

**CONSTRAINTS MILITATING AGAINST THE IMPLEMENTATION OF NURSING  
PROCESS IN IMO STATE UNIVERSITY TEACHING HOSPITAL ORLU.**

Vincent C. C. N.<sup>1</sup>, Asodike Maria C.<sup>1</sup>, Naze Ngozi S.<sup>1</sup>, Echendu Gloria E.<sup>1</sup>, Iwuchukwu Itar<sup>1</sup>, Udemba Nkeiruka<sup>1</sup>,  
Obeagu Emmanuel Ifeanyi<sup>2\*</sup>, Ibebuike J.<sup>1</sup>, Amadike J. N.<sup>1</sup> and <sup>1</sup>Nwagwu Solomon A.J.

<sup>1</sup>Department of Nursing Sciences, Imo State University, Owerri, Imo State, Nigeria.

<sup>2</sup>Department of Medical Laboratory Science, Imo State University, Owerri, Imo State, Nigeria.

\*Corresponding Author: Obeagu Emmanuel Ifeanyi

Department of Medical Laboratory Science, Imo State University, Owerri, Imo State, Nigeria.

Article Received on 17/04/2021

Article Revised on 07/05/2021

Article Accepted on 27/05/2021

**ABSTRACT**

Nursing process is a standardized language in Nursing and a frame work for quality patient care yet not all Nurses in major hospitals have adopted it. This study is on the constraints militating against the implementation nursing process in Imo State teaching hospital Orlu, Imo State, Nigeria (IMSUTH). Cross-sectional study was adopted for the study with two objectives. The target population comprises of 204 nurses working at the hospital at the time of the study July-August 2019. Sample size of 150 was statistically determined by the Taro Yamane formula. The instrument of data collection was a structured questionnaire which was validated and a pilot study carried out before distribution. Data was presented using tables, bar charts and analyzed using descriptive statistics of frequencies and percentages. The findings revealed that time consuming (72%) and laziness (73.3%) ranks most amongst individual factors while lack of manpower (97%) lack of electronic information record (92%), Lack of materials for documentation(85.3%) and lack of support/supervision by senior officer (81%), ranks most amongst institutional factors militating against effective implementation of nursing process in IMSUTH. Recommendation were made on the need for education and re- training of nurses with management support in providing the necessary materials that will promote and improve the implementation of nursing processes in Imo State Teaching Hospital Orlu, Imo State.

**KEYWORDS:** *Constraints, militating, implementation, nursing process.*

**INTRODUCTION**

One characteristic that defines a profession is the creation of a unique body of knowledge and related skills to guide its practitioners. In the nursing profession, the development of a distinct body of nursing knowledge is an ongoing process. The mission of nursing has always been directed to keep people healthy and provide care, comfort, and assurance to patients.

During our clinical experience at Imo state University Teaching Hospital Orlu, Imo State (IMSUTH) from July – August 2019, we interacted with our patients and the nurses and discovered that nursing process approach is yet to be adopted by IMSUTH nurses in the care of their patients.

Nursing process is a systematic problem-solving approach used to identify, prevent and treat actual or potential health problems and promote wellness. It is defined as a systematic approach to care using the fundamental principles of critical thinking, client-centered approaches to treatment, goal-oriented tasks,

evidence-based practice (EDP) recommendations, and nursing intuition (Karttunen *et al.*, 2019).

Nursing process was initially an adapted form of problem-solving technique based on theory used by nurses every day to help patients improve their health. The process is divided into six distinct steps which emphasize on the essential activities that must be taken to address client's nursing diagnoses and manage any collaborative problems or complications The six steps include assessment, nursing diagnosis, outcome identification, planning, implementation and evaluation (Alfraro-Lefevre, 2016).

Many nurse researchers and theorists are in agreement that nursing process is a scientific method of delivering holistic and quality nursing care. Therefore, its effective implementation is critical for improved quality nursing care .When the quality of nursing care is improved, visibility of nurse's contribution to patients health outcomes becomes distinct. In this way nurses can justify

the claim that nursing is a science and an independent profession (Carole *et al.*, 2015).

For many years, the nursing process has provided framework for the delivery of nursing care, and proved to be a yardstick of measuring quality nursing care. It is a means for nursing to fulfill scientific methodology and autonomy as a profession. As a process of critical thinking, it requires gathering data, analyzing and interpreting data, making judgments, setting goals, establishing priorities, selecting appropriate interventions, implementing these interventions and evaluating the outcomes to determine if the plan has been effective (Seratie *et al.*, 2014).

Nursing process is a multipurpose approach that enables nurses to perform their activities with logical justification. It safeguards the right of both the patient and the nurse. The utilization of the nursing process validates the extent of the role of nurses which is crucial to patient care. Gone are the days that people view just the medical care as pivotal to patient recovery, nursing care is now inclusive because of the increase in accountability of the nurse as a care provider. Nursing has always been directed to keeping people.

