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Factors Affecting Implementation of Nursing Process in Public Hospitals of Lahore

1. Rifat Yasmeen (author), MS Nursing Scholar | University of Health Sciences, Lahore Pakistan. **Email:** riffat07@yahoo.com
2. Prof. Dr. Samina Kausar(supervisor) Professor & Head of Nursing Department | University of Health Sciences, Lahore Pakistan. **Email:** saminamanzoor31@yahoo.com
3. Iram Shahzadi Senior Lecture at RIPHAH Islamic International Medical College Trust **E mail:** kgss069@gmail.com
4. Nighat Yasmin Senior Lecturer GIHD Institute Of Public Health Nursing And Midwifery College of Nursing Mandra, Tehsil Gujar Khan **Email:** nighatfida08@gmail.com
5. Saadia Hanif Senior Lecturer Akhtar Saeed College of Nursing **E mail:** hanif.sadia777@gmail.com

ABSTRACT

Introduction: High-quality patient care depends on a comprehensive nursing care plan. Implementation of the nursing process is key to the core of professional nursing practice and allows nurses to deliver quality nursing care within a systematic goal-directed framework. The objective of the study was to identify factors affecting the implementation of the nursing process among nurses.

Study design: A descriptive cross-sectional study design was used to collect data from 207 nurses by using the convenient sampling technique.

Results: The results of the current study identified factors that participants had faced as the number of hindrances to the implementation of the NP. Those contributing factors include lack of allocated resources, shortage of nurses, lack of cooperation between health care personnel, absence of care plan format, workload, patient's health-seeking behavior, lack of motivation, instability of workplace, lack of monitoring and evaluation for the implementation of the nursing process, the severity of patient's disease.

Conclusion: In conclusion, this research contributes to identifying contributing factors that are hindering the nursing process application in public sector settings. In addition, the nursing process may not have been effectively implemented due to inadequate staffing, improper resources, and workload. Moreover, professional bodies of nursing should enforce the use of the nursing process in the care of patients, establish regulatory committees to review compliance in the utilization of the nursing process, and sanction defaulting institutions.

Keywords: Nursing Process, implementation, factors affecting .

CHAPTER-1

INTRODUCTION

This chapter defines the background of the current study, its objectives, the research problem, and, the significance of the study, key terms, and operational definitions.

1.1 Background

Ida J. Orlando was one of the first nursing theorists to write about the Nursing Process based on her research. Her Deliberative Nursing Process Theory focuses on the interaction between the nurse and patient perception, validation, and the use of the nursing process to produce positive outcomes or overall patient improvement. Orlando's key focus was to define the function of nursing. She proposed that “patients have their meanings and interpretations of situations and therefore nurses must validate their inferences and analyses with patients before concluding.” (Gonzalo, 2021). She viewed nursing’s professional function as finding out and meeting the patient’s immediate need for help. It was developed in the late 1950s with nurses' observations in action (Mbithi et al., 2018).

Application of the nursing process plays a significant role in the quality assurance of nursing care services. The nursing process is the base of nursing research and different research undertaken based on the documents of the nursing process and nursing diagnosis, but due to the application of the nursing process, nursing research is still not well progressed globally (Berman, 2018, Alberta David, 2018).

The shared understanding of the disciplinary aspects of care creates a crucial foundation of collaboration and engages in interdisciplinary efforts that lead to the achievement of desired patient outcomes and a well-rounded care plan. The effective and efficient implementation of the nursing process in clinical areas brings improvements to the quality of nursing care, patient’s health outcomes promote the nursing profession as a scientific discipline (Mutshatshi and Mothiba, 2020).

In health care services, high-quality patient care depends on the comprehensive care plan developed by nurses. In order to increase the use of the nursing process, it should be taught in an effective way during professional education (Alberta David et al., 2018). Implementation of the nursing process is key to the core of professional nursing practice and allows nurses to deliver quality nursing care within a systematic goal-directed framework (Abdul-Kareem, 2019).

As we know the demand for high-quality nursing care is increasing trend over time, common reasons like the aging population requires more complex care, advances in medical technology necessitate, specialized nursing skills, the rising prevalence of chronic diseases requiring ongoing management, emphasis on preventive care to improve health outcomes, shift towards patient-centered care, global nursing shortages, regulatory requirements for quality and safety standards (Alhawsawi, 2021).

The nursing process is the most important tool for putting nursing knowledge into practice. It is a systematic problem-solving method for determining the healthcare needs of a healthy or ill individual and for providing personalized care (Yildiz, 2018). The purposes of the nursing process are to identify a client’s health status and actual or potential healthcare problems or needs, to establish plans to meet the identified needs, and to deliver specific nursing interventions to meet those needs (Barros et al., 2022).

In the field of professional activities, nursing, as a science, seeks to consolidate the profession with structured knowledge pertaining specifically to the field, which can support the know-how of daily nursing practices and working processes, using elements that represent the professional identity of the field. As a result, it seeks more acknowledgment and emotions of belonging that can allow for the depiction of specific competencies, autonomy, respect, and support for decision making regarding challenges inherent in the profession's attributions (Adamy et al., 2019).

It is well-studied that implementation of the nursing process is key to the core of professional nursing practice and allows nurses to deliver quality nursing care within a systematic goal-directed framework (Hariyati, 2018). There is a demand to implement the nursing process in practical care in every healthcare institution as well as in the community but the perception remains that it is time-consuming and impractical (Doody et al, 2019).

A study conducted in North West Ethiopia revealed that the majority of the nurses possessed a good knowledge of the implementation of the nursing process. The researchers concluded that nurses who were knowledgeable about the nursing process were more likely to implement it compared to those who were not knowledgeable (Shiferaw et al., 2020).

