



A STUDY ON STUDENT'S FEELING AND ATTITUDE TOWARD FAMILY HEALTH CARE AT FACULTY OF NURSING, ASSIUT UNIVERSITY

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ABSTRACT:

The study aimed to determine students feeling and attitude toward family health care through home visits at Faculty of Nursing, Assiut University. This study was conducted at Faculty of Nursing Assiut University. The total sample size was 136 fourth year students. Self administered questionnaire was designed by the researchers to collect the data needed for the study. It consists of three main parts. The first part was concerned with personal characteristics of study sample. The second part included open ended questions regarding student's feelings before family visits, students' feeling after preparation for family visit and during family visits. The third part included questions about student's feelings after doing family visits, feeling safe during family visits. Also the reasons of their feeling safe and unsafe during family visits. As well as student's willingness to choose community health nursing as a carrier and the reasons for agree and disagree to be a community health nurse. Also attitude scale used to measure students attitude toward benefits of home visit training, importance of pre- field training and the impact of home visit training. Data was collected during the period from the beginning of November 2008 to the end of March 2009. Results of the present study revealed that most of the study sample in the age category 21 to 23 years (61.8%) and (53.7%) of them were resident in rural areas, (49.3%) of their fathers were employees and (76.5%) of their mothers were house wives. Before preparation for family visits (89.0%) had negative feeling. It improved to (86.0%) during home visit had positive feeling and (89.0%) of them had positive feeling after doing family visits. Also the results illustrated that (63.2%) had negative attitude pre training of family visit it improved to (50.0%) had positive attitude during family visits and (62.5%) had negative attitude after family visit training. The results shows that (21.3%) only want to be a community health nurse. The study recommended to develop home care field, nursing scientists of community health nursing and geriatric nursing should make clarify what nurses provide to individuals, families and community.

INTRODUCTION:

Home visiting has been considered a promising strategy for addressing the multiple needs of families. (Peralta N. & Cludia, 2003

and Naughton, 2004). For at least 100 years ago, nurse home visiting has been used as a service delivery strategy to improve the health and well-being of families. Home visiting is an intervention where services are delivered in the

home in an effort to influence parental skills and behaviors, and improve the environment in which children spend most of their time. Trained home visitors provide education to families and link them to resources that support expectant parents or parents with young children. The relationship between the family and home visitor is integral to the success in achieving the goals set together by the family and the home visitor (Rice, 2001).

Community health nurses have engaged in many roles. From the beginning, nurses in this professional specialty have provided care to the sick, taught positive health habits and self-care, advocated on behalf of needy populations, developed and managed health programs, provided leadership, and collaborated with other professionals and consumers to implement changes in health services. The settings in which these nurses practiced varied, too (Grembowski, 2001). The home certainly has been one site for practice, but so too have clinics, schools, factories, and other community-based locations. Today, the roles and settings of professional community health nursing practice have expanded (Cherry & Jacob, 2002).

Older adults experience an average of three chronic health problems at any one time and, on average, use more than 4.5 prescription drugs per person (Volland & Berkman, 2004). Preparing nurses to meet the demands of an aging population with a variety of needs is a challenge for nurse educators. A major obstacle to promoting elder-friendly health care is the lack of nursing student interest in gerontology

(Diachun, *et al.*, 2006) which is directly linked to unfavorable attitudes toward older adults (Morrison, 2004). Public health programs are generally targeted to community wide, population-based prevention strategies, with little attention focused on the home environment as one potential source of transmission of infectious diseases. (Peralta & Cludia, 2003).

Health promotion and disease prevention have traditionally been functions of community health services. Although the vision of this document is for a primary health care approach to become an intrinsic element of health care in all settings, community health services will continue to take a leading role (Commonwealth Department of Health, 2000).

The role of community health services is however, not restricted to the early intervention/disease prevention role. Community-based care is becoming increasingly utilized as an alternative to longer hospitalization (Macklin J, 1999).

The importance of community-based health care for the nursing profession was further acknowledged in the National Review of Nursing Education. The community health nurse usually is trusted and valued by clients, agencies, and private providers. This trust typically affords a nurse access to client populations that are difficult to engage, to agencies, and to health care providers. In the capacity of trusted professional, community health nurses gather relevant client data that

enable them to identify strengths, weaknesses, and needs (Berkowitz, G., 2001).

