HEALTH ASSESSMENT SKILLS OF NURSING STUDENTS: DESCRIPTIVES STUDIES

Halimatusyadiah[1], Mochamad Salman Hasbyalloh[2], Ratna Wulan Hardian N[2], Adinda Putri Septiawati[2]

[1] Bachelor Nursing Study Program, STIKes Budi Luhur Cimahi
[2] Diploma Nursing Study Program, STIKes Budi Luhur Cimahi

ABSTRACT

The integrated clinical practicum equips prospective nursing students with the essential skills required to operate effectively as healthcare professionals who will transition into physicians following licensure. The population of nursing students at STIKes Budi Luhur Cimahi is 632 students. The sample was 244 students with cluster random sampling techniques, 36 nurses, 148 nursing S1 students, and 60 nursing D3 students. Data analysis used chi square and kolmogorov Smirnov tests. Based on the results of P-Value 1.00 with the age of 18-20 years with a total frequency of 18 with skilled skills of eight twenty-two points two percent (22.2%), ages 21-23 years with a total frequency of 30 with skilled skills of twenty point four percent (20.4%) and ages 24-26 years with a total frequency of 5 with skilled skills of twenty-one point seven percent (21.7%). Regarding gender, based on the results of P-Value 0.244 with male gender with a total frequency of 73, sixteen point four percent (16.4) were obtained. And the female gender with a total of twenty-one point seven percent (27.1%) is skilled. In acquiring health assessment skills while in the undergraduate program, nurse educators must consider the variables of age profile, gender, and type of student. Hence, it is imperative for nurse educators to cultivate diverse pedagogical approaches in order to cater to the varying requirements of diverse student populations.

Keywords: Age, Gender, Skills, Nursing

Correspondence:
Halimatusyadiah
Bachelor Nursing Study Program, STIKes Budi Luhur Cimahi
Jl. Kerkof No.243, Leuwigajah, Cimahi
halimatusyadiah76@gmail.com

INTRODUCTION

The consolidated clinical practicum readies pre-registration nursing students to cultivate the requisite level of proficiency essential for functioning as practitioners who will advance to become physicians post obtaining their license. Proficiency, a conduct showcasing expertise in the professional environment, can be utilized to establish work criteria and devise approaches to characterize both individuals and groups. Additionally, proficiency is manifested through power and accountability formation, along with the broadening of decision-making capabilities (Hsieh and Chihuikao, 2003). Clinical proficiency encompasses the amalgamation of theoretical and clinical knowledge in nursing, integrating psychomotor abilities and problem-solving skills to deliver secure patient care (Hickey, 2010). Nevertheless, Benner (1982) stressed in his seminar that clinical proficiency matures gradually as nurses evolve through diverse stages of skillfulness. Nursing is universally acknowledged as a esteemed vocation. Numerous nations have established professional regulatory bodies to institute guidelines for nursing licensure, as well as regulations for practice and education. The Nursing and Midwifery Board of Australia (2006) delineates the competency benchmark for registered nurses (RNs) as a blend of competencies, knowledge, attitudes, values, and capabilities that uphold efficient and exceptional performance in a profession/occupation. The Singapore Nursing Board (SNB, 2012a, 2012b) asserts that fundamental competencies serve as the foundation for RNs to uphold their proficiencies and acquire further competencies or enhanced clinical skills to deliver secure client care in accordance with evolving healthcare demands and technological progressions.

According to the American Association of Colleges of Nursing (2008), the clinical practicum offers nursing students the chance to engage in learning across various nursing environments and receive suitable mentorship that fosters the enhancement of clinical proficiency and professionalism. The utilization of the preceptor model is a common practice in clinical instruction, enabling students to immerse themselves in the practicalities of the nursing role while honing their competencies (Bergjan and Hertel, 2013; Hickey, 2010). Within the Clinical Nursing Education Standards (SNB, 2012a, 2012b), an individual qualifies as a preceptor if they possess a minimum of three years of clinical background, demonstrate acknowledged expertise in the relevant field, and have successfully completed a preceptorship program. Collaborating with their preceptors, students are engaged in delivering hands-on care to patients under the supervision of their mentors. A comparative analysis validates the significance of preceptorship as a pivotal factor in enhancing the proficiency of novice nurses (Bartlett et al., 2000).

