http://heanoti.com/index.php/hn

RESEARCH ARTICLE

URL of this article: http://heanoti.com/index.php/hn/article/view/hn20810

Nursing Students' Skills Level of Promote Safety, Physiology Integrity, Psychosocial Integrity, and Health Promotion in Pediatric Care in a Selected Health Institute in Indonesia

Windasari Aliarosa[1(CA)]

[1(CA)]Nursing Department, STIKes Budi Luhur Cimahi, Indonesia; waliarosa@gmail.com (Corresponding Author); waliarosa@gmail.com

ABSTRACT

This study aimed to determine the level of skills of nursing students in term of promote safety, physiology integrity, psychosocial integrity, and health promotion in pediatric care in a selected health institute in Indonesia. The study made used of descriptive correlational research design. The participants of the study were nursing students and their clinical instructors. Universal sampling technique was used which encompassed the total twenty-three (23) nursing students and two (2) clinical instructors who directly supervised the students in the clinical area. Frequency, percentage statistical treatment, weighted mean, T-test, and Pearson-r were used to process the result of the study. Nursing students are moderately competent in area of skills in rendering pediatric care. There were significant differences between the ratings of the nursing students level of skills in pediatric care in all of variables as rated by nursing students themselves and by their clinical instructors. And there was no significant relationship between the nursing students' age and gender and their level of skills in pediatric care. On the contrary, there was a significant relationship between the nursing students' GPA and their level of skill in pediatric care. The proposed pediatric care clinical focus can be adopted to enhance nursing students' level of skills in pediatric care.

Keywords: Pediatric care, Nursing student, Skill's clinical focus

INTRODUCTION

Background

Nursing education is an integration of academic program and clinical learning. Likewise, Masarweh cited in Mabuda(1), defined that clinical learning is regarded as an integral part of nursing education. Clinical learning activities, the part of nursing education, are shaping nursing students into the professional nurse which provide opportunities to apply theory into practice, and fosters problem solving and decision making skills, collaboration with others and development of legal and ethical morals(1). Through clinical learning, nursing students graduates are expected to have the knowledge, attitude, and professional skills.

Sharif & Masoumi cited in Yen, A.(2), suggest that student nurses had found difficulty to integrate theory into clinical practice. Mabuda(1) further indicated that student nurses lack theoretical background because some lectures were only being though after they were expose to the clinical setting. The student nurses felt very confusing when they found what had been taught in the college were different from what has practiced in the real clinical setting(2). This similar with Purwandari, H., Mulyono, W.(3) stated that the nursing student's problems include clinical learning environment, gap between theories and practices, and the importance of students' self efficacy.

The secondary data of students' Grade Point Average (GPA) of Pediatric Nursing Course 1 in school year 2011-2012, semester 4 and Pediatric Nursing Course 2 in school year 2012-2013, semester 5, in BSN program showed that 66.67% students had poor grade with GPA range of 65-69, 11.91% students had good grade with GPA range of 70-75, and only 21.42% students had very good grade with GPA range of 76-81.

Nursing students need to anticipate and confront the challenges that may be presented in the real world upon graduation. Education should guarantee for each individual to adequate competent to solve problems both in work as well as in general in life. Competency assessment can assist in determining learning needs and strategies

needed to meet the learning need[4]. Each clinical experience has a specific theoretical focus and the objectives/learning outcomes of the particular course[5].

The term of Promoting safety, psychologic integrity, psychosocial integrity, and health promotion are parts of skills competency of nursing students. Safety, often defined as freedom from psychological and physical injury, is a basic human need that must be met. Health care, provided in a safe manner, and a safe community environment are essential for a client's survival and well being[6].

Pain management, privacy of patients and their families, cultural values, cleanliness are some part of physical comfort that nurses need to respond in a timely and effective way[7]. Correspondingly, activities daily living (ADL) are activities usually performed in the course of a normal day, including the ambulation, eating, dressing, bathing, brushing the teeth, and grooming. Most patients want to remain independent in meeting their basic needs. Determine the patients preferences when assisting with ADLs, and let the patient participate to the level he or she is able. Involving the patient in planning the timing and types of interventions boots the patient's self esteem and willingness to become more independent[6].

Teaching and counseling are an important nursing responsibility that resultsing in the change of development of new attitudes and feelings, whereas in teaching the focus of change is intellectual growth or the acquisition of new knowledge of psychomotor skills[6]. Patients want informations about medications to take, dietary or treatment plans to follow, and danger signals to look for after hospitalization or treatment, patients expect to have their continuing health care needs met after discharge with well-coordinated services, to access to necessary health care resources after discharge. Nurse and nursing student teach patients to present correct principles, procedures, and techniques of health care to patients and to inform about their health status.

Purpose

This study aimed to determine the level of skills of nursing students in term of promote safety, physiology integrity, psychosocial integrity, and health promotion in pediatric care in a selected health institute in Indonesia.

METHODS

Research Design

This study used correlational research design to determine the level of skills of nursing student in pediatric care towards development of clinical focus. Descriptive survey research was used to describe characteristics, opinions, attitudes or behaviors as they currently exist in a target population. Descriptive research used to give a profile of the participants and describe the level of skills competency of nursing student in pediatric care.

