

CHRISTIAN SERVICE UNIVERSITY COLLEGE

FACULTY OF HEALTH AND APPLIED SCIENCE

DEPARTMENT OF NURSING

ASSESSING THE KNOWLEDGE AND USAGE OF THE NURSING PROCESS IN THE
MANAGEMENT OF PATIENTS AT THE MEDICAL WARDS OF THE KOMFO ANOKYE
TEACHING HOSPITAL.

ELSIE AKOSUA YAKAH

ROSEMARY ADDAI

GEORGINA OBBEN ASIRIFI -BOAITEY

A DISSERTATION SUBMITTED TO THE DEPARTMENT OF NURSING IN PARTIAL
FULFILMENT FOR THE AWARD OF A DEGREE IN BACHELOR OF SCIENCE,
NURSING

JUNE 2016

DECLARATION

Students' Declaration

We have read the university regulations relating to plagiarism and certify that this report is all our own work and do not contain any unacknowledged work from any other source. We also declare that we have been under supervision for this report herein submitted.

Name	Index Number	Signature	Date
Elsie AkosuaYakah
Rosemary Addai.....
Georgina ObbenAsirifi-Boaitey.....

Supervisor's Declaration

I hereby declare that the preparation and presentation of this dissertation was supervised in accordance with the guidelines on supervision laid down by Christian Service University College.

Mrs. Ernestina Armah
----------------------	-------	-------

Supervisor	Signature	Date
------------	-----------	------

Mrs. Ernestina Armah
----------------------	-------	-------

Head of Department	Signature	Date
--------------------	-----------	------

ABSTRACT

The study sought to assess the knowledge and usage of the nursing process in the management of patients. The nursing process is a proven form of problem solving based on scientific letter which serves as the basis for assessing, making a nursing diagnosis, planning, organizing and evaluating care (Saba 2002).Proportionate stratified random sampling was used to arrive at a representative sample for this study.A structured questionnaire covering the demographic data of the respondents' knowledge of the nursing process, use/implementation of the nursing process and factors militating against the successful implementation. The Statistical Package for Social Sciences (SPSS) Version 16.0 was used to analyze the data and results were presented in the form of percentage tables and bar chart. The findings of the study revealed that nurses of Komfo Anokye Teaching Hospital had adequate knowledge of the nursing process. The study equally reveals that nurses of Komfo Anokye Teaching Hospital used the nursing process in rendering care to their patients. It was further revealed from the study that cultural factors such as language acquisition, health believes on the role of spirituality in healing have been identified as factors militating against the successful implementation of the nursing process.

DEDICATION

This piece of work is dedicated to God Almighty who through His blessings has led us through this research and to our parents for their efforts with which this project work has been a success.

ACKNOWLEDGEMENTS

We thank the Almighty God for His manifold blessings and guidance throughout these years of study. We are most thankful to Mrs. Ernestina Armah, our lecturer and supervisor for her exceptional commitment and dedication beyond limits in producing this document. Her keen interest, helpful critiques, suggestions and priceless contributions during the preparation of this work are very much appreciated. We also thank the Dean and Head of Department and the entire faculty of Nursing for their wonderful support. We wish to express our deepest appreciation to the Research Unit and the staff of female medical Directorate of Komfo Anokye Teaching Hospital as well as all individuals who avail themselves to be used to carry out this research work.

TABLE OF CONTENT

FRONT COVER	....	.....	....	.....	.....	.....I
DECLARATION	....	.....	....	.....	.....	.....II
ABSTRACT	....	.....	....	.....	.....	.....III
DEDICATION	....	.....	....	.....	.....	.....IV
ACKNOWLEDGEMENT	....	.....	....	.....	.....	.....V
 CHAPTER ONE	.....	.....	.....	.....	.....	.....1
 1.0 INTRODUCTION	....	.....	....	.....	.....	..... 1
 1.1 Background to the study.	....	.....	....	.....	.....	.....1
 1.2 Problem statement....	.....	.....	.....	.....	.....	.....4
 1.3 Research objectives	....	.....	....	.....	.....	.....4
 1.4 Research questions	....	.....	....	.....	.....	..... 4
 1.5 Significance of the study	....	.....	....	.....	.....	.....5
 CHAPTER TWO						
 2.0 LITERATUREREVIEW	.....	.....	....	.....	.....	.....7
 2.1. The concept of the nursing process....	.....	.....	....	.....	.....	.....7
 2.1.1. Definition of the Nursing Process....	.....	.....	....	.....	.....	.....7

2.1.2 Phases of the Nursing Process	8
2.2. Theoretical frame work of the nursing process	10
2.3 Roy's adaptation theory.....	12
2.4 Knowledge of the nursing process....	13
2.5 Use/implementation of the nursing process....	13
2.6 Factors militating against the successful implementation of the nursing process	14
2.7 Strategies/measures to promote successful implementation and sustenance of the nursing process.....	15

CHAPTER THREE

3.1. RESEARCH METHODOLOGY....	17
3.2. Research design	17
3.3 Study setting.....	18
3.4 Study population.....	18
3.5 Sampling and Sampling techniques.....	19
3.6Data collection tool/procedures.....	19
3.7 Data analysis	19
3.7.1 Pre-Testing.....	20

3.8	Ethical Consideration	19
3.9	Limitations of the study.....	21
3.10	Validity and reliability	21

CHAPTER FOUR

RESULTS AND DATA ANALYSIS... ..22

4.0	Introduction.... ..	22
4.1.	Demographic data of respondents	22
4.2.	Knowledge of the nursing process.... ..	24
4.3.	Use/implementation of the nursing process.... ..	25
4.4.	Factors militating against the successful implementation of the nursing process.....	26

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.0.	Introduction.... ..	30
5.1.	Knowledge of the nursing process.... ..	30

5.2. Use/implementation of the nursing process....	31
5.3. Factors militating against the successful implementation of the nursing process.....	32
5.4. Conclusion and Summary.....	33
5.5. Recommendations.....	34
References.....	35
Appendices	37

LIST OF TABLES

TABLE 1: Demographic characteristics of respondents.....	22
TABLE 2: Responses on knowledge of the nursing process	24
TABLE 3: Responses on use/implementation of the nursing process	25
TABLE 4: Responses on factors militating against the successful implementation of the nursing process	26

LIST OF FIGURES

FIGURE 1. Maslow's pyramid of needs.....	10
FIGURE 2. Bar chart of respondents ages in percentages	22
FIGURE 3. Bar chart showing professional ranks of respondents.....	25
FIGURE 4: Bar chart showing responses on cultural difference among patients as a factor militating against the implementation of thee nursing process.....	31

CHAPTER ONE

INTRODUCTION

1.0 Background to the study.

The Nursing process is a systematic method of planning, delivering, and evaluating individualized care for clients in any state of health or illness. Based on the scientific problem-solving method, it constitutes the foundation for nursing practice (Potter & Perry 2007)

The term nursing process was originated by Lydia Hall in 1955 when she delivered a lecture entitled “the quality of nursing care” in New Jersey. The nursing process was described as a relational and problem solving process. Patient problems for which nurses provide interventions were called “nursing problems”. These problems were worded in freestyle, and nursing goals and interventions were chosen according to these patient problems. In the eighties, the nursing process was introduced as a systematic method of planning nursing care internationally. Potter and Perry (2007) stated that the Nursing Process is a systematic problem-solving method for providing individualized care for clients in all states of health and illness.