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Community health nurses wear many hats while conducting day-to-day practice. At any given time, however, one role is primary. This is especially true for specialized roles such as that of full-time manager. This seven major roles: clinician, educator, advocate, manager, collaborator, leader, and researcher. It also describes the factors that influence the selection and performance of those roles (Wurzbach, 2002).

Study rational:

All nurse students were familiar with the care of hospitalized patient but they were not familiar with family health care through home visit. Although Baccalaureate program of Assiut Faculty of Nursing uses family health care through home visits as a part of clinical experience in teaching community health nursing and geriatric health nursing courses. It is important to determine attitude and feeling of students towards family care through home visits to identify if students would have an opportunity to practice essential components of family health care because the family health care through home visits very important especially in rural areas for the upper Egypt community.

Aim of the study:

The main objective of this study is to evaluate students, feeling and attitude toward family health care through home visits at Faculty of Nursing, Assiut University.

SUBJECTS AND METHODS:

Research design: Exploratory study design was used in carrying out the study.

Setting: This study was conducted at Faculty of Nursing, Assiut University.

Subject:

All fourth year student were 160 students divided to 136 student agree to participate in this study, pilot test done on 16 students (10%) who excluded from the study and 8 students refuse to participate in this study.

Sample:

Convenient sample was used in this study. The study aimed to include all fourth year students (total coverage), but actually, included only those who agreed to participate in the study during the academic year 2008-2009. Their number was 136 female students.

Tools of the study:

Tool-I: Self-administered questionnaire was designed by the researchers specifically to collect data for this study. It consisted of three main parts. The first part: was concerned with personal characteristics of students such as student's age, residence, father education, mother education, father and mother job. The second part included open ended questions regarding student's feelings before family visits, Feelings after preparation for family visits. As well as student's feelings during family visits field training. Third part included questions

about students feelings during family visits field training and student feelings after doing family visits. Feeling safe during family visit, open ended questions about the reasons of feeling safe and unsafe during family visits. As well as student willingness to choose community health nursing as a carrier and the reasons for agree and disagree to be a community health nurse.

Tool-II: Attitude scale to measure student attitude toward benefits of home visit training in community health, it consists of 4 statements. Attitude toward importance of pre- field training, it consists of 9 statements and students attitude towards the impact of home visit training, it consists of 5 statements. The responses were on a three-point Likert scale agrees, uncertain, disagree; items were scored 3, 2 and 1 respectively. Responses attitude and feeling about home visit training were recorded and subsequently scored for each students by assessing points for every answer. The scores of the items were summed-up and converted into a percent score. The scoring was reversed for negative statements. The total attitude and feeling were considered high if the percent score was 60% or more and negative if less than 60%.

Data collection:

After getting official clearance for performing the study from the Dean of Faculty of Nursing, Assiut University. Also verbal consent of students to participate in the study

was taken after explaining to them the purpose of the study.

Data was collected during the period from beginning of November 2008 to the end of March 2009. The questionnaire sheet was administered to the students during 30 minutes of a regularly scheduled class period. The investigators gave a brief description of the students before the questionnaire sheet was administered. The investigators asked students were to answer the questions individually as well as students reassured that the information obtained will be confidential and used only for the purpose of the study. The Likert scale modified by the researchers. The responses were on a three points agree, uncertain and disagree instead of five points.

The tools were reviewed by experts in nursing and medical sciences. Pilot tested for assessment of their clarity and applicability. They were their finalized according to experts opinions and based on the pilot study results.

Statistical analysis:

The obtained data were analyzed and tabulated, descriptive statistics as frequencies, percentages, means and standard deviations were calculated using computer SPSS for Windows Ver. 11.0 Chi-square test used to compare differences in distribution of frequencies. Statistical significance was considered at $p\text{-value} < 0.05$.

RESULTS:

Table (1) describes the socio- demographic characteristics of studied sample. Their age ranged between 19-23 years, with most of them in the age category 21 to 23 years (61.8%). Slightly more than half (53.7%) of the sample were resident in rural areas, their fathers and mothers had basic\secondary education, (54.4% and 55.9%) respectively. About half (49.3%) of their fathers were employees and slightly more than three quarters of their mothers (76.5%) were housewife.