Participants of the Study

The participants of the study were nursing students and their clinical instructors. Universal sampling technique was used which encompassed the total twenty-three Ners Program's students at a selected institute who had completed BSN program and had their pediatric clinical course for four weeks, consented to participate in this study and two clinical instructors who directly supervised the students in the clinical area. They were assigned in areas such as pediatric ward, outpatient department, children orphanage, and school for disability children.

Instrumentation

The researcher one instrument for collecting data in determining the competency in the areas of skills of student participants in pediatric care. The questionnaire consisted of two parts. Part 1 deals with the demographic profile such as age, gender, and GPA of Pediatric Nursing Course. Part 2 consisted of the instrument of skills.

An evaluation skills checklist to determine the student participants' skills which the researcher adopted from the health institution to determine the level of skills of student participants in pediatric care as rated by themselves and their clinical instructors using four point scale.

Data Gathering Procedures

A formal written permission to conduct the study was secured from the Head of Ners Program of selected health institute in Cimahi, Indonesia through a formal letter prior to data gathering. Upon approval, a consent form was given to the student participants and their instructors. The researcher personally distributed the skills' evaluation tool to the 23 student participants. The skills's evaluation tool also accomplished by two (2) their clinical instructors who directly supervised the students in the clinical area. Data gathering process commenced during the December 2013-January 2014.

Moreover, a formal written permission to made use of Nursing Students' Grade Average Point (GPA) on Pediatric Nursing Course 1 and 2 in School Year 2010-2011 and 2011-2012 as secondary data was secured from the head of Academic Administration Bureau.

Statistical Treatment of Data

Data were analyzed by various tools present in Microsoft Excel spread sheet and statistical inferential analysis. The following statistical treatment was used. Frequency and percentage were used to determine demographic profiles of the student participants. Weighted mean was used to measure the level competencies in terms of skills of student participants. T-test was used to determine if there is a significant difference between the ratings of student participants and their clinical instructors. Pearson-r and t-test were used to determine if there is a significant relationship between the student participants' demographic profile and their level skills. Weighted mean utilized to determine skill level of student participants in pediatric care using the following scale:

Table 1. Weighted Mean of Student Participants' Skill Level in Pediatric Care

Scale	Mean Range	Descriptive Index	Interpretation
4	3.26-4.00	Very Competent (VC)	Nursing student can perform independently with no supervision within the expected level of competence in performing all the indicators
3	2.51-3.25	Competent (C)	Nursing student can perform with limited supervision within the expected level of competence in performing all the indicators
2	1.76-2.50	Moderately Competent (MC)	Nursing student requires instructions and close supervision within the expected level of competence in performing all the indicators
1	1.00-1.75	Incompetent (I)	Nursing student has no experience available, cannot perform without supervision within the expected level of competence in performing all the indicators

RESULTS

Profile of the Participant

Age, gender, and GPA of Pediatric Nursing were the variables selected for the study. Table 1 present the percentage distribution of the participants profile based on the selected variables. Data shown from Table 2, the participants ages ranged from 21 to 22 with the majority of 22 years old (69.57%), followed by 21 years old (30.43%). Majority (52.17%) of the participants were female, followed by male (47.83). As to their Grade Point Average (GPA) in Pediatric Nursing Course, majority (78.26%) have earned a grade of 67-73 and minority (21.74%) have earned a grade of 74-80.

Table 2. Percentage Distribution of Participants Profile

Variables	Frequency	Percentage
Age		
21-22 years old	23	100
Total	23	100
Gender	Frequency	Percentage
Female	12	52.17
Male	11	47.83
Total	23	100
GPA	Frequency	Percentage
74-80	5	21.74
67-73	18	78.26
Total	23	100

Level of Competency on Skills

Table 3 present the mean score on the participant's level of skill in pediatric care in terms of promoting safety.

Table 3. Student Participants' Level of Skill in Pediatric Care in terms of Promoting Safety

INDICATORS	Student Rating WM	Descriptive Index	Clinical Instructor WM	Descriptive Index	Combined Mean	Descriptive Index
Nursing student:						
1. Ensures proper identification of pediatric patient when providing care	2.78	C	2.04	MC	2.41	MC
2. Provides safe environment for pediatric patients and their families	2.7	C	2.17	MC	2.43	MC
3. Demonstrates safe medication administration based on 10 R's	2.91	C	1.96	MC	2.43	MC
4. Follow procedures for handling biohazardous materials	2.74	C	2.22	MC	2.48	MC
5. Facilitates appropriate and safe use of equipment	2.7	C	2.3	MC	2.5	MC
6. Apply principles of infection control (e.g., hand hygiene, room assignment, isolation, aseptic/sterile technique, universal/standar precaution	2.65	C	2.22	MC	2.43	MC
Sub Mean	2.75	C	2.15	MC	2.45	MC

Legend: VC= Very Competent, C= Competent, MC=Moderately Competent, IC= Incompetent, WM= Weighted Mean

Data revealed that student participants rated themselves competent in all items of promoting safety, meanwhile clinical instructors rated the student participants moderately competent in all items of promoting safety. This findings show that there is high difference ratings between student participans' self-rating and their clinical instructors in almost of all items of promoting safety.