According to Laryea (2004), the nursing process is a deliberate problem-solving approach to meet the health care and nursing needs of patients. He went further to state that, the steps of the nursing process are interrelated, interdependent and recurrent.

Nursing care, at its best, is designed and implemented in a thorough manner, using an organized series of steps, to ensure quality and consistency of care. Guzzetta, Dossey and Kenner (2002) stated that Yura and Walsh in 1967 first identified the steps of the Nursing Process as:

- Assessment
- Planning
- Implementation
- Evaluation

The nursing process, a proven form of problem solving based on the scientific method, serves as the basis for assessing, making a nursing diagnosis, planning, organizing, and evaluating care (Saba, 2002). It is worth stating that the nursing process is applicable to all health care settings; from the prenatal clinic to the pediatric intensive care unit and all other specialized units within the hospital setup. This is a proof that the method is broad enough to serve as the basis for all nursing care.

The nursing process is central to all nursing actions and applicable to all settings and methods of client care. Because the nursing process is flexible, it adapts readily to many variables and any conceptual framework one may use in clinical practice (Itah, 2005)

According to current American and Canadian practice standards, nursing practice demands the efficient use of the nursing process and professional participation in activities that contribute to the permanent development of knowledge about this methodology.

Nurses are the largest group of health professionals in all countries (WHO). Nursing quality is closely related to a healthcare system's effectiveness. In order to achieve quality of health care service, quality of nursing care is the key element, and to fulfill this demand, application of the nursing process has a significant role. In practice however, application of the nursing process is not well developed (Laryea, 2004).

Effective implementation of the nursing process leads to improved quality of care and stimulates the construction of theoretical and scientific knowledge based on the best clinical practice (Ezeh, 2008).

Implementation of the nursing process in practical nursing can be achieved in accordance with the principles of action research. A prerequisite of the action research is knowledge of the basic principles and the component areas of the nursing process and knowledge of the opportunities for applying the nursing process to practical work, but it seems too little research has been done on knowledge of nurses on this process in Ghana. (Laryea, 2004).

In Ghana, health services are limited and of poor quality. The quality of nursing care is also perceived as poor (Laryea, 2004). To improve the quality of nursing care, the basic thing is application of the nursing process and its implementation. The government has been investing on educating students in different educational status at school level based on the nursing curriculum. But it seems the application of this knowledge in practical setup is not well known yet (Laryea, 2004).

Thus, undertaking a study related to the application of the nursing process so as to identify knowledge and/or skill gaps is mandatory (Laryea,2004). It is envisaged that the result of this study may contribute some importance for policy makers and health care planners in application of the nursing process which will have a positive impact in quality of nursing care provided at the KomfoAnokye Teaching Hospital in particular and for the country in general.

1.2 Problem statement

The Nursing process is a systematic problem solving procedure that guides all nursing action. It helps the nurse to provide goal-directed and client-centered care. The nurse uses the nursing process to identify and make decision about client needs. The nursing process increases self-confidence of the nurse and there is continual learning which leads to job satisfaction. The application of nursing process involves both nurses and patients in order to achieve quality care.

Over the years, there seem to be little or no integration of the Nursing process in directing patient's care despite the concerted efforts of the Ministry of Health and the Nursing profession. Even though most nurses have knowledge of the nursing process there appears to be non-utilization of it in care giving. It is also true that, in practice, the application of the nursing process is not well developed (Laryea, 2004).

It is on this basis that the researchers finds it relevant to identify the knowledge level and use of the nursing process in care giving by nurses to empirically document the “knowledge and use of the process in care giving by nurses of the Female Medical wards of KATH” in order to extend the knowledge on usage and offer possible solutions based on identified gaps.

1.3 Research objectives

The study is to evaluate “knowledge and usage” of the nursing process in the management of patients at the medical wards of the KomfoAnokye Teaching Hospital. In an attempt to achieve the stated objective, the following specific objectives guided the study.

-) To assess nurses' knowledge on the nursing process
-) To evaluate the application of the nursing process among nurses.
-) To unearth the factors that militates against the successful application of the Nursing process in care giving by these nurses.

1.4 Research questions

The following questions were formulated to guide the research work:

- Do nurses of the female Medical ward of KomfoAnokye Teaching Hospital have adequate knowledge about the nursing process?
- Do these nurses apply the Nursing process in rendering care to patients
- What are the factors that militate against the successful application of the nursing process in care giving by these nurses?

1.5 Significance of the study

There have been studies on the implementation of the nursing process in the management of patients, but most of these studies have been conducted in other geographical locations. Observation on the wards of KomfoAnokye especially among nurses do not use the nursing process in the care of patients, but these observations have equally not been substantiated, motivating the need to conduct this research.

The study will impart greatly on general nurses, especially in Ghana, of the global standards set for the application of the nursing process in patient care. The task of identifying and managing patient's problems will become systematic and holistic. This will spur them to greater responsibility and enable them maintain high level of professionalism in the health profession.

To the nurse educator the study will help identify areas in the nursing curriculum that will require review to meet with current trends in general nursing practice. The study will assist nurse-researchers appreciate the setbacks militating against effective implementation of the nursing process in general nursing practice in Ghana.

This can help inform the Government of Ghana through the Ministry of Health on the benefits of supporting the implementation of the nursing process in rendering nursing care, which could go a long way to improving the quality of nursing care in the country.

CHAPTER TWO

2.0 LITERATURE REVIEW

Demand for 'quality' in all areas seems to be a rallying point for today's society. It has become a major concern in the agenda of health service delivery. It is virtually impossible to be part of today's health care system and not appreciate the quality revolution that is taking place (Adigwe, 2004).

Quality can be defined as a continues striving for excellence and a conformance to specifications of guidelines (Adigwe, 2004). The process of health-care includes two major components; technical interventions and interpersonal relationships between practitioners and clients. Both are important in providing quality care and both can be evaluated (Okorokwo, 2005).

The Nursing profession must meet these challenges by implementing a process that addresses the multifaceted issues in providing quality health care. For the nurse to actually attain improved quality of service, she should be conversant with the application of the Nursing Process, which is basically a systematic patient centered and scientific method of problem-solving for structuring the nursing care in order to achieve a maximum level of change towards the expected outcome (Kosier et al, 2008)

2.1 The concept of the nursing process

2.1.1. Definition of the Nursing Process

The Nursing Process has been defined by several authors. Nwonu(2002) defined the Nursing Process as the systematic collection of patient care data for determining nursing care needs and evaluating patient care outcomes. Potter and Perry (2007) indicated that the Nursing Process is a

systematic problem-solving method for providing individualized care for clients in all states of health and illness. According to Laryea (2004), the Nursing Process is a deliberate problem-solving approach to meet the health care and nursing needs of patients. This author went further to state that the steps in the Nursing Process are interrelated, interdependent and recurrent.said Nursing Process is a dynamic process that uses information in a meaningful way through problem-solving strategies to place the patient, family or community in an optimal health state. (Musa, 2006 p 76)

Analyzing the above definitions, it can be asserted that, the Nursing Process is a systematic and problem solving goal oriented set of activities which are interrelated, interdependent, recurrent and dynamic. It is used by nurses to determine, plan and implement individualized nursing care which is aimed at helping the patient to achieve integration of his whole being or optimal level of wellness.

