

**ASSESSMENT OF FACTORS HINDERING IMPLEMENTATION OF THE NURSING
PROCESS AMONG NURSES IN MSAMBWENI DISTRICT HOSPITAL**Penninah I. Nambuki¹, Mutinda A. Kasusu², Eunice Omondi³, Gabriel Kishoyian^{4*}¹Department of Nursing, Kenya Medical Training College – Nairobi Campus P.O. Box 30195 – 00100 Nairobi.^{2,3}Department of Nursing, Kenya Methodist University. P.O.Box 452240 -00100 Nairobi, Kenya.⁴Department of Medical Laboratory Sciences, Kenya Medical Training College, Makueni. P.O. Box 198 – 90300 Wote, Makueni, Kenya.***Corresponding Author: Gabriel Kishoyian**

Department of Medical Laboratory Sciences, Kenya Medical Training College, Makueni. P.O. Box 198 – 90300 Wote, Makueni, Kenya.

Article Received on 02/02/2020

Article Revised on 23/02/2020

Article Accepted on 14/03/2020

ABSTRACT

Background: Nursing procedures are systematic, patient-centered methods of problem unraveling in order to achieve quality in health care provision. Although the nursing process is a global concept, there are many factors that hinder the implementation of nursing processes. This study was aimed at determining factors that hinder the implementation of the nursing process by registered nurses at Msambweni District hospital. **Method:** A descriptive cross-sectional design was used to conduct this study. A total population of 100 registered nurses was used in this study. A pretested self-administered questionnaire was used to collect data. The data was analyzed by use of statistical package for social sciences (SPSS) version 17. Pearson chi-square analysis was done to determine relationship between variables. **Results:** Factors significantly associated with hindering implementation of the nursing process were lack of hospital administration support (p=0.02). Lack of supervisory support (p=0.003), Inadequate staffing (p=0.02), and lack of motivation (p=0.04). Majority of the respondents (96%) cited the inadequate supply of equipment as a factor in the implementation of the nursing process. **Conclusion:** The majority of the participants were not implementing the nursing process adequately. Strong administrative support of the nursing process is recommended for so to implement the process.

KEYWORDS: Nurse, Nursing process, Factors, Kenya, Hospitals.**BACKGROUND**

The nursing process is a systematic method that includes assessing, planning, diagnosis and providing care which requires critical thinking skills to identify and treat actual or potential health problems and to promote wellness.^[1,2] It is considered that modern-day nursing has been designed and acknowledged as an independent profession since the day of Florence Nightingale. Being recognized as a profession, the discipline has started to establish its own conceptual and hypothetical structure and of them, the nursing process is the peculiar one.^[3] Whatever the time of its origin and whoever the nominator, the process currently is a highly recommended standard of care, widely accepted, and used in the scientific method to guide procedures and qualify nursing care.^[3, 4] The nursing process has been described as a theory of how nurses organize the care of individuals, families, and communities.^[1] Lydia Hall was the first person to introduce the concept of “nursing process” into nursing in 1955 while addressing a group of nurses in New Jersey while the theory of nursing process has been largely accepted by nurses since 1967.^[1]

Recently, the process is being defined as a systematic, organized, and dynamic way used by nurses to meet the individuals healthcare needs of their patients through operating five interrelated steps: assessment, diagnosis, planning, implementation and evaluation.^[3, 5] Effective implementation of the nursing process leads to improving quality of care, facilities and healing process and in doing so minimizes hospital stay, increases patient satisfaction and service utilization. In addition, as patient stay decreases, the cost of the healthcare system decreases and patient working time increases thus having an economical aspect. Likewise, the nursing process enables nurses to perform their activity with logical justification and help them to function as an autonomous and distinct profession.^[3, 6, 7] Several studies have observed that by implementing the nursing process, the nursing profession be strengthened; internationalized, dignified and patient care criteria will be unified. However, if an activity is provided for a client without assessing his/her need and the action brings change, then nursing is not a profession. Therefore, for nursing to be a profession and to be recognized as independent, nurses should follow stepwise activities that the preceding

activities determine the succeeding one, which is the nursing process.^[3]