A study on the application of the nursing process in Mekelle zone hospitals in northern Ethiopia revealed that 100% of nurses did not use the nursing process during the provision of care to the patients (Camargo-Figueout oa, 2021). A study on the evaluation of the utilization of the nursing process and patient outcomes in psychiatric hospitals in Nigeria. Out of the 75 nurses who participated in the study, some (25.3%) described that the documentation of the nursing process is tedious and extensive as such it cannot be sustained. This has also echoed the findings of the current study. One could infer that qualified nurses have strong theoretical knowledge of the nursing process, but they have struggled to translate the knowledge into action as evident from the fluctuation of the documentation quality in the study setting {Obonyo, 2019}

Moreover, a study conducted in nine hospitals measured the attitude towards the nursing process held by nurses who provided direct patient care. Overall, participants were knowledgeable about the nursing process and held a relatively positive attitude towards the nursing process and nursing diagnosis. The Participants with higher nursing degrees were associated with more positive attitudes. The most common barrier to the use of the nursing process was insufficient time. (Bayih et al., 2021). In another study, the attitudes of qualified nursing staff towards the nursing process were studied. Three distinct nursing units received varying degrees of planning and education regarding the principles and practice of the nursing process. The attitudes of the nursing staff of these units were assessed by means of a 20-items, questionnaire study revealing a positive attitude towards the nursing process (Leoni-Scheiber et al., 2019).

The implementation of the nursing process is hindered by several factors including health care facility-associated factors, organizational structures and facilities, the environment of work place, non-proportional nurse-to-patient ratio, lack of training, high patient flow and scarcity of resources(Bassah, 2023). In addition, level of education, knowledge and skills of nurses, along with their experience and ability to gather needed materials contribute to the challenges faced in the implementation of the nursing process (Ho et al., 2019). Similarly, other factors that are nurse-pertaining

include lack of practice, knowledge, experience, and inability to gather needed materials. The severity of cases and patient cooperation is also an important factor (Toney-Butler, 2022).

Several studies conducted in the United States and the United Kingdom reveal nurses' negative attitudes towards nursing care plans based on the nursing process. However, the nursing process should be implemented and adapted in each case, saving time and energy and preventing mistakes from occurring or being repeated. Further, the study posited that 75% of nurses failed to use the nursing process due to the certain factors specifically, nurse-patient ratio (Ho et al., 2019).

In Pakistan, nurses represent a significant portion of the healthcare workforce, most of them work in public sector healthcare institutions, where multiple challenges access to care is limited and the standards of care are inadequate. Although, the implementation of the nursing process has been well investigated in many developed countries but handful of data is available in Pakistan. Therefore, the current study aimed to identify the factors affecting its implementation in Public Hospitals of Lahore.

1.2 Problem Statement

The nursing process offers quality delivery of nursing care through Nursing Care Plans, which include assessment, planning, and application of intervention in patient care. Its ineffective implementation can lead to poor quality of nursing care, lack of knowledge, disorganization of the service, conflicting roles, medication error, poor disease prognosis, increased readmission rates, dissatisfaction with the care provided, and increased morbidity & mortality (Jamal, 2023).

The documentation and implementation of the nursing process must be ensured in clinical care, healthcare organizations, and the community. Nonetheless, none of the Procedures are followed systematically, because it is always perceived to be difficult and time-consuming. Nurses can use the nursing process to prioritize the needs of specific patients (Gilani, 2018)

Above mentioned problems can be minimized if the nursing process is properly implemented by nurses. Therefore, the main aim of this study is to identify factors affecting the implementation of the nursing process, by assessing the knowledge and attitude toward nursing.

1.3 Objectives

- To identify the factors affecting the implementation of the nursing process in public sector hospitals of Lahore.

1.4 Research Questions

- What are the factors affecting the implementation of in public sector hospitals of Lahore?

1.5 Significance of the Study

The study assessed the implementation of the nursing process and patient outcomes in a hospital setting. Healthcare is changing, and the traditional roles of nurses are transforming to meet the demands of this new healthcare environment.(Karttunen et al., 2020). Identifying and managing a patient's problem will become systematic and holistic. Implementing of the nursing process requires constant documentation as it accounts for actions taken by the nursing team to resolve patient problems. The study will help nurse educators update the curriculum and course content of nursing; and identify areas that will require review to meet current trends in nursing practice

1.6 Definition of Key Terms

Nursing process: Nursing process is an organized framework of practice of nursing, that is orderly and systematic,

Operational Definitions: Factors affecting the implementation of the Nursing Process: These involved work resources, administration-related, nurse-related, and patient-related factors among nurses from surgical and medical departments.

CHAPTER-2 LITERATURE REVIEW

The literature review aims to provide a comprehensive understanding of this study's existing body of knowledge. The literature review focuses on establishing what has been done previously regarding identification of factors affecting implementation of nursing process. The literature review used the Research Gate, PubMed, and Google Scholar databases. The most significant literature reviewed is given below:

The nursing process is recognized as an organized scheme of problem-solving steps used to identify and manage patients' health problems. The nursing process sets a global standard upon which care can be appraised. In Kenya, the study suggested that the more experienced nurse is the better they become in the implementation of the nursing process. In developing and implementing the nursing care plan, it was observed that most nurses develop the care plans but few of them execute the care as planned (Kiarie et al., 2022).

The nursing process is used in clinical settings to offer quality nursing care to patients. It accounts for individualized autonomy and freedom to make decisions regarding nursing care (Isiaho, 2019). Therefore, it is accepted by the nursing profession as a standard for providing ongoing nursing care that is adapted to individual patient needs (Poortaghi et al., 2020). To implement the nursing process, nurses need patient-related knowledge, clinical decision-making competence including diagnostic reasoning, and knowledge about validated concepts of the North American Nursing Diagnosis Association (NANDA) taxonomy (Herdman and Kamitsuru, 2021).