METHOD

This research used a quantitative approach and descriptive design. The population of nursing students at STIKes Budi Luhur Cimahi is 632 students. The sample was 244 students with cluster random sampling techniques, 36 nurses, 148 nursing S1 students, and 60 nursing D3 students. Data analysis used the chi-square and Kolmogorov-Smirnov tests.

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RESULT

Table 3.1 Frequency Distribution of Student Characteristics

Characteristic	Frequency	Percent
Age		
18-20	81	33,2
21-23	147	60,2
24-26	18	6,6
Total	244	100
Gender		
Man	73	29,9
Woman	171	70,1
Total	244	100
Level		
2	82	33,6
3	77	31,6
4	50	20,5
Nurses	35	14,3
Total	244	100
Study		
Program	36	14,8
Nurses	148	60,7
S1	60	24,6
D3		
Total	244	100

Source: Primary Data, 2024

Student characteristics: fourteen point eight percent (14.8%) are students with nurse study programs, sixty point seven percent (60.7%) are students with undergraduate study programs, and twenty-four point six percent (24.6%) are Diploma III students. Since the late 1990s, there has been an increase in the number of students with previous degrees seeking nursing education to get a job as a nurse in first-world countries (i.e. the United States, and the United Kingdom). In developed countries, there is also an increase in the number of second-year students enrolled in nursing schools due to the lack of nurses there. In a bid to attract more nurses into the profession, nursing schools in Australia have opened up various pathways to a bachelor's degree in nursing, including recognition for prior learning, mature entry pathways, and recruiting graduates from other disciplines (Blackman 2008, et al).

Table 3.2 Frequency Distribution of Student Health Assessment Skills

Characteristic	Frequency	Percent
Quite skilled	95	100
Skilled	53	100
Highly Skilled	96	100
Total	244	100

Student Skills: Frequently 95 percent (100%) are students with highly skilled skills, frequency 53 percent (100%) are students with skilled skills, frequency 96 percent (100%) are students with highly skilled skills.

Table 3.3 Frequency Distribution of Age Characteristics Relationship with Student Health Assessment Skills

Health Assessment Skills Of Nursing Students: Descripties Studies

Age	Health Assessment Skills						Total		P Value
	Quite Skilled		Skilled		Highly skilled				
	F	%	F	%	F	%	F	%	
18-20	35	43,2	18	22,2	28	34,6	81	100	
21-23	55	37,4	30	20,4	62	42,2	147	100	1,00
24-26	5	31,3	5	31,3	6	39,3	16		
Total	95	38,9	53	21,7	96	39,3	244	100	

Student Age: Based on the results of P-Value 1.00 with the age of 18-20 years total frequency 18 with skilled skills of eight twenty-two point two percent (22.2%), age 21-23 years total frequency 30 with skilled skill twenty-point four percent (20.4%), and age 24-26 years with a total frequency of 5 with skilled skill twenty-one point seven percent (21.7%).

Table 3.4 Frequency Distribution of Gender Characteristics Relationship with Student Health Assessment Skills

Gender	Health Assessment Skills						Total		P Value
	Quite Skilled		Skilled		Highly skilled				
	F	%	F	%	F	%	F	%	
Man	27	37,0	12	16,4	34	46,6	73	100	
Woman	68	39,8	41	24,0	62	36,3	171	100	0,244
Total	95	38,9	53	21,7	96	39,3	244	100	

Source: Primary Data, 2024

Student Gender: Based on the results of P-Value 0.244 with male gender with a total frequency of 73 obtained, thirty-seven percent (37.%) are quite skilled, sixteen point four percent (16.4) are skilled, and forty-six point six percent (46%) are very skilled. And the female gender with a total frequency of 171 was obtained, thirty-eight point nine (38.9%) were quite skilled, twenty-one point seven percent (27.1%) were skilled, and thirty-nine point three percent (39.3) were very skilled.