2.1.2 Phases of the Nursing Process

Lydia Hall originated the term “Nursing Process” in 1955 in a lecture entitled “The quality of nursing care” delivered in New Jersey, United States of America. Johuson (1959), Orlando(1961) and Wiedenbach(1963) were among the first nurse theorists to use it to refer to a series of phases describing the process of nursing. Since then, various nurses have described the process of nursing and organized the phases in different ways. The Nursing process was first identified as occurring in phases of assessing, planning, implementing, and evaluating by Helen Yura and Mary B. Walsh in 1967.

Fry in 1953 first used the term “nursing diagnosis”, but it was not until 1974, after the first meeting of the group currently called the North American Nursing Diagnosis Association (NANDA), that Nursing Diagnosis was added as a separate and distinct step in the Nursing Process. Prior to this, nursing diagnosis had been included as a natural conclusion of the first step assessment. Currently, the steps of the Nursing Process include:

- Assessment
- Nursing diagnosis
- Planning and outcome identification
- Implementation
- Evaluation

The Nursing Process provides a logical and rational way for the nurse to organize information so that care given is appropriate and effective (Saba, 2002). Although the process is a scientific one, it is conducted by human beings who can carry it out in a sensible and caring manner (Musa, 2006pg 21). This makes the nursing process both scientific and humane just as nursing is perceived as both a science and an art.

It is therefore imperative for nurses to have a better understanding of the concept of the nursing process if they are to be in the best position to implement it in providing quality individualized care giving. This is the outcome of the nursing care.

2.2. Theoretical frame work of the nursing process

Since the nursing process is scientific, it is based on findings of studies in the different aspects of human beings. These findings have been built in to theories and models, which describe the function

s of the human body and the ways in which human beings behave in different settings. Some of these theories guide assessment, planning, implementation and evaluation. Some nursing theories and models applicable to the nursing process include:

- **Abraham Maslow's theory of needs:**

One important theory underpinning the concept of the Nursing Process is Maslow's Theory of needs. As stated, the first step of the Nursing Process is assessment. As such Nurses need adequate knowledge of the various basic needs of their patients if they are to be successful in planning adequate care for their patients and Maslow's hierarchy provided a base line for Maslow (1943) stated that people are motivated to achieve certain needs. When one need is fulfilled a person seeks to fulfill the next one, and follows on.

The earliest and most widespread version of Maslow's (1943, 1954) *hierarchy of needs* includes five motivational needs, often depicted as hierarchical levels within a pyramid.

FIGURE 1. *Maslow's pyramid of needs*



This five stage model can be divided into basic (or deficiency) needs (e.g. physiological, safety, love, and esteem) and growth needs (self-actualization). The deficiency or basic needs are said to motivate people when they are unmet. Also, the need to fulfill such needs will become stronger the longer the duration they are denied. For example, the longer a person goes without food the more hungry they will become. One must satisfy lower level basic needs before progressing on to meet higher level growth needs. Once these needs have been reasonably satisfied, one may be able to reach the highest level called self-actualization.

Every person is capable and has the desire to move up the hierarchy towards a level of self-actualization. Unfortunately, progress is often disrupted by failure to meet lower level needs. Life experiences, including divorce, sickness/ill health and loss of job may cause an individual to fluctuate between levels of the hierarchy. Nurses who are able to apply this theory in patient care will no doubt achieve good results since most patients often come to the hospital setting with a crises in one or more of these needs. Thorough assessment of patient needs will form the foundation for nursing care in trying to meet higher needs.

2. 3 Roy's adaptation theory:

Another important theory that underpins the development of the nursing process is Roy's adaptation theory. Roy explained that adaptation occurs when people respond positively to environmental changes, and it is the process and outcome of individuals and groups who use conscious awareness, self-reflection, and choice to create human and environmental integration (Roy, 1980). The key concepts of Roy's Adaptation Model are made up of four components: person, health, environment, and nursing.

According to Roy's model, a person is a bio-psycho-social being in constant interaction with a changing environment. He or she uses innate and acquired mechanisms to adapt. The model includes people as individuals, as well as in groups such as families, organizations, and communities. This also includes society as a whole. The environment has three components: focal, which is internal or external and immediately confronts the person; contextual, which is all stimuli present in the situation that all contribute to the effect of the focal stimulus; and residual, whose effects in the current situation are unclear. When using Roy's model as a theoretical framework, the following can serve as a guide for the assessment of families. The nurse assesses the degree to which the family's actions in each mode are leading to positive coping and adaptation to the focal stimuli. If coping and adaptation are not health promoting, assessment of the types of stimuli and the effectiveness of the regulators provides the basis for the design of nursing interventions to promote adaptation.

Nurses through the use of the nursing process are able to identify the innate abilities of their patients in trying to help them adapt both positively and negatively to the changed environment

during the hospitalization period. An understanding of this theory helps nurses create a therapeutic environment for their patients aimed at exhibiting quality individualized nursing care.

2.4 Knowledge of the nursing process

Knowledge of the nursing process is an important tool that can facilitate its implementation/use. Saba (2002) stated that “it is impossible to provide nursing care without processing knowledge in some way”. Noting that theory is the knowledge or content for practice, adding that “process is the way of using that content”. Saba(2002:pg21).

(Laryea, 2004) stated that the Nursing Process can be described in two ways; descriptive, the way nursing actually happens and normative, the way nursing should be performed. Nurse needs to have adequate knowledge of the Nursing Process if she is to succeed in its implementation. Also, Collaham (2006) discovered that, while all nurses attended workshops and nurses’ training colleges where students are taught and examined on the nursing process, the nursing process was not being practiced on the ward.

2.5 Use/implementation of the nursing process

In a research conducted on application of the nursing process and its affecting factors among nurses in Ethiopia, Fissela et al, (2013) identified that, the nursing process was not applied by following the scientific way in the hospitals. All 200 respondents representing 100% reported that they did not apply any of the nursing process steps. This finding is in variance with the findings of the study conducted in Brazil in which assessment was performed in 98.7% of cases; diagnosis was made in 90% of cases; and planning was made in 74.8% of cases (Pokorski et al, 2009). It also varies with a finding of a study conducted in Central Taiwan which revealed that 90% of nurses studied generally followed the nursing process and charting sequence to complete

care plans (T-T Lee, 2005). It further varies with a study done in Ogun state, Nigeria indicating that nurses implement the nursing process at the levels of assessment, diagnosis, care plan and evaluation respectively by:40.37%, 13.76%, 43.12%, and 2.75% (Kollie et al, 2014)

In a similar study conducted in Ghana by Laryea(2004) on “barriers to nursing process implementation”, it was discovered that the nurses’ theoretical knowledge was high, however, majority lacked the practical skills in data collection, writing nursing diagnosis and objectives. This indicated that there is a gap between theory and practice, presenting as a major reason for non-implementation of the nursing process in care giving.

2.6 Factors militating against the successful implementation of the nursing process

Various factors have been assigned for the non-implementation of the nursing process. Ezech (2008) in a study conducted at Eagle General Hospital in Nigeria identified lack of competence and knowledge in the use of the concept as a militating factor against its implementation. The author therefore suggested that more workshops should be conducted in the state, particularly in the areas of nursing diagnosis and rational.

