

UNIVERSITY OF CAPE COAST

APPLICATION OF NURSING PROCESS AND ITS INFLUENCE ON THE
QUALITY OF NURSING CARE IN WA REGIONAL HOSPITAL

BY

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and Allied Health Sciences, University of Cape Coast, in partial fulfilment of
the requirements for the award of Master of Nursing degree.

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DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original work and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature..... Date.....

Name:.....

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis was supervised in accordance with the guidelines on the supervision of thesis as laid down by the University of Cape Coast.

Principal supervisor's Signature.....Date.....

Name:

Co-Supervisor's Signature.....Date.....

Name:.....

ABSTRACT

Although nursing education has evolved over the years to better prepare nurses for quality nursing care, the standards of nursing care is still dwindling in Ghana. Studies have shown that improving the quality of nursing care will require the application of the nursing process in patient care. The Nursing Process is a systematic scientific approach to direct nurses in caring for patients effectively. This study sought to explore the application of the nursing process and the quality of care that patients receive at the Wa Regional Hospital. The research approach was a qualitative ethnographic study that employed the ethnonursing method to describe the aspect of nursing culture involving patient care. The study population was made up of registered nurses in Wa Municipality. A purposive sampling technique was used to identify thirteen (13) key informants who were interviewed; twelve (12) participants were also purposively sampled to participate in a focus group interview. Records were reviewed to gather data that was analyzed as outline in the ethnonursing approach of data analysis. The research findings indicated that the registered general nurses had very good theoretical understanding of the nursing process. However, nursing process was not being implemented at the hospital. The main reasons why nursing process was not implemented in the hospital included: Work pressure on nurse, inadequate Staff (RGNs) in the ward, lack of logistics and consumables. The nurses recommended training workshops, employing more RGN and supply of consumables to promote implementation of the nursing process.

KEY WORDS

Application

Nursing

Nursing process

Quality

Quality of Nursing Care

Registered general nurse

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DEDICATION

To my children Jayden Wiazormor Bennin and Amadis Wiachola Bennin.

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CHAPTER ONE

INTRODUCTION

This chapter provides an introduction to the research study. The introduction includes the background of the study, statement of the problem, the purpose of the study, research questions which guided this study. It further highlights the significance, delimitations, limitations, ethical considerations, definition of terms and concluded on how the study is organised.

Background to the Study

The nursing process was originally adopted by the North American nursing profession, from the General Systems Theory (GST) and quickly became a symbol of contemporary nursing as well as a professional nursing ideology (Yildirim & Özkahraman, 2011). According to Yildirim & Özkahraman, (2011), it evolved as professional nurses made efforts to document the process of patient care in health care delivery. Nursing Process is a systematic method which utilizes scientific reasoning, problem solving and critical thinking to direct nurses in caring for patients effectively. Critical thinking is the process of searching, obtaining, evaluating, analysing, synthesizing and conceptualizing information as a guide for developing one's thinking with self-awareness, and the ability to use this information by adding creativity and risk taking. The nursing process has been used as a problem-solving activity to think about a plan of care as the foundation for professional practice in everyday nursing practice (Yildirim & Özkahraman, 2011).

The universal approval of the nursing process in everyday practice has led to a more recent definition thus; a dynamic scientific method operating through five interrelated steps: assessment, diagnosis, planning,

implementation, and evaluation to guide procedures and qualify nursing care in the discharge of nursing duties (Yildirim & Özkahraman, 2011).

This interrelated steps of this critical thinking process requires gathering data about the patient and significant others, analysing and interpreting this data, making judgments, setting goals in order of priority, selecting appropriate interventions, implementing these interventions and evaluating the outcomes to determine if the plan has been effective. With nursing process, the nurse and patient emerge as partners in a relationship built on trust and directed toward maximizing patient's strengths, maintaining integrity, and promoting adaptive response to stress (Donkor, 2009).

The nursing process, since its introduction by Orlando according to the North American Nurses Diagnosis Association (NANDA, n.d) has proved to be a means of standardizing and unifying nursing action and in maintaining professional autonomy. Different health care organization such as World Health Organization (WHO), International Council of Nursing and the American Joint Commission on Accreditation of Hospital Nursing Service standards highly recommended that nursing process should be used in and all aspects of nursing documentation. They revealed that the nursing process is a cycle that never ends, a roadmap that ensures good nursing care and improves patient outcomes. As patient needs change, the nursing process allows the nurse to change the patient's plan of care to ensure that care is tailored to the patient's present needs. Nursing process allows health care team to observe and interact with the patient, and not just become the task performers.

Other research evidence also showed that the nursing process enable positive nurse-patient relationship leading to decreased hospital stay, and

increased patient satisfaction (Hagos, Alemseged, Balcha, Berhe, & Aregay, 2014). An intervention study by Enfermagem (2009) on the effect of training nurses on nursing process implementation showed that, the practice resulted in decreased hospital stay from 6.44% to 5.37%, increased mean quality of discharge education practice from 2.24 % to 12.2%, increased mean quality of documentation by staff from 2 to 23.4, increasing quality of care, increasing level of nurses' satisfaction, changing nurse's attitude regarding nursing care, decreasing energy consumed during care and increasing the ability of patients for self-care. Enfermagem concluded that, effective utilization of the nursing process will lead to improved quality of care and stimulates the construction of theoretical and scientific knowledge based on the best clinical practice.

Hagos et al. (2014) also affirmed that effective implementation of the nursing process will improve the quality of nursing care and increase patient satisfaction because nurses spend more time with patient and encourages more patient participation in their care. According to Adeleke et al. (2013), the benefits of the nursing process could be summed as follows: It allows the nurse to apply her knowledge and skills in an organized and goal-directed manner. It also, enables the nurse to communicate about professional topics with colleagues from all clinical specialties and practice setting. Furthermore, it is essential to documenting the nursing role in the provision of comprehensive quality patient care. Finally, it sets a global standard upon which nursing care can be evaluated and audited.

Based on the benefits of nursing process to the delivery of quality health services in general, there is a demand to establish the nursing process in practical care in every hospital that renders in patient care. In order to improve

the poor quality of nursing care in Ghana, the government of Ghana and governments of other countries have added the nursing process as a topic to be studied by nursing students in the curriculum of nursing students. Enfermagem (2009) revealed that, many nurses are yet to fully understand and put to practice the nursing process and where it was being used, not all steps are systematically utilized. Contrary to this view, Donkor (2009) revealed that the majority of nurses in Ghana have knowledge of the nursing process, but they do not apply it in practice. Even though there are very few research works on the work of nurses in general in Ghana, the extent of the implementation of nursing process in Ghana is a challenge.

The non-application of the nursing process in patient care has led to perceived problems in nursing care in Ghana, These include, decrease in the quality of care and ineffectiveness of the health service. It is difficult to bring significant improvement in nursing care if nurses do not use nursing process to assess, plan, implement and evaluate clinical conditions of patients. Moreover, malpractice of nursing process will affect quality of nursing care as a result of different factors.

This study was purposed to explore the knowledge of registered nurses on the nursing process, explore the utilization of the nursing process in patient care and the challenges nurses encounter in using the nursing process. Finally, the study identified strategies that will improve the utilization of the nursing process in patient care.

Statement of the Problem

It is claimed that one of the most contentious and enduring problems in nursing is that, the application of the nursing process in the hospitals does not

match up with what is expected in practice (Enfermagem, 2009). There seems to be a gap between the knowledge gained in the nursing process and its corresponding level of application in Ghanaian health facilities. Many nurses know so much, but, implement very little thereby compromising the care that patients receive. According to Brakes (2005), gaps in the application of the nursing process has always existed since the 1990s and widely discussed in the nursing literature till date. He further postulated two main problems causing the theory-practice gap. He said that the nursing process in theory is too idealistic and impractical. The second possible problem is that even where the theory is practical and beneficial to patients, some nurses do not act on it, possibly due to ignorance or the rigid system in which they work or because they choose to ignore it. Chapman and Clegg (2007) further argued that in nursing the gap exists partly due to the influence of the hidden curriculum', that is, the learning that takes place which is unplanned and unintended in any given learning setting. Nursing students are subject to numerous changes in the learning environment and will consequently assimilate the norms and attitudes that they meet in different particular clinical settings. Some of such norms and attitudes may be positive and others may be negative. This may be particularly the case because; some students are less critical and are unable to apply theories in practice. Other studies have also identified organizational factors, economic status of the patient, early discharge, lack of cooperation from the patient and low level of knowledge as factors affecting nursing process application (Shewangizaw, & Mersha, 2015).

Ting-Ting (2005) raised the following concerns; if the nursing process is not valued and not used, nurses might continue to intervene in standardized

nursing procedures on the basis of medical diagnoses rather than a rationale based on nursing assessment, diagnosis, planning, intervention and evaluating care. If the nursing process is not used, the question might be asked in what way nurses assume accountability and responsibility for the patient and how the quality of nursing care could be measured. Patients have the right to receive high quality care and nurses have a responsibility to provide such care. World Health Organization (WHO 2004) places, strong emphasis on not just the discovery of new products, drugs and diagnostics but on how we put knowledge into use; on how we close the gap between evidence and action.

This study explored the knowledge of registered nurses regarding the application of the nursing process in patient care. The study also discussed how the nursing process is applied in patient care in Ghana particularly Wa Government hospital in the Upper West region. Furthermore the study looked at the challenges nurses encounter in applying the nursing process and how these challenges may be remedied.

Purpose of the Study

The purpose of the study was to assess the application of the nursing process and its influence on nursing care rendered to patients in Wa hospital in the Upper West Region of Ghana. Specifically the study sought to;

- Investigate the knowledge of registered nurses on the nursing process,
- Explore how the nursing process is being utilized in provision of patient care,
- Explore the challenges nurses encounter in using the nursing process and

- Identify strategies that will improve the utilization of the nursing process in patient care

Research Questions

In pursuance of the purposes stated above, the following research questions were formulated to meet the study aim and objectives;

1. What knowledge do registered nurses have to be able to effectively apply the nursing process in patient care?
2. How is the nursing process being used in patient care?
3. What challenges do nurses encounter in using the nursing process?
4. What strategies will improve the utilization of the nursing process in patient care?

Significance of the Study

The study explored the application of nursing process and its influence on the quality of nursing care delivery in Wa Regional Hospital in the upper west region of Ghana. The findings of this research provided knowledge that informed the researcher to make recommendations for the improvement of nursing care in the hospital, which will intern improve nursing care and promote patient care. In addition it served as a resource for policy makers, teachers and other stakeholders to help improve the concept of nursing process taught at nursing institutions in Ghana. It generated information that could inform policy makers on ways of implementing the national policy on Patient Charter and the policy document on nursing practices.

Again, the findings of the study will be a resource for curriculum developers and teachers to improve students' learning outcomes in Colleges of nursing in Ghana especially in the Wa region and the nation at large. The

study provided a baseline document for other researchers interested in investigating into the Nursing process. It further made a significant contribution to existing literature.

Delimitations

The study covered only Registered General Nurses (RGN) at the Regional Hospital in the Wa Municipal of the Upper West Region. Wa is the Regional Capital of the Upper West Region, located in the North Western part of Ghana. It shares boundaries with the Wa West District to the West, Issah Bussie Dafiama District to the East, Nadowli District to the North and Wa West to the south. The area was also chosen because of its familiarity to the researcher. The choice was also made because the population was easily accessible to the researcher. In addition, the recent upgrading of the municipal hospital to the regional hospital status, Nurses from all parts of country can be found there. The study explored the application of the nursing process and its influence on nursing care rendered to patients in Wa hospital in the upper West Region of Ghana.

Limitations

The limitations such as below were those that confronted the researcher.

1. *Problem with focus group interview:* Getting the nurses to participate in the focus group interview was challenging because of their busy schedules. The researcher had to persuade them for some days to get them together.
2. *Problem with obtaining approval:* Delay in obtaining ethical clearance and approval of the Wa branch of the Ghana health service resulted in the late commencement of data collection for the research

Operational Definition

Application: application as used in the research topic means utilization of the nursing process

Nursing process: for this research, the nursing process is a five stage continuous process of assessment, diagnosis, planning, implementation and evaluation of patients by nurses. A knowledge distinct to nurses that is gained through formal education

Quality nursing care: as used in this research, quality of nursing care is the act of meeting patient's needs through the process of assessment, diagnosis, planning, implementation and evaluation of nursing actions and patient outcomes.

Organization of the Study

The study was organized into five chapters. Chapter one discussed: the introduction, background to the study, statement of the problem, Research questions, purpose of the study, significance of the study organization of the study and delimitation. Chapter two looked at review of some related literature and the theoretical perception. This then led to chapter three which dealt with research methodology touching on research design, population sampling, instrumentations, and procedure for gathering data and how the data was analysed.

The fourth chapter discussed the result of the study. The last chapter (five) looked at the summary, conclusions, recommendations and areas for further research.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Introduction

The study explored the application of nursing process and its influence on the quality of nursing care in Wa Regional Hospital. This chapter contains a specific overview of literature related to this study. A literature review according to Galvan, (2006) is a critical analysis of topics of interest to the researcher. The sources of literature for the review for this study include; Journal articles, Books, Thesis, policy documents, online resources and available conference papers. The literature search was done in the relevant databases such as CINAHL, Medline, nurses- Medscape, Sage, and Google scholar. This literature was categorized in order of the objectives of the study. The search keywords included; “improving quality nursing care”, “application of the nursing process”, “utilization of the nursing process”, “nurses’ knowledge of the nursing process”, “challenges with the use of the nursing process and enhancing the use of the nursing process in patient care.

The following are the headings under which both the theoretical and empirical reviews were made:

- Theoretical Framework and empirical literature on the nursing process
- The nursing process and quality of nursing care
- The knowledge of registered nurses on nursing process in patient care
- The utilization of nursing process
- Challenges during the application of the nursing process
- Strategies targeted at improving the utilization of the nursing process in patient care.

Theoretical Framework and Empirical Literature

Nurses often have difficulties with the collection, organization, and analysis of patient data as part of the nursing practice. The inability of nurses to collect and analyze data has very serious implications on the quality of health care services delivered at the health facility level. Without supervision and frequent evaluation, nurses may not be able to function effectively to bring the needed impact on the patient. Nurse educators have the responsibility to help the student nurse develop critical thinking skills to assess the patient, gather information from the literature, select the best practice, relate all of this information to the care of the patient and illustrate the information graphically. Applying these critical thinking skills in patient care will ensure quality of nursing care and bring about both patient and nurse satisfaction. The nurse educator also has the responsibility to role model this thinking process to bring about the desired learning outcome (Bastable, 2008).

One way to achieve this is through the teaching of nursing students to use the nursing process theory to care for the patient. The nursing process theory was propounded by Ida Jean Orlando in (1961) and has since been very significant in patient care the world over. There are other theories that can guide the practice of nurses, but according to Wayne (2014), the nursing process theory focuses on how to produce improvement in the patient's behaviour and helps nurses achieve more successful patient outcomes. The nursing process theory also emphasis on evidence of relieving the patient's distress which is seen as a positive change in the patient's observable behaviour. The theory is the most effective practice theory that is especially

helpful to new nurses as they begin their practice and facilitate the development of nurses as critical thinkers.

Thus, since this study focused on exploring the practice of nurses and quality of care that the patients receive, the deliberative nursing process theory was chosen to guide the study. This study utilizes the ethnonursing method which is an open and largely inductive process to document the knowledge nurses' have on the deliberative nursing process and describe how they practice the nursing process daily in patient care. Unlike Madeline Leininger, a nurse anthropologist who developed and utilized the ethnonursing research method to study transcultural human care phenomena (Leininger, 2006). The ethnonursing research method was used as a means in this study to describe how the deliberative nursing process theory that is taught to student nurses before they are inducted to practice as qualified registered nurses. As a culture of patient care learnt in the nursing schools, this knowledge (deliberative nursing process) is integrated with the nurses' basic knowledge of patient care learnt at home to provide quality patient care. The act of being able to integrate this knowledge in collaboration with the patient to provide care that is acceptable and satisfactory to the patient to lead to improve quality patient care.