Globally, the nursing process has become popular and is being used in clinical settings to offer quality nursing care to patients. It has emerged as the cornerstone of clinical judgment in nursing practice by standardizing the language of nursing. The nursing process plays a crucial role in improving patient responses to care, fostering a better nurse-patient relationship, maximizing the utilization of available resources for patient care, and facilitating effective communication among practicing nurses (Alberta David et al., 2018).

Furthermore, the nursing process helps nurses to understand their unique areas of responsibility and the significance of their competencies, which are crucial for providing safe care. The nursing process is viewed as a care-providing and decision-making tool, with data collection laying the foundation for the planning of care, interventions, and further evaluation of care. Gaining a deeper knowledge of the components of the nursing process increases the clinical competence of nurses (Löfgren et al., 2023).

Another cross-sectional study conducted in Riyadh Saudi Arabia found that knowledge of nurses towards nursing process had the highest followed by evidence-based practice attitudes and implementation means. However, knowledge was associated with attitudes. Knowledge and attitudes influenced nursing process

implementation positively (Alqahtani et al., 2020).

Quality nursing care can be accomplished through accurate application of scientific nursing process in patient management (Lekenit et al., 2020). A research survey conducted at Kenyatta National Hospital, revealed that most nurses had negative attitude towards utilization of nursing process as majority of the respondents mentioned that large number of patients makes it difficult to write care plans for all patients (Kiarie et al., 2022).

Findings from a study showed that a majority of trained nurses had good theoretical knowledge of the nursing process, but were not willing to translate this knowledge into action (Kester and Wei, 2018). Likewise, it is very important that all nursing activities may be properly documented as it is used to evaluate nursing care and professional competency. Nursing documentation is an essential component of professional practice to improve the quality of nursing care and should be accurate and complete. (Asmirajanti et al., 2019).

Standardized care plans are being increasingly introduced in health facilities and level of knowledge regarding nursing process model is notably satisfactory however, their level of adoption remains unsatisfactory. Little is known about nurses' use of standardized care plans. The findings of a study indicate that nurses' care planning may not reflect their professional judgments (Zhai and Zhang, 2023).

Despite the benefits derivable from the application of the nursing process, knowledgeable and well-trained nurses also have not fully implemented it in their various clinical settings owing to several challenges and factors. There are many barriers that interferes the implementation of the nursing process, some of these barriers related to shortage of staff, the others related to management or policy factor (Alberta David et al., 2018).

The healthcare delivery system of Sri Lanka aims to offer the maximum possible quality of healthcare services to many people. Nurses should use the nursing process to make their work visible and valuable to improve the quality of care. Hence, the implementation of the nursing process is affected by various factors, if nurses have adequate knowledge about the implementation of the nursing process, they can apply it easily. Institutional factors played the greatest part in the lack of implementation of the nursing process (Thubaraka et al., 2018).

It was found that working in stressful environments and over burden were the factors that decreases the implementation of the nursing process (Kester and Wei, 2018). The implementation of the nursing process is also influenced by the nurses' intention to act. This intention, in turn, is mainly determined by nurses' attitudes. Moreover, organizational factors could affect the implementation of the nursing process (Leoni-Scheiber et al., 2020).

Another study investigated the structural factors influencing the implementation of nursing process in management of patients with mental disorders in Mathari National Teaching and Referral Hospital. The study found two main structural factors influencing nursing process implementation. One of them were patient-related factors like suboptimal patient-nurse ratio, patient compliance, variation of outcomes among patients whereas other were hospital-related factors. It was also concluded that there was inadequate monitoring and resource allocation geared towards nursing process implementation which was considered as a major barrier to the success of its implementation (Isika, 2018).

In this regard, operational difficulties occurs when the organizational policies neglects the nursing process implementation. This could be excessive task allocations, failure to clearly specify the roles of the nurses, and inadequate budgetary allocation. Strong organizational support is essential in the facilitation of multidisciplinary and interdisciplinary learning opportunities which aid in the integration of the nursing process role in the health care. The support could be in terms of financial support, provision of training opportunities and close monitoring of the nursing process ensuring that the nurses' needs are well catered (Shiferaw et al., 2020). The organization structure refers to how the entire hospital facility is organized from the top management to the staff. Having an appropriate organizational structure will imply that there are well setout policies and procedures are conducted (Gilani et al., 2018).

A study conducted in Lahore, revealed that majority of the nurses were moderately knowledgeable about nursing process and they were willing to apply the nursing process while caring for patients (Gilani et al., 2018). Similarly, a study conducted in Peshawar Teaching Hospital concluded that nursing process is a tool that is implemented for quality care and most of the participants of the study have knowledge about the nursing process, while lack of facilities for smooth implementation of nursing process was a significant factor faced by the participants of study (Jamal et al., 2023).

Low level of nursing process implementation was found in Romanian Hospitals when designing interventions to promote nursing diagnosis in clinical practice, policymakers, administrators, and educators should consider addressing and potentially changing these beliefs (Gligor et al., 2023). Another study conducted in Tanzania said that nursing process must be implemented consistently since it documents the steps that nursing team took to address patients' issues. The nursing process needs to be integrated as a mandatory part of the nursing care activities in all settings (Obonyo et al., 2019).

However it was found out in Brazil that most hospital facilities do not provide much needed support. The nurses were thus not fully aware of the value and role of the nursing process and how to address any barriers that may arise in using this process. For the nursing process to be well implemented, it calls for proper dedication and commitment from the management/ institution (Spazapan et al., 2022).

A study conducted in tertiary hospital of Accra, Ghana. It has been noticed that nurses were with high level of knowledge regarding nursing processes. These nurses also reported that health system-related factors hindered the effective implementation of the nursing process (Owusu-Ansah and Agyeman-Yeboah, 2022). According to the findings of a study in Iran, the most important barriers were the imbalance between number of nurses and patients, time constraints in nursing process implementation and absence of monitoring activities regarding the nursing process implementation (Backzadeh et al., 2021).