Another factor militating against the implementation of the nursing process is lack of adequate skills to implement care plans. (Bowman, 2008) identified that many nurses do not have adequate skills to implement care plans. Block (2009) affirmed that when he conducted his studies on the nursing process implementation in three tertiary health institutions in Nigeria among general nurses, he discovered that the nursing process was not being implemented accordingly, mainly due to the fact that some nurses have lower ability to process information based on intellectual, interpersonal and technical skills. Hence for nursing process to be effectively implemented, nurses require to possess cognitive, affective and psychomotor skills.

A study by Guesta, (2003) indicated that some nurses regarded the nursing process as the United States' culture and American concept, and hence implementation of the idea could not be brought over completely to African set up with a different culture. The Author then suggested that the nursing process implementation should differ from country to country, mainly because of cultural differences.

Block (2009) in this study noted newer graduates from nursing schools view the nursing process as more of a student –learning tool which exists only for those patients as students were assigned to take care during examination. Using it in pledge for nursing was for educational purposes and not to improve quality of care of their client.

Howe (2005) is of the opinion that poorly equipped hospitals and units, perennial shortage of drugs, shortage of staff, non-training of the few employed and so on are factors that work against the nursing process implementation. Laoye (2006) on the other hand identified that the Nursing Process as desirable but too time consuming to be practical. If it is not valued, it is not used, and most nurses continue to intervene using standardized procedures based on medical diagnosis rather than a rational based on nursing assessment, planning and evaluation feedback .

2.7 Strategies/measures to promote successful implementation and sustenance of the nursing process

Itah (2005) conceptualized strategies as specific major actions or patterns for the attainment of objectives. A pertinent role of the nursing practice is the ability of the nurse to process information and to make sound and informed judgment or the attainment of objectives. This information processing involves the various skills identified in this section. Successful

implementation depends on cognitive, affective and psychomotor skills of the nurse, that is intellectual, interpersonal and technical skills (Yura& Walsh, 2008).

Collaham (2006) affirmed that adequate staffing was the most important element in nursing practice, as the availability of adequate staff allowed nurses time to implement nursing interventions on patients. Again the services should be lucrative with updated salary scales and regular and prompt payment. These will give the nurses comfortable, adequate and conducive work environment that will provide job satisfaction thereby changing the negative attitudes that some nurses have about the nursing process and its implementation.

Arnold and Boggs (2002) observed that interpersonal relationships among staff allowed for open discussion and exploration of feelings. This provides a cordial working relationship among the staff which in turn ensures good communication, easy delegation of duty and unity, thereby ensuring implementation and sustainability of the nursing process.

Umunna (2006) on the part of the client concluded that they need more enlightenment by the health team on the new approach, and the clients should be fully integrated in to their care to gain their cooperation about the new technique of care.

CHAPTER THREE

3.1 RESEARCH METHODOLOGY

This research methodology employed the use of quantitative methodology to assess the knowledge and usage of the nursing process using the responses of respondents by descriptive statistics. This research employed the quantitative methodology which emphasize objective measurements and through questionnaires by manipulating pre-existing statistical data using computational techniques. Quantitative research focuses on gathering numerical data and generalizing across group population.

3.2 Research design

The research was conducted using the descriptive cross-sectional study with a quantitative approach to assess knowledge and usage of the Nursing process in the management of patients at the Medical Wards of KomfoAnokye Teaching Hospital. The purpose of descriptive study is to observe, describe and document aspects of the situation as it naturally occurs.

Descriptive research study basically describes and interprets what is. It is concerned with conditions or relationships that exist, opinions that are held, processes that are going on, effects that are evident, or trends that are developing. It is primarily concerned with the present, although it often considers past events and influences as they relate to current conditions (Best & Kahn 1995:105). The study was conducted under the cross sectional design due to the fact only the cross section of nurses working at the Komfo Anokye Teaching Hospital was studied. The advantage of the cross sectional is that the characteristics of the section selected gives a clue of the characteristics of the larger population and can be used to describe the general population.

3.3 Study Setting

KomfoAnokye Teaching Hospital is located in the Ashanti Regional capital of Ghana, Kumasi. It offers various specialized medical and surgical services. It is also a renowned training centre for various health professionals e.g. doctors and nurses of various specialties. The hospital offers a wide range of secondary and tertiary services which include general medicine, general surgical services, specialized surgical services, maternal and child health services, oncological services, dermatological care and general laboratory services. The medical directorate consists of male and female wards. The female ward where the study was conducted was made up of C6, D3, D3 ICU, D4, D5A, DGB, and D5 ICU. Some of the conditions managed are Diabetes Mellitus, Cerebrovascular Accident, Hypertension, Typhoid fever etc.

3.4 Study population

The population for this study is made up of all nurses working in the female unit totaling 117 nurses made up of 97 females and 20 males. Out of these there are 6 Principal Nursing Officers (PNO), 10 Senior Nursing Officers (SNO), 5 Nursing Officers (NO), 36 Senior Staff Nurses (SSN), 19 Staff Nurses (SN), 22 Senior Enrolled Nurses (SEN) and 19 Enrolled Nurses (EN). The study took into consideration all categories of nurses working in the medical wards to draw a representative sample.

3.5 Sampling and Sampling techniques.

A probability sampling using the (proportionate stratified random sampling) was used in this study to arrive at a sample size. The population was stratified according to the ranks of the nurses, and then selection was randomly done in order to have a fair representation of all the various ranks in the study.

The major advantage of using the random sampling technique is that, each member of the population has an equal chance of being selected or included in the study and aids in minimizing bias. Considering the population size of 117, using a confidence level of 95%, confidence interval or significance level of 5%, the sample size was chosen as 90 using the sample size calculator.(www.surveysystem.com)

3.6 Data collection tool/procedures

The research instrument used in gathering data for the study was questionnaire. This instrument is useful for collecting numerical data that can be subjected to statistical analysis Kumar, (2014). A well-structured self-administrated closed ended questionnaire was developed after an extensive literature review. The questionnaire consisted of four (4) sections namely

- Socio-demographic characteristics
- Assessment of knowledge of the Nursing process.
- Assessment of the use/implementation of the Nursing process
- Factors militating against the successful implementation of the Nursing process.

A 5-point Likert scale was employed with the variables: Strongly Agree (SA), Agree (A), Neutral (N), Strongly Disagree (SD) and Disagree (D), to measure the direction of responses in relation to questions posed in each of the categories.

3.7 Data analysis

Descriptive statistics was used to analyze the quantitative data gathered through the questionnaires. The data (questionnaire) was prepared for analysis by editing, coding, cleaning

and then analyzing with the help of the Statistical Package for the Social Sciences (SPSS) Version 16.0. Frequencies, percentages and mean have been used to measure the direction of the responses. Tables and charts have also been used to illustrate the findings of the study.

3.7.1 Pre-Testing

To ensure validity and reliability of results, a pre-test was done at the female medical ward of KomfoAnokye Teaching Hospital on ten (10) nurses. The necessary corrections were made and modify according to responses, so as to help in eliminating irrelevant questions

3.8 Ethical consideration

An introductory letter was collected from the Department of Nursing and sent to the administration of KomfoAnokye Teaching Hospital, to obtain permission to use the facility for research study. Registration was completed online and sent to Department of Research at KomfoAnokye Teaching Hospital, after which permission was granted us to use the facility for the research. Copies of the introductory letter were sent to the various wards where the research was conducted.