In Africa, many countries have adopted the nursing process, but the problems are found in its implementation in the clinical setting. A study conducted in four African countries found out while nurses generally agree on the benefit of the nursing process, it's not commonly used in practice. Some of the limitations acknowledged in the studies^[1, 8] observed that its time-consuming nature, failure of the nurse leader to motivate others, shortage of staffs and negative attitude. A study carried out in Ethiopia observed that almost all nurses in Mekelle hospital do not use nursing process during the provision of care to their patients.^[1, 8, 9] However, different factors influence the application of the nursing process in a hospitalized setting. For example, in health institutional, organizational factors and facilities in both material and human resource are some of the impediments factors that hinder putting into practice the nursing process. The other factors embrace information, particularly for the formulation of nursing diagnosis in developing countries medicare plans, skills, experience, and interest and believe of nurses on the importance of the nursing method that all have an effect on the implementation.^[4] However, if nurses fail to hold out necessary nursing care, then the effectiveness of patient progress could also be compromised and might result in preventable adverse patient events.

The nursing process is a scientific method for delivering holistic and quality nursing care and its effective implementation is critical for improved quality of nursing care.^[11] However, its implementation in most hospitals especially in low and middle-level income countries remains a challenge despite the effort being made to practice the competence.^[12] Kenya being in this category of low and middle-level income is not exempted from these challenges. Among critical factors associated with failure to implement the nursing process in clinical settings can be broadly be classified into negative attitudes, incompetence and lack of resources. The nursing process is used in clinical practice globally to deliver quality-individualized care to patients and lack of its application can reduce the quality of care offered by nurses. Applying the nurse's process across the board requires understanding barriers affecting its utilization.

The nursing process upon introduction^[13] has proven to be a means of standardizing nursing care and in maintaining professional autonomy. However, despite its benefits, many nurses are yet to fully understand and put to practice the nursing process resulting in poor patient care and outcome. For example, despite a structured and comprehensive training of the nurse working at Machakos level 5 hospital on the nursing process in the year 2012 by MOH, evaluation reports suggest the inadequate implementation of the nursing process. This indicates that there is an urgent need to expand nursing process implementation in the clinical settings, which

translate to improved quality of patient care. This can be done by targeting nurses who contribute up to 51.5% of all health workers in Kenya National Human Resource for Health, 2010. With nursing services contributing to the large percentage of the overall quality of health, nursing process implementation will lead to positive patient outcome and patient satisfaction in our institutions. More important, our health training curriculum for all cadre of nurses in Kenya has incorporated the nursing process as a framework for delivering nursing care.

Conversely, nurses find it difficult to implement nursing care using this frame work which in turn contributes to poor-quality health care in a public hospital in Kenya.^[14] As a motivation factor from the Government, the nursing process has been adopted by the Ministry of Health (MOH) Kenya to be in the nurse's scheme of service and to serve as one of the criteria for the promotion. This intervention has partly enhanced its utilization hence improving quality nursing care to patients thereby playing a significant by stimulating the construction of theoretical and scientific knowledge based on clinical practice. Although the implementation of the nursing process is well investigated throughout much of the developed world, the issue has only rarely been researched in the developing countries including Kenya. Therefore this study was intended to assess on factors hindering the implementation of the nursing process among nurses in Msambweni district hospital of Kenya.

The study area and period

The study was carried out in Msambweni District Hospital in Kwale County from December 2013 to June 2014. Msambweni County borders Taita Taveta District to the west, Mombasa District to the northeast and Tanzania to the south. Kwale County has three hospitals, five health centers, thirty-seven dispensaries, all government facilities. There are three private dispensaries. The Services offered are preventive, curative, promotive and rehabilitative. There are four main wards namely medical, surgical, pediatrics and maternity ward. There is also an outpatient department and maternal child health and family planning clinic. The patient turns up in outpatient is an average of 200 patients per day with 125 nurses. Other departments within the hospital are a casualty, laboratory, pharmacy, radiology department, all of which attend to patients on a daily basis.

Research design

A descriptive cross-sectional study.^[15]

Study population

All staff nurses who have been working in Msambweni District hospital in Kwale County.

Inclusion criteria

All the nurses who were working at Msambweni District Hospital during the study period and accepted to participate voluntarily.

Exclusion criteria

All the nurses who were not on duty, leave and those that decline during the study period.

Sampling**Sample size determination**

In this study, the proportion of the target population that implements nursing process was not known. Therefore calculation of the sample size was done using the following formula as recommended.^[15, 16]

$$n = \frac{Z^2 pq}{d^2}$$

Where:

n = the desired sample size, z = the standard normal standard deviation set at 1.96 which corresponds to the 95% confidence level and p = the proportion of nurses that use the nursing process. Since there is no reasonable estimate, then 50 % (0.5) was used.

$$q = 1 - p$$

d = the level of statistical significance, set at 0.5.

$$n = \frac{1.96 \times 0.5 \times 0.5}{0.5^2} = 384$$

Since the study population was less than 10,000, to calculate the final sample size (nf) the following formula was used.

