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## A study to assess the perception of health care personnel regarding the concept of integration in nursing

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### Abstract

The nursing profession is faced with increasingly complex health care issues driven by technological and medical advancements, an ageing population, increased numbers of people living with chronic disease, and spiralling costs.

**Objectives:** To assess the perception of Health care personnel regarding the concept of integration in Nursing.

**Material & methods:** Research approach adopted was descriptive survey approach. Population were 159 health care personnel's working at various hospitals and Institutions in Maharashtra. Purposive sampling technique was used. Data was collected using structured rating scale which consisted of 3 sections. Section 1 comprising demographic data, Section 2 and 3 consisted 10 questions to assess the perception & attitude of health care personnel regarding the concept of integration in nursing. Tool was developed pre testing and reliability of the rating scale was done.

**Results:** Findings of study showed that majority the 118(74.21%) of respondents had low perception, 41(25.78%) had medium perception and none of respondents had high perception regarding the concept of integration. None of the demographic variables shown significant association with levels of perception. There was significant association between gender, designation and place of residence with attitude of health care personnel's.

**Conclusion:** As the result shows that there is medium to low level of perception between the health care personnel regarding the concept of integration is also unfavorable there is need to find out the barriers of integration in nursing so that it is possible for the liaison of nursing education and nursing services. So that the collaboration can bring out the benefit outcome in the quality care.

**Keywords:** Perception of health care personnel regarding, nursing profession, quality care

### Introduction

The nursing profession is faced with increasingly complex health care issues driven by technological and medical advancements, an ageing population, increased numbers of people living with chronic disease, and spiralling costs. Collaborative partnerships between educational institutions and service agencies have been viewed as one way to provide research which ensures an evolving health-care system with comprehensive and coordinated services that are evidence-based, cost effective and improve health-care outcomes [1].

Nursing education occurs in many settings. Kelly (2007) identified the four main settings as being those of the classroom, the skills laboratory, the clinical area and seminars. Severinsson (1998) indicated that it is in the clinical setting that students have a chance to integrate theory and practice so that they learn and understand the unique nature of nursing as caring. Also affirm that clinical education is a critical link between university education and professional practice which offers a chance for nursing students to apply knowledge attained at the university in the clinical area. Ousey (2000) agrees that the clinical learning environment remains the most essential resource in the development of competent, capable and caring nurses [2].

Cave (2005) pointed out that there is inadequate time to support academic staff in keeping up to date with the latest developments in clinical settings. According to Cave, this poses a challenge, because students may be taught outdated theory which is no longer in line with current practice. Furthermore, nurse academics can rather focus on updating their theoretical knowledge and skills than their capacity to perform as experts; hence they are called „nurse scholars“ rather than „nurse clinicians“ [3].

In the era of quality orientation, human rights and consumer driven society, the quest is for the best quality of education and service. The nursing education in India is expected to provide

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quality education and perform their roles effectively in producing qualified graduates who will meet the needs and expectations of the society [4].

The integration of nursing education and nursing practice is a problem because liaison between educators and service staff is often difficult. Some organizational literature gives pointers to ways education and service may be integrated. The integration of theory and practice is perceived as a cycle, effective nursing care leading to good learning experiences, and effective education leading to effective nursing care [5].

**Material and method**

**Research approach:** Research approach selected for this study is descriptive survey method.

**Research design:** The research design selected for the study is descriptive survey design. The study was carried out for providing an accurate portrayal of assessing the perception and attitude of health care personnel’s regarding the concept of integration in nursing

**Setting of the study:** Various nursing institutes and Hospitals in Maharashtra

**Study subjects:** Graduate staff nurses and clinical Instructor working in clinical side and teaching side in various Institute of Maharashtra.

**Sample Size:** 159 staff nurses

**Sampling technique:** Purposive sampling technique

**Data collection tool:** Structured rating scale to assess the perception and attitude of concept of integration in nursing

**Section A**

Socio demographic data which includes the variables like age, gender, educational status, designation, monthly income, religion, marital status, and the area which they belong to

**Section B**

Consisted of perception rating scale regarding concept of integration in nursing. This part consisted of 10 questions. Perception regarding concept of integration were measured in terms of rating scale

**Method of data collection**

Prior permission was obtained from the Medical Director, and Director of Nursing Services, Krishna Hospital Karad to

collect information and other Nursing Institutions and Hospitals in Maharashtra to conduct pilot study and to conduct main study. The investigator introduced her to the sample. The nature of the study was briefly explained by the investigator to the sample and it was ensured by the investigator that the routines of the ward and academic section would not be disturbed. An informed consent was also obtained from the respondents after proper explanation about the purpose, usefulness and implications of the study and assurance was given about the confidentiality of their responses. The data were collected in the various hospitals and institutions. Respondents were made comfortable and necessary introduction was given prior to the distribution of the rating scale. The questionnaire was administered to respondents and each one took about 20-30 minutes to complete the questionnaire schedule.