Table 3.5 Frequency Distribution of the Relationship between Level Characteristics and Health Assessment Skills of Students

Level	Health Assessment Skills						Total		P Value
	Quite Skilled		Skilled		Highly skilled				
	F	%	F	%	F	%	F	%	
Level 1	30	36,6	19	23,2	33	40,2	82	100	
Level 2	31	40,3	16	20,8	30	39,0	77	100	
Level 3	19	38,0	9	18,0	22	44,0	50	100	0,934
Nurses	15	42,9	9	25,7	11	31,4	35	100	
Total	95	38,9	53	21,7	96	39,3	244	100	

Source: Primary Data, 2024

Student Level: Based on the results of P-Value 0.934 with first-year students with a total frequency of 82 with highly skilled skills of forty-four point two percent (40.2%), second-year students with a total frequency of 77 with very skilled skills of thirty-nine percent (39%), and third-year students with a total frequency of 50 with highly skilled skills of forty-four percent (44%), final year level students with a total frequency of 35 with very skilled skills thirty-one point four percent (30.1%).

Table 3.6 Frequency Distribution of the Relationship between Study Program Characteristics and Student Health Assessment Skills

| Level | Health Assessment Skills | | | | | | Total | | P Value |
| | Quite Skilled | | Skilled | | Highly skilled | | | | |
	F	%	F	%	F	%	F	%	
Nurses	15	41,7	9	25,0	12	33,3	36	100	
S1	63	42,6	30	20,3	55	37,2	148	100	
D3	17	28,3	14	23,3	29	48,3	60	100	0,082
Total	95	38,9	53	21,7	96	39,3	244	100	

Source: Primary Data, 2024

Student Study Program: Based on the results of P-Value 0.082 with students of the nurse study program with a total frequency of 12 with very skilled skills of thirty-three point three (33.3%), undergraduate study program students with a total frequency of 55 with very skilled skills of thirty-seven point two percent (37.2%), and Diploma three students with a total frequency of 29 with very skilled skills of forty-eight point three percent (48.3%).

Discussion

The Relationship between Age Characteristics and Student Health Assessment Skills

Based on the results of P-Value 1.00 with the age of 18-20 years with a total frequency of 18 with skilled skills of eight twenty-two points two percent (22.2%), ages 21-23 years with a total frequency of 30 with skilled skills of twenty point four percent (20.4%) and ages 24-26 years with a total frequency of 5 with skilled skills of twenty-one point seven percent (21.7%).

These results suggest that as they age, nursing students may find it more difficult to acquire health assessment skills compared to younger students. This is in contrast to other studies that have not found a relationship between age and academic performance in nursing education. Blackman, et al. (2007) referenced prior scholarly works which indicate that older students frequently require an extended period to acclimate and master novel nursing competencies. However, these previous studies have addressed other aspects of nursing academics and not at the skill level of health assessment.

The Relationship between Gender Characteristics and Student Health Assessment Skills

Regarding gender, Based on the results of P-Value 0.244 with male gender with a total frequency of 73 obtained, thirty-seven percent (37.%) are quite skilled, sixteen point four percent (16.4) are skilled, and forty-six point six percent (46%) are very skilled. And the female gender with a total frequency of 171 was obtained, thirty-eight point nine (38.9%) were quite skilled, twenty-one point seven percent (27.1%) were skilled, and thirty-nine point three percent (39.3) were very skilled. Throughout history, the field of nursing has traditionally been characterized by a predominantly female demographic, with statistics showing that approximately 12% of individuals in the nursing profession are male (Ali, 2008 & Blackman, 2007). Judging from the results obtained, women are more likely to be skilled with twenty-one commas seven percent (27.1%) are skilled, and men are sixteen point four percent (16.4) skilled.