Where nf = the desired sample size (when the population is less than 10,000)

n = the desired sample size (when the population is more than 10,000)

N = estimate of the population size (total number of nurses 125)

$$\begin{aligned} nf &= \frac{n}{1+n/N} \\ &= \frac{384}{1+384/125} = 385/125 \\ &= 3.8 = 4 \\ &= 384/4 \\ &= \underline{96}. \end{aligned}$$

Desired sample size for this study was 96 and therefore this was increased 100 in order to reduce the sampling bias and margin of error.

Study variables**Independent variable**

Nurse's personal factors

- Demographics
- Experience of nurses
- Knowledge on the implementation of nursing process
- Skill of nurses on implementation of nursing
- Organizational and facility related factor

..... Working environment

..... Material supplies for nursing care

Sampling procedure

Units of study (clusters) were hospitals approved for nurse training hospitals in all the forty seven counties within the country. Hospitals approved for nurse training within Kwale County were purposively sampled because student nurses from Msambweni Medical training college are mainly placed within these hospitals during training. Msambweni District hospital was randomly sampled. Out of all departments within the hospital, only admitting wards namely male, female, pediatric and maternity wards were purposively selected. This was because nursing process is implemented in the admitting wards. All nurses working within these admitting wards and met the study criteria were conveniently sampled. The duty roster was used to identify those on duty. To avoid repetition of respondents, numbers were assigned to all respondent who completed the questionnaires.

Data collecting procedure

Data was collected through a self-administered questionnaire

Data collection tool

This was done through a questionnaire. The validity of the data collection tool was determined by two experts with reliability of skill measurement questions. The structured English version questionnaire had five main parts. Part I was used to collect data about nurses' socio demographic, part II about nurse's personal factors that hinder implementation of the nursing process, part III was nurse's knowledge on the nursing process, part IV on professional factors and part V about administrative factors that hinders implementation of the nursing process.

Data quality assurance

To assure data quality, training and orientation was given for the data collectors by the principal investigator. The data collection tool was pre-tested on 5% of the participants two weeks before the actual data collection period. Similarly necessary corrections and amendments were considered. During data collection, data collectors checked the data for its completeness and missing information at each point. Further, data were checked during entry and compilation before analysis.

-Equipment
assess to nursing care
-Management
system of the hospital
-Nurse's patient
load
-Implementatio
n of nursing process

Operational definitions

Nursing process implementation status:- Nurses who answer "Yes" for the nursing process implementation questions and observed for their performance were as implementing the nursing process properly.

Data management and analysis procedure

Raw data from the questionnaires was systematically organized in a manner that facilitates analysis. The raw data from questionnaires were processed, analyzed and interpreted. Processing involved editing, coding, classification and tabulation of data for analysis. In editing the researcher examined the collected data to ensure that each piece of data is clearly recorded. Coding involved summarizing the response categories by use of symbols so that responses were put in limited categories. The data was then entered into the computer for analysis. Statistical program for social sciences (SPSS) version 17 was used to analyze the data. The descriptive data results generated were presented in forms of tables, figures, percentiles, cross-tabulation and measures of central tendency such as mean and frequency distribution. Pearson's chi-square test was used to test relationships between variables. Likert scale was used to rate the respondent's attitude towards the nursing process. Qualitative data were summarized to main themes and presented in the narrative. The variables were measured at the ratio scale of measurement. Level of significance was fixed at 0.05 ($p=0.05$). Finally, the findings were discussed as per the objectives of the study and the relevant and appropriate interpretation made.

RESULTS

Demographic characteristics of the study population

Out of the total sample of 100 respondents, females were 66 (66%) compared to males 34 (34%). The respondent's gender had no statistical association to implementation of the nursing process ($\chi^2=2.532$, $df=1$, $P>0.05$). In regard to age, 36 (36%) were aged 20-29years, 27 (27%) were aged 30-39years, 31 (31%) were aged 40-49years. While only 6 (6%) of the respondents were aged 50 years and above. Age of the respondents had no statistical association to implementation of nursing process ($\chi^2=5.495$, $df 3$, $P>0.05$). On professional distribution showed 98 (98%) of the respondents were diploma holders with 2 (2%) being degree holders. On the length of service, majority 47(47%) had served for 4-6 years, 34 (34%) 2-3 years, 15 (15%) 7 years and 4 (4%) 6 months to 1 year. According to the study findings, the respondents length of service had a significant statistical

association to implementation of nursing process ($\chi^2=18.551$, $df 3$, $p<0.05$).

