Evolution of social skills in nursing interns of a private university in Lima

Evolución de habilidades sociales en internos de Enfermería de una universidad privada de Lima

ABSTRACT
Objective: To determine the evolution of the social skills of nursing students during the internship. Methodology: It was a descriptive, longitudinal study of group evolution. The sample consisted of 37 nursing interns from the 2016-2017 period in whom three measurements were taken: at the beginning, in the middle and at the end of the pre-professional practices; through a Likert Test. Results: At a general level, very high social skills go from 0% at the beginning of the internship to 18.9% at the end of the internship. The dimensions that show the highest development at the very high level are self-esteem (from 2.7% to 29.7%) and decision-making capacity (from 16.2% to 40.5%), followed by anger control (from 8.1% to 24.3%), communication capacity (from 0% to 8.1%) and assertiveness (from 2.7% to 8.1%). Conclusions: Except for a case of low level of decision making and a case of low anger control; all the interns showed favorable evolution in the development of their social skills comparing the beginning and end of internship.

Keywords: Social skills, nursing students, hospital internship, no medical internship.
INTRODUCTION

The training processes in the area of health; especially in Nursing, have as central axes the development of procedural skills and the acquisition of diverse competences through clinical experience, being the clinical practice, the essential part of education and key element in a profession that it develops through human relationships. Professional competence and good practices in students are not linked only to memorization, but above all to clinical reasoning, decision making, problem solving and interpersonal skills; therefore, it is considered pertinent that, within their integral formation, they receive human relations courses.4

According to Caballo, socially skilled behavior is: “That set of behaviors issued by an individual in an interpersonal context that expresses the feelings, attitudes, desires, opinions or rights of that individual in a way appropriate to the situation, respecting those behaviors in others and that it usually solves the immediate problems of the situation while minimizing the probability of future problems.” He, referring to Lazarus, mentions four dimensions of social skills: The ability to say no, the ability to ask for favors and make requests; the ability to express positive and negative feelings; and finally, the ability to initiate, continue and end conversations.5

For the Ministry of Health (MINSA by its acronym in Spanish), social skills help young people acquire the necessary skills for a better human development and to effectively face the challenges of daily life, as well as promote the necessary competitiveness to achieve a transition Healthy towards maturity, favor the understanding of peer pressure and emotion management. For more than a decade, the investigation of interventions that have to do with these specific areas has demonstrated its effectiveness in promoting desirable behaviors, such as socialization, better communication, effective decision making and conflict resolution. Among other social needs, besides communication, are to identify and apply values, the process for proper decision making, anger control and as facilitator to all these skills strengthen levels of self-esteem. For what is required, in each of these topics, a personal, timely and appropriate management.6

Several studies consulted in Portugal, Spain, Mexico and Colombia show deficiencies in the social skills of nursing interns and graduates, with age being a fundamental element for people to be assertive; mention that less than 40% of nursing students have self-esteem, to lavish self-esteem incentives and only 11.4% always or almost always have emotional control, so the concept of self and positive self-esteem are important in the cognitive and affective processes of students; Likewise, in the condition of nursing inmates, they presented levels of anxiety and stress higher than normal, they require the management of their own emotions in relation to empathic involvement, merit programs aimed at training in emotional intelligence; considering that students who show lower values of emotional fatigue and negative affect and higher positive affect, have better levels of psychological well-being and are emotionally smarter.13 In addition, professionals perceive that they have medium level communication skills; nurses mostly state that they need to have emotional skills, especially active listening, empathy and emotional management skills while recognizing that the most outstanding skills to be able to communicate effectively with family members, they are empathy, the use of intelligible information, clear and concise and appropriate to the socio-cultural level of the family member, in addition to adequate intonation, volume and rhythm of voice or non-verbal communication, such as body postures, facial expression or look.15

The situation is similar in Peru. Thus, according to the studies reviewed, the boarding school means an interaction characterized by anxiety and lack of security related to skill deficiency, so that coexistence with the suffering and pain of the person being cared for greatly impacts the subjective side of the inmates.10 It turns out that coping with pain and death is one of the most difficult and stressful tasks. On the other hand, in a private university it was found that 15% of Nursing students have low average self-esteem; while in a National University 34.6% of Nursing interns have the sociability skills in process, 45.4% have in process the ability to ask for favors, 42.6% to express and defend opinions, 48.5% to face criticism, 34.5% to express their emotions and 13.8% have emotional control in process.19