In a study done in a Hong Kong local hospital, researchers discovered that nurses' perception of ISBAR (Introduction, Situation, Background, Assessment, and recommendation) were not a significant predictor of handover quality. Instead, the quality of handover practices is determined by how well nurses grasp the patient care plan through nursing process. The key to standardized handover practices are to ensure that nurses may convey patient's information through proper nursing care plan by using nursing process (Pun, 2021). It was investigated that nurses had a good knowledge of the nursing process. However, mostly nurses did not utilize the nursing process effectively in patient care. The lack of nursing process documentation forms in

patient files and increased workload due to nursing shortage hinders the effective utilization of the nursing process in the teaching hospitals of Cameroon (Bassah et al., 2023). According to another study, departmental workload, lack of facilities, and physical resources were barriers to the implementation of the nursing process (Jamal et al., 2023). Moreover, a study suggests that nursing process mainstreaming interventions, such as regular staff refresher courses, mentorship programs, and access to relevant resources, have the potential to significantly enhance nursing process implementation. (Hussein, 2020).

Most of the studies on nursing process have been done outside Pakistan. So there is scarce literature available on the topic under study in Pakistani context. Hence, this research aims to identify factors that shape the application of the nursing process among practicing nurses in public sector hospitals Lahore.

CHAPTER-3

METHODOLOGY

This chapter explains the research methodology that was planned for the study. This chapter's research methodology consists of the study design, study setting, target population, selection criteria, sampling technique, sample size, data collection tools, data collection process, data analysis, and ethical considerations.

3.1 Study Design

In this study, there was main variables is identification of factors hindering the implementation of the nursing process. A cross-sectional descriptive design was used to identify the factors affecting the implementation of the nursing process.

3.2 Study Setting

The study was conducted at the Institute of Nursing University of Health Sciences Lahore in collaboration with public sector hospitals in Lahore.

- Jinnah Hospital, Lahore.
- Services Hospital, Lahore.
- Sheikh Zayed Hospital, Lahore.
- Lahore General Hospital, Lahore.

3.3 Duration

The duration of the study was 06 months after approval of the synopsis from Advanced Studies & Research Board (ASRB)

3.4 Study Population

Population included in this study was all registered nurses who have been working in 04 Public sector Hospitals in Lahore.

3.5 Sample Size Calculation: to be

The sample size was calculated by the following formula with the confidence level equal to 95% and the margin of error equal to 5%.

$$n = \frac{z_{1-\alpha/2}^2 P(1-P)}{d^2}$$

3.6 Sampling Technique

In this study, a convenient sampling technique was used to select the participants according to the inclusion and exclusion criteria.

3.7 Sample Selection

The following selection criteria was used to select participants:

3.7.1 Inclusion Criteria

- All registered nurses working in medical and surgical unit of 04 Public Sector Hospitals in Lahore.
- All registered male/female nurses diploma, BSc and MSN nurses were included with one year of experience.

3.7.2 Exclusion Criteria

- Unit Nurse Manager/ Head Nurse and Nurse supervisors

3.8 Data Collection Tool

A self-structured questionnaire was employed to collect information about the socio-demographic characteristics of nurses, and factors affecting its implementation. The validity and reliability of the study questionnaire was investigated and confirmed about nursing process implementation and its relationship with work condition. The questionnaire was consisted of 2 parts.

3.8.1 The First Part-A contained questions related to the socio-demographic characteristics of the study participants, such as name (optional) age, gender, hospital, marital status, educational level, and years of work experience in nursing.

3.8.2 The second Part-B contained sixteen (16) question designed to identify factors affecting nursing process implementation on the 5 point Likert scale factors affecting the implementation of nursing process questions ranging from strongly disagree to strongly agree.

3.9 Data Collection Procedure

After approval from institutional review board (IRB), ethical review committee (ERB), and Advanced Studies & Research Board (ASRB) of University of Health Sciences, Lahore, the data was collected after administrative approval from four public sector hospitals of Lahore. The participants were selected according to inclusion and exclusion criteria by using a convenient sampling technique. The study purpose was explained to the participants and informed consent (ANNEXURE I) was obtained from participants. The participants were asked to fill up all sections of the study Performa. In this study, a self-administered questionnaire was used.

3.10. Validity & Reliability of the Questionnaire/Tool

Before the data collection procedure, a sample of ten percent (10%) of the population, twenty-one (21) nurses working in Medical/surgical wards were approached and requested to fill out the questionnaire after obtaining consent for the pilot study.

The questionnaire was checked for face and content validity by a subject specialist, and experts, and through peer review. A statistical test Cronbach's alpha was used and checked and the reliability was 0.90.

3.11 Statistical Analysis

All collected information was analyzed through Statistical Package for the Social Sciences (SPSS) version 25.0. A score ranging for factors analysis >3 is categorized as a strong factor, and a score ranging ≤ 3 is categorized as a weak factor

3.12 Ethical Consideration

Following ethical consideration were followed according to the ethical review board of university of health sciences, Lahore regarding the ethical principles for medical research involving human subject:

1. An approval to conduct the study was taken from the ethical review committee of university of health sciences, Lahore
2. Proper written consent was taken from all the participants to take their voluntary participation in the study
3. Confidentiality and privacy of the participant were taken care.
4. The collected information was used for statistical analysis for thesis and research work only

CHAPTER-4 RESULTS

This chapter explains the results and data interpretation for the current study. The description of demographic data knowledge, attitude, and factors-related items are presented in the form of tables, and inferential statistics were performed.