Table 4 present the mean score on the participant's level of skill in pediatric care in terms of physiologic integrity.

Table 4. Student Participants' Level of Skill in Pediatric Care in terms of Physiologic Integrity

INDICATORS	Student Rating WM	Descriptive Index	Clinical Instructor WM	Descriptive Index	Combined Mean	Descriptive Index
Nursing student:						
1. Apply the pediatric's routinely measurement (e.g., vital sign, body weight, personal hygiene)	2.87	C	2.43	MC	2.65	C
2. Measures the pediatric growth and development (DDST II, KPSP)	2.48	MC	1.91	MC	2.2	MC
3. Apply the concern of IMCI (Integrated Management of Childhood Illness)	2.3	MC	2.26	MC	2.28	MC
4. Provides comfort measures and physical care	2.65	C	2.09	MC	2.37	MC
5. Assess pediatric patient need for pain management and intervene as needed using non-pharmacological comfort measures	2.35	MC	1.74	IC	2.04	MC
6. Assess and intervene in pediatric patient performance of activities of daily living (ADL)	2.26	MC	1.83	MC	2.04	MC
Sub Mean	2.49	MC	2.04	MC	2.26	MC

Legend: VC= Very Competent, C= Competent, MC=Moderately Competent, IC= Incompetent, WM= Weighted Mean

It can be gleaned from the data on table 5, significant difference between self-rating's made student participants and by their clinical instructor on item 1, 4, and 5.

Table 5 presents the mean score on the participant's level of skill in pediatric care in terms of psychosocial integrity.

Table 5. Student Participants' Level of Skill in Pediatric Care in terms of Psychosocial Integrity

INDICATORS	Student Rating WM	Descriptive Index	Clinical Instructor WM	Descriptive Index	Combined Mean	Descriptive index
Nursing student:						
1. Maintain pediatric patient confidentially/privacy	2.78	MC	1.96	MC	2.37	MC
2. Assess pediatric patient for potential or actual abuse/neglect and intervene when appropriate	2.3	MC	1.96	MC	2.13	MC
3. Recognize impact of illness or disease on individual/family lifestyle	2.65	C	1.83	MC	2.24	MC
4. Assess family dynamics in order to determine plan of care (e.g., structure, bonding, communication, boundaries, coping mechanism)	2.87	C	2.17	MC	2.52	C
5. Incorporate patient cultural practice and beliefs when planning and providing care	2.52	C	1.83	MC	2.17	MC
Sub Mean	2.62	C	1.95	MC	2.29	MC

Legend: VC= Very Competent, C= Competent, MC=Moderately Competent, IC= Incompetent, WM=Weighted Mean

Data gleaned from the table the significant difference on the result results between self-ratings of student participants and their clinical instructors on item 3, 4 and 5.

Table 6 presents the mean score on the participant's level of skills in pediatric care in terms of health promotion.

Table 6. Student Participants' Level of Skill in Pediatric Care in terms of Health Promotion

INDICATORS	Student Rating WM	Descriptive Index	Clinical Instructor WM	Descriptive Index	Combined Mean	Descriptive Index
Nursing student:						
1. Assess and teach pediatric patient and family about health risk based on physical, cognitive, and psychosocial stages of children development	3.09	C	1.91	MC	2.5	MC
2. Provide information about health promotion/maintenance recommendation (e.g., physician visite, immunization)	3.22	C	2	MC	2.61	C
3. Identify opportunities for teaching health promotion, risk reduction and disease prevention and incorporate into the patient plan of care	3.17	C	2.04	MC	2.61	C
Sub Mean	3.16	C	1.98	MC	2.57	C

Legend: VC= Very Competent, C= Competent, MC=Moderately Competent, IC= Incompetent, WM=Weighted Mean

It can be gleaned from the table that student participants rated themselves competent in all items, while clinical instructors rated student participants moderately competent in all items of health promotion. There are significant difference in the results.

Significant Relationship between Demographic Profile and Nursing Students' Level of Skills in Pediatric Care

Table 7 presents the test for relationship between demographic profile and nursing students' level of skills in pediatric care. In order to decide the relationship, Pearson-r test and t-test were done.

Table 7. Significant Relationship between Demographic Profile and Nursing Students' Level of Skills in Pediatric Care

Skills							
Variable	Pearson-r value	Degree of Correlation	t critical	t computed	df	Interpretation	Decision
Age	0.140	Low positive correlation	1.721	0.648	21	Not Significant	Accept Ho
Gender	0.030	Low positive correlation	1.721	0.141	21	Not Significant	Accept Ho
GPA	0.513	Moderate positive correlation	1.721	2.742	21	Significant	Reject Ho

Data revealed, it clearly shows that among three variables of student participants' demographic profile, only GPA (Pearson r = 0.153 in terms of skills, and Pearson r = 0.592 in terms of attitude) that have moderate positive correlation with nursing students' level of skills in pediatric care. Moreover, based on t-test result, in the area of skills, t-computed of GPA (2.742) is greater than t-critical (1.721), it is denotes that the null hypothesis was rejected which there is a significant relationship between nursing students' GPA and nursing students' level of skills in pediatric care.