In another national university in the interior of the country, 22% of nursing students have low social skills, 32% have low ability to control aggression, 33% have low level of communication skills and 37% have low capacity for conflict resolution. At another university, a considerable proportion of students present a low-very low level (28%) in communication skills, 41% have in process the ability to ask for favors, 42.6% to express and defend opinions, 48.5% to face criticism, 34.5% to express their emotions and 13.8% have emotional control in process.19

When carrying out the bibliographic review on social skills, it was found that there are numerous problems when defining social skills, since socially skilled behavior depends to a large extent on the specific context or situation in which said behavior takes place. That is, to consider the performance of an individual as socially appropriate or inadequate at a given time, we must address the cultural framework in which one is, since what is considered valid in one culture may not be in another. On the other hand, social skills depend on the characteristics of the individual, their attitudes, values, beliefs, cognitive abilities, which will determine if their performance is unique and exclusive in a specific situation.21

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to identify and apply values, the process for proper decision making, anger control and as facilitator to all these skills strengthen levels of self-esteem. For what is required, in each of these topics, a personal, timely and appropriate management.23

Goroskieta citing Caballo mentions that socially skilled behavior is the set of behaviors issued by an individual in an interpersonal context that expresses the feelings, attitudes, desires, opinions or rights of that individual in a way appropriate to the situation, respecting those behaviors in others and that usually solves the immediate problems of the situation while minimizing the likelihood of future problems. Four behavioral dimensions of social skills have been detected: the ability to say no. the ability to ask for favors and make requests, the ability to express positive and negative feelings; as well as the ability to initiate, continue and end conversations.24

The nurses must be able to establish a respectful relationship with the patient.21 The communication (verbal and non-verbal) is the transversal value of the nursing assistance relationship, since the physical contact accompanied by an accomplice silence, can say a lot more than words.25 The good relations between professional-user of health services contribute, among other things, to increase the effectiveness of treatments, improve adherence to them or increase the preventive behavioral repertoire and the degree of satisfaction of the users. The most desirable behaviors of the group of social skills, which should be part of a continuing training program for health professionals, are skills aimed at: conducting interviews; transmit information and persuade; negotiation skills; assertive and to face difficult situations.26

As a social skill, assertive behavior is considered positive and functional. Assertive behavior is that which implies the direct expression of one’s own feelings, needs, legitimate rights or opinions that do not threaten, punish or violate the rights of others. It is characterized by: authenticity, unconditional acceptance of the other, empathy, cordiality, acceptance, among others. The person or object of the assertive behavior usually obtains benefits, since it receives a clear communication and not manipulative. There is greater satisfaction in social life, greater confidence in oneself and more intimate and significant relationships.22

In communication, language has meaning and word, it is not only what is said, but how it is said. The affective function of communication is of vital importance because through it emotions are transmitted and received, feelings and experiences that give satisfaction or dissatisfaction of needs.27 To achieve good communication it is important to take into account fundamental aspects such as active listening.27

Another social skill considered in the review is self-esteem. It exists in each person, two ways to appreciate himself: a pessimistic and accusatory (tends to see things in a distorted way, filled with negative thoughts); the other is the sound and realistic voice (see things as they are and accept them with realism). Those who have low self-esteem reject themselves, have more difficulty relating to others socially, work and personally, do not adequately develop all their abilities and are often full of negative thoughts about themselves.22

For the mentioned thing; whereas there is currently a growing concern about the quality of nursing care and Humanized care and; however, little attention is paid to the skills that the nursing professional possesses as an indispensable tool for this achievement; just as it is in university education, where we must maximize the potential and qualities that the student possesses so that we provide society with a professional with the necessary skills, especially in the field of social skills; Nursing is a science that is based on the interrelation and communication nurse patient. The study was designed with the objective of determining the evolution of the social skills of the Nursing interns during the pre-professional practices, in a Private University of the Eastern Cone of Lima, Peru during the period 2016-2017.