The Deliberative Nursing Process Theory and Empirical Literature on The Nursing Process

The deliberative nursing theory came into being in 1961, and the goal of the theory was to develop a culture of patient care that is unique to nurses and independent of the medical profession this is to ensure autonomy instead of just following the medical officer's orders and performing task. The development of the nursing process was also aimed at promoting effective nursing practice. According to Ida Jean Orlando, the nurse is a person who is trained to identify patient's needs and help the patient meet those needs. And a patient is a person who has expressed needs. The theory explains that the role of the nurse is to find out and meet the patient's immediate needs for help. According to the theory, all patient behaviour can be a cry for help. Through these, the nurse's job is to find out the nature of the patient's distress and provide the help he or she needs (Wayne, 2014).

Orlando's model of nursing makes the following assumptions:

1. When patients are unable to cope with their needs on their own, they become distressed by feelings of helplessness.
2. In its professional character, nursing adds to the distress of the patient.
3. Patients are unique and individual in how they respond.
4. Nursing offers mothering and nursing analogous to an adult who mothers and nurtures a child.
5. The practice of nursing deals with people, environment, and health.
6. Patients need help communicating their needs; they are uncomfortable and ambivalent about their dependency needs.

7. People are able to be secretive or explicit about their needs, perceptions, thoughts, and feelings.
8. The nurse-patient situation is dynamic; actions and reactions are influenced by both the nurse and the patient.
9. People attach meanings to situations and actions that aren't apparent to others.
10. Patients enter into nursing care through medicine.
11. The patient is unable to state the nature and meaning of his or her distress without the help of the nurse, or without him or her first having established a helpful relationship with the patient.
12. Any observation shared and observed by the patient is immediately helpful in ascertaining and meeting his or her need, or finding out that he or she is not in need at that time.
13. Nurses are concerned with the needs the patient is unable to meet on his or her own.

The nursing metaparadigm consists of four concepts: person, environment, health, and nursing. Of the four concepts, Orlando only included three in her theory of Nursing Process Discipline: person, health, and nursing.

Person; Orlando uses the concept of human as she emphasizes individuality and the dynamic nature of the nurse-patient relationship. For her, humans in need are the focus of nursing practice.

Health; In Orlando's theory, health is replaced by a sense of helplessness as the initiator of a necessity for nursing. She stated that nursing deals with individuals who are in need of help.

Environment; Orlando completely disregarded the influence of the environment in her theory, only focusing on the immediate need of the patient. Chiefly the relationship and actions are between the nurse and the patient. The effect that the environment could have on the patient was never mentioned in Orlando's theory.

Nursing; Orlando speaks of nursing as unique and independent in its concerns for an individual's need for help in an immediate situation. The efforts to meet the individual's need for help are carried out in an interactive situation and in a disciplined manner that requires proper training.

Orlando proposed that the function of professional nursing is the organizing principle. This means finding out and meeting the patient's immediate needs for help. According to Orlando (1961), nursing is responding to individuals who suffer, or who anticipate a sense of helplessness. It is focused on the process of care in an immediate experience, and is concerned with providing direct assistance to a patient in whatever setting they are found in, for the purpose of avoiding, relieving, diminishing, or curing the sense of helplessness in the patient. The Nursing Process Discipline Theory labels the purpose of nursing to supply the help a patient needs for his or her needs to be met. That is, if the patient has an immediate need for help, and the nurse discovers and meets that need, the purpose of nursing has been achieved.

In Orlando's theory, special attention was given a cyclical process which included assessment, diagnosis, planning, implementation, and evaluation.

Assessment: the nurse collects and examines information about health status, looking for evidence of abnormal function or risk factors that may contribute

to health problems such as smoking. You also look for evidence of client strengths. Assessment is a process where the nurse collects information in various ways, for example, by interviewing, observing and taking different measurements. Assessment step helps the nurse discover the needs of a patient which can then be addressed with proper nursing interpretation, interventions and evaluation to ensure that the patient has received the best of care. Through assessment, the Nurse gathers enough evidence before stating an argument. For the nurse to achieve this, he / she requires skills to compare different factors and finding out the value of those factors for the patient. This will lead to finding out patient's actual or greatest problem. This demands critical thinking skills. If there is enough trust -worthy evidence, the nurse needs to be open- minded to adjust the path of inquiry rather than following certain routines.

According to Herdman, Heath, Lunney, Scroggins and Barbara (2009) Assessment as a step in nursing process is systematic, dynamic, rather than a static way to collect and analyze data about a client, the first step in delivering nursing care. Assessing only physiological data, but, also psychological, sociocultural, Spiritual, economic and life-style factors.

Empirically, several researchers have used Orlando's Nursing process discipline as theoretical framework and found it useful and have made a significant contribution to the stages of the process. Among these are; Peterson and Bredow (2009), they emphasize that following the nursing process and becoming a professional is not easy; it takes time, needs practice, critical thinking skills and often support from a supervisor. This accession is confirmed by Chabeli (2007) who confirmed that; the relationship between

the different steps of the nursing process is continuous. The assessment data have to be comprehensive, complete, accurate, valid and reliable. The diagnostic statements should be correct for the goals and nursing orders to flow logically for an individual, a unique plan for the identified health problems. The goals and nursing orders serve to guide the nurse's actions during the implementation phase and also serve later as criteria for evaluating patient progress. Chabeli (2007), discusses that as part of the assessment process, it is crucial that nurses notice special areas that are important, for example, by identifying certain behaviours, learning from even smallest cues, and predicting what will happen in the future.

According to Baid (2006) physical assessment is an important tool for nurses to use for gathering data since it can help nurses to recognize any abnormalities. It begins with collecting the health history of the patient. The nurse can interview both the patient and the persons that can have important information, such as, people close to the patient, for example, the parents, a living partner, or people otherwise connected to the patient, for example, an ambulance driver. Information can also be collected from the patient's previous health records. After coming in contact with the patient, the nurse starts observing the patient and his /her behaviour. Also vital signs should be taken. Information collected helps the nurse to determine how thorough the following assessment should be, meaning, is the patient's main problem linked only to one, or couple of the body systems, for example, renal and/or musculoskeletal system, or is general approach, covering all the body systems needed. Methods used in complete physical assessment include inspection, palpation, percussion, and auscultation.

The deliberative nursing process theory has been useful in other areas of health like the psychiatric unit. Thus, Coombs, Curtis and Crookes (2011), discuss in their article that psychiatric nurses should pay attention besides physical health, also two important factors like knowledge about the person's social situation, behaviour, mental status and situational context are important factors while making an assessment.

Diagnosis: (Problem Identification): the nurse analyses the data (information) and identify actual and potential problems, which are the basis for the plan of care. The nurses also identify strengths, which are essential to developing an efficient plan. The nursing diagnosis is the nurse's clinical judgment about the client's response to actual or potential health conditions or needs (Gouveia Dias Bittencourt & Da Graça Oliveira Crossetti 2012).

Gouveia Dias et al.(2012) added that the diagnosis reflects not only that the patient is in pain, but that the pain has caused other problems such as anxiety, poor nutrition, and conflict within the family, or has the potential to cause complications. For example; respiratory infection is a potential hazard to an immobilized patient. The diagnosis is the basis for the nurse's care plan. The first conference on nursing diagnosis to ascertain the interpretations of data representing the phenomena of concern to nurses was held in 1973. The meeting resulted in the identification and definition of 80 nursing diagnoses. Ever since 1973, the list of approved diagnoses has steadily increased and is currently 206, through research-based submissions by nurses and through the work of members of the Nursing Diagnosis Association currently known as NANDA International (Gouveia Dias et al.2012).

Nursing Diagnosis and Classification; Nursing diagnosis is the part of the nursing process where the nurse draws conclusions from the assessment data collected before, compares different hypothesis and forms diagnostic statements that describe The patient's needs. Forming a correct nursing diagnosis demands critical thinking skills, scientific knowledge, social skills and multi-sided knowledge about the patient and his situation (Gouveia Dias et al. 2012).

Important is to realize that only diagnostic title is not enough Müller-Staub, Lavin, Needham and Van Actenberg (2006) claimed that having diagnostic title alone cannot express the patient's problems, since only diagnoses that are specific in their aetiology are the bases for choosing correct interventions. Paans, Nieweg, van der Schans and Sermeus (2011) also remind that nursing diagnosis itself is not limited to classifications but the conclusions in the diagnostic process made by the nurses need to be documented in a way that is understandable for the colleagues and other healthcare team members alike.

Planning: Based on the assessment and diagnosis, the nurse sets measurable and achievable short- to long-term goals for a patient. That might include moving from bed to chair at least three times per day; maintaining adequate nutrition by eating smaller, more frequent meals; resolving conflict through counseling, or managing pain through adequate medication (Chabeli, 2007). Assessment data, diagnosis, and goals are written in the patient's care plan so that nurses as well as other health Professionals caring for the patient have access to it.

Planning is also ongoing during the whole process. Every time when nurse collects new information and sees how the patient responds to care given, planning continues. Correctness of steps already implemented is crucial for conducting correct plans. Of course, this is presumption also in the whole nursing process (Chabeli, 2007).

Nursing care is implemented according to the care plan, so continuity of care for the patient during hospitalization and in preparation for discharge needs to be assured. Care is documented in the patient's record. Both the patient's status and the effectiveness of the nursing care must be continuously evaluated, and the care plan modified as needed.

During this phase, the nurse does four key things: Determine immediate priorities: Which problems need immediate attention? Which ones can wait? Which ones will the nurse focus on? Which ones will the nurse delegate or refer to someone else? Which ones required a multidisciplinary approach? Establish expected outcomes (goals): Exactly what does the nurse expect the patient or client to accomplish, and in what time frame? Determine interventions: What interventions (nursing actions) will the nurse prescribe to achieve the outcomes? Record or individualize the plan of care. The nurse decides to write his/her own plan, or adapt a standard plan to meet the patient's specific situation?

Leach (2008) revealed that The nursing process offers a systematic framework that helps care planning and described this phase of the nursing process as a “phase of client care, which immediately follows client assessment and diagnosis, but precedes treatment and evaluation; it is a projected course of action aimed at strategically addressing a client's

presenting problem”. Planning is important for nursing process, since it is the part where the goals of care (expected outcomes) are formed. Goals should be formulated with an idea that they are fully realistic while considering resources, health care team’s skills and most of all, patient’s capability and willingness to achieve those goals.

Implementation: this is the phase where interventions are carried out in accordance with the plan of care “A nursing intervention is defined as a single nursing action designed to achieve an outcome to a nursing diagnosis, or to a medical action, for which the nurse is accountable (Saba, 2007). Before a nurse chooses an intervention, certain questions need to be answered: does the intervention help the patient to reach the goals and what is the knowledge base for the intervention? In other words: evidence- based practice, experience or just a tradition a routine?

Suhonen, Välimäki, and Leino- Kilpi (2006) discovered in their literature review concerning effects of personalized interventions that, there seems to be a more positive correlation to patient outcomes if nurses make interventions suitable for their patients than if they do routine interventions. This demand individualized care and ensures that the patient active participation is considered in the whole nursing process. Chabeli (2007) also pointed out that whether or not a nurse has good communication with the patient is connected to the successfulness of the interventions. The nurse puts the plan into action by acting thoughtfully: Assessing the patient’s current status before acting. Checking for new problems and determine if anything happened that requires an immediate change in the plan. The nurse performs the interventions, while monitoring the person carefully and making changes

as needed. The nurse makes the needed changes as required and does not wait for formal time of evaluation to make changes. Report and record any signs immediately and chart appropriately.

Evaluation: the nurse determines whether the desired outcomes have been achieved, whether the interventions were effective and whether changes need to be made; then change or terminate the plan as indicated. Determine if the patient's health status compares with the expected outcomes? The nurse also evaluates and documents the following; is your patient able to do what you planned? If not, why? Are there new care priorities? If you achieved the outcomes, is the person ready to manage his care by himself or herself? Do you need to make referrals for health promotion? What made the plan work? What could have been done to make things easier? The last step evaluation is related to all of the preceding steps and involves reassessment of the total nursing plan of care to determine whether the expected outcomes were accurate and effective.

Evaluation in the nursing process can be described as an ongoing process within the nursing process. In the whole nursing process; thus, during the assessment a nurse evaluates whether or not enough information has been collected to form nursing diagnosis, the nursing diagnoses are evaluated for their correctness, and then goals and interventions are evaluated for their chance to be realistic and reachable. If they are not, plan should be developed or changed. While doing interventions, evaluation is needed to consider if those interventions lead to achieving goals. Evaluation is important since in the absence of evaluation it is almost impossible to know if the care actually helps to meet the needs of the patient. Although intervention would not help

patient, the knowledge from evaluating the intervention helps the nurses to develop care (Chabeli, 2007). If all the steps of the nursing process are not systematically implemented it is a risk for the care continuity (Baena de Moraes Lopes, Higa, José dos Reis, De Oliveira & Mafra Christóforo 2010).

In 1967 this nursing process has been accepted as a standard for nursing practice and has become a core component of nursing education in the world over, Ghana inclusive and a point of reference in providing nursing care in many parts of the world. It is therefore expected that registered nurses after going through the programme should be well equipped to deliver better health delivery at the facility level.

By engaging in this cyclical process of assessment, diagnosis, planning and implementation, the nurse addresses three main areas thus: The nurse patient relationship, the nurse professional role and the development of knowledge that is distinct to the nursing profession. The nursing process discipline assesses the patient's needs and through a relationship the perception, thoughts and feelings about the patient's behaviour is validated with the patient to confirm its accuracy. During the process of assessment, the observations from patient behaviour- both verbal and nonverbal- help the nurse to determine the level of the patient's distress and the need for help. According to Orlando, all observations shared and explored with the patient is immediately useful in ascertaining and meeting his or her need, or finding out if he or she has no needs at that time. Orlando looked at the nurse patient relationship as dynamic and patient centred. She said that the nurse cannot assume any aspect of his or her reaction and professional role to the patient is correct, helpful, or appropriate until he or she checks the validity of it by

exploring it with the patient. The nurse initiates this exploration to determine how the patient is affected by what he or she says and does. The nurse reflects as part of a critical thinking process to make a diagnosis. This, according to Orlando is a reflection of the nurses' professional knowledge she/he have accumulated over the training period.

The professional knowledge of nursing help the nurse decides on an appropriate action to implement to resolve the need in cooperation with the patient. When a nurse starts giving care for a patient, an action process begins. This process, where the nurse acts in a nurse-patient contact, is called the nursing process where both the nurse and the patient have their own thoughts, feelings, and opinions about the actual situation (Schmieding, 2006). The deliberative action ensures that the perceptions of both the nurse and the patient is available in order for them to act as reliable partners for the nurse's actions and result in both parties emerging successful. This action is evaluated after it is carried out. If the patient behaviour improves, the action was successful and the process is completed. If there is no change or the behaviour gets worse, the process recycles with new efforts to clarify the patient's behaviour or the appropriate nursing action.

Orlando's nursing process focuses on improvement in the patient's behaviour by actions that are based on a patient's need found through effective interaction with the patient (Parker & Smith, 2010). The theory highlights that it is crucial not only to meet the patient's needs, but first of all find out what those needs are. If interventions are carried out before identifying if those interventions give benefits for the patient, then nursing is not professional. Although all the nursing activities would be planned for the patient's own

good, what the patient himself thinks that the needs can be entirely opposite from what the nurse perceives hence the need to confirm from the patient. Orlando reminds that how accurate or inaccurate the nurse's perceptions might be, once expressed to the patient it opens a situation for communication which makes it is easier for the patient to express his own view (Orlando, 1990). According to Orlando Nursing process makes it easier for nurses to see a patient from a nursing perspective and help nurses to function as an autonomic and distinct profession and not relying on the orders of the medical officer.

The Nursing Process and Quality of Nursing Care

The nursing process has been described as a theory of how nurses organize the care of individuals, families and communities (Herdman, et al. 2009). It is said to be an assertive, problem solving approach to the identification and treatment of patient problems. Nursing process provides an organizing framework for the practice of nursing and the knowledge, judgments, and actions that nurses bring to patient care. Nursing Process is a systematic method which utilizes scientific reasoning, problem solving and critical thinking to direct nurses in caring for patients effectively. Critical thinking is the process of searching, obtaining, evaluating, analyzing, synthesizing and conceptualizing information as a guide for developing one's thinking with self-awareness, and the ability to use this information by adding creativity and risk taking. The nursing process has been used as a problem-solving activity to think about a plan of care as the foundation for professional practice in everyday nursing practice (Yildirim & Özkahraman, 2011).