Assessment of the respondent's attitude

The respondent's attitude towards implementation of the nursing process is shown in Table 1. Of the 100 respondents, 88 (88%) agreed that nursing process is very important in patient care while 94 (94%) agreed that nursing process works well in practice. However, all the respondents 100 (100%) agreed that use of nursing process help provide quality care. The statement that use of nursing process helps improve patient outcome 94 (94%) of the respondents agreed while nursing process serves as a road map in patient care had a support of 98 (98%). It is the responsibility of all nurses to implement the nursing process had the support of 64 (64%). Again nursing process is goal oriented was rated at 72 (72%) while 62 (62%) agreed that nursing process is used to assess and solve patients problems.

On categories of Nurses attitude towards implementation of the nursing process, a score was made of all the variables which measured attitude and were categorized into quartiles. Those scores falling below the 25th percentile were categorized as negative attitude and those falling over the 25th percentile as positive attitude with 60 (60%) classified as having positive attitude, 18 (18%) were neutral and 22(22%) were negative. However, according to knowledge on the implementation nursing process, majority 69 (69%) selected setting goals, prioritizing, documenting and implementing care as the major component and 31(31%) selected history taking and physical examination as shown in Figure 1.

Likewise, correct statement about nursing care plan, majority 83(83%) indicated that the nursing care plan requires systematic follow up of nursing process while 15(15%) indicated that nursing care plan can be used instead of the Kardex while only 2(2%) said nursing care plan can be implemented without documentation. Basing on activities guiding implementation of the nursing plan, 39(39%) indicated documenting care, 37(37%) indicated prioritizing nursing action, 18 (18%) stated monitoring and recording vital signs while dressing patient was rated at 6 (6%). On patient care, 41(51%) stated assisting the patient in mobility to represent evaluation of patient care followed by review of the care plan at 28 (28%), 14(14%) selected monitor and record patient vital signs while 7(7%) selected comfort to patient.

Professional factors that hinder implementation of nursing process

Basing on enrollment to upgrading program, 85(85%) of the respondents had not enrolled for upgrading or continuing education while 15(15%) were enrolled in the upgrading Program. Also, on research in nursing practice, 65(65%) had not conducted any research in nursing practice. While the remaining 35(35%) had conducted research in nursing practice. However, on nurses professional membership, 67(67%) of the respondents were members of professional association while a lower number 33(33%). According to training in nursing process, 44 (44%) had attended training on the nursing process while 56 (56%) had not. As per nurse professional support, 45(45%) denied that the professional body supports the nursing process while 55(55%) agreed. In addition, as what kind of support offered by the nurse professional body, 49 (49%) indicated no support, 26 (26%) training, 23(23%) workshops and 2(2%) supervision.

Attendance of nurse professional forums and nursing council/MoH support

Approximately 56(56%) of the respondents indicated they had attended forums where experiences about the nursing process were shared while 44(44%) had not. However, attendance of forums where experiences on nursing process are shared had a significant statistical association to implementation of the nursing process. Also, 59 (59%) indicated there was support, while 41 (41%) indicated no support from the nursing council/MoH. On the kind of support, 36 (36%) indicated training as the main kind of support 20 (20%) workshops, 4 (4%) supervision while 40(40%) indicated lack of support. On hospital administrative support, 58(58%) indicated that there was support while 42(42%) stated lack of support. However, hospital administration support had a significant statistical association to implementation of the nursing process ($p < 0.05$). In addition, 57(57%) of the respondents indicated lack of support supervision while 43(43%) agreed that supervision is provided. The study observed a significant association between nursing process implementation and supervisory support ($p < 0.05$).