Table (2) Shows that the positive attitude of the students (78.7%) were the practical training in community and geriatric health nursing helps them to know the community resources followed by increases their awareness of community health problems (74.3%) and increases their awareness of community socio-economic state (65.4%). Regarding positive attitude of students toward the impact of field training it was clear that community assessment is important as student's responds (72.8%) followed by community assessment improves the relation between family and community (70.6%). Regarding student positive attitude toward importance of pre home visit training the table illustrate that pre home visit training increasing student's awareness of community health problems (75.0%) followed by recognizing family needs of health education (72.8%) and recognizing family needs of nursing care (72.1%).

Table (3) illustrates students feeling during home visits. It is evident that more than three

quarters of students (78.7%) feel they need strong relation with family followed by their feel that work is different from hospital work (75.0%) while (71.3%) of them feel independent during family visit. Also the table shows that more than one quarter (28.7%) of students feel safe during family visit while (71.3%) feel unsafe.

Concerning the willingness of students to chose community health nursing as a career, Table (4) shows that only about one fifth of students (21.3%) want to be a community health nurse, and the most important cause for their choice among (58.6%) were felt the value of the work. While slightly more than half of the sample had no reason for their disagreement to be a community health nurse (54.2%).

The relation between student's attitude and feeling toward home visit training in community and geriatric nursing and their age is presented in Table (5) it shows statistically significant association with students attitude toward field training of community and geriatric health nursing ($P<0.002$) also with and their feeling that work is different from hospital ($P<0.004$).

Table (6) Describes the relation between students attitude and feeling toward family visit training in community and geriatric nursing and their residence. It point to statistically significant association with residence and student feeling before family visit ($P<0.03$). Higher percentage of positive attitude were noticed among rural resident toward their feelings during family visits (90.4%) but there is no statistically significant difference $p=0.11$.

Table 1: Some socio-demographic characteristics of students in the study sample (n=136)

Socio-demographic characteristics	Frequency	Percent
Age (years):		
<21	52	38.2
21+	84	61.8
Range	19.0-23.0	
Mean±SD	20.8±0.7	
Residence:		
Rural	73	53.7
Urban	63	46.3
Father' education:		
Illiterate/read-write	26	19.1
Basic/secondary	74	54.4
University	36	26.5
Mother' education:		
Illiterate/read-write	41	30.1
Basic/secondary	76	55.9
University	19	14.0
Father' job:		
Employee	67	49.3
Manual worker	49	36.0
Retired	20	14.7
Mother' job:		
Housewife	104	76.5
Working	32	23.5

Table 2: Positive attitude toward benefits of practical training, impact of field training and importance of pre-home visit training among students in the study sample

Positive Attitude	Frequency (n=136)	Percent
Toward benefits of practical training in community and geriatric health nursing to students to students:		
• Increases awareness of community socio-economic state.	89	65.4
• Increases awareness of community health problems.	101	74.3
• Helps to know community resources.	107	78.7
• Provides variable cultural experience.	67	49.3
Toward impact of field training:		
• Increases student's respect of community health nursing.	70	51.5
• Field training changed own concepts.	72	52.9
• Community assessment is important.	99	72.8
• Community assessment improves relation between family and community.	96	70.6
• Family and community are interrelated.	34	25.0
Toward importance of pre-home visit training in:		
• Family health promotion.	77	56.6
• Holistic family care.	78	57.4
• Recognizing family needs of nursing care.	98	72.1
• Recognizing family needs of health education.	99	72.8
• Family assessment.	87	64.0
• Increasing student's awareness of health problems.	102	75.0
• Increasing student's awareness of community social aspects.	91	66.9
• Increasing student's awareness of community economic aspects.	88	64.7
• Community assessment.	88	64.7