4.1 Demographic Analysis

Table 4.1: Distribution of nurse's socio-demographic regarding the nursing process

S/No	Variable	Frequency	Percentage
1	Age		
	21-30	120	58.0
	31-40	74	35.7
	41- 50	11	5.3
	>51	2	1.0
2	Gender		
	Male	4	1.9
	Female	203	98.1
3	Marital Status		
	Single	68	32.9
	Married	136	65.7
	Widowed	3	1.4

4	Level of education		
	Diploma	38	18.4
	Post Basic Specialization	75	36.2
	BSc Nursing/PRN	89	43.0
	MSc Nursing	5	2.4
5	Work experience years		
	1 to 5 years	59	28.5
	5 to 10 years	91	44.0
	10 to 15 years	41	19.8
	15 to 20 years	9	4.3
	20 years and above	7	3.4
6	Name of the hospital where currently working		
	Jinnah Hospital Lahore	50	24.2
	Services Hospital Lahore	55	26.6
	Lahore General Hospital Lahore	48	23.2
	Shaikh Zayed Hospital Lahore	54	26.1

Table 4.1 shows the demographic characteristics of nurses who participated in the study. Among participants, the majority were female (98.1%), married (65.7%) falls between the age of 21-30 years (58.0%), having an education of BSc Nursing 4 years (43.0%), with working experience of 5 to 10 years (44.0%), employed in different hospitals but majority was working in Services hospital of Lahore (26.6%).

Table 4.2: Factors affecting the implementation of the nursing process

S/No	Variables	Frequency	Percentage
1	The resources are appropriately allocated for the implementation of the nursing process.		
	Strongly Disagree	35	16.9
	Disagree	90	43.4
	Neutral	24	16.4
	Agree	12	5.8
	Strongly Agree	46	22.2
2	The allocated time is enough to implement the nursing process		
	Strongly Disagree	60	29.0
	Disagree	33	15.9
	Neutral	49	23.7
	Agree	53	25.6

	Strongly Agree	12	5.8
3	The nurse/patient ratio is not optimal to implement the nursing process.		
	Strongly Disagree	14	6.8
	Disagree	45	21.7
	Neutral	64	30.9
	Agree	29	14.0
	Strongly Agree	55	26.6
4	There is a format for NP documentation		
	Strongly Disagree	25	12.1
	Disagree	93	44.9
	Neutral	39	18.8
	Agree	13	6.3
	Strongly Agree	37	17.9
5	Professional development education on the nursing process facilitates the nursing process implementation		
	Strongly Disagree	12	5.8
	Disagree	11	5.3
	Neutral	30	14.5
	Agree	117	56.5
	Strongly Agree	37	17.9
6	There is monitoring and evaluation for the implementation of the nursing process.		
	Strongly Disagree	18	8.7
	Disagree	92	44.4
	Neutral	51	24.6
	Agree	13	6.3
	Strongly Agree	33	15.9
7	Lack of motivation toward nursing process application influences the NP implementation		
	Strongly Disagree	4	1.9
	Disagree	7	3.4
	Neutral	24	11.6
	Agree	121	58.5
	Strongly Agree	51	24.6

8	Lack of cooperation between nurses hinders nursing process implementation		
	Strongly Disagree	6	2.9
	Disagree	5	2.4
	Neutral	26	12.6
	Agree	135	65.2
	Strongly Agree	35	16.9
9	Repetitious replacement of nurses affects nursing process implementation		
	Strongly Disagree	4	1.9
	Disagree	11	5.3
	Neutral	24	11.6
	Agree	140	67.6
	Strongly Agree	28	13.5
10	The shortage of nurses is a barrier to nursing process implementation		
	Strongly Disagree	7	3.4
	Disagree	5	2.4
	Neutral	13	6.3
	Agree	104	50.2
	Strongly Agree	78	37.7
11	Patient health-seeking behavior has an impact on nursing process implementation.		
	Strongly Disagree	2	1.0
	Disagree	2	1.0
	Neutral	31	15.0
	Agree	111	53.6
	Strongly Agree	61	29.5
12	The capability of the patient to engage in activities that sustain functioning and reduce health declines has a beneficial impact on nursing process implementation.		
	Strongly Disagree	2	1.0
	Neutral	18	8.7
	Agree	152	73.4
	Strongly Agree	32	17.5
13	The capability of the patient to participate in treatment and diagnostic decision lead to NP implementation		

	Strongly Disagree	1	.5
	Disagree	3	1.4
	Neutral	25	12.1
	Agree	132	63.8
	Strongly Agree	46	22.2
14	The willingness of patients to collaborate with providers influences nursing process implementation.		
	Strongly Disagree	4	1.9
	Disagree	3	1.4
	Neutral	22	10.6
	Agree	147	71.0
	Strongly Agree	31	15.0
15	Patient noncompliance with treatment regimen has a negative impact on nursing process implementation.		
	Strongly Disagree	11	5.3
	Disagree	4	1.9
	Neutral	27	13.0
	Agree	125	60.4
	Strongly Agree	40	19.3
16	The severity of the patient's illness has a direct effect on nursing process implementation		
	Strongly Disagree	12	5.8
	Disagree	4	1.9
	Neutral	17	8.2
	Agree	130	62.8
	Strongly Agree	44	21.3

Table 4.2 shows the factors affecting the implementation of the nursing process in which about 38.6% of nurses disagree that ‘the resources are appropriately allocated for the implementation of the nursing processes. A greater number of nurses 29.0%) strongly disagree that ‘the allocated time is enough to implement the nursing process’. However, 30.9% of nurses gave a neutral response toward ‘the nurse-patient ratio is optimal to implement the nursing process theory’. (44.9%) of participants disagree that ‘there is a format for nursing process documentation’.

About 56.5% of nurses agree that ‘professional development education on nursing process facilitates the nursing process implementation’. 44.4% of nurses disagree that ‘there is monitoring and evaluation for the implementation of nursing processes. The majority of nurses (58.5%) agree that the ‘lack of motivation toward

nursing process 'application influences the nursing process 'implementation'. A high proportion of nurses (65.2%) agree that 'lack of cooperation between nurses hinders nursing process implementation'. Similarly, 67.6% of nurses agree that 'repetitious replacement of nurses affects nursing process implementation'. 50.2% of nurses agree that 'the shortage of nurses is a barrier to nursing process implementation'. 53.6% of nurses agree that 'patient health-seeking behavior has an impact on nursing process 'implementation'.

