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Factors That Influence for Pratical Clinical Skill I-IV During Training in The School of Midwife, 2021

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Abstract

Introduction: *Education is a faciliting process of learning, or ocassion of knowledge, ability, value, faith and also incluides the method of education. To reduce maternal mortality rate with 55/100.000 nv and decrease to 218/100.000nv, IMR 44/100.000 Ib, NMR 22/1000 nv in Timor- Leste.* ***Objetive:*** *To know the factors that influence the clinical pratical ability during training at the school of Midwife the Faculty of Medicine Health Science UNTL, in the year 2021.* ***Method:*** *This reseach method uses quantitative analytical methods and cross sectional approximation. Instruments used to collect questionaire data. Analyze this Univariate,Bivariate data and use chi-Square statistics.* ***Results and Discussion:*** *The factors of clinical pratical ability are 30 (78.9%) with p-value (0.000). Students who have minimal atittude and ability are 20 (100) with p-value (0.000). Students who have motivation study and minimal skill are 17 (67.7%) with p-value (0.098). Students who have emotional and minimal skill are 25 (100%) with p-value (0.000).Students who have intellectual capacity and minimal ability are 25 (100%) with p-value (0.000).* ***Conclusion:*** *This study indicate the factors that have an influence on clinical pratical ability are influence students experince, students atittude, sdendents motivation, students emotional and intellectual capacity students*

Keywords: Factors that influence; Experience Students; Atittude Students; Emotional Students; Intellectual Capacity Students;

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Introduction

Education is a facilitating process for learning, not just an accumulation of knowledge, skills, values, beliefs, also including methods used by education to present history, create discussions, teach, provide training, and conduct research. Education is also a crucial building block for a nation's economic and developmental progress. Education can foster social development according to the current context. Social development depends on a strong education system because education teaches how to solve problems with an educational and conscious approach to bring about change. Education leads the way to the future development of the nation, and becomes a light for the nation's future (Nelson, 2016).

School is an educational institution for students to interact socially with their teachers and to become a second home for students. The school is a general institution for students to gain the skills that they need through practical education and training provided by teachers. The learning process is an action that is obtained through training or practice (Soemanto, 2012).

According to a UNESCO report, Finland is the best performing country in education among 120 nations worldwide. Finland has the best education system in the world. The best scores for student performance in science, literacy, and math were achieved by Finnish students in the Programmed for International Student Assessment (PISA) tests. (UNESCO 2012).

According to the UNDP Human Development Index (HDI) launched on 21 September 2018, Timor Leste has made some progress in its global ranking for economic and national development, including health, education, and wellbeing. Education and income in Timor Leste and the territory have been increasing. The country's HDI ranking has improved from 133 in 2016 to 132 in 2018, placing it in the "Medium Human Development" category along with other Asia Pacific nations such as the Democratic People's Republic of Laos, Bangladesh, and Cambodia. Education is an important part of the complex and integrated education program curriculum, especially in achieving the objective of learning programs for graduation. Institutions need to provide good guidance for practical education to ensure quality learning. The Strategic Health Sector Plan (2011 2030) recommends improving the sensitivity and availability of healthcare for all Timorese, particularly for vulnerable groups such as children, women, and the disabled. The mission is to educate healthcare personnel, including doctors, midwives, and nurses, and to guarantee access to quality primary healthcare services for all Timorese.

The objective of the Midwifery Degree Program is to prepare qualified human resources in obstetrics, responding to the Strategic Plan of the Ministry of Health (2011-2030) to reduce maternal mortality rates from 557/100,000 to 218/100,000, IMR: 44/1000 lb, NMR: 22/1000 nv in Timor Leste (DHSTL 2009/10 and DHSTL 2016).

Universidade Nasional Timor Lorosa'e (UNTL) is the only public university in Timor Leste, and it aims to develop human resources, including those in the healthcare sector. The UNTL's vision is to become a center of excellence in education for Timor-Leste. Based on the Health Sector Strategic Plan (2011-2030), it is recommended to improve sensitivity and availability of health services for all Timorese, and the mission is to educate health personnel composed of doctors, midwives, and nurses. The objective of health care is to guarantee access to quality primary health care for the entire Timorese population, focusing on the needs of vulnerable children, women, and groups. There is also a need to develop specialized hospital care. The objective of the Midwifery Degree Program is to prepare qualified human resources in obstetrics to respond to the Ministry of Health's Strategic Plan for 2011 2030 to reduce the maternal mortality rate from 557/100,000 live births to 218/100,000 live births, IMR: 44/1000 lb, NMR: 22/1000nv in Timor-Leste (DHSTL 2009/10 and DHSTL 2016).