There is more than one answer

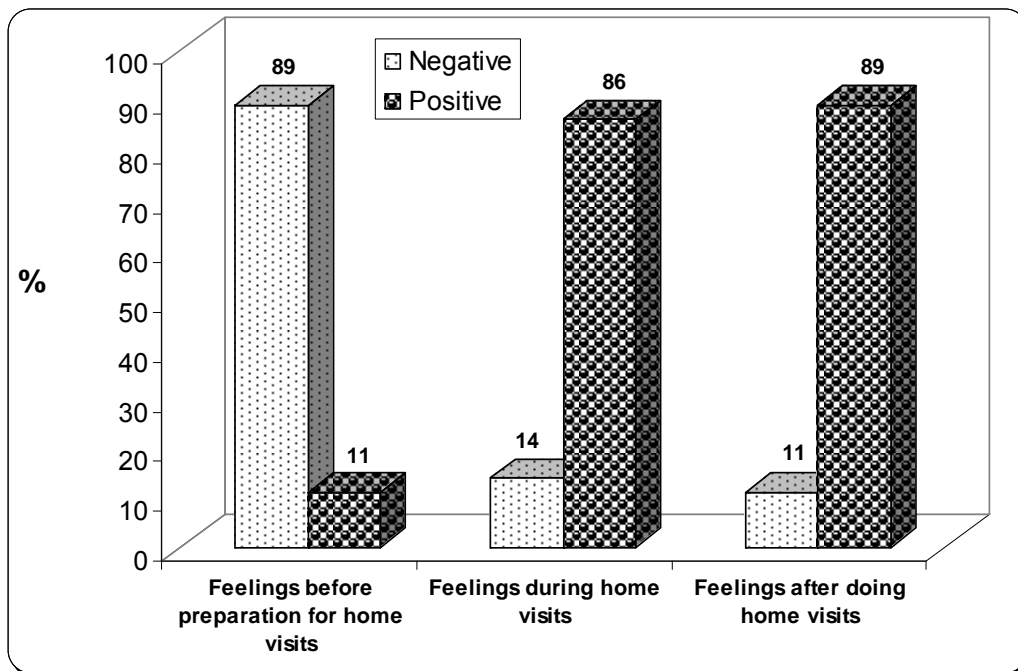


Figure 1: Shows the negative and positive feelings of students before, during and after home visit

Table 3: Feelings of students during home visit

Student feeling	Frequency (n=136)	Percent
Feel independent during family visits.*	97	71.3
Feel work is different from hospital.*	102	75.0
Feel need for strong relations with families.*	107	78.7
Family visits provide opportunities for students:*		
• To practice primary prevention.	85	62.5
• To practice health promotion.	70	51.5
• To practice holistic care.	65	47.8
• To relate family and community health.	88	64.7
Reasons for feeling safe daring visits :	39	28.7
• No reason.	22	56.4
• Presence of tutors.	8	20.5
• People need service.	3	7.7
• Doing beneficial work.	6	15.4
Reasons for feeling unsafe daring visits:	97	71.3
• No reason.	90	92.8
• Do not know traditions.	6	6.2
• Cannot help people.	1	1.0

*More than one answer

Table 4: Willingness to chose community health nursing as a career by the study participants

Items	Frequency (n=136)	Percent
Nurse Students who have willing to be a community health nurse	29	21.3
Reasons for this choice :		
• No reason.	4	13.8
• Felt the value of the work.	17	58.6
• Do something beneficial.	3	10.3
• Help family and community.	3	10.3
• Provide service in various settings.	1	3.4
• Know the community.	1	3.4
Nurse Students who have no willing to be a community health nurse:	107	78.7
Causes of disagreement:		
• No reason.	58	54.2
• Like hospital work.	31	29.0
• Lack of information to help people.	6	5.6
• Exhausting.	12	11.2

