E
C
O
R
F
A
N

Journal-Bolivia

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Indexing

- LATINDEX

- Research Gate

- Hispana

- Universia

- Google Scholar

- Rebid

- Mendeley

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Presentation

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In Number 1st presented Knowledge about the Nursing Process by DIMAS-PALACIOS Cirila, VALENZUELA-GANDARILLA Josefina, MARÍN-LAREDO Ma. Martha and GARCÍA-REZA Cleotilde, next article Acetylene sensor based on a fiber laser finely tunable with a silicon wafer by GUZMAN-CHAVEZ Ana Dinora, VARGAS-RODRÍGUEZ Everardo and LÓPEZ-CARDOSO Carlos Augusto, next article Academic Performance in Nursing Graduate Students by LIZALDE-HERNÁDEZ Azucena, MARÍN-LAREDO Ma. Martha, VALENZUELA-GANDARILLA Josefina, ÁLVAREZ-HUANTE Claudia Guadalupe and DIMAS-PALACIOS Cirila, next article Characterization of job stress and its effects on the perception of quality in customer service: Case private hospital by MORALES-MORALES Jaime, OVALLES-TOLEDO Luiz and VALDEZ-ACOSTA Nadia, next article System electronic clinical history applying disruptive technology and methodology agile by RAMIREZ-PERALTA David, ALCUDIA-FUENTES Ever, LOPEZ-JIMENEZ Alejandro and RODRIGUEZ-RODRIGUEZ Elias, next article Virtual environment in the reproduction of an enterprise system as a playful learning tool for business management. Case study bachelor's degree in international bilingual business of the faculty of economy UAEMEX by RUÍZ-TAPIA Juan Alberto, RUÍZ-VALDÉS Susana, ESTRADA-GUTIÉRREZ, César Enrique and SÁNCHEZ-PAZ María de la Luz.

Content

Article	Page

Instructions for Authors

Originality Format

Authorization Form

Knowledge about the Nursing Process

DIMAS-PALACIOS, Cirila†*, VALENZUELA-GANDARILLA, Josefina, MARÍN-LAREDO, Ma. Martha and GARCÍA-REZA, Cleotilde

Abstract

Objective: Identify the knowledge that the nurses froma a hospital in Morelia, Michoacan have of the nursing process. Methodology: Not experimental, descriptive, correlational cross – sectional study. Through sampling for convenience, they were interviewed 176 nurses of the Women´s Hospital of March to April of 2013. A questionnaire with 29 questions in Likert sacale was used. The dependability of the instrument obtained the coefficient alpha of Cronbach 0.831. Sociodemographic, labor and knowledge variables were explored in the Nursing Process. Contribution: With base to the results obtained in this study, the purpose is that the the authority of the hospital drifts and execute intervention strategies for the education and the nurses continuous upgrade in the methodology of the discipline and to improve the quality of attention. (150-200 words)

Nursing. Nursing Process. Nursing Care. Attention of quality

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Introduction

The Nursing Process (NP) is a dynamic and systematic way of providing nursing care to real or potential problems centered on the human responses of the individual, family and community, promotes and allows to provide a scientific and humanistic care, focused on objectives or effective results And efficient, to provide quality and holistic care, in addition to promoting disciplinary development. It consists of five stages that are valuation, diagnosis, planning, execution and evaluation which are closely related, therefore one affects or benefits others.

At present, this methodology contributes to nursing, both in our country and in other parts of the world, striving to consolidate as a scientific discipline and to avoid what until the decade of the 1970s persisted; Nurses were valued for their skills and technical skills (Andréu, 1990, quoted in Francisco del Rey, 2008), which could be directly observed in their practice, mainly aimed at contributing to the diagnosis and treatment of the disease.

According to Alfaro - LeFevre, 2003, the application of the Nursing Process, in many countries is a requirement for the practice of the professional nurse; in Mexico, is becoming increasingly relevant in the training of nurses and their application during practice; however, there is still a way to go in this field, which is unknown to many nurses even today. Similarly, Mena and Romero (2001) attributed the lack of knowledge in the Nursing staff, on this methodology as a difficulty in the application of the EP. This is reflected in the decrease in the quality of nursing care to the individual, family and community, becoming the great challenge for current nursing.