MATERIALS AND METHOD

The design was non-experimental, descriptive longitudinal level of group evolution; because the changes suffered by the variable were measured by taking different samples from the same population (nursing interns), at the beginning of pre-professional practices, at 6 months and at the end of these practices, by means of description and comparison.

The population was conformed by all the students of Nursing in a Private University of the Eastern Cone of Lima, Peru that entered the boarding school in the year 2016, being 58 internal. The internship lasted twelve months, the first semester lasted 5 months (March to July 2016); while the second semester lasted 7 months (August 2016 to March 2017). The sample calculation formula was applied obtaining a sample of 48 inmates. However, considering the inclusion and exclusion criteria, the actual sample of work consisted of 37 inmates. The non-probabilistic sampling was applied accidentally because it was attended by the inmates who attended the meetings convened on the dates designated for the collection of the information and who met the inclusion criteria. Care was taken to have samples of similar proportion in the three occasions of information gathering.
The technique that was used was the survey. As an instrument, a Likert scale test was used, prepared by the author, consisting of 126 items with positive and negative items to evaluate the five dimensions of the variable, taking as a reference the theoretical basis and Caballo proposals with its instrument for evaluate social and MINSA skills in their manual for social skills assessment. The validity of the instrument was established by criteria of judges where an average of 80% acceptance was obtained. Reliability was obtained through a pilot test to 10 inmates of Nursing in 2015 who were not part of the population. By means of analysis with cronbach's alpha, a reliability of 0.89 was obtained.

The data was collected on three occasions: Start of the internship: application of the instrument during the training or induction to the internship (March 2016); at the change of venue: 4 months after starting the internship, the instrument was applied during a technical meeting (July 2016) and at the end of the internship: The test was applied on the closing date (April 2017).

For the analysis of data, it was started with manual tabulation with code book, to continue with the database design in SPSS version 22, calculation of interpretation scores according to percentiles, analysis with descriptive statistics through frequencies, percentages, average, fashion, by dimension and by variable. It culminated with the presentation of results in graphs and tables.

RESULTS

The greatest variation was observed at the beginning and end of the internship, where the "very high" levels of assertiveness increased from 2.7% to 8.1%, without showing variations in the average level (18.9%). No low levels were observed in any case and the reading made during the internship showed a slight increase in the average level and very high with a decrease in the high level.

Likewise, the self-esteem levels of nursing students show important changes at the beginning, during and end of the internship, where the very high levels varied from 2.7% to 13.5% and 29.7%; at the same time that the average level fell from 43.2% at the beginning to 32.4% at the end.

Graphic 1
Percentage of assertiveness level in nursing interns before, during and after pre-professional practices

Graphic 2
Percentage of communication capacity in nursing interns before, during and after pre-professional practices

Graphic 3
Percentage of self-esteem level in nursing interns before, during and after pre-professional practices
Regarding decision-making capacity, despite the fact that the presence of a low-level case at the beginning and end of the internship draws attention; the most relevant data show important variations at the beginning, during and end of the internship, where the very high levels of decision making varied from 16.2% to 27% and 40.5%; at the same time that the average level dropped from 56.8% at the beginning to 43.2% during and 37.8% at the end of the internship.

Finally, at a general level, the social skills in the Nursing interns showed considerable changes as the average level dropped from 32.4% to 29.7% and the high level from 67.6% to 51.4%; to give rise to the increase of very high levels of social skills from 0% at the beginning to 18.9% at the end of the internship.

