objective of user satisfaction in mind.<sup>2</sup>

In order to improve health services and strengthen the population's trust, the Mexican Health System developed the Health Quality Management Model (MGCS by its acronym in Spanish) 2016.<sup>3</sup> For its part, and consistent with the MGCS, the Interinstitutional Commission on Nursing (CIE by its acronym in Spanish) of 1992-2012, now the Permanent Commission on Nursing (CPE by its acronym in Spanish) 2012-2016, established the Quality Evaluation System of Nursing Services, managed on the basis of health quality indicators, which would make it possible to control the risk of harm to the patient and to identify his perception of the treatment received according to the Ministry of Health.<sup>4</sup>

One strategy that has been adopted by the managers of these institutions is continuous education; particularly, the nursing personnel consider it relevant for the improvement of the procedures carried out within the hospital, as well as in the support programs regarding the quality of the nurse-patient relationship.<sup>5</sup>

In relation to complex and open systems, such as this one, Edgar Morín<sup>6</sup> points out the need to act in certain conditions according to some strategies. With this in mind, a sequence of actions has to be established, actions that have to be executed without variation in a stable

environment, that is to say, a program of action is fundamental.<sup>7</sup>

The word intervention comes from the Latin *interventio*, which means to come in, to intervene; likewise, it has been given a meaning of participation in an issue or situation, but focusing it to the educational field, intervention is the action on another (person), with the intention of promoting, improving, optimizing, or perfecting him. There are three types of intervention: educational, psychoeducational, and socio-educational,<sup>8</sup> which vary in object and form, depending on whether it is developed in an educational institution or in a service institution, if the intention is to develop or participate in some psychological variables or factors of the subject, or implement a training program that involves the development of attitudes and training in a specific field, either professional or regarding daily life.

The implementation of the socio-educational intervention program for the use of the dignified treatment indicator was based on Ausubel's learning theory,<sup>10</sup> which mentions that it occurs when new information is connected to a relevant concept that already exists in the cognitive structure. This implies that new ideas, concepts, and proposals can be significantly learned to the extent that other relevant ideas, concepts, or proposals are adequately clear and available in the individual's cognitive structure and that they function as an "anchor" point to the former. This will generate the fixation and understanding of this knowledge to be able to apply it in the work during work, in this case, the healthcare of the patient. Teaching strategies such as discussed exposition, reaction-action exposition (directed questions), reflective technique of some of the content, brainstorming, and narrative of clinical experiences were used.<sup>17</sup>

In this project, a socio-educational intervention was developed aimed at nursing professionals in the patient hospitalization sector,<sup>9</sup> with the idea of integrating it to the new elements that are incorporated in an institutional manner to the dignified treatment of patients and bioethical requirements of the patient treatment. For the foregoing, the Ausubel's

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concept of significant learning is retaken, since this theory indicates that when new information is learned, it is connected to a pre-existing concept in the cognitive structure of the person or subject that is the product of previous experiences, in this case, nursing personnel.<sup>10</sup> Once this work regarding socio-educational intervention with nurses, with respect to the use of the dignified treatment indicator in hospitalized patients was carried out,<sup>11</sup> an

## METHODOLOGY

For the implementation of the socio-educational intervention, a pre-experimental study was performed with *pre-test and post-test*,<sup>12</sup> during the period of March-April 2017 in a public hospital in the city of San Luis Potosi, Mexico, to 37 nurses from the hospitalization services area, selected by non-probabilistic convenience sampling, who met the criteria of being active personnel in the hospitalization services area, to whom a socio-educational program was implemented for the appropriate use of the dignified treatment indicator that strengthens such dignified treatment of the patient, and after implementing the program, the nursing knowledge was evaluated. For the analysis of the statistical results of hypothesis contrast for related groups, the T-Student parametric test was used, using the SPSS version 20 statistical software.<sup>13</sup>

In order to comply with the ethical criteria for research, the proposal was presented to the hospital health institution, which after reviewing and evaluating it, granted the COFEPRIS registration 14 CI 24 028 083; where the socio-educational intervention was carried out and, additionally, the criteria for requesting written authorization with an informed consent form from the nurses who wished to participate in the intervention was met.<sup>14</sup>