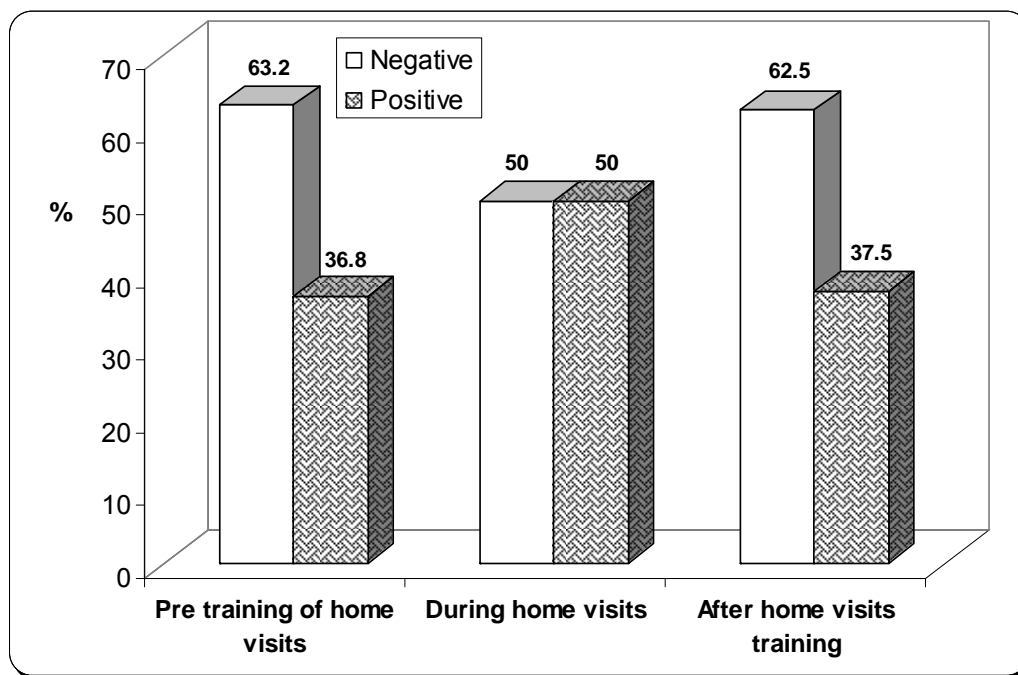


Figure 2: Shows the negative and positive attitudes of students before, during and after home visits

Table 5: Relation between student's attitude and feeling toward family visit training in community and geriatric nursing and their age (n=136)

Items	Age				X ² Test	p-value
	<21		21+			
	No.	%	No.	%		
Attitude toward field training of community and geriatric:						
• Negative (60%+).	24	46.2	61	72.6	9.60	0.002*
• Positive (<60%).	28	53.8	23	27.4		
Feelings before home visits:						
• Negative.	46	88.5	75	89.3	0.02	0.88
• Positive.	6	11.5	9	10.7		
Feelings during home visits:						
• Negative.	10	19.2	9	10.7	1.94	0.16
• Positive.	42	80.8	75	89.3		
Feelings after doing home visits:						
• Negative.	9	17.3	6	7.1	3.38	0.07
• Positive.	43	82.7	78	92.9		
Feel independent during home visits:						
• Disagree.	17	32.7	22	26.2	0.66	0.42
• Agree.	35	67.3	62	73.8		
Feel work is different from hospital:						
• Disagree.	20	38.5	14	16.7	8.14	0.004*
• Agree.	32	61.5	70	83.3		
Feel need for strong relations with families:						
Disagree.	15	28.8	14	16.7	2.84	0.09
Agree.	37	71.2	70	83.3		
Total attitude toward home visits:						
• Negative.	19	36.5	49	58.3	6.10	0.01*
• Positive.	33	63.5	35	41.7		
Feel safe during home visits:						
• Disagree.	44	84.6	53	63.1	7.27	0.007*
• Agree.	8	15.4	31	36.9		
Want to be a community health nurse:						
• Disagree.	48	92.3	59	70.2	9.32	0.002*
• Agree.	4	7.7	25	29.8		

(*) Statistically significant at p<0.0

Table 6: Relation between students attitude and feeling toward home visit training in community and geriatric nursing and their residence (n=136)

Items	Residence				X ² Test	p- value
	Rural		Urban			
	No.	%	No.	%		
Attitude toward field training of community and geriatric:						
• Negative.	47	64.4	38	60.3	0.24	0.63
• Positive.	26	35.6	25	39.7		
Feelings before home visits:						
• Negative.	61	83.6	60	95.2	4.70	0.03*
• Positive.	12	16.4	3	4.8		
Feelings during home visits:						
• Negative.	7	9.6	12	19.0	2.52	0.11
• Positive.	66	90.4	51	81.0		
Feelings after doing home visits:						
• Negative.	7	9.6	8	12.7	0.33	0.56
• Positive.	66	90.4	55	87.3		
Feel independent during home visits:						
• Disagree.	22	30.1	17	27.0	0.16	0.69
• Agree.	51	69.9	46	73.0		
Feel work is different from hospital:						
• Disagree.	14	19.2	20	31.7	2.85	0.09
• Agree.	59	80.8	43	68.3		
Feel need for strong relations with families:						
• Disagree.	13	17.8	16	25.4	1.16	0.28
• Agree.	60	82.2	47	74.6		
Total attitude toward family visit of role of family visits:						
• Negative.	37	50.7	31	49.2	0.03	0.86
• Positive.	36	49.3	32	50.8		
Feel safe during family visits:						
• Disagree.	52	71.2	45	71.4	0.00	0.98
• Agree.	21	28.8	18	28.6		
Want to be a community health nurse:						
• Disagree.	59	80.8	48	76.2	0.43	0.51
• Agree.	14	19.2	15	23.8		

(*) Statistically significant at p<0.05

DISCUSSION:

Since the time of Florence Nightingale, nurses have had family at the forefront of their minds whilst caring for an individual (Wilson 2004). The holistic approach of the nursing model should convey to nurses the importance of the family on the health and the illness of individuals (Friedemann, 2002).