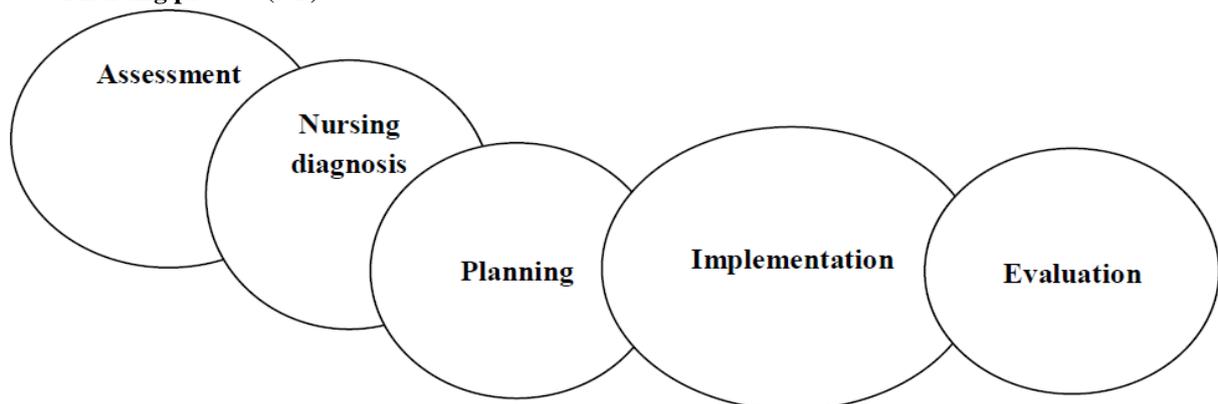
Nursing care involves a number of activities ranging from carrying out complicated technical procedures to something as simple as holding hand of the patient. The central focus of nursing care is the person receiving care and included the physical, emotional, social and spiritual dimensions of that person. Nursing care, therefore, refers to care of others. Critical thinking skills play a vital role as we develop plans of care for these patients population with multiple comorbidities and embrace this

challenging health arena (Toney-Burtle and Thayer, 2019).

Globally, the nursing process has been adopted in various patient care settings. Many Nursing Departments are teaching the nursing process according to the taxonomy of North American Nursing Diagnosis Association International (NANDA-1). The concept of the nursing process was initially implemented in the medical/surgical ward and was gradually used in other care areas. Since that time continuing education programmers' have been developed to educate nurses regarding the nursing process. Effective use of the nursing process depends on a nurse's knowledge, familiarity with standardized nursing diagnosis terminology, evidence based practice, and ability to evaluate patient response to intervention (Ojewole and Samole, 2017).

Historically, the nursing process was first used by Lydia Hall in 1955. In the late 1950s and early 1960s, other nurses began using the term to define the steps used for decision making while initiating and providing patient care. The Nursing and Midwifery Council of Nigeria adapted the nursing process over two decades ago to be used by nurses in clinical and educational settings. A systemic review of research findings on the utilization of nursing process is limited especially in Nigeria. The challenges for many institutions is to help nursing staff refine their understanding of the nursing process, to accurately identify patient problems and develop appropriate care plans without majorly evaluating the implementation process and levels of integration into daily practice (Zamanzadeh *et al.*, 2015).

### Phases of nursing process (NP)



Nursing process comprises of five systematic but dynamic steps to adequately determine the best approach to implementing the best care available.

#### 1. Assessment

Assessment is the first step in the nursing process and includes collection, verification, organization, interpretation, and documentation of data.

Nursing assessment (NA) is the gathering of information about a patient's physiological, psychological, sociological and spiritual status by a licensed Registered Nurse. Prompt recognition of pertinent changes along with the skills of critical thinking allows the nurse to identify and prioritize appropriate interventions (Bates and Barbara, 2015).

The method of NA includes: patient interview/ history taken, physical examination, review of relevant record and laboratory investigation

#### Assessment involves several steps

- Collecting data from various sources
- Validating the data
- Organizing data
- Categorizing or identifying patterns in the data
- Making initial inferences or impressions
- Recording or reporting data.

Data are collected from a variety of sources which include, the primary source of data (the major provider of information about self) and secondary sources which includes family members, other health care providers, and medical records. Two types of information are collected through the assessment component: subjective and objective.

Subjective data are data from the client's point of view and include feelings, perceptions and concerns.

Objective data are observable and measurable data that are obtained through both standard assessment techniques performed during the physical examination and diagnostic tests.

Data that are collected must be organized to be useful to the health care professional collecting the data as well as others involved with the client's care. There are a number of organizing frameworks for collection of data for example, Gordon's Functional Health Patterns. Many health care agencies use an admission assessment format, which assists the nurse in collecting data in specific categories of functioning.

## 2. Nursing diagnosis (ND)

The second step in the nursing process involves further analysis (breaking the whole down into parts that can be examined) and synthesis (putting data together in a new way) of the data that have been collected. Formulation of the list of nursing diagnoses is the outcome of this process.

ND is a clinical judgment concerning human response to health condition/life processes or vulnerability for that response by an individual, family, groups or community (NANDA I, 2017).

#### Types of nursing diagnoses

Analysis of the collected data leads the nurse to make a diagnosis in one of the following categories:

- Actual problems (Indicates that a problem exists).
- Potential problems (Including those where risk factors exist and there are possible problems).
- Wellness conditions.
- Syndrome diagnosis- Clinical judgment describing a specific cluster of nursing diagnosis that occurs together.

- Collaborative problems.

The list of nursing diagnoses is not static. It is dynamic, changing as more data are collected and as client goals and client responses to interventions are evaluated.

## 3. Planning

This is the third step of the nursing process and includes the formulation of guidelines that establish the proposed course of nursing action in the resolution of nursing diagnoses and the development of the client's plan of care. The planning phase involves several tasks:

- The list of nursing diagnoses prioritized.
- Client-centered long- and short-term goals and outcomes are identified and documented.
- The entire plan of care is recorded in the client's record.
- Specific interventions are developed.

Once the list of nursing diagnoses has been developed from the data, decisions must be made about priority.

Maslow's framework can be used to prioritize needs with those diagnoses involving life-threatening situations given the highest priority.

Client-centered goals are established in collaboration with the client whenever possible. Goals are broad statements that describe the intended or desired change in the client's behavior. Goal statements refer to the diagnostic label (or problem statement) of the nursing diagnosis. Client-centered goals assure that nursing care is individualized and focused on the client.