As a process of critical thinking, it requires gathering data about the patient and significant others, analyzing and interpreting this data, making

judgments, setting goals in order of priority, selecting appropriate interventions, implementing these interventions and evaluating the outcomes. With nursing process, the nurse and patient emerge as partners in a relationship built on trust and directed toward maximizing patient's strengths, maintaining integrity, and promoting adaptive response to stress (Donkor, 2009).

According to Leach (2008) in order to guarantee the quality of health care delivery, the United Kingdom, set this critical thinking process as a standard for basic nursing education. To make the process more comprehensive the UK government's Department of Health directed all National Health Schemes to appoint "nursing process facilitators," to introduce the concept into nursing practice. In effect, the nursing process became mandatory for all nurses in the UK because of the benefits it has on patient outcomes.

Hagos et al. (2014) claimed that effective implementation of the nursing process will improve the quality of nursing care. Their studies indicated that patients who received care, according to nursing process were more satisfied than patients who received usual nursing care, as a result of nurses spending more time with patient and patient participating more in their care. Abebe and Abera (2014) also revealed that 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.

In spite of all the advantages and benefits of using the process, its implementation in providing care in many health settings in the developing

world has been poor. The standard of nursing care and documentation in Ghana is low compared with developed countries, partly owing to a lack of guidelines, as well as a persistent shortage of nurses and the limited use of nursing process. In order to deliver high quality nursing care to Ghanaians as obtained in the other countries of the world, nursing process should be fully adopted by all health facilities in Ghana.

Nursing Curriculum and Training on Nursing Process in Patient Care

The concept of curriculum development in general has evolved over the years; this is often influenced by many factors in response to the ever changing dynamics of human and socioeconomic developments. The nursing curriculum has not been an exception in this curriculum evolution; it is continually influenced by the same dynamic changes of society affecting the curriculum of other professions. Despite the solid and well cherished philosophical underpinnings of the nursing profession which has been transmitted from the Nightingale's era through to the 21st century, nursing practice and education is constantly redirected by the trends and issues in the local, national and global society that influence human health care (Cherry & Jacob, 2008). Nursing curriculum is continually adjusted to take into account the emerging issues influencing health care and the nursing profession. Inherent in the nursing curriculum is the state registered general nursing curriculum, developed by the Ministry of Health. Nurses who go through this curriculum, graduate with the registered general nursing certificate.

A Registered General Nurse (RGN) is a nurse who has graduated from a nursing program and met the requirements outlined by the Ministry of Health and license by the Ghana nurses and Midwives council to practice. Registered

Nurses are employed in a wide range of professional settings, often specializing in their field of practice. They may be responsible for supervising care delivered by other healthcare workers, including enrolled nurses, licensed practical nurses, unlicensed Assistive Personnel, nursing students, and less-experienced Registered Nurses. State Registered nurses must usually meet a minimum practice hour's requirement and undertake continuing education in order to maintain their registration. The scope of practice of State Registered Nurses is determined by local legislation governing nurses, and usually regulated by a professional body or council (Hagos et al., 2014).

Every profession or organization survives through its system of educating its new entrants. Nursing education in Ghana has evolved over the years and has put the profession in a pedestal to provide better service to patients. Moving from the Qualified Registered Nursing where middle school certificates were requirement for entry, to the comprehensive state Registered Nursing and now the Registered General Nursing (Diploma and degree). This definitely is an indication of improved standard and not a fallen one. This evolution in nursing education has resulted in the introduction of the nursing process in the curriculum to improve the efficiency of nurses.

The origin of nursing process can be traced back to 1955 when Hall a nursing theorist described nursing care as a process. According to Wilkinson (1996), the term nursing process was used to describe a series of steps describing the process of nursing by several nursing authors such as Dorothy Johnson, Ida Jean Orlando, and Ernestine Wiedenbach. The characteristics of the nursing process as defined by Orlando are: dynamic and cyclic; client centered; planned and goal-directed; universally applicable; problem-oriented;

and a cognitive process. It is recognized as the foundation for professional nursing practice, and provides the professional nurse with a framework for decision making and problem solving in everyday practice and situations.

In addition, other researchers are in agreement that nursing process is a scientific method for delivering holistic and quality nursing care. Therefore, its effective implementation is critical for improved quality, hence, the inclusion of the nursing process in the curriculum of registered nurses to help improve nursing care is a step in the right direction. The course work is structured such that the trainees are equipped with both theoretical and practical knowledge of the nursing process (Alfaro-Le Fevre, 2010; Berman & Snyder, 2012; Mahmoud & Bayoumy, 2014; Rivas, García, Arenas, Lagos, & López, 2012). From the afore argument, it is clear that a graduate from any of the colleges of nursing in Ghana who pursued a course in Registered Nursing should be well equipped with both practical and theoretical knowledge on nursing process. The nursing process is seen as a decision making approach that promotes critical thinking in nursing. It is compared with the scientific method of solving problems. The steps are similar in the two approaches, as they proceed from identification of the problem to evaluation of the solution. One difference though is that the scientist identifies the problem first and then collects the data. By contrast, the nurse collects the data and then determines the problem. In Ghana, health services are limited and of poor quality. The quality of nursing care is also perceived as poor (Oware-Gyekye, 2009). To improve the quality of nursing care, the basic thing is the application of the nursing process and for its implementation, the government has been investing in educating students in different educational status at school level based on

the nursing curriculum. But the application of this knowledge in practical setup is not well known yet (Oware-Gyekye, 2009).

According to Hagos et al. (2014) nurses in Ethiopia have no adequate knowledge to implement nursing process which may be due to a variety of reasons. In their qualitative study, the majority of the key informants said that it is quite unlikely to put the nursing process in practice depending on the current knowledge of the nurses on the nursing process. According to claims made by some of the participants, the inability to apply what the nurses have learnt at school was one of the reasons why nurses did lack knowledge to implement the nursing process.

In practical terms, knowledgeable nurses are more likely to implement the nursing process than nurses who were low knowledgeable. Moderately knowledgeable nurses were positively associated with implementation of nursing process (Zewdu Shewangizaw, Abera Mersha, 2014). Peterson and Bredow (2009) highlights that the nursing process discipline demands critical thinking skills from nurses; the same opinion is shared by many other researchers. Huckabay (2009) informs that every part of the nursing process demands a nurse to think critically and derive conclusions correctly. Without thinking critically, inaccurate or inefficient information can cause inaccurate nursing diagnosis.

The Utilization of Nursing Process in Patient Care

Nurses are the largest group of health professionals in all countries. 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 the application of the nursing process has a significant role,

but, in practice, utilization of the nursing process is not well developed (Donkor, 2009). The quality of patient care and attitude of health workers in Ghana has over the years come under the spotlight of the media and public. Similarly, the care nurses give to their patients have come under heavy criticism. According to Donkor, some critics interpret it as a falling standard, claiming there is a widening gap between knowledge (theory) and practice. Unfortunately, others have preceded their argument and jumped into hysterical conclusions that Ghanaian nurses have failed the citizenry.

Many African countries have adopted the nursing process in their quest to improve quality health care; unfortunately, the problem as opined by Sabona et al, (2005) is its implementation in the clinical setting. The extent of its implementation in the clinical setting has not been extensively studied and documented in many countries in Africa including Ghana.

According to Ojo and Irinoye (2002) the implementation of the process in patient care in Nigeria is very low. This may not be different from what is happening in Ghana. The authors identified poor attitudes of Senior Nursing Sisters and Matrons as part of the constraints to its full implementation in Obafemi Awolowo University Teaching Hospitals Complex.

Ofi, Sowunmi, Edet and Anarado (2008) also observed that the nursing process was not fully implemented on all the wards and units of the Obafemi Awolowo University Teaching Hospital although it was introduced sixteen years ago. In the wards where it is implemented, not every patient admitted in the hospital is nursed using the nursing process theory. Hagos et al. (2014) also revealed that in Ethiopia the implementation of the nursing process was a challenge for lack of a safe and encouraging working environment.

A mixed method study by Abebe and Abera (2014) to assess the level and factors associated with nursing process implementation among nurses working in two hospitals revealed that, the 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 the knowledge of the basic principles and the component areas of the nursing process and knowledge of the advantages of applying the nursing process to practical work. Both the qualitative and quantitative findings of Abebe and Abera, indicated that, the nursing process was not applied by following the scientific way in the hospitals. All of the 200 respondents reported that, they did not apply any of the nursing process steps.

A study done in Nigeria by Ofi et al. (2008) indicate that the nurses implemented the nursing process 40.37%, 13.76%, 43.12%, and 2.75% at the level of assessment, level of nursing diagnosis, nursing care plan, and evaluation, respectively. The variation may be due to differences in the study sites, the progress of the nursing profession, resource and technological variations, government commitment, level of nursing practice, and lack of clear nursing standard. The findings of the qualitative study also strengthened the findings of the quantitative findings, in which all the participants said that, all of the nursing process steps were not applied in their hospitals. Literature revealed that where the nursing process is utilized in patient, not all phases of the process are followed appropriately. For example, a study conducted by Lee (2005) on factors influencing the implementation of nursing process indicated that knowledge factor, institutional factor and professional factor were factors that resulted in the non-implementation of the nursing process as it ought to

be. Hagos et al. (2014) also revealed that, in Ethiopia, the implementation of the nursing process was a challenge for lack of a safe and encouraging working environment.

Quality of health care is compromised in some hospitals, due to the non-implementation of the nursing process in patient care. In hospitals where it is implemented it is not systematic as it ought to be, this might be a recipe for poor care rendered to patients (Ofi et al. 2008).

Some Challenges with the Application of the Nursing Process

In the eighties, the nursing process was introduced as a systematic method of planning nursing care internationally. The nursing process has been used for over 25 years as a systematic approach in nursing practice (Hagos et al. 2014). Despite the knowledge of nurses on the nursing process, certain factors can limit the ability of nurses to implement it in their daily practice.

According to Oware-Gyekye (2009) hospitals are confronted with challenges leading to the non- utilization of the nursing process. These challenges include; high patient out flow, misconception of the nursing process. demanding patients, and unsympathetic managers. At the same time, his study showed that, new reporting system affected the implementation of the nursing process. Other factors identified include stressful working environment, Poor understanding of the principle of nursing process, poor patient economic status and lack of follow up.

A mixed method study conducted by Hagos et al. (2014) showed that, most of the enabling and reinforcing factors did not motivate nurses to apply nursing process. The main obstacles cited as hindrances for application of the nursing process are resource scarcity, time shortage and lack of adequate

knowledge. These findings, were also reported in a study by Ledesma-Delgado and Mendes (2009) in Brazil indicating factors such as lack of knowledge of the steps involved in the process, excessive number of tasks assigned to the nursing team, poor attitude of nurses bordering on resistance to change as the most prominent constraint, and shortage of staff as impacting on application of the nursing process. Other factors identified were the time consuming nature of the process and failure of management to motivate nurses (Ledesma-Delgado & Mendes, 2009).

Similar studies in Botswana also affirmed inadequate staffing and excess work load as barriers to implementation of the nursing process followed by insufficient material others resources while the least barrier perceived by the nurses were poor incentive and low level of perceived self-efficacy in handling the nursing process, and the high nurse-patient ratio made it difficult for nurses to use the nursing process (Sabona et al, 2005). Garba, Afoi, Emmanuel, Gimba, and Afuwai (2011) also reported shortage of staff as a prominent factor affecting implementation of the process. In addition, the study further revealed that inadequate practical knowledge on nursing process, lack of equipments/stationeries to facilitate the process and poor attitude of nurse affected the implementation of the nursing process. Sabona et al. (2005) further reported some constraints influencing the implementation of nursing as time consuming nature, failure of Nurse Leaders to motivate staff, shortage of staff and negative attitudes of nurses. Howe (as cited in Onyemenam, 2013) is also of the opinion that poorly equipped hospital and unit, perennial shortage of drugs, shortage of staff, and non-

training of the few employed are factors that work against nursing process implementation.

Other researchers also observed that nurses lacked relevant cognitive and psychomotor skills to implement care plans (Alfaro-LeFevre, 2010; Akbari & Shamsi, 2011). In addition, some nurse practitioners claimed that both the structure and language that underpin nursing process are complicated, cumbersome and unreflective of the way nursing care is planned and delivered. Calloham (cited in Onyemenam, 2013) identified that adequate staffing was the most important element in nursing practice as the availability of adequate staffing allowed nurse's time to implement nursing intervention on the clients. Enough staffing will be able to cut across all the shifts so as to reduce the too much workload on an individual with increased number of patients. Potter and Perry (2007) cited lack of equipments and supplies as hindrances to the implementation of the nursing process. Lack of resources is also supported other researchers such as Dominguez-Bellido et al. (2012) and Garba et al. (2011).

According to Ojo (2010) one of the components of best practices in nursing care is the implementation of the nursing process which include; assessment of clients/patients' condition, formulating nursing diagnosis, identifying outcomes, planning care, implementing nursing interventions and evaluating care. However, there are limited studies in the developing countries including Ghana to identify the challenges and constraints regarding the application of the nursing process. Considering the numerous challenges confronting the health sector in Ghana, some of the factors affecting the implementation of nursing process in different countries may not be different

from those reported in other countries. The effect is that the quality of health services delivery is negatively affected, since it was indicated that the implementation of the nursing process improves the quality of the service delivery. The converse is the case here which will definitely affect the quality of the services delivered at the ward.

Strategies Targeted at Improving the Utilization of the Nursing Process in Patient Care

The findings of a study by Ojo and Irinoye in (2002) revealed that nurses with diploma and degree or nurses in senior cadre are more likely to implement the nursing process than junior cadre or less experienced nurses. The study further suggested that, nurses with additional professional qualification are 17 times more likely to perceive fewer barriers compared to nurses with only Registered Nurse and Registered Midwife qualifications. The study also suggested that nurses on medical wards are 3 times more likely to perceive barriers compared to nurses on the surgical ward. Garba et al. (2011) also asserted that the implementation of the nursing process varies from ward to ward. Garba et al. (2011) also found significant difference in the level of implementation of the process across units such as medical, surgical, obstetrics & gynaecology, paediatrics and special unit. In their study, seven variables were statistically significantly associated with the level of nursing process implementation. Namely working experience of more than 4 years was almost double more likely to implement the nursing process than working experience of less than or equal to 4 years. Availability of necessary equipment's for patient care in the hospital were three times more likely to implement nursing process than inadequate one.

Other researchers also claim that for implementation of the nursing process to be successful, there is the need for special education, nurses do not need only skills of practical work, but also skills to critically evaluate patient needs, (Müller-Staub, Needham, Odenbreit, Lavin & van Achterberg 2008; Scherb et al. 2011). Orlando (1990) stated that, it is not only nurse's own observations and actions that nurse needs to evaluate; instead, the nurse needs to be aware of other nurses' actions that are also seen in the documentation. Itah (as cited in Onyemenam, 2013) also commented that strategies are based on the concept of staff development, embracing continuing education and in-service training which is aimed at acquiring new knowledge and skill in nursing and other-related areas. Hence, it gives room for effective implementation of the nursing process. In addition, Itah recommended that much workshop should be conducted in the state, especially in the area of nursing diagnosis and scientific rationale. This will increase the knowledge and skill that nurses have about nursing process particularly, diagnosis and scientific rationale as to make nurses more scientific. In these workshops, the practical skills to be stressed are in the area of data collection, writing nursing diagnoses and objectives. This will bring a balance between the nurses' practical skill and high theoretical knowledge. Zemat, (2009) also indicated that, the strategies to ensure nursing process implementation and sustenance is that the hospital authority must collaborate with the implementing nurses in terms of stationary supply, finance and personnel.

The strategies to improve the implementation of the nursing process will vary from hospitals depending on the identified challenges perceived to hinder the application of the nursing process. Generally, nurses need to be

equipped with knowledge through in-service training and continues professional development programs to help improve the implementation of the nursing process. From the literature above, nurses also need to be supervised, motivated and provided with the needed resources for effective implementation of the nursing process (Itah as cited in Onyemenam, 2013).

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

Introduction

The study sought to assess the application of the nursing process and its influence on nursing care rendered to patients in Wa hospital in the Upper West Region of Ghana. In pursuance of the purposes stated above, the following research questions were formulated:

1. What knowledge do registered nurses have to be able to effectively apply the nursing process in patient care?
2. How is the nursing process being used in patient care?
3. What challenges do nurses encounter in using the nursing process?
4. What strategies will improve the utilization of the nursing process in patient care?