Highest number of the nurses (73.4%) agree that 'the capability of the patient to engage in activities that sustain functioning and reduce health declines has a beneficial impact on nursing process implementation'. 63.8% of nurses agree that 'the capability of the patient to participate in treatment and diagnostic decision lead to nursing process implementation'. A considerable proportion of (71.0%) nurses agree that the willingness of patients to collaborate with providers influences nursing process implementation. 60.4% of nurses agree that 'patient noncompliance with treatment regimen, had a negative impact on nursing process 'implementation'. 62.8% of nurses agree that 'the severity of the patient's illness has a direct effect on nursing process implementation'.

Table 4.3: Average mean score/Standard Deviation of factors affecting the implementation of the nursing process

Statement	SD N%	D N%	Neutral N%	A N%	SA N%	Average mean score ±SD
The resources are appropriately allocated for the implementation of the NP.	35 (16.9%)	80 (38.6%)	34 (16.4%)	12 (5.8%)	46 (22.2%)	2.77±1.40
The allocated time is enough to implement the nursing process	60 (29%) 29	33 (15.9%)	49 (23.7%) ((29	53 (25.6%)	12 (5.8%)	2.63±1.29
The nurse/patient ratio is optimal to implement the nursing process.	14 (6.8%)	45 (21.7%)	64 (30.89%)	29 (14.0%)	55 (26.65)	3.31±1.26
There is a format for NP documentation	25 (12.1%)	93 (44.9%)	39 (18.8%)	13 (6.3%)	37 (17.9%)	2.72±1.28

Professional development education on NP facilitates the NP implementation	12 (5.8%)	11 (5.3%)	30 (14.5%)	117 (56.5%)	37 (17.9%)	3.75±1.00
There is monitoring and evaluation for the implementation of NP.	18 (8.7%)	92 (44.4%)	51 (24.6%)	13 (6.3%)	33 (15.9%)	2.76±1.20
Lack of motivation toward NP application influences the NP implementation	4 (1.9%)	7 (3.4%)	24 (11.6%)	121 (58.5%)	51 (24.6%)	4.00±0.82
Lack of cooperation between nurses hinders NP implementation	6 (2.9%)	5 (2.4%)	26 (12.6%)	135 (65.2%)	35 (16.9%)	3.90±0.80
Repetitious replacement of nurses affects NP implementation	4 (1.9%)	11 (5.3%)	24 (11.6%)	140 (67.6%)	28 (13.5%)	3.85±0.78
The shortage of nurses is a barrier to NP implementation	7 (3.4%)	5 (2.4%)	13 (6.3%)	104 (50.2%)	78 (37.7%)	4.16±0.90
Patient health-seeking behavior has an impact on NP implementation.	2 (1.0%)	2 (1.0%)	31 (15.0%)	111 (53.6%)	61 (29.5%)	4.09±0.75
The capability of the patient to engage in activities that sustain functioning and reduce health declines has a beneficial impact on NP implementation.	2 (1.0%)		18 (8.7%)	152 (73.4%)	32 (17.5%)	4.05±0.58
The capability of the patient to participate in	1 (0.5%)	3 (1.4%)	25 (12.1%)	132 (63.8%)	46 (22.5%)	4.05±0.66

treatment and diagnostic decision lead to NP implementation						
The willingness of patients to collaborate with providers influences NP implementation.	4 (1.9%)	3 (1.4%)	22 (10.6%)	147 (71.0%)	31 (15.0%)	3.95±0.69
Patient noncompliance with treatment regimen has a negative impact on NP implementation.	11 (5.3%)	4 (1.9%)	27 (13.0%)	125 (60.4%)	40 (19.3%)	3.86±0.93
The severity of the patient's illness has a direct effect on NP implementation	12 (5.8%)	4 (1.9%)	17 (8.2%)	130 (62.8%)	44 (21.3%)	3.91±0.94

In table 4.3 it is observed that the factors affecting the implementation of the nursing process in which about 35 participants (16.9 %) strongly disagreed and 90 (43.46%) disagreed with the statement; “the resources are appropriately allocated for the implementation of the nursing process”. The mean score and standard deviation were computed at 2.77 ± 1.4 . Around 60 participants (29.0%) strongly disagreed with the statement; ‘the allocated time is enough to implement the nursing process’ The mean score/SD was 2.63 ± 1.29 . Almost 30.9% of nurses gave a neutral response towards the statement; ‘the nurse/patient ratio is optimal to implement the nursing process. The mean score/SD of this statement was 3.31 ± 1.26 . 44.9% of participants disagreed with the statement that ‘there is a format for nursing process documentation’. The average mean score/SD was computed as 2.72 ± 1.28 .

The majority of participants 117 (56.5%) agreed that ‘professional development education on nursing process facilitates the nursing process implementation’. The mean score/SD of this statement was 3.75 ± 1.00 . Almost 92 (44.4%) of nurses disagree with the statement that ‘there is monitoring and evaluation for the implementation of nursing process’. Mean score/SD shows as 2.76 ± 1.20 . The majority of study 121 participants (58.5%) agreed that the ‘lack of motivation toward nursing process application influences the nursing process implementation’. The mean score/SD was computed as 4.00 ± 0.82

. A high proportion of participants 135 (65.2%) agreed that ‘lack of cooperation between nurses hinders nursing process implementation’. The computed mean/SD score indicated 3.90 ± 0.80 . The majority of study participants 140 (67.6%) agree that

'repetitious replacement of nurses affects nursing process implementation'. The calculated mean score/SD was 3.85 ± 0.78 . 104 (50.2%) of nurses agreed that 'the shortage of nurses is a barrier to nursing process implementation'. The average mean score/SD of this statement was 4.16 ± 0.90 .