Also, the application of NP is limited, Mainly because the nursing staff frames their work in complying with the medical indications with little independent action and does not occupy in the health team the place that corresponds to it and consequently care is not focused on the human response. On the other hand, Medina in 1999, indicates that the abyss existing between the theory and the practice of nursing is explained with several arguments; The alleged lack of

Knowledge and understanding that nurses have of theories and methods that should govern their practice, or failure to assume the responsibilities entailed by an autonomous practice derived from the application

Of the scientific method of problem solving (NP).

Despite the fact that in some health institutions, the implementation of the Nursing Process has been implemented, the few studies carried out explain that the evaluation stage is not carried out methodically and without any support from a guide as a frame of reference, model or theory of nursing. Nursing.

In order to prepare the nursing diagnoses, the rules established by the North American Nursing Diagnosis Association (NANDA) are not used or complied with, and the same diagnoses are recorded in nursing sheets during The different shifts and days, being that one of the characteristics of the diagnosis is that it must be changing and must be prioritized depending on the health status of the person.

Nursing diagnoses that are performed are not those approved by the North American Nursing Diagnosis Association (NANDA) and do not comply with the rules established by the same association, they elaborate them in their own words.

Nursing records show the same diagnoses during different shifts and for several days, which must be changing and prioritized according to the needs of the person. For the care plan, no goals / outcomes are set according to the established nursing diagnosis due to the lack of knowledge about the use and management of the Nursing Outcomes Classification (NOC), or the Nursing Interventions Classification (NIC), but care is given based on medical diagnosis, medical indications and can be said routinely.

This is evidence of the disengagement and lack of continuity of the EP stages, and consequently the care is not provided in a systematized, individualized, scientific and humanistic way. The lack of implementation of the EP in a systematic way means that the diagnosis and treatment of human responses is not guaranteed, and this way it does not prove to be a relevant strategy for the disciplinary and professional development, as its aims establish.

It is important that nurses link knowledge, critical thinking, technical and interpersonal skills and attitudes, components that integrate the nursing methodology (PE). However there are factors for its application, both personal and institutional, one of the main is the knowledge about NP.

Therefore, the following research questions are posed: What knowledge do the nurses of the Morelia Women's Hospital in Michoacan have about the Nursing Process?

What is the relationship between knowledge about PE and seniority of nursing staff?

Is there an association between the knowledge that nurses have about the Nursing Process and having received a course on this methodology?

The main objective of this study is to evaluate the knowledge of nurses at the Morelia Women's Hospital in Michoacán on the Nursing Process. Also determine if this knowledge is associated with seniority and having received course on this method.

The hypotheses raised for this investigation are; the nurses at the Morelia Women's Hospital in Michoacán have knowledge about the Nursing Process, there is an association between knowledge about PE and seniority of nursing staff, there is also an association between the knowledge about PE and having received courses on this methodology.

This research is considered relevant and innovative because based on the results obtained an important contribution of concrete research lines is generated. The results obtained will be useful for the authorities of the health institution, with the purpose of planning and executing intervention strategies for the education and continuous updating of the nurses in the methodology of the discipline and with that to provide nursing care Scientific and systematized in the prevention and timely diagnosis of the disease, treatment of human responses, rehabilitation and avoid complications in the health status of people, as long as the institution benefits in reducing costs and days of stay Hospital, due to the reentry and presence of complications in the women, besides reinforcing the professional development of nursing.

This article is made up of the following sections: Description of the methodology used to carry out the study, later presented the section of the results obtained, gratitude, the conclusions are presented and finally references.

[Knowledge about the Nursing Process]

Methodology to apply

It is a non-experimental, descriptive, correlational, prospective and cross-sectional study. Through non-probabilistic sampling for convenience, 176 nurses were surveyed who provide direct care at the Women's Hospital of Morelia, Michoacán from March to April 2013. The questionnaire known as Knowledge and Application of the Diagnostic Nursing Process in Hospital and Community Practice (CAPDEP), prepared by López España J. and Moreno Monsivais MG and reviewed by the Mexican Group for the Process of Nursing 4 and 5 of November 1999, previous pilot test of the same, in which 8 sociodemographic and labor variables were explored, 21 items correspond to the variable knowledge about Nursing Process, the latter, raised in Likert scale, with the following options Of responses; Totally agree, partially agree, do not know, partially disagree and strongly disagree. The reliability of the instrument based on the Cronbach alpha coefficient is 0.831.

Data analysis was performed using the statistical package for the social sciences (IBM SPSS Statistics Version 20) using descriptive and inferential statistics specifically the Chi square test and the Pearson correlation coefficient.