This chapter describes the research methodology under the following headings: the research design, population, sample and sampling procedures, research instruments, and data collection procedure and data analysis.

Research Design

The research design employed for this research is a qualitative one. The qualitative approach is a way to gain insights through discovering meanings by improving our comprehension of the whole. This research approach, according to James (2006), explores the richness, depth, and complexity of a phenomenon. It is an umbrella concept covering several forms of inquiry that help us understand and explain the meaning of social phenomena without disruption of the natural setting as possible. Creswell (2009) remarked that qualitative research is employed when researchers want

to explore an issue of interest; this exploration is needed when a researcher wants to study a group or a population. He added that Qualitative research is needed when a complex issue needs to be understood by directly talking with the participants in their places of work or at home and allowing them tell to their story unencumbered by what we have read in literature. In contrast to quantitative research, qualitative research is situational or contextual, and not aimed at replication or generalization to different contexts (Ahiadeke, 2008).

Schmidt and Brown (2009) outlined four types of qualitative research as phenomenological, grounded theory, ethnography and historical. Each of these has distinguishing characteristics and it's important that the researcher chooses the one most appropriate to the purpose of the research. The type of qualitative method used was the ethnographic approach. Spradley, (1979), defined this approach as 'the way of describing a culture'. Additional related approaches that originated from this approach are ethnoscience and ethnonursing. This research employed the ethnonursing strategy to describe the aspect of nursing culture involved in patient care. A culture unique to nurses is the use of the deliberative nursing process theory in patient care. The nursing process explains the essence of the nursing profession and distinguishes the nursing discipline from other disciplines in the health sector.

Ethnonursing research method helps researchers study transcultural human care phenomena and discover the knowledge nurses need in order to provide care in an increasingly multicultural world (McFarland, Mixer, Wehbe-Alamah, & Burk, 2012). This approach, according to Schmidt and Brown (2009) is a systematic study and classification of nursing care, beliefs and values and the practices of the nursing culture. It involves learning from

people that will lead to the discovery of what the people know, what people do and what people make use of. It also enables the researcher to learn from the practice of a group of people.

The ethnonursing research method includes five general principles to guide the researcher. The first principle is maintaining an open discovery, active listening, and genuine learning attitude in working with informants in the total context in which the study is conducted. The researcher remains an active learner by showing a willingness to learn from the people, demonstrating respect, and avoiding ethnocentric bias. The second principle stresses actively participating with the informants in reflection about the meaning of what is seen, heard, or experienced. The researcher develops sensitivity to the emic (local) and the etic (professional) perspectives. The third principle encourages recording whatever is shared by informants to preserve their ideas and meanings. The fourth principle emphasizes using an experienced ethno nursing research mentor to guide the research. The fifth principle clarifies that ethno nursing method can be used in combination with other research method (McFarland, Mixer, Wehbe-Alamah, & Burk, 2012).

Leininger (2006) identified four enablers in the use of this strategy, Research enablers are important guides that help the researcher tease out in-depth information regarding the culture of care and general knowledge of the culture of care from informants living in diverse cultural contexts (Leininger, 2006). The Sunrise Enabler provides a guide for the researcher to explore multiple influences on the culture of care. The Observation, Participation, Reflection Enabler helps the researcher to enter the informants' world and remain with them throughout the study. With this enabler, the researcher

gradually moves from being an observer and listener to an active participant. During the reflection phase, which occurs throughout the study, informants provide essential confirmatory data about the research phenomena. The Stranger to Trusted Friend Enabler helps the researcher befriend the informant to obtain authentic, credible, and dependable data. When the researcher becomes a trusted friend, informants generally will be more open about sharing their insights (Leininger, 2006).

In the ethnonursing research process, an Open-Inquiry Guide Enabler is developed to encourage in-depth, open-ended interviews with informants. The guide is based on the components of the culture care theory and Sunrise Enabler and is customized for each study based on the domain of inquiry and the research questions. The use of this enabler encourages informants to share their ideas about care and other phenomena of interest.

By adapting the sunrise, observation, participation and reflection enablers as a guide, an interview guide was structured to elicit information from informants to answer the research questions. The researcher identified and documented data relating to the use of the nursing process. The researcher gathered information from registered nurses; what they know about the nursing process, how the registered nurses were using the nursing process what challenges they encountered in using the nursing process and the proposed solutions to these problems.

Research Setting

The proposed site for this study was Wa in the upper west region of Ghana and the setting was the regional hospital. It is a Ghana health service institution that renders health care services both to inpatients and outpatients.

It had about 14 departments this include; male and female medical and surgical department, casualty ward, paediatric ward as well as the maternity department serving as in-patient departments. The other departments are out-patient departments and administration of the hospital. The nursing staff is made up of and 35 registered nurses, 65 enrolled nurses, midwives. Of the total number of registered nurses 6 each can be found in the male and female surgical wards, casualty as well as the pediatric ward. Male medical ward has 5 registered nurses, whereas the female medical ward has 3 registered nurses. The bed capacity for each of the wards is as follows;

Male surgical – 47

Female surgical –14

Male medical – 14

Female medical ward – 14

Paediatric ward – 29

Casualty ward - 23

Population

The population consisted of all registered nurses in the Upper West Region of Ghana.

Sample and Sampling Procedure

The sample size in qualitative research is smaller as compared to quantitative research and is largely dependent on numerous factors such as the kind of information being provided by participants and the duration of the research (Bunce, Guest, & Johnson, 2006). Under some circumstances, recruitment of participants stops when the information being obtained is a repetition of what has already been gathered thus when data saturation is

reached (Schmidt & Brown, 2009). Data saturation is reached when there is enough information to replicate the study, thus, when the ability to obtain additional new information has been attained and when further coding is no longer feasible (Fusch & Ness, 2015). As a result of the numerous factors that can determine sample sizes in qualitative studies, many researchers shy away from suggesting what constitutes a sufficient sample size. Guest, Bunce and Johnson (2006) suggested that, although the idea of saturation is helpful at the conceptual level, it provides little practical guidance for estimating sample sizes for vigorous research prior to data collection. They concluded that for most qualitative researches a minimum of fifteen (15) participants is recommended.

Guided by this disclosure by Fusch and Ness in (2015) thus with consideration to the time frame to conduct the research and the suggestion by Bunce, Guest, and Johnson (2006), the sample size for this research was twenty five (25), made up of thirteen (13) key informants and twelve (12) participants in a focus group interview. The key informants were nurse in-charges and the assistant in-charges of the male and female medical and surgical wards and the nurse in-charge of the paediatric ward that have a minimum of a diploma in nursing certificate. Also the overall in-charge of the wards was also interviewed. The key informants who participated in the indepth interview were interviewed by the researcher in the office of the ward In-charge of each ward. The interview session lasted for a minimum of fifteen (15) minutes and a maximum of thirty five (35) minute for others. With the permission of the participants the interaction session was audio recorded and replayed after each session to clear all doubts. The twelve participants in the

focus group interview were made up of five female and seven male nurses with a minimum of a diploma in nursing certificate and have worked in the wards of the Wa Regional Hospital for three (3) years. Purposive sampling was used to recruit the key informants and the participants of the focus group interview. In purposive sampling the unit of the sample are selected not by a random procedure, but they are intentionally picked for the study because of their characteristics or because they satisfy certain qualities which are not randomly distributed in the universe, but they are typical or they exhibit most of the characteristics of interest to the study. Creswell, (2009) remarked that purposive sampling is employed in a research when special characteristics of study participant is required in facilitating the purpose of a research.

Inclusion Criteria

Ward in-charges who were registered nurses with a minimum qualification of diploma in nursing and working in the female and male medical wards/departments, male and female surgical wards/department, casualty department and the paediatric ward/department of the Wa hospital were included in the key informant interview. Two other registered nurses working in the above mentioned wards/departments were included in the focus group interview after consenting to take part in the study.

Exclusion Criteria

All other nurses working in other departments other than the female and male medical wards, female and male surgical wards, casualty or the paediatric ward were not included in the study. Aside these wards in the Wa Regional Hospital, registered nurses were found in other departments such as the outpatient department where it is not feasible to apply all the steps of the

nursing process because of the limited contact time with patients in these departments.

Research Instruments

The researcher employed three approaches to collect a data for the study. The instruments that were used for the data collection included in-depth interviews of key informants, focus group interview and document review.

In-depth Interview

The researcher used one-on-one personal interviews of key informants with open-ended questions. This type of questions allowed all respondents to talk freely about the problem in their own words and it was possible to collect their detailed perspective on the issue. In-depth interviewing is an excellent tool to gain deeper insight into the participants' responses and it allowed the researcher to penetrate the phenomenon under study. According to Yin (2009), this method helps in proving additional understanding of the topic as well as to balance the power between the interviewer and the interviewees. The informants assumed the role of a "teacher" and the researcher became a "student" interested in learning and gaining knowledge from the informants. In-depth interviews will also allow the researcher to grasp multiple views, perspectives and meanings related to the topic that the researcher will not be able to capture with other methods. The in-depth interview was semi-structured, meaning that the researcher prepared an interview guide and followed, which was highly flexible in terms of order and development of questions.

The in-depth interviews were held in the offices of the In-charge of the various Wards. The mode of communication was English. The researcher introduced herself and explained the purpose of the study to the participants. The researcher sort permission to audio record the interaction which was approved by all the participants. The informed consent forms were given to participants to read and sign as evidence of their approval. The researcher then proceeded by asking the questions relating to the study.

Focus Group Interview

There was a focus group interview with twelve registered nurses in the group (seven male and five female nurses). The purpose of which was to ensure validity of the research and to gain more understanding from a different perspective. These participants were purposefully sampled and consented to participate in the group interview. No member of the group was identified by his/ her name but with a code. The researcher acted as a facilitator of the interview with the group. The researcher used open ended questions to begin the interview and guided the group to provide information on their knowledge, utilization, challenges and solutions in the application of the nursing process.

The focus group interview took place in the cafeteria of the hospital and lasted for an hour and fifteen minutes. The mode of communication was English. The researcher introduced herself and explained the purpose of the study to the participants. The researcher sort permission to audio record the interaction which was approved by all the participants. The informed consent forms were given to participants to read and sign as evidence of their approval. The researcher then proceeded by asking the questions relating to the study,

each participant in the group took turns to answer the question posed by the researcher and made clarification when necessary.

Document Review

Nursing documentation is one important part of the nursing process. A thorough nursing documentation is a precondition for good patient care and for efficient communication and cooperation within the healthcare professional team.

The researcher developed an observational checklist that guided the review of patient's records. This was done to further deepen the understanding of the researcher on the evidence of the utilization of the nursing process and how the nursing process was utilized by registered nurses in patient care.

Validity and Reliability

According to Creswell and Clark (2007), the goal of a good research is to have measures that are reliable and valid. Validity refers to the extent to which the study instrument addresses the objectives of any research or a project. And Reliability refers to the consistency with which respondents understand and respond to the questions (Maunye, Meyer, & Van Velden, 2009). Unfortunately, some researchers argue that these terms cannot be used in qualitative research. As a result, Lincoln and Guba in (1985) provided what is claimed to be a 'golden standard' for evaluating qualitative research. Instead of using terms as validity, reliability, objectivity precision, and generalizability to judge the rigor of quantitative studies as they intended to describe, predict, and verify empirical relationships in relatively controlled settings, Lincoln and Guba proposed four essential elements for evaluating the trustworthiness of

qualitative research. These include: credibility, transferability, dependability and conformability, as their aims to explore, discover, and understand a phenomenon (Lincoln and Guba, 1985). For research to be considered credible and authentic investigations should be based on a sound rationale that justifies the use of chosen methodology and the processes involved in conducting the research. The criteria followed to ensure validity of this research included;

- Submitting the in-depth interview guide that was used in this research to the research supervisor for comments. The necessary corrections were made to discard wrong and ambiguous questions and appropriate modifications to be made.
- Meticulous record keeping, demonstrating a clear decision path and ensuring interpretations of data is consistent and transparent during the interview process
- Establishing a comparable case. To look out for similarities and differences across accounts to ensure different perspectives were represented.
- Demonstrating clarity in terms of thought processes during data analysis and subsequent interpretations.

Respondent validation was ensured by inviting participants to comment on the interview transcript and whether the final themes and concepts created adequately reflect the phenomena of nursing process. The other criteria that was used to ensure validity of the research was gathering data using in-depth interview, focus group interview and the reviewing documents. These criteria were followed to ensure that the results could be trusted and depended on.

Data Analysis

Qualitative data consists of words and observation, not numbers. As with all data, analysis and interpretation are required to bring order and understanding. This requires creativity, discipline and systematic approach (Taylor-Powell & Renner, 2003). Leininger (2006) proposed four phases of data analysis as an approach to analyses in ethno nursing method. These phases were followed to do a comprehensive analysis in order to provide answers to the research questions as follows;

In phase one, the researcher analyzed detailed raw data, these include; transcripts of in-depth interviews and focus group interviews and observations. During the second phase, data were coded and classified into themes as they related to the domain of inquiry and research questions.

In phase three, data were scrutinized to discover saturation of ideas and recurrent patterns of practices that are similar or different. Here, the steps of the nursing process theory enhanced the researcher examine both the universal and diverse meanings and practices of care. Discovering the commonalities people share as well as their differences is essential for knowing peoples' values, beliefs, and practice of nursing care. Often comparing and contrasting cultural similarities and differences leads to findings what would not have been discovered if only diversities had been considered. In working with the theory and method over many years, authors for example, McFarland & Zehnder, (2006), have found that cultural similarities often provide the glue that binds people together within the human family. Thus standardizing the use of the nursing process in patient care is a means of unifying nurses and making the profession unique. Many people value the same cultural and social

structure dimensions, such as family and religion; however, the related care patterns that the nurse trainee learns in school is similar and therefore must be upheld to distinguish the nursing profession from other professions.

The fourth, and last, phase of data analysis included interpretation and synthesis of findings. The researcher explicated and confirmed major themes, care actions and decisions, and new theoretical formulations with the informants via face-to-face meetings, and phone calls, this helped clarify interpretations, meanings, and findings.

It is important to note that these data analysis phases are not linear; rather, the researcher is involved in all four phases at various points in the study. For instance, data is confirmed with informants at every phase of the study.

Ethical Consideration

Clearance was sought from the Institutional Review Board (IRB) of the University of Cape Coast before the commencement of the research. At the study site, permission was sought from the Municipal Directorate and the Management of the municipal hospital. Respondent's anonymity was maintained as their names were not required during the interview. The purpose of the study was carefully explained to every respondent. The respondents were also systematically introduced to the research processes and their right to voluntarily participation or withdraw from the study was communicated to them. The view of every respondent was respected and data sought from them was used strictly for the purpose of the study. All the data gathered were audio- recorded but no one was identified by name on the audio. The recordings were saved on external hard drives and flash disk which were

passworded. Detailed information regarding the study was provided in a simplified easy-read format devoid of technical jargons for all participants before an informed consent was obtained. All references were also duly acknowledged.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter presents the results of the in-depth interviews, focus group interview, the document review and discusses the findings in relation to the literature. The findings of the study are then summarized and conclusions drawn under the knowledge of nurses on nursing process, implementation of the nursing process, challenges nurses encounter in implementing nursing process and strategies that could improve the implementation of the nursing process.

Results from In-Depth Interviews

Knowledge of the registered nurses on the nursing process

The in-depth interview that was conducted with the In-charges and their assistants revealed their knowledge of the nursing process, after transcribing and coding two main themes emerged.

Theme 1: The nursing process as a working tool for nurses

The results from the in-depth interview with the registered general nurses indicated that all the respondents had fairly good understanding of the nursing process. Generally, the participants in various ways defined the nursing process as a tool that is professionally used to provide safe nursing care to the patients. This implied that not everybody has the capacity to implement it. The nursing process can only be done by trained health professionals and in the hospital or a place conditioned for health services to be delivered.