The respondents were also adequately informed about all the relevant aspects of the study. This included the aim of the study, process and the fact that participation was entirely voluntarily. Respondents were assured of their privacy and that information given would be kept highly confidential. Respondent anonymity was also ensured to make sure there is confidentiality of every information given. The purpose of the study was also explained to the respondents to gain their consent.

3.9 Limitations of the study

One limitation is with the respect to the respondents is that the respondent might not have been truthful. Some of the respondents might not have been truthful, whilst others may want to provide socially acceptable responses in their attempts to impress the researchers. These could potentially affect the outcome of the study. However, the researchers worked on making sure the research tool for data collection was constructed in a way that required honest and sincere answers, and also emphasized the need for respondents to answer the questions with sincerity. The fact that the researchers are health professionals the probability of the study can be biased.

3.10 Validity and reliability

The questionnaire was developed by the researchers and then vetted and refined by the research supervisor to ensure reliability and validity.

Also, a sample of the questionnaire was administered as a pre-test to a cross-section of the respondents to measure contextual inaccuracies and problems related to the nature of questioning addressed. .

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter presents the analyzed data collected from 90 respondents on assessing the knowledge and usage of the nursing process in the management of patient at the medical wards of the KomfoAnokye Teaching Hospital.

4.1 Demographic data of respondents

TABLE 1: Demographic characteristics of respondents

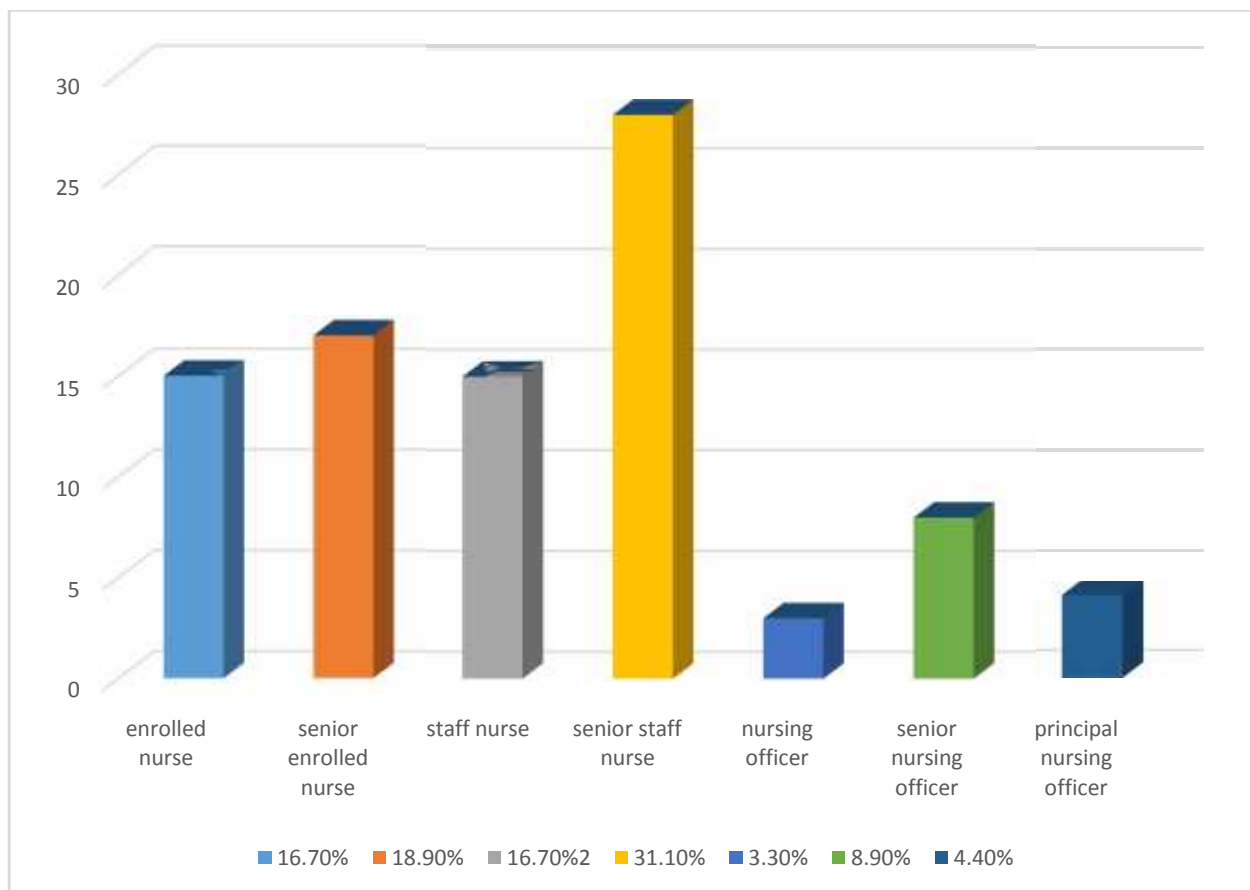
VARIABLE	FREQUENCY	PERCENTAGES
Sex		
Male	43	47.8
Female	47	52.2
Age		
15-30	54	60
31-50	36	40
51-65	-	

Source:Field data (May 2016)

From table 1 above, 47.8% of respondents are males, with 52.2% representing females; pointing to a slightly female dominant setup. Also, 60% of respondents are in the age group of 15-30years, with the remaining 40% falling in the rage range of 31-50 years. This is an indication of active workforce in the area of ranks as depicted in figure 2.

In the area of ranks as depicted in Figure 2 below, 16.7% of respondents are enrolled nurses, 18.9% senior enrolled nurses, 16.7% staff nurses, 31.1% senior staff nurses, 3.3% nursing officers, 8.9% senior nursing officers and 4.4% principal nursing officers. These figure indicate majority of respondents are professional nurses.

FIGURE 2. Bar chart showing professional ranks of respondents



4.2 KNOWLEDGE OF THE NURSING PROCESS

TABLE 2: Responses on knowledge of the nursing process n=90

Responses on Knowledge	Agree		Neutral		Disagree		Strongly agree		Strongly disagree	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
I have a good knowledge of my nursing process	36	40	-	-	-	-	54	60	-	-
I got this knowledge from the training school I attended	37	41	17	18.9	14	15.6	14	15.6	8	8.9
I need more information and tutorials to put in to practice the nursing process	33	36.7	27	30	10	11	14	15.6	6	6.7
The steps of the nursing process are; assessment, nursing diagnosis, planning, outcome identification, implementation and evaluation	25	27.8	9	10	3	3.3	50	55.6	3	3.3
Assessment helps identify strengths and problems for effective planning of care	25	27.8	9	10	3	3.3	62	68.9	3	3.3
Identification of outcome criteria in patient care gives a comprehensive guide on evaluation	14	15.6	-	-	-	-	-	-	-	-
Effective implementation of the nursing process leads to improved outcomes.	7	7.8	-	-	-	-	83	92.2	-	-
In evaluation, success is measured, and if possible goals modified for re evaluation	22	24.4	-	-	-	-	22	24.4	-	-

From table 2 above, 60% of respondents strongly agreed having good knowledge of the nursing process the remaining 40% agreed having good knowledge of the nursing process. The acquisition of knowledge of the nursing process was from the training schools they attended.