The ethical basis of this study is based on the Research Regulations of the General Health Law on Research and with the authorization of the Research and Ethics Commissions of the participating institution.

Results and discussion

Based on the research, the following results were found; the total number of participants was 176 nurses working at the Women's Hospital of Morelia, Michoacán.

Dimension I: Sociodemographic variables

The majority of the nurses work in the night shift representing 31.8%, 53.4% have less than 5 years of experience, that is to say, it is a girl with less than 5 years of experience, in whom the authority Can influence significantly, due to the characteristics, attitudes and opening abilities that they could have for the continuous updating on NP management.

Regarding the degree of studies, it was found that 57.4% of nurses have undergraduate degrees. Results explain that 77.8% of the researches have received courses on the Nursing Process, while 22.2% indicated that they did not. Reaffirming what was mentioned by Arroyo and Mompart in 1998, quoted by Francisco del Rey in 2008. Who explains that it is necessary to train nurses on the discipline's own methodology for a professional exercise that ensures a scientific practice.

It was also found that 52.3% of nursing staff received courses on NP 2-3 years ago.

Dimension II: Variable knowledge about nursing process

Regarding nurses' knowledge of NP, 74.4% were "totally in agreement" that PE is a method to carry out independent nursing actions. These results coincide with that found by Ledesma, Oros, Ortiz, Ibarra and González (2010), where 78.6% of the nursing staff makes the same affirmation. The 79.5% of those investigated fully agreed that unification of a language would facilitate the communication between colleagues.

Regarding whether nursing should only carry out delegated medical activities, 63.6% said they totally disagree. According to the findings, nursing knows that it must perform independent interventions.

This differs from the findings of Rojas and Pastor (2010) who explain that planning is based on medical diagnosis, established routines and protocols, ratifying the lack of autonomous criteria to assess, diagnose, plan, perform and justify interventions Nursing care. These findings coincide with that found by Ledesma, Oros, Ortiz, González and Ibarra (2010), where 93.8% report the same.

It was found that 72.2% of the nursing staff were "totally disagree", that only medical personnel can make diagnoses. The 53.4% report that it is "totally disagree" that nursing diagnoses are only the physical symptoms that the client has, which explains that the nurses know that the diagnoses refer to different human responses (physical, psychological, spiritual, Social and cultural) that can be presented by women.

Regarding whether the planning is time consuming and not feasible, 41.5% of the nursing staff were "totally disagree" and 24.4% partially disagree, and 50.6% also know that the resources of women and their Family, he answered "totally agree", the above agrees with Kozier, Erb & Snyder (2013), that although planning is the responsibility of the nursing staff, the support of the user, family and support people is Essential for the plan to be effective, and encouraged to actively participate as far as possible.

On the other hand, 69.9% of the nurses evidenced that the established objectives should respond primarily to the needs of women. 69.3% stated that they fully agree that they may be short-term or long-term.

50.6% percent of the nurses said they were "totally in disagreement" that nursing interventions are only in collaboration with other health professionals.

These results differ with the data found by Rojas and Pastor (2010) who explain that nursing bases the interventions in the medical diagnosis and not independently. 71.6% of nurses know that independent interventions are activities that do not require recipes or indication of another professional.

70.5% of nurses recognize the importance of documenting nursing interventions and adding them to the file to give legality to the discipline's work. Regarding whether nurses know that the use of nursing diagnoses supports the systematization of nursing practice, 78.4% (138) answered "totally agree". While 68.8% of the staff surveyed know that the use and management of the nursing diagnosis is necessary. Regarding whether the nursing diagnosis helps to identify the human responses of women to real and risky health problems, 67.6% fully agreed, these data agree with García, Gómez, Toxqui, Gollner, Solano, and Medina (2014) who refer that nursing can perform interventions directed at human responses that are legally allowed to attend without an indication from the doctor.

Regarding to whether the nursing diagnosis facilitates the professionalization of the nursing discipline, 60.8% stated that they fully agree.

Corresponding to whether the nursing diagnosis facilitates delimitation of nursing practice, it was found that 51.7% of the nurses fully agree. While 46% indicate that it is a clinical judgment issued by the nursing staff and is the conclusion of the assessment. Finally, 65.3% of the nurses report that the taxonomy of the nursing diagnosis was elaborated by NANDA.