Motivation and type given by the administration /nurse supervisors

Accordingly, of the 100 respondents, 57(57%) felt that the administration/ nurse supervisors don't provide motivation to those who implement nursing process while 43(43%) indicated provision of motivation. However, there was significant association between implementation of the nursing process and provision of motivation ($p < 0.05$). On the type of motivation given, 4(4%) were given certification, (23%) positive reinforcement, 4(4%) awards, 12(12%) training, 57(57%) none. As per availability of equipment for the implementation of the nursing process, 90(90%) stated lack of equipment while 10(10%) indicated adequate. On additional Resources needed to implement nursing

process, 47 (47%) stated adequate blood pressure machine and thermometers, stationary 21 (21%), computers 18 (18%), bed and bed appliances 12 (12%) others 2(2%). On availability of adequate staff, majority 96(96%) stated inadequate staff while 4% indicated adequate.

DISCUSSION

Nursing procedures are the essence and scientific bases of the nursing profession. Though the level of implementation varies from country to country, it is being implemented almost throughout the world and in some countries, it's used as a standard of care.^[3] In the current study, of the 100 study participants, 66 (66%) were females while 34 (34%) were males. The findings are similar to others studies^[17] which observed that nursing is mainly a nurturing profession therefore dominated by females. In addition, since medieval times, nursing has been dominated by females.^[18] However, gender had no significant statistical relationship with the implementation of the nursing process ($p > 0.05$). According to age 57(57%) were aged between 30-49 years indicating that the hospital has a younger workforce. On the length of service, majority 81 (81 %) has served for six years and below indicating the need for more experience and support supervision. This agrees with^[19] a study where the newly qualified graduate nurses acquire knowledge from textbooks which ill equips them for clinical practice limiting their ability to plan nursing care. However, there was a significant statistical association between the duration of service and implementation of the nursing process had ($p < 0.05$). This indicates that the duration of service had a positive impact on the implementation of the nursing process. This observation agrees with^[20] another study which observed that the ability of newly qualified practitioners to able to plan care as compared to more experienced colleagues was questionable.

According to professional qualifications, the study found that 98 (98%) of the respondents are diploma holders with only 2(2%) of the respondents being degree holders. This shows that the respondents need to embrace professional development since the majority of them are young. Accordingly,^[21] nurses with a powerful practice commit to continuous learning through education, skill development, and evidence-based practice. Again continued educational development and evidence-based practice enhances quality care as pointed out.^[18] Further, the study^[21] pointed out that all nurses need continuous professional development as there are many opportunities for advanced education that will lead to improved patient care, career advancement, and personal satisfaction. In addition,^[19] the quality care develop with experience and continuing education and that^[21] that personal, professional and healthcare agendas seem to draw us ever further away from the heart of nursing which is research and continuous medical education.

In the same study, 88 (88%) of the respondents agreed that nursing process is very important inpatient care, 94 (94%) agreed that nursing process works well in practice and all 100(100%) agreed that use of nursing process help provides quality care. The level of positive attitude among the respondents was determined at 60 (60%) showing that slightly above the average of the respondents had a positive attitude towards the nursing process. However, the respondent's attitude had no statistical association to the implementation of the nursing process ($p>0.05$) implying that the respondent attitude had no effect on implementation of the nursing process. These findings contradict studies which observe that nurse's negative attitude towards the nursing process led to poor implementation of the nursing process in the care of the patients.^[22, 23] The study also observe that poor attitude is one of the main factors that hinder the implementation of the nursing process. The findings agree with other studies that found that nurses held a relatively positive attitude toward the nursing process.^[24]

Basing on the knowledge of nursing process, the finding observed that the majority 69 (69%) of the respondents correctly identified the major component of the nursing process as setting goals, prioritizing, documenting care and implementing care. This finding agrees with a study^[24] which observed that participants were knowledgeable of the nursing process and held a relatively positive attitude toward the nursing process and nursing diagnosis. On the correct use of the nursing care plan 83 (83%) indicated that the nursing care plan requires systematic follow up of the nursing process indicating that the respondents know the correct use of the nursing care plan. On the planning care less than half of the respondents 37 (37%) acknowledged that prioritizing nursing actions is the first main important action. This implies that the respondents still need to improve their knowledge of planning patient care. Again the question on the basis of implementing nursing care plan, nursing assessment analysis, and diagnosis was selected by slightly above half of the respondents at 57(57%). This finding identifies some knowledge gaps in implementing nursing care. On the evaluation of the nursing care plan, only 28 (28%) identified the correct statement that review of care plan in the evaluation of patient care is important. This again highlights knowledge gap in the evaluation of the nursing care.