Throughout history, the field of nursing has been predominantly occupied by women, with a mere 12 percent representation of men. Irrespective of the specific nursing specialization pursued, female nursing students demonstrate notably superior performance compared to their

male counterparts. This is due to non-academic factors, such as student self-esteem and economic factors. (Blackman, 2002) by Mulac, Bradas, and Gibbon is cited by DeYoung (2009), who explains gender differences in learning as a result of differences in communication and learning styles of men and women. Jacobsson is cited by Nilsson and Stomberg (2008), who notes that the average overall motivation score is higher for female students than for boys. Gender was found to be significantly related to the academic performance of nursing students in another study on the admission criteria of new students in Karachi (Ali, 2008).

The Relationship between Study Program Characteristics and Student Health Assessment Skills

Based on the results of P-Value 0.082 with students of the nurse study program with a total frequency of 12 with very skilled skills of thirty-three point three (33.3%), undergraduate study program students with a total frequency of 55 with very skilled skills of thirty-seven point two percent (37.2%), and diploma three students with a total frequency of 29 with very skilled skills of forty-eight point three percent (48.3%). In acquiring health assessment skills while in the undergraduate program, nurse educators must consider the variables of age profile, gender, and type of student. Hence, it is imperative for nurse educators to formulate diverse instructional approaches in order to cater to the varying requirements of distinct student populations.

From the findings presented in the academic journal by Belinda Gray (2023), it was observed by the author that the evaluation process consisted of two key components: situational assessment and moderation. Within the framework of situational assessment, clinical facilitators strive to harmonize students' self-perceptions regarding their assessment role, factor in the array of experiential opportunities accessible, analyze diverse evidence sources, and adhere to the guidelines stipulated in the Australian Standards of Nursing Assessment Tool. On the other hand, in the moderation phase, clinical facilitators engage in discussions with their counterparts in the same cluster to establish a collective comprehension of the student's background, scrutinize data obtained from a variety of evidence outlets, and collectively assess the reliability of decisions pertaining to student performance evaluations.

The Relationship between Level Characteristics and Student Health Assessment Skills

Based on the results of P-Value 0.934 with first-year students with a total frequency of 82 with highly skilled skills forty-nine percent (40.2%), second-year students with a total frequency of 77 with very skilled skills thirty-nine percent (39%), and third-year students with a total frequency of 50 with highly skilled skills forty-four percent (44%), final year level students with a total frequency of 35 with very skilled skills thirty-one point four percent (30.1%).

There was a moderate direct relationship between student type and students' self-assessment of their assessment skill level. This may reflect the difference in motivation levels between elementary and second-year students. Research has shown the importance of motivation for commitment and learning outcomes (Nilsson and Stomberg, 2008). However, the findings from this study are inconsistent with other studies, where not quite much is known about how these different paths (previous courses) toward a nursing degree will impact the academic and clinical achievement of nurses (Blackman, 2007).

type of student. Therefore, nurse educators must develop different teaching methods to meet the needs of different types of students. The examination conducted by the author on the journal by Xi Vivien Yu (2015) revealed a necessity for the creation of a comprehensive clinical assessment instrument that possesses a sufficient degree of validity and responsibility. The process of clinical assessment holds significant influence and necessitates a cooperative effort between clinical practitioners and scholars to enhance the clinical education of students, facilitate the advancement of supervisory professionals, and bolster the clinical credibility of academics.

The findings presented in the journal by Lenora (2021) suggest that the special education unit model is underpinned by five key characteristics and four essential processes. These characteristics encompass effective academic practice partnerships, adaptability to various contexts, a culture of educational excellence within the unit, supportive and responsive leadership within the unit, as well as clear delineation of roles and responsibilities. The processes involved in this model entail enhancing the competencies of both nurses and teachers, facilitating student learning, maintaining regular communication at both system and unit levels, and assessing as well as sustaining the effectiveness of the model.

CONCLUSION

As students age, they may find it more challenging to acquire health assessment skills compared to younger students, and factors such as gender and student type should be carefully considered by nurse educators when teaching these skills.

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