Participant seven (7) defined nursing process as:

“A tool for health professionals to identify patient's problems and an organized method for meeting patient's needs. As a tool, it follows a well define procedures, whose ultimate goal is to bring excellent care service to clients at the hospitals”

The sub themes that emerged from this main theme include;

Nursing Process as a Package of Activities

A number of the nurses viewed the nursing process as a package made up of a series of activities used in caring for patients, hence, the theme above. As a package it involves some series of interdependent activities carried out with the sole aim of delivering quality health care services to clients and their families. Participant two (2) of the in depth interview defined nursing process:

“As the act and science of taking stock of your patients to indicate whether his/her recovery is good or bad. As a stock it is made up of a pack of steps that nurses follow to ensure a good recovery of their patients”

Nursing Process as a Step by Step Procedure

The results further revealed that Nursing Process was defined as a step by step procedure nurses use to care for clients at the hospital. Nursing process was viewed as a step by step procedure through which nurses cater for patients in the ward to recover or have a peaceful death. According to them the aim of providing nursing care is not only for the purposes of recovery, but also for a peaceful death. Accordingly, these series of activities employed must result in giving a holistic care. Four (4) participants defined:

“Nursing process was a step by step guide used to identify patient needs and then develop an intervention to solve the problem”

Another nurse coined nursing process as:

“A series of applied steps designed for nurses to give excellent care to clients”.

Nursing process as a prescribed way to identifying patients’ problems.

Participant One (1) explained nursing process:

“As a prescribed way of identifying a patient’s problem and through a systematic way, provide a way of solving the problem confronted by the client. As a process the nurse is not left alone to act in a disorganized manner during care giving in the hospital”

Nursing Process as the foundation of nursing practice

Participant four (4), defined the nursing process as;

“The foundation of nursing is the nursing process. It is the basis for which nursing care is delivered to the patient. Without nursing process, there will not be meaningful nursing”.

This implies that nursing process is the bedrock of nursing. The practice of nursing process originates from the nursing process. The concept is the centre of the actions that a nurse must take to ensure quality health care delivery in the hospital. It therefore means that without nursing process, there cannot be any meaningful nursing done in the ward. Even though one may provide health care service to the client without due recourse to the nursing process, it is the nursing process that ensures the quality of health service is provided.

Theme 2: Nursing process as a means of enhancing quality of care

The other major theme that emerged on the knowledge of the nurses on the nursing process is that, the nursing process is the means of enhancing quality of care. The results of the in-depth interview showed that nursing process when implemented by the registered nurses have lots of benefits on the quality of care in the ward. The following sub themes emerged:

Nursing process enhances speedy recovery of patients when implemented.

The results showed that the implementation of the nursing process helps the patient recover very fast. There were several other views that indicated on the importance of nursing process as it helps the nurse know the problem of the patient and provide a systematic solution that brings quick recovery. Participant thirteen (13) indicated that:

“Nursing process is individually focussed. It must be provided on an individual basis”

Another nurse (participant 6): said that

“Nursing process is about documentation. If well used and documented well It helps the patient recover very fast since the nurse gets to know what exactly the problem of the patients and through the implementation of laid down procedures the patients recovers very fast”.

Nursing process reduces staff burden

The results from the in-depth interview further revealed that majority (10 out of 13) of the nurses was of the view that nursing process reduces staff burden and improved quality of care. Participant eight (8) intimated that:

“Nursing process when properly documented reduces staff burden, since the care plan is being followed. Any nurse taking over is usually well informed where to continue from and what medications to give and at what time. This deepens the confidence of both the nurse and the patient”

This implies that the additional burden of searching to know what has been done is reduced as well as minimizing errors.

Nursing Process aid easy identification of Problems/challenges

The results also showed that through the implementation of the nursing process it makes it easier to identify the challenges of the patient and proffer quality solution. This implies that documentation during the nursing process is a key to the implementation of the process. Without documentation, there cannot be meaningful nursing process being implemented.

Utilization of the Nursing Process in Patient Care

The nurses were further interviewed on whether nursing process was being practiced in their various wards of operations. The recorded data was transcribed and sorted out according to similarity and differences. Majority of the respondents (10 out of 13) agreed that in principle, the nursing process was not being implemented in their various wards. The documentations that were usually seen in the implementation of nursing process were conspicuously missing in their wards. Participant nine (9) indicated that:

“Nursing process is not being implemented in practice. However, in principle, we used components of it not really in the order that we learnt. We practice general nursing in my ward. The sad thing is that

the quality of nursing care given might be adversely hampered or compromised because it is not really document. Even though, we practice it, we do not document any process. The truth of the matter is that we do not have a care giving plan for each patient in the ward.”

In addition majority of the nurses (10 out of 13) further indicated that the implementation of the nursing process was only done in theory but not in reality. They emphasized that it is only done for demonstration purposes, but in reality it cannot be implemented. Participant one (1) said that:

“The nursing process is usually done for demonstration purposes, when practicing nurses come to the ward to learn hands on activities in the ward that the issue of nursing process comes to the fore. Besides, the idea of the nursing process is practiced in bits not as a whole”

The nurses acknowledged that, in order to pay attention to the teeming number of patients in the ward, they practice general nursing and not individualize nursing as suggested by the nursing process. At the ward, the patients are helped to follow the orders of the medical officers.

The results of the in-depth interview also revealed that, there was no evidence of nursing care plan in their wards. Individualized nursing was not possible, when the data were collected. One in-charge (participant 3) indicated that:

“In my ward I do not have nursing care plan for each patient I receive. I have general nursing care delivery procedure generally implemented. We just build on what we receive from the data from OPD and the general consulting outcomes. However, as an in-charge I do not think I

have superintendent the development of a nursing care plan for each patient”

The results further indicated that, only 2 out of the 13 nurse people interviewed indicated that nursing processing was being implemented in their wards but, only when students in practice are around for their learning. They indicated that, the nursing processing was used only for demonstration purposes. After the demonstration of nursing processing for the students the real implementation is suspended until another group of students come.

Reasons/challenges why nursing process was not implemented

The results from the in-depth interview showed some challenges nurses encounter during the implementation of the nursing process and how these factors influence the delivery of health services. The results of the in-depth interview showed that majority of the ward in-charge nurses were not implementing the nursing process due to various reasons. These reasons as recorded were transcribed, scrutinized, coded and organized into two main themes, thus, human resource constrains and material constrains.

Theme 1: Human resource constrain

In various terms the participants suggested that the challenges or reasons why they could not implement the nursing process was as a result of poor human resource or lack of motivation of patients and their relatives to support the implementation of the nursing process. The sub themes that emerged from this theme include;

Work pressure on nurse and therefore no time syndrome

Majority of the nurses (10 out of 13) interviewed during this study indicated that the work load was too much on them and it was practically impossible for them to design a care plan for each patient and evaluate it at the end of the process. According to the nurses in the ward, they really have no time to implement the nursing process. Most often they are always too busy with too many routine schedules, to the extent that giving individual nursing care was something impossible. One nurse (participant 6) indicated that;

“There is no time to give individualized nursing care to clients seeking quality health services. We are too busy in the ward. The busy nature of the ward makes it practically impossible to implement the nursing process at the ward. We learnt this in the school, but in practice it is not done”

Inadequate knowledge on nursing process among care givers in the ward.

Majority of the nurses who responded to the in-depth interview admitted that, nursing process was not practiced at the ward. Consequently, one outstanding challenge from their perspective was the lack of knowledge on nursing process among the other nurses who are not RGNs. As a result it was even difficult to start it because of the varied level of experiences among the nurses.

Among the various categories of nurses' train in Ghana, it is only the registered general nurses who are taught the nursing process. However, in the wards of the Wa Regional Hospital, the enrolled nurses, and ward aids are the majority but they have not been taught to use the nursing process in patient care. Participant four (4). Added that

‘not every body on the ward knows how to use the nursing process some learnt it in the school others have not.’

Poor cooperation from patients

The results from the in-depth interview also showed that some patients do not usually cooperate with service providers. Sometimes after diagnosis of client’s sickness, the family may want to discontinue hospital treatment, with the claim that the disease is not a hospital sickness. Other times clients are asked to buy some drugs from the pharmacy shops outside the hospital for the services to continue. Most often, family members are not able to do so and thus, truncates the process. This practice definitely hampers the implementation of the nursing process negatively. During the interview, (participant two) indicated that:

‘There was an occasions that, the family of a patient decided to discontinue the treatment of their patient with the view that the sickness could not be treated at the hospital. Not even the intervention of the ward in-charge or the medical director could persuade them to continue the medication. Unfortunately, we had nothing to do than to discharge them’

For effective health delivery, there must be uninterrupted cooperation between the family of the client and the health service providers. The absence of this cooperation will adversely affect the implementation of the nursing process.

In another scenario a ward in-charge at the male surgical ward indicated that:

‘A client was asked to buy paracetamol suppository for the child, because it was prescribed by the medical officer, but was not available at the hospital pharmacy. Unfortunately, the woman could not afford

the drug. The In-charge had to buy the drug for the woman in order to save the life of the child. Accordingly, implementation of the process have been suspended severally due to lack of drugs or the inability of the parents to buy from the pharmacy shops”

The Problem of Prioritization in Care giving

In addition, another reason why nursing process is not implemented is that the nurses usually prioritize care giving. At the ward where nursing care is delivered, many times there are emergency cases which interrupt the implementation of the nursing process. One particular in-charge (participant 4) said that:

“I most often receive emergency cases in my ward; consequently this routine interrupts care giving plan put in place. When attending to a client in the ward then an emergency case comes, naturally, we give more attention to the emergency cases, to save lives and that interrupts the entire process. I must confess that under such conditions I usually delegate my colleague staff to continue while I attend to the emergency”

Theme 2: Material constrain

The other theme that emerged from the challenges confronting the implementation of the nursing process was material constrains, under which the following sub themes emerged;

The lack of Care plan in the wards

Another reason why the nursing process is not been implemented is that, there was no care plan in all the wards at the regional hospital. Nursing

process is not an act, it follows a scientific process. Unfortunately, once the care plan is not there, the issue of individualized care giving that characterizes nursing process is compromised. One nurse (participant eleven, 11) said that:

“We do not have individualized care plan for each patient. In fact, it is almost impossible to do that due to the high number of clients we have. It is very good if we have it but the reality is that is not there”

Lack of logistics and Consumables

Another reason why the nursing process is not implemented was due to lack of logistics and consumables. The implementation of the nursing process involves the use of logistics such as paper, printers, spirit, hand gloves, etc, but very unfortunately, none of the wards have a printer, a photocopier or a computer. As a result of that documentation becomes a very serious challenge in the ward. Participant (10) said that;

“We really have very short supply of consumables such as: gloves, spirits and others. The combine effects of NHIA delay in reimbursing the hospital has aggravated the situation. The consumables are simply in short supply”

Suggested Solutions to the Challenges

The results from the in-depth interview showed some suggestions to the challenges nurses encounter during the implementation of the nursing process and how these challenges could be overcome. These suggestions have been organized into the following themes as presented below:

Training workshops for the nurses in the ward on the nursing process

The results from the in-depth interview showed that nine (9) out of the

(13) of the respondents were of the view that the management of the hospital should organize in-service training programmes to update the understanding of the RGNs and the enrolled nurses on the nursing process. This training workshop would bridge the knowledge gap among the nurses in the ward on the nursing process. This will make the nurses abreast with current trends and practices on the nursing process. It would also afford the opportunity to the enrolled nurses to learn what the nursing process is all about and how to fully participate in its implementation in the ward.

One ward in charge (participant 8) said that:

“Nothing short of training workshops will help the hospital. There is the need to train the other nurses that are not schooled in the nursing process so that we can now freely implement it in our ward. My fear has been the likely truncation of the process, if I start it in my ward that is why I did not bother to implement the process. In my ward we are only 3 RGNs against 11 other enrolled nurses. The possibility that in a particular shift there may not be any RGN is higher. Therefore, to curtail all these heart aches all these others nurses must be schooled in the process by the Deputy Director of Nursing and the Medical Director”

Employing more Registered General Nurses (RGN) into the wards.

Another group of seven (7) out of the thirteen (13) nurses were of the opinion that the government should create opportunity for the teaming unemployed RGNs nurses loitering about on the streets of Ghana to be employed. They complain that the workload was too much on them. One

particular nurse in the general male surgical ward (participant 3) was of the opinion that

“The workload on us is actually too much. The number of clients is actually too many, so when you just report you hardly have time to sit down to rest your feet a little. In a very normal working day, one is seen moving from bed to the other. By the time you finish, your routine work is about time to go round again. We hardly have time to eat or rest a little, so under these conditions how can one give individualized nursing as prescribed in the nursing process?. However, about two to three badges are loitering in their houses unemployed. If these technical people are employed, it will reduce the workload on us currently and we will have the liberty to implement the nursing process”

Supply of more consumables into the wards

Majority eleven (11) out of thirteen (13) of the nurses interviewed suggested that, the Deputy Director of Nursing should ensure constant supply of consumables such paper, Spirits, gloves, needles in the medical store of the hospital so that when they make requisitions they can have supply for the various wards.

The ward in-charges of the Wa Regional Hospital had adequate knowledge on the nursing process and acknowledged that it was important in ensuring quality nursing care. However, the nursing process was not implemented in the awards as it ought to be. According to the in-charges, the major reasons why they did not implement it is as a result of inadequate registered general nurses, lack of consumables including paper to develop care

plans. They suggested that employing more registered nurses or training the enrolled nurses who are the majority on the wards now and ensuring adequate supply of consumables will help the smooth implementation of the nursing process to ensure improved nursing care in the hospital.

Results From Focus Group Interview

The findings of the focus group interview on the knowledge, utilization, and challenges with the use of the nursing process did not differ much from the findings of the in-depth interview. The responses of the participants confirmed what the in-charges and their assistants revealed during the one-on-one interview. The findings were therefore presented under similar themes and sub themes as that of the in-depth interview.

The Knowledge of Registered Nurses on the Nursing Process

Theme 1: Nursing process as a working tool for nurses

The nurses were interviewed in a group and voice recorded. These recordings were transcribed and differences and similarities in the responses sorted out and assigned codes with similar themes as in the in-depth interview. The results from the focus group indicated that the registered general nurses had fairly good understanding of the nursing process as shown in the following themes. Generally the nursing process was viewed as a tool that nurses work with. This is reflected in the sub themes below.

Nursing process as a series of organized steps

Nurses viewed nursing process as a series of activities use in the provision of quality health services to clients. It implies the nursing process is viewed as a process that has a beginning and an end. It is not just an act; it has

completely different stages that inter-depend on each other. One particular nurse (participant 2) in the focus group defined nursing process in her view as;

“ a step by step guide used to identify patient needs and then develop an intervention to solve the problem ”

Nursing Process as a tool used as a guide in health care delivery

Nursing process was also defined as a tool use to guide the provision of health services delivery at the facility level. One of the nurses in the group (participant 4) defined nursing process:

“As a tool that describes the various stages of interventions that nurse uses in assessing a patient’s problem and an organized plan of intervention to solve it”. He added that, as a tool, it follows a well define procedures, whose ultimate goal is to bring excellent care service to clients at the hospitals”

It presupposes that nursing process can only be done in the hospital or a place conditioned for health services to be delivered.

Nursing process as a comprehensive plan use in patient care

Nursing process was also defined as a comprehensive plan use to guide patient care. One nurse (participant 5) defined nursing process:

“As a comprehensive plan use in patient care delivery at the facility level; As a comprehensive way, it includes a systematic way of identifying a patient’s problem and then provide a guideline to solving the problem. As a process the nurse is not left alone to act in a disorganized manner during care giving in the hospital”

As a guide, it indicates the actions nurses should take in delivering quality care services to clients. It follows a certain procedural document indicating actions taken and those yet to be taken in respect of quality care delivery in the ward.

Theme 2: Nursing process as a means to enhance quality care

The results from the focus group interview indicate that the nurses' had some good knowledge on the importance of the nursing process. Hence the main theme that emerged was that the nursing process is the means by which nurses can improve the quality of nursing care rendered to the patients. The information gathered were cross referenced and organized into the following sub themes.

Nursing process enhances speedy recovery of patients.

On the importance of the nursing process, the nurses revealed that, it helps the patient recover quickly. Nursing process when implemented very well is individually focussed. The attention is usually on the individual patient. This helps the nurse to know the problem of the patient and provide a quick solution. Participant three (3) in the group added that;

'if we use the nursing process as we are expected to do, the patient will recover very fast because it is effective'

Nursing process improves quality of care delivery

The results of the focus group interview indicated that a number of the nurses were of the view that using the nursing process improves quality of care giving in the ward.

Participant one (1) explained that:

“Even though one may provide health care service to the client without the nursing processing, it is the nursing process that ensure the quality of health service provided”.