**Results:** Majority of 55 respondents strongly agree that theory practice integration means nurses ability to apply theory knowledge into clinical practice. Majority 98 samples agree that health care personnel can be involved in research for integration of theory and practice in nursing profession. 87 respondents agree that personal knowledge and knowledge depend on experience and skills are fundamentals to the integration of theory and practice in nursing profession. Majority of 74 respondents strongly agree that theory and practice to be integrated, some teaching must occur in the clinical setting. 75 respondents agree that ethical knowledge is essential in the integration of theory and practice in nursing profession. 61 samples agree that clinical environment is crucial in the integration of theory and practice Majority of 53 respondents agree that teaching done by subject specialists without nursing knowledge enhances more understanding and application of that knowledge to clinical setting. 88 respondents agree that clinical staff is equally responsible as the educators in ensuring that theory and practice are integrated. Majority of 83 respondents agree that Integration in nursing services will help to bridge the gap between theory and clinical practice to achieve the best practice outcomes. Majority Of 60 respondents agree Nursing teachers do not have any idea what to do when they entered clinical practice.

**Section 1- Description of sample characteristics**

The sample was selected through purposive sampling technique from various Institute and hospitals of Maharashtra. The frequency and percentage of the sample by their demographic characteristics are presented in the following table.

**Table 1:** Distribution of demographic variables of sample

S. No.	Variables	Categories	Number (159)	Percentage (100)
1.	Age (in years)	Mean age	24.01±3.21	00
2.	Gender	Male	18	11.3
		Female	141	88.7
3.	Education	Degree	157	98.7
		Post graduate	02	1.3
4.	Designation	Graduate staff nurse	127	79.9
		Clinical Instructor- Teaching Side	30	18.9
		Clinical Instructor- Clinical Side	02	1.3
5.	Monthly income	Below Rs 20000	149	93.7
		Rs 20001- Rs 30000	08	05.0
		Above Rs 30001	02	1.3
6.	Religion	Hindu	85	53.5
		Hindu	85	53.5
7.	Religion	Muslim	08	05.0
		Christian	66	41.5

		Others	00	
8.	Marital status	Married	02	1.3
		Single	157	98.7
		Widow	00	00
		Divorced	00	00
9.	Place of residence	Urban	113	71.0
		Rural	23	14.5
		Semi urban	23	14.5

**Table 2:** Age wise distribution of subjects

N= 159

S. No.	Age in years	No. of subjects	Percentage
1.	20-30	157	98.74
3.	41-50	02	1.25
	Total	159	

With regards to the age majority of health care personnel 157 (98.74%) were in age group of 20-30 yrs. where as only 02 (1.25%) were in age group of 41-50 yrs.

**Gender**

**Table 3:** Distribution of subjects according to their gender.

N= 159

Gender	No. of subjects	Percentage
Male	18	11.3
Female	141	88.7
Total	159	

With regards to the gender majority of health care personnel 141 (88.7%) were female where as only 18 (11.3%) were male.

**Education**

**Table 4:** Distribution of subjects according to their education.

n= 159

Educational status	No. of Subjects	Percentage
Degree	157	98.7
Post graduation	02	1.3
Total	159	100

With regards to the education the majority 157 (98.7%) health care personnel were degree holders and 02 (1.3%) of them were qualified post graduates.

**Designation**

**Table 5:** Distribution of subjects according to their designation.

n= 159

Designation	No. of subjects	Percentage
Graduate staff nurse	127	79.9
Clinical Instructor- Teaching side)	30	18.9
Clinical Instructor- (Clinical side)	02	1.3

**Place of residence**

**Table 9:** Distribution of subjects according to their place of residence.

N= 159

Place of residence	No. of subjects	Percentage
Urban	113	71.0
Rural	23	14.5
Semi urban	23	14.5

With regard to designation 127 (79.9%) are graduate staff nurse, 30 (18.9%) are clinical instructor working at teaching side and 02 (1.3%) are clinical instructor working at clinical side.

**Monthly income**

**Table 6:** Distribution of subjects according to their monthly income.

N= 159

Monthly Income	No. of the subjects	Percentage
Below Rs 20000	149	93.7
Rs 20001- Rs 30000	08	05.0
Above Rs 30001	02	1.3

With regards to the income of health care personnel 149 (93.7%) were having their income below 20000 Rs per month, 08 (05.0%) were having their income between 20001- 30000 Rs per month and 02 (1.3%) were reported income above Rs.30001.