**Nursing outcomes (NOC):** These are expected outcomes with specific objectives related to the goals and are used to evaluate the nursing interventions. They must be measurable, have a time limit, and be realistic.

**Nursing intervention (NIC):** Is the activity that the nurse will execute for and with the client to enable accomplishment of the goals.

For each nursing diagnosis there may be a number of nursing interventions. Nursing interventions are individualized and are stated in specific terms. As the nurse interacts with the client, assesses responses to interventions, and evaluates those responses, interventions may change.

## 4. Implementation

The fourth step in the nursing process is implementation. Implementation involves the execution of the nursing plan of care derived during the planning phase. It consists of performing nursing activities that have been planned to meet the goals set with the client.

Implementation involves many skills. The nurse must possess psychomotor skills, interpersonal skills, and critical thinking skills to perform the nursing interventions that have been planned. The

implementation step also involves reporting and documentation.

Data to be recorded include the client condition prior to the intervention, the specific intervention performed, the client response to the intervention, and client outcome.

### Evaluation

Evaluation, the fifth step in the nursing process, involves determining whether the client goals have been met, partially met, or not met. If the goal has been met, the nurse must then decide whether nursing activities will cease or continue in order for status to be maintained. If the goal has been partially met or not been met, the nurse must reassess the situation. Evaluation is an ongoing process. Nurses continually evaluate data in order to make informed decisions during other phases of the nursing process.

### Benefits of nursing process

The nursing process is an important aid in the treatment of patients. In turn it creates a systematic care approach which with the inclusion of the other health care professionals allows the patient the best route to full fitness. When used effectively, the nurse planning process offers many benefits to the health care environment which includes:

#### ✓ Promotes Improved Quality and Continuity of care

The nursing process is recognized to be highly effective in promoting quality of care. A client entering the health care continuum receives a thorough initial assessment. The needs of the client are identified. A care plan is developed and communicated to other health care professionals, so care is coordinated and ongoing. The client is continuously monitored for changing needs, and the plan is evaluated for accuracy. The nursing process is a systematic problem solving approach used to identify, prevent and treat actual potential health problems and promote wellness. The nursing process demonstrates Nursing function through the use of science, art, humanity and skills, a combination that is unique and cannot be replicated.

#### ✓ Ensures Quality and Individualized care

Nursing process is client oriented (humanistic care). The plan to care is developed and implemented taking into consideration the unique needs of the individual client. Plan of care therefore, is individualized (no two persons has the same health needs even with the same health condition /illness) to each client's particular needs. In providing care, it involves respect of human dignity.

#### ✓ Increases Job Satisfaction, Planning and Provision of care

It is essential to document nursing role in the provision of comprehensive quality patient care. Providing care via the use of nursing process increases the quality of care and in turn, increases the level of satisfaction in

individuals who receive care. It also promotes consumer satisfaction.

#### ✓ Helps people Understand What nurse do

Nursing process provides a means of assessing nursing economic contribution to the totality of patients care. It sets a global standard upon which nursing care can be audited.

#### ✓ Promotes collaboration

The nursing process promotes collaboration (communicating with other disciplines to solve a problem). Nursing process is a means of unifying nursing practice. It enables the nurse communicate about professional topics with colleagues from all clinical specialties and practice setting. In the clinical setting, the patient or client who requires the healthcare services is the pivot upon which the various professionals from different specialties carry out their work. Nursing process therefore requires shared planning, decision making, problem solving, goal setting, and assumption of responsibilities by nurses who work together cooperatively and with open communication. As an essential part of contemporary practice, the nursing process helps the nurse collaborates and coordinate the activities of other professionals ensuring synchronous relationship for patient's maximum benefits.

#### ✓ Prevention of Omission and Duplication

The nursing serves as a guide, ensuring deliberate steps are taken that help avoid omission, duplication and premature conclusion. It provides a framework for which nurses use knowledge and skill to express human caring and to help clients meet their needs.

#### ✓ Promotes and Encourages client participation

The nursing process is client-centered; meaning care is focused on the client. The nurse organizes the care plan according to client's problems, strengths, or both. The client is encouraged to be an active participant in the nursing process, communicating needs of control over his or her care. With nursing process, the nurse maximizing patients strengths, maintaining integrity, and promoting adaptive response to stress and patient emerge as partner in a relationship built on trust and directed toward.

#### ✓ Continual learning

As a process of critical thinking, it requires gathering data, analyzing and interpreting data, making judgments, setting goals, establishing priorities, selecting appropriate interventions, implementing these interventions and evaluating the outcomes to determine if the plan has been effective.

#### ✓ Increased self confidence

It enables the nurse to realize her potentials as an independent decision maker who has command over competencies, which before now were not used in carrying out predominantly assistance-type functions. It

allows the nurses apply her knowledge and skills in an organized and goal directed manner. In performing the coordinating role within the health team members and yet maintain professional autonomy, the nurse has to apply dependent, independent and interdependent actions while caring for her patients. Hence, the nursing process, as a critical thinking process ensures that take independent actions first to solve their clients problems before giving consideration to the interdependent ones. This is one of the ways of maintaining professional autonomy.

#### ✓ **Standard of practice**

Nursing process holds all nurses accountable and responsible for assessment, diagnosis, planning, implementation, and evaluation of client care. The nursing process has been accepted by the nursing profession as a standard for providing on-going nursing care that is adapted to individual clients need. The nursing process has provided framework for the delivery of nursing care, and proved to be a yardstick of measuring quality nursing care. It is a means for nursing to fulfill scientific methodology and autonomy as a profession.