On the other hand, age (Pearson r = 0.140 and 0.056) and gender (Pearson r = 0.030 and 0.223) are have low positive correlation with nursing students' level of skills in pediatric care. Furthermore, in the area of skills, t-test results show that t-computed of age (0.648) is smaller than t critical (1.721), it is means that the null hypothesis was accepted which there is no significant relationship between nursing students' age and nursing students' level of skills in pediatric care.

Also, in the area of skills, t-test results imply that t-computed of gender (0.141) is smaller than t critical (1.721), it is means that the null hypothesis was accepted which there is no significant relationship between nursing students' gender and nursing students' level of skills in pediatric care.

DISCUSSION

Profile of Participant

Age

This indicates that the student participants' ages are homogenous and were on the stage of young adulthood. According to Knowles Learning Theory nursing student can be interpreted as an adult learner, the students expect that they will posses at least same ability to learn as an adult, expect to be treated as an adult learner, it will be assumed that they will have some ability to be self-directed and self motivated in their learning process. Age is an important consideration in the development of knowledge and competencies because age reflects the person's maturity; as Kozier, et al[8] defined maturity as the state of maximal function or the state of being developed. Mature individuals are flexible, can adapt to change, make decisions and accept full responsibility for the decision made. Likewise Potter and Perry[6] added, mature individuals show competence in new situations.

Gender

This data goes to the the attraction of the nursing profession to the female population[9]. Nursing has been known as a female dominated profession. In connection with the caring role, male and female are differentiated by their culture. Caregiving tasks are the primary responsibility of women. In terms of learning, male and female students learn concepts differently which can influence their achievement outcomes. According to Blackman,

studies suggested that a higher female student achievement could in fact be due to student's self-esteem levels and economic factors[10].

GPA for Pediatric Nursing

This data reflects that most of the participants have poor to good GPA for pediatric nursing. Students had difficulty in assimilating concepts of pediatric nursing. This findings indicate that pediatric nursing as one of the difficult subject in nursing education. Pediatric nursing is an advance nursing subject that requires nursing care experiences from a variety of systemic problems[3].

Level of Competency on Skills

Promoting Safety

On item 1, "Nursing student ensures proper identification of pediatric patient when providing care" with weighted mean of 2.78 which corresponds to competent while clinical instructors' rated them moderately competent with rating of 2.04 lower than the rating of clinical instructors.

Clinical instructors rated student participants because they perceived that nursing students require supervision in ensuring children' identity, especially before they provide nursing care to them. Ensuring proper identification of pediatric patient is an important procedure to prevent injury/incident. While, student participants rated themselves competent in this item because they viewed themselves compliant in ensuring safety of pediatric patients by doing routine identification to any evaluation of any intervention.

This findings supported by Potts & Mandleco[7], that safety and injury prevention are the basic concepts at the clinical setting. The goal of this concept is for nursing students to be able to provide and promote safety and prevent injuries to the child. This can be made possible by ensuring proper identification of pediatric patient. Perry & Potter[6] supported this finding as security proper identity of patient prior to any intervention or procedure to be given is a safe manner to prevent psychological and physical injury. Ensures the pediatric patient's identity before providing care is a safe manner to prevent psychological and physical injury. Potts & Mandleco[7], added that it is essential client identification bands be applied at the time of admission and checked at the beginning of each shift and before every nursing intervention or medical treatment. Failure to correctly identify patients can lead to medication errors, transfusion errors, testing error, wrong person procedures and the discharge of infants to the wrong families.

On item 2, "Nursing student provides safe environment for pediatric patients and their families" with student participants' mean of 2.7 which corresponds to competent and clinical instructors' mean of 2.17 which corresponds to moderately competent.

The difference on the ratings of both group can be attributed to the observation of clinical instructors that nursing students need to be supervised in doing some interventions in providing safe environment for patients and families like proper administrations of medication, keeping side rails of bed up its prevent falls, preventing infections of noxious materials in patients' and families' environments. On the contrary, student participants viewed themselves competent to provides safe environment for pediatric patients and their families, they assure the environment safely before they applied nursing intervention to children. The students perceive that safe environment is significant to result good nursing care.

Nursing students conduct a health care, provided in a safe manner, and a safe community environment are essential for a client's survival and well being[6]. Based on the concept of atraumatic care, therapeutic care encompasses the prevention, diagnosis, treatment, or palliation of chronic or acute condition in the settings that refer to whatever place that care is given, the home, the hospital, or any other health care setting[11].

On item 3, "Nursing student demonstrate safe medication administration based on 10 R's" with student participants' mean of 2.91 which corresponds to competent and clinical instructors' mean of 1.96 which corresponds to moderately competent.