**Religion**

**Table 7:** Distribution of subjects according to their religion.

N= 159

Religion	No. of subjects	Percentage
Hindu	85	53.5
Muslim	08	05.0
Christian	66	41.5

With regards to religion 85 (53.5%) health care personnel were Hindu, 66 (41.5%) were Christian and 08 (05.0) belongs to Muslim religion.

**Marital status**

**Table 8:** Distribution of subjects according to their marital status.

N= 159

Marital status	No. of subjects	Percentage
Married	02	1.3
Single	157	98.7

With regards to marital status majority 157 (98.7%) of the health care personnel were single and 02 (1.3%) were married.

With regards to the place of residence majority 113 (71.0%) of the respondent were residing in urban area, 23 (14.5%) were residing at rural area, whereas 23 (14.5%) were residing at semi urban area.

**Section 2:** The perception of Health care personnel regarding the concept of integration in nursing.

**Table 10:** Distribution of health care personnel’s perception level regarding the concept of integration.

N=159			
Level of perception	Scores	F	%
High perception (Score above 37)	>75%	00	00
Medium perception (Score 25-37)	50-75%	41	25.78
Low perception (Score less than 25)	< 50%	118	74.21

Above table describes the classification of respondents on levels of perception, 118(74.21%) of health care personnel

were had low perception, 41(25.78%) were had medium perception and none of the respondents had high perception.

**Table 11:** Item wise distribution of health care personnel’s perception level regarding the concept of integration.

S. No.	Items	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Total
1.	Theory practice integration means Nurses ability to apply theory knowledge into clinical practice.	55	71	12	15	06	159
2.	Health care personnel can be involved in research for integration of theory and practice in Nursing profession.	38	98	23	0	0	159
3.	Personal knowledge and knowledge depend on experience and skills are fundamentals to the integration of theory and practice in nursing profession.	36	87	28	5	3	159
4.	For theory and practice to be integrated, some teaching must occur in the clinical setting.	74	63	15	7	0	159
5.	Ethical knowledge is essential in the integration of theory and practice in nursing profession.	43	75	38	3	0	159
6.	The clinical environment is crucial in the integration of theory and practice.	32	61	32	29	5	159
7.	Teaching done by subject specialists without nursing knowledge enhances more understanding and application of that knowledge to clinical setting.	10	53	31	39	26	159
8.	The clinical staff is equally responsible as the educators in ensuring that theory and practice are integrated.	38	88	15	18	0	159
9.	Integration in nursing services will help to bridge the gap between theory and clinical practice to achieve the best practice outcomes.	48	83	22	3	3	159
10.	Nursing teachers do not have any idea what to do when they entered clinical practice.	14	60	28	29	28	159
	Total	388	739	244	148	71	1590

**Table 12:** Mean, median, range SD and mean percentage levels of perception of health personnel regarding the concept of integration.

S. No.	Aspects	Max Score	Range	Mean	SD	Mean %
1	Perception	50	17-31	22.29	3.27	44.58

Above table describes the mean, median, range, SD and mean percentage levels of perception of health personnel regarding the concept of integration. Mean was 22.29 with SD of 3.27, range was 17-31 and mean percentage was 44.58%.

**Discussion**

A two-phase descriptive study conducted to explore the clinical role of the nurse educator. Five educators, five nurses and five students were interviewed about their perceptions of nurse educator's clinical role, as well as what the ideal clinical role of the nurse educator should be. Findings stated that nurse educators allot minimal time to their clinical role. Main reasons cited included workload, perceived lack of control over the clinical area, and diminished clinical competence. Nurse educators who frequented the clinical settings perceived that employment inequities among the various categories of nurse educators played an important role in the amount of time dedicated by each group to their clinical roles, and the importance of individuals in these groups assigned to that role. Participants considered that, when in clinical areas, nurse educators did focus on their students, as they should. However,

they also thought that they often did not take the opportunity to forge links with professional staff.<sup>6</sup>

A study conducted by Esther Hemnalini in India revealed that 78.57% of nurse educators were having favourable attitude towards dual role. The nurse educators from the institution where the dual role exists have more favourable attitude than nurse educators from other institutions. This represents their genuine feeling or a rationalization of their positions <sup>[7]</sup>.

**Conclusion:** As the result shows that there is medium to low level of perception between the health care personnel regarding the concept of integration and the attitude is also unfavorable there is need to find out the barriers of integration in nursing so that it is possible for the liaison of nursing education and nursing services. So that the collaboration can bring out the benefit outcome in the quality care

**Ethical clearance**

The study was approved by the Institutional Committee of Krishna Institute of Medical Sciences, Deemed To Be University Karad,

### **Acknowledgement**

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