About 111 (53.6%) study subjects agreed that 'patient health-seeking behavior has an impact on nursing process implementation'. The mean score/SD was 4.09 ± 0.75 . Most of the nurses 152 (73.4%) agree that 'the capability of the patient to engage in activities that sustain functioning and reduce health declines has a beneficial impact on nursing process implementation. The average mean score/SD as 4.05 ± 0.58 . About 132(63.8%) of nurses agreed that 'the capability of the patient to participate in treatment and diagnostic decision lead to nursing process implementation'. The calculated mean score/SD was 4.05 ± 0.66 .

A considerable proportion of 147 (71.0%) nurses agree that the willingness of patients to collaborate with providers influences nursing process implementation. Computed mean score/SD was 3.95 ± 0.69 . 125 (60.4%) study participants agreed with the statement that 'patient noncompliance with treatment regimen has a negative impact on nursing process implementation'. The computed mean score/SD was $3.86 \pm 0.9r$. Among 207 study participants, 130 (62.8%) agreed that 'the severity of the patient's illness has a direct effect on nursing process implementation'. calculated mean score/SD was 3.91 ± 0.94 .

CHAPTER-5

DISCUSSION

The present study was carried out to identify the factors affecting the implementation of the nursing process. This chapter consists of two sections namely demographic variables, and factors contributing to the implementation of the nursing process

5.1: Demographic Variables

Under this section information regarding age, gender, marital status, educational attainment, and years of work experience in nursing are discussed.

The age of study participants, in this study, fell between the class ranges of age 21-30. Overall, job security, career prospects, and population demographics all contribute to the frequency of nurses aged 21 to 30 in Lahore's public sector hospital. The age of the participants in the current study is consistent with the findings of a previous study (71.3%) were between the ages of 21-30 (Bassah et al., 2023). Comparable findings were reported in a study participants' age falls between 25-29 years (Adraro and Mengistu, 2020). Another study have contrary findings to the current study, most participants were aged between 31–40 years (Lekenit et al., 2020).

The majority 203 (98.1%) were female nurses. Congruent with findings, the number of female respondents was higher (72.5%) compared to male participants (27.5%) (Jamal et al., 2023). Similarly, in another study out of 138 participants, the female participants were the majority (70.6%) (Lekenit et al., 2020).

Comparable findings were also found where the majority 61.3% of the participants were females (Rajabpoor et al., 2018). Likewise, Out of 82 sampled respondents were participated in the quantitative study during the study period a total of 43 (52.4%) were females and 39 (47.6%) were males (Alemu and Kebede, 2020).

Contrary to the current study among the total respondents, 74 (53.6%) were males (Adraro and Mengistu, 2020).

In the current study marital status, most of the participating nurses 136 (65.72%) were married, and 68(32.9% and 3 (1.4) were widows. Comparable findings were reported in another study conducted at Mansoura University Hospital disclosed that 83% of participating nurses were married (Hassan, 2018). Dissimilarity is seen in the Cross-sectional, descriptive, study in which 60% nurses were single, was conducted in three tertiary care hospitals of Peshawar (Jamal et al., 2023).

Considering the education level, the findings of the current study showed that most of the study participants 89 (43%) had a level of education B.Sc. Nursing level, post-basic specialization 75(36.2%), diploma of nursing 38(18.4%) MSc nursing 5(2.4%). Comparable findings were reported in another study conducted on nursing process implementation that 53.7% of the participants had B.Sc. nursing in a health institution Nigeria (Ojo and Olaogun, 2023). A contrast study revealed that majority (71.6%) of nurses indicated that they are diploma holders followed by Bachelor's degree (19.6%) (Lekenit et al., 2020).

Work experience of participating nurses in current study was 5 to 10 years (44%). Congruent to current findings about 60.2% of the respondents had a working experience of more than six years in county referral hospital Kenya (Mbithi et al., 2018a). Another comparable study showed 6-10 years of nurse participants work experience (Bassah et al., 2023). A contrast study revealed the duration of participants' work experience was less than 5 years Of the total number of participants in the study (Adraro and Mengistu, 2020)

5.2 Factors contributing to the implementation of the nursing process

This study, also aimed to assess factors contributing implementation of the nursing process among nurses in public sector hospitals in Lahore. The results of the current study identified factors that participants had faced as several hindrances to the implementation of the nursing process. Those contributing factors include lack of allocated resources, shortage of time, poor nurse-patient ratio, shortage of nurses, lack of cooperation between health care personnel, absence of format, workload, patient's health-seeking behavior, lack of motivation, instability of workplace and lack of monitoring and evaluation for the implementation of the nursing process, severity of patient disease,

A similar trend is shown in another study which shows that the highest perceived barrier to the implementation of the nursing process was workload, which was reported by 81.1% of the study participants. This number understandably affects their capacity to fully follow and implement all the steps of the nursing process. (Khan et al., 2018). Likewise, current study participants also directed toward lack of time and administrative difficulties as reasons for poor implementation of the nursing process. The similarity was noticed in another study, which showed that 68.2% of nurses face a lack of time as a barrier in the implementation of the nursing process while 62.8% reported administrative barriers like allocation of resources when it comes to the implementation of the nursing process (Jamal et al., 2023).

In the current study, it was observed that poor nurse-patient ratio need for health institutions or organizations to improve the use of the nursing process. This is in line with a previous study (Mbithi et al., 2018b) (Siemuri, et. al., 2017), which found that the predominant hindering factor to the nursing process was poor nurse-patient ratio

which is related to the health organization. Thus, the implementation of the nursing process in this study was affected by individual nurses and institutional factors. The proper implementation of the nursing process will lead to good nursing care as suggested by the Ontario College of Nurses (Yazew et al., 2020).