Utilization of the Nursing Process in Patient Care

The results of the focus group interview on the utilization of the nursing process in the wards revealed that nursing process was not being used. Majority of the nurses (11 out 12) agreed in principle that nursing process was not being used in their various wards. They further indicated that there was no proper documentation on the process at the ward. One particular nurse (participant 1) opined that:

“We understand the very importance of nursing process, however, due to the teeming number of clients we attend to at the ward; it is not really possible to give individual care to patients in the ward. In these present circumstances, we attempt to practice it; however, we not document any process. The truth of the matter is that we do not have a care giving plan for each patient in the hospital.”

In addition the nurses further affirmed that the implementation of the nursing process was only done for the purpose of demonstrations for student nurses in practice to learn, but in reality it cannot be implemented. One of the nurses (participant 8) said that:

“The nursing process is usually done for demonstration purposes, when student nurses from nursing institutions come for practical work. Besides, the idea of the nursing process is practiced in parches not as a whole. I can agree that we practice general nursing procedures”

The results further indicated that only 1 out of the 12 people in the focus interview/interview indicated that nursing process was being implemented in his ward but only when students in practice are around for their learning. They indicated that the nursing processing was used only for demonstration purposes. After the demonstration for the practicing students, nursing process is not used for the normal health care delivery at the ward.

Reasons/Challenges why nursing process was not implemented

The results showed that all the wards were not implementing the nursing process due to various reasons. The responses of the participants on the challenges with the use of the nursing process in patient care were recorded, transcribed, scrutinized and coded to come out with two main themes; thus, human resource constrain and material constrain.

Theme 1: Human resource constrain

In diverse expressions the responses of the participants all point to the fact that human resource is a major setback to the implementation of the nursing process in the Wa Regional Hospital. These responses were organized into the sub themes below;

Too much work load on nurses

The results indicated that majority of the nurses (11 out of 12) during this study indicated that, the work load was too much on them and it was practically not possible for them to implement it under the current circumstances. The nurses seemed to be over burden with routine activities to the extent that strategizing to design a care plan for each patient seemed impossible. One particular nurse (participant 3) during the focus group interview indicated that;

There is no time to give individualized nursing care to clients seeking quality health services. We are busy at the ward. The busy nature of the ward makes it practically impossible to implement it at the ward.

We learn this in the school, but in practice it is not done.

Inadequate Number of Staff (Registered General Nurse) in the ward

The results from the focus group interview further indicated that the nurses were not implementing the nursing process at the ward because the registered general nurse who had knowledge of the nursing process were few in number. Accordingly, the enrolled nurses on the wards are the majority, but have not been trained on nursing process. One particular nurse at the male medical (participant 1) said that;

“We do not have only registered nurses in the ward, so far we are only 3 (RGN) in my ward who have good knowledge of the nursing process. The majority of the nurses are the state and enrolled nurses who do not have knowledge about the nursing process. Implementing the nursing process with this kind of staff is actually a big challenge.

Inadequate knowledge on nursing process among care givers in the ward.

Majority of the nurses during the focus group interview admitted that nursing process was not practiced at the ward. Consequently, one outstanding challenge was the inadequate knowledge on the nursing process among the other nurses who are not RGNs. As a result, it was difficult to start its implementation. Participant five (5) at the male surgical said that:

“Our knowledge levels are not the same as nurses in the ward. We the RGNs who have the knowledge are very few. The majority are the enrolled nurses who do not have knowledge about the nursing process.

This knowledge gap is making it extremely difficult for us to implement the process”

Theme 2: Material constrain

The other theme that become known from the discussion on the challenges with the use of the nursing process in patient care is, material constrain under which the following sub themes come into view;

Inadequate Consumables for the wards

Another challenge mentioned during the focus group interview was the lack of consumables for the smooth running of the wards. According to the panel there were instances where there was not even a drop of spirit, infusion tubes, plasters, hand gloves just to mention a few in some of the wards. These consumables are also very necessary for the day to day running of the wards. The nursing process is more about documentations of the steps of actions done and those yet to be done. But very unfortunately, none of wards had a photocopier or even A4 paper to do proper documentations. Without documentation there certainly cannot be proper implementation of the nursing process. Participant one (1) intimated that;

“The inability of the national health insurance to pay claims has aggravated the problem. It is really affecting the smooth implementation of the nursing process. You will not believe it sometimes we do not even have paracetamol shrub”.

Undoubtedly, these compromised situations definitely have dyed consequences on the number of maternal and child death rates in the region.

Lack of care plans put in place

Another reason the nursing process is not being implemented was that, there was no individual care plan put in place in all the wards at the hospital. Unfortunately, once the care plan was not there the issue of individualized care giving that characterizes the nursing process is compromised. Participant three (3) remarked that,

I have never seen a care plan on my ward, except what students bring when they are on clinicals.

Suggested Solutions to the Challenges

The results from the focus group interview also revealed the following suggestions organized into the themes below.

Training workshops to bridge the knowledge gap on the nursing process

All in the panel on the focus group interview were of the view that the management of the hospital could organize training workshops to bridge the knowledge gap among the nurses in the ward on the nursing process. This will make the nurses abreast with current trends and practices on the nursing process. Participant two (2) proposed that:

“There is the need to train the other nurses that are not schooled on the nursing process so that we can now freely implement it in the ward. The possibility that in a particular shift there may not be any Registered General Nurses is higher. Therefore to prevent the interruption of the application of the nursing process all other nurses must be school in the use of the nursing process.”

Supply of more consumables into the wards

The opinion of the other nurses on the nursing process was not entirely different from that of the in-charges. Majority of the nurses interviewed suggested that the in-charges should ensure that they request for the stores to supply consumables such as paper, Spirits, gloves, needles etc, to the various wards. Participant nine (9) said,

it is not easy to implement the nursing process if we lack basic supplies.

They both had similar concerns on the challenges with the use of the nursing process and proffer similar solutions to ensure that the nursing process was used in the hospital since the two categories of staff acknowledge that the use of the nursing process would improve quality of nursing care.

Summary of themes of the results

The following themes emerged from the results and were summarized under each variable of study.

Table 1- *Summary of the Themes that emerged from the results*

Variable	Main theme	Sub-Theme
Knowledge of Registered Nurses on Nursing Process	Nursing process as a working tool for Nurses	<p>Nursing process as a package of activities (I.D)</p> <p>Nursing process as a step by step procedure (ID)</p> <p>Nursing process as a tool to guide care delivery(ID &FG)</p> <p>Nursing process as a prescribed way to identifying patients problems (ID)</p> <p>Nursing process as the foundation of nursing practice (ID)</p> <p>Nursing process as a series of organized steps (FG)</p> <p>Nursing process as a comprehensive plan use in patient care (FD)</p>
	Nursing process as a means of enhancing patients care	Nursing process enhances speedy recovery (ID& FG)

Table 1 continued

		Nursing process reduces staff burden (ID)
Challenges or reasons why nursing process is not utilized.	Human Resource constrain	Nursing process aid easy identification of patients problems Work pressure on nurse and no time syndrome (ID)
		Inadequate knowledge on nursing process among care givers in the ward(ID) Inadequate number of staff in the ward(ID) The problem of prioritization in care giving(ID) Poor cooperation of patients(ID) Lack of logistics and (FG) Lack of care plan (FG)
Suggested solutions to the challenges	Material Constrains Training workshops for the nurses on N.P Employing more RGNs into the wards Supply of consumables	

Presentation of Results from the Document Review

An observational checklist was designed to evaluate the records of patients. This was to validate the level of utilization of each component of the nursing process. These include; assessment findings, evidence of the actual and potential nursing diagnosis, evidence of a plan of care in patient's folders, documented evidence of implementation of planned care and documented evidence of evaluation of planned care. The results were combined and presented in one table for easy comparison.

Results of document review

Table 2 describes the demographic characteristics of the participants which included Gender, age distribution and working experience. The study revealed that, majority (14) of the participants were females and few (11) were males. The respondents were all aged above 20 years with majority (10) of them between 31-35 years.

On their working experiences all the nurse had been working for more than 3 years now. The data further revealed that majority (15) of the participants had been working at the Hospital as RGN for up to five years. Also, 10 of the participants had being working as RGNs for more than 6 years.

Table 2-Demographic data of Respondents (N=25)

GENDER	NUMBER
MALE	11
FEMALE	14
AGE	NUMBER
20-25	1
26-30	5
31-35	10
36-40	8
41-60	1
WORKING EXPERIENCE	NUMBER
0-5 YEARS	15
6-10 YEARS	7
ABOVE 10 YEARS	3

Source: Field Data, Bening (2016)

Results of document analysis

From the table 3 the results showed that the study covered six wards whose total bed capacity was 240 beds, 74 nurses, of whom 32 were Registered General Nurse and a total of 40 documents reviewed. The results indicated that almost all of the patients who were served at the hospital were not assessed by the nurses on the ward.

In addition, almost all of the documents reviewed did not have nursing diagnosis. The nurse is required to use the assessment data to formulate nursing diagnoses and make clinical judgments about the patient's response to actual or potential health problems. All the documents reviewed showed that, there was no evidence of nursing planned care. The nursing care plan contains records of nursing diagnoses, achievable goals, plans, interventions and evaluation. All the documents that were reviewed had records of orders

implemented. These orders were those that were ordered by the Medical Officers.

All the 40 folders reviewed had no evidence of evaluation by the nurse. This implies that the purpose of evaluation, which is to determine whether the patient centered goals were met or not is primarily directed at evaluating the outcomes of care and not the plan of care or the care delivered. Evaluation is done to enable the nurse to make modifications and appropriate interventions. Successful evaluation builds on the effectiveness of the previous steps. Evaluation usually overlaps with assessment, and if the assessment was accurate the desired outcomes are easily measured. Evaluation normally continues until the patient achieves the required health status or is discharged.

Table 3-Summary of document Analysis

WARD	NUMBER NURSES	BED CAPACITY	NUMBER OF FOLDERS REVIEWED	DOMAIN OF ANAYSIS				
				assessment findings	actual and potential diagnosis	plan of care	implementation of procedures	evaluation of planned Care
CASUALTY	15	26	10	YES (5)			YES	
FEMALE SURGICAL WARD	12	14	5	YES (2)	YES (1)		YES (3)	
FMW	11	10	5	YES (3)			YES (1)	
MMW	11	10	5	YES (3)			YES (1)	
MSW	12	47	10	YES (2)			YES (5)	
CHILDREN WARD	12	29	5	YES (4)			YES (4)	
TOTAL	74	240	40	YES (21)	YES (2)	0	YES (32)	0

Source: Field Data, Bening (2016)

Comparing the Results of all data sources

The findings of the focus group interview and in-depth interview both complemented each other to affirm that the registered nurses at Wa Regional Hospital had adequate knowledge on the nursing process even though this was not translated into practice as was evident in the document review. The indepth interview and the group interview both revealed similar themes which include; nursing process as a working tool for nurses and nursing process as the means of enhancing quality of nursing care. The one-on one interview revealed that the nursing process was a prescribed way of identifying patients problems and the foundation of nursing practice. They also added that the nursing process is a comprehensive plan to guide care delivery. The level of knowledge exhibited by the ward in-charges was commendably very high. The nurses in the focus group interview were also able to revealed that the nursing process was a series of organise steps to guide nursing care, a comprehensive plan use to render patient care and also a tool to guide care delivery.

From both the focus group and the in-depth interviews nursing process was defined as a series of activities followed to ensure quality care is delivered to the client at the facility level and a tool to guide patient care delivery. The issue of its procedural and comprehensiveness was so pronounced that almost every other person mentioned it. Others tried avoiding these words but used alternative words such as step by step.

In the document review however, this high knowledge was not translated into nursing care of patients. Even though the ward in-charges and

other staff admitted that using the nursing process to care for patients would enhance speedy recovery of patients and improve care in general. There was no documentary evidence indicating that nursing process was used in the hospital for the purposes of health care delivery. The results of the in-depth interview and the focus group interview showed a variance between knowledge and practices. Even though the knowledge was high, in practices it was not evident in their day to day activities.

The indepth interview and focus group interview revealed two major themes as challenges to the implementation of the nursing process. These include; human resource and material constrains. The in-charges in the in-depth interview admitted the following challenges as hindrances to the utilisation of the nursing process; increase workload, inadequate registered nurses and inadequate consumables including care plans. The other nurses in the focus group also confirmed that the workload on the registered nurses was so much due to the few numbers of registered nurses; they also agreed that supply of logistics / consumables to the wards was inadequate. In addition the nurses in the focus group added that there was also poor cooperation from patients and also inadequate knowledge of the nursing process by other nurses who are not registered nurses. In the document review, it was clear that the numbers of the registered nurses was not enough as a result, some shifts are run without registered nurses. There was no care plan in any of the wards either.

From the perspectives of both the in-charges and the other nurses, employing more registered nurses will reduce the workload on the few nurses and place them in a better position to render nursing care using the nursing

process. Also, organizing workshops to educate the other nurses on the nursing process and supplying more logistics/ consumables will help promote the implementation of the nursing process on the wards.

Discussion of Findings

The findings of the study were discussed using the following variables on nursing process as compared with literature finding: The knowledge of registered nurses, the utilization of nursing process, the challenges nurses encounter in using the nursing process, strategies that could improve the utilization of the nursing process in patient care.

Knowledge on the Nursing Process

The nurses at Wa Regional Hospital demonstrated adequate knowledge for which they could implement the nursing process if it depended on knowledge. The findings from the interviews and focus group interview indicated that all the nurses had very good theoretical knowledge on the nursing process. They were able to itemize and explain the nursing process to include: Assessment, Diagnosis, Planning, Implementation and Evaluation. Contrary to this, the findings of Hagos et al. (2014) revealed that nurses in Ethiopia had inadequate knowledge to implement nursing process. In their study, the majority of the key informants said that it was quite unlikely to put the nursing process in practice depending on the current knowledge of the nurses on the nursing process. Unlike the results of his study, the reasons why the nurses of Wa Regional Hospital did not implement the nursing process were as a result of reasons other than lack of knowledge.

A number of the nurses viewed nursing process as a package made up of series of activities use in caring for patients. Orlando (1990) proposed that the nursing process is a cycle that includes the activity of assessment, diagnosis, planning, implementation and evaluation. The definition of nursing process as a series of activities implied that, it is not just an act but a series of well-coordinated efforts aligned to ensure that quality health care is delivered to the patient who demands it. It involve more than one person to execute one or more activities sequentially to ensure that the needs of the patients are well catered for. As an act, it involves some level of critical and independent thinking skills derived from the classroom and consistent practice. It therefore implies that not everybody can provide this essential service. In the light of this argument, Peterson & Bredow (2009) highlights that the nursing process discipline demands critical thinking skills from nurses; the same opinion is shared by many other researchers. Huckabay (2009) informs that every part of the nursing process demands a nurse to think critically and derive conclusions correctly. Without thinking critically, inaccurate or inefficient information can cause inaccurate nursing diagnosis.

Nursing Process as a step by Step Procedure

Nursing Process was defined as a step by step procedure nurses use to care for clients in hospital. This implies that nursing process is not just about providing quality health services to clients, but the order in which the service is provided is paramount to their recovery. In line with this view, Chebeli (2007) confirmed that, the nursing process is made up of steps that are related and continues. Chebeli (2007) argued that for each step to be successful, it depends on the correctness of the preceding steps.

Nursing Process as a tool which Guides Care Delivery

Nursing process was perceived as a tool which guides the delivery of health services. This implies that the nursing process is a working tool which guides how health care services must be carried out on clients who demands it. As a tool, it is professionally used and that not everybody has the capacity to use it. Therefore, it presupposes that nursing process can only be used by trained health professionals and in the hospital or a place conditioned for health services to be delivered. In line with this perception Wayne, (2014) confirmed that, Orlando's nursing process theory was designed as an instrument to guide the nursing profession in the discharge of nursing duties instead of following Doctors orders and performing task.

Nursing Process as a Prescribed way to Identifying Patients' Problems

The nursing process was defined as the prescribed way for nurses to identifying patient's problems and solving them. Herdman et al. (2009) revealed that assessment as a component of the nursing process is a dynamic way to collect data about the patient to determine patients problems. Baid (2006) also revealed that the nursing process is a way of gathering data about the patient to find out abnormalities with the patient. This implies that there may be other means of rendering nursing care to patients, but, according to the findings of this research, there is no prescribed way to provide quality health delivery either than the nursing processing. The participants contended that, the nursing process is a guide which indicate the actions nurses should take in delivering quality care services to clients. It follows a certain procedure indicating actions taken and those yet to be taken in respect of quality care delivery in the ward.