The mean level of the respondent's knowledge was determined at 54.8 (54.8%). This is slightly above average as seen from the percentage of correct answers. The findings highlight the need for improvement of the respondent's knowledge on the nursing process as a lack of knowledge could adversely affect the implementation of the nursing process. These findings are comparable^[25] with studies which observe that knowledge factor has the most important effect on implementation of the use of nursing process. The current study findings are comparable with those from Mexico and Brazil^[21, 26] which observed a problem in the application of the

nursing process due to the nurse's limited and variation in knowledge and also lack of knowledge on the steps of the nursing process as one of several factors that interfere with the efficient implementation of the nursing process. What the nurses were taught at school and what they were applying at hospitals was different. Accordingly,^[27] the successful implementation of care plans requires the nurse to have the necessary cognitive, interpersonal, and technical skills. In practice, the nurse uses these skills in combination depending on the circumstances, to plan, implement and assess the care he/she provides. Nurses' lack of knowledge and practical skills could therefore negatively impact on the implementation of the nursing process.

The study also assessed professional factors that hinder implementation of nursing process. Of the 100 respondents, 85 (85%) had not enrolled in upgrading education program while only 15 (15%) had registered. This shows the need for the respondent's to upgrade their professional education. Lack of professional development may have a negative impact on implementation of the nursing process. Also,^[21] nurses with a powerful practice commit to continuous learning through education, skill development, and evidence-based practice. In addition, for nurses to provide quality care they must embrace professional development.^[17] Research in nursing practice provides an evidence base on nursing processes hence making the right decision in relation to nursing care.^[28] In the present study, 65(65%) had not conducted any research in nursing practice. This points out that they may not be well informed on issues related to nursing practice and best practices in relation to patient care. Several studies have shown that nurses who were involved in research and continuing education provided better nursing care including *nursing professional development* based on the sciences of nursing, research and evidence-based practice.^[21, 29]

Membership to nurse professional body

On membership of the professional body, 67(67%) of the respondents were members of professional associations while 33 (33%) were not. Membership to professional bodies is important as such professional bodies play a key role in ensuring that nurses are updated and are using the best practices in providing care.^[29] However, 55(55%) agreed that the nurse's professional body supports the nursing process, 56(56%) stated that it while 59 (59%) agreed that NCK/MoH ensures implementation of the nursing process. The findings indicate that professional bodies are playing their role in support of the nursing process. Also, it has been observed that professionalism is based on theory and practice, while education, licensing and standards of care address technical expertise and improvement of quality nursing care.^[31] Another observation showed that professional association plays a significant role in influencing nursing practice so that it keeps pace with society's health care needs and provision of quality care and that many professional associations are involved in creating

standards of care, developing frameworks to improve nursing knowledge and contribute to professional development.^[29]

Among the administrative factors assessed, 42(42%) of the respondents indicated a lack of administrative support while 57(57%) lack supervisory support. In addition, the majority of the respondents 85(85%) had worked for less than six years and stated that they needed support supervision. However, there was a significant association between hospital administration support and implementation of the nursing ($p < 0.05$) implying that those who were supported by the administration implemented the nursing process and therefore lack of administrative support can hinder the implementation of the nursing process. This outcome agrees with^[28, 32] others that some of the factors hindering effective use of the nursing process include failure of nurse leaders to supervise and support the use of nursing process and that supportive management is an important factor related to improvement of nursing care and professionalism. In the same study, 57(57%) of the respondents indicated a lack of motivation to those who implemented the nursing process. However, those who were motivated implemented the nursing process and therefore lack of motivation can hinder the implementation of the nursing process. These findings agree with park and Stearns, (2009) who stated that nurse administrators expect nursing process implementation to be complete without considering the nurses experience welfare and motivation. The results of the present study demonstrate a significant association between implementation of the nursing process and motivation ($p < 0.05$).

The study also established that the institution does not have adequate equipment for the implementation of the nursing process as supported by 90(90%) of the respondents. Lack of adequate resources in the provision of care can be a source of frustration leading to poor quality care.^[27] Further, the respondents felt that the institution lacks enough staff to implement the nursing process as supported by 96(96%). The findings also indicated that inadequate staffing prevents the implementation of the nursing process as shown by the majority of 90(90 %) of the respondents. The findings are similar to observation that shortage of staff adversely affect the use of the nursing care plan.^[34] However, there was a significant association between implementation of the nursing process and adequate staffing ($p < 0.05$) indicating that those who were adequately staffed implemented the nursing process. This agrees with Kluwer, (2008) who showed that nurse-patient ratios is supposed to be 1:8 but often the ratio is 1:20 thus bringing about a very heavy workload for nurses, which could prevent them from applying the nursing process correctly due to high work overload. These findings are similar to a study that nurses work under cognitive overload, engaging in multitasking and encountering frequent interruptions leading to poor implementation of the nursing process.^[34] Regarding requirements for