The National University of Timor Lorosa'e is the only public university in Timor Leste which aims for the development of human resources, including in health. It is based on the National University of Timor Lorosa'e Statute, Decree Law no.16/2010, with its vision as "An Excellent Centre for Education at all Levels that Exists in Timor Leste." In relation to this vision, the Faculty of Medicine and Health Sciences is legally established as an organizational unit within the National University of Timor Lorosa'e. Based on the National University of Timor Lorosa'e Statute, the vision of the Faculty of Medicine and Health Sciences is to become an excellent center for education in the field of health. Its mission, as stated in Article 3 paragraph 1, is to train and prepare health professionals to contribute to science and technology to serve national development. Article 3 paragraph 2 is to promote and implement scientific research in the field of medicine and health sciences. Article 3 paragraph 4 is to ensure that graduates have mastered knowledge and technical abilities in healthcare science and technology to improve public services. Finally, Article 3 paragraph 5 is to educate and prepare health personnel based on professional ethics.

In 2012, the Higher School of Midwifery began the Course Program for an Academic Degree in Midwifery based on the Statute of the Faculty of Medicine and Health Sciences of 2012 and 2013, to ensure the quality of health services provided to all personnel. This subject is related to how Timorese children can become quality servants of the people with free and equal access to healthcare services, as enshrined in Article 57 of the Constitution of RDTL.

Students gain practical experience to provide care for reproductive health problems for mothers, offspring, and women. After theoretical learning, practical activities are conducted in the ESP FMCS laboratory before clinical practice is decided by ESP FMCS academic staff and UNTL (Curriculum ESP, 2012). Escola Superior Parteira was registered on September 21, 2017, and publicly announced in the Journal of the Republic on July 4, 2018. The National Agency for Academic Assessment and Accreditation

(ANAAA) conducted an evaluation of ESP on September 25 26, 2019, and obtained accreditation with a B category (77%) in December 2019. Based on the ANAAA result (2019), the recommendation for curriculum review was that students should always practice clinical I IV in accordance with the ESP curriculum, and the administration and financial system of FMCS UNTL should follow UNTL academic regulations article 50/2014 on graduation and conducted regularly yearly.

To obtain good learning results for professional midwifery health, the Bloom Taxonomy Model must be applied, by dividing it into three parts: Cognitive Domain (intellectual capacity, knowledge or "thinking"), Affective Domain (feelings, emotions, and behavior, attitude or "feeling") and Psychomotor Domain (manual and physical skills, abilities or 'doing'). (Clinical Practice Manual IV, 2018) The application of the Bloom Taxonomy Model has been integrated into the curriculum of the Superior School of Midwifery to use during the learning process. The curriculum of the Superior School of Midwifery usually covers two parts, theory, and practice.

General theory courses are taken in semesters I and II, while theory and practice courses are taken in semesters III, IV, V, VI, and VII. Clinical Practice I is a clinical profile practice taken in semester III for 10 credits, Clinical Practice II is basic practice fundamentals taken in semester IV for 10 credits, Clinical Practice III is specific practice for physiological obstetric care based on the 7 stages of Hellen Varnney, taken in semesters V and VI for 12 credits, Clinical Practice IV is specific practice for obstetric care based on the 7 stages of Hellen Varnney in obstetrical pathology or emergency obstetric care taken in semesters VI VII for 14 credits, and Clinical Practice V is community obstetric practice taken in semesters VII VIII for 15 credits. At the end, a monograph proposal and completion are required in semester VIII IX for 30 credits (ECTS), (Clinical Practice Manual IV, V, 2018). The competency of specializing in physiology and pathology in obstetric management (Midwifery Care Plan) has been defined in the curriculum of the Superior School of Midwifery. Therefore, the Clinical Practice Manual III and IV must be applied comprehensively by students to achieve the practice competence in physiology and pathology based on the 7 stages of Hellen Varnney. The aim of clinical practice implementation is to achieve the competence of practicing special.