Clinical instructors rated the student participants pertaining to medication administration as moderately competent. This results suggest that there are some steps in administering medication according to 10 R's, that must be done by students, especially for pediatric patients. The clinical instructors need to ensure that their students accomplished all of the steps before medication administration. On the other hand, student participants viewed themselves competent in terms of medication administration. This findings infer that based on their perception, they are able to compute children' doses and comprehend the 10 R's in medication.

This is supported by Potts & Mandleco[7], stated that assuring safe administration of medications to children is an important part of providing appropriate pediatric nursing care. The most stressful aspect in pediatric clinical setting was giving children medication[12], Similarly, Pollard cited in Potts & Mandleco[7] found, that physiological, psychosocial, and cognitive differences between children and adults have implications for pharmacologic intercention with children. Understanding and applying knowledge of these differences will

facilitate safe medication administration to children. Nursing students need to have knowledge about the actions and effects of the medications their clients take. Administering medications safely requires an understanding of legal aspects of health care, pharmacology, pharmacokinetics, the life sciences, human anatomy, and mathematics[6]. Payne, L.[13] added, that nursing students learn quite early in their clinical experience about the right time, right drug, right dose, right route, right patient, right documentation, right evaluation, and right to refuse of medication administration when they administer drugs.

On item 4, "Nursing student follow procedures for handling biohazardous materials" with student participants' mean of 2.74 which corresponds to competent and clinical instructors' mean of 2.22 which corresponds to moderately competent.

Clinical instructors rated nursing students moderately competent in their ability of in handling biohazardous material. Clinical instructors perceived that student participants require repetitive instruction in adapting the procedures handling biohazardous material. Meanwhile, student participants viewed themselves competent to follow the procedures for handling biohazardous material, they understand the definition of biohazardous material, the benefits to handling this material in the proper procedures, and the dangerous effects from biohazardous materials.

This results supported by Perry & Potter[6] stated, that handling biohazardous material can prevent infection. Infection prevention and control are essential for creating safe health care environment for patient and staff. Nurses and nursing student play a primary role in infection prevention and control in all health care settings. Additionally, health care workers protect themselves from contact with infectious material, sharps injury and/or exposure to a communicable disease by using knowledge of infectious process and appropriate personal protective equipment.

On item 6, "Nursing student apply principles of infection control (e.g., hand hygiene, room assignment, isolation, aseptic/sterile techniques, universal/standard precaution" with rating of 2.65 by student participants which corresponds to competent and weighted mean of 2.22 which corresponds to moderately competent rated by clinical instructors.

This findings indicate that the principles of infection control, such as universal/standard precaution, personal hygiene, room assignment, isolation and aseptic techniques, are the basic concept to effectuate high successful in patients care. The clinical instructors expect nursing students to have good ability in implementing principles of infection control. In contrary, student participants rated themselves competent in applying the principles of infection control. They are knowledgeable in septic and aseptic techniques in their clinical exposure time.

Patients in all health care setting are at risk for acquiring infections because of lower resistance to infectious microorganisms, increased exposure to numbers and types of disease-causing microorganism, and invasive procedures. Meanwhile, health care providers have risk for exposure to infections as the result of contact with client's blood, body fluids, and contaminated equipments and surfaces. By practicing basic infection and control techniques, health providers can avoid spreading microorganisms to patients and sustaining an exposure when providing direct care[6]. Research studies have demonstrated that students around the world are not learning how to use universal precautions appropriately. Students are often more at risk for exposure because they are learning new skills and techniques that they are not confident performing. Also student believe they do not receive adequate assistance in learning skills properly. Exposurer occur for a variety of reasons, they may be the result of students' failure to comply with universal precautions, or lack confidence in the efficacy of universal precautions. It is recommended that faculty take a greater role in educating students[15].

Physiologic Integrity

On item 1, "Nursing student apply the pediatric's routinely measurement (e.g., vital sign, body weight, personal hygiene)" with student participants' mean of 2.87 which corresponds to competent and clinical instructors' mean of 2.43 which corresponds to moderately competent. clinical instructors give moderate rating to student participants in rendering pediatric's measurements, such as vital sign, body weight, and personal hygiene of children. This results suggest that clinical instructors observe the students' performance based on the criteria of measurement. They expect that students will perform the measurement of vital sign, body weight, and personal hygiene of their patients in pediatric clinical rotation religiously. Meanwhile, the student participants evaluated themselves competent in perform the pediatric routine measurements. They were taught in fundamental nursing course on how to accomplish measurements and are part of their routine task while in clinical area. Such routine task made them perceive that they competent in performing measurement and vital signs.

One of the most important aspect of nursing care in completing a thorough assessment, which must be documented[13]. Potter & Perry[6] added, that the most frequent measurements obtained by the nurses are those of temperature, pulse, blood pressure and respiratory rate. Measurements of vital signs provides data to determine a pediatric patient's usual state of health.

On item 4, "Nursing student provides comfort measures and physical care" with student participants' mean rating of 2.65 which corresponds to competent and clinical instructors' mean of 2.09 which corresponds to moderately competent.