In spite of the numerous benefits of using nursing process in the patient care delivery by nurses as suggested by literature; the poor utilization of nursing process is quite appalling (Abebe, Abera and Ayana, 2015). This is capable of drawing nursing backward as a profession which is contending to become recognized among other health professionals. Ojewole and Samole (2017) opined that in spite of global efforts made into sensitization update and inclusion in training curricula of nursing for all nurses to meet up with necessary reforms, a good number of nurses in Nigeria, are still unaware of the existence or not conversant with the dynamic nursing process including the six steps or unable to utilize it in their clinical practice

#### **Justification**

Nurses are the largest group of health professionals in every healthcare institution and quality of nursing care delivered is closely related to effectiveness of healthcare systems. Application of nursing process is a scientific framework for delivery of quality of care and stimulates the construction of theoretical and scientific framework based on clinical practice.

However, despite nursing process adoption as framework of delivery quality nursingcare and its incorporation with nursing training curriculum, coupled with the numerous benefits, nurses in some institutions do not adopt this tool hence poor qualitycare which in turn leads to increased morbidity and mortality in our institutions(Mbuchi, 2015).

The case is not different among nurses in IMSUTH as they are yet to adopt this framework of quality nursing care delivery. This prompted the researchers to conduct a

study to determine the constraints militating against the use of nursing process by nurses in IMSUTH, Orlu.

#### **Objectives/ Purpose of the study**

##### **Main objective**

The purpose of the study is to determine the constraints on implementation of nursing process among nurses in Imo State University Teaching Hospital, Orlu, Imo State, Nigeria (IMSUTH).

##### **Specific objectives**

1. To identify individual factors militating against the practice of nursing process in IMSUTH Orlu.
2. To determine the institutional factors militating against the practice of nursing process in IMSUTH Orlu.

##### **Scope of study**

The study is delimited to determine constraints of nursing process implementation by nurses in IMSUTH. It is also delimited to the nurses working in IMSUTH during the study period.

##### **Significance of study**

- ❖ The study will help in contributing to body of knowledge in nursing.
- ❖ It will help school policy makers/curriculum planners to know areas to buttress in teaching.
- ❖ It will help the management of IMSUTH and their nurses to improve implementation as the factors militating against effective implementation of nursing process will be revealed.
- ❖ It will help other researchers in the field in review of literature for further studies.

##### **Operational definition of terms**

**Constraints:** Factors that imposes a limit, or restriction on the implementation of nursing process.

**Nursing process:** A systemic problem solving approach used to identify, prevent and treat actual or potential health problems and promote wellness in Nursing

**Institution:** An organization similarly long established and respected, particularly involved with healthcare.

**Militating:** Elements, circumstances or influences that hinders implementation of nursing process

**Knowledge:** The practical understanding of nursing process.

#### **MATERIALS AND METHODS**

##### **Research design**

A descriptive cross sectional quantitative study design was employed.

##### **Target population**

Target population comprises of all 204 nurses of different cadres working in different units in IMSUTH at the time of study July- August 2019.

**Sample Size and Sampling technique**

Sample size for the study was determined using Taro Yamane formula

$$n = N / (1 + N (e)^2)$$

Where:

n= Signifies the sample size.

N= Signifies the population under study.

e= Signifies the margin of error (0.05).

$$n = N / (1 + N (0.05)^2)$$

$$n = 204 / (1 + 204(0.05)^2)$$

$$n = 204 / (1 + 204(0.0025))$$

$$n = 204 / 1.595$$

$$n = 204 / 1.595$$

$$n = 127.899$$

$$n = 128$$

In order to maintain a 95% confidence level from respondents, not less than sample size of 128 will be used. (Project Regards, 2019). However, 150 participants were used.

Simple random sampling was used to select the participants. The technique involves a lucky dip without replacement among the nurses. Those who picked yes will be selected for the study.

**Research instrument**

A structured self-administered questionnaire was used and is in 3 sections.

- ❖ Section A: Section Demographics
- ❖ Section B: Individual constraints militating against use of nursing process.
- ❖ Section C: Institutional constraint militating against the use of Nursing process in IMSUTH

**Validity**

The instrument used is questionnaire which has undergone face and content validity as the researchers constructs the instrument to reflect all the variables under investigation and in line with specific objectives of the study. The instrument was presented to a superior for corrections and modification.

**Reliability of the instrument**

To determine the reliability, the instrument was subjected to pretest reliability by using it to examine a small sample of nurses, twenty four (24) nurses from Federal Medical Centre Owerri, Imo State Nigeria prior

to the actual data collection period and proved highly reliable.

**Method of data collection**

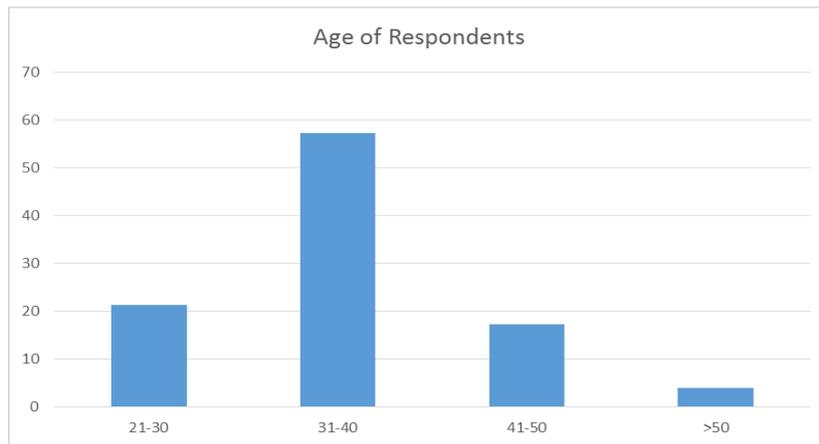
A total of 150 questionnaires were given out to nurses working in inpatient units/departments of Imo state university teaching hospital, Orlu at the period of the study by simple random sampling. Data was collected by the researchers and during data collection, data collected was checked for its completeness and missing information at each point. Furthermore, data was checked during entry and compilation before analysis.