implementation of the nursing process, 47(47%) stated blood pressure machines and thermometers, stationary and computers 21(21%) and 18(18%) respectively. This confirms that the hospital has inadequate resources for the realization of the nursing process. The findings agree with a study which showed that the implementation of the nursing process would be enhanced by improvement of the ward environment provisions.^[35] This study suggests that as nurses gain more knowledge and experience in the nursing process, it allows them to make an accurate assessments, diagnose, plan, implement and evaluating nursing practice thereby excelling in promoting the quality of patient care.

CONCLUSION

Lack of utilizing nursing process the quality of care among patients. Nurses of the current study reported that factors such as knowledge especially in planning and evaluation of patient care hinder the implementation of the nursing process. In addition, lack of education, training and motivating factors affect the application of the nursing process. Also, the atmosphere at the work place, shortage of material supply to use during the nursing process had a statistically significant association with the implementation of the nursing process.

Ethical consideration

The study proposal was submitted to KEMU ethical review committee and approved. Further permission was obtained from the County Health Executive in Kwale County. The subjects were approached individually and provided with a clear description of the study. The subjects were given a consent form which outlined details of the study so as to give informed written consent. The study subjects were also explained their role in the study and protection from harm assured. Confidentiality and anonymity were also be assured by not indicating the subject's names on the questionnaires and holding all the information acquired during the process of data collection in confidence. The subjects were informed of the methods of data collection and encouraged to voice out any discomforts or apprehensions they may have. Any anxiety was allayed by openly discussing with the subjects and answering any questions honestly. The subjects signed informed consent to affirm their voluntary participation. The subjects were made to understand that they had a right to withdraw at any time without any victimization. The researcher personally administered the questionnaires without relying on any kind of pre-researched information. The researcher observed the obligation to protect the anonymity of research participants and kept research data confidential.

ACKNOWLEDGEMENT

We would like to thank the staffs and administration of Msambweni for allowing us to collect data from the Nursing staff. My supervisors Dr. Agnes Mutinda and Mrs. Eunice Omondi for their tireless effort and support which enabled me to finish this course. I also wish to

thank the Dean and head of Department of Kenya Methodist University and indeed all lectures in the nursing department for their support.