Clinical instructor rated students lower compared to rating made by student themselves in rendering comfort measures and physical care to children. This result suggests that comfort measures and physical care are the important basic in nursing care, especially for children care. The students need to be able to caring children at various stages of growth and development, they must aware to meet the developmental needs of their patients and not a simple process. Nursing students require high skills and knowledge to perform comfort measures and physical care. On the contrary, the student viewed themselves competent in providing comfort measures and physical care to pediatric patients. they perceive that the nursing care provided by them for children and families was in accordance with comfort measures principles.

This is supported by Potts & Mandleco[(7)] stated, that the nurse must see the strengths of each child and uses these to design, implement, and evaluate nursing care. They lend their own strengths to children and their families, who rely on them to learn and use coping skills, and to understand and manage the exigencies of illness successfully. They also understand the emotional and physical comfort of the child is most important, rather than personal satisfactions.

On item 5, "Nursing student assess pediatric patient need for pain management and intervene as needed using non-pharmacological comfort measures" with student participants' mean of 2.35 which corresponds to moderately competent and clinical instructors' mean of 1.74 which corresponds to incompetent.

Clinical instructors rated student participants incompetent in performs pediatric assessment using non-pharmacological comfort measures. This results infer that the non-pharmacological comfort measures has some criteria to completed by the students. Clinical instructors perceived the students require close supervision to attain the expected level of the criteria, like responding in timely and effective way. While, the student participants rated themselves moderately competent regarding non-pharmacological comfort measures. Based on their perception, non-pharmacological comfort measures are the basic measures of providing care that minimize physical pain or discomfort for children that they are able to perform/provide.

In pediatric care many intervention are traumatic, stressful, and painful. It is important for nurses and nursing students to recognize these situations and provide care that minimizes stress through atraumatic care concepts. They need to respond in a timely and effective way to any request for pain and offer alternatives for pain management. Children at various ages perceive pain in the context of their development level and their perceptions and understanding of the world around perceptions about pain.

Psychosocial Integrity

On item 3, "Nursing students recognize impact of illness or disease on individual/family lifestyle" with weighted mean of 2.65 rated by student themselves which corresponds to competent while clinical instructors' mean of 1.83 which corresponds to moderately competent. The difference of the ratings given by two groups of participants implies that clinical instructors perceived the need to improve students' ability to understand the discuss of entity and its effort to well being of patients and families. This is a substantial part in construct the nursing care plan. It is must be included in students' care plan, their implementation and evaluation. Students need to explore deeply the children and their families about the impact of disease in their life. In contrast, student participants rated themselves competent to recognize impact of illness or disease on family lifestyle. According to their perception, they were comprehend the analysis of impact of disease in their documentation.

The daily tasks of caring for an ill child, that include performing medical tasks, administering medications, attending clinic visits, obtaining laboratory test, and unforeseen hospitalization, place stress on the parents and family. Organizing care of an ill child into the family schedule poses difficulties in maintaining normal family function and a sense of routine. Parents experience stress during their child's chronic illness and treatment, and the way in which families cope with stress can have an impact on the child[(15)]. Nurses and nursing students need to recognize and respect the family and friends on whom clients rely for support, patients have right to determine if family members are to be involved in decision about their care, to provide physical support and care after discharge to be properly informed. Each children with their families have responds uniquely to illness, requiring nurses to individualize nursing interventions. The patient and family commonly experience behavioral and emotional changes, as well as changes in roles, body images and self concept, and family dynamics[(6)].

On item 4, "Nursing student assess family dynamics in order to determine plan of care (e.g., structure, bonding, communication, boundaries, coping mechanism)" with student participants' mean of 2.87 which corresponds to competent and clinical instructors' mean of 2.17 which corresponds to moderately competent.

Clinical instructors rated student participants pertaining to family dynamics assessment moderately competent. This finding suggests that clinical instructors have high expectation of their students to always include family dynamics assessment in their plan of care, since this assessment is basic to help students to meet the patients' need. While, student participants viewed themselves competent to attain family dynamics assessment in

their plan of care. They assumed that family assessment such as structure, bonding and communication of children's family are the basic concept of family-centered care.

Family-centered care is essential to the well-being of the child and his or her family. Family-centered care interventions recognize the importance of families in facilitating the growth of their children. The needs and resources of each family member and the degree to which the family wants to become involved differ with each family based on their culture, spirituality, family economics, and family functioning, to optimize the family's ability to interact, intervene, and nurture the child during times of both physical and psychological stress. Through interdisciplinary interventions that offer education and knowledge, family, parents, and others can be empowered to make inform decision about their child's care. Implementation of family-centered care interventions has elicited positive feelings from healthcare staff and reports of increased parent and child satisfaction[(16)].

On item 5. "Nursing student incorporate patient cultural practice and beliefs when planning and providing care" with student participants' mean of 2.52 which corresponds to competent and clinical instructors' mean of 1.83 which corresponds to moderately competent.

Clinical instructors evaluated cultural practice and beliefs assessment of student participants with lower rating compared to ratings made by student themselves. This findings infer that cultural practice assessment is a fundamental aspect to included in nursing care plan. The cultural practice in patients care will enhance their belief into convalescence. Clinical instructors perceived that students need to improve their ability to select appropriate cultural practices to implement in patient-centerd care. In contrast, student participants rated themselves competent to apply patient cultural practice and belief in their clinical exposure. Students value that cultural practice is intertwined with nursing care practice. .