Method

This research method is a quantitative analytical method with a cross-sectional approach. The research was conducted at the Higher School of Midwifery, Dili, in 2021, starting on the 6th of December, 2021. The population for this research was 70 years old students at the FMCS, National University of Timor Lorosa'e, with a total of 149 students. The technique for collecting the sample in this research was probability sampling based on counting. The total sample consisted of 149 students from classes A, B, and C, and purposive sampling was used.

The independent variables in this research were "competence, ability, experience, attitude, motivation, emotional, and intellectual capacity," while the dependent variable was "Clinical Practice ability." The instrument for collecting data was a questionnaire, and the bivariate data analysis was performed using the SPSS program to analyze the chi-square.

Result and Discussion

Result

Table 1

Distribution of respondents based on age groups

No	Age group	Frequency	Percentage (%)
1	<21	12	20%
2	>21	48	80%
Total		**60**	**100**

Source: Study Results, 2022

Based on table 1 the research results indicate that out of the 60 respondents, most of them, 48 (80%), were aged over 21. 12 (20%) of them were aged under 21

Table 2

Distribution of respondents based on gender

No	Gender	Frequency	Percentage %
1	Female	60	100
Total		**60**	**100**

Source: Study Results, 2022

Based on table 2 and out of the 60 respondents, the research results indicate that all were females (100%)

Table 3

Distribution of respondents based on their residence location

No	The people residence with	Frequency	Percentage (%)
1	Singles	17	28.3
2	Older brother or sister	14	23.3
3	Uncles or aunts	14	23.3
4	With family	14	25.0
Total		**60**	**100**

Sources: Study Results, 2022

Based on Table 3 Research results, it shows that out of respondents, 60 who residence single total 17 (28,3%), for who residence at home with family total 14 (25,0%) for who residence with older brother or sister 14 (23,3) and for who residence with uncle or aunt total 14 (23,3).

Table 4

Distribution of respondents based on student experience in clinical practice skills during training

No	Experience	Frequency	%
1	Good experience	22	36,7
2	Less experience	38	63,3
Total		**60**	**100**

Based on Table 4 research results, it shows that out of 60 respondents, 22 (36.7%) had good experience, and 38 (63.3%) had less experience.

Table 5

Distribution of respondents based on student attitudes towards clinical practice skills during training.

No	Attitudes	Frequency	%
1	Good attitude	40	66,7
2	Less attitude	20	33,3
Total		**60**	**100**

Based on Table 5 research results, it shows that out of 60 respondents, 40 (66.7%) had a good attitude, and 20 (33.3%) had a less attitude.

Table 6

Distribution of respondents based on student motivation to study clinical practice skills during training.

No	Motivation Studies	Frequency	%
1	Good Motivation to Study	32	53,3
2	Less Motivation to Study	28	46,7
Total		**60**	**100**

Based on table 6, the research results show that out of 60 respondents, 32 (53.3%) have good motivation to study, while the remaining 28 respondents (46.7%) have less motivation to study.

Table 7

shows the distribution of respondents based on their emotional student for clinical practice during training

No	Emotional student	Frequency	%
1	Good Emotional Student	35	58,3
2	Less Emotional Student	25	41,7
Total		**60**	**100**

Based on table 7, the research results show that out of 60 respondents, 35 (58.3%) have good emotional student for clinical practice during training, while the remaining 25 respondents (41.7%) have less emotional student.

Table 8

shows the distribution of respondents based on their intellectual ability for clinical practice during training.

No	Intellectual Capacity	Frequency	%
1	Good Intellectual Capacity	35	58,3
2	Less Intellectual Capacity	25	41,7
Total		**60**	**100**

Based on table 8, the research results show that out of 60 respondents, 35 (58.3%) have good intellectual ability for clinical practice during training, while the remaining 25 respondents (41.7%) have less intellectual ability

Bivariate Analysis

Table 9

shows the influence of student experience on their ability for clinical practice during training in the School of Midwifery in the year 2021

No	Experience	Ability Practice Clinic		Total	p-value
		Good ability	Less ability		
1	Good experience	22 (100%)	0 (0.0%)	22 (100%)	0.000
2	Less experience	8 (21.1%)	30 (78.9%)	38 (100)	
Total		**30**	**30**	**60**	

*Using Fisher exact test

Based on table 9, students with good experience and good ability together are 22 (100%). Students with less experience but good ability are 8 (21.1%), while those with less experience and less ability together are 30 (78.9%).
The chi-square statistical test confirms the significant influence experience student ability (p-Value:0.000).