REFERENCES

- Baraki, Z., Girmay, F., Kidanu, K., Gerense, H., Gezegne, D., & Teklay, H. (2017). A cross sectional study on nursing process implementation and associated factors among nurses working in selected hospitals of Central and Northwest zones, Tigray Region, Ethiopia. *BMC nursing*, 16(1): 54.
- Abdelkader, F. A., & Othman, W. N. (2017). Factors affecting implementation of nursing process: nurses' perspective. *Nurs Health Sci*, 6(3): 76-82.
- Miskir, Y., & Emishaw, S. (2018). Determinants of Nursing Process Implementation in North East Ethiopia: Cross-Sectional Study. *Nursing research and practice*, 2018.
- Shewangizaw, Z., & Mersha, A. (2015). Determinants towards implementation of nursing process. *American Journal of Nursing Science*, 4(3): 45-49.
- Abdelkader, F. A., & Othman, W. N. (2017). Factors affecting implementation of nursing process: nurses' perspective. *Nurs Health Sci*, 6(3): 76-82.
- Haapoja, A. (2014). The nursing process, A tool to enhance clinical care—a Theoretical Study.
- Aseratie, M., Murugan, R., & Molla, M. (2014). Assessment of factors affecting implementation of nursing process among nurses in selected governmental hospitals, Addis Ababa, Ethiopia; Cross Sectional Study. *J Nurs Care*, 3(3): 170.
- Edet, A. B., Mgbekem, M. A., & Edet, O. B. (2012). Professional Nurses' Perception and Utilization of the nursing process at the University of Calabar Teaching Hospital (UCTH), Calabar, Nigeria. *BNSc thesis*. <https://www.researchgate.net/publication/258422875>.
- Hagos, F., Alemseged, F., Balcha, F., Berhe, S., & Aregay, A. (2014). Application of nursing process and its affecting factors among nurses working in mekelle zone hospitals, Northern Ethiopia. *Nursing research and practice*, 2014.
- Abebe, N., Abera, H., & Ayana, M. (2014). The implementation of nursing process and associated factors among nurses working in Debremarkos and Finoteselam Hospitals, Northwest Ethiopia, 2013. *J Nurs Care*, 2014: 4-7.
- Pérez Rivas, F. J., Santamaría García, J. M., Minguet Arenas, C., Beamud Lagos, M., & García López, M. (2012). Implementation and evaluation of the nursing process in primary health care. *International Journal of Nursing Knowledge*, 23(1): 18-28.
- Mahmoud, M.H., & Bayoumy, H.M. (2014). Barriers and facilitators for excursion of nursing process form nurses' perspective. *International Journal of Advance Research*, 2(2): 300-315.
- North American Nursing Diagnosis Association, N. (2009). Nursing diagnoses: definitions & classification 2009-2011. *Philadelphia, PA: NANDA International*.
- Mangare, L. N. (2012). Factors influencing use of the nursing process in Naivasha District Hospital.
- Fisher, A. A., Laing, J. E., Stoeckel, J. E., & Townsend, J. W. (1991). Handbook for family planning operations research design.
- Mugenda, O., & Mugenda, A. (2003). Research methods: Quantitative and qualitative approaches. 2nd. *Nairobi: Nairobi: Act press pp45-49*.
- Carpenito, J.L. (2005). Nursing care plans and documentation. 4thed. Philadelphia: Lippincott.
- Leddy, S., Pepper, J. M., & Walters, L. (1998). *Conceptual bases of professional nursing* (Vol. 4). Philadelphia: Lippincott.
- TWEDDELL, L. (2007). Compassion: On the curriculum. *Nursing times*, 103(38): 18-19.
- Torjuul, K., Elstad, I., & Sørli, V. (2007). Compassion and responsibility in surgical care. *Nursing Ethics*, 14(4): 522-534.
- Matthews, S., Laschinger, H. K. S., & Johnstone, L. (2006). Staff nurse empowerment in line and staff organizational structures for chief nurse executives. *JONA: The Journal of Nursing Administration*, 36(11): 526-533.
- Herdman, T.H. (2009). Nursing diagnoses: definitions and classification. Singapore: Wiley-blackwell
- Nwonu, E. E. (2002). Nursing process concept and practice.
- McLeon, S. (2008). The likert scale. www.simplypsychology.org. retrieved on 15/12/2013
- Adeyemo, F. O., & Olaogun, A. A. A. F. (2013). Factors affecting the use of nursing process in health institutions in Ogbomoso town, Oyo State. *Int J Med Pharmacol Sci*, 1: 191-98.
- Lima, A. F. C., & Kurciant, P. (2006). Meanings of the nursing diagnosis implementation process for nurses at a university hospital. *Revista latino-americana de enfermagem*, 14(5): 666-673.
- Kozier, B. (2008). *Fundamentals of nursing: concepts, process and practice*. Pearson Education.
- Thoroddsen, A., & Ehnfors, M. (2007). Putting policy into practice: Pre-and posttests of implementing standardized languages for nursing documentation. *Journal of clinical nursing*, 16(10): 1826-1838.
- Elzenberg, M.M. (2011). Implementation of evidence based nursing practice. *Journal of advanced nursing*, 67(1): 33-42.
- Ponte, P. R., Glazer, G., Dann, E., McCollum, K., Gross, A., Tyrrell, R., ... & Saint-Eloi, S. (2007). The power of professional nursing practice—An essential element of patient and family centered care. *The online journal of issues in nursing*, 12(1).
- Hagbaghery, M. A., Salsali, M., & Ahmadi, F. (2004). A qualitative study of Iranian nurses' understanding and experiences of professional power. *Human Resources for Health*, 2(1): 9.

32. Park, J., & Stearns, S. C. (2009). Effects of state minimum staffing standards on nursing home staffing and quality of care. *Health services research, 44*(1): 56-78.
33. Nancy, S. (2006). Principles and practice of Nursing. *India: NR Publication House.*
34. Kluwer, W. (2008). Nursing care planning. Made incredibly easy. Philadelphia: Lippincott, Williams & Wilkins
35. Bjorvell, C., Wredling, R., & Thorell-Ekstrand, I. (2002). Long-term increase in quality of nursing documentation: effects of a comprehensive intervention. *Scandinavian journal of caring sciences, 16*(1): 34-42.