Cultural assessment is a systematic and comprehensive examination of the cultural care values, beliefs, and practices of individuals, families and communities. The goal of culture assessments is to gather significant information from the patient and family that will enable the nurse to implement cultural congruent care. As a nursing students, it is important to conduct any assessment with cultural competence. This involves a conscientious understanding of patient's culture so that nursing students can offer better care within differing value systems and act with respect and understanding without imposition of personal attitudes and beliefs[(6)].

Health Promotion

On item 1, " Nursing student assess and teach pediatric patient and family about health risk based on physical, cognitive, and psychosocial stages of children development" a weighted mean of 3.09 rated by student themselves which corresponds to competent while clinical instructors' mean of 1.91 which correspond to moderately competent.

Clinical instructors' rating is lower compared to self rating of students. This results indicate that clinical instructors have high expectation of student participants to assess and teach pediatric patient and family about health risk based on physical, cognitive and psychosocial stages of children development responsibly. These skill competency is the primary implementation to support health education in nursing practice. On the contrary, student participants assessed themselves competent to administer the present item in their pediatric care. On their responses, they are able to incorporate children's and families' participations in their health education to assist them apply new behavior concept.

Nurses and nursing students focus their efforts on meeting the needs of children and their families, provide informational and educational supports to equip family member to be as well prepared as possible to meet the mounting challenges presented by growing children. When families are informed of expected growth patterns and developmental changes, they can anticipate what should come next, plan for the changes, and note quickly when the expected changes do not occur. It is important to look at the ways that normal growth and development impact daily activities and the health of the child[(7)].

On item 2, "Nursing student provide information about health promotion/maintenance recommendation (e.g., physician visite, immunization)" with student participants' mean of 3.22 which corresponds to competent and clinical instructors' mean of 2.0 which corresponds to moderately competent.

Clinical instructors assessed student participants performance in terms of health promotion/maintenance recommendation with low rating. This results show that health promotion/maintenance recommendation is the basis concepts of pediatric nursing care. It is simultaneously implemented in every setting of nursing rotation. This competency confirm that nursing students are health educator for their pediatric patients. In the opposite, student participants rated themselves with very high rating on present competency. They assumed that health promotion is the part of their nursing care evaluation, the most important part in students' nursing care.

The goal of health program is to improve a client's level of well-being in all dimensions. Nurses emphasize health promotion, wellness enhancing strategies, and illness prevention activities as important forms of health care because they assist patient and family in maintaining and improving health. Patient and family member wants information about medications to take, dietary or treatment plans to follow, and danger signals to look for after hospitalization or treatment. Patient and family member have to gain the skills and knowledge needed to learn

how to give care themselves. The study of Corrarino, et al. cited in Potts & Mandleco[7] added, that prenatal classes, infant care, child safety and cancer screening are just some of the health education programs provided in a community practice setting.

On item 3, "Nursing student identify opportunities for teaching health promotion, risk reduction and disease prevention and incorporate into the patient plan of care" with student participants' mean of 3.17 which corresponds to competent and clinical instructors' mean of 2.04 which corresponds to moderately competent.

Clinical instructors rated student participants on their competence to identify opportunities for teaching health promotion, risk reduction and disease prevention lower compared to rating given by student themselves. This findings suggest that identify opportunities for teaching health promotion is one of the significant skill to empower patients and their families in every occasion of students' clinical duty. Students are required to be able to utilize every opportunity to teach and support their patients regarding the health promotion, risk reduction and disease prevention. Meanwhile, student participants evaluated themselves competent in this item. They consider their participation to conduct the health promotion have beneficence goal to encourage patient and family through change of intellectual growth of risk reduction and disease prevention.

Teaching and counseling are an important nursing responsibility that result in change of development of new attitudes and feelings, whereas in teaching the focus of change is intellectual growth or the acquisition of the knowledge of psychomotor skills. Nurses at the bedside are often able to help patient and family avoid rehospitalizations by providing education about disease management and medications. Nurse and nursing student teach patients to present correct principles, procedures, and techniques of health care to patients and ti inform patients about their health status. Common examples of teaching topics include medication administration schedules, activity restrictions, health promotion activities (diet and exercise), and knowledge about disease and related implications. Also, nurse and nursing student have a responsible for assessing the learning needs and readiness of patients. Know the patient, be aware of cultural and social factors that influence a patient's willingness and ability to learn. It is also important to know their health literacy level. The teaching-learning process is an interaction between nurse, nursing student and the learner to address specific learning objectives[6].

Significant Relationship between Demographic Profile and Nursing Students' Level of Skills in Pediatric Care

This findings suggest that GPA and nursing students' level of skills and attitude in pediatric care are positive related to the relationship moderately. GPA and level of skills are equal to each other because if the student participants have high GPA, there is a big possibility that they will get high level of skills. This is supported by Rennie, I.[18] stated that nursing education should prepare students to perform in the workplace by delivering information in a classroom-type environment, then assume they can apply that knowledge in the clinical area. Similar with Crisp & Taylor cited in Rodriguez, D.[18] stated, that student nurses develop expertise in nursing through the acquisition of nursing knowledge and clinical experience.