Table 10

that shows the influence of student attitudes towards clinical practice ability during their training at the midwifery School in 2021.

No	Attitudes	Ability Practice clinic		Total	p-value
		Good ability	Less ability		
1	Good attitudes	30 (75%)	10 (25%)	40 (100%)	*0.000
2	Less attitudes	0 (0.0%)	20 (100%)	20 (100%)	
Total		**30**	**30**	**60**	

*Use fisher exact test

The table 10 includes the number of students with positive and negative attitudes, good and weak clinical practice abilities, and the p value. Based on this table, 30 (75%) of the students had a positive attitude and good clinical practice ability. There were no students with a negative attitude but good clinical practice ability. However, 20 students (100%) had negative attitudes and weak clinical practice ability. The statistical chi square test showed a significant influence of student attitudes on clinical practice ability (p value: 0.000)

Table 11

showed no significant influence of student motivation in studying on clinical practice ability during their training at the Midwifery School in 2021.

No	Motivation in Studying	Ability Practice clinic		Total	p-value
		Good ability	Less ability		
1	High motivation in studying	19 (59.4%)	13 (40.6%)	32 (100%)	0.098
2	Low motivation in studying	11 (39.3%)	17 (60.7%)	28 (100%)	
Total		**30**	**30**	**60**	

The table 11 showed the number of students with good and weak clinical practice abilities and their levels of motivation in studying. Based on the table, 19 (59%) of the students had high motivation in studying and good clinical practice ability. On the other hand, 17 (67.7%) of the students had low motivation in studying but good clinical practice ability.

The statistical chi square test showed no significant influence of motivation in studying on clinical practice ability (p value: 0.098).

Table 12

showed the influence of student emotions on clinical practice ability during their training at the Parteira School in 2021

No	Emotional	Ability Practice clinic		Total	p-value
		Good ability	Less ability		
1	Good Emotional	30 (85.7%)	5 (14.3%)	35 (100%)	0.000
2	Less Emotional	0 (00%)	25 (100%)	25 (100%)	
Total		**30**	**30**	**60**	

Showed that 30 (85.7%) of the students with positive emotions had good clinical practice ability, while none of the students with negative emotions had good clinical practice ability. All 25 students (100%) with negative emotions had weak clinical practice ability. The statistical fisher exact test showed a significant influence of emotions on clinical practice ability (p-value: 0.000)

Table 13

Shows the influence of students' intellectual capacity on their clinical practice ability during training at the Higher School of Midwifery in 2021

No	Intellectual capacity	Ability Practice clinic		Total	p-value
		Good ability	Good ability		
1	Good Intellectual capacity	30 (85.7%)	5 (14.3%)	35 (100%)	0.000
2	Less Intellectual capacity	0 (00%)	25 (100%)	25 (100%)	
Total		**30**	**30**	**60**	

Fisher exact test

Students with good intellectual capacity and practice ability together accounted for 30 (85.7%) of the total, while students with poor intellectual capacity and good practice ability were not found, However, there were 25 (100%) students with poor intellectual

capacity and practice ability. The discussion section further explores the influence of students' clinical experience on their practice ability during training. The results of a chi square test showed that there is a significant correlation between students' clinical experience and their practice ability (p-value: 0.000)

Discussion

Influence of student experience on clinical practice ability during training

Based on Table 1, the students with good experience and good ability were 22 (100%). Those with less experience but good ability was 8 (21.1%), and those with less experience and ability were 30 (78.9%). Chi square statistical tests showed a significant influence of student experience on clinical practice ability (p value: 0.000).

The research results suggest that students with less experience may have a negative impact on their knowledge, as they may struggle to understand the material learned during their clinical practice.

This is in line with the findings of Zwel Matenek in Wibowo, 2010; 269, and Wiwi Auqutiat in 2017, who highlighted the significant influence of individual confidence and values on competencies. Individual behavior can also affect the confidence of oneself and others. It is easier to perform tasks that one believes they can do. Experience can also aid or confidence in undertaking activities, as it provides learning opportunities and is easy for individuals to internalize competency comes through practice.