Namely 51(56.6 %) with almost half being neutralordisagreeing with acquiring the knowledge from training schools. Almost the similar percentage 52.3% called for more information and tutorials to put it into practice. However, 41% did not express any interest in more information or tutorials to implement the nursing process. Out of the 90 respondents, 75 (83.4%) had appreciable knowledge of the steps of the nursing process.

Data from the table also reveal that, 84.4% of respondents strongly agreed that identification of outcome criteria in patient care gives a comprehensive guide on evaluation, while 15.6% agreed. All of which shows knowledge of the nursing process. Again, majority of the nurses (92.2%)strongly agreed that effective implementation of the nursing process leads to improve outcomes. Only 7.8% disagreed with this statement.

75.6% of respondents strongly agreed, with 24.4% agreeing that; in evaluation, success is measured, and if possible goals modified for reevaluation.

4.3 Use/implementation of the nursing process

TABLE 3: responses on use/implementation of the nursing process n=90

Responses on use /implementation	Agree		Neutral		Disagree		Strongly agree		Strongly disagree	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
I use the nursing process in the care of all patients under my care	38	42.2	7	7.8	9	10	36	40	-	-
I am willing to apply the nursing process in the care of my patients.	31	34.4	-	-	2	2.2	57	63.3	-	-
I find it difficult to understand the application of the nursing process in real practice	12	13.3	5	5.6	41	45.6	14	15.6	22	24.4

I will prefer to be left out of this nursing process practice	13	14.4	7	7.8	21	23.3	1	1.1	48	53.3
Application of the nursing process should be left out for people with degree in nursing	4	4.4	4	4.4	21	23.3	4	4.4	62	68.9

Responses from table 3 on using the nursing process in the care of all patients carried over 82.2%, compared to 17.8% who were either neutral or disagreed to the above assertion. Almost all the respondents 97.7% were willing to apply the nursing process in the management of patient. However, only 70% had no difficulty in its application to patient care, the 30% had difficulty applying the process even though they are willing to use it in patient care. However, majority (76.6%) of the nurses wanted to be part of the nursing process, implementation which should not be left for degree nurses. Care Sing process in the All nurses should apply the nursing process in the care of patients for improved quality care.

4.4 Factors militating against the successful implementation of the nursing process

TABLE 4: Responses on factors militating against the successful implementation of the nursing process

STATEMENT	Agree		Neutral		Disagree		Strongly agree		Strongly disagree	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Application of the nursing process requires tedious documentation that nurses cannot sustain	8	8.9	8	8.9	39	43.3	8	8.9	27	30
The nursing staff strength is inadequate to fully practice the nursing process	34	37.8	13	14.4	3	3.3	24	26.7	16	17.8
Hospital management cannot sustain the supply of necessary	14	15.6	22.2	20	13	14.4	9	10	34	37.8

materials for the nursing process practice										
The hospital management needs to be enlightened on the benefits of the nursing process	52	57.8	5	5.6	5	5.6	28	31	-	-
Hospital management should add a monthly incentive for all nurses as a motivation for the nursing process practice	11	12.2	5	5.6	12	13.3	55	61.1	5	5.6
Cultural differences among patients makes it difficult to fully implement the nursing process in patient care	35	38.9	5	5.6	5	5.6	40	44.4	5	5.6
Lack of competence and the requisite skills by most nurses affect the implementation of the nursing process in patient care	31	34.4	22	24.4	8	8.9	29	32.2	-	-
Nurses need more training to fully understand the linkage between theory and successful application of the nursing process in patient care.	23	25.6	-	-	-	-	67	74.4	-	-

From the table 4 above, 73.3% of respondents disagreed and strongly disagreed that application of the nursing process required tedious documentation that nurses cannot sustain while the remaining 26.7% either assumed neutral stands, agreed or strongly agreed `64% agreed that limited staff strength militate against full implementation of the nursing process, with the remaining 35.5% disagreeing that staff strength is an issue when it comes to the application of the nursing process in the management of patients.

A total of 52.2% of the nurses agreed that hospital management can sustain the supply of the necessary materials for the implementation of the nursing process while 47.8% indicated otherwise. A greater number (88.8%) of the respondent indicated enlighten hospital management on nursing process was key to its successful implementation but also to put incentive factor to the use of nursing process practice 61% of respondents strongly agreed and 12.2% agreed, both

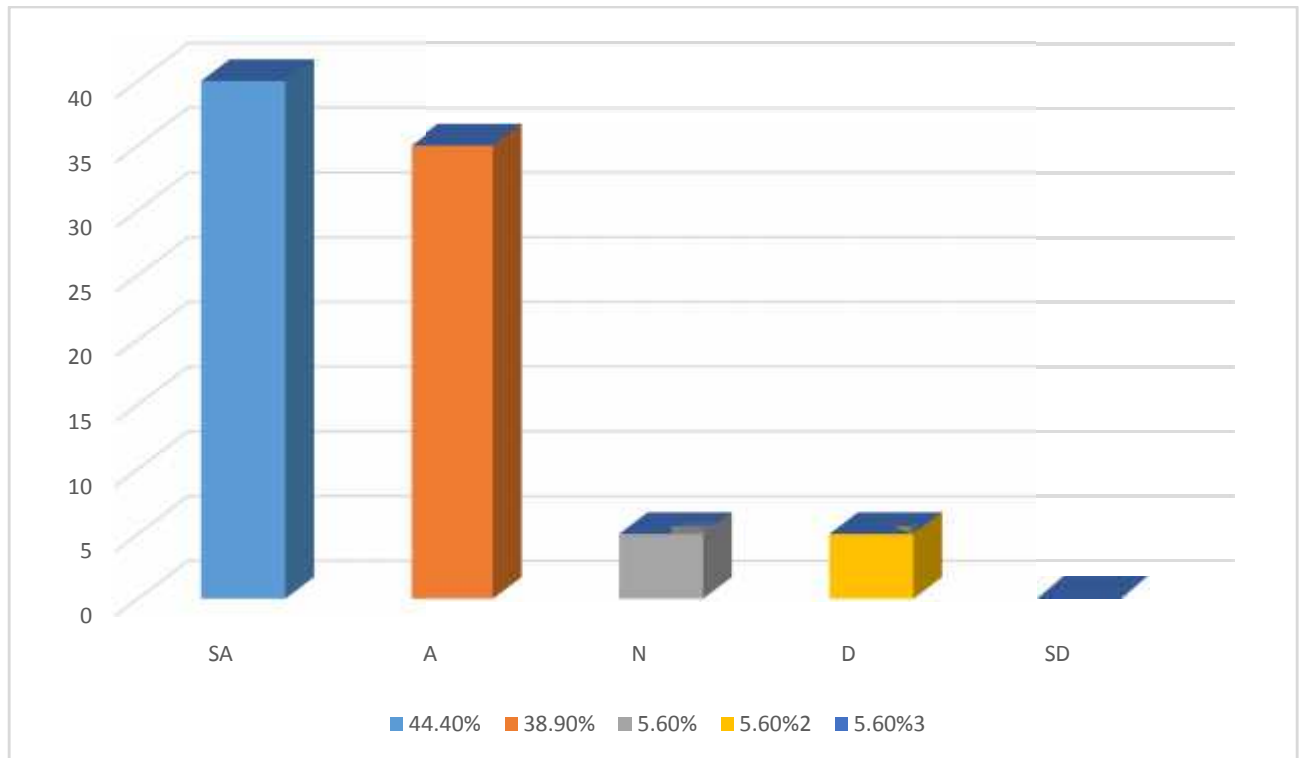
representing 73.2%. The remaining 26% do not consider monthly allowances which are a form of incentive as a factor working against the successful implementation of the nursing process in the management of patients.