In a similar way, although the presence of a case of low anger control at the beginning and end of the internship draws attention, as well as two cases during the same; the most relevant data are those that show the descent of the high levels of anger from 56.8% to 40.5% to give rise to the increase of very high levels of anger control at the beginning, during and end of the internship, where variations are observed from 8.1% to 18.9% and 24.3%; although the average level remains at 32.4% at the beginning and end of the internship.
The results of the study show at a general level, that the social skills of the Nursing interns before, during and after the internship, decreased in the middle level from 32.4% to 29.7% and the high level from 67.6% to 51.4%; to give rise to the increase of very high levels of social skills from 0% at the beginning to 18.9% at the end of the internship, not having found low skills figures. These results coincide with those found by Matos J. (Lima, 2017) where 65.4% of nursing inmates have achieved sociability skills, while 34.6% have them in process. They also differ from Sihuay N. (Huancayo, 2013) who found that 22% of Nursing students presented low social skills, 42% average and 35% high. Taking into consideration Sánchez G. (Spain, 2013) who found that nurses state that it is necessary for them to possess emotional skills, especially active listening, empathy and emotional management capacity. According to the theoretical basis, the MINSA refers that social skills help young people acquire the necessary skills for a better human development and to effectively face the challenges of daily life, thus also promoting competitiveness. For Caballo, the socially skilled behavior is that issued by an individual in an interpersonal context, expresses their feelings, attitudes, desires, opinions or rights in a way appropriate to the situation, respecting those behaviors in others and generally resolves immediate problems of the situation while minimizing the probability of future problems. In relation to the acquisition of social skills, although there is a biological predisposition in the ability of people for social interaction; Most authors argue that the development of social skills depends mainly on maturation and learning experiences. Social skills are normally acquired as a consequence of several basic learning mechanisms. Among them: direct positive reinforcement of skills, modeling or observational learning, feedback and development of cognitive expectations regarding interpersonal situations. Social skills depend on the characteristics of the individual, their attitudes, values, beliefs, cognitive abilities, which will determine if their performance is unique and exclusive in a specific situation. As mentioned, it can be deduced that the nursing internship is an experience for the inmate to consolidate his competences; it is here that the student matures and consolidates the social skills that will positively influence their professional, personal performance and that will affect the satisfaction and humanized attention to the patient. However, this requires that all Nursing graduates have high levels of development of these skills, which is not 100% reflected in this study or the background consulted. While it is true that everyone agrees that skills are at acceptable levels, the facilitating aspects of their development should also be analyzed. Apparently an important aspect is the maturation not only cognitive but also chronological, as well as the experiences lived, which brings up the analysis of the own development of the boarding school.

The social skill that showed the greatest achievements during the internship was self-esteem. Similar results are mentioned by Cruz F. (Mexico, 2012) who concludes that the concept of self and positive self-esteem are important in the cognitive and affective processes of students. As well as Carrasco M, Lozano E (Jaén, 2013)21, Alcazar M., Rivera P., Tovar M. (Colombia, 2014)23, Chávez I. (Lima, 2017)18 and Sánchez, K., Santos L. (Arequipa, 2015)30 found that Nursing inmates have high self-esteem. According to the theoretical basis, having an adequate self-esteem is fundamental for psychic and social health. For the aforementioned, it is satisfactory to observe how the internship improves the self-concept and self-esteem of the new Nurses and that this experience makes them feel more useful, here they become aware of how their actions improve the health and / or well-being of the patients and relatives. The transcendence of the profession influences the levels of self-esteem of the person who exercises it. In this regard, it is necessary to emphasize that the items with the most relevant changes in this dimension at the beginning and end of the internship were those that do not feel happy with their physical appearance (from 16.2% to 5.4%), they can change their behavior when they realize they are wrong (from 24.3% to 40.5%), easily recognize their virtues and qualities (from 27% to 43.2%), I can talk about their fears without feeling “not very brave” (from 2.7% to 16.2 %), never feels incapable of being a good professional (24.3% to 40.5%), is always a happy person (from 18.9% to 37.8%), feels capable of transmitting joy (from 27% to 48.6%) and is feels loved by his friendships (from 16.2% to 48.6%). These data highlight the above, the feeling of happiness, the self-assessment of the ability to be a good professional, feeling accepted; among other points, they play in favor of achieving good professionals who work with quality and warmth, reflecting their own emotional well-being in caring for others.

It is concluded that, except for a case of low level of decision making and a case of low anger control; all the interns showed favorable evolution in the development of their social skills comparing the beginning and end of internship; However, considering the nature of the profession, it is desirable to obtain higher percentages of very high levels. The dimensions that show greater development at the very high level, comparing the start and end of the internship, are the self-esteem and decision-making capacity. The capacity of communication is the dimension that did not show any case of high level at the beginning of the internship, however it showed an increase at the end of it. At a global level, the highest percentages of social skills are at the medium and high levels.


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