**Ethical consideration**

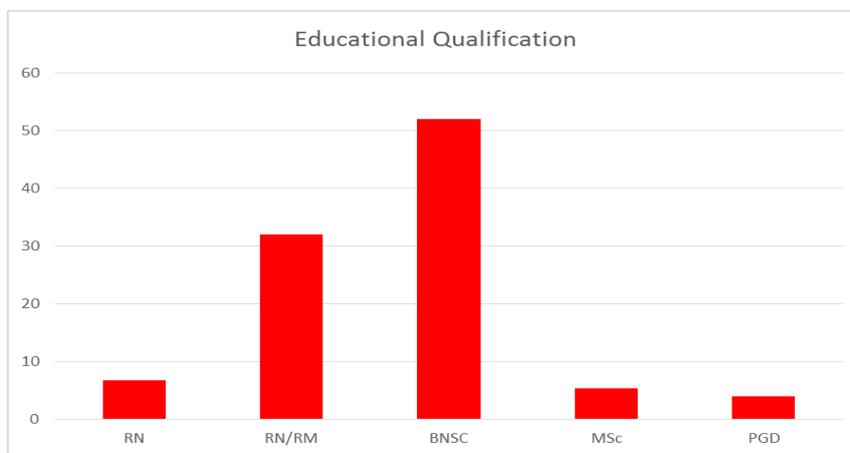
An official letter of introduction was given by Department of nursing, IMSU and same submitted to the hospital medical director and an official permission obtained from hospital medical director. The study participants were equally informed that participation is voluntary and a verbal consent obtained from each nurse for participation in the study prior to data collection.

**RESULTS****Table 1: Demographic characteristics of respondents.**

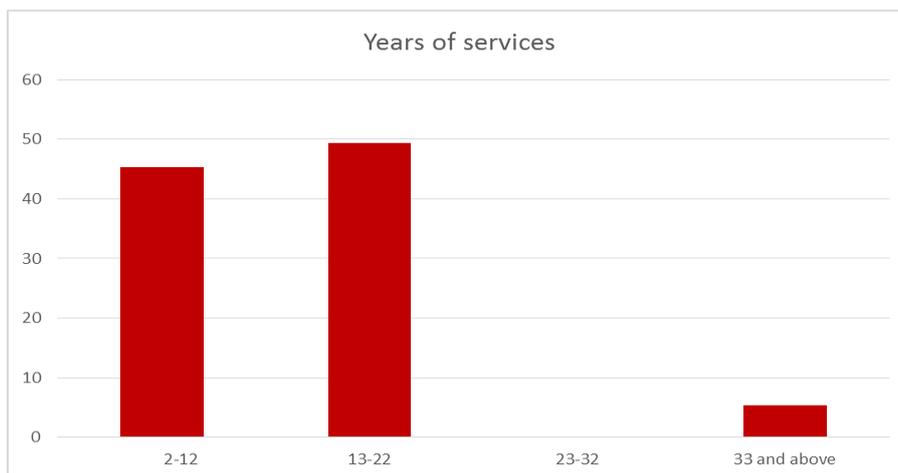
Age in years	Frequency	Percentage
24 to 34	32	21.3%
35 44	86	57.3%
45 54	26	17.3%
55 and above	6	4%
Total	150	100%
<b>Educational Qualification.</b>		
RN	10	6.7%
RN/RM	48	32%
BNSC	84	56%
MSc	8	5.3%
Total	150	100%
<b>Years of service</b>		
2 to 12	68	45.3%
13 22	74	49.3%
23 32	NIL	
33 and above	8	5.3%
Total	150	100%
<b>SEX</b>		
Female	149	99.3%
Male	1	0.7%
Total	150	100%



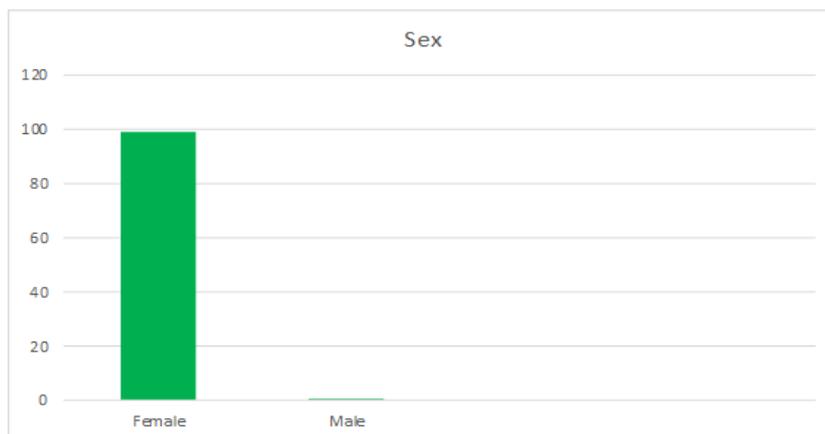
The ages of participants ranged from 24 - 55years and above. Majority are in the age range of 35 - 44(73%) while 54 and above recorded the least 6 (6%). 24-34 recorded 32(21.3%) while 45-54 recorded 26(17.3%).



84(56%) are graduate nurses followed by RN/RM 48(32%). RN recorded 10(6.7%) while MSc holders recorded the least 8(5.3%).