Data from the same table also point out cultural differences among patients as a factor militating against the implementation of the nursing process as 83.3% of respondents strongly agreed and agreed to this assertion with only 16.7% of respondents not considering cultural difference as a factor.

Again 66% of respondents agreed and strongly agreed that, lack of competence and the requisite skills by most nurses affect the implementation of the nursing process in patient care, while the remaining 34% were either neutral, disagreed or strongly disagreed.

In the area of capacity building respondents (100%) strongly agreed and agreed that, Nurses need more training to fully understand the linkage between theory and successful application of the nursing process in patient care. As such, all respondents see lack of training and regular in-service trainings as a factor militating against the successful implementation of the nursing process in patient care.

FIGURE : *bar chart showing responses on cultural difference among patients as a factor militating against the implementation of the nursing process*



CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATION

5.0. Introduction

The study is to evaluate “knowledge and usage” of the nursing process in the management of patients at the medical wards of the KomfoAnokye Teaching Hospital. This chapter discusses the findings of the study with the aim of drawing logical conclusions as well as making recommendations for the improvement of the practice of the nursing process in patient management.

5.1. Knowledge of the nursing process

The study revealed that, 60% of all the respondents had knowledge of the nursing process, including the steps involved in the process including the steps involved in the process, 83.4% of all respondents were able to identify the steps of the nursing process. Adding that identification of outcome criteria in patient care gives a comprehensive guide on evaluation.

This assertion on adequacy in knowledge by the nurses is in line with the statement that knowledge of the nursing process is an important tool that can facilitate its implementation/use. According to Saba (2002) “it is impossible to provide nursing care without possessing knowledge in some way”. Noting that theory is the knowledge or content for practice, Saba (2002 pg 21.) also said that “process is the way of using that content”. The study is equally consistent with a study conducted by Fisseha et al, 2014 on application of the nursing process and it’s affecting factors among nurses in Makelle zone hospitals, northern Ethiopia. In this study, they found that 181(90.5%) of respondents reported having head or some knowledge of

the nursing process. The study is equally consistent with a study conducted by Fisseha et al, (2014) on application of the nursing hospitals, process and its affecting factors among nurses in Makalle Zone hospitals, northern Ethiopia. In their study, they found that 181(90.5) of respondents reported having head or had some knowledge of the nursing process.

5.2 Use/implementation of the nursing process

In the area of implementation, nurses at the KomfoAnokye Teaching Hospital medical wards affirmed using the nursing process in the management of their patient and willing to continue (97.7%). This study finding is consistent with findings of a study conducted in central Taiwan which revealed that 90% of nurses studied generally followed the nursing process and charting sequence to complete care plans (T-T Lee, 2005). This shows a high commitment towards the implementation of the nursing process.

The study findings are however inconsistent with findings of a research conducted on application of the nursing process and its affecting factors among nurses in Ethiopia, where Fissela et al, (2013) identified that, the nursing process was not applied by following the scientific way in the hospitals. All 200 respondents representing 100% reported that they did not apply any of the nursing process steps.

Even though majority of the nurses applied the nursing process about 50% medicated having difficulties applying it in real practice. However, inspite of the challenges, all ranks of nurses interviewed printed out their willingness to use the nursing process but there are militating factors its full implementation.

5.3 Factors militating against the successful implementation of the nursing process

Inadequate staff strength to the half of the respondents was not a critical factor to militate against the successful

The study findings reveal that, 26.7% and 37.8% strongly agreed and agreed respectively that, the nursing staff strength is inadequate to fully practice the nursing process. Meaning lack adequate nursing staff is identified as a factor working against the implementation of the nursing process. Also, lack of motivation has been pointed out as a factor working against the implementation of the nursing process as 61% of respondents strongly agreed and 12.2% agreed, both representing 73.2% that, hospital management needs to add a monthly allowance as a motivation for the practice of the nursing process. The study further reveals that, 66% of respondents agreed that, lack of competence and the requisite skills by most nurses affect the implementation of the nursing process in patient care. As such, nurses need more training and refresher courses regularly to enable them practice the nursing process implementation. These findings are consistent with findings of a research on factors militating against the implementation of the nursing process where Bowman, (2008) identified that many nurses do not have adequate skills to implement care plans. Block (2009) also affirmed that when he conducted his studies on the nursing process implementation in three tertiary health institutions in Nigeria among general nurses, he discovered that the nursing process was not being implemented accordingly, mainly due to the fact that some nurses have lower ability to process information based on intellectual, interpersonal and technical skills. Data from the study also point out cultural differences among patients as a factor militating against the implementation of the nursing process as 83.3% of respondents strongly agreed and agreed to this assertion.

Cultural factors such as language acquisition, health beliefs on the role of spirituality in healing have been identified as factors militating against the successful implementation of the nursing process. Language acquisition and differences makes it difficult for effective communication between the nurses and patients. And this affects the data collection process in the assessment phase of the nursing process. Health beliefs and role of spirituality in healing are often sometimes neglect by nurses, but can be of negative consequence to patient outcome if not properly explored.

The study findings are also congruent with findings from a research work on factors militating against the implantation of the nursing process where Howe (2005) identified that, poorly equipped hospitals and units, shortage of staff, non-training of the few employed and so on were factors that work against the nursing process implementation

5.4 Conclusion

In conclusion, the study findings reveal that, majority of the respondents had adequate knowledge of the nursing process as 60% of respondents strongly agreed having good knowledge of the nursing process. Quiet apart from that, the rest of the knowledge related questions had positive scores higher than 75%.

Also, the study findings also conclude that, there was a high level of implementation of the nursing process among the respondents as 82.2% of the respondents admitted using the nursing process in the care of all patients under their care, and 97.7% agreed and strongly agreed that they were willing to use the nursing process in the care of their patients.

Finally, the study concludes by identifying; inadequate staffing, lack of competence and requisite skills, lack of incentives as a form of motivation and cultural differences among patients as factors militating against the successful implementation of the nursing process.

It is worth stating that, the various aspects of the nursing process reviewed in this work if adopted would ensure effective utilization and implementation of the nursing process in health care delivery.

5.5 Recommendations

Based on the study findings, it is recommended that;

- There should be training of more nurses to improve on the staffing strengths to enable nurses implement the nursing process in the care of patients.
- Regular in-service trainings and fresher courses need to be organized to keep nurses refreshed on emerging trends in the nursing process as a tool in patient care.
- There should be adequate motivation of nurses (provision of allowances) to improve the level of usage of the nursing process in the care of patients.
- This means even after school there is continues learning and improvement in the practice of the nursing process.
- There should be adaptation of the concept to geographic settings.
- There should be availability of stationary with staff for individualized of patients.
- Nursing and midwife council should make it a major component of the nursing curriculum.