Prior to the above, a "Socio-Educational Intervention Program" was prepared, which included elements of good use of the dignified treatment indicator as established by the Ministry of Health and the Permanent Commission on Nursing in Mexico for nursing personnel, prepared with theoretical content

evaluation of the effect of a socio-educational intervention for the adequate use of the dignified treatment indicator in the nursing personnel regarding the care of the hospitalized patient took place. Results regarding the diagnosis stage and characteristics of the socio-educational intervention are shown, since these have elements to develop attitudes and promote knowledge in the environment of the nursing professional reality.

related to the points established by the aforementioned instances and validated by experts in educational and disciplinary matters to whom the socio-educational intervention program was sent, whom reviewed it and made recommendations and later on a sample class was shown to them to assess the implementation of content and didactic methodology, in order to address the content of the socio-educational program, the background of the dignified treatment indicator, communication management, and values (kindness, trust, respect, and empathy) was considered.

The Delphi Method<sup>15</sup> was used to validate the program. This method is used to obtain expert opinion in a systematic way. At first, each expert responded individually and anonymously to a questionnaire. Then the answers of the group of experts were assessed and the point of view about the instrument and the presentation of a training topic were provided.<sup>16</sup>

The group of experts consisted of 5 teachers with the Master's Science Degree in Nursing Care Administration, Master's Science Degree in Nursing, and Master's Degree in Education, hospital operational nursing personnel.

With the expert group evaluation, relevant changes were made to the socio-educational intervention program.

The socio-educational intervention program for nursing personnel was carried out during one week in the hospitalization services of internal medicine and surgery of a public hospital in the city of San Luis Potosi. The socio-educational intervention was comprised by 4 sessions that were taught in 2 hours and 30 minutes distributed in 2 sessions for each service. It should be noted that the schedule in which it

was carried out during the shift changes; in the morning from 7:00 am to 8:15 am and in the afternoon from 2 pm to 3:15 pm. Prior to the implementation of the program, a pre-test regarding the knowledge questionnaire of the dignified treatment indicator was applied, which made it possible to obtain a knowledge diagnosis on the use of the dignified treatment indicator.

The socio-educational intervention was comprised by the *teaching-learning process*,<sup>17</sup> and for this purpose strategies such as repetition, memorization, personal construction, application to diverse situations, practice in the work area, and assessment and reflection of the concepts applied were used.

In the last stage of the *post-test*, after the socio-educational intervention in March-April 2017, after the implementation of the program, the knowledge and attitude questionnaire was applied to the nursing personnel who participated, and an evaluation was made regarding the knowledge obtained about the good use of the dignified treatment indicator. Descriptive statistics through means and minimum and maximum values for the analysis

was used, and for the inferential analysis the T-Student parametric test was used.<sup>18</sup>

## RESULTS

Within the questionnaire prior to the implementation of the socio-educational intervention program, socio-demographic data was collected from the nursing personnel who participated, of which Table 1 shows that the majority of them were women with 86.4%. Regarding the services to which the nursing personnel were assigned, 54% were in the surgery service, while 46% were in internal medicine. The maximum age found in the personnel was 59 years and the minimum was 30 years (SD 8.3), represented in five-year periods and as six groups as result. For seniority years, the maximum age of the personnel was 59 years and the minimum was 30 years (SD 7.6), represented in decades, of which we can mention that the most frequent group is that one ranging from 11 to 20 years of work with 48.6%.

Table 1. Sociodemographic variables of the nursing personnel.

Variables	n	%
<b>Sex</b>		
Women	32	86.4
Men	5	13.6
<b>Appointed service</b>		
Internal Medicine	17	46 %
Surgery	20	54 %
<b>Shift</b>		
Morning	16	43.2
Evening	21	56.8
<b>Age</b>		
30 to 35	9	24.4
36 to 40	7	18.9
41 to 45	12	32.4
46 to 50	4	10.8
51 to 55	3	8.1
56 to 60	2	5.4
<b>Seniority Years</b>		
1 to 10	12	32.5
11 to 20	18	48.6
21 to 30	7	18.9

Source: Own development.