This results indicate that nursing students' age and gender does not affect toward their level of skills in pediatric care. This is in contrary with Knowles Theory, stated that adult learners know why they need to learn something[19]. It is means that the maturity have positive relationship to the learning ability. Additionally, the findings imply that female and male nursing students have similar ability in rendering to pediatric care. This is in opposite with the study of Blackman, et al. cited in Valdez, M.[10] stated, that in term of learning, male and female students learn concepts differently which can influence their achievement outcomes.

CONCLUSION

Based on the findings of the study, the following conclusions were nursing students enrolled in Ners Program have very good knowledge in pediatric care. They have good theoretical background about pediatric nursing, nursing students are moderately competent in area of skills in rendering pediatric care, there were significant differences between self-rating of nursing student and clinical instructors in all of variables in skills, therefore, the null hypothesis is rejected, there was no significant relationship between the nursing students' age and gender and their level of competencies of skills in pediatric care, therefore, the null hypothesis is accepted. On the contrary, there was a significant relationship between the nursing students' GPA and their level of competencies of skills in pediatric care, therefore, the null hypothesis is rejected.

REFERENCES

1. Mabuda BT, Potgieter E, Alberts UU. Student Nurses' Experiences During Clinical Practice in the Limpopo Province. Curationis Journal. 2008;31(1):19-27.
2. Yen AL. UNIMAS Nursing Students' Experiences During Clinical Attachment in Sarawak General Hospital (SGH), Kuching. Universiti Malaysia Sarawak; 2012.

3. Purwandari H, Mulyono WA. Permasalahan Mahasiswa Pada Penempatan Praktik Ners Pertama Kali di Stase Keperawatan Anak (*Student Problems in the Practice of First-Time Ners Placement in Child Nursing Stase*). Jurnal Penelitian Kesehatan Suara Forikes. 2011;11(1):37-43.
4. Koncaba WA. Assessing Clinical Competence of Newly Employed Nurses. Lamar University; 2008
5. Davies SM, Reitmaier AB, Smith LR, Mangan-Dankwart D. Capturing Intergenerativity: the Use of Student Reflective Journals to Identify Learning Within an Undergraduate Course in Gerontological Nursing. Journal of Nursing Education. 2012;52(3):139-144
6. Potter P, Perry A. Fundamental of Nursing. 7th Edition. Potter, Patricia & Perry, Anne. London: Mosby Elsevier; 2009.
7. Potts NL, Mandleco. Pediatric Nursing Caring for Children & Their Families. Esperti, CL. New York: Delmar Thomson Learning Inc; 2011.
8. Katharina A. Related Learning Experiences (RLE), Your Nursing Clinicals (internet). 2011 (cited 30 October 2013). Available from: www.annakatharinamd.com/2011/07
9. Hasim MS. Related Learning Experience and Level of Performance of Fourth Year Bachelor of Science in Nursing Students of University of Perpetual Help System-General Mariano Alvarez: Basis for Enhancement of Learning. Manila: the Philippine Women's University; 2009.
10. Valdez MA. Knowledge and Skills of Nursing Students on End of Life Care in a Selected College of Nursing: Basis for an Outcomes-Based Syllabus (thesis). Manila: The Philippine Women's University; 2013.
11. Hockenberry MJ. Wong's Essential of Pediatric Nursing. 9th Edition. Hockenberry, MJ & Wilson, David. Philadelphia: Lippincott Williams & Wilkins; 2009.
12. Chen Chi-Wen. Subjective Experiences of Student Nurses in a Pediatric Practicum. Fu-Jen Journal of Medicine. 2009;7(4):171-180.
13. Payne L. The Nursing Student's Guide to Clinical Success. 14th ed. Sibley, Ami. Ontario: Jones & Barlett Publisher; 2011:1-159.
14. Earl C. Thai Nursing Students Knowledge and Health Beliefs About AIDS and the use of Universal Precautions: A Cross Sectional Descriptive Research Study. American Association of Occupational Health Nurses Journal. 2010; 58(8): 331-334
15. Lerret S. The Transition from Hospital to Home in Parents of Pediatric Solid Organ Transplant Recipient. Marquette University; 2010.
16. Bowden VR, Greenberg CS. Pediatric Nursing Procedures. Philadelphia (USA): Lippincott Williams & Wilkins; 2008.
17. Transporto WL. Nurses' Commitment to the Healthcare Profession in Relation to Patients' Satisfaction in a Selected Tertiary Hospital. The Philippine Women's University; 2012.
18. Mongwe RN. Student Nurses' Experiences of the Clinical Field in the Limpopo province as Learning Field: A Phenomenological Study. University of South Africa; 2007 .
19. McEwen M, Wilis AM. Theoretical Basis for Nursing. 4th Edition. Barbera, Patrick. Philadelphia: Lippincott Williams & Wilkins; 2008.