The present study revealed that the age of the studied sample ranged between 19 and 23 years. This results agree with Brenda, (1998) who stated that the vast majority of undergraduate nursing students were female, under the age of twenty three. More than half of the sample were resident in rural areas, more than half of their parents had basic \ secondary education. About half of their fathers were employees and slightly more than three quarters of their mothers (76.5%) were house wife.

Training and information for university nursing students are necessary because it will influence their subjects (Elsevier, 2009).

Regarding to students attitude toward benefits, impact and importance of pre-field training in community and geriatrics; the present study illustrated that most students stated that the practical training in community health nursing helps them to know the community resources followed by about three quarters of them stated that increases their awareness of community health problems followed by their awareness of community socio- economic state among less than three quarters of study sample. These results agree with Elsevier, (2009) who recorded that most of

student had positive attitudes regarding benefits of practical training increasing to vast majority after course completed. These results also agree with Ibrahim *et al.* (1999) who found that the majority of the students thought that nursing provides caring for individuals and give opportunity for employment after graduation.

Regarding the impact of field training it was clear that slightly less than three quarters of students responds that "community assessment is important" as followed by "community assessment improves the relation between family and community". Also the result illustrate that (63.2%) of the students had positive pre- training attitude for importance of field. These results agreed with Rochester, (2008) who found (63.6%) enrolled prior to the home health placements and from (60.0%) of students enrolled after wards.

Home visit enables the nurse to see at first hand the interacting factors that impact the clients health status and considered a promising strategy for addressing the multiple needs of families (Diane and Naughton, 2004).

Concerning the negative and positive feeling of students before, during and after family visits field training the present study shows that, the majority of students (89.0%) had negative feelings as" fear, lack of safety and anxiety" before preparation of them for family visits feelings improved after this feeling of students may be they facing families who were not accustomed to receiving home visits. Also this because the reform students participation was in consistent and they were visiting families in

unknown home environment. This is in the same line with Sharif and Masuomi, (2005) who found that nursing students have a higher level of anxiety, and they had insufficiency in clinical skills up on completion of pre program. These results disagree with Otsuki, (2003) who found that 46% of students did not have complete information about taking part in the course has encouraged family discussion about the subject.

The present study shows improving in students attitude. It was clear that the majority of them had positive attitude as respect, safety and self confidence during family visit. This results in the same line with Rochester, (2008) who reported that in the post course the majority of students agreed that flexibility with regard to their responsibilities and more than half of students were more difficult to visit.

Public health nursing for Moon *et al.*, (2005) who suggested that A collaboration Project to increase the number of nursing students choosing a career in public health nursing and also Curtis, and Shani, (2002) reported that the trends for students to combine work and study has been increasing rapidly over recent years. This was raised the question as to whether the students studies will be adversely affected by their part-time employment.

Concerning the willingness of students to chose community health nursing as a career, the present study shows that only about one fifth of students want to be a community health nurse. While slightly more than half of the sample had no reason for want to be not a community health nurse. The most important cause for student choice community health nursing a

career is felt the value of the work. This result disagree with (Brender, 1998) who reported that the least popular career choices were 4.2% community health nursing. This because the students do not appreciate the value of working in the community but would prefer to be in the hospital where all the action is.

Regarding negative and positive attitude of students before, during and after home visit. The present study illustrate that the negative attitude of student were (63.2%) before family visit. It improved during family visit to (50.0%) had positive attitude and become again (62.5%) after home visit. This related to the faculty member made supervision to students during home visit and gave them feedback on their performance but after home visit may be the parental pressure affect on students attitude. Also some students feel that it is difficult job while some of them have not enough knowledge and they have lack of interested in community nursing.

The present study revealed that the relation between student's attitude and feeling toward home visit training and their age statistically significant association with students attitude toward training of community and geriatric nursing ($P < 0.002$) was observed and feeling the work is different from hospital ($P < 0.004$). This results agree with Charmaine *et al.* (2008) who reported the response rates to the pre-course and post course survey were good. Also the present study in the same line with Rochester, (2008) who stated that in the post course survey most students agreed or strongly agreed.