Nursing Process as the Foundation of Nursing Practice

As the foundation of nursing practice, it is the basis for which nursing care is delivered to the patient. Without nursing process, there will not be meaningful nursing. This nursing process is the bedrock of nursing. The practice of nursing originates from the nursing process. The concept is the centre of the actions that a nurse must take to ensure quality health care delivery in the hospital. It therefore means that without nursing process, there cannot be any meaningful nursing done in the ward. In line with this argument, Muller-Staub, (2009) revealed that the nursing process is the foundation of the nursing profession and all nursing actions depend on it. Yildirim and Ozkahraman, (2011) also admitted that the nursing process has been used as a problem solving activity in everyday nursing practice and is a foundation of of the plan for patient care.

Nursing Process as a Comprehensive plan use in Patient Care

Furthermore, nursing process was also defined as a comprehensive plan used to guide patient care. As a comprehensive plan, the steps must be systematically followed to deliver nursing care to the patient. Similarly, Baena de et al. (2010) confirmed that, if all the steps of the nursing process are not systematically implemented, there is a risk for the care continuity.

The Utilization of Nursing Process in Patient Care

The findings of this study revealed that nurses in the Wa Regional Hospital do not use the nursing process in patient care, although a few claim they implement it, there was no documentary evidence that it was being implemented.

These findings are similar to that of other researchers such as Sabona et al. (2005) who admitted that the implementation of the nursing process in the clinical setting is problematic. In addition Ofi et al. (2008) also observed that the nursing process was not fully implemented on all the wards and units of the Obafemi Awolowo University Teaching Hospital although it was introduced sixteen years ago. In the wards where it is implemented, not every patient admitted in the hospital is nursed using the nursing process theory.

Hagos et al, (2014) also revealed that in Ethiopia the implementation of the nursing process was a challenge for lack of a safe and encouraging working environment.

A mixed method study by Abebe and Abere, (2014) to assess the level and factors associated with nursing process implementation among nurses working in two hospitals revealed that the nursing process was not used in patient care. All of the 200 respondents reported that they did not apply any of the nursing process steps. Other studies, however revealed that some hospitals in Brazil and Mexico implemented the nursing process, although not as accurately as recommended by Orlando in her theory, but at least there is some effort. The variation may be due to differences in the study sites, the progress of the nursing profession, resource and technological variations, government commitment, level of nursing practice, and lack of clear nursing standard.

Lee. (2005) also admitted that in hospitals where it was implemented it was not systematic as it ought to be, this might be a recipe for poor care rendered to patients.

Challenges with the Application of the Nursing Process

According to Ojo (2010), one of the components of best practices in nursing care is the implementation of the nursing process which include; assessment of clients/patients' condition, formulating nursing diagnosis, identifying outcomes, planning care, implementing nursing interventions and evaluating care. However, there are limited studies in the developing countries including Ghana to identify the challenges and constraints regarding the application of the nursing process. Challenges with the implementation of the nursing process are enormous and not peculiar to Wa Regional Hospital alone, according to Oware-Gyekye, (2009) hospitals are confronted with challenges leading to the non- utilization of the nursing process. Considering the numerous challenges confronting the health sector in Ghana, some of the factors affecting the implementation of nursing process in Wa Regional Hospital may not be different from those in other hospitals in Ghana.

The findings from all the data sources of this research highlighted some challenges nurses encounter during the implementation of the nursing process and how these factors influence the delivery of health services. These include;

Inadequate Registered General Nurses who are knowledgeable on the nursing process in the ward. One key challenge that hinders the implementation of nursing process was the inadequate staffs that have knowledge on the nursing process. Some of the nurses in the ward like the enrolled nurses were not trained on the nursing process yet they are the majority. The few numbers of RGNs working on the wards is the category of nurses who are taken through the nursing process. However, in the ward

currently, there are more enrolled nurses and health assistants. Although, this mixed experience may be beneficial in some instances, it is certainly not beneficial in implementing nursing process. All the respondents were of the view that implementing the nursing process as it is now may be difficult. Inadequate knowledge and incompetence are cited as barriers to its utilization by other researchers. Other authors observed that nurses lacked relevant cognitive and psychomotor skills to implement care plans. In addition, some nurse practitioners claimed that both the structure and language that underpin nursing process are complicated, cumbersome and unreflective of the way nursing care is planned and delivered (Alfaro-LeFevre, 2010; Akbari & Shamsi, 2011; , 2012).

Consequently, the quality of health service delivery is negatively affected, since it was indicated that the implementation of the nursing process improves the quality of the service delivery. The converse is the case here, which will definitely affect the quality of the services delivered at the ward. A study in Brazil also indicated that lack of knowledge of the steps involved in the process has an impact on the application of the nursing process (Ledesma-Delgado & Mendes, 2009). Garba et al. (2011) also reported shortage of knowledgeable staff as a prominent factor affecting implementation of the process. In addition, the study further revealed that inadequate practical knowledge on nursing affected the application of the nursing process in clinical setting. Calloham (cited in Onyemenam, 2013) identified in his study that adequate staffing was the most important element in nursing practice as the availability of adequate staffing allowed nurse's time to implement nursing intervention on the clients. Enough staffing will be able to cut across all the

shifts so as to reduce the too much workload on an individual with increased number of patients.

Also, another challenge identified from all data sources was lack of consumables for the smooth running of the wards. Consumables such as paper, hand gloves, plasters, needles and spirits were the most items mentioned. This lack of resources has been a major hindrance to nursing process implementation. Other researchers also cited lack of supplies and equipments as hindrances to the implementation of the nursing process (Dominguez-Bellido et al. 2012; Garba et al. 2011; Potter & Perry 2007).

Another reason why the nursing process was not being implemented was that there was no care plan put in place in all the wards at the regional hospital. Nursing process is not an act it follows a scientific process that must be documented in a well design format. Unfortunately, once there were no well-designed care plans for them to complete, the nurses argued that implementing the nursing process was problematic as it will take so much time to write the care plan on blank sheets. Potter and Perry (2007) cited lack of equipment and supplies as hindrances to the implementation of the nursing process. Garba et al. (2011) also reported lack of equipment/stationeries to facilitate the implementation of the nursing process.

Work pressure on nurses and lack of time was another challenge mentioned during the interview. The findings showed that the work load was too much on nurses and it was practically impossible for them to design an individualized care plan for each patient and evaluate it at the end of the process. According to the nurses in the ward, they really have no time to implement nursing process. Most often they are always too busy with too

many routine schedules, to the extent that giving individual nursing care was something impossible. These findings are similar to the work of other researchers; A mixed method study conducted by Hagos (2014) showed that most of the enabling and reinforcing factors did not motivate nurses to apply nursing process. A study in Brazil also indicate factors such as lack of time as factors hindering the implementation of the nursing process (Ledesma-Delgado & Mendes, 2009). Mahmoud and Bayoumy (2014) also observed that many nurses complained of lack of sufficient time as the most important hindrance to the implementation of the nursing process. This finding also concurs with Potter and Perry's (2007) who said that the non-implementation of the nursing process by the nurses is as a result of the time-consuming nature of the process.

Another reason why nursing process was not implemented is that the nurses usually prioritize care giving. This was peculiar to the nurses in the emergency ward who stated that because of the emergency cases, there was no time to plan care for individualized care.

Strategies Targeted at Improving the Utilization of the Nursing Process in Patient Care

The strategies to improve the implementation of the nursing process will vary from hospitals depending on the identified challenges perceived to hinder the application of the nursing process. The nurses of the Wa regional put forth the following suggestions to help improve the implementation of the nursing process:

From all data sources, there were suggestions that the management of the hospital should organize in-service training programs to update the

understanding of the Registered General Nurses and the enrolled nurses on the nursing process. This training workshop would bridge the knowledge gap among the nurses in the ward on the nursing process. This will make the nurses abreast with current trends and practices on the nursing process. It would also afford the opportunity to the enrolled nurses to learn from the hind side what the nursing process is all about and how to fully participate in its implementation in the ward.

This suggestion is in line with several other researchers who claim that for the implementation of the nursing process to be successful, there is the need for special education (Scherb et al. 2011; Müller-Staub, et al. 2008). In the same thinking Müller-Staub et.al. further stated that, nurses do not need only skills of practical work, but also skills to critically evaluate patient needs, interventions and their effects. Orlando (1990) stated that, it is not only the nurse's own observations and actions that nurse needs to evaluate; instead the nurse needs to be aware of, other nurses' and actions that are also seen in the documentation.

Itah (as cited in Onyemenam, 2013) also commented that, strategies are based on the concept of staff development, embracing continuing education and in-service training which is aimed at acquiring new knowledge and skill in nursing and other-related areas. Hence, it gives room for effective implementation of the nursing process. In addition, Itah (as cited in Onyemenam), recommended that, much workshop should be conducted in the state, especially in the area of nursing diagnosis and scientific rationale. This will increase the knowledge and skill that nurses have about nursing process, particularly diagnosis and scientific rationale as to make nurses more

scientific. In these workshops, the practical skills to be stressed are in the area of data collection, writing nursing diagnoses and objectives. This will bring a balance between the nurses' practical skill and high theoretical knowledge.

Another group of nurses were of the opinion that that the government should create opportunity for the teaming unemployed RGNs nurses loitering about on the streets of Ghana and Wa to be employed. They complain that the workload was too much on them. They were therefore appealing to the medical director, the Deputy of Director Nursing and the Regional Director of Health Service to consider it as a matter of urgency to engage the teeming number of RGN roaming on the streets. In addition, another major suggestion was that the Deputy Director of Nursing should ensure constant supply of consumables to the various wards. Zemat, (2009) indicated that, the strategies to ensure nursing process implementation and sustenance is that the hospital authority must collaborate with the implementing nurses in terms of stationary supply, finance and personnel for a lot of writing is done in the nursing care plan approach.

Howe (as cited in Onyemenam, 2013) is of the opinion that poorly equipped hospital and unit, perennial shortage of drugs, shortage of staff, and non-training of the few employed are factors that work against nursing process implementation. He suggested that, to really ensure strategies for its implementation and sustenance of the nursing process, all hospitals or unit should be well equipped with modern instruments, resources and drugs. He added that the services should be lucrative with updated salary scales, regular and prompt payment. This will give the nurses a comfortable, adequate and conducive work environment that will provide job satisfaction thereby

changing the negative attitudes some nurses have about nursing process and its implementation.

The nurses of the Wa Regional Hospital had a good knowledge of the nursing process and acknowledged its importance in improving the quality of nursing care. However, the nursing process was not used in patient care due to mostly human resource and material constrains.

CHAPTER FIVE

SUMMARY OF RESEARCH FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter deals with the summary and conclusion of the research. Brief interview of the findings was made and conclusions drawn thereafter. Recommendations have been made to help improve the implementation of nursing process in Wa Regional Hospital in particular.

Summary of Research Findings

The main finding that was drawn from the study is that nursing process is not implemented at the Wa Regional Hospital despite the good knowledge the nurses had, and the reasons why it was not implemented were material in nature. The specific findings are summarised below:

The purpose of the study was to assess the application of the nursing process and its influence on nursing care delivered to patients in Wa Hospital in the upper west region of Ghana. Specifically the study sort to;

1. Investigate the knowledge of registered nurses on the nursing process
2. Explore how the nursing process is being utilized in the provision of patient care
3. Explore the challenges nurses encounter in using the nursing process
4. Identify strategies that will improve the utilization of the nursing process in patient care

In pursuance of the purposes stated above, the following research questions were formulated to guide the study:

1. What knowledge do registered nurses have to be able to effectively apply the nursing process in patient care?
2. How is the nursing process being used in patient care?
3. What challenges do nurses encounter in using the nursing process?
4. What strategies will improve the utilization of the nursing process in patient care?

The study sought the views of participants using in-depth interviews, focus group interview and document reviews, purposive sampling methods was used to recruit participants for both the in-depth interview and the focus group interview for the study. The findings of the study are summarized under the knowledge on nursing process, implementation of the nursing process, challenges nurses encounter in implementing nursing process and strategies that could improve the implementation of the nursing process.

Knowledge on Nursing Process

The research findings indicated that the nurses had very good understanding of the nursing process. Participants explained the nursing process as:

- i. A package made up of a series of activities used in caring for patients. As a package it involves some series of interdependent activities carried out separately with the sole aim of delivering quality health care to clients and their families.
- ii. As a step by step procedure nurses use to care for clients in the hospital. This implies that nursing process is not just about providing quality health services to clients, but the order in which the service is provided is paramount to ensuring recovery.

- iii. As tool for health professionals to identify patient's problems and organized method for meeting patient's needs. As a tool, it follows well defined procedures, whose ultimate goal is to bring excellent care service to clients at the hospitals
- iv. As a prescribed way of identifying a patient's problem and through a systematic way and provide a way of solving the problem confronted by the client. As a process the nurse is not left alone to act in a disorganized manner during care giving in the hospital.
- v. The foundation of nursing. It is the basis for which nursing care is delivered to the patient. Without nursing process, there will not be meaningful nursing. This implies that nursing process is the bedrock of nursing. It therefore means that without nursing process, there cannot be any meaningful nursing done in the ward.

As a process, the nursing process has the following components: Assessment, Diagnosis, Planning, Implementation and Evaluation which were mentioned by all the participants.

Utilization of the Nursing Process in Patient Care Delivery

The research findings indicated that nursing process was not implemented in principle in all the six wards where the study was done. There was no documentary evidence that nursing process was being implemented in the hospital. The nursing process is usually done for demonstration purposes, when practicing nurses come to the ward to learn hands on activities in the ward that the issue of nursing process comes to the fore. Besides, the idea of the nursing process is practiced in patches not as a whole.

Although diagnosis, planning and evaluation were not done at all, amazingly there was evidence of Medical orders carried out.

Reasons why Nursing Process is not Implemented

The reason why nursing process was not being implemented in the hospital include:

1. Work pressure on nurse. The findings of the study indicated that the work load was too much on them and it was practically impossible for them to design a care plan for each patient and evaluate it at the end of the process. However, the review of the document indicates the number of the RGNs in the wards is not that bad as put forward by the nurses. The bed capacity of each of the ward does not really pose a bigger challenge as it comes to bed nurse ratio.
2. Inadequate Staffing (RGNs) in the ward: The registered general nurses who had a good understanding of the nursing process were few in number.
3. Lack of logistics and Consumables. Another reason why the nursing process was not implemented was due to lack of logistics and consumables. The implementation of the nursing process involves the use of logistics such as care plans, printers, spirit, hand gloves and medications. But very unfortunately, none of the wards had a printer, a photocopier or a computer. As a result of that documentation becomes a very serious challenge in the ward.
4. The Problem of Prioritization in Care giving. In addition, another reason why nursing process is not implemented is that the nurses

usually prioritize care giving. In the ward where nursing care is delivered, many times there are emergency cases which interrupt the implementation of the nursing process.

5. There was no nursing care plan put in place. Furthermore, another reason why the nursing process is not being implemented is that there was no care plan put in place in all the wards at the Regional Hospital. The nursing process is not an act it follows a scientific process. Unfortunately, once the care plan is not there the issue of individualized care giving that characterizes nursing process is compromised.

Challenges with the use of the Nursing Process

The findings from all data sources showed that the challenges nurses encounter during the implementation of the nursing process were purely material in nature.

- i. Inadequate knowledge on nursing process among care givers in the ward. One outstanding challenge was lack of knowledge on nursing process among the other nurses who are not Registered General Nurses. As a result, it is even difficult to start it because of the varied levels of experiences among the nurses.
- ii. Poor cooperation from patients. The findings showed that some patients do not usually cooperate with service providers, especially on issues of purchase of drugs which the national health insurance does not cover. Most often, family members are not able to do so which truncates the process. This practice definitely hampers the

implementation of the nursing process negatively. Sometimes after diagnosis of client's sickness the family may want to discontinue hospital treatment, with the claim that the disease is not a hospital sickness.

- iii. Inadequate Consumables for the wards. There were instances where there was not a drop of spirit, infusion tubes, adhesive taps, and hand gloves just to mention a few. These consumables are also very necessary for the day to day running of the wards. Nursing process is more about documentations of the steps of actions done and those yet to be done. Without documentation there certainly cannot be proper implementation of the nursing process.
- iv. In Adequate Number of staff (RGN). One other outstanding challenge impeding the smooth implementation of the nursing process at the hospital is the few numbers of RGNs working in the wards. Among the various categories of nurses' train in Ghana, it is only the registered general nurses who are taken through the nursing process. However, in the ward currently there enrolled nurses, general nurses, health assistants and ward aids, mixed together to cross fertilize ideas to bring about quality health services at the community level.