Table 2. Correct answers of the dimensions of the pre-test and post-test Social-Educational Intervention Program of the nursing personnel.

Dimensions	Internal Medicine				Surgery				
	Pre test		Pos test		Pre test		Pos test		
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Background of the dignified treatment indicator		47.1	101	89.9	70	50	124	88.5	
Communication management		65.9	79	92.9	69	69	96	96	
Kindness	25	73.5	29	85.3	22	55	31	77.5	
Values	Trust	17	50	25	73.5	19	47.5	26	65
	Respect	20	58.9	27	79.4	20	50	27	67.5
	Empathy	22	64.7	31	91.2	28	70	35	87.5

Source: Own development.

Table 3. Pre-test and post-test values of the Socio-Educational Intervention Program.

	Pre test		Pos test		Test T - Student				
	<i>n</i>	%	Min.	Max.		Min.	Max.		
Inpatient services	37	100	20	80	5.6	65	100	8.5	< 0.001

Source: Own development.

After the implementation of the socio-educational intervention program, the *post-test* questionnaire of knowledge and attitudes about the good use of the dignified treatment indicator was applied, and each of the dimensions (background of the dignified treatment indicator, management of communication and values) was compared with the initial questionnaire, according to the correct answers obtained by the nursing personnel, where Table 2 shows that an increase of 10% to 40% was obtained in each of the dimensions already mentioned, so it can be inferred that the Socio-Educational Intervention Program increased the knowledge of the personnel who participated in the study.<sup>19</sup>

When applying the knowledge and attitude questionnaire with respect to the knowledge

obtained about the good use of the dignified treatment indicator (*pre-test and post-test*), the means of the hospitalization service were compared and a significant difference was found in the results, obtaining a T-Student of <0.001, as shown in Table 3.

## DISCUSSION

The new challenges for nursing professionals in hospital environments in terms of certification and quality in health institutions reflect the daily work and evaluation of these healthcare processes to ensure they meet the needs of the patients they care for.

Nowadays, one of the indicators that are more difficult to fulfill within the health institutions

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and not only by nursing professionals but by all health teams is the dignified treatment, since it is an indicator that reflects the values and attitudes of the personnel. Therefore, it can be said that according to the sex of the nursing personnel who participated in the socio-educational intervention, a large part of them were women due to the characteristics of the guild that still predominates in this discipline.<sup>20</sup> With respect to sociodemographic factors<sup>21</sup> of the nursing personnel who influence in the dignified treatment to the patients in a public hospital, it is mentioned that according to the seniority years of the nursing personnel, this treatment may be reduced.

There are studies that measure the knowledge of nursing personnel regarding bioethics and ethics topics in patient care, which can be discussed that the greater knowledge about the indicators in the dignified treatment, the better treatment provided to the patient; the author Barrenechea Baca in her research, Knowledge, Attitudes and Practices of Bioethical Principles of the Nursing Professional in the Care of Hospitalized Patients, she states that nurses who demonstrate they have knowledge, this situation has a positive impact on the quality of the nursing care.<sup>22</sup>

Other authors<sup>21</sup> note that it is very important that every person in need of health services has the right to be treated with dignity, respecting their rights as patients from the nursing personnel, using appropriate and understandable language, show attitudes that conform to accepted standards of politeness, and protect and respect the privacy and decency of the patient.

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## CONCLUSIONS

The socio-educational intervention as a structure for the training of professionals in health matters in hospital environments is effective to increase, on the one hand, knowledge about a subject such as the use of the dignified treatment indicator, but, on the other hand, it is important to demonstrate and change attitudes regarding dignified treatment to the hospitalized patient. This aspect would positively impact the quality of the care and humanized treatment and make possible the improvement of the patient stay, so it is recommended that nurses in these areas are trained under these trends or approaches and especially those that impact on the care seen by others as the dignified treatment indicator that allows, as already discussed, the care provided to patients in hospital services.

## CONFLICTS OF INTEREST

None.

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