The present study revealed that the relation between student's attitude and feeling toward home visit training and their residence was clear. It point to statistically significant association with residence and student feeling before home visit ($P < 0.003$). Higher percentage of positive attitude were noticed among rural resident toward their feelings during home visits (90.4%) but there is no statistically significant difference $p = 0.11$. This may be attributed to the students from urban areas felt that home visits unsafe and some of them had negative parental opinions about home visits than students from rural areas while the students from rural areas familiar with the culture, tradition and believes of the rural community.

CONCLUSION:

From the results of this study it was clear that the students have negative feeling and attitude before home visits. Their feeling was improved during and after home visits. While their attitude was improved during home visits and then dropped again after home visits.

RECOMMENDATIONS:

- 1-In developing home care field, the nurse scientists of community health nursing and geriatric nursing should clarify what the nurses provide to families.
- 2-Bachelor program in community and geriatric nursing must increase and produce bright, creative professionals to identify the health needs of individuals, families and community.
- 3-Nurse researchers need to collaborate in this area.

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دراسة شعور واتجاهات طالبات كلية التمريض بجامعة أسيوط تجاه الرعاية الصحية للأسرة

هدى دياب فهمى إبراهيم، سعاد سيد بيومى

قسم تمريض صحة المجتمع - كلية التمريض - جامعة أسيوط

الهدف من هذه الدراسة هو تحديد شعور واتجاهات طالبات كلية التمريض بجامعة أسيوط تجاه الرعاية الصحية للأسرة من خلال الزيارات المنزلية. وقد أجريت هذه الدراسة فى كلية التمريض - جامعه أسيوط. وكان العدد الكلى للعينه 136 طالبة بالفرقة الرابعة. تم استخدام أداتين لجمع البيانات اللازمة لهذه الدراسة، الأداة الأولى اشتملت على ثلاثة أجزاء رئيسية هي:

- الجزء الأول: اشتمل على البيانات الشخصية للطالبات اللاتى تم إجراء الدراسة عليهن.
- الجزء الثانى: اشتمل على أسئلة مفتوحة عن شعور الطالبات قبل الزيارات المنزلية، وشعورهن أثناء الزيارات المنزلية بعد إعدادهن للزيارات المنزلية وأسباب موافقتهن وعدم موافقتهن على أن تكون ممرضة صحة المجتمع.
- الجزء الثالث: اشتمل على أسئلة عن شعور الطالبات بعد عمل الزيارات المنزلية، وأيضاً أسباب شعورهن بالأمان أو عدمه أثناء الزيارات المنزلية، كما اشتملت أيضاً على رغبة الطالبات فى اختيارهن تمريض صحة المجتمع كمهنة لهن بعد التخرج وأسباب موافقتهن على أن تكون ممرضة صحة المجتمع.

أما الأداة الثانية هي مقياس ليكارت لقياس اتجاهات الطالبات عن فوائد التدريب على الزيارات المنزلية، وأهمية التدريب قبل الزيارات المنزلية وتأثيره على الزيارات المنزلية. وتم جمع البيانات خلال الفترة من بداية شهر نوفمبر 2008م إلى نهاية شهر مارس 2009م.

وقد أوضحت النتائج أن (61.8%) من الفئة العمرية 21-23 سنة، (53.7%) منهم من الريف، (49.3%) آباؤهم موظفين، (76.5%) منهم أمهاتهن ربات منزل. قبل الإعداد للزيارات المنزلية (89%) من الطالبات كان لديهن شعور سلبى. وقد تحسن هذا الشعور إلى أن (86%) من العينة قد أصبح لديهن شعور إيجابى أثناء الزيارات المنزلية، (89%) لديهن شعور ايجابى بعد عمل الزيارات المنزلية.

وقد أوضحت الدراسة أيضاً أن (63.2%) من الطالبات لديهن اتجاه سلبى قبل التدريب على الزيارات المنزلية، وقد تحسن هذا الاتجاه إلى أن (50%) من العينة أصبح لديهن اتجاه ايجابى أثناء الزيارات المنزلية، (62.5%) لديهن اتجاه سلبى بعد الزيارات المنزلية مرة أخرى. وقد بينت النتائج أن (21.3%) فقط يردن أن يكن ممرضات صحة مجتمع. وقد أوصت الدراسة بأنه يجب على علماء التمريض فى تمريض صحة المجتمع وتمريض المسنين أن يقوموا بتوضيح ما الذى يجب على الممرضة أن تقدمه للأفراد والأسرة والمجتمع عند الإعداد للزيارات المنزلية.