Suggested Solutions to the Challenges

Based on the findings from the in-depth interview and the focus group interview, the following suggestions have been put forward.

- i. Training workshops for the nurses in the ward on the nursing process. The findings from all data sources showed that the management of the

hospital should organize in-service training programs to update the understanding of the RGNs and the enrolled nurses on the nursing process. This training workshop would bridge the knowledge gap among the nurses in the ward on the nursing process. This will make the nurses abreast with current trends and practices on the nursing process. It would also afford the opportunity to the enrolled nurses to learn from the hind side what the nursing process is all about and how to fully participate in its implementation in the ward.

- ii. Employing more Registered General Nurses into the wards. There are teeming numbers of unemployed RGN nurses loitering about on the streets of Wa that needs to be employed by the government. However, about two to three badges are loitering in their houses unemployed. If these technical people are employed, it will reduce the workload on us currently and we will have the liberty to implement the nursing process. They are therefore appealing to the Medical Director, the Deputy Director of Nursing and the regional director of health service to consider it as a matter of urgency to engage the teaming number of RGN roaming on the streets.
- iii. Supply of more consumables into the wards. Shortages of essential supplies, especially vaccines, may result in an increase in morbidity and mortality and in outbreaks of communicable diseases. Laboratory supplies are indispensable to maintain the already weakened disease surveillance and outbreak response system. Lack of maintenance and spare parts as well as the departure of professional Medical workers

due to the deprive nature of the Region coupled with hash weather conditions adds additional strain on the health sector.

- iv. Improving good communication skill between staff and patients. The nurses acknowledged that poor communication is perhaps one of the most prevalent problems in medical practice. The challenge is pressing enough to warrant the attention of not just health care workers, but also the general public. Poor communication was one of the leading causes of preventable deaths in hospital. These worrying reports indicated poor communication between medical officers and the nurse and between the nurse and the patient. This sometimes leads to under application or over application of drugs to clients.

Conclusions

The following are the conclusions drawn from the research findings.

The research findings indicated that the registered general nurses had very good theoretical understanding of the nursing process. But there was no documentary evidence that nursing process was being implemented in the hospital, as a tool for quality health service delivery. The findings further indicated that the nursing process was usually done for demonstration purposes, when practicing nurses come to the ward to learn hands on activities in the ward that the issue of nursing process comes to the fore.

The reason why nursing process is not being implemented in the hospital include: Work pressure on nurse, inadequate Staff (RGNs) in the ward, lack of logistics and Consumables including care plans, the Problem of Prioritization in Care giving. Based on the findings from the in-depth interview and the focus group interview, the following suggestions have been

put forward: Training workshops for the nurses in the ward on the nursing process, Employing more RGN into the wards, Supply of more consumables into the wards.

Recommendations

The results for this study have some implication for patients, nurses, hospital managers, policy makers and future researchers.

Hospital Managers

- i. Hospital managers could ensure effective supervision in the wards to reschedule staff in the wards such that each group of nurses in a shift would have at least an RGN to lead the implementation of the nursing process.
- ii. Nurses who are found to be hard working should be given motivational packages in terms of study leaves and material rewards. In-service training could be continuously held in order to upgrade the skill and knowledge of nurses in the areas of nursing process as way to ensuring quality health service delivery in the hospital.

Nurses

- i. Nurses should abide by their job descriptions to reduce their workload.
- ii. Nurses should put up a positive attitude towards work to ensure quality of care is provided to patients.

Policy Makers

- i. The government could review the curricula of the enrolled nurses, midwives and others to include the nursing process. This will bridge the knowledge gap between the different types of nurses that are churned

out into the community to provide health services, while improving the quality of the service they delivered.

The Ghana Nurses and Midwives council together with the government should consider organizing retraining programs for all nurses in the system that have not been school on the nursing process. This will provide an even playing field for the smooth implementation of the concept of nursing process in Ghana.

Further Research

From this study the researcher recommends that in future, researchers;

- i. Interested in investigating the influence of nursing process and the quality nursing care could conduct an observational research to ascertain what actually happens in the ward rather than what the respondents report about.
- ii. Could also go a little further in studying to do a comparative study on patients who receive nursing care using the nursing process and those that receive care without using the nursing process.

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APPENDIX A

INSTRUMENT: INTERVIEW GUIDE

1. Knowledge of nurses on the nursing process

What is your understanding of the nursing process?

What is the importance of the use of the nursing process in patient care?

2. Utilisation of the nursing process in patient care

How is the nursing process used in patient care?

Why do you use or not use the nursing process in patient care?

3. Challenges with the use of the nursing process

What are the challenges you face in the use of the nursing process

How do the challenges influence patient outcomes and nursing care?

4. Suggested solutions to the use of the nursing process

From your point of view how can the challenges you mentioned be addresses

Who do you suggest address these challenges?

APPENDIX B

Observation Checklist for document review

Evidence of documentation of the assessment findings

Documented evidence of the actual and potential nursing diagnosis

Documented evidence of a plan of care in patients folders

Documented evidence of implementation of planned care

Documented evidence of evaluation of planned care

APPENDIX C

Informed consent for in-depth interview of key informants

General information

Research topic: Assessing the application of nursing process and its influence on the quality of nursing care in Wa hospital

Name of principal investigator/ researcher: Amy Bening

Address: school of nursing and midwifery, University of Cape Coast

Email: amybening@gmail.com. **Telephone:** 0207317865

Procedure

Purpose of research

I am undertaking this research in partial fulfilment for the award of a master's degree certificate in nursing. The purpose of this study is to assess the application of the nursing process and its influence on the quality of nursing care that patients receive. The significance of which will be to provide sustainable solutions to improve nursing care to patients. This will lead to staff and patient satisfaction.

Reasons for being invited

You are being invited to take part in this research because of your experience as a registered nurse. You are likely to be asked questions like, what is the nursing process, how is the nursing process used in patient care, what are the challenges in using the nursing process in patient care and what challenges do you suggest to resolve these challenges.

What will happen if I take part?

By agreeing to be part of this study, you will be required to participate in an interview with the principal investigator to answer some questions about the nursing process, how you utilize it, the challenges you encounter in using it and the suggest solutions to resolving these challenges. The interview is intended to last for 30 - 45minutes. The interview will be recorded which will be stored for a minimum of five years under lock and key accessible only to the principal investigator.

Possible risk or discomfort

There is no risk or discomfort associated with participation in this research; however your time will be required to answer some questions during the interview.

Confidentiality

All data that will be gathered during the period of the study will be used solely for the purpose of this study and will not be made available to any other person except the principal investigator. The interview will take place in a place convenient to you, preferable the ward in-charges office. No one else but the interviewer will be present the interview will be audio recorded. These audio recordings will be stored in external hard drives and flash disk that will be pass worded. All the soft copies of transcripts of the interview and other data relating to the research will be put in a folder with a password on the principal investigators personal computer. All data will be saved for a minimum of five years. If you do not wish to answer any of the questions posed during the interview, you may say so and the interviewer will move on to the next question.

Do I have to take part?

You are at liberty to decide to participate or not. You may also choose to withdraw from the study at any time after consenting to take part in the research. You do not have to answer any question that you do not want to answer.

Sponsors

In case you have any questions or issues in the course of this research please contact the sponsor who is the principal investigator of the research through the following contact information; name- Amy Bening, tel- 0207317865, email- amybening@gmail.com.

Reviewing committee

This research has been reviewed and approved by the Institutional Review Board of University of Cape Coast (UCCIRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8:00 a.m. - 4:30 p.m. through the landlines 0332133172 and 0244207814 or email address: irb@ucc.edu.gh .

Title of Research Project: **Assessing the application of nursing process and its influence on the quality of nursing care in Wa hospital**

Name of Researcher: **Amy Bening**

Please indicate your response by checking the box

1. I confirm that I have read and understand the information sheet/letter explaining the above research project and I have had the opportunity to ask questions about the project.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline.

3. I understand that my responses will be kept strictly confidential (only if true).

I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.

4. I agree for the data collected from me to be used in future research

5. I agree to take part in the above research project.

Name of Participant	Date	Signature
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(or legal representative)

Name of person taking consent	Date	Signature
-------------------------------	------	-----------

(if different from lead researcher)

To be signed and dated in presence of the participant

Lead Researcher	Date	Signature
-----------------	------	-----------

To be signed and dated in presence of the participant

Copies: Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the letter/pre-written script/information sheet and any other written information provided to the participants. A copy of the signed and dated consent form should be kept with the project's main documents which must be kept in a secure location.

APPENDIX D

Informed consent for focus group interview

General information

Research topic: Assessing the application of nursing process and its influence on the quality of nursing care in Wa hospital

Name of principal investigator/ researcher: Amy Bening

Address: school of nursing and midwifery, University of Cape Coast

Email: amybening@gmail.com

Telephone: 0207317865

Procedure

Purpose of research

I am undertaking this research in partial fulfilment for the award of a master's degree certificate in nursing. The purpose of this study is to assess the application of the nursing process and its influence on the quality of nursing care that patients receive. By agreeing to be part of this study, you will be required to answer some questions about the nursing process, how you utilize it, the challenges you encounter in using it and the suggest solutions to resolving these challenges. The significance of which will be to provide sustainable solutions to improve nursing care to patients. This will lead to staff and patient satisfaction.

Reason why you are being invited

You are being invited to take part in this discussion because your experience as a registered nurse can contribute much to this discussion. You are likely to be asked questions like, what is the nursing process, how is the nursing process used in patient care, what are the challenges in using the nursing process in patient care and what solutions you can suggest to resolve these challenges.

What will happen if you take part?

If you accept to be part of this research, you will be required to take part in a discussion with Nine (9) other persons with similar experiences. This discussion is intended to last for 1 ½ - 2 hours and will be moderated by Amy Bening the principal investigator. The discussion will be audio recorded. These audio recordings will be stored in external hard drives and flash disk that will be pass worded. All the soft copies of transcripts of the interview and other data relating to the research will be put in a folder with a password on the principal investigators personal computer. All data will be saved for a minimum of five years. During this discussion, however, your general personal experiences are not needed. Rather, your opinion on the questions that will be posed to the group based on your personal experiences on the use of the nursing process on the ward.

Possible risk or discomfort

Participating in this research will not put you at risk neither will you experience any discomfort, however, your time will be required to enable you participate in the focus group discussion.

Confidentiality

You do not have to take part in the research if you do not want to. If you do not wish to answer any of the questions or take part in any part of the discussion, you may say so and keep quiet. The discussion will take place in the conference room of the hospital, and no one else but the people who will take part in the discussion and the principal investigator will be present during the discussion. The entire discussion will be audio-recorded, but **no-one will be identified by name on the audio**. Additionally, the recordings will be saved in external hard drives and flash disk which will have password known only to the principal investigator. This is to ensure that the information recorded is secured and kept as confidential as much as possible.

Do I have to take part?

You are at liberty to decide to participate or not. You may also choose to withdraw from the study at any time even after you have consented to take part without any consequences.

Sponsors

In case you have any questions or issues in the course of this research please contact the principal investigator who is the sponsor of the research through

the following contact information: name – Amy Bening, Tel- 0207317865, email- amybening@gmail.com.

Reviewing committee

This research has been reviewed and approved by the Institutional Review Board of University of Cape Coast (UCCIRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8:00 a.m. - 4:30 p.m. through the landlines 0332133172 and 0244207814 or email address: irb@ucc.edu.gh.

Title of Research Project: **Assessing the application of nursing process and its influence on the quality of nursing care in Wa hospital**

Name of Researcher: **Amy Bening**

Please indicate your response by checking the box

1. I confirm that I have read and understand the information sheet/letter explaining the above research project and I have had the opportunity to ask questions about the project.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline.
3. I understand that my responses will be kept strictly confidential (only if true).

I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.

4. I agree for the data collected from me to be used in future research

5. I agree to take part in the above research project.

Name of Participant	Date	Signature
---------------------	------	-----------

(or legal representative)

Name of person taking consent	Date	Signature
-------------------------------	------	-----------

(if different from lead researcher)

To be signed and dated in presence of the participant

Lead Researcher	Date	Signature
-----------------	------	-----------

To be signed and dated in presence of the participant

Copies: Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the letter/pre-written script/information sheet and any other written information provided to the participants. A copy of the signed and dated consent form should be kept with the project's main documents which must be kept in a secure location.

APPENDIX E

UNIVERSITY OF CAPE COAST

INSTITUTIONAL REVIEW BOARD SECRETARIAT

TEL: 03321-33172/3 / 0207355653/ 0244207814

C/O Directorate of Research, Innovation and Consultancy

E-MAIL: irb@ucc.edu.gh

OUR REF: UCC/IRB/3/46

YOUR REF:



9TH MARCH, 2016

Ms. Amy Benning
School of Nursing and Midwifery
University of Cape Coast

Dear Ms. Benning,

ETHICAL CLEARANCE –ID NO: (UCCIRB/CHAS/2015/38)

The University of Cape Coast Institutional Review Board (UCCIRB) has granted **Provisional Approval** for implementation of your research protocol titled: **“Assessing the application of nursing process and its effect on the quality of nursing care in Wa hospital.”**

This approval requires that you submit periodic review of the protocol to the Board and a final full review to the UCCIRB on completion of the research. The UCCIRB may observe or cause to be observed procedures and records of the research during and after implementation.

Please note that any modification of the project must be submitted to the UCCIRB for review and approval before its implementation.

You are also required to report all serious adverse events related to this study to the UCCIRB within seven days verbally and fourteen days in writing.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol

Yours faithfully,


for (Samuel Asiedu Owusu)
ADMINISTRATOR

cc: The Chairman, UCCIRB

.....
ADMINISTRATOR
INSTITUTIONAL REVIEW BOARD
UNIVERSITY OF CAPE COAST
Date: 09-03-16
.....

APPENDIX F



UNIVERSITY OF CAPE COAST
COLLEGE OF HEALTH AND ALLIED SCIENCES
SCHOOL OF NURSING AND MIDWIFERY
DEAN'S OFFICE



Telephone: 233-3321-33342/33372
Telegrams & Cables: University, Cape Coast
Email: nursing@ucc.edu.gh

UNIVERSITY POST OFFICE
CAPE COAST, GHANA.

Our Ref: SNM/R /2/Vol. 2/

Your Ref:

30th March, 2016

Dear Sir/Madam,

LETTER OF INTRODUCTION: MISS AMY BENING

The above named person is a level 850 student of the School of Nursing and Midwifery, University of Cape Coast with ID number BS/MNS/14/0007.

Miss Bening is in her final year, pursuing a Master of Nursing programme. She is conducting a research on the topic: "The application of the nursing process and its effect on the quality of nursing care."

We would be very grateful if you could offer her the necessary assistance and support.

Thank you.

Yours faithfully,

Dr. Samuel Victor Nuvor
VICE-DEAN

APPENDIX G

*In case of the reply the number
and date of this letter
should be quoted.*

My Ref. No GHS/UWR/HR-51
Your Ref. No.....

Tel: +233 07 56 22 204 or 22 016
Fax: +233 07 56 22 471
Email: ghs-uwr@africaonline.com.gh



GHANA HEALTH SERVICE
REGIONAL HEALTH ADMIN
P. O. BOX 298
WA UWR
GHANA

April 6, 2016

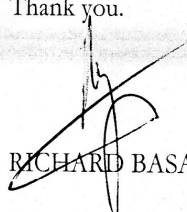
THE MEDICAL DIRECTOR
UW REG. HOSPITAL

INTRODUCTORY LETTER: MS AMY BENING

The above named candidate is a final year Master of Science in nursing student of the University of Cape Coast. She conducting a research entitled "Application of the nursing process and its effect on quality of nursing care in Wa Regional Hospital

Kindly accord her the necessary support and cooperation and take the necessary steps to ensure that the privacy and confidentiality of our staff and clients who will be participating in the study are guaranteed.

Thank you.


RICHARD BASADI

DEPUTY CHIEF HEALTH RESEARCH OFFICER

FOR: AG. REGIONAL DIRECTOR OF HEALTH SERVICES

Cc:

1. Research file

2. Ms Amy Bening