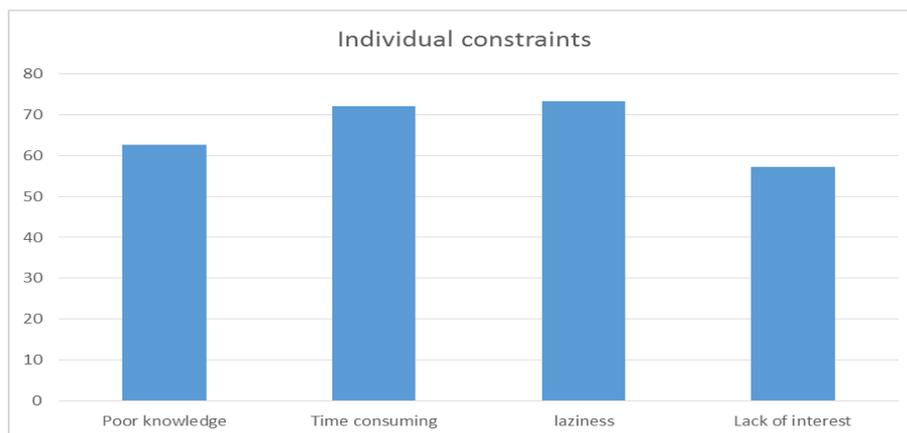
74(49.3%) have been in service for 13 to 22years and 68(45.3%) for 2 to 12years. No Nurse has been for 23-33 years 0(0%) while 33 and above recorded 8(5.3)%



Majority are females 149(99.3%) while only 1(0.7%) is a male.

**Table 2: Individual constraints to effective implementation of nursing process.**

Variable	Frequency	Percentage
Poor knowledge of nursing process	94	62.7%
Time Consuming	108	72%
Laziness	110	73.3%
Lack of interest	86	57.3%



The study shows that 56(37.3%) of participant’s stated that poor knowledge of nursing process hinders the effective implementation of nursing process while the rest 94(62.7%) disagrees.

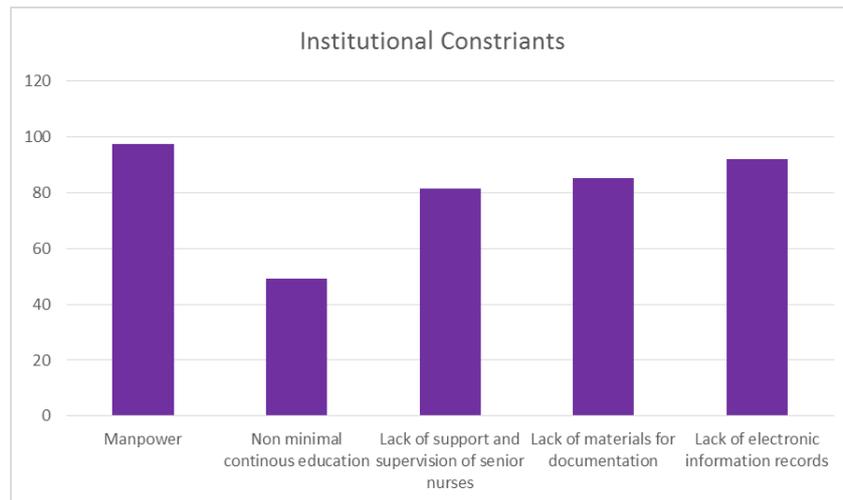
108 (72%) of the respondents agreed that nursing process is time consuming while 42(28%) do not agree with that.

86 (57.3%) of respondents stated that lack of interest hinders the implementation of nursing process while 64(42.7%) do not agree with that.

Majority of the participants 109(73.3%) agree that laziness hinders the implementation of nursing process while 40 (26.7%) disagree.

**Table 3: Institutional constraints to effective implementation of nursing process.**

Variable	Frequency	Percentage
Manpower	146	97.3%
Non/minimal continuous education	76	50.7%
Lack of support and supervision of senior nurses	122	81.3%
Lack of materials for documentation	128	85.3%
Lack of electronic information records	138	92%



Almost all the respondents 146 (97.3%) expressed that lack of manpower hinders the implementation of nursing process while few 4(2.7%) says otherwise.

More than half of respondents 76(50.7%) stated that none or minimal continuing education hinders the implementation of nursing process, nonetheless 74(49.3%) reported otherwise.

A larger part of respondents 122(81.3%) stated that lack of supervision by senior nurses leads to underutilization of nursing process while only 28(18.7%) disagree.

Lack of materials for documentation as stated by 128(85.3%) of respondents is one of the major factors that hinder the implementation of nursing process.

Almost all the respondents 158(92%) stated that lack electronic information records is another major factor that hinders the implementation of nursing process while few 12(8%) stated otherwise.

## DISCUSSION

The age distribution of the study participants indicated that a significant proportion 57.3% were in the age range of 34 to 44years of which more than half[61.3%] are graduates and 54.6% have been in service for over 13years. The study shows that 62.7% of participants stated that poor knowledge of nursing process hinder its implementation. Ojewole, and Samole (2017) stated that a good number of nurses in Nigeria were still unaware of the existence of the dynamic nursing process including the six steps or unable to utilize it in their clinical practice. Most nurses perceived the nursing process as a documentation of nursing activity that can only be achieved theoretically (Carole *et al.*, 2015). Consequently, the application of the nursing process may occur as a professional obligation that may not be necessarily contributing to patient recovery. Moreover, nurses learned the process of the nursing process in the course of their training. This learning process does not necessarily equip them to operationalize the process. Without applying strong cognitive abilities, nurses may not be able to apply the skills. The theoretical understanding of the nursing process is not enough,

clinicians should apply their cognitive abilities to interpret and appreciate its application to their practice. Therefore, there is need to provide continued in-service training to nurses on the application of the nursing process.