Article

On the other hand, Table 1 shows that most nurses have received courses on Nursing Process, but also reflect a greater knowledge about the discipline's own methodology, through the measurement criterion; totally agree.

Have you received course on NP	Knowledge about Nursing Process			Total
	Agree	Partially agree	I don't know	
Yes	16	90	31	137
No	3	34	2	39
Total	19	124	33	176

Table 1 Contingency table ,has received course on the Nursing Process * Knowledge of the EP

In Table 2, according to the Chi-square test, it is observed that the Nursing Process courses were significantly associated with the nurses' knowledge about this methodology (p <0.004).

	Value	gl	Sig. asymptotic (bilateral)
Pearson Chi Square	15,565ᵃ	4	,004
Reason for likelihood	13,194	4	,010
Linear by linear association	4,031	1	,045
Valid cases number	176		

Table 2 Chi Square Test Result

Dimension III: Correlations

It is important to mention that a positive correlation was found with a value of r = .234 ** and P = 0.01 based on Pearson's Correlation Coefficient, between seniority

Of less than five years that the majority of the nurses work in the hospital with the knowledge they have about whether the nursing diagnosis facilitates the professionalization of the discipline, it may be because the staff is young and recently graduated. These results support what was pointed out by Rojas (2009), who explains that the purpose of promoting the disciplinary development in nursing is the development of strategies and the methodology of the profession.

Likewise, a positive correlation was found with a value of r = .260 ** and P = 0.01 based on the Pearson Correlation Coefficient, between the time elapsed (2-3 years) of the course of NP with The NP knowledge about whether it is a method for carrying out independent nursing actions, ie, continuous updating entails that nurses have adequate NP knowledge.

There is a positive correlation with a value of r = .181 * and P = 0.05 based on Pearson's Correlation Coefficient, between the degree of the degree that most nurses have and the identification of actual or potential problems in women. That is, to a higher degree of studies, greater knowledge to identify health problems (Rodriguez, 2006).

According to the results obtained, there is a positive correlation with a value of r = .200 ** and P = 0.01 based on Pearson's Correlation Coefficient, between the knowledge about whether the NP is a method to perform independent nursing actions and The importance of unifying the nursing language to facilitate communication between colleagues. The above is based on García, Gómez, Toxqui, Gollner, Solano and Medina (2014), who explain that the nursing diagnosis is the identification of human responses, in which nurses base their knowledge, experience, legal responsibility and are treated independently.

In this way nurses were aware that the Nursing Process consists of 5 stages, a positive correlation was found with a value of r = .336 ** and P = 0.01, with respect to whether NP is a method to carry out independent actions Of nursing. That is, to a greater knowledge of the stages of the Nursing Process, more independent actions can be performed. These findings coincide with those found by Perez, Sánchez, Franco and Ibarra (2006), as they found a positive correlation between knowledge of NP and its application in care.

In relation to the knowledge that nurses have about whether only medical personnel can make diagnoses, a positive correlation was found with a value of r = .493 ** and P = 0. With the related to if the planning takes a long time and is not feasible, that is to say, greater knowledge of which also nursing can diagnose, greater planning of nursing care. These findings coincide with that reported by Sotelo (2013), who states that the nurses studied have good knowledge and skills in the application of NP.

Aknowledgement

Conclusions

This research allows an overview of the knowledge that nurses have in a hospital in Morelia, Michoacán, about the Nursing Process.
Nurses have knowledge about the EP and its stages, recognize it as the method to carry out independent actions, know the types of human responses, this gives them the possibility of issuing nursing diagnoses and not only the doctor is the one who diagnoses.

They point out that the diagnosis makes it possible to systematize the practice, to plan educational strategies, independent nursing interventions and not only in collaboration with other health professionals.

The planning of care based on the assessment of human needs, allows real and precise objectives to be established in the short or long term, in coordination with women and their families, since all the actors are involved in the elaboration of Holistic, efficient and effective care plans that lead to satisfactory results. Likewise, a significant association was found between having received a course on the Nursing Process and the nurses' knowledge about this methodology.

These findings will serve as a basis for implementing programs and actions in the nursing staff focused on the development of clinical and critical thinking skills in the application of the EP and favor the disciplinary development that guarantees care as the fundamental axis of the practice. They can also be used to promote studies and define concrete lines of research on knowledge, skills, abilities and critical thinking, in order to increase the body of knowledge in the discipline.

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