REFERENCES

- Arnold, E., Boggs, U. (2002) professional communication for Nurses; (5th edition) Saunders- Elsevier; language arts and discipline.
- Bowman G. S., D. R. Thompson, and T. nursing W. Sutton, (2008) "Nurses' attitudes towards the nursing process," *Journal of Advanced Nursing*, Vol. 8, no. 2, pp. 125-129.
- Fisseha, H., Fessehaye, A., Fikadu, B., Semarya B., Alemseged, A. (2014) Application of Nursing Process and Its Affecting Factors among Nurses Working in Mekelle Zone Hospitals, Northern Ethiopia Volume 2014 (2014), Article ED 675212
- Fisseha, H., Fessehaye, A., Fikadu, B., Semarya B., Alemseged, A. (2014) Application of Nursing Process and Its Affecting Factors among Nurses Working in Mekelle Zone Hospitals, Northern Ethiopia nursing research and practice; volume 2014, ID 675212, 9.
- G. S. Bowman, D. R. Thompson, and T. W. Sutton, (2008) "Nurses' attitudes towards the nursing process," *Journal of Advanced Nursing*, vol. 8, no. 2, pp. 125-129.
- Kollie, E., Ojewole, F., Nwozichi, C. (2014) factors influencing the utilization of the nursing process in Ogunstate, Nigeria.
- Kozier, Erb and Blais, Wilkinson (2000), *Fundamentals of Nursing: Concepts, Process and Practice*. Addison Wesley Longman Inc. California.
- Laryea, J. (2004). Barriers to the implementation of the nursing process. *West African College of Nursing Journal*, 5(3): 10-17.
- Lopes, M., Higa, R., Reis, M., Oliveira, N & Mafra, F., *International Journal of Nursing Terminologies and Classifications*, 2010 25, 118-20.
- Marlow, A. H. (1943). A theory of human motivation: psychological review, 50(4), 370-96

- Miss, O. (2006). Barriers to the implementation of the nursing process: pain state, Nigeria: vol 2: 101-80.
- Morrison, K. R B. (1993). Planning and Accomplishing School-Centred Evaluation. Dereham: PeterFrancis
- Roy, C. (1980). "The Roy Adaptation Model". In Riehl, J. P.; Roy, C. Conceptual Models for Nursing Practice. Norwalk: Appleton: Century Crofts.
- S. Pokorski, M. A. Moraes, R Chiarelli, A. P. Costanzi, and E. R Rabelo,(2009)
 "Nursing process: from literature to practice. What are we actually doing?" Revista Latino- Americana de Enfermagem, vol. 17, no. 3, pp. 302—307,2009.
- T.-T. Lee. (2005) "Nursing diagnoses: factors affecting their use in charting standardized care plans," Journal of Clinical Nursing, vol. 14, no. 5, pp. 640-647, 2005. View at Publisher • View at Google Scholar • View at Scopus
- Use a Smart Nursing Process for your care, 2008-2010, 2010,
<http://www.nursingavenue.com/Nursing-Process.html>.
- Ummunna, E.(2006) factors militating against successful utilization of the nursing process; ogun state hospital.
- Yura, H. & Walsh, M. (1967). The Nursing process. Norwalk, CT: Applenton - Century — Crofts.
- Yura, H. & Walsh, M. (1978). The Nursing process: Assessment, Planning, Implementation and Evaluation. (3rd Ed.). New York: Applenton - centuiy

APPENDICES

Appendix A

CHRISTIAN SERVICEUNIVERSITY COLLEGE

COLLEGE OF HEEALTH SCIENCES

DEPARTMENT OF NURSING.

QUESTIONNAIRE FOR NURSES

The purpose of this questionnaire is to obtain information for a research work on “**Assessing theknowledge and usage of the Nursing process in the management of patients at the medical wards of the KomfoAnokye Teaching Hospital**”. You will be contributing immensely to the success of this research if you answer the following questions as frankly as you can. Please Endeavour not to leave any question unanswered. This questionnaire is designed for academic purpose only and as such all information provided for this study will be treated as confidential and your anonymity is assured.

Instructions: Please tick () or write where appropriate, the spaces provided with your responses. Thank you.

SECTION A

Demographic Information

Instruction: Please tick [] or write where applicable the box corresponding to your choice concerning each statement below or the space provided respectively.

- Sex: Male [] Female []
- Age:
- Marital Status: Single [] Married [] Divorced []
- Rank: staff nurse [] senior staff nurse [] nursing officer[] senior nursing officer[] principal nursing officer[] deputy director of nursing service[]

SECTION B

Knowledge about the Nursing process.

Instruction: Please tick [] to indicate your level of agreement or disagreement to the following statements.

Strongly Agree = SA

Agree = A

Neutral = N

Disagree = D

Strongly Disagree = SD

Statement	SA	A	N	D	SD
<ul style="list-style-type: none">I have good knowledge of the Nursing process.					
<ul style="list-style-type: none">I got this knowledge from the training school I attended					
<ul style="list-style-type: none">I got the knowledge of the Nursing process from seminars /workshops					
<ul style="list-style-type: none">I need more information and tutorials to put to practice the Nursing process.					

<ul style="list-style-type: none"> The steps of the Nursing process are; assessment, Nursing diagnosis, planning, outcome identification, implementation and evaluation 					
<ul style="list-style-type: none"> Assessment helps identify patient strengths and problems for effective planning of care 					
<ul style="list-style-type: none"> Identification of outcome criteria in patient care gives a comprehensive guide on evaluation 					
<ul style="list-style-type: none"> Effective implementation of the nursing process leads to improved outcomes 					
<ul style="list-style-type: none"> In evaluation, success is measured and if possible goals modified for re-evaluation 					

SECTION C

Use/implementation of the Nursing process

Instruction: Please tick [] to indicate your level of agreement or disagreement to the following statements

Use: *Strongly Agree* = SA

Agree = A

Neutral = N

Disagree = *D*

Strongly Disagree = *SD*

Statement	SA	A	N	D	SD
<ul style="list-style-type: none">I use the Nursing process in the care of all patients under my care all the time.					
<ul style="list-style-type: none">I am willing to apply the Nursing process in the care of my patients					
<ul style="list-style-type: none">I find it difficult to understand the application of the Nursing process in real practice.					
<ul style="list-style-type: none">I will prefer to be left out of this Nursing process practice.					
<ul style="list-style-type: none">Application of the Nursing process should be left for those with degree in Nursing.					

SECTION D

Factors militating against the successful implementation of the Nursing process

Instruction: Please tick [] to indicate your level of agreement or disagreement to the following statements

Use: *Strongly Agree* = SA

Agree = A

Neutral = N

Disagree = D

Strongly Disagree = SD

Statement	SA	A	N	D	SD
• Applying the Nursing process requires tedious documentation that nurses cannot sustain.					
• The nursing staff strength is inadequate to fully practice the Nursing process.					
• Hospital management cannot sustain the supply of necessary materials for the Nursing process practice.					
• The hospital management needs to be enlightened on the benefits of the Nursing process.					
• Hospital management should add a monthly incentive for all nurses as a motivation for the Nursing process practice.					
• Cultural differences amongst patients make it difficult to fully implement the nursing process in					

patient care.					
<ul style="list-style-type: none"> Lack of competence and the requisite skills by most nurses affect the implementation of the nursing process in patient care 					
<ul style="list-style-type: none"> Nurses need more training to fully understand the linkage between theory and successful implementation of the nursing process in patient care. 					

Thank you for your feedback!