72% of respondents agree that nursing process is time consuming with 73.3% equally agree that laziness hinders its implementation and 57.3% stated that lack of interest is a factor also. Most of the problems of nurses with nursing care plan were caused by nurse's attitude. The nurses had high anxiety level because of the criticism they receive from other disciplines or professions and nursing process is time consuming; one spends too much time writing with limited time to implement and evaluate. In that case A nurse cannot see any purpose for writing care plan.

Nursing workload definitely affects the time that a nurse can allot to various tasks including utilization of the nursing process. Under a heavy workload, nurses may not have sufficient time to follow the steps of the nursing process and this may have direct effect on patient safety. A heavy nursing workload can influence the care provider's decision to perform various procedures (Abebe *et al.* 2014). When nurses become dissatisfied about their job, the nursing care to be provided will not have systematic approach. Nursing process may not be implemented in a hospital with high patient flow beyond the capacity of nurses. High workload is a key job stressor of nurses in a variety of care settings. A heavy nursing workload can lead to distress (e.g., cynicism, anger, and emotional exhaustion) and burnout. Nurses experiencing stress and burnout may not be able to perform efficiently and effectively because their physical and cognitive resources may be reduced; this suboptimal performance may affect patient care and its safety.

Almost all the respondents 97.3% stated that lack of manpower hinder its implementation. Globally, the World Health Organization (WHO) estimates a shortage

of almost 4.3 million nurses, physicians and other health human resources worldwide Nursing shortages have been linked to the following effects, Increased nurses' patient workloads, Increased risk for error, thereby compromising patient care. Quality of patient care as well as adverse nurse outcomes is directly affected by nurses' workload According to US National Institute of Health [NIH], Shortage of nursing staff greatly affects the adoption and use of nursing process. (Zewdu & Abera, 2015), Nursing process can only be a useful tool if the nurses get adequate time to spend with the patient/client. This will enable them generate information that can facilitate proper planning and execution of the care.

Due to wide spread problem of nursing staff shortage, many public institutions have found themselves in a position of not effectively using the nursing process. Due to this hiccup, the nurses are being forced to administer the care generally without any proper defined method. This has perhaps led to some disappointment in attending to patients' needs and concerns and therefore resulting to poor quality patient's care. According to (WHO, 2019) the proportion of nurse to patient is 1:7 but this is not a reality in nursing practice in Nigeria where you have 2 nurses to a full ward of 32 patients. The Hospital management should employ more nurses to facilitate the use of nursing process.

50.7% of participants stated that none or minimal continuing education is a factor that hinder implementation of nursing process while 49.3% stated otherwise. It is important to review nurse clinician's interpretation of the usefulness of the nursing care plan in terms of guiding the delivery and documentation of nursing care. An exploration of nurses understanding, experiences and interpretation of its use in clinical practice may shed light on practice- based issues that need to be addressed. This is especially important and timely as there is a worldwide move to further refine and standardize the nursing process for nomenclature and to develop documentation strategies that are streamlined and reflective of actual patient care.

Majority of the respondents, 81.3% stated that lack of support and supervision by senior nurses leads to poor implementation of nursing process. Lack of support and supervision leads to underutilization of nursing process. Lack of role model among senior nurses is among the factors that militated against nursing process implementation. This in line with the findings of Zewdu & Abera (2015) who reported that lack of supervision was one of the major factors contributing to underutilization of nursing care plan in one of Ghana district hospital because most of the time, the nurses who are supposed to supervise their colleagues are busy at their work place.

Non availability of materials for documentation is one of the major factor that contribute to non-implementation of

nursing process as stated by 85.3% of respondents. Application of the nursing process requires steady supply of materials for observations, monitoring, assessment and documentation; these were observed to be in short supply as indicated by Aseratie, *et al.*, (2014).

Utilization of the nursing process in many low and middle-income countries has been a challenge. A study conducted by Semachew *et al.* (2017) on implementation of nursing process in clinical settings: the case of three governmental hospitals in Ethiopia, found no documentation at all in the hospital suggesting that the nursing process is not applied in the care of patients because what is not documented is considered not done. They posited that the lack of utilization of the nursing process found in his study may have contributed to the frequent relapses seen among the patients receiving treatment in the hospital. In addition, this research was done in University hospital where students are doing clinical practice. Students who attached in those hospitals learn from patient records but if there is no full implementation of nursing process, they cannot obtain what they should get from patient record. This may create gap in the application of the theoretical knowledge of the nursing process learnt in class. Similarly, Kollie *et al.* (2017) investigated the factors influencing the utilization of nursing process and concluded that institutional factor such as non-availability of nursing process forms in the hospital prevented the nurses from utilizing the process. The finding in this study is line with their reports.

However almost all the respondents 92% stated that lack of electronic health information record is a factor that contributes to non-implementation of nursing process.

Institutions should consider electronic health information record whereby all the diagnostic labels are made available on a click of a button on the computer. If a computerized system was introduced, the time spent on the assessment and recording of the nursing process phases will reduce. Through assessment, the nurse can make clinical judgments to identify the patient's response to health problems in the form response to intervention is evaluated.

## SUMMARY AND CONCLUSION

Nursing process is a systematic problem-solving approach used to identify, prevent and treat actual or potential health problems and promote wellness. The benefits of utilization of nursing process allows the nurse to apply her knowledge and skills of nursing diagnoses, Plan and select interventions for each of the patient's nursing diagnoses in an organized and goal-directed manner. Nursing process enables the nurse to communicate professional topics with colleagues from all clinical specialties and practice setting, it is essential to documenting nursing role in the provision of comprehensive quality patient care and it sets a global standard upon which nursing care can be audited.