However, evidence suggests that in most situations, the nursing process is not systematically carried out and that it is occasionally supplanted by ordinary care behavior. The number of patients, the number of nurses, and enough knowledge of the nursing process are all key aspects influencing the nursing process. The lack of proper nursing process enforcement is exacerbated by nurses' lack of understanding. When caring for patients, most nurses effortlessly employ the nursing care routine.

5.3 Conclusion

The majority of the participants were not utilizing it in designing the care of their patients because of the barriers they faced in their effort to use the nursing process. In conclusion, this research contributes to identifying contributing factors that are hindering the nursing process application in public sector settings. In addition, the nursing process may not have been effectively implemented due to inadequate staffing, improper resources, and workload. Moreover, professional bodies of nursing should enforce the use of the nursing process in the care of patients, establish regulatory committees to review compliance in the utilization of the nursing process, and sanction defaulting institutions.

5.4 Recommendations

Based on the study findings, the following are the recommendations:

1. Hospital management should allocate resources appropriately for the implementation of the nursing process.
2. The nurse/patient ratio should be according to WHO recommendations to implement the nursing process.
3. There should be a documented nursing process care plan in patient records.
4. Management should hire enough staff to overcome the shortage of nurses.
5. Health institutions/managers should adapt appraisal procedures motivating measures toward nursing process implementation
6. The hospital management should put strict measures and guidelines in place to ensure that nurses are held accountable for poor quality services including but not limited to non-implementation of nursing process in nursing care delivery.
7. Researchers also need to look critically into the role played by health institutions/health managers regarding NP implementation as it came out clearly from this study that public hospitals are responsible for noncompliance with said process in health service delivery.

5.5 Implications for Future Research

The study has provided a starting point for further research on the factors affecting the implementation of the NP in patient management in public sector hospitals in Lahore Pakistan. However, certain areas have emerged from the study necessitating further research to be conducted. The study was limited by the methodology used whereby it was institutionalized focusing entirely on four public sector hospitals in Lahore, Pakistan. This may not be an actual representation of the NP implementation phenomenon in other private-sector hospitals. Further studies are thus suggested on other hospitals in other regions of the country to enable comparison and generalizability.

The study also investigated only three factors influencing the implementation of NP, namely patient-related factors, nurse-related factors, and institutional-related

factors which is not a comprehensive list of the available factors. Therefore, suggested additional studies be conducted on factors other than these so, as to enable generalization of the study findings. In addition, further studies are suggested on the blockades and enhancers of NP implementation in detail to facilitate the comprehensiveness of the findings.

5.6 Strengths of the Study

- The study thoroughly examined factors contributing to the implementation of the nursing process, including those related to nurses, institutions, and patients.
- It pinpointed obstacles such as workload, shortage of staff, lack of support/supervision, and patient characteristics like health-seeking behavior, and cooperation with healthcare providers.
- Findings are grounded in empirical evidence, providing credibility to the identified hurdles.

5.7 Limitations of the Study

- The study only included four hospitals in Lahore, and the sample size was small. Thus, study findings could not be generalized to other hospitals in the country but could inform rigorous supervision to ensure effective utilization of the nursing process.
- Convenient sampling was applied in the data collection process where as the probability sampling method can enhance the induction of different strata of the participants.

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ANNEXURE-1

Consent Form

University of Health Sciences, Lahore

I, _____ am willing to participate in the study; **“Factors Affecting Implementation OF Nursing Process in Public Hospitals of Lahore”**. I have been informed about the nature of the participation and the risk/discomfort involved. I have given the opportunity to ask any questions about the study. I agree to give my response as requested by researcher (Rifat Yasmeen). I have freedom to withdraw this study any time. I have no objection in case the data obtained from investigation is published in research publication while maintaining confidentiality.

Signature: _____

Date: _____

Note: Participants will be required 15-20 minutes for filling of questionnaires.

ANNEXURE-2 Research Tool

Knowledge & Attitude Among Nurses regarding Nursing Process and Factors
 Affecting its Implementation in Public Hospitals Lahore

Part I. Socio-demographic data

- 1 Name(optional): _____
- 2 Age: 21-30 31-40 41-50 More than 50
- 3 Gender: Male Female
- 4 Marital Status: Single Married Widowed Divorced
- 5 Level of education: Diploma Post Basic Specialization PRN/BSc MSc
- 6 Work experience years: 1-5 5-10 11-15 16-20 20 and above
- 7 Name of the hospital where I am currently working:
 Jinnah Hospital Services Hospital LGH Sheikh Zayed Hospital

Part II: Factors affecting the implementation of NP

Key: SA: Strongly Agree=5 A: Agree=4 N: Neutral=3 SD: Disagree=2

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S/No	Questions	SA	A	N	D	SD
Administration related factors						
1	The resources are appropriately allocated for the implementation of the NP.					
2	The allocated time is enough to implement the nursing process.					
3	The nurse/patient ratio is optimal to implement the nursing process.					
4	There is a format for NP documentation					
5	Professional development education on NP facilitates the NP implementation					
6	There is monitoring and evaluation for the implementation of NP.					
Nurses related factors						
7	Lack of motivation toward NP application influences the NP implementation					
8	Lack of cooperation between nurses hinders NP implementation					
9	Repetitious replacement of nurses affects NP					

	implementation					
10	The shortage of nurses is a barrier to NP implementation.					
Patient-related factors						
11	Health-seeking behavior of the patient impact on NP implementation					
12	The patient's ability to engage in activities that maintain functioning and reduce health declines positively affects NP implementation					
.13	The patient's ability to be involved in treatment and diagnostic choices leads to NP implementation					
14	The patient's ability to collaborate with care providers affects NP implementation					
15	Lack of patient's compliance with treatment regimen is affecting NP implementation.					
16	Severity of patient's disease impact on NP implementation.					