The results of statistical tests on student experience show that becoming pregnant is a factor that can determine or shape a person's behavior towards practice. Knowledge is a result of learning and detection from a person's existing knowledge. In the cognitive domain, "know" means to remember what has been learned, "comprehend" means the ability to explain and apply means the skill to demonstrate all the knowledge. Evaluation is related to the ability to conduct research on the material. (Notoatmodjo, 2010)

Influence of student ability on clinical practice ability during training

According to Table 2, 30 out of 30 (75%) students with good attitudes also have good skills. There were no students with good skills but poor attitudes. Students with poor attitudes also had poor skills, accounting for 20 (100%) of the total. Chi square statistical tests indicate a significant relationship between student attitude and clinical practice skills (p value: 0.000). The research results indicate that students with poor attitudes will have an impact on their ability to adapt to the environment and may not try to change their attitude or follow regulations necessary for successful studying.

The result of this research is also like the findings of Zwel's intelligence test in Wibowo, 2010; 269, mentioned by Wiwi Auqutiat, 2017, which states that attitude does not bring about change in individuals. Attitude also influences the way to solve problems in activities and adapts to the environment to gain competence. Looking at the statistical test results on student attitudes, it is considered a preparation for action but not necessarily

for specific motivation. Additionally, attitude functions as an honest or easy practice or secret action (Notoatmodjo, 2010).

Influence of student motivation on clinical practice ability during training,

Based on Table 3, 19 out of 32 (59%) of students with good motivation and ability, 11 out of 28 (39.3%) of students with low motivation but good ability, and 17 out of 25 (67.7%) of students with low motivation and ability. Statistical test chi square showed no significant influence of good study motivation on clinical practice ability (p value: 0.098). Thus, the research results indicate that most students with both good motivation and ability were not affected by students with low motivation but good ability.

The results of this research are like the learning outcomes of Zwel in Wibowo, 2010;269, as mentioned by Wiwi Auqutiat, 2017, stating that motivation encourages people to perform activities. Motivation is also a psychological factor that influences student learning activities. Motivation always encourages students to learn and is caused by persistent, serious, and creative actions. Besides, motivation is also a force that supports individuals to achieve their goals based on their maximum study performance. According to statistical test results about student motivation, the action level of practice is perception, respondent, adaptation, confidence, confidence, and values (Notoadmodjo, 2010)

Emotional influence on student practical ability during training

Based on Table 4 A total of 30 (85.7%) students with good emotional and practical abilities were identified. There are no students with good skills but less emotional stability. This shows that students with less emotional stability also have lower adaptability and confidence. The statistical chi square test shows that emotional influence on student clinical practice ability is significant (p value: 0.000).

Thus, the research results show that emotional conditions also significantly influence activity. Emotional stability can affect competence. The study of statistical test results about the emotional state of students shows that emotions and individual characteristics influence the competence level. (Michael Zwell iha Wibowo, 2007)

Intellectual capacity influence on student practical ability during training

Based on table 5 the student with good intellectual capacity also has good clinical practice skills total 30 students (85.7%). There is no student who has a lower intellectual capacity and good practice skills, which means that students who have a lower intellectual capacity also have lower clinical practice skills total 25 students, (100%). The chi square statistical test shows that there is no significant influence of intellectual capacity on clinical practice skills (p value: 0.000). However, research shows that students with lower intellectual capacity may have an influence on intellectual, cognitive analytical thinking, and ability. This study is like the research of Matenek Zwel in Wibowo, 2010;269, and

Wiwi Auqutiat, 2017, which suggests that competence also influences intellectual, cognitive analytical thinking, and ability. Intellectual level influences the learning process and increases competence. Moreover, the results of the statistical test on the intellectual capacity of students indicate that experiences play a significant role in competence for studying. (Michael Zwell in Wibowo, 2007).

Conclusion

Based on the research results conducted, the following conclusions can be made, Students' experience has a significant influence on their clinical practice ability in I IV during training. Students' experience has a lower significance (p value 0.00), Students' attitude has a significant influence on their clinical practice ability in I IV during training. Students' attitude has a lower significance (p value 0.000), Motivation to study does not significantly affect students' clinical practice ability in I IV during training.

Study motivation has a lower significance (p value 0.98), Students' emotions have a significant influence on their clinical practice ability in I IV during training. Students' emotions have a lower significance (p value 0.000), Students' intellectual capacity has a significant influence on their clinical practice ability in I IV during training. Intellectual capacity has a lower significance (p value 0.000).

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