However, despite these benefits and the standard the nursing process maintains globally, nursing practitioners in most hospitals and clinics especially in Nigeria are yet to fully understand and put to practice this approach to solving patient's problems; and this may be due to a number of factors such as inadequate, staffing, increased workload, poor knowledge of the nursing process application, poor supervision, lack of materials for documentation and lack of management support.

In conclusion, in order to increase the utilization of nursing process in nursing practice in IMSUTH, these challenges should be eliminated.

### Recommendations

To increase the utilization of nursing process in IMSUTH, the following recommendations can be followed;

- ✓ The Nursing Services Department should organize regular seminars, workshops and symposia focused on the practical implementation of the nursing process in IMSUTH. Communiqués generated from such educational formations should be fully implemented.
- ✓ Nurses should be proactive in practice and be interested in improving care through reading and attending continuing education programs in Nursing. They should be re-oriented on the importance and the use of nursing process so that they can have interest towards the effective use of nursing process.
- ✓ The hospital management should see to the provision of materials for the effective utilization of nursing process in the hospitals.
- ✓ The Hospital Management should introduce the system of electronic health information records and should train their staff on its utilization.
- ✓ Hospital management including the medical directors should be enlightened on the benefits of the nursing process in terms of patients' outcome. This will enhance regular supply of the needed materials for the practice of the nursing process The Hospital management should employ more nurses to facilitate the use of nursing process.
- ✓ The Hospital management should employ more nurses to facilitate the use of nursing process.
- ✓ The Hospital management through the head of nursing services, should employ strategies to improve and promote the utilization of nursing process. It is well known that without one component--the full support of hospital leadership--programs will continue to fail.

### ACKNOWLEDGEMENT

Our thanks go to almighty God who made our dream a reality. Our immense gratitude go to our Head of Department, Dr. Mrs. Julia Ibebuike and our course coordinator, Dr. Mrs. Vincent Chinelor for their guidance and direction throughout the programme. We appreciate our other lecturers for their contributions in our academic pursuit. We specially thank all the brilliant scholars

whose works were cited in this study. We are also grateful to our colleagues, other support staff especially the management of IMSUTH and their nurses for being part of the success story.

### REFERENCES

1. Abebe N., Abera H. & Ayana M. (2014). The implementation of nursing process and associated factors among nurses working in Debreworkos and Finoteselam Hospitals, northwest Ethiopia. *Journal of Nursing & Care*, 3(2):149.
2. Alfraro-LeFevre R. Applying Nursing Process: A Tool for Critical Thinking. Philadelphia, PA: Lippincott Williams and Wilkins, 2016.
3. Aseratie M., Murugan R. & Molla M Assessment of Factors Affecting Implementation of Nursing Process among Nurses in selected Governmental Hospitals, Addis Ababa, Ethiopia; across Sectional Study. Retrieved from [www.researchgate.net](http://www.researchgate.net) accessed January, 2014; 20: 2020.
4. Carole M., Wagoro A & Podo, C. Mainstreaming Kenya-Nursing Process in clinical settings: the case of Kenya. *International Journal Africa Nursing Science*, 2015; 3: 31–9.
5. Hagos., Fessehaye, Alemseged., Fikadu, Balcha., Semarya, *et al* "Application of Nursing Process and Its Affecting Factors among Nurses Working in Mekelle Zone Hospitals, Northern Ethiopia," *Nursing Research and Practice*, 2014; 14(12): 8-20.
6. Kollie E., Ojewole, F. & Nwozichi C. Factors influencing the utilization of nursing process. *International Journal of General Medicine and Pharmacy*, 2014; 3: 57-63.
7. Nanda International Incorporated, Nursing Diagnosis: Definitions and classification, 2017. Retrieved from [www.wiley.com/go/nursingdiagnosis](http://www.wiley.com/go/nursingdiagnosis) accessed October 15, 2019
8. Ojewole, F. & Samole, A. Evaluation of the nursing Process utilization in a teaching hospital, Ogun State, Nigeria, 2017. Retrieved from [www.medknow.com](http://www.medknow.com) accessed August 20, 2019.
9. Potter, P.A., Perry, A.G., Stockert, P. A & Hall, A. M. Fundamentals of Nursing. St. Louis, MO: Elsevier Mosby, 2013.
10. Project Regard, How to calculate sample size for undergraduate projects using Taro Yamane formula, 2019. Retrieved from [www.projectregard.com](http://www.projectregard.com) accessed August 20, 2019.
11. Semachew, A., Belachew, T., Tesfaye, T. & Adinew, Y. M. Predictors of job satisfaction among nurses working in Ethiopian public hospitals, 2014: institution-based cross-sectional study. *Human Resources and Health*, 2017; 15(1): 31-45.
12. Toney-Burtler, I. J. & Thayer, J, M. Nursing Process, 2019. Retrieved from [www.ncbi.nih.gov](http://www.ncbi.nih.gov) accessed October 10, 2019.
13. World Health Organization, How much is not enough? Human resources for primary health care: a

case study from South Africa, 2019. Retrieved from [www.who.int](http://www.who.int) accessed January 5, 2020.

14. Zamanzadeh, V., Valizadeh, L, Tabrizi, F. J., Behshid, M., & Lotfi, M. Challenges associated with the implementation of the nursing process: A systematic review. *Iran Journal of Nursing and Midwifery Research*, 2015; 20: 411-9.
15. Zewdu, S. & Abera, M. Determinants of Nursing Process. *American journal of Nursing*, 2015; 3: 45-49.